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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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Sent: Tuesday, February 2, 2021 9:55 AM

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too

Sent from my iPhone

On Feb 2, 2021, at 9:53 AM, Marsha Mailick <marsha.mailick@wisc.edu> wrote:

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On Feb 2, 2021, at 9:41 AM, trish.greenhalgh@phc.ox.ac.uk wrote:

And me.

From: CORINNE D ENGELMAN <corinne.engelman@wisc.edu>

Date: Tuesday, 2 February 2021 at 14:37

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too.

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Date: Tuesday, February 2, 2021 at 6:50 AM

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless

<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär
Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
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Sent: 01 February 2021 01:43

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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis
pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those allergic reactions could be somewhat more common than the highly uncommon that we thought they were because people do get exposed to polyethylene glycol in various pharmaceutical preparations," - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF)

standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**

<image001.jpg>

Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

<image002.jpg>

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments, January 25th, 2021

<image002.jpg>

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

[Read the News](#)

[Listen to Recording of the Oral Arguments](#)

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

<image002.jpg>

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

<image002.jpg>

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

<image002.jpg>

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

<image002.jpg>

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

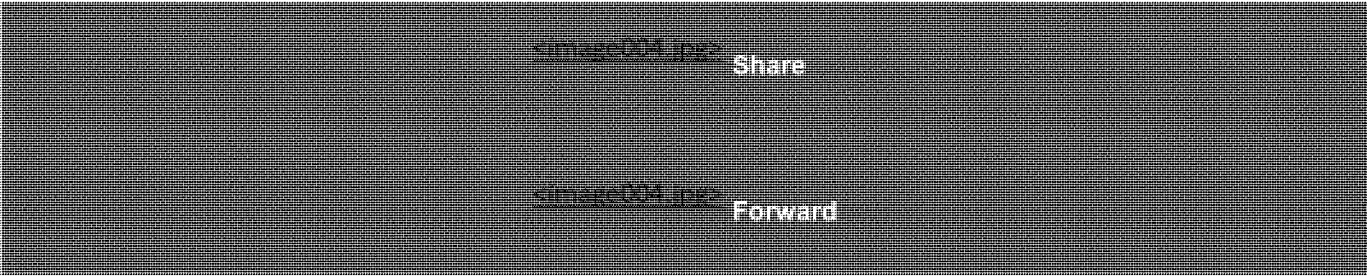
Read the news [here](#).

<image003.jpg>

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



<image004.jpg>

<image004.jpg>

<image004.jpg>

<image004.jpg>

Contact us:

Email report@5gcrisis.com

Call 516-883-0887

Want to change how you receive these emails?

You can

or

<image005.jpg>

Thanks,

Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

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From: Courtine Grégoire [gregoire.courtine@epfl.ch]
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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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On 2 Feb 2021, at 15:55, Nicole Lurie <nicole.lurie@cepi.net> wrote:

Me too

Sent from my iPhone

On Feb 2, 2021, at 9:53 AM, Marsha Mailick <marsha.mailick@wisc.edu> wrote:

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On Feb 2, 2021, at 9:41 AM, trish.greenhalgh@phc.ox.ac.uk wrote:

And me.

From: CORINNE D ENGELMAN <corinne.engelman@wisc.edu>

Date: Tuesday, 2 February 2021 at 14:37

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too.

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Date: Tuesday, February 2, 2021 at 6:50 AM

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

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Objetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/Tdap, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

Twitter: @PGtzsche1

From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 20:11

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...
<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless
<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research
<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and

controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär
Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
SVT

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From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 01:43

To: goldingh@cber.fda.gov; khurasan@cber.fda.gov; sli49@emory.edu; elizabeth.deatrick@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; tdobie@cell.com; mfurman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; jeffrey.sonnenfeld@yale.edu; info@eeoc.gov; ofe@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; richard.hatchett@cepi.net; fg17882@bristol.ac.uk; ripley.ballou@gskbio.com; nicole.lurie@cepi.net; jlg251@georgetown.edu; tom.monath@crozetbiopharma.com; aabimiku@ihv.umaryland.edu; abarrett@utmb.edu; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot@usf.edu; chappi@hsph.harvard.edu; Connie.s.schmaljohn.civ@mail.mil; iad7@cdc.gov; jamesrobinson@uchicago.edu; Jean.Lang@sanofipasteur.com; john.k.billington@gsk.com; kenji.shibuya@kcl.ac.uk; krause@cber.fda.gov; mlevine@som.umaryland.edu; moorthyv@who.int; paula.bryant@nih.gov; (b) (6) @africaonline.co.ke; yves.levy@aphp.fr; faddo@wisc.edu; bradford.barham@wisc.edu; lebautista@wisc.edu; Imberger@wisc.edu; wrbuckin@wisc.edu; meburms@wisc.edu; carlson@ssc.wisc.edu; jmcollins@wisc.edu; jaconwell@wisc.edu; nbarnes2@wisc.edu; kcurtis@ssc.wisc.edu; mcurtis3@wisc.edu; jeason2@wisc.edu; ehrenthal@wisc.edu; felwert@ssc.wisc.edu; cengelman@wisc.edu; mengelman@ssc.wisc.edu; jason.fletcher@wisc.edu; cfu@ssc.wisc.edu; fujimura@ssc.wisc.edu; tgerber@ssc.wisc.edu; cde@ssc.wisc.edu; grantm@ssc.wisc.edu; jan.greenberg@wisc.edu; jmgregory@ssc.wisc.edu; egrodsky@ssc.wisc.edu; sarah.halpernmeekin@wisc.edu; jenny.a.higgins@wisc.edu; lpjacobs@wisc.edu; fjones4@wisc.edu; hyunseung@stat.wisc.edu; dkaplan@education.wisc.edu; jkennan@ssc.wisc.edu; ajk@medicine.wisc.edu; mflight@ssc.wisc.edu; logan@ssc.wisc.edu; kmagnuson@wisc.edu; marsha.mailick@wisc.edu; kmalecki@wisc.edu; mmassoglia@ssc.wisc.edu; drmeyer1@wisc.edu; cmommaerts@wisc.edu; amukherjee@wisc.edu; jmullahy@wisc.edu; jnobles@ssc.wisc.edu; robrien@lafollette.wisc.edu; palloni@wisc.edu; patz@wisc.edu; ppeppard@wisc.edu; jraymo@ssc.wisc.edu; ferey@wisc.edu; sarobert@wisc.edu; schaeffer@ssc.wisc.edu; lschechter@wisc.edu; aschneider4@wisc.edu; cschwartz@ssc.wisc.edu; aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; walker@ssc.wisc.edu; wallace@lafollette.wisc.edu; tbwalsh@wisc.edu; yang.wang@lafollette.wisc.edu; mjwiswall@wisc.edu; wolfe@lafollette.wisc.edu; ysxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschutz.edu; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschutz.edu; sarah.corathers@cchmc.org; Am y.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xjtu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch; andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.blokesch@epfl.ch; cathrin.brisken@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.de losrios@epfl.ch; michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch; douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimankatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch; friedhelm.hummel@epfl.ch; hilal.lashuel@epfl.ch; theo.lasser@epfl.ch; bruno.lemaitre@epfl.ch; joachim.lingner@epfl.ch; matthias.lutolf@epfl.ch; pierre.magistretti@epfl.ch; suliana.manley@epfl.ch; henry.markram@epfl.ch; brian.mccabe@epfl.ch; john.mckinney@epfl.ch; etienne.meylan@epfl.ch; felix.naef@epfl.ch; olaia.naveiras@epfl.ch; andrew.oates@epfl.ch; elisa.oricchio@epfl.ch; alexandre.persat@epfl.ch; carl.petersen@epfl.ch; freddy.radtke@epfl.ch; pavan.ramdya@epfl.ch; marcel.salathe@epfl.ch; carmen.sandi@epfl.ch; ralf.schneggenburger@epfl.ch; kristina.schoonjans@epfl.ch; viesturs.simanis@epfl.ch; david.suter@epfl.ch; didier.trono@epfl.ch; nicolas.mermod@unil.ch; beatrice.perrenoud@chuv.ch; awagnon@cmanet.org; accma@accma.org; jgreaves@accma.org; jjackovic@accma.org; groggers@accma.org; ndraper@accma.org; m lum@accma.org; (b) (6) @sbcglobal.net; (b) (6) @gmail.com; sbcms@sbmed.org; nbutler@fmms.org; Kamal.Gadalla@ed.ac.uk; [FDA-CBER-2021-5762-00566](mailto:ralph.h</p></div><div data-bbox=)

ector@ed.ac.uk; S.R.Thomson@ed.ac.uk; Paul.Ross@ed.ac.uk; stephanie.mearns@ed.ac.uk; Marie.Bowers@ed.ac.uk; zoe.sawitzki@ed.ac.uk; Sarah.Giachetti@ed.ac.uk; s1316609@sms.ed.ac.uk; cochrane@umcutrecht.nl; editorial-unit@cochrane.org; admin@cochrane.org; CEU Admin <ceu@cochrane.org>; mwilson@cochrane.org; martin.burton@cochrane.nhs.uk; c.farquhar@auckland.ac.nz; j.e.clarkson@dundee.ac.uk; gerald.gartlehner@donau-uni.ac.at; pcg@scientificfreedom.dk; marguerite.a.koster@kp.org; (b) (6) @gmail.com; meerpohl@cochrane.de; santesna@mcmaster.ca; dimitrinka.nikolova@ctu.dk; snezana.djurisic@ctu.dk; (b) (6) @gmail.com; (b) (6) @gmail.com; (b) (6) @gmail.com; vbonfigli@cochrane.org; david@davidhammerstein.org; mburton@cochrane.org; mkoster@cochrane.org; Chris Del Mar <cdelmar@bond.edu.au>; Paul Glasziou <pglaszio@bond.edu.au>; RayMoynihan@bond.edu.au; peter.collignon@act.gov.au; Karla Soares-Weiser <ksoares-weiser@cochrane.org>; Hilary Simmonds <HSimmonds@cochrane.org>; Toby Lasserson <TLasserson@cochrane.org>; Christian Gluud <christian.gluud@ctu.dk>; Christopher Exley <c.exley@keele.ac.uk>; cdipietrantonj@aslal.it; (b) (6) @googlemail.com; sdavies@bmj.com; (b) (6) @btinternet.com; jclarkson@cochrane.org; ncullum@cochrane.org; gfaba@cochrane.org; thowe@cochrane.org; trish.greenhalgh@phc.ox.ac.uk; peter.christian.goetzsche@regionh.dk; governingboardsecretary@cochrane.org; David Tovey <dtovey@cochrane.org>; sara.krauss@ctu.dk; cgluud@ctu.dk; (b) (6) @gmail.com
Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis
pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those **allergic reactions could be somewhat more common** than the highly uncommon that we thought they were **because people do get exposed to polyethylene glycol in various pharmaceutical preparations,**" - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbiter2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

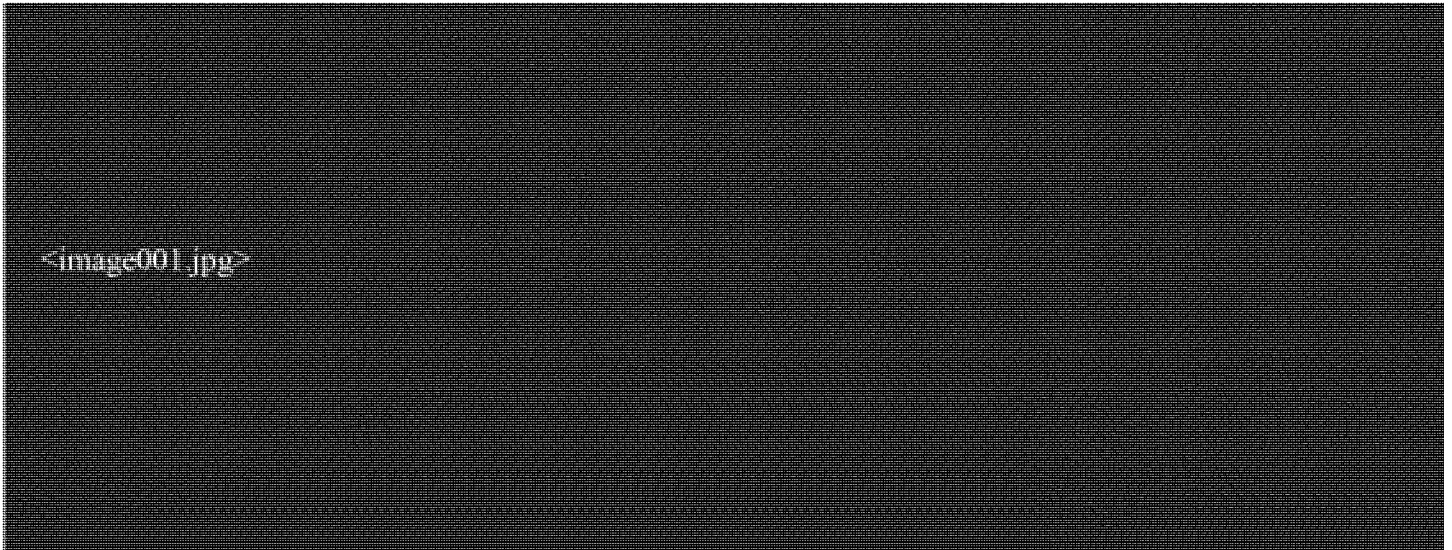
The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

<image002.jpg>

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments, January 25th, 2021

<image002.jpg>

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

[Read the News](#)

[Listen to Recording of the Oral Arguments](#)

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

<image002.jpg>

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

<image002.jpg>

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

<image002.jpg>

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

<image002.jpg>

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

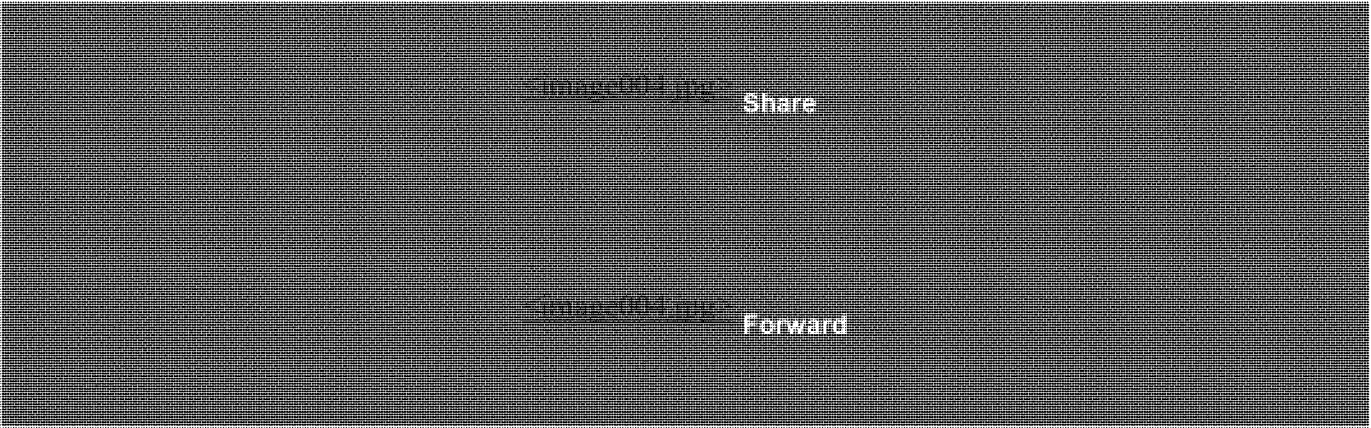
Read the news [here](#).

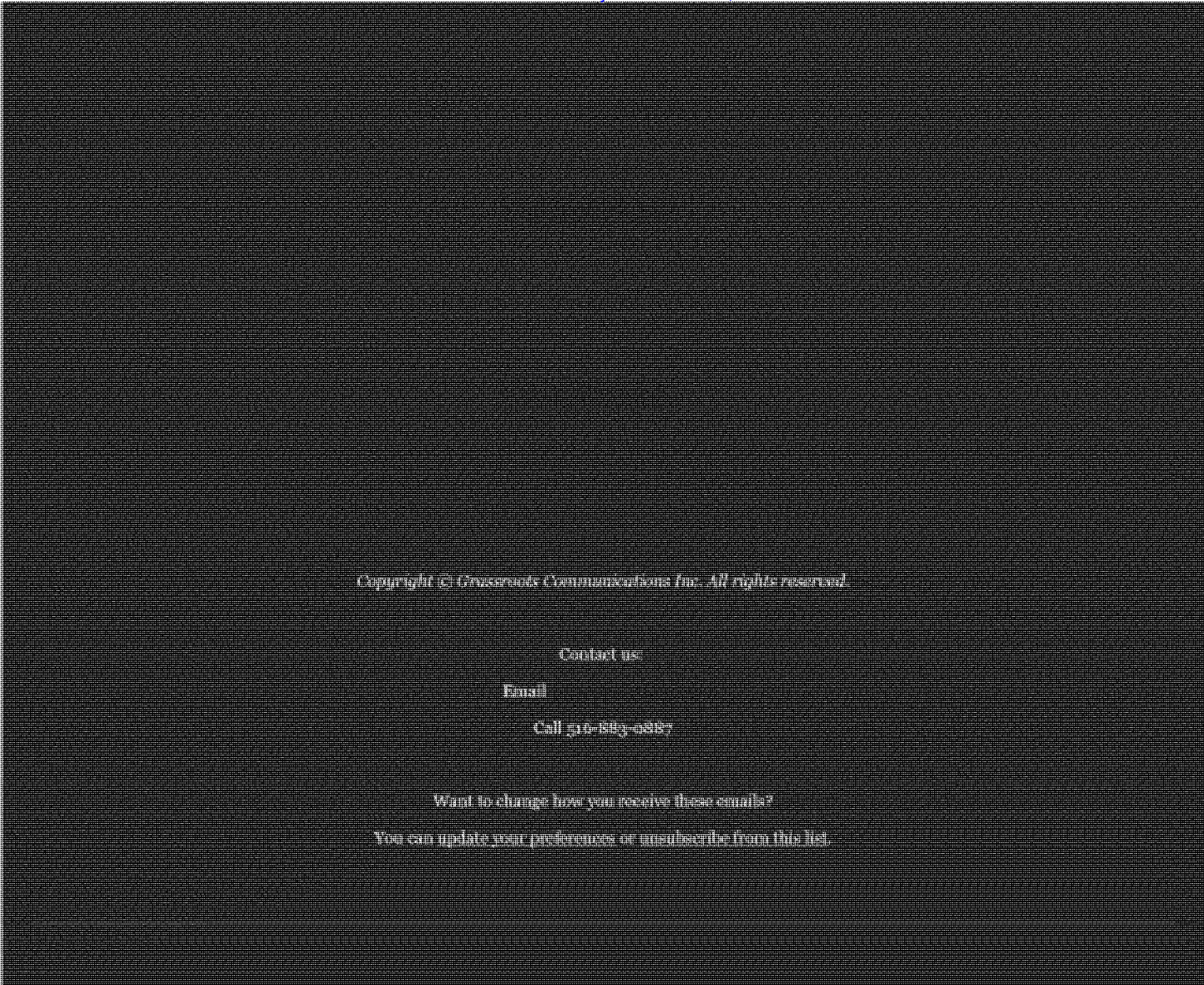
<image003.jpg>

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team





<image005.jpg>

Thanks,
Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto

Obtained via FOIA by Judicial Watch, Inc.

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From: Nicole Lurie [nicole.lurie@cepi.net]
Sent: 2/2/2021 9:55:02 AM
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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too

Sent from my iPhone

On Feb 2, 2021, at 9:53 AM, Marsha Mailick <marsha.mailick@wisc.edu> wrote:

CAUTION: This message was sent by an address external to CEPI. Please do not click on links or open attachments unless you recognize the source of this email and know the content is safe. Contact support@intility.no or it@cepi.net if uncertain.

Also please remove me from your list

Sent from my iPhone

On Feb 2, 2021, at 9:41 AM, trish.greenhalgh@phc.ox.ac.uk wrote:

And me.

From: CORINNE D ENGELMAN <corinne.engelman@wisc.edu>

Date: Tuesday, 2 February 2021 at 14:37

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too.

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Date: Tuesday, February 2, 2021 at 6:50 AM

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

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Subject: R: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes
FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13,
ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/Tdap, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely

be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless
<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research
<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pccg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär
Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
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To: golding@cber.fda.gov; khuranas@cber.fda.gov; sli49@emory.edu; elizabeth.deatrick@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; tdobie@cell.com; mfurman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; jeffrey.sonnenfeld@yale.edu; info@eeoc.gov; ofe.eeoc@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; richard.hatchett@cepi.net; fg17882@bristol.ac.uk; ripley.ballou@gskbio.com; nicole.lurie@cepi.net; jlg251@georgetown.edu; tom.monath@crozetbiopharma.com; aabimiku@ihv.umaryland.edu; abarrett@utmb.edu; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot@usf.edu; chappi@hsph.harvard.edu; Connie.s.schmaljohn.civ@mail.mil; iad7@cdc.gov; jamesrobinson@uchicago.edu; 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marsha.mailick@wisc.edu; kmalecki@wisc.edu; mmassoglia@ssc.wisc.edu; drmeyer1@wisc.edu; cmommaerts@wisc.edu; amukherjee@wisc.edu; jnullahy@wisc.edu; jnobles@ssc.wisc.edu; robrien@lafollette.wisc.edu; palloni@wisc.edu; patz@wisc.edu; ppeppard@wisc.edu; jraymo@ssc.wisc.edu; ferey@wisc.edu; sarobert@wisc.edu; schaeffer@ssc.wisc.edu; lschechter@wisc.edu; aschneider4@wisc.edu; cswart@ssc.wisc.edu; aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; [walker@ssc.wisc.edu](mailto>walker@ssc.wisc.edu); wallace@lafollette.wisc.edu; tbwalsh@wisc.edu; yang.wang@lafollette.wisc.edu; mjwiswall@wisc.edu; wolfe@lafollette.wisc.edu; ysxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschultz.edu; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschultz.edu; sarah.corathers@cchmc.org; Amy.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xjtu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch; andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.blokesch@epfl.ch; cathrin.briskien@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.delosrios@epfl.ch; michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch; douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimanikatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch; friedhelm.hummel@epfl.ch; hilal.lashuel@epfl.ch; theo.lasser@epfl.ch; bruno.lemaitre@epfl.ch; joachim.lingner@epfl.ch; matthias.lutolf@epfl.ch; pierre.magistretti@epfl.ch; suliana.manley@epfl.ch; henry.markram@epfl.ch; brian.mccabe@epfl.ch; john.mckinney@epfl.ch; etienne.meylan@epfl.ch; felix.naef@epfl.ch; olaia.naveiras@epfl.ch; andrew.oates@epfl.ch; elisa.oricchio@epfl.ch; alexandre.persat@epfl.ch; carl.petersen@epfl.ch; freddy.radtke@epfl.ch; pavan.ramdya@epfl.ch; marcel.salathe@epfl.ch; carmen.sandi@epfl.ch; ralf.schneggenburger@epfl.ch; kristina.schoonjans@epfl.ch; viesturs.simanis@epfl.ch; david.suter@epfl.ch; didier.trono@epfl.ch; nicolas.mermod@unil.ch; beatrice.perrenoud@chuv.ch; awagnon@cmanet.org; accma@accma.org; jgreaves@accma.org; jjackovic@accma.org; grogers@accma.org; ndraper@accma.org; mlum@accma.org; (b) (6) @sbcbglobal.net; (b) (6) @gmail.com; sbcms@sbmed.org; nbutler@fmmms.org; Kamal.Gadalla@ed.ac.uk; ralph.hector@ed.ac.uk; S.R.Thomson@ed.ac.uk; Paul.Ross@ed.ac.uk; stephanie.mearns@ed.ac.uk; Marie.Bowers@ed.ac.uk; zoe.sawitzki@ed.ac.uk; Sarah.Giachetti@ed.ac.uk; s1316609@sms.ed.ac.uk; 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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis

pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

“What we’re learning now is that those **allergic reactions could be somewhat more common** than the highly uncommon that we thought they were **because people do get exposed to polyethylene glycol in various pharmaceutical preparations,**” - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy. Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



<image001.jpg>

Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

<image002.jpg>

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments, January 25th, 2021

<image002.jpg>

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

[Read the News](#)

[Listen to Recording of the Oral Arguments](#)

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

<image002.jpg>

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

<image002.jpg>

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

<image002.jpg>

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

<image002.jpg>

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

Read the news [here](#).

<image003.jpg>

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team

[Contribute to 5G Crisis](#)

<image004.jpg> [Share](#)

[Forward](#)

<image004.jpg>

<image004.jpg>

<image004.jpg>

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Contact us:

Email report@5gcrisis.com

Call 516-883-0887

Want to change how you receive these emails?

You can

or

<image005.jpg>

Thanks,

Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono

FDA-CBER-2021-5762-00602

vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

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From: MEARNS Stephanie [stephanie.mearns@ed.ac.uk]
Sent: 2/2/2021 9:52:39 AM
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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

I feel like by now we should all know that if you are requesting to be removed from a mailing list you should not be clicking 'reply to all'. The only person who needs that email is the absolute nuisance sending the annoying emails out in the first place.

From: Trish Greenhalgh <trish.greenhalgh@phc.ox.ac.uk>

Sent: 02 February 2021 14:38

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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And me.

From: CORINNE D ENGELMAN <corinne.engelman@wisc.edu>

Date: Tuesday, 2 February 2021 at 14:37

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too.

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Date: Tuesday, February 2, 2021 at 6:50 AM

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes
FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Pevnar 13,
ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

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From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 20:11

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless

<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

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Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
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Sent: 01 February 2021 01:43

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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity**. So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis

pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

“What we’re learning now is that those **allergic reactions could be somewhat more common** than the highly uncommon that we thought they were **because people do get exposed to polyethylene glycol in various pharmaceutical preparations,**” - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

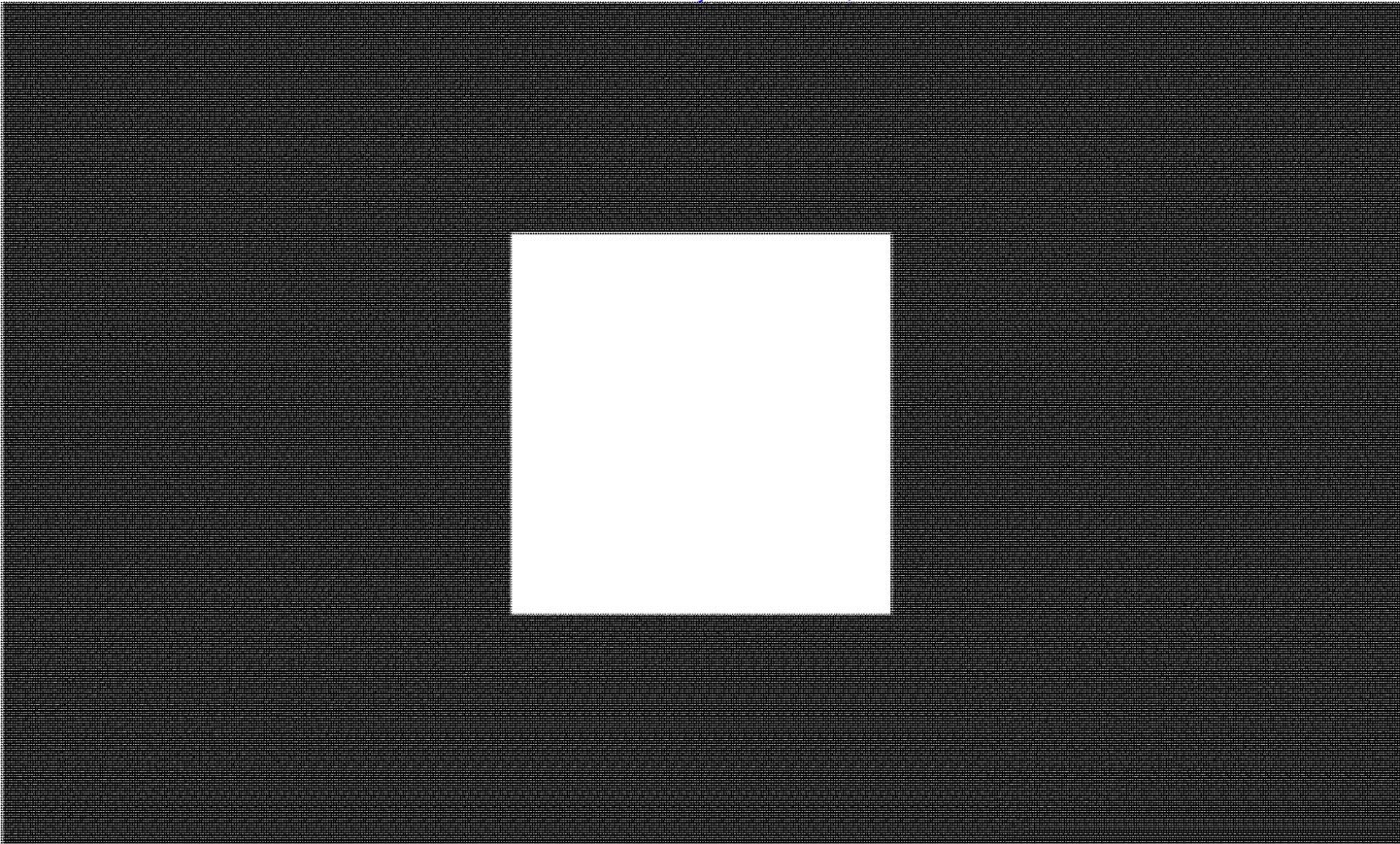
The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

Visit the New Tahoe Safe Tech Website

Support the Landmark Litigation

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

Read the News

Listen to Recording of the Oral Arguments

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

Read the news [here](#).

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



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Email report@5gcrisis.com

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Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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On Feb 2, 2021, at 9:41 AM, trish.greenhalgh@phc.ox.ac.uk wrote:

And me.

From: CORINNE D ENGELMAN <corinne.engelman@wisc.edu>

Date: Tuesday, 2 February 2021 at 14:37

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too.

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Date: Tuesday, February 2, 2021 at 6:50 AM

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

From: Di Pietrantonj Carlo <cdipietrantonj@aslal.it>

Sent: Tuesday, February 2, 2021 5:46 AM

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes
FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13,
ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director
Institute for Scientific Freedom
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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...
<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity

mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless

<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can

only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär
Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
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pcg@scientificfreedom.dk; marguerite.a.koster@kp.org; (b) (6) @gmail.com; meerpohl@cochrane.de; santesna@mcmaster.ca; dimitrinka.nikolova@ctu.dk; snezana.djurisic@ctu.dk; (b) (6) @gmail.com; (b) (6) @gmail.com; (b) (6) @gmail.com; vbonfigli@cochrane.org; david@davidhammerstein.org; mburton@cochrane.org; mkoster@cochrane.org; Chris Del Mar <cdelmar@bond.edu.au>; Paul Glasziou <pglaszio@bond.edu.au>; RayMoynihan@bond.edu.au; peter.collignon@act.gov.au; Karla Soares-Weiser <ksoares-weiser@cochrane.org>; Hilary Simmonds <HSimmonds@cochrane.org>; Toby Lasserson <TLasserson@cochrane.org>; Christian Gluud <christian.gluud@ctu.dk>; Christopher Exley <c.exley@keele.ac.uk>; cdipietrantonj@asl.it; (b) (6) @googlemail.com; sdavies@bmj.com; (b) (6) @btinternet.com; jclarkson@cochrane.org; ncullum@cochrane.org; gfaba@cochrane.org; thowe@cochrane.org; trish.greenhalgh@phc.ox.ac.uk; peter.christian.goetzsche@regionh.dk; governingboardsecretary@cochrane.org; David Tovey <dtovey@cochrane.org>; sara.krauss@ctu.dk; 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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis

pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle

Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those **allergic reactions could be somewhat more common** than the highly uncommon that we thought they were **because people do get exposed to polyethylene glycol in various pharmaceutical preparations,**" - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

<image002.jpg>

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**

<image002.jpg>

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

[Read the News](#)

[Listen to Recording of the Oral Arguments](#)

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

<image002.jpg>

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

<image002.jpg>

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

<image002.jpg>

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

<image002.jpg>

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

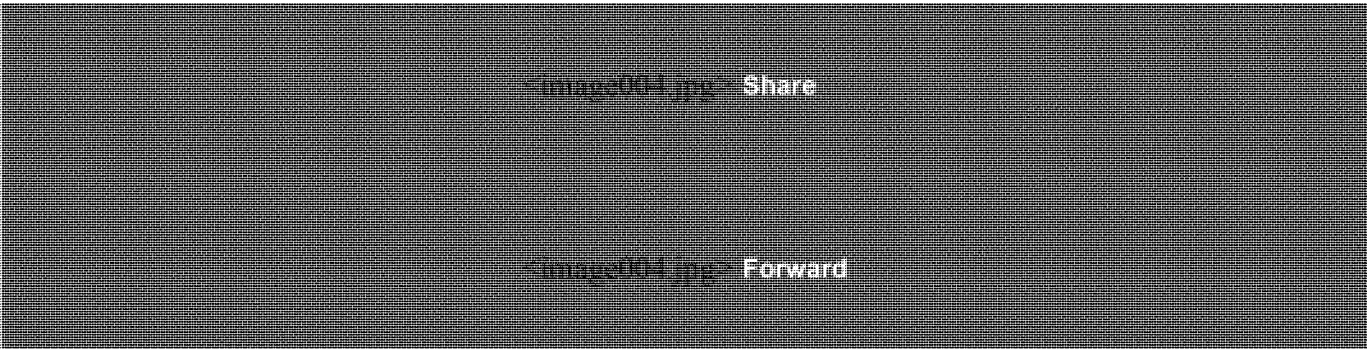
Read the news [here](#).

<image003.jpg>

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



<image004.jpg>

<image004.jpg>

<image004.jpg>

<image004.jpg>

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Contact us:

Email report@5gcrisis.com

Call 516-883-0887

Want to change how you receive these emails?

You can

or

.

<image005.jpg>

Thanks,

Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la

Obtained via FOIA by Judicial Watch, Inc.

relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

Obtained via FOIA by Judicial Watch, Inc.

From: Trish Greenhalgh [trish.greenhalgh@phc.ox.ac.uk]
Sent: 2/2/2021 9:38:15 AM
To: CORINNE D ENGELMAN [corinne.engelman@wisc.edu]; jeffrey.sonnenfeld@yale.edu; Di Pietrantonj Carlo [cdpietrantonj@aslal.it]; pcg@scientificfreedom.dk; 'Vinu Arumugham' [(b) (6) @yahoo.com]; Golding, Hana [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0619807f66f6406d9ece442207c82c95-goldingh]; Khurana, Surender [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d6215b7e342d4622be59fa3d58501a6f-Khurana]; sli49@emory.edu; elizabeth.deatrack@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; tdoobie@cell.com; mfurman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; info@eeoc.gov; ofo.eeoc@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; Richard Hatchett [richard.hatchett@cepi.net]; fg17882@bristol.ac.uk; ripleyp.ballou@gskbio.com; nicole.lurie@cepi.net; jlg251@georgetown.edu; tom.monath@crozetbiopharma.com; aabimiku@ihv.umaryland.edu; abarrett@utmb.edu; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot@usf.edu; chappi@hsph.harvard.edu; Connie.s.schmaljohn.civ@mail.mil; Damon, Inger K (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=42b35bd733a34c66a5698f43f7026e88-HHS-iad7-cd]; jamesrobinson@uchicago.edu; Jean.Lang@sanofi-pasteur.com; john.k.billington@gsk.com; kenji.shibuya@kcl.ac.uk; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; mlevine@som.umaryland.edu; moorthyv@who.int; Bryant, Paula R (NIH) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3eb42f9318014bbb8c14d39ef311d8f9-HHS-paula.b]; (b) (6) @africaonline.co.ke; yves.levy@aphp.fr; Fenaba Addo [faddo@wisc.edu]; Bradford Barham [bradford.barham@wisc.edu]; LEONELO E BAUTISTA [lebautista@wisc.edu]; Lawrence M Berger [lberger@wisc.edu]; Will Buckingham [wruckin@wisc.edu]; MARGUERITE E BURNS [meburns@wisc.edu]; Marcy Carlson [carlson@ssc.wisc.edu]; J. 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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

And me.

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Date: Tuesday, 2 February 2021 at 14:37

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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Date: Tuesday, February 2, 2021 at 6:50 AM

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

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From: Vinu Arumugham <(b) (6)@yahoo.com>

Sent: 01 February 2021 20:11

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?

pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment

<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless

<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way

more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

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Anna Nordbeck och Malin Olofsson
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<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
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Sent: 01 February 2021 01:43

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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis
pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

“What we’re learning now is that those **allergic reactions could be somewhat more common** than the highly uncommon that we thought they were **because people do get exposed to polyethylene glycol in various pharmaceutical preparations,**” - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

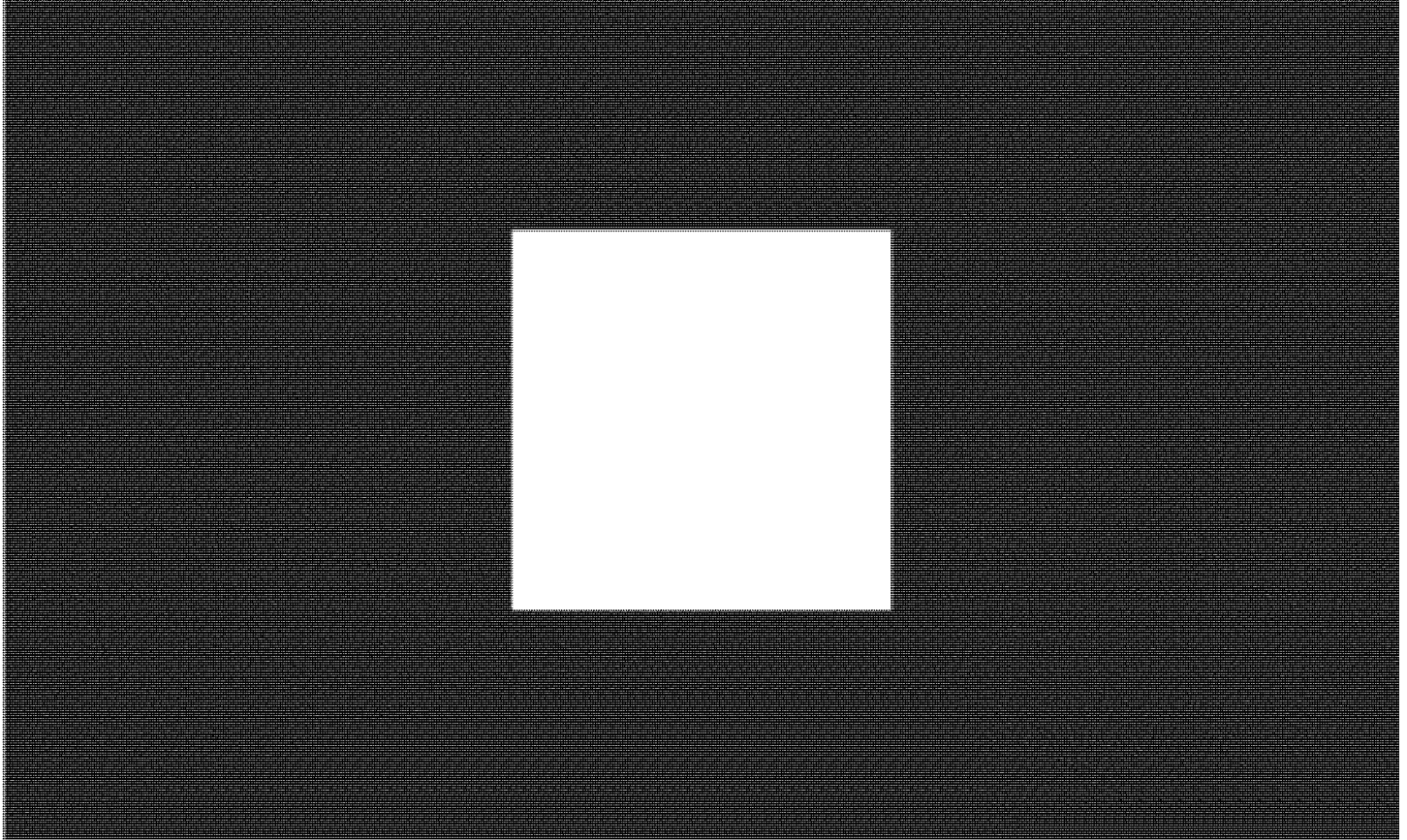
The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

Read the News

Listen to Recording of the Oral Arguments

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

Read the news [here](#).

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



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 Forward

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Contact us:

Email report@5gcrisis.com

Call 516-883-0887

Want to change how you receive these emails?

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Thanks,

Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes
FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13,
ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless
<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox

Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär
Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis

pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle

Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those **allergic reactions could be somewhat more common** than the highly uncommon that we thought they were **because people do get exposed to polyethylene glycol in various pharmaceutical preparations,**" - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

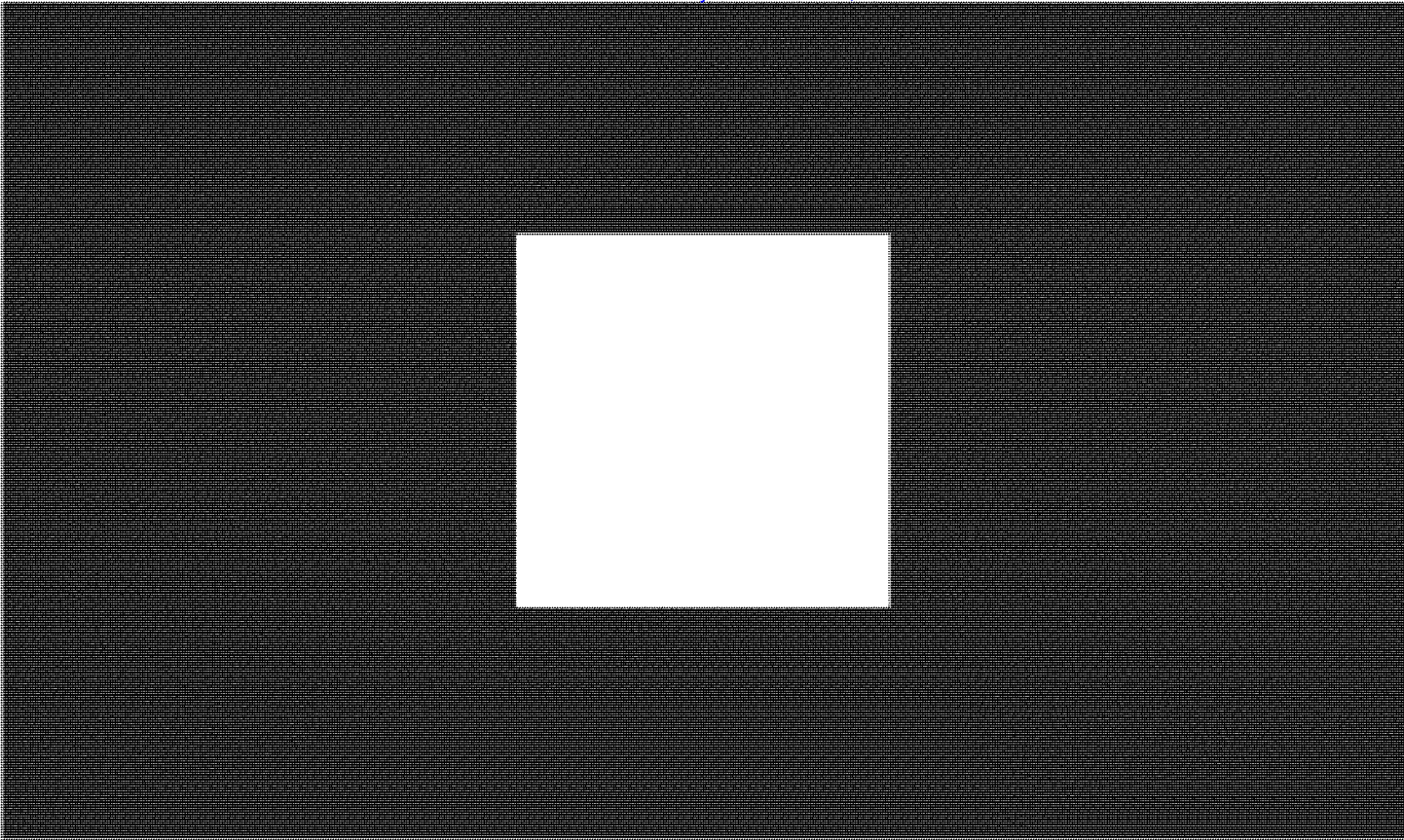
Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC)**

to commission an independent review of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

Visit the New Tahoe Safe Tech Website

Support the Landmark Litigation

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

Read the News

Listen to Recording of the Oral Arguments

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

Read the news [here](#).

