

State Board of Health
September 22, 2022 - 9:00am
Perimeter Center, Boardroom 2

Members Present: Gary Critzer, Chair; Michael Desjaton; Melissa Green; Elizabeth Ruffin Harrison; Anna Jeng; Lee Jones; Patricia Kinser, PhD; Wendy Kline, MD, Vice Chair; Patricia O'Bannon; Holly Puritz, MD; Maribel Ramos; Jim Shuler; Stacey Swartz, PharmD; Ann B.R. Vaughters, MD; Mary Margarget Whipple

Dr. Puritz attended remotely due to work obligations that required she be physically present in Norfolk. Ms. Ramos participated remotely due to a temporary medical condition (contagious disease) from her home in Alexandria. Dr. Kinser participated virtually due to a temporary medical condition (contagious disease) from her home in Richmond.

VDH Staff Present: Michael Capps, Senior Policy Analyst; Tiffany Ford, Deputy Commissioner for Administration; Colin Greene, State Health Commissioner; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Parham Jaber, Deputy Commissioner for Community Health Services; Alexandra Jansson, Senior Policy Analyst; Lilian Peake, State Epidemiologist and Director, Office of Epidemiology; Maria Reppas, Director, Office of Communications.

Other Staff Present: Robin Kurz, JD, Senior Assistant Attorney General

Call to Order

Mr. Critzer called the meeting to order at 9:03am.

Introductions

Mr. Critzer welcomed those in attendance to the meeting. Mr. Critzer then started the introductions of the Board members and VDH staff present.

Review of Agenda

Ms. Jansson reviewed the agenda and the items contained in the Board's binder.

Approval of June 23, 2022 Minutes

Dr. Swartz made the motion to approve the minutes from the June 23, 2022 meeting with Ms. Whipple seconding the motion. The minutes were approved unanimously by voice vote with 2 abstentions from Mrs. O'Bannon and Ms. Harrison who were absent from the previous meeting.

Commissioner's Report

Dr. Greene provided the Commissioner's Report to the Board. He updated the Board on key issues and projects VDH is engaged in including:

- Agency Stars
- COVID-19 Update
- Monkeypox Update
- Opioid Abatement Authority/Substance Misuse
- Partnership for Petersburg
- Infrastructure Grant/Collaboration with DBHDS
- Emergency Preparedness Summit/Hurricane Season
- Facilities Broadband Initiative

- Electronic Health Record Initiative
- Public Policy Agenda

There was discussion regarding partnerships and help with change management; COVID in southwest and rural Virginia and outreach strategies to increase vaccinations; bivalent vaccine supply and distributions; flu trends; and if there was any impact to women's health or abortion access in Virginia as a result of the *Dobbs* decision.

Regulatory Action Update

Michael Capps reviewed the summary of all pending VDH regulatory actions.

Since the June 2022 meeting, the Commissioner approved four regulatory actions on behalf of the Board while the Board was not in session. First, the Commissioner approved three Notices of Intended Regulatory Action (NOIRAs) for the Virginia Hearing Impairment Identification and Monitoring System (12VAC5-80); Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools (12VAC5-460); and Swimming Pool Regulations Governing the Posting of Water Quality Results (12VAC5-462). These NOIRAs followed periodic reviews and will update the respective Regulations by removing outdated information and incorporating recommendations and national best practices. The Commissioner also approved final exempt action for the Food Regulation (12VAC5-421) to comply with Chapter 393 of the 2022 Acts of Assembly, removing the requirement that an establishment that sells