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



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Contact us:

Email report@5gcrisis.com

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Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo

lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL.
Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

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Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

From: CORINNE D ENGELMAN [corinne.engelman@wisc.edu]
Sent: 2/2/2021 9:31:58 AM
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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too.

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless
<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way

more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär
Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
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Sent: 01 February 2021 01:43

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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis
pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those allergic reactions could be somewhat more common than the highly uncommon that we thought they were because people do get exposed to polyethylene glycol in various pharmaceutical preparations," - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

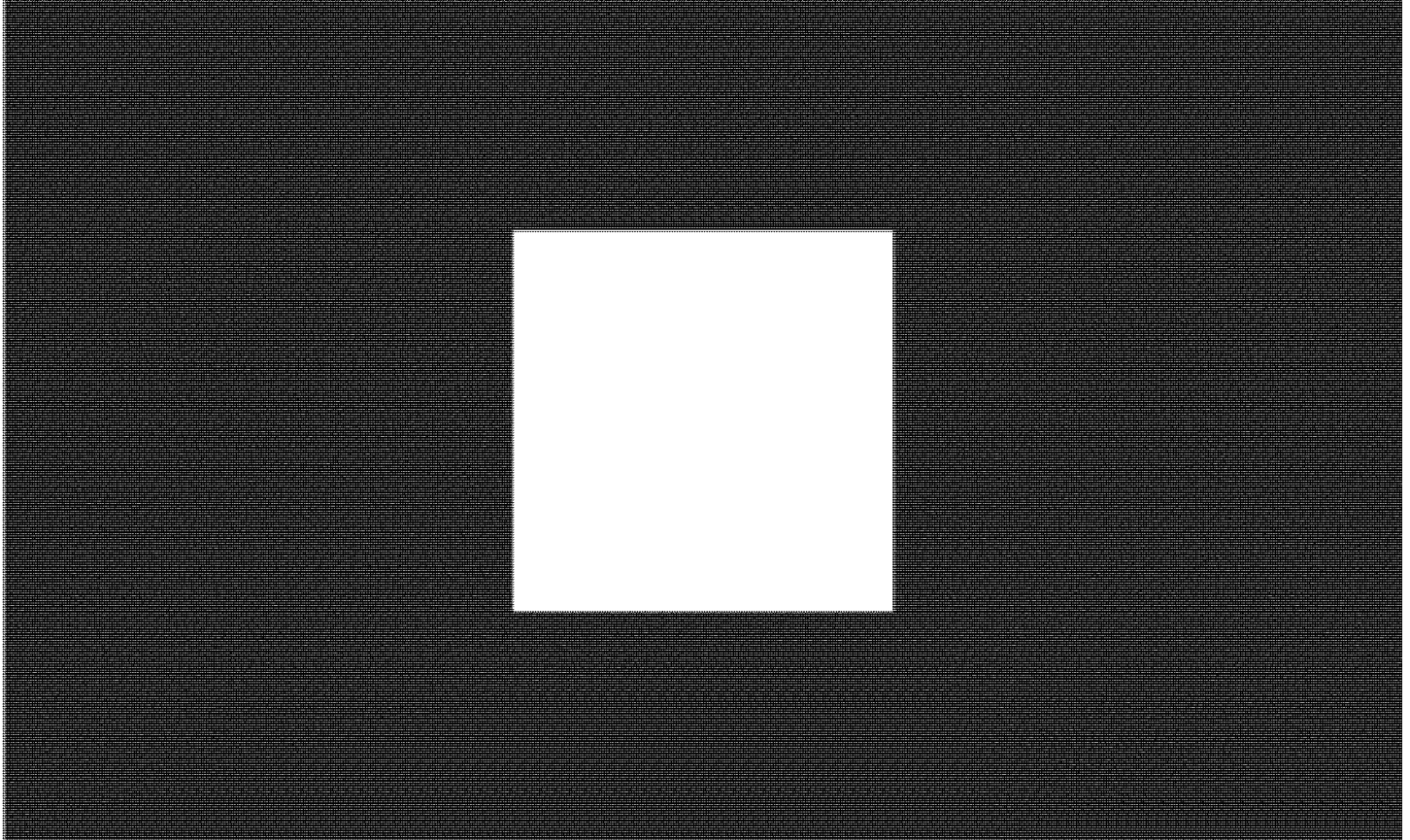
The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

Read the News

Listen to Recording of the Oral Arguments

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

SOUTH CAROLINA

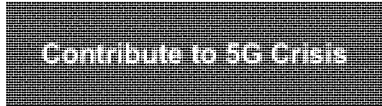
5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

Read the news [here](#).

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



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Contact us:

Email report@5gcrisis.com

Call 516-883-0887

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Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

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From: pcg@scientificfreedom.dk [pcg@scientificfreedom.dk]
Sent: 2/2/2021 4:10:24 AM
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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

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From: Vinu Arumugham <(b) (6) @yahoo.com>

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes
FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs.
clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/Tdap, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...
<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless
<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research
<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär

Anna Nordbeck och Malin Olofsson

Dokument inifrån: VACCINKRIGARNA

<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>

SVT

Bw

Peter C Gøtzsche
Professor and Director
Institute for Scientific Freedom
Copenhagen
<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>
Twitter: @PGtzsche1

From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 01:43

To: goldingh@cber.fda.gov; khuranas@cber.fda.gov; sli49@emory.edu; elizabeth.deatrick@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; tdobie@cell.com; mfurman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; jeffrey.sonnenfeld@yale.edu; info@eeoc.gov; ofo.eeoc@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; richard.hatchett@cepi.net; fg17882@bristol.ac.uk; ripley.ballou@gskbio.com; nicole.lurie@cepi.net; jlg251@georgetown.edu; tom.monath@crozetbiopharma.com; aabimiku@ihv.umaryland.edu; abarrett@utmb.edu; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot@usf.edu; chappi@hsph.harvard.edu; Connie.s.schmaljohn.civ@mail.mil; iad7@cdc.gov; jamesrobinson@uchicago.edu; Jean.Lang@sanofipasteur.com; john.k.billington@gsk.com; kenji.shibuya@kcl.ac.uk; krause@cber.fda.gov; mlevine@som.umaryland.edu; moorthyv@who.int; paula.bryant@nih.gov; (b) (6) @africaonline.co.ke; yves.levy@aphp.fr; faddo@wisc.edu; bradford.barham@wisc.edu; lebautista@wisc.edu; lmberger@wisc.edu; wrbuckin@wisc.edu; meburns@wisc.edu; carlson@ssc.wisc.edu; jmcollins@wisc.edu; jaconwell@wisc.edu; nbarnes2@wisc.edu; kcurtis@ssc.wisc.edu; mcurtis3@wisc.edu; jeason2@wisc.edu; ehrenthal@wisc.edu; felwert@ssc.wisc.edu; cengelmann@wisc.edu; mengelman@ssc.wisc.edu; jason.fletcher@wisc.edu; cfu@ssc.wisc.edu; fujimura@ssc.wisc.edu; tgerber@ssc.wisc.edu; cde@ssc.wisc.edu; grantm@ssc.wisc.edu; jan.greenberg@wisc.edu; jmgregory@ssc.wisc.edu; egrodsky@ssc.wisc.edu; sarah.halpernmeekin@wisc.edu; jenny.a.higgins@wisc.edu; lpjacobs@wisc.edu; fjones4@wisc.edu; hyunseung@stat.wisc.edu; dkaplan@education.wisc.edu; jkennan@ssc.wisc.edu; ajk@medicine.wisc.edu; milight@ssc.wisc.edu; logan@ssc.wisc.edu; kmagnuson@wisc.edu; marsha.mailick@wisc.edu; kmalecki@wisc.edu; mmassoglia@ssc.wisc.edu; drmeyer1@wisc.edu; cmommaerts@wisc.edu; amukherjee@wisc.edu; jnullahy@wisc.edu; jnobles@ssc.wisc.edu; robrien@lafollette.wisc.edu; palloni@wisc.edu; patz@wisc.edu; ppeppard@wisc.edu; jraymo@ssc.wisc.edu; ferey@wisc.edu; sarobert@wisc.edu; schaeffer@ssc.wisc.edu; lschechter@wisc.edu; aschneider4@wisc.edu; cschwartz@ssc.wisc.edu; aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; [walker@ssc.wisc.edu](mailto>walker@ssc.wisc.edu); wallace@lafollette.wisc.edu; tbwalsh@wisc.edu; yang.wang@lafollette.wisc.edu; mjwiswall@wisc.edu; wolfe@lafollette.wisc.edu; ysxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschutzwisc.edu; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschutzwisc.edu; sarah.corathers@cchmc.org; Amy.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xjtu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch; andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.blokesch@epfl.ch; cathrin.briskien@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.delosrios@epfl.ch; michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch; douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimanikatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch;

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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity**. So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis
pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those allergic reactions could be somewhat more common than the highly uncommon that we thought they were because people do get exposed to polyethylene glycol in various pharmaceutical preparations," - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

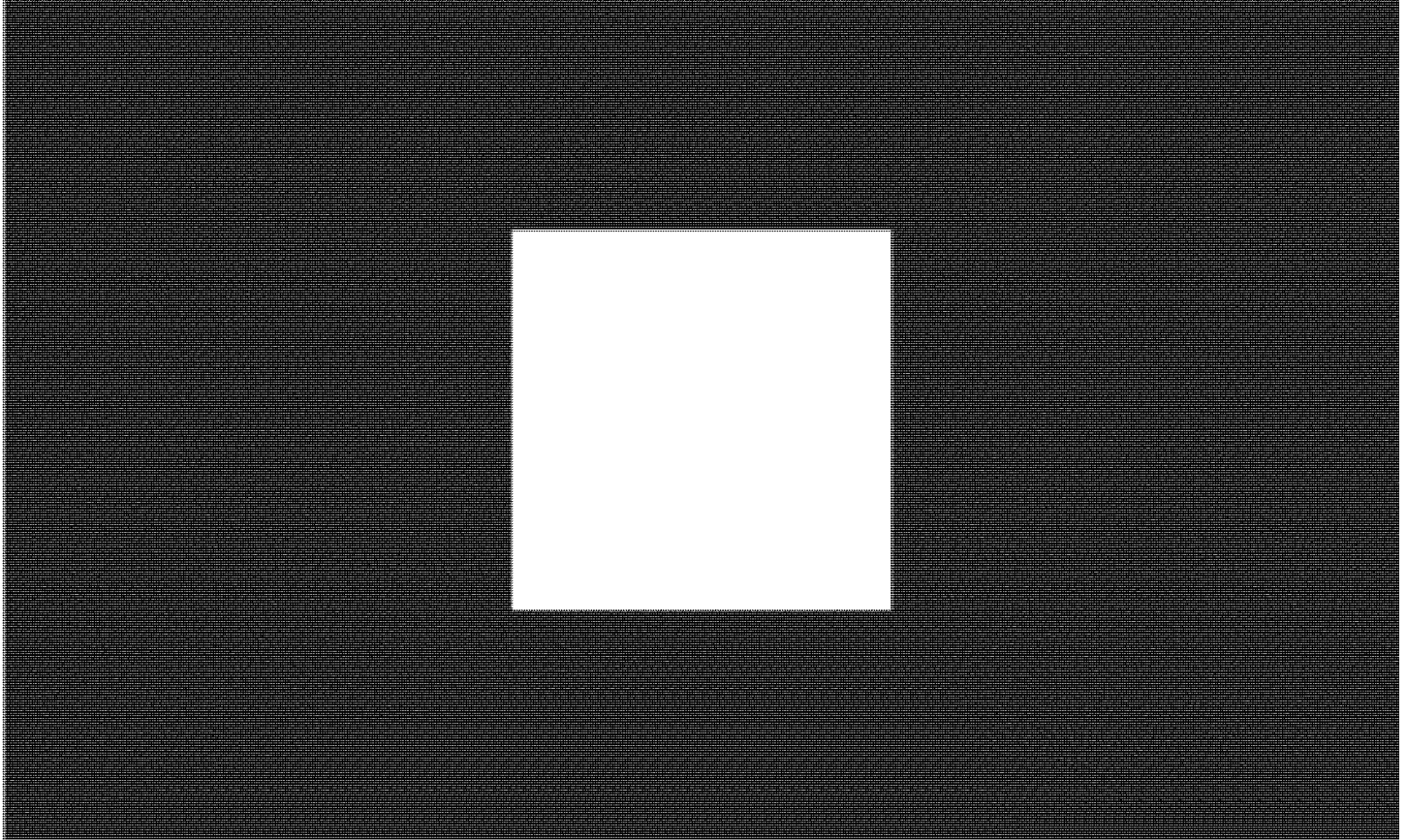
The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

Read the News

Listen to Recording of the Oral Arguments

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

Read the news [here](#).

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



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Contact us:

Email report@5gcrisis.com

Call 516-883-0887

Want to change how you receive these emails?

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Thanks,
Vinu

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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Pierre

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NCCR

"The synaptic bases of mental diseases"

<http://www.nccr-synapsy.ch>



On 2 févr. 2021, at 15:57, DEBORAH B EHRENTAL <ehrental@wisc.edu> wrote:

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Date: Tuesday, February 2, 2021 at 9:57 AM

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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On 2 Feb 2021, at 15:55, Nicole Lurie <nicole.lurie@cepi.net> wrote:

Me too

Sent from my iPhone

On Feb 2, 2021, at 9:53 AM, Marsha Mailick <marsha.mailick@wisc.edu> wrote:

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On Feb 2, 2021, at 9:41 AM, trish.greenhalgh@phc.ox.ac.uk wrote:

And me.

From: CORINNE D ENGELMAN <corinne.engelman@wisc.edu>

Date: Tuesday, 2 February 2021 at 14:37

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too.

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Date: Tuesday, February 2, 2021 at 6:50 AM

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/Tdap, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

Twitter: @PGtzsche1

From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 20:11

To: pcg@scientificfreedom.dk; goldingh@cber.fda.gov; khuranas@cber.fda.gov; sli49@emory.edu; elizabeth.deatrick@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; tdobie@cell.com; mfurman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; jeffrey.sonnenfeld@yale.edu; info@eeoc.gov; ofe.eeoc@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; richard.hatchett@cepi.net; fg17882@bristol.ac.uk; ripley.ballou@gskbio.com; nicole.lurie@cepi.net; jlg251@georgetown.edu; tom.monath@crozetbiopharma.com; aabimiku@ihv.umaryland.edu; abarrett@utmb.edu; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot@usf.edu; chappi@hsph.harvard.edu; Connie.s.schmaljohn.civ@mail.mil; iad7@cdc.gov; jamesrobinson@uchicago.edu; Jean.Lang@sanofipasteur.com; john.k.billington@gsk.com; kenji.shibuya@kcl.ac.uk; krause@cber.fda.gov; mlevine@som.umaryland.edu; moorthyv@who.int; paula.bryant@nih.gov; (b) (6) @africaonline.co.ke; yves.levy@aphp.fr; faddo@wisc.edu; bradford.barham@wisc.edu; lebautista@wisc.edu; Imberger@wisc.edu; wrbuckin@wisc.edu; meburns@wisc.edu; carlson@ssc.wisc.edu; jmcollins@wisc.edu; jaconwell@wisc.edu; nbarnes2@wisc.edu; kcurtis@ssc.wisc.edu; mcurtis3@wisc.edu; jeason2@wisc.edu; ehrenthal@wisc.edu; felwert@ssc.wisc.edu; engelmann@wisc.edu; mengelman@ssc.wisc.edu; jason.fletcher@wisc.edu; cfu@ssc.wisc.edu; fujimura@ssc.wisc.edu; tgerber@ssc.wisc.edu; cde@ssc.wisc.edu; grantm@ssc.wisc.edu; jan.greenberg@wisc.edu; jmgregory@ssc.wisc.edu; egrodky@ssc.wisc.edu; sarah.halpernmeekin@wisc.edu; jenny.a.higgins@wisc.edu; ljacobs@wisc.edu; fjones4@wisc.edu; hyunseung@stat.wisc.edu; dkaplan@education.wisc.edu; jkennan@ssc.wisc.edu; ajk@medicine.wisc.edu; mflight@ssc.wisc.edu; logan@ssc.wisc.edu; kmagnuson@wisc.edu; marsha.mailick@wisc.edu; kmalecki@wisc.edu; mmassoglia@ssc.wisc.edu; drmeyer1@wisc.edu; cmommaerts@wisc.edu; amukherjee@wisc.edu; jmullahy@wisc.edu; jnobles@ssc.wisc.edu; robrien@lafollette.wisc.edu; palloni@wisc.edu; patz@wisc.edu; ppeppard@wisc.edu; jraymo@ssc.wisc.edu; ferey@wisc.edu; sarobert@wisc.edu; schaeffer@ssc.wisc.edu; lschechter@wisc.edu; aschneider4@wisc.edu; cschwart@ssc.wisc.edu; aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; [walker@ssc.wisc.edu](mailto>walker@ssc.wisc.edu); wallace@lafollette.wisc.edu; tbwalsh@wisc.edu; yang.wang@lafollette.wisc.edu; mjwiswall@wisc.edu; wolfe@lafollette.wisc.edu; ysxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschutz.edu; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschutz.edu; sarah.corathers@cchmc.org; Amy.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xjtu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch; andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.blokesch@epfl.ch; cathrin.brisken@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.delosrios@epfl.ch; michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch; douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimanikatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch; friedhelm.hummel@epfl.ch; hilal.lashuel@epfl.ch; theo.lasser@epfl.ch; bruno.lemaitre@epfl.ch; joachim.lingner@epfl.ch; matthias.lutolf@epfl.ch; pierre.magistretti@epfl.ch; suliana.manley@epfl.ch; henry.markram@epfl.ch; brian.mccabe@epfl.ch; john.mckinney@epfl.ch; etienne.meylan@epfl.ch; felix.naef@epfl.ch; olaia.naveiras@epfl.ch; andrew.oates@epfl.ch; elisa.oricchio@epfl.ch; alexandre.persat@epfl.ch; carl.petersen@epfl.ch; freddy.radtke@epfl.ch; pavan.ramdya@epfl.ch; marcel.salathe@epfl.ch; carmen.sandi@epfl.ch; ralf.schneggenburger@epfl.ch; kristina.schoonjans@epfl.ch; viesturs.simanis@epfl.ch; david.suter@epfl.ch; didier.trono@epfl.ch; nicolas.mermod@unil.ch; beatrice.perrenoud@chuv.ch; awagnon@cmanet.org; accma@accma.org; jgreaves@accma.org; jjackovic@accma.org; grogers@accma.org; [FDA-CBER-2021-5762-00792](mailto:ndraper</p></div><div data-bbox=)

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment

<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless

<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more

cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy

results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär

Anna Nordbeck och Malin Olofsson

Dokument inifrån: VACCINKRIGARNA

<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>

SVT

Bw

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From: Vinu Arumugham <(b) (6)@yahoo.com>

Sent: 01 February 2021 01:43

To: goldingh@cber.fda.gov; khuranas@cber.fda.gov; sli49@emory.edu; elizabeth.deatrick@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; tdobie@cell.com; mfurman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; jeffrey.sonnenfeld@yale.edu; info@eoc.gov; ofe@eoc.gov; FOIA@eoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; richard.hatchett@cepi.net; fg17882@bristol.ac.uk; ripley.ballou@gskbio.com; nicole.lurie@cepi.net; jlg251@georgetown.edu; tom.monath@crozetbiopharma.com; aabimiku@ihv.umaryland.edu; abarrett@utmb.edu; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot@usf.edu; chappi@hsph.harvard.edu; Connie.s.schmaljohn.civ@mail.mil; iad7@cdc.gov; jamesrobinson@uchicago.edu; Jean.Lang@sanofipasteur.com; john.k.billington@gsk.com; kenji.shibuya@kcl.ac.uk; krause@cber.fda.gov; mlevine@som.umaryland.edu; moorthyv@who.int; paula.bryant@nih.gov; (b) (6) @africaonline.co.ke; yves.levy@aphp.fr; faddo@wisc.edu; bradford.barham@wisc.edu; lebautista@wisc.edu; lumberger@wisc.edu; wrbuckin@wisc.edu; meburns@wisc.edu; carlson@ssc.wisc.edu; jmcollins@wisc.edu; jaconwell@wisc.edu; nbarnes2@wisc.edu; kcurtis@ssc.wisc.edu; mcurtis3@wisc.edu; jeason2@wisc.edu; ehrenthal@wisc.edu; felwert@ssc.wisc.edu; cengelman@wisc.edu; menge@ssc.wisc.edu; jason.fletcher@wisc.edu; cfu@ssc.wisc.edu; fujimura@ssc.wisc.edu; tgerber@ssc.wisc.edu; cde@ssc.wisc.edu; grantm@ssc.wisc.edu; jan.greenberg@wisc.edu; jmgregory@ssc.wisc.edu; egrodsky@ssc.wisc.edu; sarah.halpernmeekin@wisc.edu; jenny.a.higgins@wisc.edu; lpjacobs@wisc.edu; fjones4@wisc.edu; hyunseung@stat.wisc.edu; dkaplan@education.wisc.edu; jkennan@ssc.wisc.edu; ajk@medicine.wisc.edu; milight@ssc.wisc.edu; logan@ssc.wisc.edu; kmagnuson@wisc.edu; marsha.mailick@wisc.edu; kmalecki@wisc.edu; mmassoglia@ssc.wisc.edu; drmeyer1@wisc.edu; cmommaerts@wisc.edu; amukherjee@wisc.edu; jmullahy@wisc.edu; jnobles@ssc.wisc.edu; robrien@lafollette.wisc.edu; palloni@wisc.edu; patz@wisc.edu; ppeppard@wisc.edu; jraymo@ssc.wisc.edu; ferey@wisc.edu; sarobert@wisc.edu; schaeffer@ssc.wisc.edu; lschechter@wisc.edu; aschneider4@wisc.edu; cschwart@ssc.wisc.edu; aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; walker@ssc.wisc.edu; wallace@lafollette.wisc.edu; tbwalsh@wisc.edu; yang.wang@lafollette.wisc.edu; [FDA-CBER-2021-5762-00795](mailto:mjwiswall@</p></div><div data-bbox=)

wisc.edu; wolfe@lafollette.wisc.edu; yxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschutze.de; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschutze.de; sarah.corathers@cchmc.org; Amy.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xjtu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch; andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.blokesch@epfl.ch; cathrin.brisken@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.de.losrios@epfl.ch; michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch; douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimaniatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch; friedhelm.hummel@epfl.ch; hila.lashuel@epfl.ch; theo.lasser@epfl.ch; bruno.lemaitre@epfl.ch; joachim.lingner@epfl.ch; matthias.lutolf@epfl.ch; pierre.magistretti@epfl.ch; suliana.manley@epfl.ch; henry.markram@epfl.ch; brian.mccabe@epfl.ch; john.mckinney@epfl.ch; etienne.meylan@epfl.ch; felix.naef@epfl.ch; olaia.naveiras@epfl.ch; andrew.oates@epfl.ch; elisa.oricchio@epfl.ch; alexandre.persat@epfl.ch; carl.petersen@epfl.ch; freddy.radtke@epfl.ch; pavan.ramdyia@epfl.ch; marcel.salathe@epfl.ch; carmen.sandi@epfl.ch; ralf.schneggenburger@epfl.ch; kristina.schoonjans@epfl.ch; viesturs.simanis@epfl.ch; david.suter@epfl.ch; didier.trono@epfl.ch; nicolas.mermod@unil.ch; beatrice.perrenoud@chuv.ch; awagnon@cmanet.org; accma@accma.org; jgreaves@accma.org; jjackovic@accma.org; grogers@accma.org; ndraper@accma.org; mlum@accma.org; (b) (6) @sbcglobal.net; (b) (6) @gmail.com; sbcms@sbmed.org; nbutler@fmms.org; Kamal.Gadalla@ed.ac.uk; ralph.hector@ed.ac.uk; S.R.Thomson@ed.ac.uk; Paul.Ross@ed.ac.uk; stephanie.mearns@ed.ac.uk; Marie.Bowers@ed.ac.uk; zoe.sawitzki@ed.ac.uk; Sarah.Giachetti@ed.ac.uk; s1316609@sms.ed.ac.uk; cochrane@umcutrecht.nl; editorial-unit@cochrane.org; admin@cochrane.org; CEU

Admin <ceu@cochrane.org>; mwilson@cochrane.org; martin.burton@cochrane.nhs.uk; c.farquhar@auckland.ac.nz; j.e.clarkson@dundee.ac.uk; gerald.gartlehner@donau-uni.ac.at; pcg@scientificfreedom.dk; marguerite.a.koster@kp.org; (b) (6) @gmail.com; meerpohl@cochrane.de; santesna@mcmaster.ca; dimitrinka.nikolova@ctu.dk; snezana.djurisic@ctu.dk; (b) (6) @gmail.com; (b) (6) @gmail.com; (b) (6) @gmail.com; vbonfigli@cochrane.org; david@davidhammerstein.org; mburton@cochrane.org; mkoster@cochrane.org; Chris Del Mar <cdelmar@bond.edu.au>; Paul Glasziou <pglasziou@bond.edu.au>; RayMoynihan@bond.edu.au; peter.collignon@act.gov.au; Karla Soares-Weiser <ksoares-weiser@cochrane.org>; Hilary Simmonds <HSimmonds@cochrane.org>; Toby Lasserson <TLasserson@cochrane.org>; Christian Gluud <christian.gluud@ctu.dk>; Christopher Exley <c.exley@keele.ac.uk>; cdi Pietrantonj@aslal.it; (b) (6) @googlemail.com; sdavies@bmj.com; (b) (6) @btinternet.com; jclarkson@cochrane.org; ncullum@cochrane.org; gfaba@cochrane.org; thowe@cochrane.org; trish.greenhalgh@phc.ox.ac.uk; peter.christian.goetzsche@regionh.dk; governingboardsecretary@cochrane.org; David Tovey <dtovey@cochrane.org>; sara.krauss@ctu.dk; cgluud@ctu.dk; (b) (6) @gmail.com

Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity**. So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis
pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those **allergic reactions could be somewhat more common** than the highly uncommon that we thought they were **because people do get exposed to polyethylene glycol in various pharmaceutical preparations,**" - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens**"



<image001.jpg>

Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

<image002.jpg>

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments, January 25th, 2021

<image002.jpg>

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

Read the News

Listen to Recording of the Oral Arguments

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

<image002.jpg>

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

<image002.jpg>

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

<image002.jpg>

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

<image002.jpg>

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

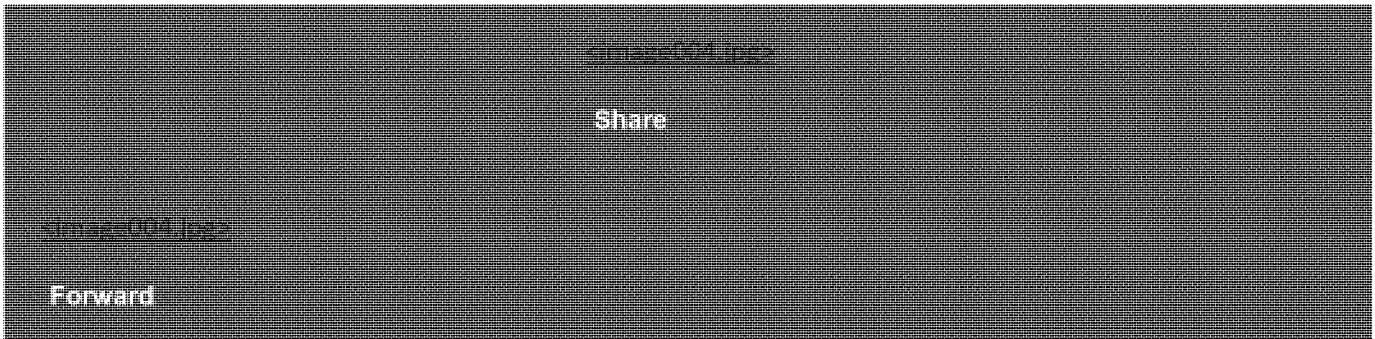
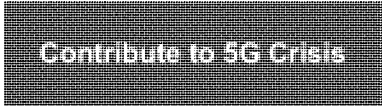
Read the news [here](#).

<image003.jpg>

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



<image004.jpg>

<image004.jpg>

<image004.jpg>

<image004.jpg>

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Contact us:

Email report@5gcrisis.com

Call 516-883-0887

Want to change how you receive these emails?

You can

or

<image005.jpg>

Thanks,
Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

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From: Vinu Arumugham [(b) (6)]@yahoo.com]
Sent: 2/1/2021 2:11:07 PM
To: pcg@scientificfreedom.dk; Golding, Hana [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0619807f66f6406d9ece442207c82c95-goldingh]; Khurana, Surender [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d6215b7e342d4622be59fa3d58501a6f-Khurana]; sli49@emory.edu; elizabeth.deatrack@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; tdoobie@cell.com; mfurman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; jeffrey.sonnenfeld@yale.edu; info@eeoc.gov; ofo.eeoc@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; richard.hatchett@cepi.net; fg17882@bristol.ac.uk; ripleyp.ballou@gskbio.com; nicole.lurie@cepi.net; 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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Götzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?

pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity

mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless

<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can

only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

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We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

<!--[if !supportLineBreakNewLine]-->

<!--[endif]-->

The reference is:

Dokumentär

Anna Nordbeck och Malin Olofsson

Dokument inifrån: VACCINKRIGARNA

<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>

SVT

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From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 01:43

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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity**. So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis

pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpijournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

“What we’re learning now is that those allergic reactions could be somewhat more common than the highly uncommon that we thought they were because people do get exposed to polyethylene glycol in various pharmaceutical preparations,” - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

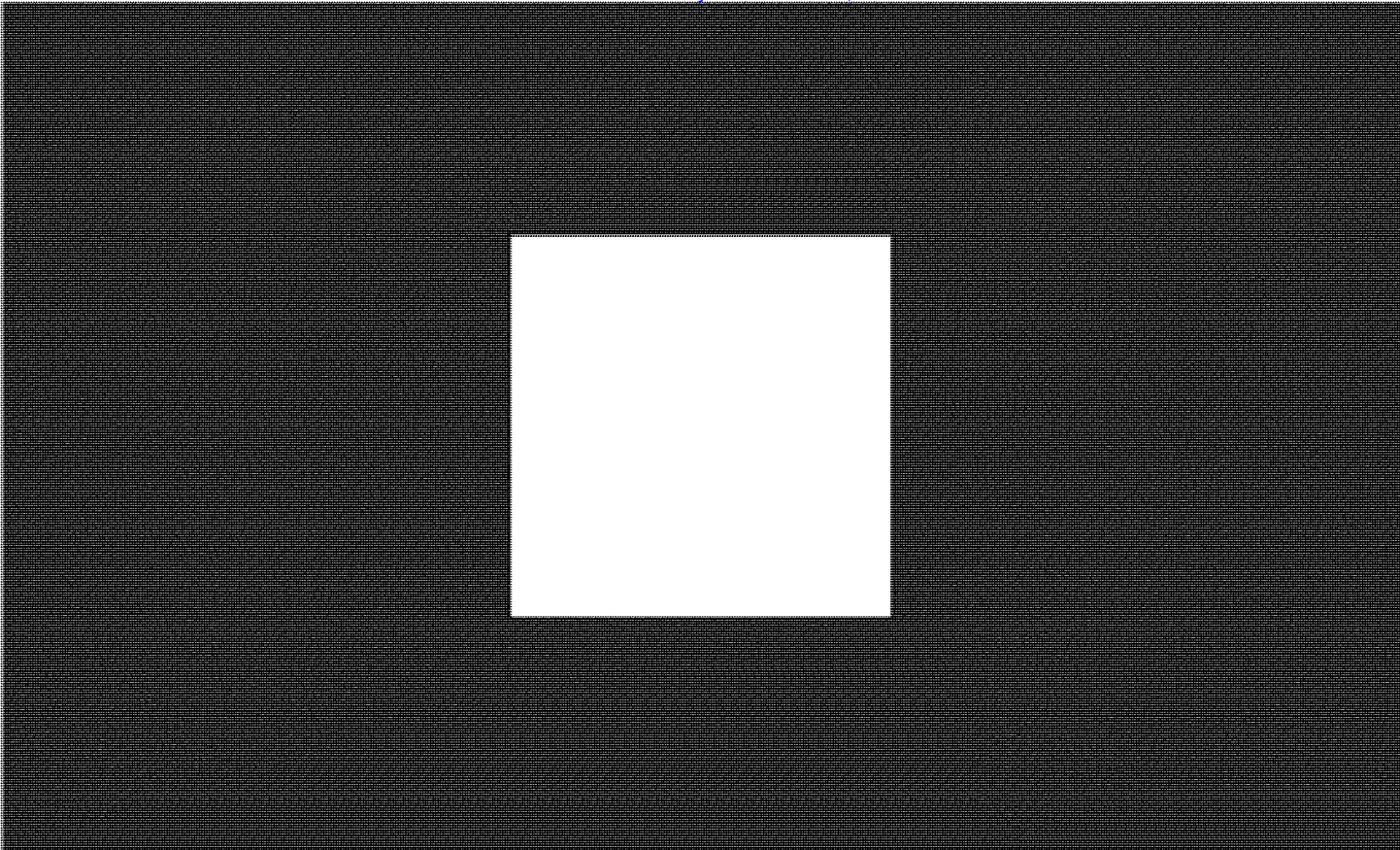
The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**

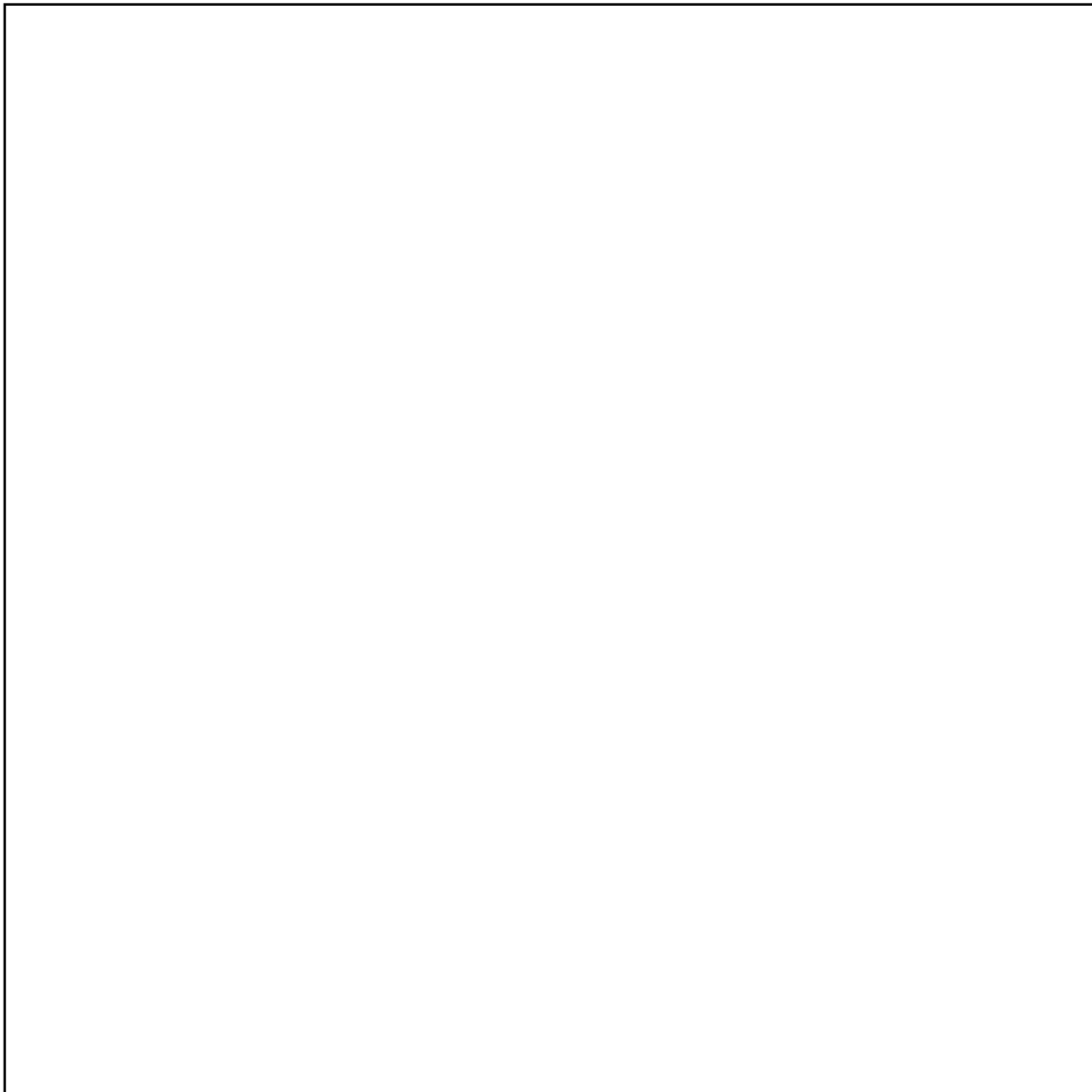


Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers



Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

Visit the New Tahoe Safe Tech Website

Support the Landmark Litigation

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**



"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

Read the News

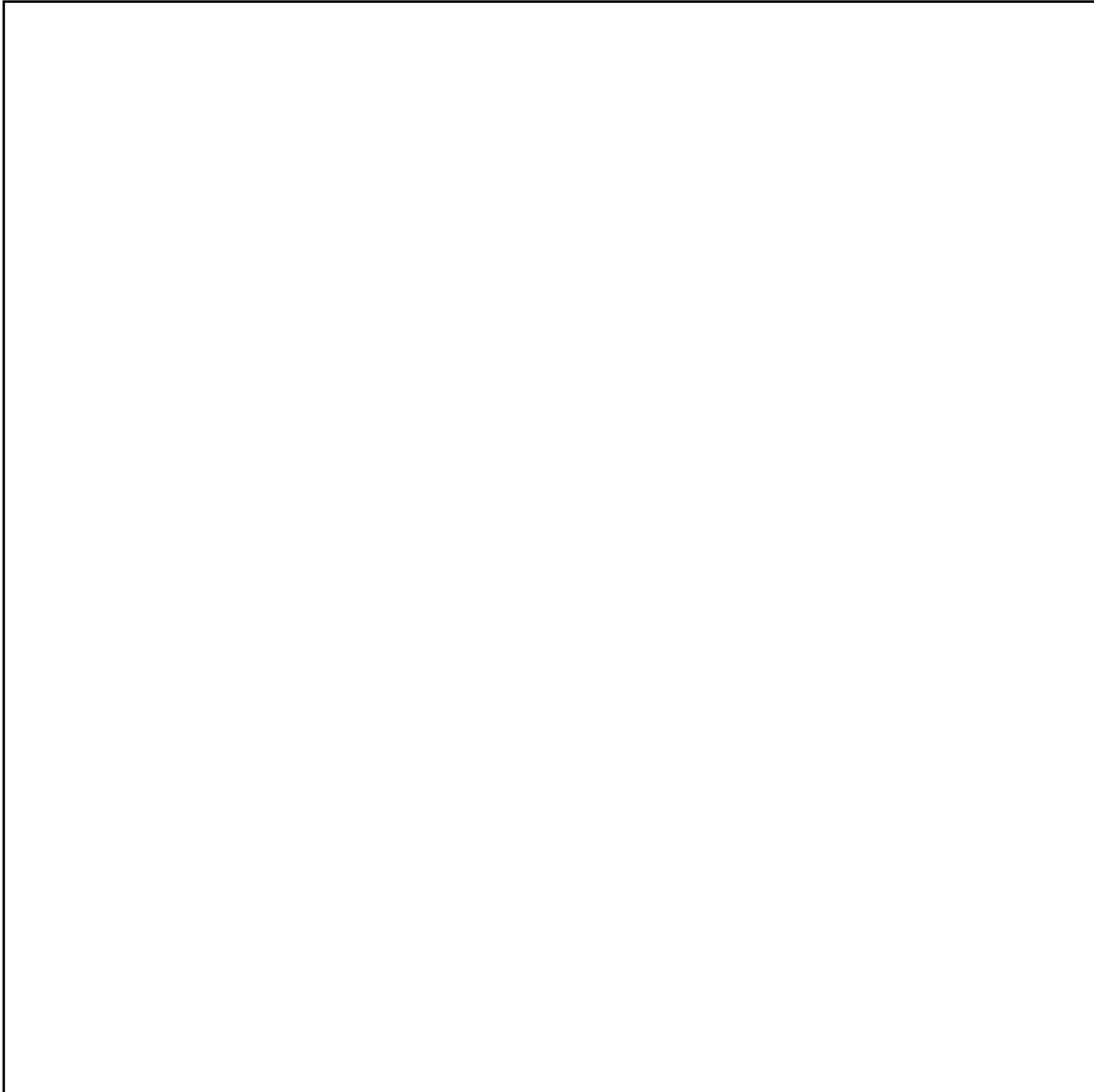
Listen to Recording of the Oral Arguments

RECENT VICTORIES

FLORIDA

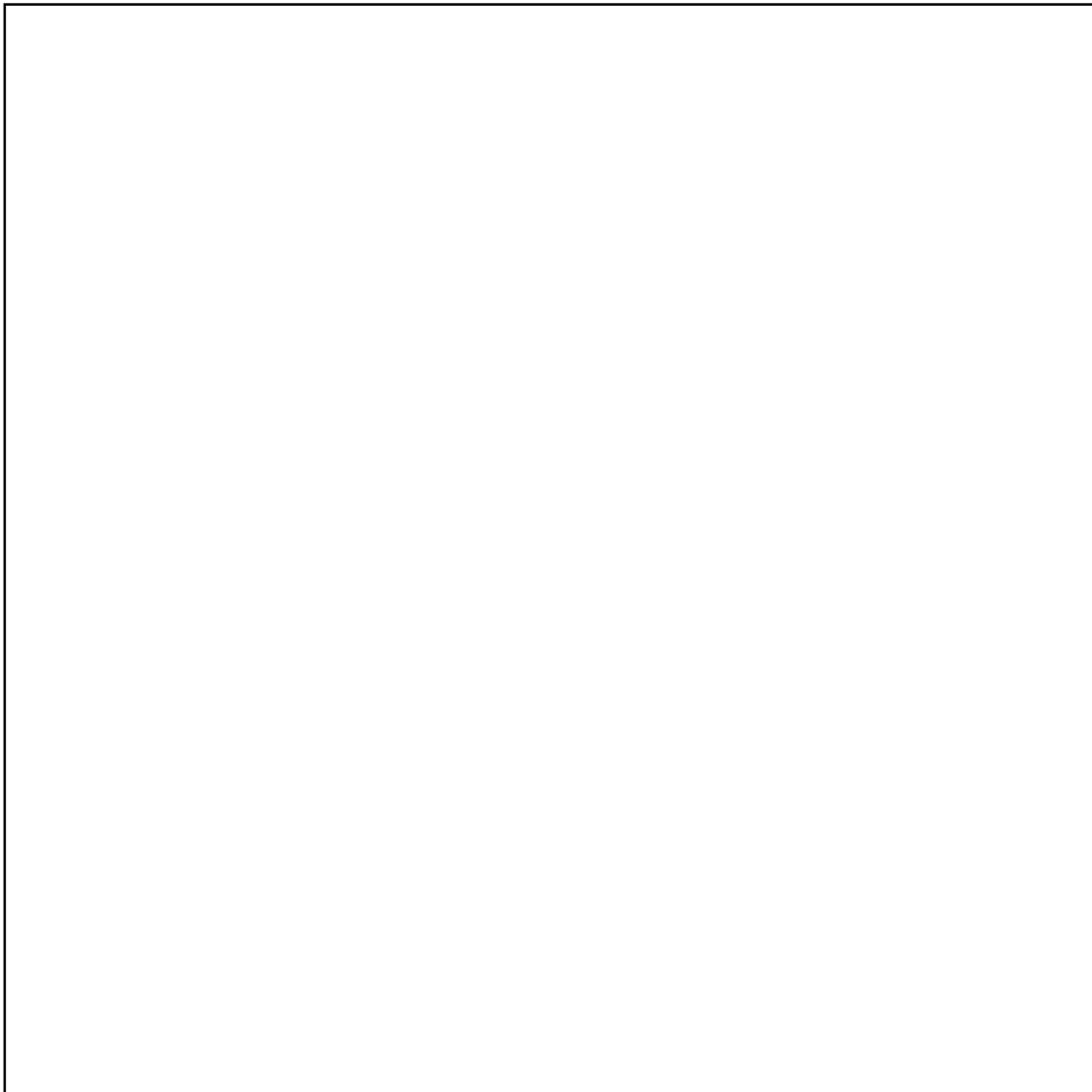
1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).



2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

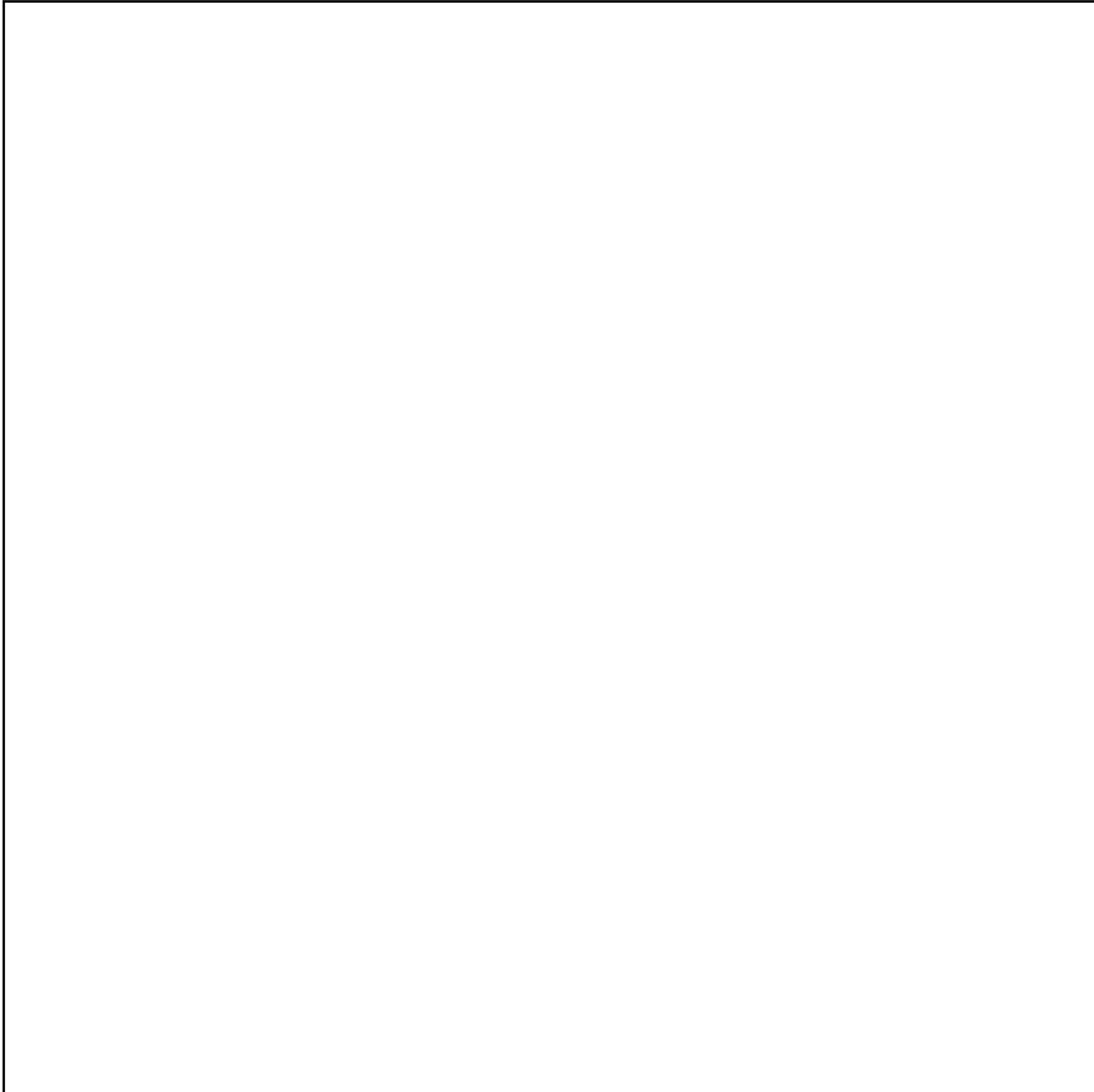
Read the news [here](#).



NEW JERSEY

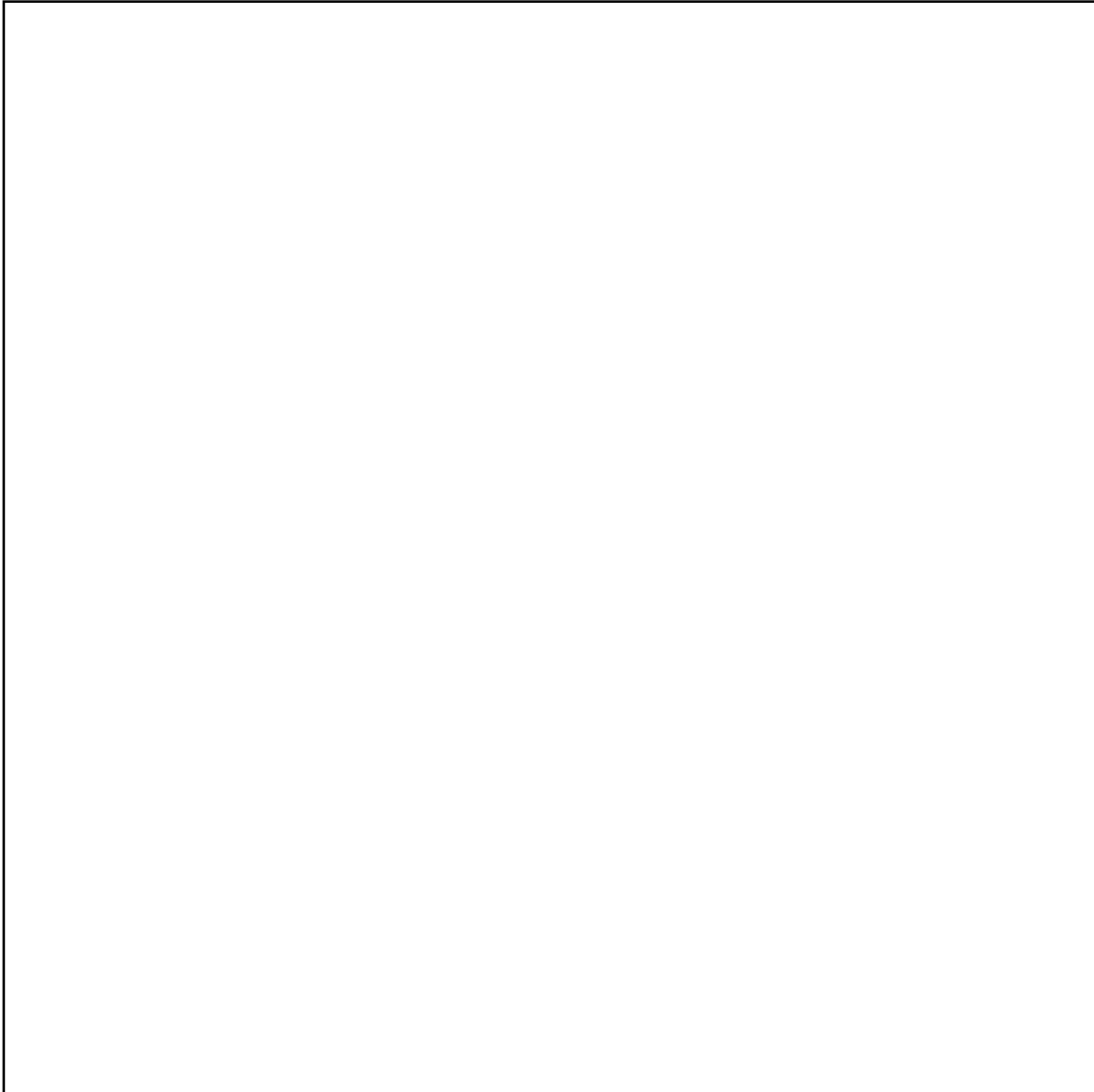
3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).



CALIFORNIA

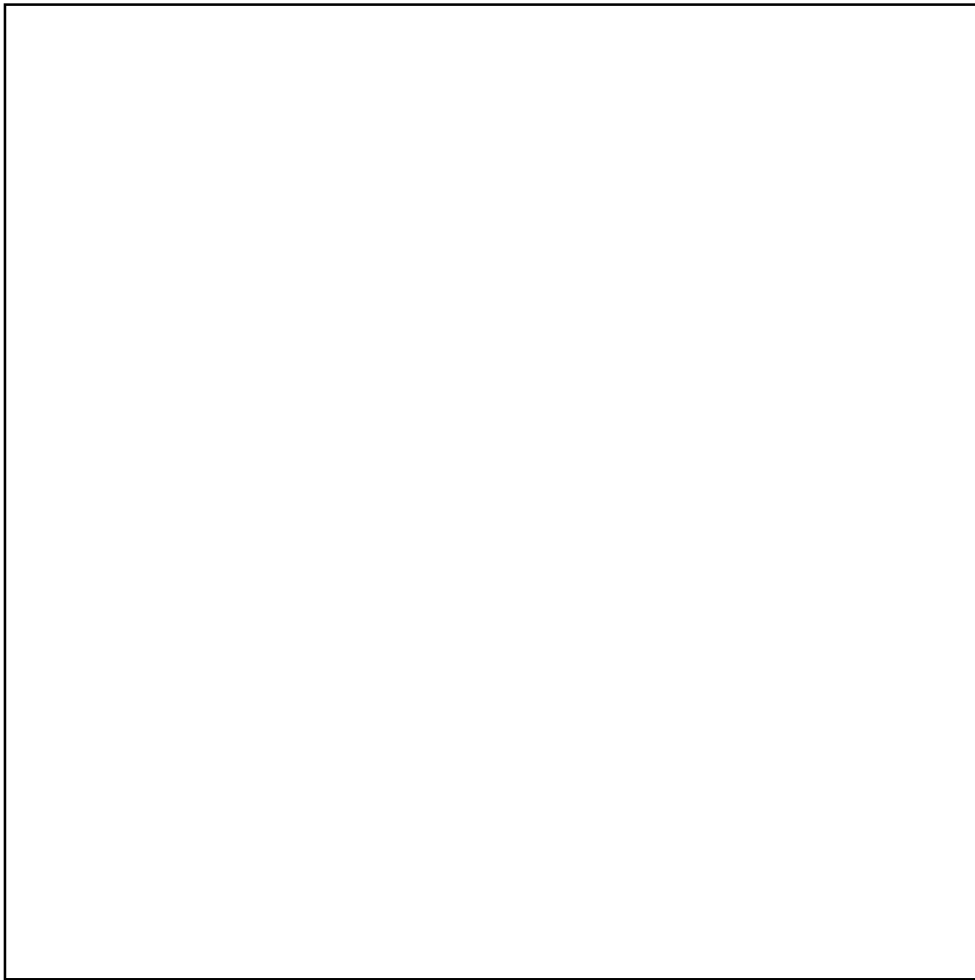
4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).



SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

Read the news [here](#).

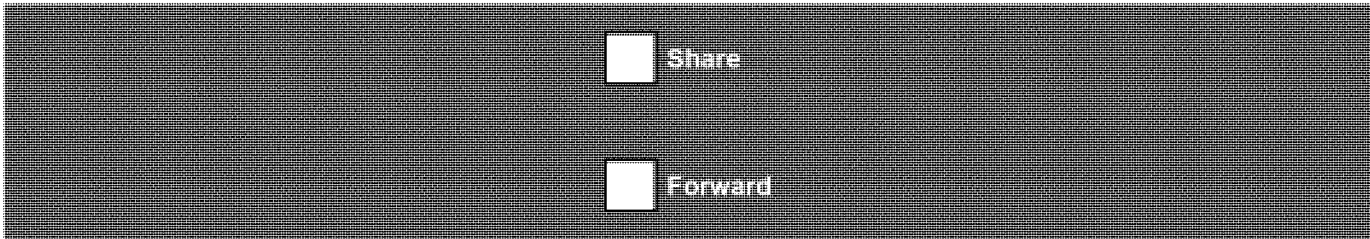


As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team





report@5gcrisis.com

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Thanks,
Vinu

From: Marguerite A Koster [Marguerite.A.Koster@kp.org]
Sent: 2/2/2021 10:00:49 AM
To: DEBORAH B EHRENTHAL [ehrenthal@wisc.edu]; gregoire.courtine@epfl.ch; Nicole Lurie [nicole.lurie@cepi.net]
CC: Marsha Mailick [marsha.mailick@wisc.edu]; trish.greenhalgh@phc.ox.ac.uk; CORINNE D ENGELMAN [corinne.engelman@wisc.edu]; jeffrey.sonnenfeld@yale.edu; Di Pietrantonj Carlo [cdipietrantonj@aslal.it]; pcg@scientificfreedom.dk; Vinu Arumugham [(b) (6) @yahoo.com]; Golding, Hana [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0619807f66f6406d9ece442207c82c95-goldingh]; Khurana, Surender [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d6215b7e342d4622be59fa3d58501a6f-Khurana]; sli49@emory.edu; elizabeth.deatrick@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupa@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; Ted Dobie [tdobie@cell.com]; mfurman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; info@eeoc.gov; ofo.eeoc@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; Richard Hatchett [richard.hatchett@cepi.net]; fg17882@bristol.ac.uk; ripleyp.ballou@gskbio.com; jlg251@georgetown.edu; tom.monath [tom.monath@crozetbiopharma.com]; Alash'le Abimiku [aabimiku@ihv.umaryland.edu]; Barrett, Alan [abarrett@utmb.edu]; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot [cbrechot@usf.edu]; chappi@hsph.harvard.edu; Connie [connie.s.schmaljohn.civ@mail.mil]; Damon, Inger K (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=42b35bd733a34c66a5698f43f7026e88-HHS-iad7-cd]; jamesrobinson@uchicago.edu; Jean Lang [Jean.Lang@sanofipasteur.com]; john.k.billington@gsk.com; Shibuya, Kenji [kenji.shibuya@kcl.ac.uk]; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; Levine, Myron [Mlevine@som.umaryland.edu]; SATHIYAMOORTHY, Vaseeharan [moorthyv@who.int]; Bryant, Paula R (NIH) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3eb42f9318014bbb8c14d39ef311d8f9-HHS-paula.b]; [(b) (6) @africaonline.co.ke; yves.levy@aphp.fr; Fenaba Addo [faddo@wisc.edu]; Bradford Barham [bradford.barham@wisc.edu]; LEONELO E BAUTISTA [lebautista@wisc.edu]; Lawrence M Berger [lberger@wisc.edu]; Will Buckingham [wrbuckin@wisc.edu]; MARGUERITE E BURNS [meburns@wisc.edu]; Marcy Carlson [carlson@ssc.wisc.edu]; J. 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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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On 2 Feb 2021, at 15:55, Nicole Lurie <nicole.lurie@cepi.net> wrote:

Me too

Sent from my iPhone

On Feb 2, 2021, at 9:53 AM, Marsha Mailick <marsha.mailick@wisc.edu> wrote:

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On Feb 2, 2021, at 9:41 AM, trish.greenhalgh@phc.ox.ac.uk wrote:

And me.

From: CORINNE D ENGELMAN <corinne.engelman@wisc.edu>

Date: Tuesday, 2 February 2021 at 14:37

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too.

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Date: Tuesday, February 2, 2021 at 6:50 AM

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...
<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely

be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless

<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research
<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, p cg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated

racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär
Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
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Sent: 01 February 2021 01:43

To: goldingh@cber.fda.gov; khuranas@cber.fda.gov; sli49@emory.edu; elizabeth.deatruck@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; [FDA-CBER-2021-5762-00845](mailto:agoldstein@</p></div><div data-bbox=)

cell.com; mzirlinger@cell.com; tdoobie@cell.com; mfulman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; jeffrey.sonnenfeld@yale.edu; info@eeoc.gov; ofo.eeoc@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; richard.hatchett@cepi.net; fg17882@bristol.ac.uk; ripleym.ballou@gskbio.com; nicole.lurie@cepi.net; jlg251@georgetown.edu; tom.monath@crozetbiopharma.com; aabimiku@ihv.umaryland.edu; abarrett@utmb.edu; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot@usf.edu; chappi@hsp.h.harvard.edu; Connie.s.schmaljohn.civ@mail.mil; iad7@cdc.gov; jamesrobinson@uchicago.edu; Jean.Lang@sanofipasteur.com; john.k.billington@gsk.com; kenji.shibuya@kcl.ac.uk; krause@cber.fda.gov; mlevine@som.umaryland.edu; moorthyv@who.int; paula.bryant@nih.gov; (b) (6) @africaonline.co.ke; yves.levy@aphp.fr; faddo@wisc.edu; bradford.barham@wisc.edu; lebautista@wisc.edu; lmburger@wisc.edu; wrbuckin@wisc.edu; meburns@wisc.edu; carlson@ssc.wisc.edu; jmcollins@wisc.edu; jaconwell@wisc.edu; nbarnes2@wisc.edu; kcurtis@ssc.wisc.edu; mcurtis3@wisc.edu; jeason2@wisc.edu; ehrenthal@wisc.edu; felwert@ssc.wisc.edu; cengelmann@wisc.edu; mengelman@ssc.wisc.edu; jason.fletcher@wisc.edu; cfu@ssc.wisc.edu; fujimura@ssc.wisc.edu; tgerber@ssc.wisc.edu; cde@ssc.wisc.edu; grantm@ssc.wisc.edu; jan.greenberg@wisc.edu; jimgregory@ssc.wisc.edu; egrotsky@ssc.wisc.edu; sarah.halpernmeekin@wisc.edu; jenny.a.higgins@wisc.edu; lpjacobs@wisc.edu; fjones4@wisc.edu; hyunseung@stat.wisc.edu; dkaplan@education.wisc.edu; jkennan@ssc.wisc.edu; ajk@medicine.wisc.edu; mlight@ssc.wisc.edu; logan@ssc.wisc.edu; kmagnuson@wisc.edu; marsha.mailick@wisc.edu; kmalecki@wisc.edu; mmassoglia@ssc.wisc.edu; drmeyer1@wisc.edu; cmommaerts@wisc.edu; amukherjee@wisc.edu; jmullahy@wisc.edu; jnobles@ssc.wisc.edu; robrien@lafollette.wisc.edu; palloni@wisc.edu; patz@wisc.edu; ppeppard@wisc.edu; jraymo@ssc.wisc.edu; ferey@wisc.edu; sarobert@wisc.edu; schaeffer@ssc.wisc.edu; lschechter@wisc.edu; aschneider4@wisc.edu; cschwartz@ssc.wisc.edu; aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; walker@ssc.wisc.edu; wallace@lafollette.wisc.edu; tbwalsh@wisc.edu; yang.wang@lafollette.wisc.edu; mjwiswall@wisc.edu; wolfe@lafollette.wisc.edu; yxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschutz.edu; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschutz.edu; sarah.corathers@cchmc.org; Amy.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xjtu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch; andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.blokesch@epfl.ch; cathrin.brisken@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.de.losrios@epfl.ch; michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch; douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimankatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch; friedhelm.hummel@epfl.ch; hilla.lashuel@epfl.ch; theo.lasser@epfl.ch; bruno.lemaitre@epfl.ch; joachim.lingner@epfl.ch; matthias.lutolf@epfl.ch; pierre.magistretti@epfl.ch; suliana.manley@epfl.ch; henry.markram@epfl.ch; brian.mccabe@epfl.ch; john.mckinney@epfl.ch; etienne.meylan@epfl.ch; felix.naef@epfl.ch; olaia.naveiras@epfl.ch; andrew.oates@epfl.ch; elisa.oricchio@epfl.ch; alexandre.persat@epfl.ch; carl.petersen@epfl.ch; freddy.radtke@epfl.ch; pavan.ramdya@epfl.ch; marcel.salathe@epfl.ch; carmen.sandi@epfl.ch; ralf.schneggenburger@epfl.ch; kristina.schoonjans@epfl.ch; viesturs.simanis@epfl.ch; david.suter@epfl.ch; didier.trono@epfl.ch; nicolas.mermod@unil.ch; beatrice.perrenoud@chuv.ch; awagnon@cmanet.org; accma@accma.org; jgreaves@accma.org; jjackovic@accma.org; grogers@accma.org; ndraper@accma.org; mlum@accma.org; (b) (6) @sbcglobal.net; (b) (6) @gmail.com; sbcms@sbmed.org; nbutler@fmms.org; Kamal.Gadalla@ed.ac.uk; ralph.hecktor@ed.ac.uk; S.R.Thomson@ed.ac.uk; Paul.Ross@ed.ac.uk; stephanie.mearns@ed.ac.uk; Marie.Bowers@ed.ac.uk; zoe.sawitzki@ed.ac.uk; Sarah.Giachetti@ed.ac.uk; s1316609@sms.ed.ac.uk; cochrane@umcutrecht.nl; editorial-unit@cochrane.org; admin@cochrane.org; CEU Admin <ceu@cochrane.org>; mwilson@cochrane.org; martin.burton@cochrane.nhs.uk; c.farquhar@auckland.ac.nz; j.e.clarkson@dundee.ac.uk; gerald.gartlehner@donau-uni.ac.at; pcg@scientificfreedom.dk; marguerite.a.koster@kp.org; (b) (6) @gmail.com; meerpohl@cochrane.de; santesna@mcmaster.ca; dimitrinka.nikolova@ctu.dk; snezana.djurisic@ctu.dk; (b) (6) @gmail.com; (b) (6) @gmail.com; (b) (6) @gmail.com; vbonfigli@cochrane.org; david@davidhammerstein.org; mburton@cochrane.org; mkoster@cochrane.org; Chris Del Mar <cdelmar@bond.edu.au>; Paul Glasziou <pglasziou@bond.edu.au>; RayMoynihan@bond.edu.au; peter.collignon@act.gov.au; Karla Soares-Weiser <ksoares-weiser@cochrane.org>; Hilary Simmonds <HSimmonds@cochrane.org>; Toby Lasserson <TLasserson@cochrane.org>; Christian Gluud <christian.gluud@ctu.dk>; Christopher Exley <c.exley@keele.ac.uk>; cdiopietranonj@aslal.it; (b) (6) @googlemail.com; sdavies@bmj.com; (b) (6)

(b) (6) @btinternet.com; jclarkson@cochrane.org; ncullum@cochrane.org; gfaba@cochrane.org; thowe@cochrane.org; trish.g reenhalgh@phc.ox.ac.uk; peter.christian.goetzsche@regionh.dk; governingboardsecretary@cochrane.org; David Tovey<dtovey@cochrane.org>; sara.krauss@ctu.dk; cgluud@ctu.dk; (b) (6) @gmail.com
Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis

pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those allergic reactions could be somewhat more common than the highly uncommon that we thought they were because people do get exposed to polyethylene glycol in various pharmaceutical preparations," - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report

documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**

<image001.jpg>

Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

<image002.jpg>

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments, January 25th, 2021

<image002.jpg>

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

[Read the News](#)

[Listen to Recording of the Oral Arguments](#)

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

<image002.jpg>

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

<image002.jpg>

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

<image002.jpg>

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

<image002.jpg>

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

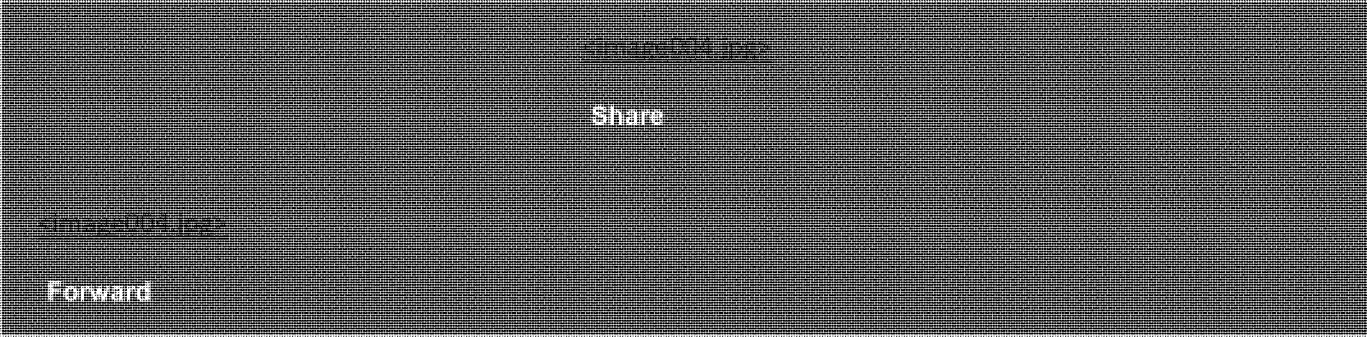
Read the news [here](#).

<image003.jpg>

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



<image004.jpg>

<image004.jpg>

<image004.jpg>

<image004.jpg>

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Contact us:

Email report@5gcrisis.com

Call 516-883-0887

Want to change how you receive these emails?

You can or

<image005.jpg>

Thanks,

Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

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From: McCabe Brian [brian.mccabe@epfl.ch]
Sent: 2/2/2021 9:59:01 AM
To: Hummel Friedhelm Christoph [friedhelm.hummel@epfl.ch]
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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

And me.

On 2 Feb 2021, at 15:57, Hummel Friedhelm Christoph <friedhelm.hummel@epfl.ch> wrote:

Same for me
Thanks

Sent from my iPhone

On 2 Feb 2021, at 15:52, Marsha Mailick <marsha.mailick@wisc.edu> wrote:

Also please remove me from your list

Sent from my iPhone

On Feb 2, 2021, at 9:41 AM, trish.greenhalgh@phc.ox.ac.uk wrote:

And me.

From: CORINNE D ENGELMAN <corinne.engelman@wisc.edu>

Date: Tuesday, 2 February 2021 at 14:37

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me too.

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Date: Tuesday, February 2, 2021 at 6:50 AM

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

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Sent: Tuesday, February 2, 2021 5:46 AM

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

If there had been any reliable evidence that "milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13,ActHiB) cause the vast majority (75%) of autism cases", we would surely have heard about it.

Please delete me from your email list

Peter C Gøtzsche

Professor and Director

Institute for Scientific Freedom

Copenhagen

<https://www.scientificfreedom.dk/> and <https://www.deadlymedicines.dk/>

Twitter: @PGtzsche1

From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 20:11

To: pcg@scientificfreedom.dk; goldingh@cber.fda.gov; khurasan@cber.fda.gov; sli49@emory.edu; elizabeth.deatrack@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; tdobie@cell.com; mfurman@cell.com; ckonen@cell.com; eni ederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; jeffrey.sonnenfeld@yale.edu; info@eeoc.gov; ofe.eeoc@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; richard.hatchett@cepi.net; fg17882@bristol.ac.uk; ripley.ballou@gskbio.com; nicole.lurie@cepi.net; jlg251@georgetown.edu; tom.monath@crozetbiopharma.com; aaabimiku@ihv.umaryland.edu; abarrett@utmb.edu; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot@usf.edu; chappi@hsph.harvard.edu; Connie.s.schmaljohn.civ@mail.mil; iad7@cdc.gov; jamesrobinson@uchicago.edu; Jean.Lang@sanofipasteur.com; john.k.billington@gsk.com; kenji.shibuya@kcl.ac.uk; krause@cber.fda.gov; mlevine@som.umaryland.edu; moorthyv@who.int; paula.bryant@nih.gov; (b) (6) @africaonline.co.ke; yves.levy@aphp.fr; faddo@wisc.edu; bradford.barham@wisc.edu; lebautista@wisc.edu; Imberger@wisc.edu; wr buckin@wisc.edu; meburns@wisc.edu; carlson@ssc.wisc.edu; jmcollins@wisc.edu; jaconwell@wisc.edu; nbarnes2@wisc.edu; kcurtis@ssc.wisc.edu; mcurtis3@wisc.edu; jeason2@wisc.edu; ehrenthal@wisc.edu; felwert@ssc.wisc.edu; cegenlman@wisc.edu; mengelman@ssc.wisc.edu; jason.fletcher@wisc.edu; cfu@ssc.wisc.edu; fujimura@ssc.wisc.edu; tgerber@ssc.wisc.edu; cde@ssc.wisc.edu; grantm@ssc.wisc.edu; jan.greenberg@wisc.edu; jmgregory@ssc.wisc.edu; egrodsky@ssc.wisc.edu; sarah.halpernmeekein@wisc.edu; jenny.a.higgins@wisc.edu; lpjacobs@wisc.edu; fjones4@wisc.edu; hyunseung@stat.wisc.edu; dkaplan@education.wisc.edu; jkennan@ssc.wisc.edu; ajk@medicine.wisc.edu; mright@ssc.wisc.edu; logan@ssc.wisc.edu; kmagnuson@wisc.edu; marsha.mailick@wisc.edu; kmalecki@wisc.edu; mmassoglia@ssc.wisc.edu; drmeyer1@wisc.edu; cmommaerts@wisc.edu; amukherjee@wisc.edu; jmullahy@wisc.edu; jnobles@ssc.wisc.edu; robrien@lafollette.wisc.edu; palloni@wisc.edu; patz@wisc.edu; ppeppard@wisc.edu; jraymo@ssc.wisc.edu; ferey@wisc.edu; sarobert@wisc.edu; schaeffer@ssc.wisc.edu; lschechter@wisc.edu; aschneider4@wisc.edu; cschwart@ssc.wisc.edu; aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; [walker@ssc.wisc.edu](mailto>walker@ssc.wisc.edu); wallace@lafollette.wisc.edu; tbwalsh@wisc.edu; yang.wang@lafollette.wisc.edu; mjwiswall@wisc.edu; wolfe@lafollette.wisc.edu; ysxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschutz.edu; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschutz.edu; sarah.orathers@cchmc.org; Amy.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xitu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch; andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.blokesch@epfl.ch; cathrin.brisken@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.delosrios@epfl.ch; michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch; douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimanikatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch; friedhelm.hummel@epfl.ch; hilal.lashuel@epfl.ch; theo.lasser@epfl.ch; bruno.lemaitre@epfl.ch; joachim.lingner@epfl.ch; mattias.lutolf@epfl.ch; pierre.magistretti@epfl.ch; suliana.manley@epfl.ch; henry.markram@epfl.ch; brian.mccabe@epfl.ch; john.mckinney@epfl.ch; etienne.meylan@epfl.ch; felix.naef@epfl.ch; olaia.naveiras@epfl.ch; andrew.oates@epfl.ch

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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/Tdap, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...
<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?
pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment
<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless

<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

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Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
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From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 01:43

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aeffer@ssc.wisc.edu;lschechter@wisc.edu; aschneider4@wisc.edu; cschwart@ssc.wisc.edu;aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; walker@ssc.wisc.edu; wallace@lafollette.wisc.edu; tbwalsh@wisc.edu;yang.wang@lafollette.wisc.edu; mjwiswall@wisc.edu; wolfe@lafollette.wisc.edu; ysxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschutz.edu; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschutz.edu;sarah.corathers@cchmc.org; Amy.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xjtu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch;andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.blokesch@epfl.ch; cathrin.brisken@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.delosrios@epfl.ch;michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch;douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimanikatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch;friedhelm.hummel@epfl.ch; hilal.lashuel@epfl.ch; theo.lasser@epfl.ch;bruno.lemaitre@epfl.ch; joachim.lingner@epfl.ch; matthias.lutolf@epfl.ch; pierre.magistretti@epfl.ch; suliana.manley@epfl.ch; henry.markram@epfl.ch;brian.mccabe@epfl.ch; john.mckinney@epfl.ch; etienne.meylan@epfl.ch;felix.naef@epfl.ch; olaia.naveiras@epfl.ch; andrew.oates@epfl.ch;elisa.oricchio@epfl.ch; alexandre.persat@epfl.ch; carl.petersen@epfl.ch;freddy.radtke@epfl.ch; pavan.ramdya@epfl.ch; marcel.salathe@epfl.ch;carmen.sandi@epfl.ch; ralf.schneggenburger@epfl.ch; kristina.schoonjans@epfl.ch; viesturs.simanis@epfl.ch; david.suter@epfl.ch; didier.trono@epfl.ch; nicolas.mermod@unil.ch; beatrice.perrenoud@chuv.ch; awagnon@cmanet.org;accma@accma.org; jgreaves@accma.org; jjackovic@accma.org;grogers@accma.org; ndraper@accma.org; mlum@accma.org; (b) (6) @sbcglobal.net; (b) (6) @gmail.com; sbcms@sbmed.org; nbutler@fmmms.org; Kamal.Gadalla@ed.ac.uk; ralph.hector@ed.ac.uk; S.R.Thomson@ed.ac.uk; Paul.Ross@ed.ac.uk;stephanie.mearns@ed.ac.uk; Marie.Bowers@ed.ac.uk; zoe.sawitzki@ed.ac.uk; Sarah.Giachetti@ed.ac.uk; s1316609@sms.ed.ac.uk; cochrane@umcutrecht.nl; editorial-unit@cochrane.org; admin@cochrane.org; CEU Admin <ceu@cochrane.org>; mwilson@cochrane.org; martin.burton@cochrane.nhs.uk; c.farquhar@auckland.ac.nz;j.e.c.larkson@dundee.ac.uk; gerald.gartlehner@donau-uni.ac.at; pcg@scientificfreedom.dk; marguerite.a.koster@kp.org; (b) (6) @gmail.com; meerpohl@cochrane.de; santesna@mcmaster.ca; dimitrinka.nikolova@ctu.dk; snezana.djurisic@ctu.dk; (b) (6) @gmail.com; (b) (6) @gmail.com; (b) (6) @gmail.com; ybonfigli@cochrane.org; david@davidhammerstein.org; mburton@cochrane.org; mkoster@cochrane.org; Chris Del Mar<cdelmar@bond.edu.au>; Paul Glasziou <pglaszio@bond.edu.au>; RayMoynihan@bond.edu.au; peter.collignon@act.gov.au; Karla Soares-Weiser <ksoares-weiser@cochrane.org>; Hilary Simmonds<HSimmonds@cochrane.org>; Toby Lasserson<TLasserson@cochrane.org>; Christian Gluud<christian.gluud@ctu.dk>; Christopher Exley <c.exley@keele.ac.uk>; cdi Pietrantoni@aslal.it; (b) (6) @googlemail.com; sdavies@bmj.com; (b) (6) @btinternet.com; jclarkson@cochrane.org; ncullum@cochrane.org; gfaba@cochrane.org; thowe@cochrane.org; trish.greenhalgh@phc.ox.ac.uk;peter.christian.goetzsche@regionh.dk;governingboardsecretary@cochrane.org; David Tovey<dtovey@cochrane.org>; sara.krauss@ctu.dk; cgluud@ctu.dk; (b) (6) @gmail.com

Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis

pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle

Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those **allergic reactions could be somewhat more common** than the highly uncommon that we thought they were **because people do get exposed to polyethylene glycol in various pharmaceutical preparations,**" - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditionshttps://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



<image001.jpg>

Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

<image002.jpg>

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments, January 25th, 2021

<image002.jpg>

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

[Read the News](#)

[Listen to Recording of the Oral Arguments](#)

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

<image002.jpg>

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

<image002.jpg>

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

<image002.jpg>

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

<image002.jpg>

SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

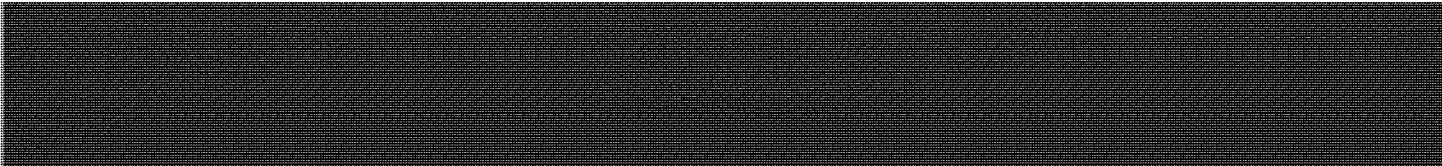
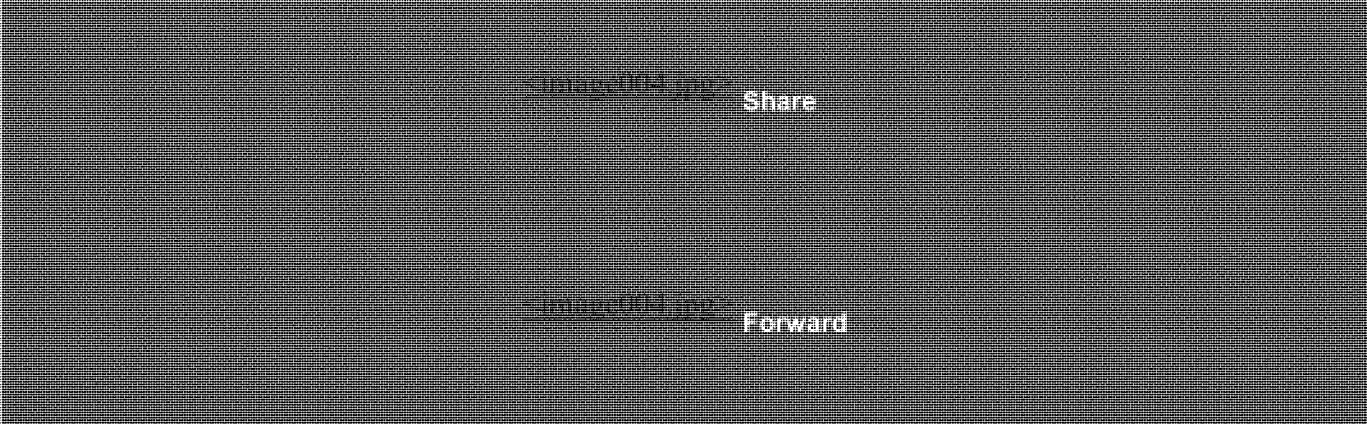
Read the news [here](#).

<image003.jpg>

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



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Contact us:

Email

Call 516-883-0887

Want to change how you receive these emails?

You can update your preferences or unsubscribe from this list.

<image005.jpg>

Thanks,
Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Me as well.

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Sent: Tuesday, February 2, 2021 5:46 AM

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Subject: R: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

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Oggetto: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

If there had been any reliable evidence that “milk protein contaminated vaccines (DTaP/TdaP, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases”, we would surely have heard about it.

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alexandre.persat@epfl.ch; carl.petersen@epfl.ch; freddy.radtke@epfl.ch; pavan.ramdya@epfl.ch; marcel.salathe@epfl.ch; carmen.sandi@epfl.ch; ralf.schneggenburger@epfl.ch; kristina.schoonjans@epfl.ch; viesturs.simanis@epfl.ch; david.suter@epfl.ch; didier.trono@epfl.ch; nicolas.mermod@unil.ch; beatrice.perrenoud@chuv.ch; awagnon@cmanet.org; accma@accma.org; jgreaves@accma.org; jjackovic@accma.org; grogers@accma.org; ndraper@accma.org; mlum@accma.org; (b) (6) @sbcglobal.net; (b) (6) @gmail.com; sbcms@sbmed.org; nbutler@fmms.org; Kamal.Gadalla@ed.ac.uk; ralph.hector@ed.ac.uk; S.R.Thomson@ed.ac.uk; Paul.Ross@ed.ac.uk; stephanie.mearns@ed.ac.uk; Marie.Bowers@ed.ac.uk; zoe.sawitzki@ed.ac.uk; Sarah.Giachetti@ed.ac.uk; s1316609@sms.ed.ac.uk; cochrane@umcutrecht.nl; editorial-unit@cochrane.org; admin@cochrane.org; 'CEU Admin' <ceu@cochrane.org>; mwilson@cochrane.org; martin.burton@cochrane.nhs.uk; c.farquhar@auckland.ac.nz; j.e.clarkson@dundee.ac.uk; gerald.gartlehner@donau-uni.ac.at; marguerite.a.koster@kp.org; 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Subject: Re: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Prof. Gøtzsche,

Let me clarify that we are not discussing vaccine vs. no vaccine. We are discussing dirty, sickening vaccines vs. clean safe, effective vaccines.

Regarding autism, you are talking about the wrong vaccine. We have shown beyond all doubt, using **reliable mechanistic evidence** that milk protein contaminated vaccines (DTaP/Tdap, Prevnar 13, ActHiB) cause the vast majority (75%) of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

Immunization with homologous xenogeneic (animal/plant/fungal) antigens causes the development of autoimmune diseases. Known for at least 45 years.

Vaccine-Induced Autoimmunity in the Dog

"the most likely sources of cross-reactive epitopes are bovine serum and cell culture components. These are present in almost all vaccines as residual components of the cell culture necessary to generate vaccine viruses and may purposely be added to the vaccine as a stabilizer. In the presence of an adjuvant, these bovine products stimulate a strong immune response and induce antibodies that cross-react with conserved canine antigens."

Xenogeneic therapeutic cancer vaccines as breakers of immune tolerance for clinical application: to use or not to use?

pubmed.ncbi.nlm.nih.gov/24837511/

Oncologists immunize with xenogeneic antigens to break immune tolerance (cause autoimmunity) to make your immune system attack your own cancer cells.

Regular vaccines such as the measles vaccines are contaminated with animal proteins (chicken) and therefore cause numerous autoimmune disorders including type 1 diabetes.

Correlation of type 1 diabetes trends in European countries to the number of bovine insulin and GAD65 contaminated chick embryo cell culture containing vaccines in the schedule, as predicted by the autoimmunity mechanism involving immunization with homologous xenogeneic antigens and EPIT as a potential treatment

<https://doi.org/10.5281/zenodo.1870364>

The US IOM pointed out that epidemiological studies are useless in 93% of the cases. Mechanistic studies proved reliable.

Institute of Medicine: Most epidemiological vaccine safety studies are useless

<https://doi.org/10.5281/zenodo.3244496>

The Pandemrix vaccine made in Europe had higher levels of contamination with H1N1 nucleoproteins than the Arepanrix vaccine manufactured by the same company (GSK) in Canada. Pandemrix therefore caused way more cases of narcolepsy. Do you know the level of chicken protein contamination in Danish vs. US vaccines? How can you then apply studies done in Denmark to any other country?

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

Thanks,

Vinu

On 1/31/21 11:47 PM, pcg@scientificfreedom.dk wrote:

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär

Anna Nordbeck och Malin Olofsson

Dokument inifrån: VACCINKRIGARNA

<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>

SVT

Bw

Peter C Gøtzsche

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From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 01:43

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Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity**. So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis

pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those allergic reactions could be somewhat more common than the highly uncommon that we thought they were because people do get exposed to polyethylene glycol in various pharmaceutical preparations," - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbtr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

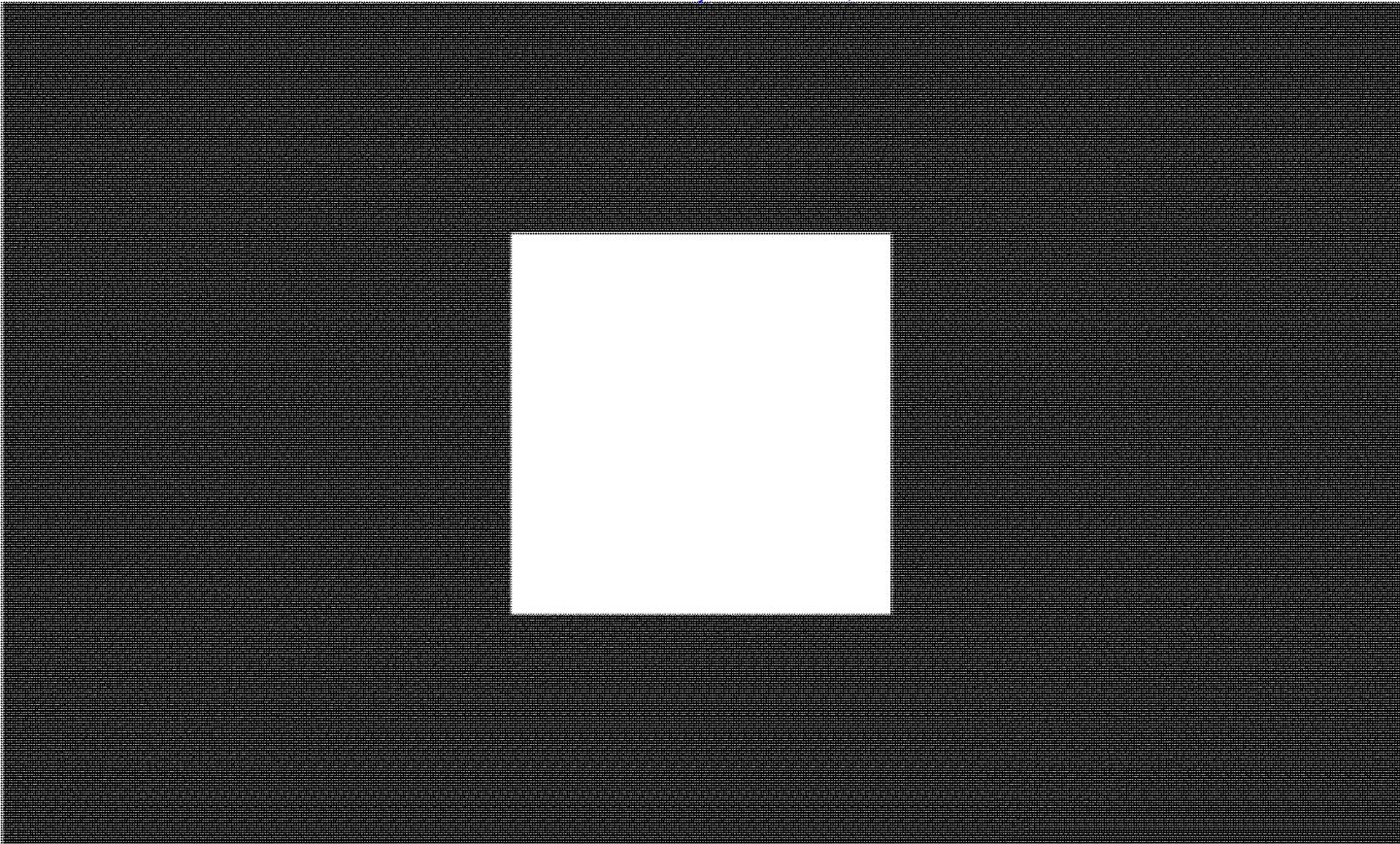
The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers

Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

Visit the New Tahoe Safe Tech Website

Support the Landmark Litigation

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**

"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

Read the News

Listen to Recording of the Oral Arguments

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).

2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).

NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).

CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).

SOUTH CAROLINA

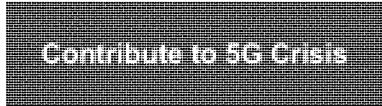
5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

Read the news [here](#).

As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



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 Forward

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Contact us:

Email report@5gcrisis.com

Call 516-883-0887

Want to change how you receive these emails?

You can or

Thanks,

Vinu

Il contenuto del presente messaggio di posta elettronica, ed ogni eventuale documento a quest'ultimo allegato, è rivolto unicamente al destinatario cui è indirizzato e può contenere dati ed informazioni la cui riservatezza è tutelata. Sono vietati la riproduzione, l'utilizzo e la diffusione dei dati e delle informazioni contenuti nel presente messaggio senza espressa autorizzazione da parte del destinatario. Chiunque abbia ricevuto il presente messaggio per errore è pregato di provvedere senza ritardo a segnalarlo, contattandoci via telefono, fax o e-mail.

Il presente messaggio proviene da un indirizzo di posta elettronica aziendale assegnato al mittente a scopo lavorativo: la relativa casella di posta elettronica è soggetta alle procedure di controllo stabilite dall' ASL AL. Inviare a questo indirizzo solo comunicazioni di natura lavorativa, grazie

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From: Vinu Arumugham (b) (6) [redacted]@yahoo.com]
Sent: 1/31/2021 7:43:16 PM
To: Golding, Hana [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0619807f66f6406d9ece442207c82c95-goldingh]; Khurana, Surender [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d6215b7e342d4622be59fa3d58501a6f-Khurana]; sli49@emory.edu; elizabeth.deatrack@niaid.nih.gov; pwilson1@medicine.bsd.uchicago.edu; agewirtz@gsu.edu; megan.hahn@fda.hhs.gov; goldmanb@stanford.edu; mario.cortese@stanford.edu; nroupha@emory.edu; alan.embry@nih.gov; alex@lji.org; neuron@cell.com; jlandsberg@cell.com; agoldstein@cell.com; mzirlinger@cell.com; tdobie@cell.com; mfurman@cell.com; ckonen@cell.com; eniederst@cell.com; uschridde@cell.com; jshaw@cell.com; eporro@cell.com; emarcus@cell.com; jeffrey.sonnenfeld@yale.edu; info@eeoc.gov; ofo.eeoc@eeoc.gov; FOIA@eeoc.gov; eeoc.traininginstitute@eeoc.gov; inspector.general@eeoc.gov; richard.hatchett@cepi.net; fg17882@bristol.ac.uk; ripleyp.ballou@gskbio.com; nicole.lurie@cepi.net; jlg251@georgetown.edu; tom.monath@crozetbiopharma.com; aabimiku@ihv.umaryland.edu; abarrett@utmb.edu; Ananda.Bandyopadhyay@gatesfoundation.org; cbrechot@usf.edu; chappi@hsph.harvard.edu; Connie.s.schmaljohn.civ@mail.mil; Damon, Inger K (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=42b35bd733a34c66a5698f43f7026e88-HHS-iad7-cd]; jamesrobinson@uchicago.edu; Jean.Lang@sanofi-pasteur.com; john.k.billington@gsk.com; kenji.shibuya@kcl.ac.uk; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; mlevine@som.umaryland.edu; moorthyv@who.int; Bryant, Paula R (NIH) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3eb42f9318014bbb8c14d39ef311d8f9-HHS-paula.b]; (b) (6) @africaonline.co.ke; yves.levy@aphp.fr; faddo@wisc.edu; bradford.barham@wisc.edu; lebautista@wisc.edu; Imberger@wisc.edu; wrbuckin@wisc.edu; meburns@wisc.edu; carlson@ssc.wisc.edu; jmcollins@wisc.edu; jaconwell@wisc.edu; nbarnes2@wisc.edu; kcurtis@ssc.wisc.edu; mcurtis3@wisc.edu; jeason2@wisc.edu; ehrenthal@wisc.edu; felwert@ssc.wisc.edu; cengelmann@wisc.edu; mengelman@ssc.wisc.edu; jason.fletcher@wisc.edu; cfu@ssc.wisc.edu; fujimura@ssc.wisc.edu; tgerber@ssc.wisc.edu; cde@ssc.wisc.edu; grantm@ssc.wisc.edu; jan.greenberg@wisc.edu; jmgregory@ssc.wisc.edu; egrotsky@ssc.wisc.edu; sarah.halpernmeeekin@wisc.edu; jenny.a.higgins@wisc.edu; lpjacobs@wisc.edu; fjones4@wisc.edu; hyunseung@stat.wisc.edu; dkaplan@education.wisc.edu; jkennan@ssc.wisc.edu; ajk@medicine.wisc.edu; mlight@ssc.wisc.edu; logan@ssc.wisc.edu; kmagnuson@wisc.edu; marsha.mailick@wisc.edu; kmalecki@wisc.edu; mmassoglia@ssc.wisc.edu; drmeyer1@wisc.edu; cmommaerts@wisc.edu; amukherjee@wisc.edu; jmullahy@wisc.edu; jnobles@ssc.wisc.edu; robrien@lafollette.wisc.edu; palloni@wisc.edu; patz@wisc.edu; ppeppard@wisc.edu; jraymo@ssc.wisc.edu; ferey@wisc.edu; sarobert@wisc.edu; schaeffer@ssc.wisc.edu; lschechter@wisc.edu; aschneider4@wisc.edu; cswart@ssc.wisc.edu; aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; walker@ssc.wisc.edu; wallace@lafollette.wisc.edu; tbwalsh@wisc.edu; yang.wang@lafollette.wisc.edu; mjwiswall@wisc.edu; wolfe@lafollette.wisc.edu; ysxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschutz.edu; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschutz.edu; sarah.corathers@cchmc.org; Amy.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xjtu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch; andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.blokesch@epfl.ch; cathrin.briskien@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.delosrios@epfl.ch; michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch; douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimanikatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch; friedhelm.hummel@epfl.ch; hilal.lashuel@epfl.ch; theo.lasser@epfl.ch; bruno.lemaitre@epfl.ch; joachim.lingner@epfl.ch; matthias.lutolf@epfl.ch; pierre.magistretti@epfl.ch; suliana.manley@epfl.ch; henry.markram@epfl.ch; brian.mccabe@epfl.ch; john.mckinney@epfl.ch; etienne.meylan@epfl.ch; felix.naef@epfl.ch; olaia.naveiras@epfl.ch; andrew.oates@epfl.ch; elisa.oricchio@epfl.ch; alexandre.persat@epfl.ch; carl.petersen@epfl.ch; freddy.radtke@epfl.ch; pavan.ramdyaa@epfl.ch; marcel.salathe@epfl.ch; carmen.sandi@epfl.ch; ralf.schneggenburger@epfl.ch; kristina.schoonjans@epfl.ch;

viesturs.simanis@epfl.ch; david.suter@epfl.ch; didier.trono@epfl.ch; nicolas.mermod@unil.ch; beatrice.perrenoud@chuv.ch; awagnon@cmanet.org; accma@accma.org; jgreaves@accma.org; jjackovic@accma.org; grogers@accma.org; ndraper@accma.org; mlum@accma.org; (b) (6) @sbcglobal.net; (b) (6) @gmail.com; sbcms@sbmed.org; nbutler@fmms.org; Kamal.Gadalla@ed.ac.uk; ralph.hector@ed.ac.uk; S.R.Thomson@ed.ac.uk; Paul.Ross@ed.ac.uk; stephanie.mearns@ed.ac.uk; Marie.Bowers@ed.ac.uk; zoe.sawitzki@ed.ac.uk; Sarah.Giachetti@ed.ac.uk; s1316609@sms.ed.ac.uk; cochrane@umcutrecht.nl; editorial-unit@cochrane.org; admin@cochrane.org; CEU Admin [ceu@cochrane.org]; mwilson@cochrane.org; martin.burton@cochrane.nhs.uk; c.farquhar@auckland.ac.nz; j.e.clarkson@dundee.ac.uk; gerald.gartlehner@donau-uni.ac.at; pcg@scientificfreedom.dk; marguerite.a.koster@kp.org; (b) (6) @gmail.com; meerpohl@cochrane.de; santesna@mcmaster.ca; dimitrinka.nikolova@ctu.dk; snezana.djurisic@ctu.dk; (b) (6) @gmail.com; (b) (6) @gmail.com; (b) (6) @gmail.com; vbonfigli@cochrane.org; david@davidhammerstein.org; mburton@cochrane.org; mkoster@cochrane.org; Chris Del Mar [cdelmar@bond.edu.au]; Paul Glasziou [pglaszio@bond.edu.au]; RayMoynihan@bond.edu.au; peter.collignon@act.gov.au; Karla Soares-Weiser [ksoares-weiser@cochrane.org]; Hilary Simmonds [HSimmonds@cochrane.org]; Toby Lasserson [TLasserson@cochrane.org]; Christian Gluud [christian.gluud@ctu.dk]; Christopher Exley [c.exley@keele.ac.uk]; cdipietrantonj@aslal.it; (b) (6) @googlemail.com; sdavies@bmj.com; (b) (6) @btinternet.com; jclarkson@cochrane.org; ncillum@cochrane.org; gfaba@cochrane.org; thowe@cochrane.org; trish.greenhalgh@phc.ox.ac.uk; peter.christian.goetzsche@regionh.dk; governingboardsecretary@cochrane.org; David Tovey [dtovey@cochrane.org]; sara.krauss@ctu.dk; cgluud@ctu.dk; (b) (6) @gmail.com

Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity**. So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis
pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

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<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

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The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those **allergic reactions could be somewhat more common** than the highly uncommon that we thought they were **because people do get exposed to polyethylene glycol in various pharmaceutical preparations,**" - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

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https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

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PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

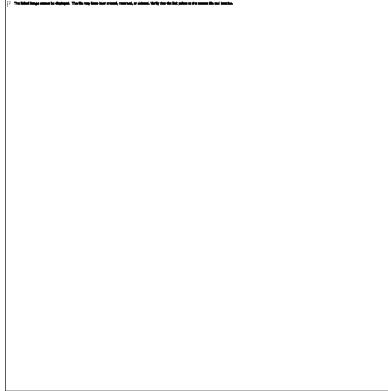
Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report

documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**



Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers



KEEP THE LAKE ALIVE

SAVING LAKE TAHOE FROM 5G



Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

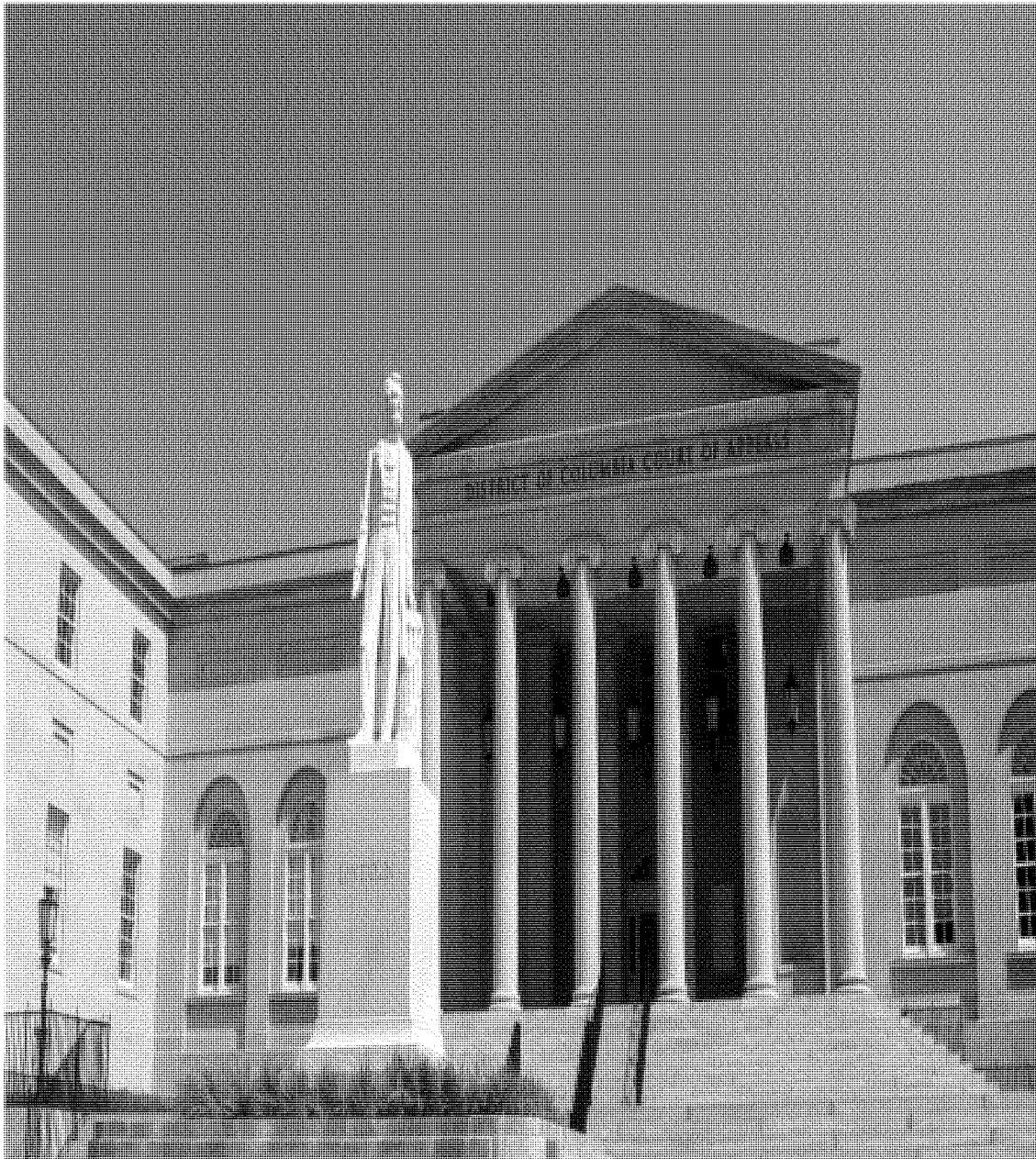
Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

[Visit the New Tahoe Safe Tech Website](#)

[Support the Landmark Litigation](#)

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**



"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

[Read the News](#)

[Listen to Recording of the Oral Arguments](#)

RECENT VICTORIES

FLORIDA

1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).



2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

Read the news [here](#).



NEW JERSEY

3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).



CALIFORNIA

4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).



SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

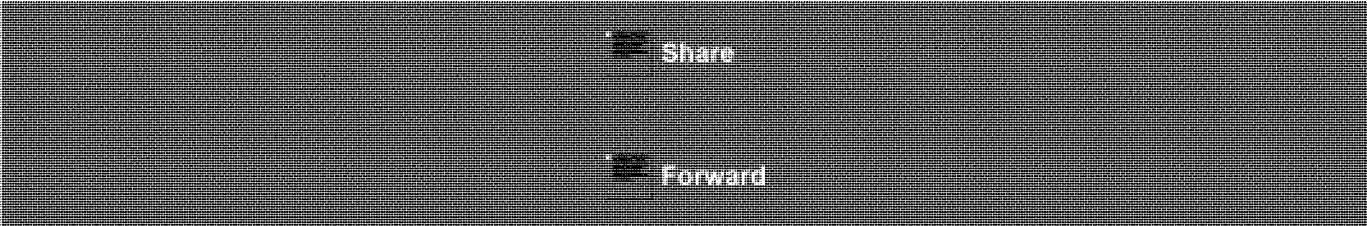
Read the news [here](#).



As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



report@5gcrisis.com

Thanks,
Vinu

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Subject: RE: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

I have no knowledge of this huge email list and do not know why I was put on it. But I assume I will be taken off it because of what I write below. Please read it.

The idea that vaccines may cause autism was launched by Andrew Wakefield in relation to a fraudulent study published in Lancet in 1998 that has been retracted. Large observational studies from my country, Denmark, have shown convincingly that the Emperor has no clothes. I analyse this in detail in my 2020 book, Vaccines: truth, lies and controversy. It is an e-book but will come out soon on Skyhorse, New York, as a print book with an updated corona chapter that ends with the riots on 6 January 2021 at Capitol Hill.

Wakefield's horrendous fraud, which has caused many deaths, concerned the MMR vaccine. These are excerpts from my book, the chapter on measles:

According to the WHO, there were 110,000 measles deaths in 2017, and most were in children under the age of five.³ Vaccination resulted in an 80% drop in measles deaths between 2000 and 2017 preventing an estimated 21 million deaths.

Measles outbreaks also provide strong support for the benefits of the vaccine. In the United States, there was a resurgence of measles in 1989-1990, which primarily involved unvaccinated racial and ethnic minority children less than five years of age residing in inner-city areas.⁴⁰ There were 66 (0.1%) cases of encephalitis. A provisional total of 41 measles-associated deaths was reported in 1989 (2.3 deaths per 1000 cases), which increased to 89 (3.2 per 1000 cases) in 1990. In 2000, the CDC declared measles eradicated in the United States but there have been several outbreaks since due to imported cases.⁴¹ In 2018, no less than 17 outbreaks occurred. One, in New York, was due to people who had been to Israel, and it included 182 cases in orthodox Jewish communities with a vaccination rate of only 50%.⁴²

It is not possible to say exactly what the risk is of dying from measles. As noted earlier, the death risk is related to the infectious dose, which is higher in settings with overcrowding. We can only say what it has been in outbreaks, and a commonly used estimate is 2 deaths per 1000 cases. But it can be much worse. During an epidemic in Copenhagen in 1887, at least 5% of the children, or 50 per 1000 cases, died.⁴³ The mortality was probably even higher because only those who died

while they had a rash counted. In Wien, at the beginning of the 20th century, the mortality was 11% among the poorest and 0.6% among the richest.

An outbreak in Madagascar that started in 2018 had in April 2019 caused over 1200 deaths, which is about 1% of those infected.⁴⁴ Only about 60% of the population is vaccinated.

We should all get vaccinated against measles and get our children vaccinated, with very few exceptions. Contraindications for the vaccine include a history of severe allergic reaction to any component of the vaccine including neomycin, pregnancy (measles illness during pregnancy results in a higher risk of premature labour, spontaneous abortion, and low-birthweight infants), and severe immunosuppression.³⁴

On Swedish TV, in 2020, Wakefield lied horrendously about measles: "Exposure in childhood is safe and conveys lifelong immunity."

The reference is:

Dokumentär
Anna Nordbeck och Malin Olofsson
Dokument inifrån: VACCINKRIGARNA
<https://www.svtplay.se/dokument-inifran-vaccinkrigarna>
SVT

Bw

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From: Vinu Arumugham <(b) (6) @yahoo.com>

Sent: 01 February 2021 01:43

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carlson@ssc.wisc.edu; jmcollins@wisc.edu; jaconwell@wisc.edu; nbarnes2@wisc.edu; kurtis@ssc.wisc.edu; mcurtis3@wisc.edu; jeason2@wisc.edu; ehrenthal@wisc.edu; felwert@ssc.wisc.edu; cengelmann@wisc.edu; mengelman@ssc.wisc.edu; jason.fletcher@wisc.edu; cfu@ssc.wisc.edu; fujimura@ssc.wisc.edu; tgerber@ssc.wisc.edu; cde@ssc.wisc.edu; grantm@ssc.wisc.edu; jan.greenberg@wisc.edu; jmgregory@ssc.wisc.edu; egrotsky@ssc.wisc.edu; sarah.halpernmeekin@wisc.edu; jenny.a.higgins@wisc.edu; lpjacobs@wisc.edu; fjones4@wisc.edu; hyunseung@stat.wisc.edu; dkaplan@education.wisc.edu; jkennan@ssc.wisc.edu; ajk@medicine.wisc.edu; mlight@ssc.wisc.edu; logan@ssc.wisc.edu; kmagnuson@wisc.edu; marsha.mailick@wisc.edu; kmalecki@wisc.edu; mmassoglia@ssc.wisc.edu; drmeyer1@wisc.edu; cmommaerts@wisc.edu; amukherjee@wisc.edu; jmullahy@wisc.edu; jnobles@ssc.wisc.edu; robrien@lafollette.wisc.edu; palloni@wisc.edu; patz@wisc.edu; ppeppard@wisc.edu; jraymo@ssc.wisc.edu; ferey@wisc.edu; sarobert@wisc.edu; schaeffer@ssc.wisc.edu; lschechter@wisc.edu; aschneider4@wisc.edu; cschwartz@ssc.wisc.edu; aseshadr@ssc.wisc.edu; smeeding@lafollette.wisc.edu; econjeff@ssc.wisc.edu; psteiner@wisc.edu; ctaber@ssc.wisc.edu; tjernstroem@wisc.edu; walker@ssc.wisc.edu; wallace@lafollette.wisc.edu; tbwalsh@wisc.edu; yang.wang@lafollette.wisc.edu; mjwiswall@wisc.edu; wolfe@lafollette.wisc.edu; yxiong2@wisc.edu; jzhu@stat.wisc.edu; ashivani@seas.upenn.edu; rbeck@jaeb.org; (b) (6) @gmail.com; t1dstats@jaeb.org; willi@email.chop.edu; weinstor@upstate.edu; paul.wadwa@cuanschutzwisc.edu; jennifer.sherr@yale.edu; rmonzavi@chla.usc.edu; Laurel.Messer@cuanschutzwisc.edu; sarah.corathers@cchmc.org; Amy.Criego@ParkNicollet.com; maclements@cmh.edu; inquires@sda.gov.cn; yerw@bjmu.edu.cn; yxy@xjtu.edu.cn; cfetpyhj@vip.sina.com; caodesheng@chinadaily.com.cn; yanwl@fudan.edu.cn; yiwang@shmu.edu.cn; zhangyp@chinacdc.cn; maojh88@zju.edu.cn; gisou.vandergoot@epfl.ch; nicola.harris@epfl.ch; andrea.ablasser@epfl.ch; patrick.aebischer@epfl.ch; johan.auwerx@epfl.ch; olaf.blanke@epfl.ch; melanie.bloesch@epfl.ch; cathrin.briskens@epfl.ch; philipp.bucher@epfl.ch; stewart.cole@epfl.ch; daniel.constam@epfl.ch; gregoire.courtine@epfl.ch; matteo.dalperaro@epfl.ch; paolo.delosrios@epfl.ch; michele.depalma@epfl.ch; bart.deplancke@epfl.ch; denis.duboule@epfl.ch; wulfram.gerstner@epfl.ch; pierre.gonczy@epfl.ch; johannes.graeff@epfl.ch; douglas.hanahan@epfl.ch; oliver.hantschel@epfl.ch; vassily.hatzimanikatis@epfl.ch; michael.herzog@epfl.ch; kathryn.hess@epfl.ch; joerg.huelsken@epfl.ch; friedhelm.hummel@epfl.ch; hilal.lashuel@epfl.ch; theo.lasser@epfl.ch; bruno.lemaitre@epfl.ch; joachim.lingner@epfl.ch; matthias.lutolf@epfl.ch; pierre.magistretti@epfl.ch; suliana.manley@epfl.ch; henry.markram@epfl.ch; brian.mccabe@epfl.ch; john.mckinney@epfl.ch; etienne.meylan@epfl.ch; felix.naef@epfl.ch; olaia.naveiras@epfl.ch; andrew.oates@epfl.ch; elisa.oricchio@epfl.ch; alexandre.persat@epfl.ch; carl.petersen@epfl.ch; freddy.radtke@epfl.ch; pavan.ramdya@epfl.ch; marcel.salathe@epfl.ch; carmen.sandi@epfl.ch; ralf.schneggenburger@epfl.ch; kristina.schoonjans@epfl.ch; viesturs.simanis@epfl.ch; david.suter@epfl.ch; didier.trono@epfl.ch; nicolas.mermod@unil.ch; beatrice.perrenoud@chuv.ch; awagnon@cmagnet.org; accma@accma.org; jgreaves@accma.org; jjackovic@accma.org; grogers@accma.org; ndraper@accma.org; mlum@accma.org; (b) (6) @sbcglobal.net; (b) (6) @gmail.com; sbcms@sbmed.org; nbutler@fmms.org; Kamal.Gadalla@ed.ac.uk; ralph.hector@ed.ac.uk; S.R.Thomson@ed.ac.uk; Paul.Ross@ed.ac.uk; stephanie.mearns@ed.ac.uk; Marie.Bowers@ed.ac.uk; zoe.sawitzki@ed.ac.uk; Sarah.Giachetti@ed.ac.uk; s1316609@sms.ed.ac.uk; cochrane@umcutrecht.nl; editorial-unit@cochrane.org; admin@cochrane.org; CEU Admin <ceu@cochrane.org>; mwilson@cochrane.org; martin.burton@cochrane.nhs.uk; c.farquhar@auckland.ac.nz; j.e.clarkson@dundee.ac.uk; gerald.gartlehner@donau-uni.ac.at; pcg@scientificfreedom.dk; marguerite.a.koster@kp.org; (b) (6) @gmail.com; meerpohl@cochrane.de; santessa@mcmaster.ca; dimitrinka.nikolova@ctu.dk; snezana.djurisic@ctu.dk; (b) (6) @gmail.com; (b) (6) @gmail.com; (b) (6) @gmail.com; vbonfigli@cochrane.org; david@davidhammerstein.org; mburton@cochrane.org; mkoster@cochrane.org; Chris Del Mar <cdelmar@bond.edu.au>; Paul Glasziou <pglaszio@bond.edu.au>; RayMoynihan@bond.edu.au; peter.collignon@act.gov.au; Karla Soares-Weiser <ksoares-weiser@cochrane.org>; Hilary Simmonds <HSimmonds@cochrane.org>; Toby Lasserson <TLasserson@cochrane.org>; Christian Gluud <christian.gluud@ctu.dk>; Christopher Exley <c.exley@keele.ac.uk>; cdipietrantonj@aslal.it; (b) (6) @googlemail.com; sdavies@bmj.com; (b) (6) @btinternet.com; jclarkson@cochrane.org; ncullum@cochrane.org; gfaba@cochrane.org; thowe@cochrane.org; trish.greenhalgh@phc.ox.ac.uk; peter.christian.goetzsche@regionh.dk; governingboardsecretary@cochrane.org; David Tovey <dtovey@cochrane.org>; sara.krauss@ctu.dk; cgluud@ctu.dk; (b) (6) @gmail.com

Subject: COVID-19 vaccine dangers; CDC's "Vaccines do not cause autism" lie, taken down; NH commission exposes FCC corruption, cellular radiation dangers

Vaccines absolutely do cause autism

The CDC has flip-flopped twice in ~5 months on the fraudulent claim that "Vaccines do not cause autism", on their website. It suggests that the CDC's vaccine/autism claims are based on the conjunction of Jupiter and Saturn, not science.

They were forced to take the false claim down because ICAN demonstrated there was **ZERO** science behind that claim.

The CDC Finally Capitulated To ICAN's Legal Demands and Removed the Claim that "Vaccines Do Not Cause Autism" From Its Website!

https://www.icandecide.org/ican_press/the-cdc-finally-capitulated-to-icans-legal-demands-and-removed-the-claim-that-vaccines-do-not-cause-autism-from-its-website/

THE CDC JUST SOLIDIFIED THAT ITS DECISIONS ARE NOT DRIVEN BY SCIENCE

https://www.icandecide.org/ican_press/the-cdc-just-solidified-that-its-decisions-are-not-driven-by-science/

FACT: Milk protein contaminated vaccines (DTap/Tdap/Prevnar 13/ActHiB) cause at least 75% of autism cases.

Autism pathogenesis: Piecing it all together, from end to beginning ...

<https://doi.org/10.5281/zenodo.1477515>

CDC caught lying, again about the COVID-19 vaccine this time.

CDC Investigation

<http://fullmeasure.news/news/cover-story/cdc-investigation>

Vaccine mandates are based on a lie; Repeal all mandates immediately; Try the corrupted liars who created mandates, for CRIMES AGAINST HUMANITY

"Administration of parenterally administered vaccines alone typically does not result in potent mucosal immunity that might interrupt infection or transmission"

SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn

www.acpjournals.org/doi/10.7326/M21-0111

So Fauci admits now that **ALL** injected vaccines are for individual protection only. **No herd/community immunity.** So no vaccine mandates are justifiable for **ANY** injected vaccine.

And of course this also means the vaccinated can become infected super-spreaders as occurs with the failed flu shot and failed pertussis vaccines.

Yan J, Grantham M, Pantelic J, de Mesquita PJ, Albert B, Liu F, et al. Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. Adamson W, Beato-Arribas B, Bischoff W, Booth W, Cauchemez S, Ehrman S, et al., editors. Proc Natl Acad Sci. National Academy of Sciences; 2018;

The potential role of subclinical Bordetella Pertussis colonization in the etiology of multiple sclerosis
pubmed.ncbi.nlm.nih.gov/26724970/

This is the consequence of **insanely injecting** antigens of pathogens whose natural routes of exposure are mucosal surfaces in the nose, mouth or eyes.

NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the Covid-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

Francis A. Boyle
Professor of Law.

My comment in the Annals of Internal Medicine, against Fauci's "SARS-CoV-2 Vaccines: Much Accomplished, Much to Learn"

<https://www.acpjournals.org/doi/10.7326/M21-0111>

Vinu Arumugham Independent 18 January 2021

These vaccines are unsafe, unnecessary and must be immediately withdrawn

The vaccine safety claims made by the authors are unsupported by evidence. Vaccines must be designed for safety. These vaccines were not designed at all. So they are unsafe by definition. I predicted the allergic sensitization and autoimmunity risks with these vaccines which have now been confirmed.

The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized.

<https://www.regulations.gov/document?D=FDA-2020-N-1898-0039>

Robert F Kennedy Jr. warned the FDA months back about the risk of allergic reactions due to the use of polyethylene glycol (PEG) in the vaccines.

<https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-allergic-reactions/>

The FDA/VRBPAC ignored us and authorized these horrendously dangerous vaccines.

Recently, Dr. Peter Marks of the FDA admitted that the population was sensitized by PEG-containing pharmaceutical preparations (that include other vaccines/injections).

https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200?mod=hp_lead_pos2

"What we're learning now is that those allergic reactions could be somewhat more common than the highly uncommon that we thought they were because people do get exposed to polyethylene glycol in various pharmaceutical preparations," - Peter Marks, Director, CBER, FDA.

We of course already knew that any vaccine/injection that has enough allergen to cause a reaction, has more than enough allergen to guarantee sensitization/priming (causing the development of new allergy).

Evidence that Food Proteins in Vaccines Cause the Development of Food Allergies and Its Implications for Vaccine Policy

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3571073

www.sciencemag.org/news/2020/12/suspicious-grow-nanoparticles-pfizer-s-covid-19-vaccine-trigger-rare-allergic-reactions

"he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs."

- Janos Szebeni, an immunologist at Semmelweis University

So now, these vaccines have sensitized millions to PEG. The goal is to sensitize/boost PEG allergy in a 100 million more in the next 100 days.

PEG is contaminated with 1,4-dioxane, a carcinogen.

<https://www.fda.gov/cosmetics/potential-contaminants-cosmetics/14-dioxane-cosmetics-manufacturing-byproduct>

As predicted, Pfizer COVID-19 vaccine induced autoimmunity (thrombocytopenia) killed a Florida doctor. This is just the tip of the iceberg. Thousands of cases of vaccine induced autoimmune diseases may take months/years to be diagnosed and will be dismissed as unrelated to the vaccine.

<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

Only a few lots were tested in the trial. No one has a clue what other lots will do. 100-fold variation of contaminants in vaccines makes trials and epidemiological studies worthless as I detailed in my comments in the Annals of Internal Medicine before. Vaccine safety remains an oxymoron.

<https://www.acpjournals.org/doi/10.7326/m18-2101>

California calls for pause of 330,000 doses, investigation after allergic reactions to Moderna vaccine batch

<https://www.mercurynews.com/2021/01/18/coronavirus-california-calls-for-pause-investigation-after-allergic-reactions-to-moderna-vaccine-batch/>

What's worse? Effective, life-saving, cheap, safe medicines such as famotidine/cetirizine/ivermectin are being ignored in this blind race to vaccinate at any cost.

Immunological mechanisms explaining the role of vaccines, IgE, mast cells, histamine, elevating ferritin, IL-6, D-dimer, VEGF levels in COVID-19 and dengue, potential treatments such as mast cell stabilizers, antihistamines: Predictions and confirmations

<https://europepmc.org/article/PPR/PPR241819>

Big picture of the damage vaccines do:

Vaccines and Biologics injury table based on mechanistic evidence – Feb 2020

Covering over 125 conditions https://zenodo.org/record/3647593/files/vbitr2_final.pdf?download=1

The organized suppression of vaccine safety science:

Retraction of scientific papers: the case of vaccine research

<https://www.tandfonline.com/doi/full/10.1080/09581596.2021.1878109>

The WHO's flip-flopping "science" competes with CDC's incompetence

WHO Recommends Against Moderna, Pfizer Vaccines for Most Pregnant Women

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138>

Pregnant Women May Receive Covid Vaccines Safely, W.H.O. Says

<https://www.nytimes.com/2021/01/29/health/covid-vaccine-pregnancy.html>

Moderna's COVID-19 vaccine now recommended for pregnant women, WHO says in guidance reversal

<https://www.foxnews.com/health/moderna-covid-vaccine-pregnant-women-who-guidance-reversal>

Not to be outdone by the flip-flopping CDC, WHO did a flip-flop on COVID-19 vaccine during pregnancy.

Latest evidence that there is ZERO science behind vaccines or vaccine safety. They just pull their "science" out of a hat. Follow the money.

These flip-flopping, lying, organized criminals at the CDC/WHO, are the "reputable sources" for your "fact-checkers".

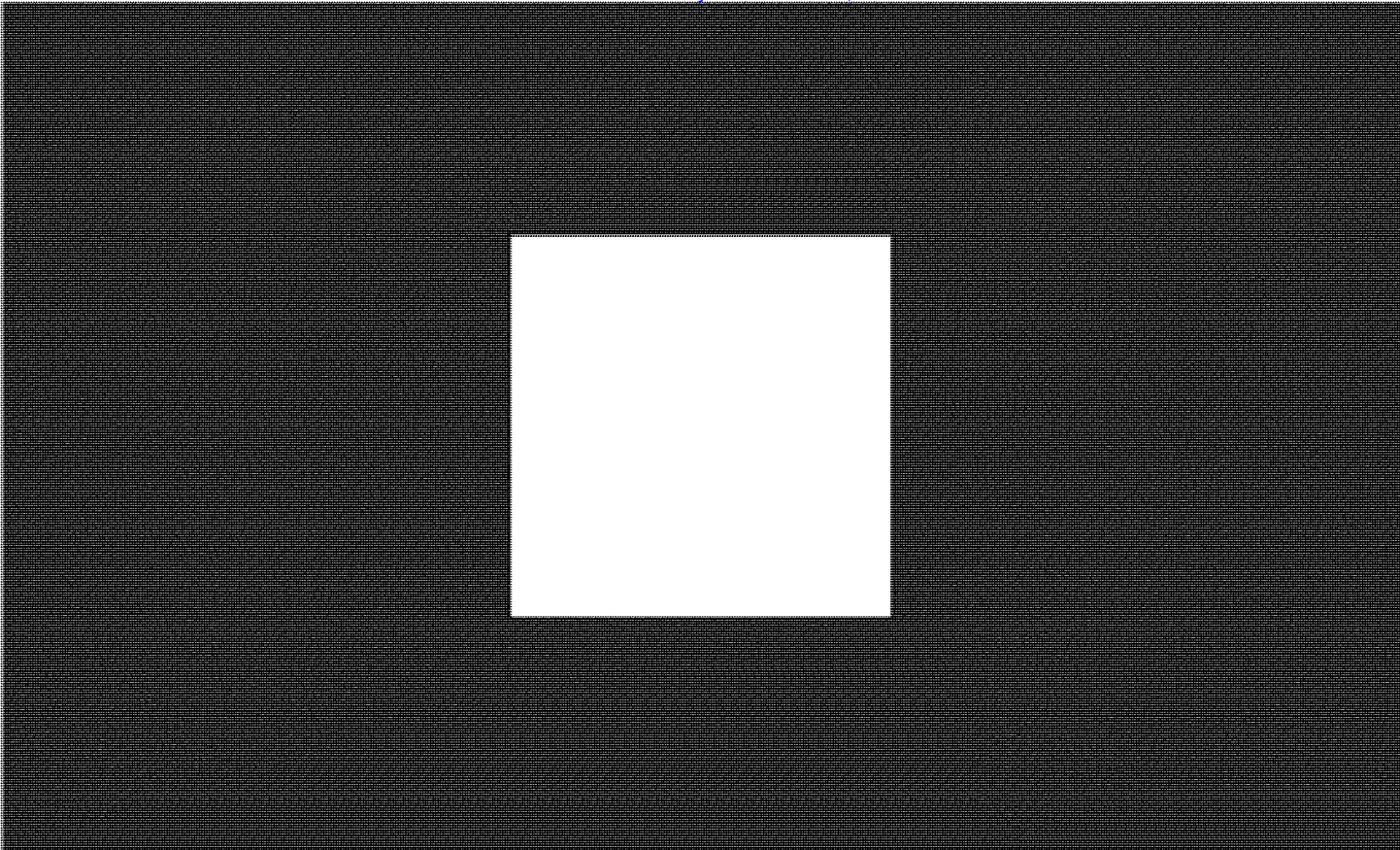
The New Hampshire Commission report below has ripped FCC's 5G (and all other cellular) RF safety claims:

Final Report of the Commission to Study The Environmental and Health Effects of Evolving 5G Technology

<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

"RECOMMENDATION 1- Propose a resolution of the House to the US Congress and Executive Branch to **require the Federal Communication Commission (FCC) to commission an independent review** of the current radiofrequency (RF) standards of the electromagnetic radiation in the 300MHz to 300GHz microwave spectrum as well as a health study to assess and recommend mitigation for the health risks associated with the use of cellular communications and data transmittal."

"A likely explanation as to why **regulatory agencies have opted to ignore the body of scientific evidence demonstrating the negative impact of cellphone radiation** is that **those agencies are "captured"** (see Harvard University publication entitled, "Captured Agency: How the Federal Communications Commission Is Dominated by the Industries It Presumably Regulates" linked in Appendix G). This report documents how **the leadership roles in some agencies (the FCC in particular) are filled by individuals with strong industry ties** and hence are more **focused on industry interests than the health of citizens"**

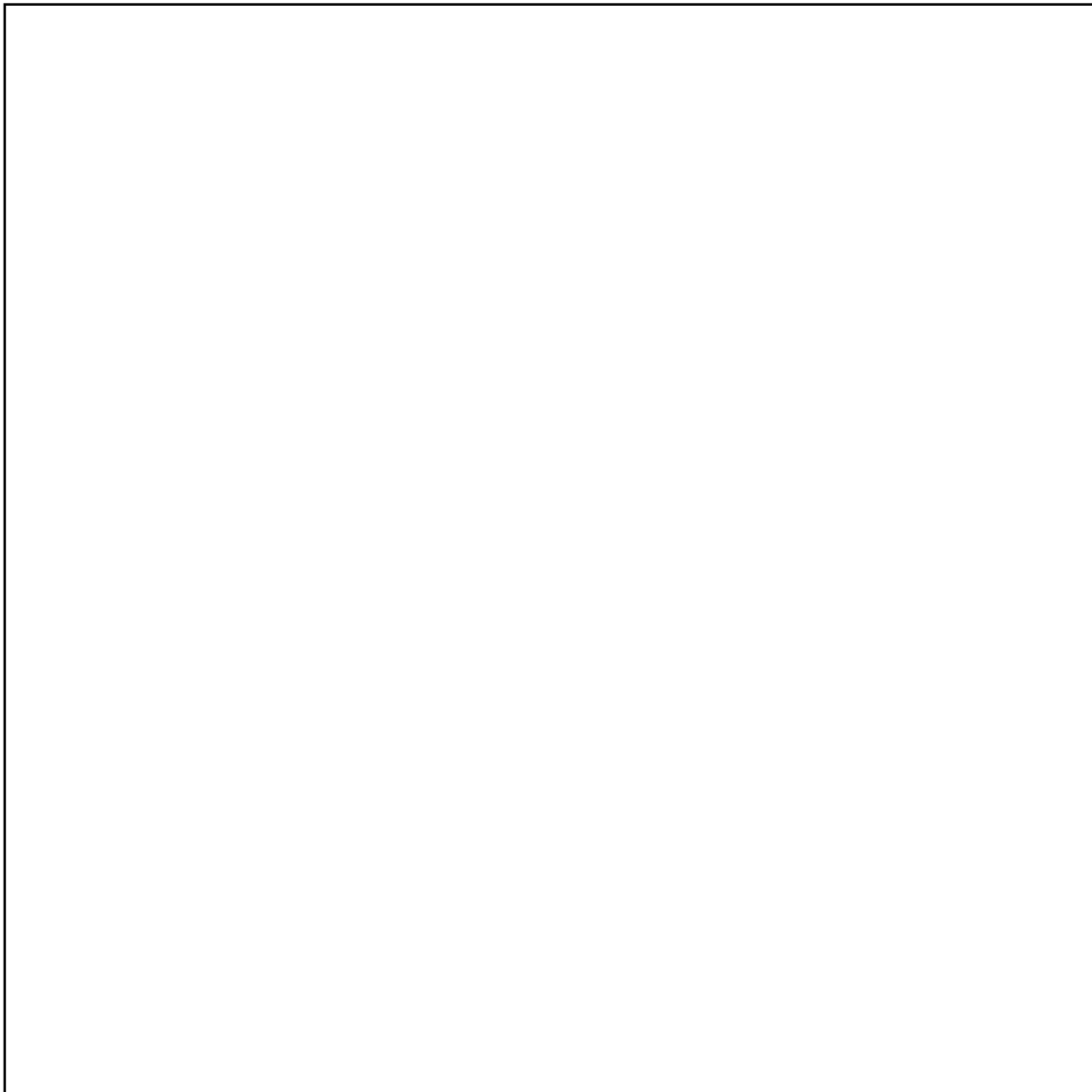


Major Litigation Updates & Recent Local Victories

It's been a strong week for our movement!

There are a lot of exciting things to report on this week, so let's dive right in...

Lake Tahoe, CA - Landmark Federal Lawsuit Filed to Block Saturation of Lake Tahoe Region with Cell Towers



Hundreds of hazardous, unsightly wireless antennas and cell towers are quickly blanketing the Lake Tahoe, California region.

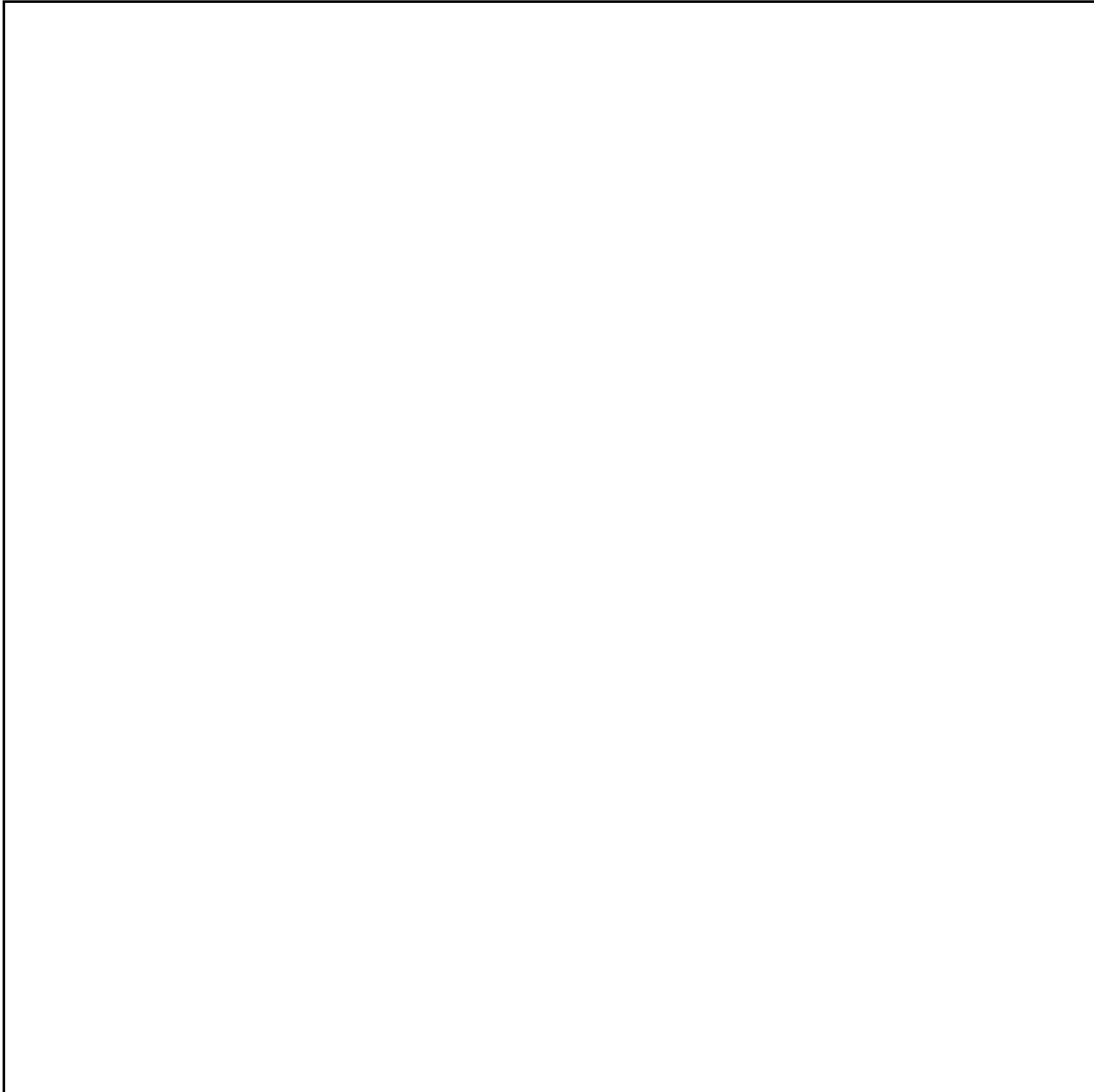
Three environmental non-profits and Monica Eisenstecken, a lifelong resident of South Lake Tahoe, have filed a potentially **precedent-setting litigation** against the Tahoe Regional Planning Agency, Verizon Wireless, the Tahoe Prosperity Center, and a local property owner...all in an effort **to protect one of the world's greatest natural treasures from a looming telecom takeover.**

[Read Today's Press Release](#)

Visit the New Tahoe Safe Tech Website

Support the Landmark Litigation

**D.C. Court of Appeals - Environmental Health Trust et al. v. FCC Oral Arguments,
January 25th, 2021**



"A federal appeals panel in Washington voiced skepticism that the Federal Communications Commission had adequately considered dangerous health effects when it established guidelines for radiation emission from cell towers and wireless devices."

- Bloomberg Law

Congratulations to both the Environmental Health Trust and the Children's Health Defense for their tireless efforts challenging the FCC's outdated and insufficient wireless radiation public exposure guidelines.

Following yesterday's fabulous presentation, we are hopeful the judges will rule against the FCC.

Read the News

Listen to Recording of the Oral Arguments

RECENT VICTORIES

FLORIDA

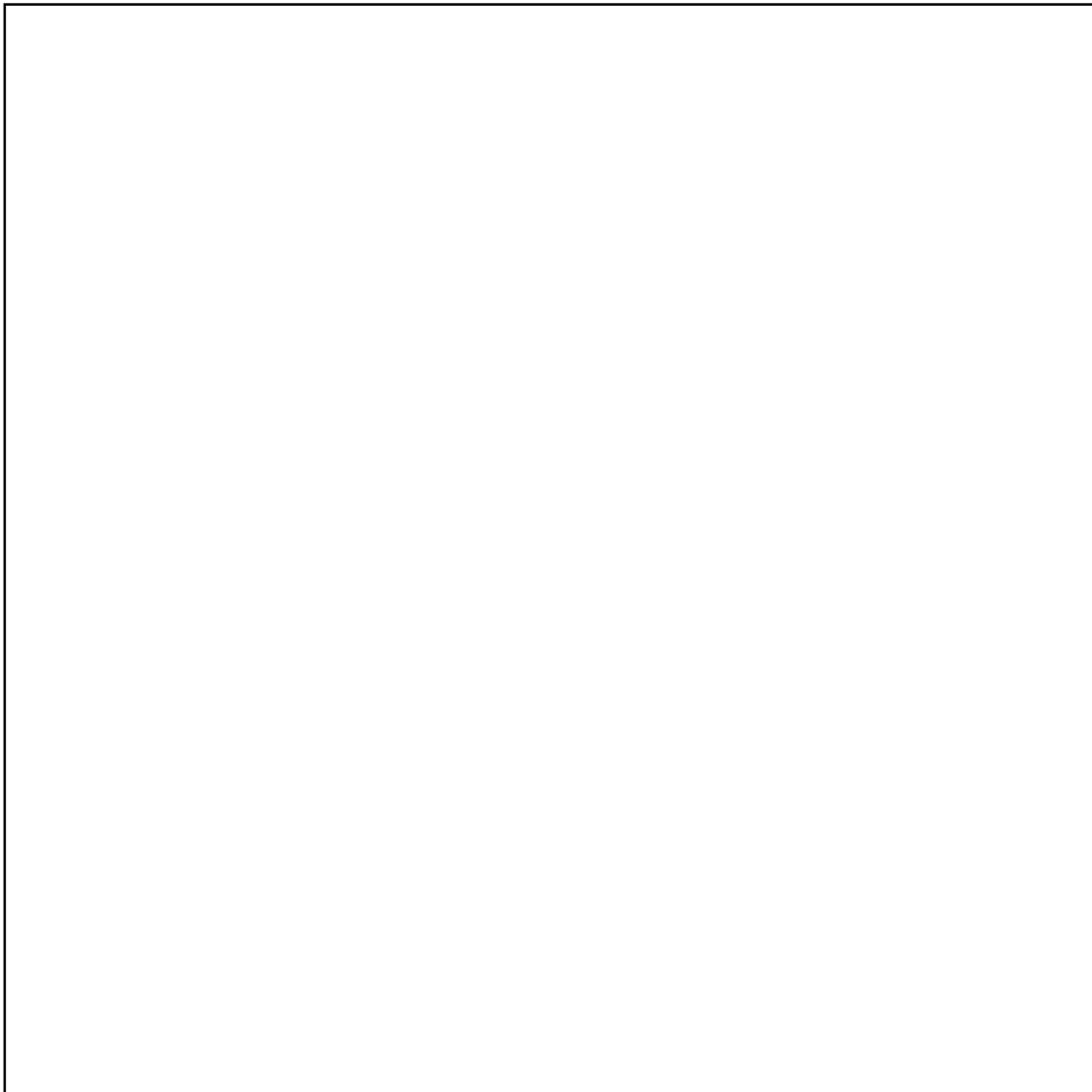
1. Palm Coast, FL defeats 150-foot cell tower to be installed in the heart of the city's oldest neighborhood.

Read the news [here](#).



2. Lakeland, FL defeats 110-foot cell tower slated to be installed mere feet from homes. This is the second cell tower in three months that has been defeated by Lakeland representatives due to resident opposition.

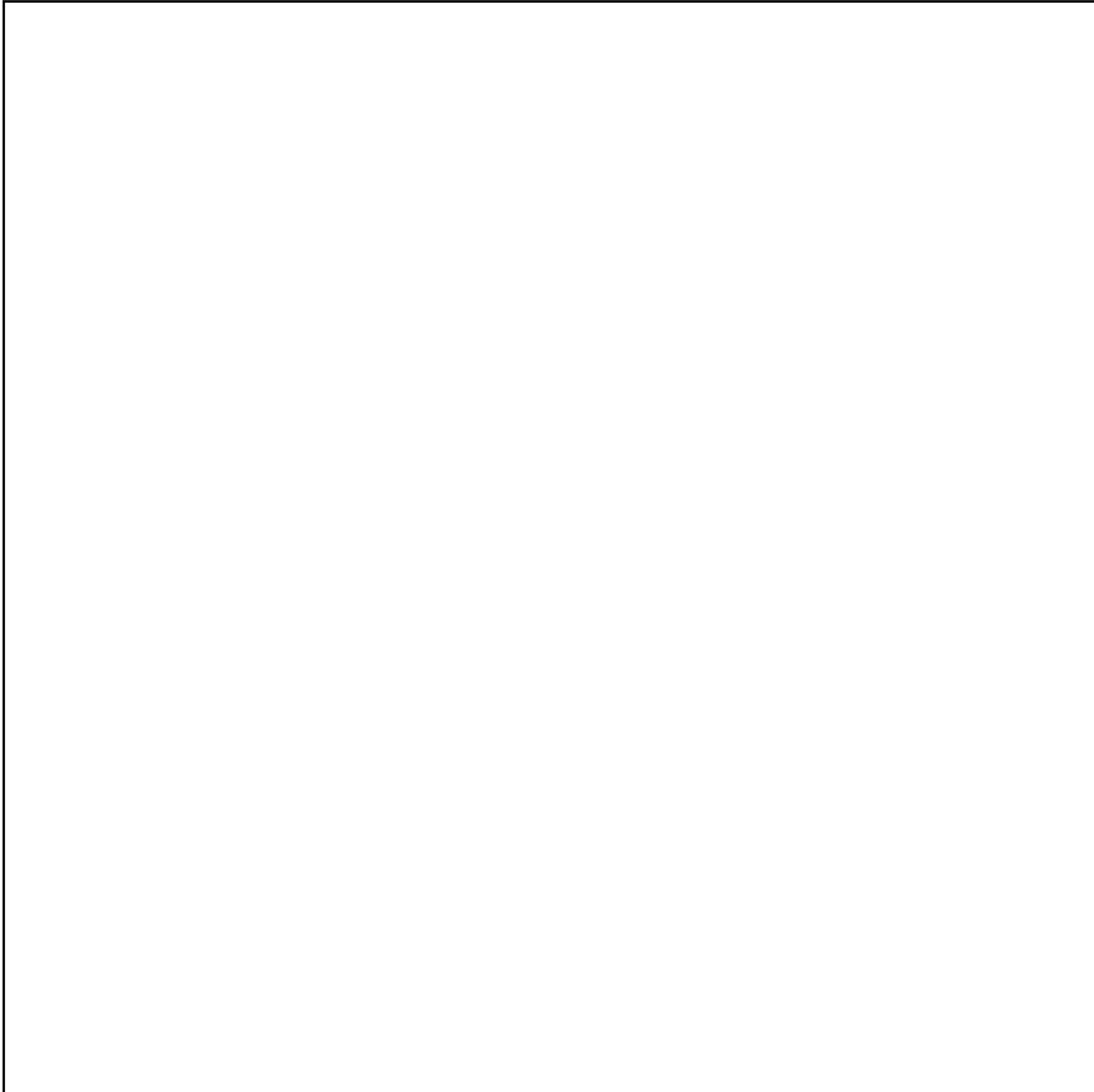
Read the news [here](#).



NEW JERSEY

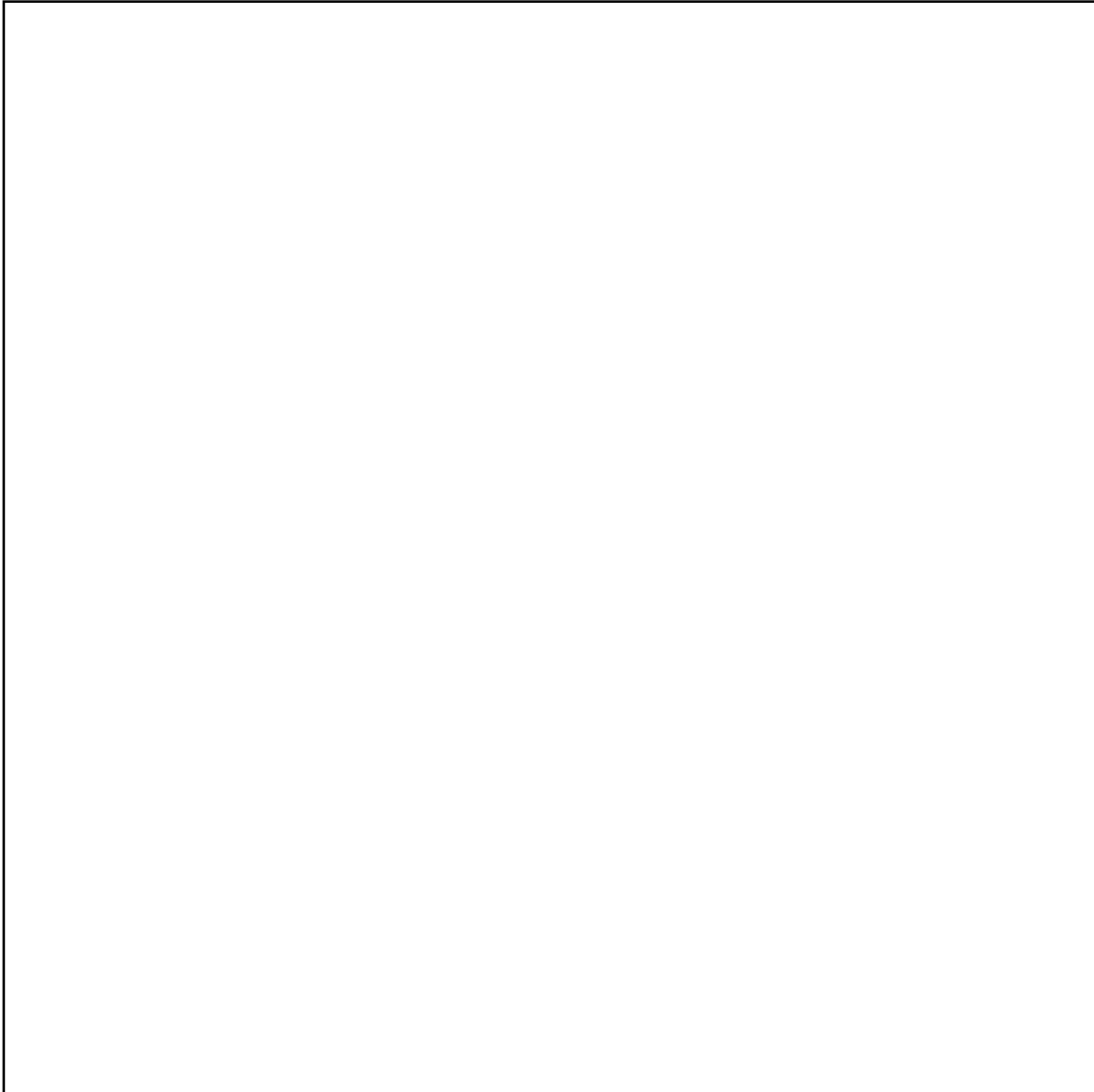
3. Lavallette, NJ Borough Council approves five "small cell" antennas with challenging conditions: certification from the U.S. Department of Defense and the Federal Aviation Administration that 5G frequencies emitted by the equipment will not interfere with critical avionics equipment. Lavallette is situated just a few miles from one of the country's most active military air bases - Joint Base McGuire-Dix-Lakehurst.

Read the news [here](#).



CALIFORNIA

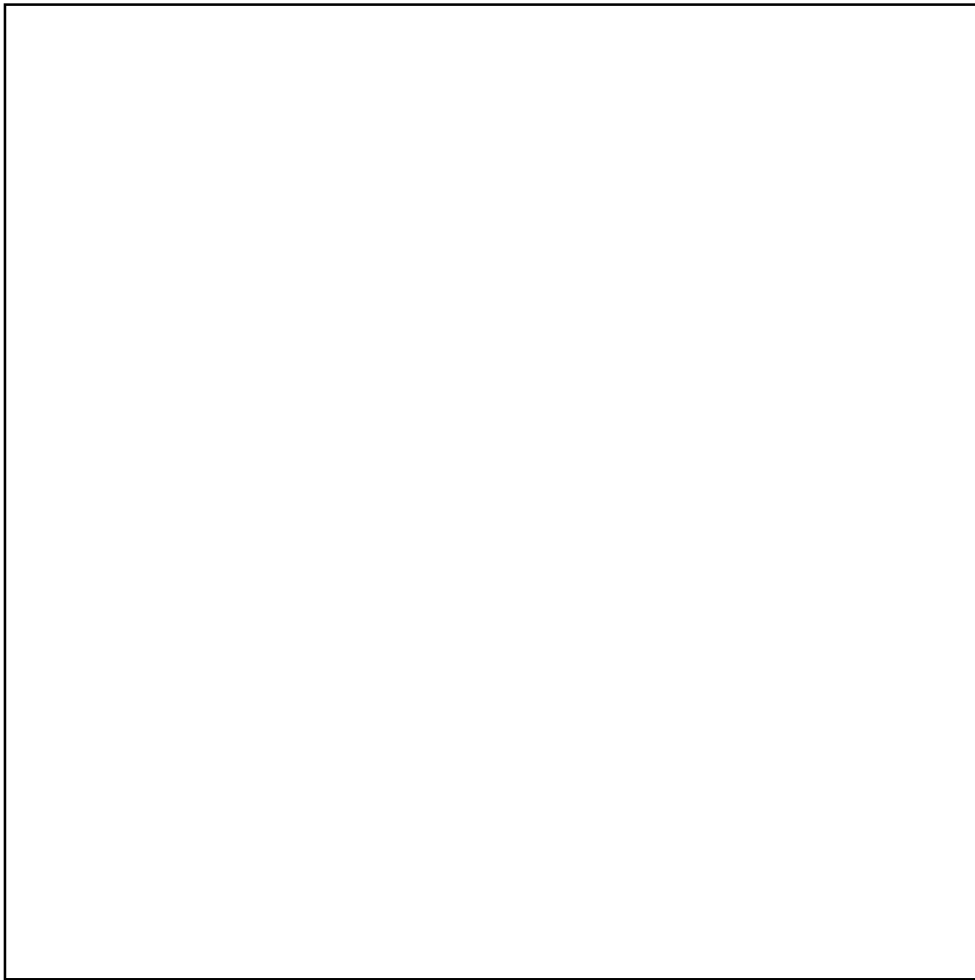
4. Petaluma, CA defeats Verizon application to install 16 wireless antennas at the Petaluma Creamery, just 75 feet from homes. Read the legal memorandum in opposition to Verizon's application [here](#).



SOUTH CAROLINA

5. Residents in Mt. Pleasant, SC defeat a cell tower to be installed next to the Long Point playground.

Read the news [here](#).



As always, let's keep raking in the wins and working together to protect our communities from the telecom industry's ever-growing wireless footprint.

If you need assistance pushing back against 5G and/or other wireless infrastructure deployments in your area, please don't hesitate to reply to this email or call us at 516-883-0887.

-The 5G Crisis Team



Share

Forward

report@5gcrisis.com

▪

Thanks,
Vinu

From: Haynes, Leslie (CBER) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02015880B0CE4A78953D370750FD4748-LESLIE.HAYN]
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[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc6a16c85d124b81893beb85a6929867-Forshee]; Nair, Narayan
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Subject: Additional resource link - Jan 25 mtg, Coordination of COVID-19 Vaccine Safety Surveillance Efforts (4)

Please see below an additional resource link for the CDC presentation, during the discussion meeting being held on Jan 25, 2021, 12:30pm.

- Global Advisory Committee on Vaccine Safety Vaccine Safety subcommittee meeting review
<https://www.who.int/news/item/22-01-2021-gacvs-review-deaths-pfizer-biontech-covid-19-vaccine-bnt162b2>

Thank you.

Leslie Haynes, RD
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Immediate Office of the Director
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CC: Clark, Thomas A (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7654dd7010c34f819e1e2eb29bcc86d1-HHS-tn4-cd]; Shimabukuro, Tom (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8313741a075c4f3d8d8351e106d1ffbc-HHS-ayv6-cd]; Forshee, Richard

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Subject: AGENDA attached :: Coordination of COVID-19 Vaccine Safety Surveillance Efforts (4)

Attachments: Agenda - COVID-19 Vaccine Safety Surveillance Efforts 1-25-21 (final).pdf

Location: WebEx (shown below)

Start: 1/25/2021 12:30:00 PM

End: 1/25/2021 1:00:00 PM

Show Time As: Tentative

Required Attendees: Marks, Peter; Slaoui, Moncef (OS); Messonnier, Nancy E (CDC); Hepburn, Matt (OS); Runstrom, Mark (OS); Johnson, Robert (OS); Disbrow, Gary (OS); Clark, Matthew (OS); Gorman, Richard (OS); Hamilton, Holli (OS); Horwith, Gary (OS); Mcqueen, Anthony (OS); 'Ake, Julie (mail.mil)'; Anderson, Steven; Gruber, Marion; Cho, David S (CBER); Martin, Stacey (CDC); Cohn, Amanda C (CDC); Wharton, Melinda (CDC); Abernethy, Amy; Atalla, Mark (CMS); 'Harjivan, Chandresh (US SCA) (Harjivan.Chan@bcgfd.com)'; 'tian.kathy@bcg.com'; 'alhassani.ali@bcg.com'; 'Choy, Michael'; Kelman, Jeffrey A (CMS); Perez-Rivera, Diana (CMS); Good-Cohn, Meredith (CMS); Blackford, Carol W (CMS)
Optional Attendees: Clark, Thomas A (CDC); Shimabukuro, Tom (CDC); Forshee, Richard; Nair, Narayan; McNeill, Lorrie; Frantz-Bohn, Susan; Tierney, Julia; Krause, Philip; Farizo, Karen; Fink, Doran; Izurieta, Hector; Roberts, Jeff; Witten, Celia (CBER); Kessler, David (HHS/IOS)

This meeting will be used to discuss the efforts of FDA, CDC, and other government agencies to follow the safety of COVID-19 vaccines that are deployed for use.

Mtg 1: 12/16/20, 4-4:30pm

Mtg 2: 12/28/20, 12:30-1pm

Mtg 3: 1/11/21, 12:30-1pm

Mtg 4: 1/25/21, 12:30-1pm

Please refer to your principals within your organizations, prior to forwarding this calendar invitation.

With questions, please contact below, or send email to the FDA Covid-19 Vaccine Pharmacovigilance Coordination Team at Covid19VaccinePV@fda.hhs.gov.

Thank you.

On behalf of Peter Marks, MD, PhD, Director, FDA Center for Biologics Evaluation and Research

Leslie Haynes, RD
Program Manager (PDUFA Oversight)
Immediate Office of the Director
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Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
Monday, January 25, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

Meeting Topic	Presenter
Anaphylaxis and allergic reactions	CDC and FDA
San Diego small cluster of allergic reactions	Narayan Nair/FDA
Reports of death and post-vaccination mortality	Tom Shimabukuro/CDC
Update on Norway cases (in > 80 yrs of age)	FDA
Counts of vaccination in databases - Preparation for large-scale safety monitoring	CDC and FDA
UPDATES: <ul style="list-style-type: none">Bell's Palsy case reports	Narayan Nair/FDA
Other Topics	All

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UPDATES: • Bell's Palsy case reports	Narayan Nair/FDA
Other Topics	All





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Subject: [EXTERNAL] Fwd: Plant proteins that contaminate SARS-CoV-2 vaccines, excipients have high protein sequence homology to IEDB listed thrombocytopenia related platelet factor 4 epitopes thus explaining induction of autoimmune bleeding disorders

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Date: Wed, 24 Mar 2021 21:19:10 -0700

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Plant proteins that contaminate SARS-CoV-2 vaccines, excipients have high protein sequence homology to IEDB listed thrombocytopenia related platelet factor 4 epitopes thus explaining induction of autoimmune bleeding disorders

Introduction

A novel coronavirus, now named SARS-CoV-2 was identified in hospitalized patients in Wuhan, China, in December 2019. The disease caused by the virus, now named COVID-19, can range in severity from asymptomatic to acute respiratory distress syndrome (ARDS) and death. mRNA based SARS-CoV-2 vaccines developed by Pfizer and Moderna have been authorized for use in the US. Viral vector based vaccines from Janssen has also been authorized for use in the US. AstraZeneca's viral vector based vaccines have been authorized for use in many European countries.

Numerous cases of bleeding and clotting disorders have been reported following SARS-CoV-2 vaccine administration, worldwide. Vaccine Adverse Event Reporting System (VAERS) (Centers for Disease Control and Prevention 2021) in the US shows 177 cases of platelet disorders following the vaccines. Numerous cases of bleeding and clotting disorders have also been investigated in Europe following the AstraZeneca vaccine administration. Prof. Pål Andre Holme of the Oslo University Hospital and Prof. Andreas Greinacher at the University of Greifswald have independently found evidence for this being a vaccine induced autoimmune disorder (Beaubien 2021). Greinacher and others identified platelet factor 4 (PF4) as the target of autoantibodies induced by the vaccine (Vogel 2021). Greinacher's team have named it vaccine-induced prothrombotic immune thrombocytopenia (VIPIT).

Animal/plant/fungal/viral protein contamination of vaccines and the risk of them inducing autoimmune diseases was predicted (Arumugham and Trushin 2018; Arumugham 2019a, 2020a; Lyons-Weiler 2020; Arumugham 2020b) and world vaccine regulatory bodies were all repeatedly warned of the dangers.

These include public health authorities in the United States including the Food and Drug Administration (FDA), Centers for Disease Control (CDC), the National Institutes of Health (NIH), the European Medicines Agency (EMA), the United Kingdom's Medicines and Healthcare products Regulatory Agency (MHRA) and Joint Committee on Vaccination and Immunisation (JCVI), the German Robert Koch Institute, the Australian Technical Advisory Group on Immunisation (ATAGI), the World Health Organization (WHO), doctors/researchers at many universities, research centers, medical journals and news organizations. Any safety critical product must be designed for safety which requires a design Failure Modes and Effects Analysis (FMEA) (Arumugham 2019b). An FMEA would have immediately identified these risks during vaccine design. However regulators have learned nothing from the exact same failure mode ten years ago which caused the Pandemrix induced narcolepsy disaster (Ahmed et al. 2015; Arumugham 2018a, b).

Now once more, that prediction has come true. As we will show below, plant proteins that contaminate the vaccines have high protein sequence homology to epitopes known to be involved in thrombocytopenia. The two conditions required for inducing autoimmunity are immunization using homologous xeneogenic antigens that are similar to self antigens (plant proteins in this case) and the simultaneous stimulation of the innate immune system. The chimpanzee adenovirus provides the innate immune system stimulation in the case of the AstraZeneca vaccine. The lipid-in-water emulsion and the mRNA act as adjuvants (Reichmuth et al. 2016) and provide the innate immune system stimulation in the case of lipid encapsulated mRNA vaccines.

Methods

Basic local alignment search tool for proteins (BLASTP) (Altschul et al. 1997), Universal Protein Resource (UniProt) (The UniProt Consortium 2017) and the Immune Epitope Database (IEDB) (Vita et al. 2019) were used for bioinformatics analysis. Specifically, the BLASTP sequence alignment of IEDB thrombocytopenia related epitopes was performed against maize, wheat proteomes and the SARS-CoV2 spike protein. Vaccines contain residual proteins from these organisms due to media used to grow viruses or as contaminants of excipients. Lipids in the mRNA vaccines are derived from plant or animal sources. AstraZeneca vaccine contains Polysorbate 80 (CHMP 2021) which is derived from wheat and corn/maize (Arumugham and Trushin 2019).

Results summary

IEDB thrombocytopenia related epitopes	Vaccine antigens	BLASTP match score
CLDLQAPLYKKIHKLLLES (PF4)	<i>Triticum aestivum</i>	27.8
EAEEDGDLQ (PF4)	<i>Triticum aestivum</i>	25.2
KTTSQVRPRHITSLEVIKAG (PF4)	<i>Zea mays</i>	26.9
LLPDPSAPT (Thrombopoietin)	Vaccine-induced spike protein	19.6

Table 1

Discussion

Table 1 shows the BLASTP match scores between multiple vaccine antigens and IEDB thrombocytopenia related epitopes.

An influenza virus nucleoprotein contaminating the Pandemrix vaccine, induced antibodies that cross-reacted with the human hypocretin receptor to cause narcolepsy. That can be used as a baseline to assess cross-reactivity potential. Nucleocapsid protein [Influenza A virus (A/reassortant/NYMC X-179A(California/07/2009 x NYMC X-157)(H1N1))] ADE29096.1 vs. human hypocretin receptor 2 (HCRTR2) produces a BLASTP score of 19.3 (Arumugham 2016). This level of cross reactivity resulted in Pandemrix vaccine-induced narcolepsy (Ahmed et al. 2015). As seen in Table 1, the scores are much higher. And the entries listed are just the top vaccine antigen matches. There are of course numerous matches with a score greater than 19.3.

Autoimmunity induction following vaccine administration can take a couple of weeks. So in the case of VIPIT, symptoms can be expected two weeks after the first dose of the vaccine. Alternately, a person can develop subclinical disease following the first dose. The second dose will result in a recall response which can have an onset interval of just a few days following the vaccine. Greinacher reports 4-16 days as the observed interval between vaccine doses and VIPIT.

Low platelet count has been observed within 48 hours of the vaccine in many cases reported to the VAERS. These can be explained by IgE mediated mechanisms.

COVID-19 severity itself in a majority of cases is due to IgE mediated sensitization to antigens with homology to SARS-CoV-2 proteins, which results in "slow rolling anaphylaxis" upon infection as previously described (Arumugham 2020c).

People making IgE that recognize SARS-CoV-2 spike protein due to cross-reaction will suffer "slow rolling anaphylaxis" upon infection or vaccination. One signature of this condition is low platelet count (A Kasperska-Zajac 2006; Peppers et al. 2018). This is likely what is being observed following vaccination. The anaphylaxis after vaccination in these cases is delayed (not the usual <30 min. immediate reaction) because the mRNA translation to spike protein takes hours. Similarly, viral vector infection of cells using the AstraZeneca/Janssen vaccines that subsequently produce spike proteins, takes hours. So again we have delayed, "slow rolling anaphylaxis". So treatment to avoid this problem with COVID-19 as well as post-vaccination may be the same - H1/H2 histamine blockers like famotidine/cetirizine (Arumugham 2020c).

Detailed BLASTP results

CLDLQAPLYKKIHKLLLES (IEDB) vs.

hypothetical protein CFC21_098147 [Triticum aestivum]

KAF7096153.1 643 1

Alignment statistics for match #1

Score	Expect	Identities	Positives	Gaps
27.8 bits(58)	1.5	9/13(69%)	10/13(76%)	2/13(15%)
Query 1	CLDLQAPLYKKII 13			
	CL L PLYKK+I			
Sbjct 222	CLSL--PLYKKVI 232			

EAEEDGDLQ (IEDB) vs.
hypothetical protein CFC21_072560 [Triticum aestivum]

KAF7066606.1 1203 3

Alignment statistics for match #1

Score	Expect	Identities	Positives	Gaps
25.2 bits(52)	2.0	7/7(100%)	7/7(100%)	0/7(0%)
Query 1	EAEEDGD 7			
	EAEEDGD			
Sbjct 197	EAEEDGD 203			

KTTSQVRPRHITSLEVIKAG (IEDB) vs.
Galactokinase [Zea mays]

PWZ57176.1 568 1

Alignment statistics for match #1

Score	Expect	Identities	Positives	Gaps
26.9 bits(56)	20	8/8(100%)	8/8(100%)	0/8(0%)
Query 12	TSLEVIKA 19			
	TSLEVIKA			
Sbjct 434	TSLEVIKA 441			

Platelet Factor 4 vs.
hypothetical protein CFC21_095713 [Triticum aestivum]

KAF7093294.1 725 1

Alignment statistics for match #1

Score	Expect	Identities	Positives	Gaps
34.1 bits(73)	2.9	19/39(49%)	20/39(51%)	7/39(17%)
Query 1	MSSAARSR-LTRATRQEML-FLALLLLPVVAFARAEAE 37			
	M AA R L R +L LALLLL V A AR E E			
Sbjct 50	MAAAAAARGLSR-----LLPLLALLLLTVLAAAARDEGE 83			

hypothetical protein CFC21_053104 [Triticum aestivum]

KAF7043793.1 384 1

Alignment statistics for match #1

Score	Expect	Identities	Positives	Gaps
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32.9 bits(70) 7.0 12/18(67%) 13/18(72%) 1/18(5%)

```
Query 1  MSSAAR-SRLTRATRQEM 17
          MSS  R SRLTRA R E+
Sbjct 21  MSSRRASRLTRASRPFL 38
```

hypothetical protein CFC21_016952 [Triticum aestivum]

KAF7001241.1 1018 1

Alignment statistics for match #1

Score	Expect	Identities	Positives	Gaps
30.8 bits(65)	33	10/12(83%)	10/12(83%)	2/12(16%)

```
Query 17  MLFLAL--LLLP 26
          MLFLAL  LLLP
Sbjct 11  MLFLALSALLLP 22
```

Autoimmunity induction is not limited to plant proteins. The spike protein epitopes have homology to thrombocytopenia related epitopes. So spike proteins induced by the vaccines can also cause the development autoimmunity directed at these epitopes, thus resulting in clotting disorders.

LLPDPSAPT is a thrombocytopenia associated epitope in the IEDB. Below is BLASTP comparison to spike protein (QHD43416.1) unnamed protein product

Query_30841 9 1

Alignment statistics for match #1

Score	Expect	Method	Identities	Positives	Gaps
19.6 bits(39)	0.002	Composition-based stats.	6/9(67%)	8/9(88%)	0/9(0%)

```
Query 805  ILPDPFSKPS 813
          +LPDPS P+
Sbjct 1    LLPDPSAPT 9
```

Integrin beta is also listed as a thrombocytopenia target in IEDB.

Below is BLASTP comparison to spike protein (QHD43416.1)

tr|H3BM21|H3BM21_HUMAN Integrin beta (Fragment) OS=Homo sapiens OX=9606 PE=3 SV=1

Query_59343 787 91

Alignment statistics for match #1

Score	Expect	Method	Identities	Positives	Gaps
22.3 bits(46)	0.18	Compositional matrix adjust.	13/26(50%)	16/26(61%)	4/26(15%)

```
Query 197  IDGYFKIYSKHTPINL-VRDLPQGFS 221
          +D Y KI SK  + L VRDLP+ S
Sbjct 360  VDAYGKIRSK---VELEVRDLPEELS 382
```

Conclusion

Animal/plant/fungal/viral/bacterial protein contaminated vaccines can cause numerous autoimmune disorders. Specifically, we show that wheat and corn proteins in the vaccines have high homology to thrombocytopenia related epitopes. Vaccine regulators have been warned about this repeatedly for years. They have repeatedly ignored these warnings, with devastating effect. SARS-CoV-2 vaccine-induced bleeding, clotting disorders are just the latest of numerous vaccine-induced diseases (Arumugham 2020d). VIPIT is just the tip of the iceberg. Autoimmune disorders are not binary, yes or no. They are a spectrum. For every individual diagnosed with VIPIT, thousands will develop subclinical disease. Their lives will be cut short due to bleeding, clotting complications arising in response to another unrelated health condition. And of course, VIPIT is not the only autoimmune disorder induced by these vaccines. Poor quality, unnecessary vaccines continue to maim and kill.

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CC: Clark, Thomas A (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7654dd7010c34f819e1e2eb29bcc86d1-HHS-tnc4-cd]; Shimabukuro, Tom (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8313741a075c4f3d8d8351e106d1ffbc-HHS-ayv6-cd]; Forshee, Richard

[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc6a16c85d124b81893beb85a6929867-Forshee]; Nair, Narayan
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=debe49605be845e5a44d59cf099b8cb8-Narayan.Nai]; McNeill, Lorrie
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77b0b352c9c24851bf0c7330f53e00d9-McNeill]; Frantz-Bohn, Susan
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c4a10821c774ffa9c5cf59bda6bcf75-frantz_bohn]; Tierney, Julia
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1160d300bc4248b790ded292a082e9a8-Julia.Tiern]; Krause, Philip
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[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e44a6d3b754a66ad321c00f9b1debd-Farizo]; Roberts, Jeff
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f99ba866ca234f6d826007b9f1429e8e-RobertsJ]; Izurieta, Hector
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2dde96468af24b2d9ef03b853eeb3af9-Izurieta]; Wasley, Annemarie (CDC)
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Subject: AGENDA attached :: Coordination of COVID-19 Vaccine Safety Surveillance Efforts (3)

Attachments: Agenda - COVID-19 Vaccine Safety Surveillance Efforts 1-11-21 (final).pdf

Location: WebEx (shown below)

Start: 1/11/2021 12:30:00 PM

End: 1/11/2021 1:00:00 PM

Show Time As: Tentative

Required Attendees: Marks, Peter; Slaoui, Moncef (OS); Messonnier, Nancy E (CDC); Hepburn, Matt (OS); Runstrom, Mark (OS); Johnson, Robert (OS); Disbrow, Gary (OS); Clark, Matthew (OS); Gorman, Richard (OS); Hamilton, Holli (OS); Horwith, Gary (OS); Mcqueen, Anthony (OS); 'Ake, Julie (mail.mil)'; Anderson, Steven; Gruber, Marion; Cho, David S (CBER); Martin, Stacey (CDC); Cohn, Amanda C (CDC); Wharton, Melinda (CDC); Abernethy, Amy; Atalla, Mark (CMS); 'Harjivan, Chandresh (US SCA) (Harjivan.Chan@bcgfd.com)'; 'tian.kathy@bcg.com'; 'alhassani.ali@bcg.com'; 'Choy, Michael'; Kelman, Jeffrey A (CMS); Perez-Rivera, Diana (CMS); Good-Cohn, Meredith (CMS); Blackford, Carol W (CMS)
Optional Attendees: Clark, Thomas A (CDC); Shimabukuro, Tom (CDC); Forshee, Richard; Nair, Narayan; McNeill, Lorrie; Frantz-Bohn, Susan; Tierney, Julia; Krause, Philip; Fink, Doran; Farizo, Karen; Roberts, Jeff; Izurieta, Hector; Wasley, Annemarie (CDC)

This meeting will be used to discuss the efforts of FDA, CDC, and other government agencies to follow the safety of COVID-19 vaccines that are deployed for use.

Mtg 1: 12/16/20, 4-4:30pm

Mtg 2: 12/28/20, 12:30-1pm

Mtg 3: 1/11/21, 12:30-1pm

Mtg 4: 1/25/21, 12:30-1pm

Please refer to your principals within your organizations, prior to forwarding this calendar invitation.

With questions, please contact below, or send email to the FDA Covid-19 Vaccine Pharmacovigilance Coordination Team at Covid19VaccinePV@fda.hhs.gov.

Thank you.

On behalf of Peter Marks, MD, PhD, Director, FDA Center for Biologics Evaluation and Research

Leslie Haynes, RD
Program Manager (PDUFA Oversight)
Immediate Office of the Director
Center for Biologics Evaluation and Research
U.S. Food and Drug Administration

10903 New Hampshire Avenue
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Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
Monday, January 11, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

Meeting Topic	Presenter
Summary review of anaphylactic reactions	All
Review of reports of Bell's palsy	Narayan Nair/FDA
Review of deaths in close proximity to vaccination	Tom Shimabukuro/CDC
UPDATES: <ul style="list-style-type: none">• MMWR published this week• Posting of background rates Protocol	CDC FDA
Other Topics	All

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UPDATES: <ul style="list-style-type: none">• MMWR published this week• Posting of background rates Protocol	CDC FDA
Other Topics	All





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CC: Clark, Thomas A (CDC) [tnc4@cdc.gov]; Shimabukuro, Tom (CDC) [ayv6@cdc.gov]; Forshee, Richard [Richard.Forshee@fda.hhs.gov]; Nair, Narayan [Narayan.Nair@fda.hhs.gov]; McNeill, Lorrie [Lorrie.McNeill@fda.hhs.gov]; Frantz-Bohn, Susan [Susan.Frantzbohn@fda.hhs.gov]; Tierney, Julia [Julia.Tierney@fda.hhs.gov]; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; Farizo, Karen [Karen.Farizo@fda.hhs.gov]; Fink, Doran [Doran.Fink@fda.hhs.gov]; Izurieta, Hector [Hector.Izurieta@fda.hhs.gov]; Roberts, Jeff [Jeff.Roberts@fda.hhs.gov]; Witten, Celia (CBER) [Celia.Witten@fda.hhs.gov]; Kessler, David A (OS) [David.Kessler@hhs.gov]; Chu, Steve (CMS) [steve.chu@cms.hhs.gov]; Maloney, Diane [Diane.Maloney@fda.hhs.gov]

Subject: AGENDA attached :: Coordination of COVID-19 Vaccine Safety Surveillance Efforts (4)

Attachments: Agenda - COVID-19 Vaccine Safety Surveillance Efforts 1-25-21 (final).pdf

Location: WebEx (shown below)

Start: 1/25/2021 12:30:00 PM

End: 1/25/2021 1:00:00 PM

Show Time As: Tentative

Required Attendees: Haynes, Leslie (CBER); Marks, Peter; Slaoui, Moncef (OS); Messonnier, Nancy E (CDC); Hepburn, Matt (OS); Runstrom, Mark (OS); Johnson, Robert (OS); Disbrow, Gary (OS); Clark, Matthew (OS); Gorman, Richard (OS); Hamilton, Holli (OS); Horwith, Gary (OS); Mcqueen, Anthony (OS); 'Ake, Julie (mail.mil)'; Anderson, Steven; Gruber, Marion; Cho, David S (CBER); Martin, Stacey (CDC); Cohn, Amanda C (CDC); Wharton, Melinda (CDC); Abernethy, Amy; Atalla, Mark (CMS); 'Harjivan, Chandresh (US SCA) (Harjivan.Chan@bcgfd.com)'; 'tian.kathy@bcg.com'; 'alhassani.ali@bcg.com'; 'Choy, Michael'; Kelman, Jeffrey A (CMS); Perez-Rivera, Diana (CMS); Good-Cohn, Meredith (CMS); Blackford, Carol W (CMS)

Optional Attendees: Clark, Thomas A (CDC); Shimabukuro, Tom (CDC); Forshee, Richard; Nair, Narayan; McNeill, Lorrie; Frantz-Bohn, Susan; Tierney, Julia; Krause, Philip; Farizo, Karen; Fink, Doran; Izurieta, Hector; Roberts, Jeff; Witten, Celia (CBER); Kessler, David A (OS); Chu, Steve (CMS/CM); Maloney, Diane

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Thank you.

On behalf of Peter Marks, MD, PhD, Director, FDA Center for Biologics Evaluation and Research

Leslie Haynes, RD
Program Manager (PDUFA Oversight)
Immediate Office of the Director
Center for Biologics Evaluation and Research
U.S. Food and Drug Administration

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Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
Monday, January 25, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975
Meeting number (access code): (b) (6)
Meeting password: (b) (6)

Meeting Topic	Presenter
Anaphylaxis and allergic reactions	CDC and FDA
San Diego small cluster of allergic reactions	Narayan Nair/FDA
Reports of death and post-vaccination mortality	Tom Shimabukuro/CDC
Update on Norway cases (in > 80 yrs of age)	FDA
Counts of vaccination in databases - Preparation for large-scale safety monitoring	CDC and FDA
UPDATES: • Bell's Palsy case reports	Narayan Nair/FDA
Other Topics	All

Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
Monday, January 25, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

Meeting Topic	Presenter
Anaphylaxis and allergic reactions	CDC and FDA
San Diego small cluster of allergic reactions	Narayan Nair/FDA
Reports of death and post-vaccination mortality	Tom Shimabukuro/CDC
Update on Norway cases (in > 80 yrs of age)	FDA
Counts of vaccination in databases - Preparation for large-scale safety monitoring	CDC and FDA
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Other Topics	All





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(CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8313741a075c4f3d8d8351e106d1ffbc-HHS-ayv6-cd]; Forshee, Richard [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc6a16c85d124b81893beb85a6929867-Forshee]; Nair, Narayan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=debe49605be845e5a44d59cf099b8cb8-Narayan.Nai]; McNeill, Lorrie [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77b0b352c9c24851bf0c7330f53e00d9-McNeill]; Frantz-Bohn, Susan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c4a10821c774ffa9c5cf59bda6bcf75-frantz_bohn]; Tierney, Julia [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1160d300bc4248b790ded292a082e9a8-Julia.Tiern]; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; Farizo, Karen [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e44a6d3b754a66ad321c00f9b1debd-Farizo]; Fink, Doran [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3bfbf3e7bea40b1b726937796eba4e8-FinkDo]; Izurieta, Hector [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2dde96468af24b2d9ef03b853eeb3af9-Izurieta]; Roberts, Jeff [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f99ba866ca234f6d826007b9f1429e8e-RobertsJ]; Witten, Celia (CBER) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc08ebb3ac61486da9f1b4046757c5cf-Witten]; Kessler, David A (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=efb6a7c634694533833de5d2f4beaee3-HHS-David.K]

Subject: AGENDA attached :: Coordination of COVID-19 Vaccine Safety Surveillance Efforts (4)

Attachments: Agenda - COVID-19 Vaccine Safety Surveillance Efforts 1-25-21 (final).pdf

Location: WebEx (shown below)

Start: 1/25/2021 12:30:00 PM

End: 1/25/2021 1:00:00 PM

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Required Attendees: Marks, Peter; Slaoui, Moncef (OS); Messonnier, Nancy E (CDC); Hepburn, Matt (OS); Runstrom, Mark (OS); Johnson, Robert (OS); Disbrow, Gary (OS); Clark, Matthew (OS); Gorman, Richard (OS); Hamilton, Holli (OS); Horwith, Gary (OS); Mcqueen, Anthony (OS); 'Ake, Julie (mail.mil)'; Anderson, Steven; Gruber, Marion; Cho, David S (CBER); Martin, Stacey (CDC); Cohn, Amanda C (CDC); Wharton, Melinda (CDC); Abernethy, Amy; Atalla, Mark (CMS); 'Harjivan, Chandresh (US SCA) (Harjivan.Chan@bcgfd.com)'; 'tian.kathy@bcg.com'; 'alhassani.ali@bcg.com'; 'Choy, Michael'; Kelman, Jeffrey A (CMS); Perez-Rivera, Diana (CMS); Good-Cohn, Meredith (CMS); Blackford, Carol W (CMS)

Optional Attendees: Clark, Thomas A (CDC); Shimabukuro, Tom (CDC); Forshee, Richard; Nair, Narayan; McNeill, Lorrie; Frantz-Bohn, Susan; Tierney, Julia; Krause, Philip; Farizo, Karen; Fink, Doran; Izurieta, Hector; Roberts, Jeff; Witten, Celia (CBER); Kessler, David (HHS/IOS)

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With questions, please contact below, or send email to the FDA Covid-19 Vaccine Pharmacovigilance Coordination Team at Covid19VaccinePV@fda.hhs.gov.

Thank you.

On behalf of Peter Marks, MD, PhD, Director, FDA Center for Biologics Evaluation and Research

Leslie Haynes, RD
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Immediate Office of the Director
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U.S. Food and Drug Administration

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Monday, January 25, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975

Meeting number (access code): (b) (6)

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Meeting Topic	Presenter
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San Diego small cluster of allergic reactions	Narayan Nair/FDA
Reports of death and post-vaccination mortality	Tom Shimabukuro/CDC
Update on Norway cases (in > 80 yrs of age)	FDA
Counts of vaccination in databases - Preparation for large-scale safety monitoring	CDC and FDA
UPDATES: <ul style="list-style-type: none">Bell's Palsy case reports	Narayan Nair/FDA
Other Topics	All

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CC: Clark, Thomas A (CDC) [tnc4@cdc.gov]; Shimabukuro, Tom (CDC) [ayv6@cdc.gov]; Forshee, Richard [Richard.Forshee@fda.hhs.gov]; Nair, Narayan [Narayan.Nair@fda.hhs.gov]; McNeill, Lorrie [Lorrie.McNeill@fda.hhs.gov]; Frantz-Bohn, Susan [Susan.Frantzbohn@fda.hhs.gov]; Tierney, Julia [Julia.Tierney@fda.hhs.gov]; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; Farizo, Karen [Karen.Farizo@fda.hhs.gov]; Fink, Doran [Doran.Fink@fda.hhs.gov]; Izurieta, Hector [Hector.Izurieta@fda.hhs.gov]; Roberts, Jeff [Jeff.Roberts@fda.hhs.gov]; Witten, Celia (CBER) [Celia.Witten@fda.hhs.gov]; Kessler, David A (OS) [David.Kessler@hhs.gov]; Chu, Steve (CMS) [steve.chu@cms.hhs.gov]
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Thank you.

On behalf of Peter Marks, MD, PhD, Director, FDA Center for Biologics Evaluation and Research

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Immediate Office of the Director
Center for Biologics Evaluation and Research
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Required Attendees: Marks, Peter; Slaoui, Moncef (OS); Messonnier, Nancy E (CDC); Hepburn, Matt (OS); Runstrom, Mark (OS); Johnson, Robert (OS); Disbrow, Gary (OS); Clark, Matthew (OS); Gorman, Richard (OS); Hamilton, Holli (OS); Horwith, Gary (OS); Mcqueen, Anthony (OS); 'Ake, Julie (mail.mil)'; Anderson, Steven; Gruber, Marion; Cho, David S (CBER); Martin, Stacey (CDC); Cohn, Amanda C (CDC); Wharton, Melinda (CDC); Abernethy, Amy; Atalla, Mark (CMS); 'Harjivan, Chandresh (US SCA) (Harjivan.Chan@bcgfd.com)'; 'tian.kathy@bcg.com'; 'alhassani.ali@bcg.com'; 'Choy, Michael'; Kelman, Jeffrey A (CMS); Perez-Rivera, Diana (CMS); Good-Cohn, Meredith (CMS); Blackford, Carol W (CMS)
Optional Attendees: Clark, Thomas A (CDC); Shimabukuro, Tom (CDC); Forshee, Richard; Nair, Narayan; McNeill, Lorrie; Frantz-Bohn, Susan; Tierney, Julia; Krause, Philip; Farizo, Karen; Fink, Doran; Izurieta, Hector; Roberts, Jeff; Witten, Celia (CBER); Kessler, David (HHS/IOS)

This meeting will be used to discuss the efforts of FDA, CDC, and other government agencies to follow the safety of COVID-19 vaccines that are deployed for use.

Mtg 1: 12/16/20, 4-4:30pm
Mtg 2: 12/28/20, 12:30-1pm
Mtg 3: 1/11/21, 12:30-1pm
Mtg 4: 1/25/21, 12:30-1pm

Please refer to your principals within your organizations, prior to forwarding this calendar invitation.

With questions, please contact below, or send email to the FDA Covid-19 Vaccine Pharmacovigilance Coordination Team at Covid19VaccinePV@fda.hhs.gov.

Thank you.

On behalf of Peter Marks, MD, PhD, Director, FDA Center for Biologics Evaluation and Research

Leslie Haynes, RD
Program Manager (PDUFA Oversight)
Immediate Office of the Director
Center for Biologics Evaluation and Research
U.S. Food and Drug Administration

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Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
Monday, January 25, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

Meeting Topic	Presenter
Anaphylaxis and allergic reactions	CDC and FDA
San Diego small cluster of allergic reactions	Narayan Nair/FDA
Reports of death and post-vaccination mortality	Tom Shimabukuro/CDC
Update on Norway cases (in > 80 yrs of age)	FDA
Counts of vaccination in databases - Preparation for large-scale safety monitoring	CDC and FDA
UPDATES: • Bell's Palsy case reports	Narayan Nair/FDA
Other Topics	All

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Counts of vaccination in databases - Preparation for large-scale safety monitoring	CDC and FDA
UPDATES: <ul style="list-style-type: none">• Bell's Palsy case reports	Narayan Nair/FDA
Other Topics	All





From: Marks, Peter [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DFBB2B5BD38445CB9C9ADCA3F72DF53A-MARKSP]
Sent: 4/12/2021 7:20:11 AM
To: Marks, Peter [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dfbb2b5bd38445cb9c9adca3f72df53a-MarksP]; Anderson, Steven [Steven.Anderson@fda.hhs.gov]; Forshee, Richard [Richard.Forshee@fda.hhs.gov]; Gruber, Marion [Marion.Gruber@fda.hhs.gov]; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; Nair, Narayan [Narayan.Nair@fda.hhs.gov]; Shimabukuro, Tom (CDC) [ayv6@cdc.gov]; Messonnier, Nancy E (CDC) [nar5@cdc.gov]
CC: Clark, Thomas A (CDC) [tnc4@cdc.gov]; Farizo, Karen [Karen.Farizo@fda.hhs.gov]; Fox, Kimberley (CDC) [kaf6@cdc.gov]; Wharton, Melinda (CDC) [mew2@cdc.gov]

Subject: Coordination on adverse events

Attachments: Capecchi JSTH 2018.pdf

Location: <https://fda.zoomgov.com> (b) (6)

Start: 4/12/2021 9:30:00 AM

End: 4/12/2021 10:00:00 AM

Show Time As: Tentative

Required Attendees: Marks, Peter; Anderson, Steven; Richard Forshee (Richard.Forshee@fda.hhs.gov); Gruber, Marion (Marion.Gruber@fda.hhs.gov); Philip Krause (Philip.Krause@fda.hhs.gov); Nair, Narayan; Shimabukuro, Tom (CDC); Messonnier, Nancy E (CDC)
Optional Attendees: Clark, Thomas A. (CDC/DDID/NCIRD/DVD); Farizo, Karen; Fox, Kimberley (CDC/DDID/NCIRD/DBD); Wharton, Melinda (CDC/DDID/NCIRD/ISD)

Sorry for the second last minute change – this should be the last one. We will start at 9:30 due to an EMA meeting. Thanks!

Hi there,

Peter.Marks@fda.hhs.gov is inviting you to a scheduled ZoomGov meeting.

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REVIEW ARTICLE

Cerebral venous sinus thrombosis

M. CAPECCHI, M. ABBATTISTA and I. MARTINELLI

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Summary. The cerebral venous system is an unusual site of thrombosis, with a particularly high incidence in young adults. This incidence has increased in past decades because of the improvement of neuroradiological techniques. Risk factors for cerebral venous sinus thrombosis overlap with those of other venous thromboembolism sites; however, some are specific for this particular anatomical district. Prognosis is favorable in most cases if diagnosis is made rapidly and treatment is promptly initiated, even if acute complications or chronic invalidity still occur in a quarter of patients. The mainstay of treatment is anticoagulation, which is necessary in order to block clot propagation and obtain recanalization. Intracranial bleeding does not contraindicate anticoagulation. Endovascular procedures are reserved for patients with a particularly severe presentation or rapidly declining neurological symptoms despite appropriate anticoagulation, although data from clinical trials are lacking. Specifically, this review addresses the epidemiology, clinical presentation and course, risk factors, and treatment of cerebral venous sinus thrombosis, with a special focus on the pediatric population.

Keywords: anticoagulants; cerebral hemorrhage; intracranial thrombosis; low-molecular-weight heparin; sinus thrombosis; venous thromboembolism.

Anatomy

The cerebral venous system can be divided into two major compartments considering the anatomic and functional characteristics of the blood vessels: the cerebral

veins and the dural venous sinuses (Fig. 1). Considering the topographic distribution, a superficial and a deep system can be distinguished. The superficial system drains blood from the cerebral cortex mainly into the superior sagittal sinus, which in turn drains into the transverse sinuses. The deep system drains blood from the deep white matter and the basal ganglia to the inferior sagittal sinus, that continues into the straight sinus and then into the transverse sinuses. From the transverse and the straight sinuses blood flows out of the sigmoid sinuses, passing through the sinus confluence (torcular Herophili), and finally into the internal jugular veins. Many anastomoses exist between the cerebral veins from the fetal period onwards. The dural venous sinuses are delimited by the superficial (periosteal) and the deep (meningeal) layer of the dura mater and their walls are composed of only the dura mater layer lined with endothelium, hence lacking the tunica media. Additionally, these sinuses lack valves. Dural venous sinuses drain blood from the cerebral veins and the cerebrospinal fluid from the subarachnoid space, via the arachnoid Pacchionian granulations, which are present particularly in the superior sagittal sinus. The classic anatomy varies considerably among individuals and the knowledge of such variations is essential for a correct interpretation of radiological images. The most frequent anatomic variants are: asymmetries of transverse sinuses, observed in nearly 50% of patients; hypo-/aplasia of all or part of the transverse sinuses, observed in nearly 20% of patients; and less frequently hypo-/aplasia of the frontal part of the superior sagittal sinus [1].

Pathophysiology

The formation of a thrombus in the cerebral venous circulation leads to an increase in the hydrostatic pressure in the veins and capillaries upstream of the occlusion. However, because of the anastomotic circuit of the cerebral venous system, the increased venous pressure is usually compensated to some extent. If the increase in the venous pressure overcomes the compensation capacity the following can occur: blood–brain barrier disruption, extravasation of fluids into the cerebral parenchyma and consequent localized edema. Furthermore, if the venous pressure exceeds the arterial pressure, a reduction of

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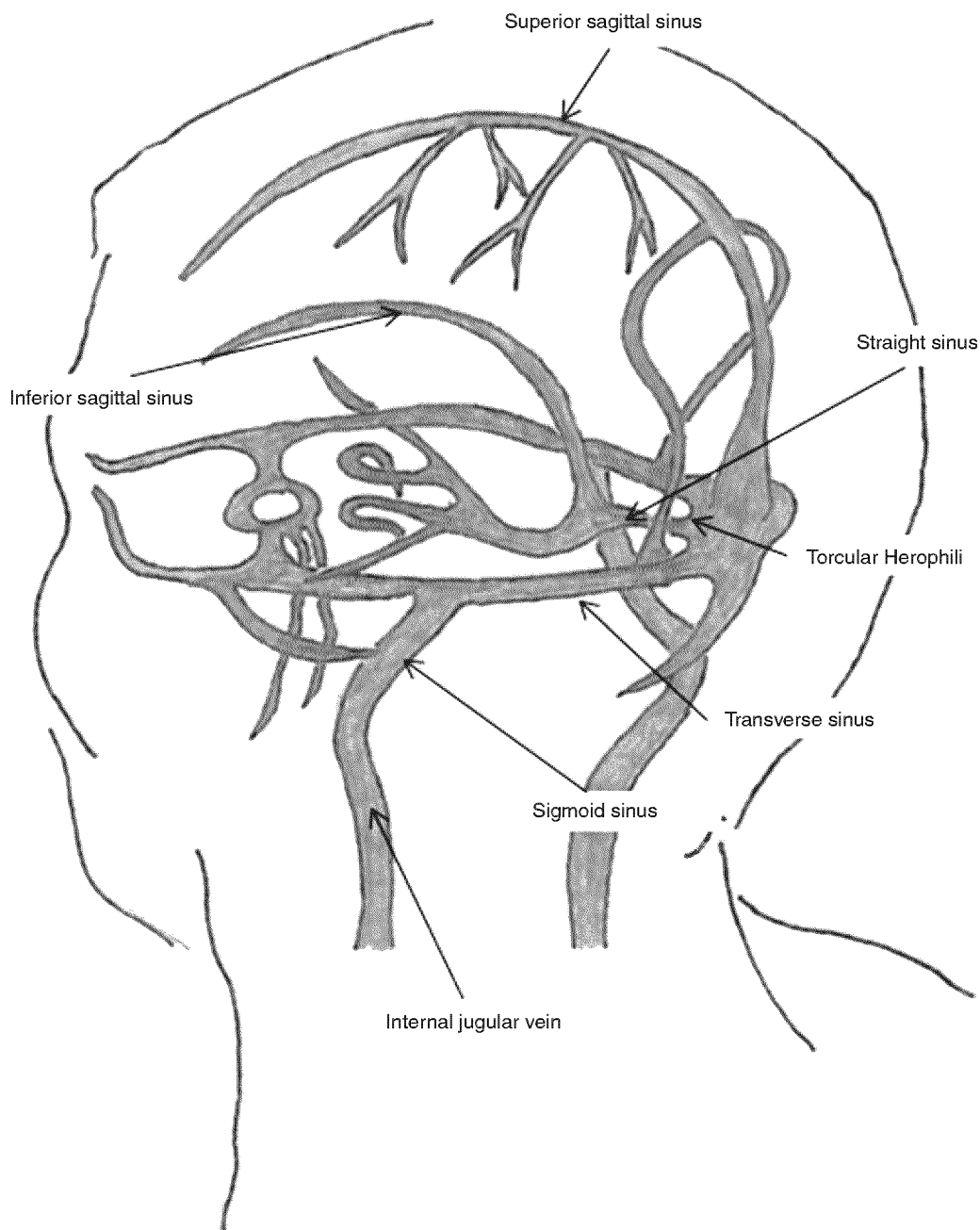


Fig. 1. Anatomy of the cerebral venous system.

arterial flow and consequent arterial ischemia can occur and, if not adequately treated, it may progress to hemorrhagic infarction [2]. A peculiar characteristic that distinguishes vasogenic (due to venous occlusion) from cytotoxic (due to arterial occlusion) edema, is that in the former the perfusion pressure is not usually reduced and therefore irreversible brain tissue damage is unlikely. Indeed, in venous stroke a resolution of thrombi and a favorable prognosis are more likely than in arterial stroke. The peculiarity of venous occlusion is the reduction of cerebrospinal fluid reabsorption, by reducing

cerebrospinal fluid access to the arachnoid Pacchionian granulations, leading to intracranial hypertension [3]. This scenario is more frequent with superior sagittal sinus occlusion (where arachnoid Pacchionian granulations are present), but can also occur in the occlusion of other sinuses.

Epidemiology

Cerebral venous sinus thrombosis (CVST) is a rare manifestation of thrombosis with an incidence that varies

between studies. In adults, the annual incidence of CVST is two to five cases per million individuals [3,4], but it is likely to be underestimated because of the lack of well-designed epidemiological studies. Two recent studies in the Netherlands and southern Australia found a higher incidence than previously reported of 13.2 and 15.7 annual cases per million, respectively [5,6]. The high prevalence of infection-related CVST can result in even higher figures in others countries (18% in Pakistan), but the exact incidence among different ethnic groups is pending investigation [7–9]. At variance with arterial stroke that is more prevalent in the elderly, CVST typically affects young adults with a mean age of 35 years and is more common in women than in men (2.2:1) because of sex-specific risk factors [10]. The superior sagittal and the transverses are the most frequently involved sinuses (60% of patients), followed by the internal jugular and cortical veins (20%). In almost two-thirds of patients CVST involves more than one sinus.

Epidemiology in children and neonates

The annual incidence of CVST in the pediatric population is approximately seven cases per million and is higher in neonates than in children [11–14]. The sex ratio seems balanced because of the absence of sex-specific risk factors [12]. Similarly to adults, the superficial sinuses are the most frequently involved (particularly the superior sagittal and the transverse sinuses) and the transverse sinuses are more frequently involved in children older than 2 years of age (60% vs. 39%) [11,15].

Clinical presentation

Because symptoms of CVST are variable and aspecific, diagnosis is often delayed to a median period of 7 days from the onset of clinical manifestations [16]. The International Study on Cerebral Venous and Dural Sinus Thrombosis (ISCVT), which included 624 patients, described the following as the most common presenting symptoms: headache (88.8%), seizures (39.3%), paresis (37.2%), papilledema (28.3%) and mental status changes (22%) [16].

Headache is usually the first symptom at onset of CVST. In only 10% of cases does the headache have a thunderclap outbreak, mimicking a subarachnoid hemorrhage [17]. Because of its aspecific nature, physicians must have a high suspicion of CVST when dealing with a new onset and progressively increasing intensity of headache, which is the only presenting symptom in about 32% of patients [17]. The location of the headache is not informative as it does not correlate with the thrombosis site. The absence of headache is typical of elderly patients, especially men [18], and in those with cortical vein thrombosis who have normal cerebrospinal fluid homeostasis. The pathophysiologic mechanism of headache in CVST is the

increase in intracranial pressure due to reduced cerebrospinal fluid reabsorption. For this reason, the intensity of the headache typically increases when patients lie down and after the Valsalva maneuver. For reasons not yet fully understood, headache is more common in patients with CVST than in those with arterial stroke (25% of cases) [19].

Seizures are focal in one quarter of patients, in another quarter they begin as focal and then generalize and in the remaining half, seizures are generalized *ab initio* [20]. Seizures are more frequent in patients with CVST than in those with arterial stroke (2–9%) [20], perhaps as a consequence of the accumulation of catabolic products due to venous stasis.

Focal neurological deficits such as paresis, dysarthria and aphasia are due to localized damage in the cerebral cortex, secondary to a venous infarction. Focal deficits are more frequent in patients with thrombosis of the superficial system with involvement of the parasagittal cortex, where the motor and sensory areas are located.

Papilledema is the consequence of intracranial hypertension and can cause diplopia and visual loss. Patients with thrombosis of the cavernous sinuses may also develop proptosis, orbital pain, chemosis and ophthalmoplegia secondary to a palsy of the oculomotor (III), trochlear (IV) and abducens (VI) cranial nerves.

Mental status changes such as amnesia, mutism, confusion or delirium are seen in patients with thrombosis of the deep system, particularly those with large venous infarctions or bilateral edema of the basal ganglia and thalami. The most severe cases can have a rapid neurological deterioration, leading to coma and death.

Clinical presentation in children and neonates

In children, symptoms at onset are even more aspecific than in adults and are frequently attributable to more common diseases such as infections or dehydration, making the suspicion and diagnosis of CVST particularly difficult. In general, symptoms in children are the same as in adults, but generalized neurological deficits are more common and seizures are more frequent in neonates [11].

Diagnosis

When CVST is suspected in adults the first-line imaging technique is unenhanced computed tomography (CT) scan; this allows for the ruling out of brain tumors, abscesses or arterial stroke. In the acute phase, CVST is seen in unenhanced CT scans as a hyperdense signal in the vessel lumen, that becomes iso- and then hypodense after the first week. Depending on the location of CVST, two specific radiological signs are described: the ‘dense triangle sign’ when thrombosis is located in the superior sagittal sinus, and the ‘dense cord sign’ when located in a cortical or deep vein [3] (Fig. 2A). However, such signs

are rarely described (considering that the unenhanced CT scan has a low sensitivity), resulting positive in only 30% of patients with CVST [21]. The addition of contrast agent increases the sensitivity to 99% for sinus thrombosis and 88% for vein thrombosis, figures similar to those obtained with magnetic resonance imaging (MRI) [22,23]. In the presence of the contrast agent, a specific radiological sign is the ‘empty delta sign’, a filling defect in the middle of the venous lumen with a peripheral enhancement (Fig. 2B). Advantages of CT scanning are the availability in emergency and the ability to show the presence of local complications associated with CVST, such as sub-arachnoid or intraparenchymal hemorrhage or cerebral edema. Disadvantages are the exposure to ionizing radiation and the need for contrast agent to increase the accuracy. Currently, MRI is the reference standard imaging technique for diagnosis of CVST, despite the fact that exact sensitivity and specificity are not known because of the lack of proper comparative studies with catheter angiography. Catheter angiography was the historical reference standard technique, which today, due to its invasiveness, is reserved for patients with an inconclusive CT scan and MRI or for candidates undergoing endovascular procedures [24,25]. Maximum accuracy is obtained with the combination of classic MRI sequences, which are able to show the thrombus, together with venography, which can show reduction or absence of flow and therefore distinguish hypoplastic sinuses, partial sinus occlusion, thrombosis of cortical cerebral veins, or filling defects due to hyperplastic arachnoid granulations (Fig. 3) [26]. The advantages of MRI are the absence of both radiation exposure and intravenous contrast agent, and the ability

to establish the age of the clot. Finally, when D-dimer is high it increases the likelihood of deep vein thrombosis of the lower limbs or pulmonary embolism; it has been investigated in several studies as a predictive factor for CVST, but has consistently shown a low sensitivity and specificity [27]. Despite this, the ESO guidelines suggest measuring D-dimer before neuroimaging in patients with suspected CVST, except in those with isolated headache and in the case of prolonged duration of symptoms (i.e. > 1 week). The quality of evidence is low and the strength of recommendation is weak [28].

Diagnosis in children and neonates

In children, imaging techniques for diagnosis are the same as in adults, whereas in neonates the first choice is the transfontanellar doppler ultrasound, which has the advantage of being extensively available and non-invasive, albeit strongly operator dependent. In the case of inconclusive results and a persistent clinical suspicion of CVST, enhanced CT scan and MRI must be performed.

Prognosis

For a long time CVST has been considered a life-threatening condition, but the case fatality rate has decreased proportionally over time, from more than 50% to 5–10% [29]. Increased clinical awareness, the advancement of neuroimaging techniques and the improvement in therapeutic management have enabled earlier diagnosis and identification of less severe cases, ensuring a better prognosis. However, data on clinical outcome stem from

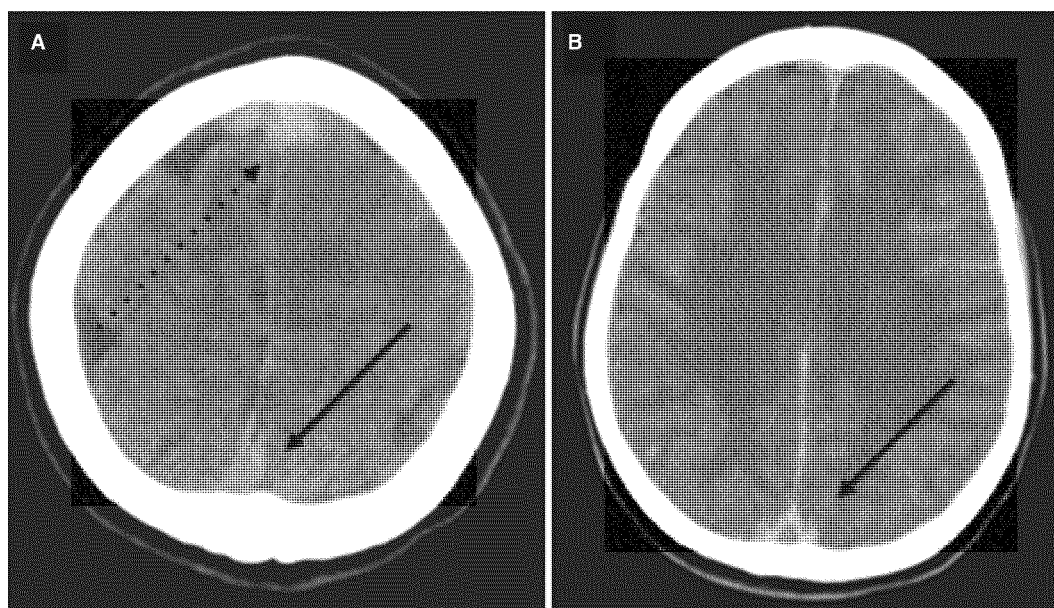


Fig. 2. Superior sagittal sinus thrombosis on computed tomography (CT) scan. (A) Unenhanced CT scan showing the dense triangle sign (arrow) and a peri-thrombotic frontal hemorrhagic suffusion (dashed arrow). (B) Enhanced CT scan showing the empty delta sign (arrow) of the superior sagittal sinus.

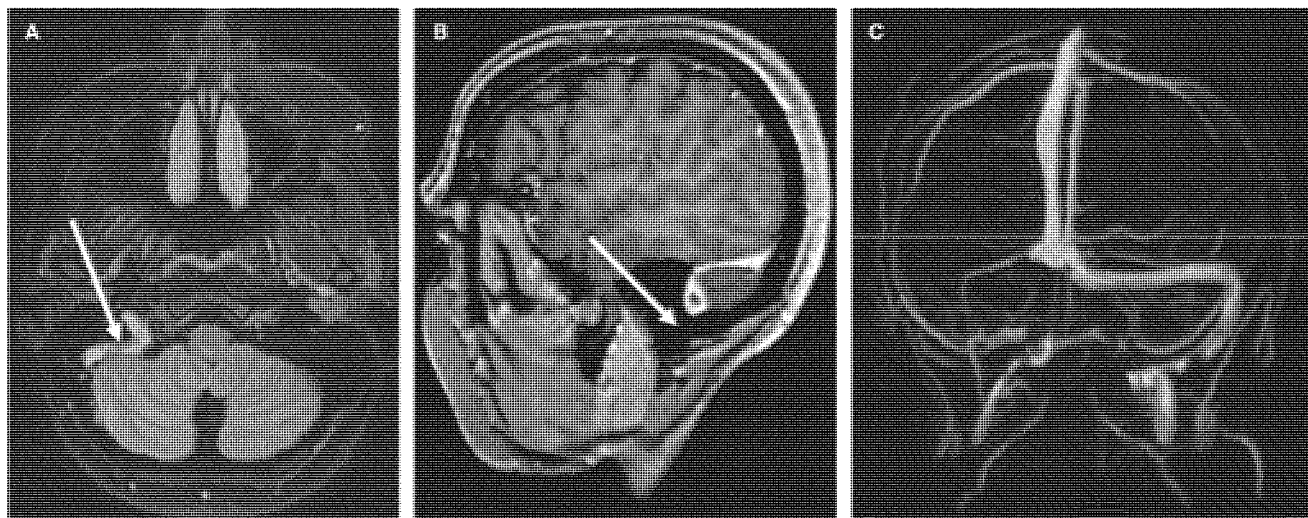


Fig. 3. Cerebral sinus vein thrombosis on magnetic resonance imaging (MRI) sequences. (A) Fluid attenuated inversion recovery axial sequence showing absence of flow-void in the right sigmoid sinus (arrow). (B) Sagittal contrast enhanced T1-weighted sequence showing a partial occlusion of the right sigmoid sinus (arrow). (C) Three-dimensional reconstruction of the cerebral venous system showing the absence of flow in the right transverse and sigmoid sinuses and right internal jugular vein.

studies with small sample sizes, which suffer from methodological heterogeneity and are usually referred for follow-up visits for up to only 12 months. The clinical course of the acute phase is unpredictable and in approximately 5% of patients intracranial hemorrhage followed by herniation, seizures, pulmonary embolism or severe comorbidity can be fatal [16,30,31]. A minority of patients with CVST (15–20%), have different degrees of permanent disability or die [16,32]. A meta-analysis reported an overall mortality of 9.4% (122 deaths among 1303 patients), although the causes of death during follow-up were mainly related to concomitant diseases (e.g. cancer) rather than to CVST itself [30,33]. The majority of patients who recover completely achieve relative independence, usually expressed as between 0 and 2 on the modified Rankin Scale (mRS), although mild residual symptoms, such as headache, motor deficits, linguistic difficulties, and impaired vision or cognition, often remain [16,34–36]. Only 5–10% of patients who survive the acute phase remain moderately or severely dependent (mRS 3 or 4) [16,34]; however, this proportion increases up to 34% in those with massive CVST [37].

Recanalization

To date, few studies with small sample sizes have investigated the recanalization rate of CVST. Differences in the definition of recanalization and time of evaluation across studies make it difficult to pool data and to provide homogenous results. With these limitations, the rate of recanalization (complete or partial) is around 85%, ranging between 73% and 93% [30,38]. Almost 50% of cases achieve a complete recanalization after a median time of

6 months. Recanalization occurs mainly in the first months after CVST and is a dynamic process continuing for up to 12 months, whereas recanalization after 1 year is rare [30,38,39]. A late recanalization has been described in patients with CVST, occurring during hormonal treatment [39]. Controversial and limited data are available regarding the influence of the degree of recanalization on functional outcome [40,41]. One study reported a greater chance of good functional outcome associated with complete recanalization [38], whereas others did not confirm this finding [39,42]. A recent large study including 508 patients showed a high recanalization rate at 3 months after CVST (81%) and an independent association between recanalization and a favorable neurological outcome [43].

Recurrence rate

Data on recurrent venous thrombosis derive mainly from studies with small sample sizes and retrospective design, underpowered to detect potential risk factors for recurrence. The overall incidence of recurrent venous thrombosis within the first year after a first episode of CVST is estimated at around 4 per 100 patient-years (p-y) [44]; that of recurrent CVST is 0.5% to 2.2% p-y and that of recurrent deep vein thrombosis of the lower limbs and/or pulmonary embolism is 1.1% to 5.0% p-y [16,44–47]. Notably, male sex is associated with a 7-fold increased risk of recurrence [44,46]. Cohort studies on long-term evaluation of the risk of recurrent thrombosis after anticoagulant therapy discontinuation showed higher figures in the first period (5.0% p-y, 2.6% p-y and 1.7% p-y in the first, third and tenth year after discontinuation,

respectively) for an overall risk of 2 to 3.5 per 100 p-y [46,47].

Prognosis in children and neonates

The mortality rate varies from 5% to 10% and increases up to 25% in newborns [48]. Few studies have investigated the clinical outcome of neonates and children who survive the acute phase of CVST and no data on their subsequent neurodevelopment are available. The longest observational period was described in a large prospective study that included 104 neonates followed for a median period of 2.5 years (range 6 months to 15 years) [49]. Prognosis in children seems worse than in adults, with 20–70% of patients presenting residual neurological deficits [13,49,50]. In a series of 42 neonates, one died and only 21% of those who completed 2 years of follow-up recovered completely [51]. A European cohort study reported a recanalization rate of 69% (46% complete and 42% partial) between 3 and 6 months after CVST [52], and another recent study found a rate of 85% at 3 months in neonates compared with 56% in children [53]. Despite the limited data, complete recanalization seems to occur earlier in children than in adults, particularly in neonates [53].

The recurrence rate of thrombosis varies between 0% and 20% [15,48–50], with the highest figures in children older than 2 years [11,52]; this is mainly due to underlying systemic diseases (e.g. systemic lupus erythematosus and Behçet disease) [54]. The avoidance of anticoagulant therapy, the lack of recanalization and the presence of the G20210A prothrombin gene mutation have all been associated with an increased risk of recurrence of 11.2-, 4.1- and 4.3-fold, respectively [38,52].

Risk factors

Like any thrombosis, CVST has a multifactorial etiology (Table 1). In 85% of patients at least one risk factor is identified and 50% of events are triggered by the interaction of more risk factors. A small proportion of cases remains idiopathic (i.e. no direct cause or risk factor can be identified) [16,55].

Sex related

CVST is more common in women of reproductive age than in men, as a result of the use of oral contraceptives or hormone replacement therapy, pregnancy and the puerperium [56]. Oral contraceptive use is by far the most common risk factor, reported in more than 80% of women in various series and associated with a pooled estimate of approximately 6-fold increased risk of CVST [57]. A recent case–control study showed that overweight and obesity in women using oral contraceptives further increased the risk of CVST up to 30-fold in a dose-

Table 1 Risk factors for cerebral vs. sinus thrombosis

Permanent risk factors	Transient risk factors
Inherited thrombophilia Prothrombin G20210A mutation Factor V Leiden Antithrombin deficiency	Sex related Oral contraceptive
Protein C deficiency Protein S deficiency	Pregnancy Puerperium
	Infections Head and neck infections (e.g. mastoiditis, sinusitis, otitis, osteomyelitis, abscess and meningitis)
Malignancy Advanced-stage cancer	Malignancy Cerebral and non-cerebral solid cancer
Systemic diseases Antiphospholipid syndrome	Mechanical Head trauma, neurosurgical procedures, lumbar puncture, jugular vein catheterization
Autoimmune diseases (systemic lupus erythematosus, Behçet disease and vasculitis) Inflammatory bowel diseases Nephrotic syndrome	Other L-asparaginase treatment Severe dehydration
Hematological diseases Paroxysmal nocturnal hemoglobinuria Sickle cell disease	Severe anemia Obesity
β -thalassemia, myeloproliferative neoplasms	Maternal (specific for neonates) Maternal infections Obstetrical trauma Obstetrical complications (gestational diabetes, preeclampsia/eclampsia and premature rupture of membranes)

dependent manner [58]. An increase in risk also occurs with the multiplicative interaction between oral contraceptive use and the presence of thrombophilia abnormalities [59,60]. Pregnancy or the puerperium are responsible for 5–20% of CVST, with an incidence of 12 cases per 100 000 deliveries [4,56,61].

Thrombophilia abnormalities

Inherited thrombophilia abnormalities, that is, the common gain-of-function mutations in factor (F) V and FII (FV Leiden and prothrombin G20210A polymorphism) and the rare lack-of-function deficiencies in antithrombin, protein C and protein S, are well-established risk factors for venous thromboembolism, including CVST. Heterozygous FV Leiden or prothrombin polymorphism are reported in 6–24% of patients with CVST, with the latter being more prevalent in several case series [16,62,63]. A recent meta-analysis that included 23 cohort and 33 case–control studies reported a solid risk estimate of CVST for

prothrombin polymorphism (OR, 6.05; 95% CI, 4.12–8.90) and FV Leiden (2.89; 95% CI, 2.10–3.97), and a strong estimate for protein C (OR, 8.35; 95% CI, 2.61–26.67) and protein S (OR, 6.45; 95% CI, 1.89–22.03) deficiency [62]. With regard to the severe acquired thrombophilia due to the presence of antiphospholipid antibodies, data on the association with CVST are lacking and only case reports or small case series are available [30,63–65]. A study of 163 patients with CVST and 163 with deep vein thrombosis showed a stronger association of anticardiolipin antibodies with the former rather than the latter (17% vs. 4%) [65]. Data are scanty for other thrombophilia markers such as high FVIII and hyperhomocysteinemia. Only one case-control study investigated the association between high FVIII and CVST, showing higher levels in patients than controls [66]. Hyperhomocysteinemia is associated with a 3-fold increased risk of CVST [62,64]; however, the homozygous MTHFR C677T polymorphism, a genetic determinant of homocysteine levels, does not independently increase the risk of CVST [64,67].

Cancer

Approximately 7% of patients with CVST have a concomitant solid (cerebral or non-cerebral) or hematological cancer [16,47]. In a recent case-control study, among 594 patients with CVST the prevalence of cancer was 8.9%, for a nearly 5-fold increased risk (OR, 4.86; 95% CI, 3.46–6.81) [33]. Moreover, CVST can be a complication of chemotherapy with L-asparaginase. Out of 706 treated patients, 22 (3.1%) developed CVST, 20 of whom during treatment with L-asparaginase [68]. Although the incidence rate of CVST in patients with myeloproliferative neoplasms (MPN) is around 1%, approximately 4% of patients with CVST have an overt myeloproliferative neoplasm [69–71]. Hence, such diseases must be suspected and appropriately searched for in patients with CVST.

Systemic diseases and infections

CVST occurs in 0.5–7.5% of patients with chronic inflammatory bowel diseases, as a complication of the hypercoagulable state due to mucosal inflammation that leads to upregulation of tissue factor, high platelet count and impaired fibrinolysis [72,73]. Additional systemic conditions are vasculitis, especially Behçet disease, with an incidence rate for CVST of 3 per 1000 p-y [74], whereas few data are available on systemic lupus erythematosus and nephrotic syndrome [75]. A local infection becomes a strong risk factor for CVST through endothelial injury and activation of procoagulant pathways. The most common are otitis, mastoiditis, sinusitis, meningitis, skin or dental infections. However, in the antibiotic era the prevalence of infection-related CVST has dropped to 8–12%, although it remains higher in less developed countries [9,16,47].

Other risk factors

Additional mechanical risk factors for CVST include neurosurgery, internal jugular catheterization and lumbar puncture [3,4]. Regarding genetic causes, several loci on chromosome 6 (within the human histocompatibility complex) and chromosome 9 (close to the ABO gene) have been involved in the development of CVST [76], although these associations remain to be confirmed in large genome-wide association studies [77]. The association of CVST with other candidate genes, such as plasminogen activator inhibitor-1 4G/5G polymorphism [78] and protein Z G79A polymorphism [79], remains controversial. Janus Kinase-2 (JAK2) V617F somatic mutation, a primary molecular marker of Philadelphia-negative MPN, is also present in a small percentage (0–6.2%) of CVST without an overt MPN and it could be linked to an increased risk of cerebral thrombosis [80,81].

Risk factors in children and neonates

As in adults, CVST in children and neonates has a multifactorial etiology. Compared with adults, children develop idiopathic events less frequently and have a partially different set of risk factors due to anatomical and rheological characteristics of the cerebral circulation. The hemostatic system in children is in a dynamic state, with quantitative and qualitative differences in coagulation factors compared with adults. In neonates the hemostatic system is accelerated as a result of decreased levels of the natural anticoagulant proteins (antithrombin, protein C and protein S) that rise up to physiological adult levels at approximately 6 months after birth [82,83]. Despite this, neonates have a good hemostatic balance that can be altered by concomitant comorbidities such as systemic or local infections, dehydration, chronic renal failure and brain tumors [84,85]. In neonates there are also obstetrical predisposing conditions, including premature rupture of membranes, infections, gestational diabetes, hypertension and hypoxic ischemic injury [86]. Specifically, the compression of the skull bones during delivery can result in damage of the dural venous sinuses and this, together with typical neonatal dehydration, can increase the risk of CVST development [24,87]. Additionally, the usual supine position assumed by neonates has a major influence on intracranial venous outflow, contributing to local venous stasis. This happens particularly in the thrombosis of the superior sagittal sinus (OR, 2.5; 95% CI, 1.07–5.67) [84]. In children and adolescents, head and neck infections (otitis media, mastoiditis and sinusitis) are the most common risk factors for CVST [11,13,85,88]. Other risk factors observed in more than 50% of cases include underlying chronic diseases such as nephrotic syndrome (which confers an acquired prothrombotic state due to urinary loss of anticoagulant proteins) [89], liver diseases [11], systemic lupus erythematosus [90], malignancy

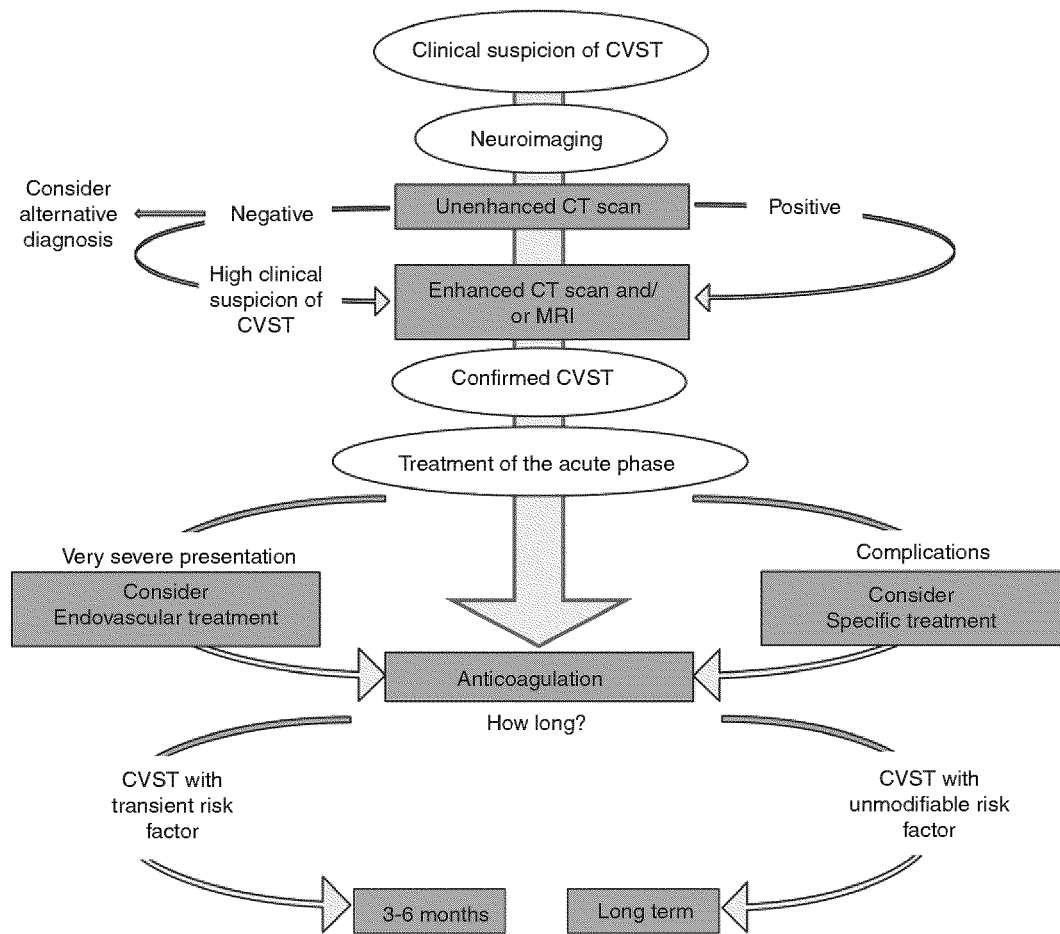


Fig. 4. Diagnostic and therapeutic algorithm in cerebral venous sinus thrombosis.

[15,91], head trauma or neurosurgery [48,49]. CVST has also been reported in children with iron deficiency anemia and to a lesser extent with hemolytic anemia, β -thalassaemia and sickle cell disease[15]. Inherited thrombophilia has been poorly investigated in pediatric CVST and reported in 20% to 62% of cases [11,12,15,48]. The association of CVST with FV Leiden and prothrombin G20210A polymorphism appears weaker in children than in adults [12,15,92]. The combination of acquired thrombophilia and underlying conditions provides a major contribution to the pathogenesis of pediatric CVST [12,89].

Treatment of the acute phase

Anticoagulant treatment

The use of heparin was first described in 1942 by a British gynecologist who successfully treated a puerpera with CVST [93]. The initial indication of anticoagulation in patients with CVST comes from two small randomized controlled trials performed in the 1990s that compared heparin with placebo. The first included 20 patients and was prematurely stopped because of safety concerns due to 3/10 intracranial hemorrhages in the placebo group

compared to 0/10 in the unfractionated heparin (UFH) arm [94]. The second study included 59 patients and showed a better outcome in the low-molecular-weight heparin (LMWH) arm (death or dependence rate 13% vs. 21%) [95]. A subsequent meta-analysis of the two trials showed a 13% reduction in the risk of death or dependency in patients treated with heparin [96]. None of the 18 patients with intracranial hemorrhage included in the two studies cited above and treated with heparin had worsened bleeding [94,95]. An observational study including 102 CVST patients with hemorrhagic venous infarction or subarachnoid hemorrhage treated with LMWH or UFH showed a deterioration in clinical course only in 11% of patients, without a difference between the two treatment group [97]. Based on these data, current guidelines state that intracranial hemorrhage does not represent a contraindication to anticoagulant therapy in the acute phase of CVST [28]. Our personal opinion is to use sub-therapeutic doses (i.e. 50–75% of the full dose) of LMWH in the case of vast intracranial hemorrhage. No consensus exists on the superiority of one type of heparin over the other. The first indirect comparison between LMWH and UFH in patients with CVST was made in the framework of the ISCVT study and showed a lower

Table 2 Ongoing clinical trials in patients with cerebral venous sinus thrombosis.

Title	NCT number	Study type and design	Interventions	Primary outcome	Estimated completion date	Age of patients enrolled
A Clinical Trial Comparing Efficacy and Safety of Dabigatran Etexilate With Warfarin in Patients With Cerebral Venous and Dural Sinus Thrombosis (RE-SPECT CVT)	NCT02913326	Interventional randomized (phase 3)	Dabigatran etexilate vs. warfarin for 6 months	Composite rate of major bleeding and venous thromboembolism	June 2018	18–78 years
The Efficacy and Safety of Dabigatran Etexilate for the Treatment of Cerebral Venous Thrombosis	NCT03217448	Interventional randomized (phase 3)	Dabigatran etexilate vs. warfarin for 6 months	Incidence of recanalized veins after 6 months	January 2019	18–80 years
Comparison of the Efficacy of Rivroxaban to Coumadin (Warfarin) in Cerebral Venous Thrombosis	NCT03191305	Non-randomized, parallel assignment	Rivaroxaban vs. warfarin	Recurrent CVT or any hemorrhage	September 2018	13–50 years
Study of Rivaroxaban for CeREbral Venous Thrombosis (SECRET)	NCT03178864	Prospective randomized controlled (phase 2)	Rivaroxaban vs. standard of care	Composite rate of all-cause mortality, symptomatic intracranial bleeding, major extracranial bleeding	June 2020	≥18 years
Thrombolysis or Anticoagulation for Cerebral Venous Thrombosis (TO-ACT)	NCT01204333	Interventional randomized (phase 3)	Endovascular local thrombolysis vs. heparin	Favorable clinical outcome (mRS 0-1) at 12 months	Completed	≥18 years
Thrombin Generation and Thrombus Degradation in Cerebral Venous Thrombosis: Clinical and Radiological Correlations	NCT02013635	Observational prospective case-only	Non-interventional	Evolution of thrombin generation parameters and D-dimer levels from baseline and correlation with clinical presentation	Completed	≥16 years
The Role of Factor XIII Activation Peptide and D-dimer Values for the Diagnosis of Cerebral Venous Thrombosis (CVT)	NCT00924859	Observational prospective case-only	Non-interventional	To assess the overall accuracy of D-dimer and FXIII-AP (activation peptide) using a newly developed ELISA test, to exclude CVT in patients with clinical suspicion of CVT	Completed	18–85 years

incidence of disability at 6 months in the LMWH group, without differences in overall survival [98]. Subsequently, two randomized controlled trials compared LMWH and UFH. The first showed a significantly lower mortality rate in the LMWH group (0% vs. 18.8%) [99], whereas the second showed no differences between the two groups in mortality (3.8% vs. 5.6%) and in new symptomatic intracranial hemorrhage (none in both groups) [100]. UFH, with its shorter half-life and easier reversibility, can be preferred in unstable patients or in those requiring invasive procedures.

Thrombolysis and endovascular treatment

No randomized clinical trials have assessed the role of systemic thrombolysis in CVST. The most recent systematic review on this issue included only case reports and case series for a total of 26 patients [101]. Urokinase was the most frequently administered thrombolytic agent (73.1%), whereas streptokinase and recombinant tissue plasminogen activator (rt-PA) were used in 7.7% of cases

each. Extracranial hemorrhage occurred in five patients (19.2%) and intracranial in three (11.5%), with two deaths. Partial or complete recanalization occurred in 16 patients (61.5%). Only case reports and small case series are available in the literature on endovascular treatment of CVST with local thrombolysis (urokinase, streptokinase or rt-PA) and mechanical thrombectomy. This treatment should be reserved for patients with a very severe presentation or rapidly declining neurological symptoms despite appropriate anticoagulant therapy, after exclusion of other causes of deterioration. Endovascular treatment is associated with a high risk of intracranial hemorrhage (7.6%) and mortality (9.2%), half of which are due to new onset or worsening of pre-existing intracranial hemorrhage [102]. These estimates are likely to be underestimated because of the publication bias in favor of successful case reports. The randomized controlled trial TO-ACT (NCT01204333) comparing local thrombolysis and heparin treatment has been prematurely interrupted after the inclusion of 67 patients because of no difference in primary outcome (mRS 0–1 at 12 months) [103].

Hence, currently available data raise concerns about safety of thrombolysis and endovascular treatment in patients with CVST.

Treatment of complications

The most severe patients present complications in the acute phase that require specific management. In the case of seizures, antiepileptic drugs are indicated to prevent recurrences, although the optimal duration of this therapy and its use as primary prophylaxis are not well established. In the case of hydrocephalus associated with neurological deterioration, shunting procedures to drain excess cerebrospinal fluid are required after temporary withdrawal of anticoagulation. Intracranial hypertension does not usually require treatment, but in symptomatic cases shunting procedures or serial lumbar puncture are required to promptly reduce intracranial pressure in case of papilledema and reduced visual acuity. Acetazolamide can also be administered to reduce cerebrospinal fluid production [28]. Rarely, patients with CVST present transtentorial herniation in the acute phase and need decompressive surgery, a lifesaving procedure. A prospective evaluation of the outcome of patients with CVST undergoing decompressive surgery is ongoing (DECOMPRESS-2 registry) and the interim analysis on 22 patients showed a 6-month mortality rate of 23.8% in patients treated vs. 100% in those not treated [104]. The role of steroids in reducing vasogenic edema is controversial; their use is not suggested in acute CVST, particularly in patients without parenchymal lesions, whereas it is recommended in CVST with an associated inflammatory disease (e.g. Behçet's disease) [28].

Treatment of the chronic phase

The optimal duration of anticoagulant therapy for secondary prevention of CVST should be decided for the single patient, evaluating the risk–benefit ratio. The absolute risk of recurrent thrombosis is low and long-term anticoagulation is reserved for patients with persistent and unmodifiable risk factors (e.g. severe thrombophilia, or solid or hematological neoplasms) and those with recurrent CVST. Whether also patients with unprovoked CVST should continue anticoagulation is not known (Fig. 4). AHA/ASA guidelines recommend that patients with CVST secondary to a transient risk factor receive anticoagulant therapy with a vitamin K antagonist (VKAs) for 3–6 months, maintaining an INR range between 2 and 3, whereas those with unprovoked CVST receive therapy for 6–12 months [24]. An exception is CVST during pregnancy, which requires therapeutic doses of LMWH possibly adjusted for body-weight to ensure efficacy until delivery [28] because of the teratogenic effect of VKAs. AHA/ASA guidelines recommend antiplatelet therapy after a period of anticoagulation in patients with CVST without a recognized thrombophilia,

although in the absence of controlled trials or observational studies this indication sounds arbitrary [105]. In line with studies conducted in patients with venous thromboembolism, we might accept the recommendation for patients with unprovoked events. Randomized clinical trials are required and the ongoing EXCOA-CVT study comparing a short (3–6 months) with a long (12 months) duration of oral anticoagulant therapy in patients with CVST will provide new insights into this crucial issue [106]. Recanalization of CVST can be considered among the criteria, potentially helping the decision on the optimal duration of anticoagulant therapy. Repeat imaging (CT or MRI) is recommended at 3–6 months from the index event or in the case of persistent or recurrent symptoms suggestive of CVST during anticoagulation therapy [24]. In the case of complete recanalization further neuroimaging is not required, whereas in the case of partial recanalization we suggest considering the possibility of prolonging anticoagulation until a reassessment at 12 months from the event. Another emerging issue in the treatment of CVST is the role of direct oral anticoagulants (DOACs), which showed a similar efficacy and a better safety profile compared with VKAs in patients with proximal deep vein thrombosis of the lower limbs or pulmonary embolism. All phase III clinical trials on the use of DOACs excluded patients with CVST and we thus have no certainties on their appropriateness for these patients, although three case series including respectively two, six and seven patients treated with rivaroxaban, confirmed its safety [107–109]. Clinical trials comparing efficacy and safety of dabigatran etexilate or rivaroxaban with warfarin or standard of care are ongoing (Table 2).

Secondary prevention

Concerning antithrombotic prophylaxis in high-risk situations after a first episode of CVST, it has been proposed to follow suggestions reported in guidelines on extracranial venous thrombosis. Concerning pregnancy, prophylactic doses of LMWH for women who discontinued oral anticoagulation are recommended [24].

Treatment in children and neonates

In children, the correction of concomitant conditions such as dehydration or infections is of crucial importance, even more so than in adults. When CVST is secondary to otitis media complicated by mastoiditis, antibiotic treatment with cephalosporins is indicated. Antibiotics are also used in patients with infection-related jugular vein thrombosis (Lemierre's syndrome), in particular against anaerobic microorganisms such as *Fusobacterium necrophorum*. In the absence of randomized controlled trials on anticoagulant treatment in children with CVST, current guidelines recommend doses of therapeutic heparin independently of concomitant intracranial hemorrhage and endovascular

treatment for patients with rapidly deteriorating neurological functions despite adequate anticoagulation, similarly to adults [110]. For neonates there is no consensus on the management of the acute phase, and both anticoagulation or a conservative approach should be considered, treating concomitant illnesses. A promising alternative to the parenteral heparin or VKAs that require laboratory monitoring (very uncomfortable in the pediatric population) are DOACs, at present under investigation in any phase trials [111]. The optimal duration of anticoagulant treatment is not well established; however, 6 weeks to 3 months are recommended for neonates, and 3 to 6 months for children [112].

Thrombolysis should be used only in highly selected patients because of the risk of bleeding, which is particularly high in neonates due to their immature hemostatic system. Moreover, the naturally low levels of plasminogen in neonates may decrease the efficacy of chemical thrombolysis and some authors suggest infusion of plasminogen through fresh frozen plasma before the procedure [110].

Conclusions

Despite its low incidence rate, CVST represents one of the leading causes of stroke in young adults. A prompt diagnosis is necessary to avoid acute complications and long-term disabilities. The mainstay of therapy is anticoagulation, even if the optimal duration of treatment is currently under investigation. DOACs represent a fascinating option for treatment of CVST, taking into consideration their safety profile and the lack of laboratory monitoring. Clinical trials with DOACs are currently ongoing in adults and children and their results will help in decision making.

Addendum

M. Capecchi and M. Abbattista reviewed the literature and wrote the paper. I. Martinelli established the structure of the manuscript and reviewed the final version. All authors approved the final manuscript.

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Disclosure of Conflict of Interests

The authors state that they have no conflict of interest.

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From: Messonnier, Nancy (CDC/DDID/NCIRD/OD) [nar5@cdc.gov]
Sent: 4/11/2021 5:05:15 PM
To: Marks, Peter [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dfbb2b5bd38445cb9c9adca3f72df53a-MarksP]; Anderson, Steven [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4c0c242feba45fa954f4f9b05eb3557-AndersonSt]; Forshee, Richard [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc6a16c85d124b81893beb85a6929867-Forshee]; Gruber, Marion [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=019cd2669c7048f7a116d72b7682de44-gruber]; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; Nair, Narayan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=debe49605be845e5a44d59cf099b8cb8-Narayan.Nai]
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From: Marks, Peter <Peter.Marks@fda.hhs.gov>

Sent: Sunday, April 11, 2021 2:53 PM

To: Marks, Peter; Anderson, Steven (FDA/CBER); Forshee, Richard (FDA/CBER); Gruber, Marion (FDA/CBER); Krause, Philip (FDA/CBER); Nair, Narayan (FDA/CBER); Shimabukuro, Tom (CDC/DDID/NCEZID/DHQP); Messonnier, Nancy (CDC/DDID/NCIRD/OD)

Subject: Coordination on adverse events

When: Monday, April 12, 2021 8:30 AM-9:00 AM (UTC-05:00) Eastern Time (US & Canada).

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To: Messonnier, Nancy E (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e3db273e5a524ff690738a633d2c15de-HHS-nar5-cd]; Anderson, Steven [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4c0c242feba45fa954f4f9b05eb3557-AndersonSt]; Forshee, Richard [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc6a16c85d124b81893beb85a6929867-Forshee]; Gruber, Marion [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=019cd2669c7048f7a116d72b7682de44-gruber]; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; Nair, Narayan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=debe49605be845e5a44d59cf099b8cb8-Narayan.Nai]
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Subject: RE: [EXTERNAL] RE: Coordination on adverse events

Dear Nancy,

I can make 9:10 AM work for half an hour then, so will send an update. It probably will just take us 20 minutes to coordinate. I have a pretty clear shopping list of things organized on our side. Thanks.

Best Regards,
Peter

From: Messonnier, Nancy (CDC/DDID/NCIRD/OD) <nar5@cdc.gov>
Sent: Sunday, April 11, 2021 5:05 PM
To: Marks, Peter <Peter.Marks@fda.hhs.gov>; Anderson, Steven <Steven.Anderson@fda.hhs.gov>; Forshee, Richard <Richard.Forshee@fda.hhs.gov>; Gruber, Marion <Marion.Gruber@fda.hhs.gov>; Krause, Philip <Philip.Krause@fda.hhs.gov>; Nair, Narayan <Narayan.Nair@fda.hhs.gov>
Cc: Shimabukuro, Tom (CDC) <ayv6@cdc.gov>; Fox, Kimberley (CDC) <kaf6@cdc.gov>; Cohn, Amanda C (CDC) <anc0@cdc.gov>; Clark, Thomas A (CDC) <tnc4@cdc.gov>
Subject: [EXTERNAL] RE: Coordination on adverse events
Importance: High

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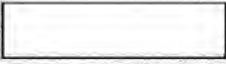
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To: Marks, Peter; Anderson, Steven (FDA/CBER); Forshee, Richard (FDA/CBER); Gruber, Marion (FDA/CBER); Krause, Philip (FDA/CBER); Nair, Narayan (FDA/CBER); Shimabukuro, Tom (CDC/DDID/NCEZID/DHQP); Messonnier, Nancy

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Sent: 4/11/2021 7:54:41 PM
To: Anderson, Steven [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4c0c242feba45fa954f4f9b05eb3557-AndersonSt]; Forshee, Richard [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc6a16c85d124b81893beb85a6929867-Forshee]; Gruber, Marion [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=019cd2669c7048f7a116d72b7682de44-gruber]; Krause, Philip [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=00c6330fea0042fdb5571c3fdef792ed-krause]; Nair, Narayan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=debe49605be845e5a44d59cf099b8cb8-Narayan.Nai]; Marks, Peter [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dfbb2b5bd38445cb9c9adca3f72df53a-MarksP]
CC: Shimabukuro, Tom (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8313741a075c4f3d8d8351e106d1ffbc-HHS-ayv6-cd]; Fox, Kimberley (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27601b74a37849b9be431991aba66055-HHS-kaf6-cd]; Cohn, Amanda C (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4cbff30d34c4611a2e973fcb192de37-HHS-anc0-cd]; Clark, Thomas A (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7654dd7010c34f819e1e2eb29bcc86d1-HHS-tnc4-cd]
Subject: Re: [EXTERNAL] RE: Coordination on adverse events

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Great.

From: Marks, Peter <Peter.Marks@fda.hhs.gov>
Sent: Sunday, April 11, 2021 7:32:33 PM
To: Messonnier, Nancy (CDC/DDID/NCIRD/OD) <nar5@cdc.gov>; Anderson, Steven (FDA/CBER) <Steven.Anderson@fda.hhs.gov>; Forshee, Richard (FDA/CBER) <Richard.Forshee@fda.hhs.gov>; Gruber, Marion (FDA/CBER) <Marion.Gruber@fda.hhs.gov>; Krause, Philip (FDA/CBER) <Philip.Krause@fda.hhs.gov>; Nair, Narayan (FDA/CBER) <Narayan.Nair@fda.hhs.gov>
Cc: Shimabukuro, Tom (CDC/DDID/NCEZID/DHQP) <ayv6@cdc.gov>; Fox, Kimberley (CDC/DDID/NCIRD/DBD) <kaf6@cdc.gov>; Cohn, Amanda (CDC/DDID/NCIRD/OD) <anc0@cdc.gov>; Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Subject: RE: [EXTERNAL] RE: Coordination on adverse events

Dear Nancy,

I can make 9:10 AM work for half an hour then, so will send an update. It probably will just take us 20 minutes to coordinate. I have a pretty clear shopping list of things organized on our side. Thanks.

Best Regards,
Peter

From: Messonnier, Nancy (CDC/DDID/NCIRD/OD) <nar5@cdc.gov>
Sent: Sunday, April 11, 2021 5:05 PM
To: Marks, Peter <Peter.Marks@fda.hhs.gov>; Anderson, Steven <Steven.Anderson@fda.hhs.gov>; Forshee, Richard <Richard.Forshee@fda.hhs.gov>; Gruber, Marion <Marion.Gruber@fda.hhs.gov>; Krause, Philip

FDA-CBER-2021-5762-01023

<Philip.Krause@fda.hhs.gov>; Nair, Narayan <Narayan.Nair@fda.hhs.gov>

Cc: Shimabukuro, Tom (CDC) <ayv6@cdc.gov>; Fox, Kimberley (CDC) <kaf6@cdc.gov>; Cohn, Amanda C (CDC) <anc0@cdc.gov>; Clark, Thomas A (CDC) <tnc4@cdc.gov>

Subject: [EXTERNAL] RE: Coordination on adverse events

Importance: High

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Peter – this time is really not good for us. Can we find an alternative time – I could met at 8 or at 9?

-----Original Appointment-----

From: Marks, Peter <Peter.Marks@fda.hhs.gov>

Sent: Sunday, April 11, 2021 2:53 PM

To: Marks, Peter; Anderson, Steven (FDA/CBER); Forshee, Richard (FDA/CBER); Gruber, Marion (FDA/CBER); Krause, Philip (FDA/CBER); Nair, Narayan (FDA/CBER); Shimabukuro, Tom (CDC/DDID/NCEZID/DHQP); Messonnier, Nancy (CDC/DDID/NCIRD/OD)

Subject: Coordination on adverse events

When: Monday, April 12, 2021 8:30 AM-9:00 AM (UTC-05:00) Eastern Time (US & Canada).

Where: <https://fda.zoomgov.com> (b) (6)

Hi there,

Peter.Marks@fda.hhs.gov is inviting you to a scheduled ZoomGov meeting.

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one-tap: +16468287666 (b) (6)

Meeting <https://fda.zoomgov.com> (b) (6)

URL:

Meeting (b) (6)

ID:

Passcode: (b) (6)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 669 254 5252 or +1 646 828 7666 or +1 551 285 1373 or +1 669 216 1590 or 833
568 8864 (Toll Free)

Meeting (b) (6)

ID:

Passcode: (b) (6)

International numbers

Join from an H.323/SIP room system

H.323: (b) (6) (US West)
(b) (6) (US East)

Meeting

ID:

Passcode: (b) (6)

SIP: (b) (6)

Passcode: (b) (6)

From: Haynes, Leslie (CBER) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02015880B0CE4A78953D370750FD4748-LESLIE.HAYN]
Sent: 4/15/2021 2:18:00 PM
To: Kessler, David A (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=efb6a7c634694533833de5d2f4beaee3-HHS-David.K]; Marks, Peter [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dfbb2b5bd38445cb9c9adca3f72df53a-MarksP]; Messonnier, Nancy E (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e3db273e5a524ff690738a633d2c15de-HHS-nar5-cd]; Anderson, Steven [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4c0c242feba45fa954f4f9b05eb3557-AndersonSt]; Hepburn, Matt (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=68c7e72407d94642b6e0761db3088888-HHS-Matt.He]; Johnson, Robert (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7eb3a419464ea2917f9d1e3f6e57a4-HHS-Robert.]; Disbrow, Gary (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e0265d217b2344c6bbbaad0cbb2f0c6a-HHS-Gary.Di]; Runstrom, Mark (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=87730c0209a340f1b779812822b74f70-HHS-Mark.Ru]; Clark, Matthew (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7016989d4b7e476781fe395661cbead4-HHS-Matthew]; Gorman, Richard (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=60cb802883ef4f29aa00909646b6ab97-HHS-Richard]; Hamilton, Holli (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9d9dd10bd6974f7f82128d5f9b193722-HHS-Holli.H]; Horwith, Gary (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d6472efbb7f4130b46287660c7db94a-HHS-Gary.Ho]; Mcqueen, Anthony (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e76ec4716deb491ea440f22bb0baffbd-HHS-Anthony]; 'Ake, Julie (mail.mil)' [julie.a.ake.mil@mail.mil]; Faison, Tremel (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4945bc9afa3c4d34a274cb286e2f2a09-HHS-Tremel.]; Martin, Stacey (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=75d5b37f96474b98892a56a967a0f55b-HHS-zmt0-cd]; Wharton, Melinda (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20ac94633baa479e8282a619f083bbfb-HHS-mew2-cd]; Cohn, Amanda C (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4cbff30d34c4611a2e973fcb192de37-HHS-anc0-cd]; Wasley, Annemarie (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=85a0afa0eb31495c8122d407d74d04eb-HHS-acw5-cd]; Shimabukuro, Tom (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8313741a075c4f3d8d8351e106d1ffbc-HHS-ayv6-cd]; Clark, Thomas A (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7654dd7010c34f819e1e2eb29bcc86d1-HHS-tnc4-cd]; Abernethy, Amy [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c84171967c724ee799bb2658197086bc-Amy.Abernet]; Franklin, Joseph [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ace8af0979a847c59ea26c37c4904883-Joseph.Fran]; Witten, Celia (CBER) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc08ebb3ac61486da9f1b4046757c5cf-Witten]; Cho, David S (CBER) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d47af9d991af4c1fbf7cb4c1d287f83e-ChoD]; Gruber, Marion [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=019cd2669c7048f7a116d72b7682de44-gruber]; Maloney, Diane [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e59205500e944c9eacc4524ea18ed5bb-MaloneyD]; Forshee, Richard [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc6a16c85d124b81893beb85a6929867-Forshee]; Nair, Narayan

[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=debe49605be845e5a44d59cf099b8cb8-Narayan.Nai]; Krause, Philip
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[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3bfbf3e7bea40b1b726937796eba4e8-FinkDo]; Farizo, Karen
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a4e44a6d3b754a66ad321c00f9b1debd-Farizo]; Roberts, Jeff
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f99ba866ca234f6d826007b9f1429e8e-RobertsJ]; Izurieta, Hector
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2dde96468af24b2d9ef03b853eeb3af9-Izurieta]; McNeill, Lorrie
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=77b0b352c9c24851bf0c7330f53e00d9-McNeill]; Frantz-Bohn, Susan
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c4a10821c774ffa9c5cf59bda6bcf75-frantz_bohn]; Kelman, Jeffrey A (CMS)
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bcbadfaf1f347738e547528d0cd214e-HHS-Jeffrey]; Chu, Steve (CMS)
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d3536db09984be3b195d2749a47c982-HHS-Steve.C]; 'Choy, Michael' [Choy.Michael@bcg.com]; 'Harjivan, Chandresh (US SCA)' [Harjivan.Chan@bcgfed.com]; 'alvaro.rossi@bcg.com' [alvaro.rossi@bcg.com]; Brooks, Kiahana (CMS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3126cd972164be98303910ff693d811-HHS-Kiahana]; Malluwa-Wadu, Prabath P (CMS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7bb1730cca864e569e8ac6dc3c84ab30-HHS-Prabath]; Jason, Marybeth (CMS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f9af6b02fc67424181f8c9bb002b9c09-HHS-Marybet]; Tierney, Julia
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1160d300bc4248b790ded292a082e9a8-Julia.Tiern]

CC: Despres, Sarah (OS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8e5f3d3f26584babb7b48c3cac8bba82-HHS-Sarah.D]; Inglesby, Thomas (OS)
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=242b7111806943f190b993fa62a67dd6-HHS-Thomas.]; Yogurtcu, Osman
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=df5df596d31f40f6a900b215feeb743d-Osman.Yogur]; Huang, Yin
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3f6f5a5a8dc64e76b1ec512b0619aa52-HuangYin1]

Subject: AGENDA :: Coordination of COVID-19 Vaccine Safety Surveillance Efforts - USG mtg

Attachments: Agenda - COVID-19 Vaccine Safety Surveillance Efforts 4-19-21.pdf

Location: WebEx (shown below)

Start: 4/19/2021 12:30:00 PM

End: 4/19/2021 1:00:00 PM

Show Time As: Tentative

Recurrence: Weekly
every 2 week(s) on Monday from 12:30 PM to 1:00 PM

Required Attendees: Kessler, David A (OS); Marks, Peter; Messonnier, Nancy E (CDC); Anderson, Steven; Hepburn, Matt (OS); Johnson, Robert (OS); Disbrow, Gary (OS); Runstrom, Mark (OS); Clark, Matthew (OS); Gorman, Richard (OS); Hamilton, Holli (OS); Horwith, Gary (OS); Mcqueen, Anthony (OS); 'Ake, Julie (mail.mil)'; Faison, Tremel (OS); Martin, Stacey (CDC); Wharton, Melinda (CDC); Cohn, Amanda C (CDC); Wasley, Annemarie (CDC); Shimabukuro, Tom (CDC); Clark, Thomas A (CDC); Abernethy, Amy; Franklin, Joseph; Witten, Celia (CBER); Cho, David S (CBER); Gruber, Marion; Maloney, Diane; Forshee, Richard; Nair, Narayan; Krause, Philip; Fink, Doran; Farizo, Karen; Roberts, Jeff; Izurieta, Hector; McNeill, Lorrie; Frantz-Bohn, Susan; Kelman, Jeffrey A (CMS); Chu, Steve (CMS); 'Choy, Michael'; 'Harjivan, Chandresh (US SCA)'; 'alvaro.rossi@bcg.com'; Brooks, Kiahana (CMS); Malluwa-Wadu, Prabath P (CMS); Jason, Marybeth (CMS); Tierney, Julia

Optional Attendees: Despres, Sarah (OS); Inglesby, Thomas (OS); Yogurtcu, Osman; Huang, Yin

This meeting will be used to discuss the efforts of FDA, CDC, and other government agencies to follow the safety of COVID-19 vaccines that are deployed for use.

All mtgs run from 12:30pm-1:00pm EST.

- Monday, 4/5/21
- Monday, 4/19/21
- Monday, 5/3/21
- Monday, 5/17/21

Please refer to your principals within your organizations, prior to forwarding this calendar invitation.

With questions, please contact below, or send email to the FDA Covid-19 Vaccine Pharmacovigilance Coordination Team at Covid19VaccinePV@fda.hhs.gov.

Thank you.

On behalf of Peter Marks, MD, PhD, Director, FDA Center for Biologics Evaluation and Research

Leslie Haynes, RD
Program Manager (PDUFA Oversight)
Immediate Office of the Director
Center for Biologics Evaluation and Research
U.S. Food and Drug Administration

10903 New Hampshire Avenue
WO Bldg 71, Room 7222
Silver Spring, MD 20993-0002
Tel: 1-240-402-8074; Fax: 1-301-595-1310
Email: leslie.haynes@fda.hhs.gov



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Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
Monday, April 19, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

Meeting Topic	Presenter
Johnson & Johnson (Janssen) COVID-19 vaccine Adverse Events	CDC, FDA
Other Topics	All

Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
Monday, April 19, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

Meeting Topic	Presenter
Johnson & Johnson (Janssen) COVID-19 vaccine Adverse Events	CDC, FDA
Other Topics	All



From: Haynes, Leslie (CBER) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=02015880B0CE4A78953D370750FD4748-LESLIE.HAYN]
Sent: 5/14/2021 8:50:21 AM
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Subject: Agenda attached :: Coordination of COVID-19 Vaccine Safety Surveillance Efforts - USG mtg

Attachments: Agenda - COVID-19 Vaccine Safety Surveillance Efforts 5-17-21 (final).pdf

Location: WebEx (shown below)

Start: 5/17/2021 12:30:00 PM

End: 5/17/2021 1:00:00 PM

Show Time As: Tentative

Recurrence: Weekly
every 2 week(s) on Monday from 12:30 PM to 1:00 PM

Required Attendees: Kessler, David A (OS); Marks, Peter; Anderson, Steven; Hepburn, Matt (OS); Johnson, Robert (OS); Disbrow, Gary (OS); Runstrom, Mark (OS); Clark, Matthew (OS); Gorman, Richard (OS); Hamilton, Holli (OS); Horwith, Gary (OS); Mcqueen, Anthony (OS); 'Ake, Julie (mail.mil)'; Faison, Tremel (OS); Martin, Stacey (CDC); Wharton, Melinda (CDC); Cohn, Amanda C (CDC); Wasley, Annemarie (CDC); Shimabukuro, Tom (CDC); Clark, Thomas A (CDC); Franklin, Joseph; Witten, Celia (CBER); Cho, David S (CBER); Gruber, Marion; Maloney, Diane; Forshee, Richard; Nair, Narayan; Krause, Philip; Fink, Doran; Farizo, Karen; Roberts, Jeff; Izurieta, Hector; McNeill, Lorrie; Frantz-Bohn, Susan; Kelman, Jeffrey A (CMS); Chu, Steve (CMS); 'Choy, Michael'; 'Harjivan, Chandresh (US SCA)'; 'alvaro.rossi@bcg.com'; Brooks,

Kiahana (CMS); Malluwa-Wadu, Prabath P (CMS); Jason, Marybeth (CMS); Tierney, Julia; Walinsky, Sarah; Schuchat, Anne (CDC)

Optional Attendees: Wong, Hui-Lee; Despres, Sarah (OS); Inglesby, Thomas (OS); Yogurtcu, Osman; Huang, Yin

This meeting will be used to discuss the efforts of FDA, CDC, and other government agencies to follow the safety of COVID-19 vaccines that are deployed for use.

All mtgs run from 12:30pm-1:00pm EST.

Monday, 4/5/21
Monday, 4/19/21
Monday, 5/3/21
Monday, 5/17/21

Please refer to your principals within your organizations, prior to forwarding this calendar invitation.

With questions, please contact below, or send email to the FDA Covid-19 Vaccine Pharmacovigilance Coordination Team at Covid19VaccinePV@fda.hhs.gov.

Thank you.

On behalf of Peter Marks, MD, PhD, Director, FDA Center for Biologics Evaluation and Research

Leslie Haynes, RD
Program Manager (PDUFA Oversight)
Immediate Office of the Director
Center for Biologics Evaluation and Research
U.S. Food and Drug Administration

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Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
Monday, May 17, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

Meeting Topic	Presenter
Surveillance strategy for FDA for the Pfizer adolescent vaccine	FDA
Johnson & Johnson (Janssen) COVID-19 vaccine Adverse Events	CDC
Other Topics	All

Next Mtg: June 7, 2021

Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
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12:30 – 1:00 PM EST

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Meeting number (access code): (b) (6)

Meeting password: (b) (6)

Meeting Topic	Presenter
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Next Mtg: June 7, 2021



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Kiahana (CMS); Malluwa-Wadu, Prabath P (CMS); Jason, Marybeth (CMS); Tierney, Julia; Walinsky, Sarah; Schuchat, Anne (CDC)

Optional Attendees: Patel, Anita (CDC); Despres, Sarah (OS); Inglesby, Thomas (OS); Yogurtcu, Osman; Huang, Yin

This meeting will be used to discuss the efforts of FDA, CDC, and other government agencies to follow the safety of COVID-19 vaccines that are deployed for use.

All mtgs run from 12:30pm-1:00pm EST.

Monday, 4/5/21
Monday, 4/19/21
Monday, 5/3/21
Monday, 5/17/21

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With questions, please contact below, or send email to the FDA Covid-19 Vaccine Pharmacovigilance Coordination Team at Covid19VaccinePV@fda.hhs.gov.

Thank you.

On behalf of Peter Marks, MD, PhD, Director, FDA Center for Biologics Evaluation and Research

Leslie Haynes, RD
Program Manager (PDUFA Oversight)
Immediate Office of the Director
Center for Biologics Evaluation and Research
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Coordination of COVID-19 Vaccine Safety Surveillance Efforts Meeting
Monday, May 3, 2021
12:30 – 1:00 PM EST

Dial-in Number: 1-877-465-7975

Meeting number (access code): (b) (6)

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Meeting Topic	Presenter
Johnson & Johnson (Janssen) COVID-19 vaccine Adverse Events	CDC
Vaccine administration by product and age	CDC
Other Topics	All

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12:30 – 1:00 PM EST

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Meeting Topic	Presenter
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From: Marks, Peter [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DFBB2B5BD38445CB9C9ADCA3F72DF53A-MARKSP]
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CC: Clark, Thomas A (CDC) [tnc4@cdc.gov]; Farizo, Karen [Karen.Farizo@fda.hhs.gov]; Fox, Kimberley (CDC) [kaf6@cdc.gov]; Wharton, Melinda (CDC) [mew2@cdc.gov]; DeStefano, Frank (CDC) [fxd1@cdc.gov]
Subject: Coordination on adverse events
Attachments: Capecchi JSTH 2018.pdf
Location: <https://fda.zoomgov.com>, (b) (6)
Start: 4/12/2021 9:30:00 AM
End: 4/12/2021 10:00:00 AM
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Required Attendees: Marks, Peter; Anderson, Steven; Richard Forshee (Richard.Forshee@fda.hhs.gov); Gruber, Marion (Marion.Gruber@fda.hhs.gov); Philip Krause (Philip.Krause@fda.hhs.gov); Nair, Narayan; Shimabukuro, Tom (CDC); Messonnier, Nancy E (CDC)
Optional Attendees: Clark, Thomas A. (CDC/DDID/NCIRD/DVD); Farizo, Karen; Fox, Kimberley (CDC/DDID/NCIRD/DBD); Wharton, Melinda (CDC/DDID/NCIRD/ISD); Destefano, Frank (CDC/DDID/NCEZID/DHQP)

Sorry for the second last minute change – this should be the last one. We will start at 9:30 due to an EMA meeting. Thanks!

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REVIEW ARTICLE

Cerebral venous sinus thrombosis

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Summary. The cerebral venous system is an unusual site of thrombosis, with a particularly high incidence in young adults. This incidence has increased in past decades because of the improvement of neuroradiological techniques. Risk factors for cerebral venous sinus thrombosis overlap with those of other venous thromboembolism sites; however, some are specific for this particular anatomical district. Prognosis is favorable in most cases if diagnosis is made rapidly and treatment is promptly initiated, even if acute complications or chronic invalidity still occur in a quarter of patients. The mainstay of treatment is anticoagulation, which is necessary in order to block clot propagation and obtain recanalization. Intracranial bleeding does not contraindicate anticoagulation. Endovascular procedures are reserved for patients with a particularly severe presentation or rapidly declining neurological symptoms despite appropriate anticoagulation, although data from clinical trials are lacking. Specifically, this review addresses the epidemiology, clinical presentation and course, risk factors, and treatment of cerebral venous sinus thrombosis, with a special focus on the pediatric population.

Keywords: anticoagulants; cerebral hemorrhage; intracranial thrombosis; low-molecular-weight heparin; sinus thrombosis; venous thromboembolism.

Anatomy

The cerebral venous system can be divided into two major compartments considering the anatomic and functional characteristics of the blood vessels: the cerebral

veins and the dural venous sinuses (Fig. 1). Considering the topographic distribution, a superficial and a deep system can be distinguished. The superficial system drains blood from the cerebral cortex mainly into the superior sagittal sinus, which in turn drains into the transverse sinuses. The deep system drains blood from the deep white matter and the basal ganglia to the inferior sagittal sinus, that continues into the straight sinus and then into the transverse sinuses. From the transverse and the straight sinuses blood flows out of the sigmoid sinuses, passing through the sinus confluence (torcular Herophili), and finally into the internal jugular veins. Many anastomoses exist between the cerebral veins from the fetal period onwards. The dural venous sinuses are delimited by the superficial (periosteal) and the deep (meningeal) layer of the dura mater and their walls are composed of only the dura mater layer lined with endothelium, hence lacking the tunica media. Additionally, these sinuses lack valves. Dural venous sinuses drain blood from the cerebral veins and the cerebrospinal fluid from the subarachnoid space, via the arachnoid Pacchionian granulations, which are present particularly in the superior sagittal sinus. The classic anatomy varies considerably among individuals and the knowledge of such variations is essential for a correct interpretation of radiological images. The most frequent anatomic variants are: asymmetries of transverse sinuses, observed in nearly 50% of patients; hypo-/aplasia of all or part of the transverse sinuses, observed in nearly 20% of patients; and less frequently hypo-/aplasia of the frontal part of the superior sagittal sinus [1].

Pathophysiology

The formation of a thrombus in the cerebral venous circulation leads to an increase in the hydrostatic pressure in the veins and capillaries upstream of the occlusion. However, because of the anastomotic circuit of the cerebral venous system, the increased venous pressure is usually compensated to some extent. If the increase in the venous pressure overcomes the compensation capacity the following can occur: blood–brain barrier disruption, extravasation of fluids into the cerebral parenchyma and consequent localized edema. Furthermore, if the venous pressure exceeds the arterial pressure, a reduction of

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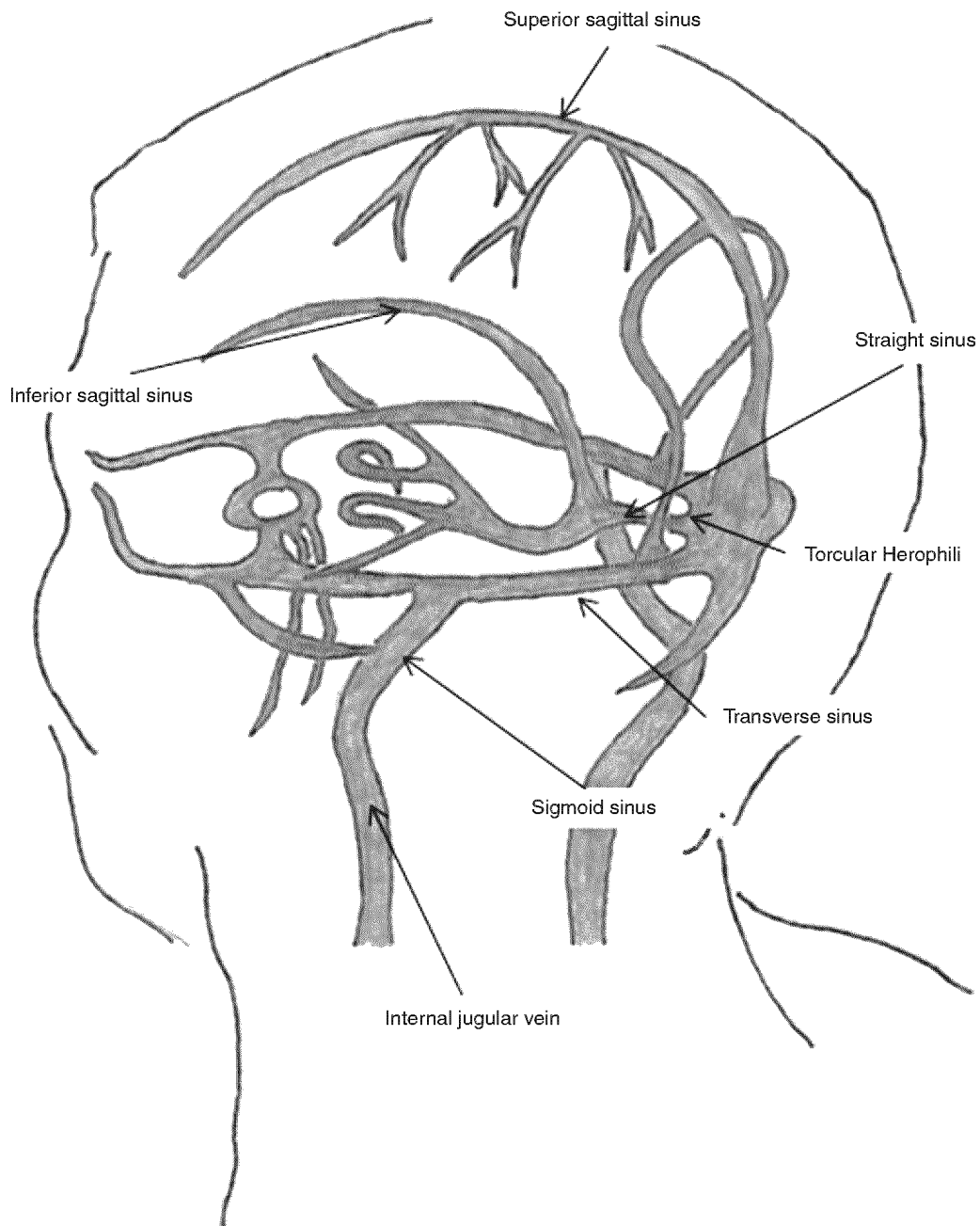


Fig. 1. Anatomy of the cerebral venous system.

arterial flow and consequent arterial ischemia can occur and, if not adequately treated, it may progress to hemorrhagic infarction [2]. A peculiar characteristic that distinguishes vasogenic (due to venous occlusion) from cytotoxic (due to arterial occlusion) edema, is that in the former the perfusion pressure is not usually reduced and therefore irreversible brain tissue damage is unlikely. Indeed, in venous stroke a resolution of thrombi and a favorable prognosis are more likely than in arterial stroke. The peculiarity of venous occlusion is the reduction of cerebrospinal fluid reabsorption, by reducing

cerebrospinal fluid access to the arachnoid Pacchionian granulations, leading to intracranial hypertension [3]. This scenario is more frequent with superior sagittal sinus occlusion (where arachnoid Pacchionian granulations are present), but can also occur in the occlusion of other sinuses.

Epidemiology

Cerebral venous sinus thrombosis (CVST) is a rare manifestation of thrombosis with an incidence that varies

between studies. In adults, the annual incidence of CVST is two to five cases per million individuals [3,4], but it is likely to be underestimated because of the lack of well-designed epidemiological studies. Two recent studies in the Netherlands and southern Australia found a higher incidence than previously reported of 13.2 and 15.7 annual cases per million, respectively [5,6]. The high prevalence of infection-related CVST can result in even higher figures in others countries (18% in Pakistan), but the exact incidence among different ethnic groups is pending investigation [7–9]. At variance with arterial stroke that is more prevalent in the elderly, CVST typically affects young adults with a mean age of 35 years and is more common in women than in men (2.2:1) because of sex-specific risk factors [10]. The superior sagittal and the transverses are the most frequently involved sinuses (60% of patients), followed by the internal jugular and cortical veins (20%). In almost two-thirds of patients CVST involves more than one sinus.

Epidemiology in children and neonates

The annual incidence of CVST in the pediatric population is approximately seven cases per million and is higher in neonates than in children [11–14]. The sex ratio seems balanced because of the absence of sex-specific risk factors [12]. Similarly to adults, the superficial sinuses are the most frequently involved (particularly the superior sagittal and the transverse sinuses) and the transverse sinuses are more frequently involved in children older than 2 years of age (60% vs. 39%) [11,15].

Clinical presentation

Because symptoms of CVST are variable and aspecific, diagnosis is often delayed to a median period of 7 days from the onset of clinical manifestations [16]. The International Study on Cerebral Venous and Dural Sinus Thrombosis (ISCVT), which included 624 patients, described the following as the most common presenting symptoms: headache (88.8%), seizures (39.3%), paresis (37.2%), papilledema (28.3%) and mental status changes (22%) [16].

Headache is usually the first symptom at onset of CVST. In only 10% of cases does the headache have a thunderclap outbreak, mimicking a subarachnoid hemorrhage [17]. Because of its aspecific nature, physicians must have a high suspicion of CVST when dealing with a new onset and progressively increasing intensity of headache, which is the only presenting symptom in about 32% of patients [17]. The location of the headache is not informative as it does not correlate with the thrombosis site. The absence of headache is typical of elderly patients, especially men [18], and in those with cortical vein thrombosis who have normal cerebrospinal fluid homeostasis. The pathophysiologic mechanism of headache in CVST is the

increase in intracranial pressure due to reduced cerebrospinal fluid reabsorption. For this reason, the intensity of the headache typically increases when patients lie down and after the Valsalva maneuver. For reasons not yet fully understood, headache is more common in patients with CVST than in those with arterial stroke (25% of cases) [19].

Seizures are focal in one quarter of patients, in another quarter they begin as focal and then generalize and in the remaining half, seizures are generalized *ab initio* [20]. Seizures are more frequent in patients with CVST than in those with arterial stroke (2–9%) [20], perhaps as a consequence of the accumulation of catabolic products due to venous stasis.

Focal neurological deficits such as paresis, dysarthria and aphasia are due to localized damage in the cerebral cortex, secondary to a venous infarction. Focal deficits are more frequent in patients with thrombosis of the superficial system with involvement of the parasagittal cortex, where the motor and sensory areas are located.

Papilledema is the consequence of intracranial hypertension and can cause diplopia and visual loss. Patients with thrombosis of the cavernous sinuses may also develop proptosis, orbital pain, chemosis and ophthalmoplegia secondary to a palsy of the oculomotor (III), trochlear (IV) and abducens (VI) cranial nerves.

Mental status changes such as amnesia, mutism, confusion or delirium are seen in patients with thrombosis of the deep system, particularly those with large venous infarctions or bilateral edema of the basal ganglia and thalami. The most severe cases can have a rapid neurological deterioration, leading to coma and death.

Clinical presentation in children and neonates

In children, symptoms at onset are even more aspecific than in adults and are frequently attributable to more common diseases such as infections or dehydration, making the suspicion and diagnosis of CVST particularly difficult. In general, symptoms in children are the same as in adults, but generalized neurological deficits are more common and seizures are more frequent in neonates [11].

Diagnosis

When CVST is suspected in adults the first-line imaging technique is unenhanced computed tomography (CT) scan; this allows for the ruling out of brain tumors, abscesses or arterial stroke. In the acute phase, CVST is seen in unenhanced CT scans as a hyperdense signal in the vessel lumen, that becomes iso- and then hypodense after the first week. Depending on the location of CVST, two specific radiological signs are described: the ‘dense triangle sign’ when thrombosis is located in the superior sagittal sinus, and the ‘dense cord sign’ when located in a cortical or deep vein [3] (Fig. 2A). However, such signs

are rarely described (considering that the unenhanced CT scan has a low sensitivity), resulting positive in only 30% of patients with CVST [21]. The addition of contrast agent increases the sensitivity to 99% for sinus thrombosis and 88% for vein thrombosis, figures similar to those obtained with magnetic resonance imaging (MRI) [22,23]. In the presence of the contrast agent, a specific radiological sign is the ‘empty delta sign’, a filling defect in the middle of the venous lumen with a peripheral enhancement (Fig. 2B). Advantages of CT scanning are the availability in emergency and the ability to show the presence of local complications associated with CVST, such as sub-arachnoid or intraparenchymal hemorrhage or cerebral edema. Disadvantages are the exposure to ionizing radiation and the need for contrast agent to increase the accuracy. Currently, MRI is the reference standard imaging technique for diagnosis of CVST, despite the fact that exact sensitivity and specificity are not known because of the lack of proper comparative studies with catheter angiography. Catheter angiography was the historical reference standard technique, which today, due to its invasiveness, is reserved for patients with an inconclusive CT scan and MRI or for candidates undergoing endovascular procedures [24,25]. Maximum accuracy is obtained with the combination of classic MRI sequences, which are able to show the thrombus, together with venography, which can show reduction or absence of flow and therefore distinguish hypoplastic sinuses, partial sinus occlusion, thrombosis of cortical cerebral veins, or filling defects due to hyperplastic arachnoid granulations (Fig. 3) [26]. The advantages of MRI are the absence of both radiation exposure and intravenous contrast agent, and the ability

to establish the age of the clot. Finally, when D-dimer is high it increases the likelihood of deep vein thrombosis of the lower limbs or pulmonary embolism; it has been investigated in several studies as a predictive factor for CVST, but has consistently shown a low sensitivity and specificity [27]. Despite this, the ESO guidelines suggest measuring D-dimer before neuroimaging in patients with suspected CVST, except in those with isolated headache and in the case of prolonged duration of symptoms (i.e. > 1 week). The quality of evidence is low and the strength of recommendation is weak [28].

Diagnosis in children and neonates

In children, imaging techniques for diagnosis are the same as in adults, whereas in neonates the first choice is the transfontanellar doppler ultrasound, which has the advantage of being extensively available and non-invasive, albeit strongly operator dependent. In the case of inconclusive results and a persistent clinical suspicion of CVST, enhanced CT scan and MRI must be performed.

Prognosis

For a long time CVST has been considered a life-threatening condition, but the case fatality rate has decreased proportionally over time, from more than 50% to 5–10% [29]. Increased clinical awareness, the advancement of neuroimaging techniques and the improvement in therapeutic management have enabled earlier diagnosis and identification of less severe cases, ensuring a better prognosis. However, data on clinical outcome stem from

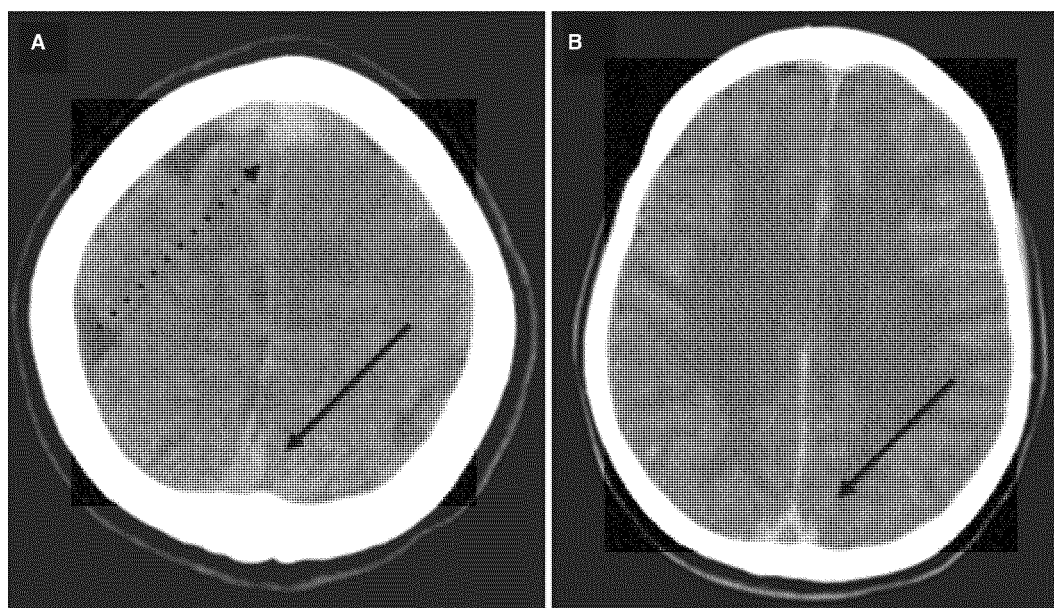


Fig. 2. Superior sagittal sinus thrombosis on computed tomography (CT) scan. (A) Unenhanced CT scan showing the dense triangle sign (arrow) and a peri-thrombotic frontal hemorrhagic suffusion (dashed arrow). (B) Enhanced CT scan showing the empty delta sign (arrow) of the superior sagittal sinus.

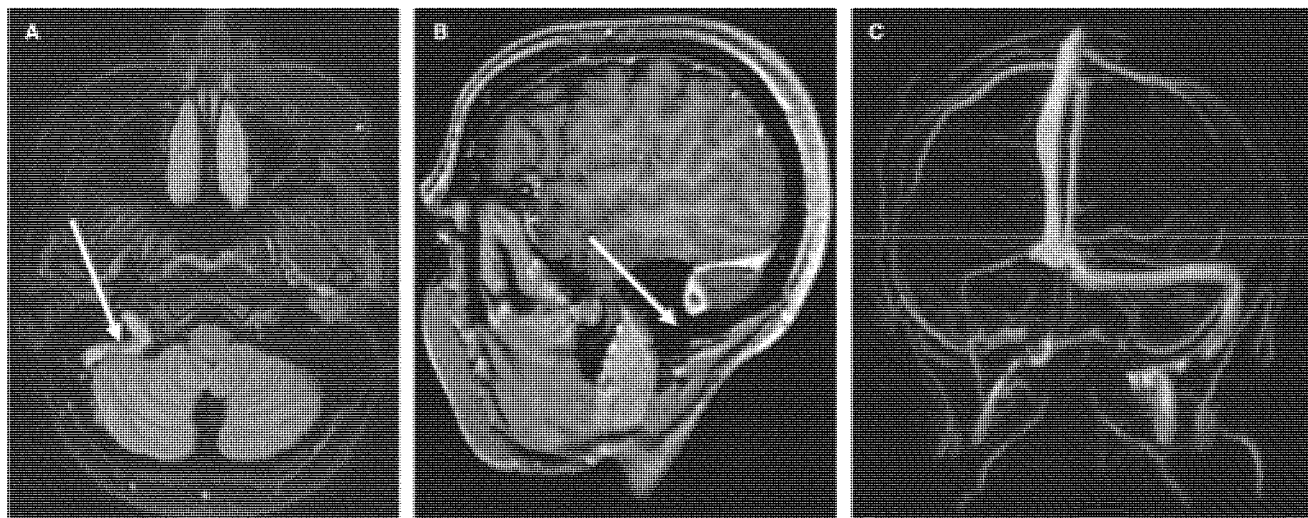


Fig. 3. Cerebral sinus vein thrombosis on magnetic resonance imaging (MRI) sequences. (A) Fluid attenuated inversion recovery axial sequence showing absence of flow-void in the right sigmoid sinus (arrow). (B) Sagittal contrast enhanced T1-weighted sequence showing a partial occlusion of the right sigmoid sinus (arrow). (C) Three-dimensional reconstruction of the cerebral venous system showing the absence of flow in the right transverse and sigmoid sinuses and right internal jugular vein.

studies with small sample sizes, which suffer from methodological heterogeneity and are usually referred for follow-up visits for up to only 12 months. The clinical course of the acute phase is unpredictable and in approximately 5% of patients intracranial hemorrhage followed by herniation, seizures, pulmonary embolism or severe comorbidity can be fatal [16,30,31]. A minority of patients with CVST (15–20%), have different degrees of permanent disability or die [16,32]. A meta-analysis reported an overall mortality of 9.4% (122 deaths among 1303 patients), although the causes of death during follow-up were mainly related to concomitant diseases (e.g. cancer) rather than to CVST itself [30,33]. The majority of patients who recover completely achieve relative independence, usually expressed as between 0 and 2 on the modified Rankin Scale (mRS), although mild residual symptoms, such as headache, motor deficits, linguistic difficulties, and impaired vision or cognition, often remain [16,34–36]. Only 5–10% of patients who survive the acute phase remain moderately or severely dependent (mRS 3 or 4) [16,34]; however, this proportion increases up to 34% in those with massive CVST [37].

Recanalization

To date, few studies with small sample sizes have investigated the recanalization rate of CVST. Differences in the definition of recanalization and time of evaluation across studies make it difficult to pool data and to provide homogenous results. With these limitations, the rate of recanalization (complete or partial) is around 85%, ranging between 73% and 93% [30,38]. Almost 50% of cases achieve a complete recanalization after a median time of

6 months. Recanalization occurs mainly in the first months after CVST and is a dynamic process continuing for up to 12 months, whereas recanalization after 1 year is rare [30,38,39]. A late recanalization has been described in patients with CVST, occurring during hormonal treatment [39]. Controversial and limited data are available regarding the influence of the degree of recanalization on functional outcome [40,41]. One study reported a greater chance of good functional outcome associated with complete recanalization [38], whereas others did not confirm this finding [39,42]. A recent large study including 508 patients showed a high recanalization rate at 3 months after CVST (81%) and an independent association between recanalization and a favorable neurological outcome [43].

Recurrence rate

Data on recurrent venous thrombosis derive mainly from studies with small sample sizes and retrospective design, underpowered to detect potential risk factors for recurrence. The overall incidence of recurrent venous thrombosis within the first year after a first episode of CVST is estimated at around 4 per 100 patient-years (p-y) [44]; that of recurrent CVST is 0.5% to 2.2% p-y and that of recurrent deep vein thrombosis of the lower limbs and/or pulmonary embolism is 1.1% to 5.0% p-y [16,44–47]. Notably, male sex is associated with a 7-fold increased risk of recurrence [44,46]. Cohort studies on long-term evaluation of the risk of recurrent thrombosis after anticoagulant therapy discontinuation showed higher figures in the first period (5.0% p-y, 2.6% p-y and 1.7% p-y in the first, third and tenth year after discontinuation,

respectively) for an overall risk of 2 to 3.5 per 100 p-y [46,47].

Prognosis in children and neonates

The mortality rate varies from 5% to 10% and increases up to 25% in newborns [48]. Few studies have investigated the clinical outcome of neonates and children who survive the acute phase of CVST and no data on their subsequent neurodevelopment are available. The longest observational period was described in a large prospective study that included 104 neonates followed for a median period of 2.5 years (range 6 months to 15 years) [49]. Prognosis in children seems worse than in adults, with 20–70% of patients presenting residual neurological deficits [13,49,50]. In a series of 42 neonates, one died and only 21% of those who completed 2 years of follow-up recovered completely [51]. A European cohort study reported a recanalization rate of 69% (46% complete and 42% partial) between 3 and 6 months after CVST [52], and another recent study found a rate of 85% at 3 months in neonates compared with 56% in children [53]. Despite the limited data, complete recanalization seems to occur earlier in children than in adults, particularly in neonates [53].

The recurrence rate of thrombosis varies between 0% and 20% [15,48–50], with the highest figures in children older than 2 years [11,52]; this is mainly due to underlying systemic diseases (e.g. systemic lupus erythematosus and Behçet disease) [54]. The avoidance of anticoagulant therapy, the lack of recanalization and the presence of the G20210A prothrombin gene mutation have all been associated with an increased risk of recurrence of 11.2-, 4.1- and 4.3-fold, respectively [38,52].

Risk factors

Like any thrombosis, CVST has a multifactorial etiology (Table 1). In 85% of patients at least one risk factor is identified and 50% of events are triggered by the interaction of more risk factors. A small proportion of cases remains idiopathic (i.e. no direct cause or risk factor can be identified) [16,55].

Sex related

CVST is more common in women of reproductive age than in men, as a result of the use of oral contraceptives or hormone replacement therapy, pregnancy and the puerperium [56]. Oral contraceptive use is by far the most common risk factor, reported in more than 80% of women in various series and associated with a pooled estimate of approximately 6-fold increased risk of CVST [57]. A recent case–control study showed that overweight and obesity in women using oral contraceptives further increased the risk of CVST up to 30-fold in a dose-

Table 1 Risk factors for cerebral vs. sinus thrombosis

Permanent risk factors	Transient risk factors
Inherited thrombophilia Prothrombin G20210A mutation Factor V Leiden Antithrombin deficiency	Sex related Oral contraceptive
Protein C deficiency Protein S deficiency	Pregnancy Puerperium
	Infections Head and neck infections (e.g. mastoiditis, sinusitis, otitis, osteomyelitis, abscess and meningitis)
Malignancy Advanced-stage cancer	Malignancy Cerebral and non-cerebral solid cancer
Systemic diseases Antiphospholipid syndrome	Mechanical Head trauma, neurosurgical procedures, lumbar puncture, jugular vein catheterization
Autoimmune diseases (systemic lupus erythematosus, Behçet disease and vasculitis) Inflammatory bowel diseases Nephrotic syndrome	Other L-asparaginase treatment Severe dehydration
Hematological diseases Paroxysmal nocturnal hemoglobinuria Sickle cell disease	Severe anemia Obesity
β -thalassemia, myeloproliferative neoplasms	Maternal (specific for neonates) Maternal infections Obstetrical trauma Obstetrical complications (gestational diabetes, preeclampsia/eclampsia and premature rupture of membranes)

dependent manner [58]. An increase in risk also occurs with the multiplicative interaction between oral contraceptive use and the presence of thrombophilia abnormalities [59,60]. Pregnancy or the puerperium are responsible for 5–20% of CVST, with an incidence of 12 cases per 100 000 deliveries [4,56,61].

Thrombophilia abnormalities

Inherited thrombophilia abnormalities, that is, the common gain-of-function mutations in factor (F) V and FII (FV Leiden and prothrombin G20210A polymorphism) and the rare lack-of-function deficiencies in antithrombin, protein C and protein S, are well-established risk factors for venous thromboembolism, including CVST. Heterozygous FV Leiden or prothrombin polymorphism are reported in 6–24% of patients with CVST, with the latter being more prevalent in several case series [16,62,63]. A recent meta-analysis that included 23 cohort and 33 case–control studies reported a solid risk estimate of CVST for

prothrombin polymorphism (OR, 6.05; 95% CI, 4.12–8.90) and FV Leiden (2.89; 95% CI, 2.10–3.97), and a strong estimate for protein C (OR, 8.35; 95% CI, 2.61–26.67) and protein S (OR, 6.45; 95% CI, 1.89–22.03) deficiency [62]. With regard to the severe acquired thrombophilia due to the presence of antiphospholipid antibodies, data on the association with CVST are lacking and only case reports or small case series are available [30,63–65]. A study of 163 patients with CVST and 163 with deep vein thrombosis showed a stronger association of anticardiolipin antibodies with the former rather than the latter (17% vs. 4%) [65]. Data are scanty for other thrombophilia markers such as high FVIII and hyperhomocysteinemia. Only one case-control study investigated the association between high FVIII and CVST, showing higher levels in patients than controls [66]. Hyperhomocysteinemia is associated with a 3-fold increased risk of CVST [62,64]; however, the homozygous MTHFR C677T polymorphism, a genetic determinant of homocysteine levels, does not independently increase the risk of CVST [64,67].

Cancer

Approximately 7% of patients with CVST have a concomitant solid (cerebral or non-cerebral) or hematological cancer [16,47]. In a recent case-control study, among 594 patients with CVST the prevalence of cancer was 8.9%, for a nearly 5-fold increased risk (OR, 4.86; 95% CI, 3.46–6.81) [33]. Moreover, CVST can be a complication of chemotherapy with L-asparaginase. Out of 706 treated patients, 22 (3.1%) developed CVST, 20 of whom during treatment with L-asparaginase [68]. Although the incidence rate of CVST in patients with myeloproliferative neoplasms (MPN) is around 1%, approximately 4% of patients with CVST have an overt myeloproliferative neoplasm [69–71]. Hence, such diseases must be suspected and appropriately searched for in patients with CVST.

Systemic diseases and infections

CVST occurs in 0.5–7.5% of patients with chronic inflammatory bowel diseases, as a complication of the hypercoagulable state due to mucosal inflammation that leads to upregulation of tissue factor, high platelet count and impaired fibrinolysis [72,73]. Additional systemic conditions are vasculitis, especially Behçet disease, with an incidence rate for CVST of 3 per 1000 p-y [74], whereas few data are available on systemic lupus erythematosus and nephrotic syndrome [75]. A local infection becomes a strong risk factor for CVST through endothelial injury and activation of procoagulant pathways. The most common are otitis, mastoiditis, sinusitis, meningitis, skin or dental infections. However, in the antibiotic era the prevalence of infection-related CVST has dropped to 8–12%, although it remains higher in less developed countries [9,16,47].

Other risk factors

Additional mechanical risk factors for CVST include neurosurgery, internal jugular catheterization and lumbar puncture [3,4]. Regarding genetic causes, several loci on chromosome 6 (within the human histocompatibility complex) and chromosome 9 (close to the ABO gene) have been involved in the development of CVST [76], although these associations remain to be confirmed in large genome-wide association studies [77]. The association of CVST with other candidate genes, such as plasminogen activator inhibitor-1 4G/5G polymorphism [78] and protein Z G79A polymorphism [79], remains controversial. Janus Kinase-2 (JAK2) V617F somatic mutation, a primary molecular marker of Philadelphia-negative MPN, is also present in a small percentage (0–6.2%) of CVST without an overt MPN and it could be linked to an increased risk of cerebral thrombosis [80,81].

Risk factors in children and neonates

As in adults, CVST in children and neonates has a multifactorial etiology. Compared with adults, children develop idiopathic events less frequently and have a partially different set of risk factors due to anatomical and rheological characteristics of the cerebral circulation. The hemostatic system in children is in a dynamic state, with quantitative and qualitative differences in coagulation factors compared with adults. In neonates the hemostatic system is accelerated as a result of decreased levels of the natural anticoagulant proteins (antithrombin, protein C and protein S) that rise up to physiological adult levels at approximately 6 months after birth [82,83]. Despite this, neonates have a good hemostatic balance that can be altered by concomitant comorbidities such as systemic or local infections, dehydration, chronic renal failure and brain tumors [84,85]. In neonates there are also obstetrical predisposing conditions, including premature rupture of membranes, infections, gestational diabetes, hypertension and hypoxic ischemic injury [86]. Specifically, the compression of the skull bones during delivery can result in damage of the dural venous sinuses and this, together with typical neonatal dehydration, can increase the risk of CVST development [24,87]. Additionally, the usual supine position assumed by neonates has a major influence on intracranial venous outflow, contributing to local venous stasis. This happens particularly in the thrombosis of the superior sagittal sinus (OR, 2.5; 95% CI, 1.07–5.67) [84]. In children and adolescents, head and neck infections (otitis media, mastoiditis and sinusitis) are the most common risk factors for CVST [11,13,85,88]. Other risk factors observed in more than 50% of cases include underlying chronic diseases such as nephrotic syndrome (which confers an acquired prothrombotic state due to urinary loss of anticoagulant proteins) [89], liver diseases [11], systemic lupus erythematosus [90], malignancy

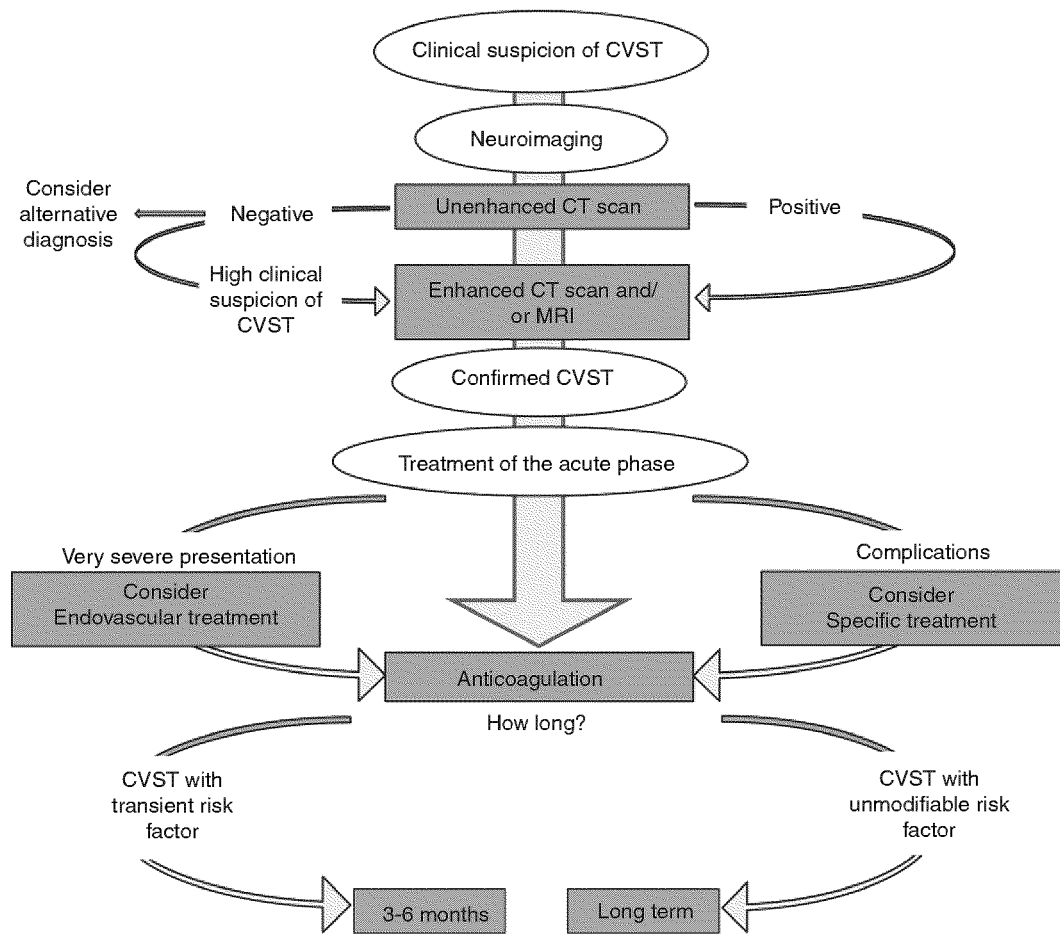


Fig. 4. Diagnostic and therapeutic algorithm in cerebral venous sinus thrombosis.

[15,91], head trauma or neurosurgery [48,49]. CVST has also been reported in children with iron deficiency anemia and to a lesser extent with hemolytic anemia, β -thalassaemia and sickle cell disease[15]. Inherited thrombophilia has been poorly investigated in pediatric CVST and reported in 20% to 62% of cases [11,12,15,48]. The association of CVST with FV Leiden and prothrombin G20210A polymorphism appears weaker in children than in adults [12,15,92]. The combination of acquired thrombophilia and underlying conditions provides a major contribution to the pathogenesis of pediatric CVST [12,89].

Treatment of the acute phase

Anticoagulant treatment

The use of heparin was first described in 1942 by a British gynecologist who successfully treated a puerpera with CVST [93]. The initial indication of anticoagulation in patients with CVST comes from two small randomized controlled trials performed in the 1990s that compared heparin with placebo. The first included 20 patients and was prematurely stopped because of safety concerns due to 3/10 intracranial hemorrhages in the placebo group

compared to 0/10 in the unfractionated heparin (UFH) arm [94]. The second study included 59 patients and showed a better outcome in the low-molecular-weight heparin (LMWH) arm (death or dependence rate 13% vs. 21%) [95]. A subsequent meta-analysis of the two trials showed a 13% reduction in the risk of death or dependency in patients treated with heparin [96]. None of the 18 patients with intracranial hemorrhage included in the two studies cited above and treated with heparin had worsened bleeding [94,95]. An observational study including 102 CVST patients with hemorrhagic venous infarction or subarachnoid hemorrhage treated with LMWH or UFH showed a deterioration in clinical course only in 11% of patients, without a difference between the two treatment group [97]. Based on these data, current guidelines state that intracranial hemorrhage does not represent a contraindication to anticoagulant therapy in the acute phase of CVST [28]. Our personal opinion is to use sub-therapeutic doses (i.e. 50–75% of the full dose) of LMWH in the case of vast intracranial hemorrhage. No consensus exists on the superiority of one type of heparin over the other. The first indirect comparison between LMWH and UFH in patients with CVST was made in the framework of the ISCVT study and showed a lower

Table 2 Ongoing clinical trials in patients with cerebral venous sinus thrombosis.

Title	NCT number	Study type and design	Interventions	Primary outcome	Estimated completion date	Age of patients enrolled
A Clinical Trial Comparing Efficacy and Safety of Dabigatran Etexilate With Warfarin in Patients With Cerebral Venous and Dural Sinus Thrombosis (RE-SPECT CVT)	NCT02913326	Interventional randomized (phase 3)	Dabigatran etexilate vs. warfarin for 6 months	Composite rate of major bleeding and venous thromboembolism	June 2018	18–78 years
The Efficacy and Safety of Dabigatran Etexilate for the Treatment of Cerebral Venous Thrombosis	NCT03217448	Interventional randomized (phase 3)	Dabigatran etexilate vs. warfarin for 6 months	Incidence of recanalized veins after 6 months	January 2019	18–80 years
Comparison of the Efficacy of Rivroxaban to Coumadin (Warfarin) in Cerebral Venous Thrombosis	NCT03191305	Non-randomized, parallel assignment	Rivaroxaban vs. warfarin	Recurrent CVT or any hemorrhage	September 2018	13–50 years
Study of Rivaroxaban for CeREbral Venous Thrombosis (SECRET)	NCT03178864	Prospective randomized controlled (phase 2)	Rivaroxaban vs. standard of care	Composite rate of all-cause mortality, symptomatic intracranial bleeding, major extracranial bleeding	June 2020	≥18 years
Thrombolysis or Anticoagulation for Cerebral Venous Thrombosis (TO-ACT)	NCT01204333	Interventional randomized (phase 3)	Endovascular local thrombolysis vs. heparin	Favorable clinical outcome (mRS 0-1) at 12 months	Completed	≥18 years
Thrombin Generation and Thrombus Degradation in Cerebral Venous Thrombosis: Clinical and Radiological Correlations	NCT02013635	Observational prospective case-only	Non-interventional	Evolution of thrombin generation parameters and D-dimer levels from baseline and correlation with clinical presentation	Completed	≥16 years
The Role of Factor XIII Activation Peptide and D-dimer Values for the Diagnosis of Cerebral Venous Thrombosis (CVT)	NCT00924859	Observational prospective case-only	Non-interventional	To assess the overall accuracy of D-dimer and FXIII-AP (activation peptide) using a newly developed ELISA test, to exclude CVT in patients with clinical suspicion of CVT	Completed	18–85 years

incidence of disability at 6 months in the LMWH group, without differences in overall survival [98]. Subsequently, two randomized controlled trials compared LMWH and UFH. The first showed a significantly lower mortality rate in the LMWH group (0% vs. 18.8%) [99], whereas the second showed no differences between the two groups in mortality (3.8% vs. 5.6%) and in new symptomatic intracranial hemorrhage (none in both groups) [100]. UFH, with its shorter half-life and easier reversibility, can be preferred in unstable patients or in those requiring invasive procedures.

Thrombolysis and endovascular treatment

No randomized clinical trials have assessed the role of systemic thrombolysis in CVST. The most recent systematic review on this issue included only case reports and case series for a total of 26 patients [101]. Urokinase was the most frequently administered thrombolytic agent (73.1%), whereas streptokinase and recombinant tissue plasminogen activator (rt-PA) were used in 7.7% of cases

each. Extracranial hemorrhage occurred in five patients (19.2%) and intracranial in three (11.5%), with two deaths. Partial or complete recanalization occurred in 16 patients (61.5%). Only case reports and small case series are available in the literature on endovascular treatment of CVST with local thrombolysis (urokinase, streptokinase or rt-PA) and mechanical thrombectomy. This treatment should be reserved for patients with a very severe presentation or rapidly declining neurological symptoms despite appropriate anticoagulant therapy, after exclusion of other causes of deterioration. Endovascular treatment is associated with a high risk of intracranial hemorrhage (7.6%) and mortality (9.2%), half of which are due to new onset or worsening of pre-existing intracranial hemorrhage [102]. These estimates are likely to be underestimated because of the publication bias in favor of successful case reports. The randomized controlled trial TO-ACT (NCT01204333) comparing local thrombolysis and heparin treatment has been prematurely interrupted after the inclusion of 67 patients because of no difference in primary outcome (mRS 0–1 at 12 months) [103].

Hence, currently available data raise concerns about safety of thrombolysis and endovascular treatment in patients with CVST.

Treatment of complications

The most severe patients present complications in the acute phase that require specific management. In the case of seizures, antiepileptic drugs are indicated to prevent recurrences, although the optimal duration of this therapy and its use as primary prophylaxis are not well established. In the case of hydrocephalus associated with neurological deterioration, shunting procedures to drain excess cerebrospinal fluid are required after temporary withdrawal of anticoagulation. Intracranial hypertension does not usually require treatment, but in symptomatic cases shunting procedures or serial lumbar puncture are required to promptly reduce intracranial pressure in case of papilledema and reduced visual acuity. Acetazolamide can also be administered to reduce cerebrospinal fluid production [28]. Rarely, patients with CVST present transtentorial herniation in the acute phase and need decompressive surgery, a lifesaving procedure. A prospective evaluation of the outcome of patients with CVST undergoing decompressive surgery is ongoing (DECOMPRESS-2 registry) and the interim analysis on 22 patients showed a 6-month mortality rate of 23.8% in patients treated vs. 100% in those not treated [104]. The role of steroids in reducing vasogenic edema is controversial; their use is not suggested in acute CVST, particularly in patients without parenchymal lesions, whereas it is recommended in CVST with an associated inflammatory disease (e.g. Behçet's disease) [28].

Treatment of the chronic phase

The optimal duration of anticoagulant therapy for secondary prevention of CVST should be decided for the single patient, evaluating the risk–benefit ratio. The absolute risk of recurrent thrombosis is low and long-term anticoagulation is reserved for patients with persistent and unmodifiable risk factors (e.g. severe thrombophilia, or solid or hematological neoplasms) and those with recurrent CVST. Whether also patients with unprovoked CVST should continue anticoagulation is not known (Fig. 4). AHA/ASA guidelines recommend that patients with CVST secondary to a transient risk factor receive anticoagulant therapy with a vitamin K antagonist (VKAs) for 3–6 months, maintaining an INR range between 2 and 3, whereas those with unprovoked CVST receive therapy for 6–12 months [24]. An exception is CVST during pregnancy, which requires therapeutic doses of LMWH possibly adjusted for body-weight to ensure efficacy until delivery [28] because of the teratogenic effect of VKAs. AHA/ASA guidelines recommend antiplatelet therapy after a period of anticoagulation in patients with CVST without a recognized thrombophilia,

although in the absence of controlled trials or observational studies this indication sounds arbitrary [105]. In line with studies conducted in patients with venous thromboembolism, we might accept the recommendation for patients with unprovoked events. Randomized clinical trials are required and the ongoing EXCOA-CVT study comparing a short (3–6 months) with a long (12 months) duration of oral anticoagulant therapy in patients with CVST will provide new insights into this crucial issue [106]. Recanalization of CVST can be considered among the criteria, potentially helping the decision on the optimal duration of anticoagulant therapy. Repeat imaging (CT or MRI) is recommended at 3–6 months from the index event or in the case of persistent or recurrent symptoms suggestive of CVST during anticoagulation therapy [24]. In the case of complete recanalization further neuroimaging is not required, whereas in the case of partial recanalization we suggest considering the possibility of prolonging anticoagulation until a reassessment at 12 months from the event. Another emerging issue in the treatment of CVST is the role of direct oral anticoagulants (DOACs), which showed a similar efficacy and a better safety profile compared with VKAs in patients with proximal deep vein thrombosis of the lower limbs or pulmonary embolism. All phase III clinical trials on the use of DOACs excluded patients with CVST and we thus have no certainties on their appropriateness for these patients, although three case series including respectively two, six and seven patients treated with rivaroxaban, confirmed its safety [107–109]. Clinical trials comparing efficacy and safety of dabigatran etexilate or rivaroxaban with warfarin or standard of care are ongoing (Table 2).

Secondary prevention

Concerning antithrombotic prophylaxis in high-risk situations after a first episode of CVST, it has been proposed to follow suggestions reported in guidelines on extracranial venous thrombosis. Concerning pregnancy, prophylactic doses of LMWH for women who discontinued oral anticoagulation are recommended [24].

Treatment in children and neonates

In children, the correction of concomitant conditions such as dehydration or infections is of crucial importance, even more so than in adults. When CVST is secondary to otitis media complicated by mastoiditis, antibiotic treatment with cephalosporins is indicated. Antibiotics are also used in patients with infection-related jugular vein thrombosis (Lemierre's syndrome), in particular against anaerobic microorganisms such as *Fusobacterium necrophorum*. In the absence of randomized controlled trials on anticoagulant treatment in children with CVST, current guidelines recommend doses of therapeutic heparin independently of concomitant intracranial hemorrhage and endovascular

treatment for patients with rapidly deteriorating neurological functions despite adequate anticoagulation, similarly to adults [110]. For neonates there is no consensus on the management of the acute phase, and both anticoagulation or a conservative approach should be considered, treating concomitant illnesses. A promising alternative to the parenteral heparin or VKAs that require laboratory monitoring (very uncomfortable in the pediatric population) are DOACs, at present under investigation in any phase trials [111]. The optimal duration of anticoagulant treatment is not well established; however, 6 weeks to 3 months are recommended for neonates, and 3 to 6 months for children [112].

Thrombolysis should be used only in highly selected patients because of the risk of bleeding, which is particularly high in neonates due to their immature hemostatic system. Moreover, the naturally low levels of plasminogen in neonates may decrease the efficacy of chemical thrombolysis and some authors suggest infusion of plasminogen through fresh frozen plasma before the procedure [110].

Conclusions

Despite its low incidence rate, CVST represents one of the leading causes of stroke in young adults. A prompt diagnosis is necessary to avoid acute complications and long-term disabilities. The mainstay of therapy is anticoagulation, even if the optimal duration of treatment is currently under investigation. DOACs represent a fascinating option for treatment of CVST, taking into consideration their safety profile and the lack of laboratory monitoring. Clinical trials with DOACs are currently ongoing in adults and children and their results will help in decision making.

Addendum

M. Capecchi and M. Abbattista reviewed the literature and wrote the paper. I. Martinelli established the structure of the manuscript and reviewed the final version. All authors approved the final manuscript.

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Disclosure of Conflict of Interests

The authors state that they have no conflict of interest.

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	N	%
Rural populations	36	90%
Mobile clinics	35	88%
Corrections populations	34	85%
Persons experiencing homelessness	33	83%
Primary care providers	28	70%
College students	28	70%
Homebound	5	13%
Other	13	33%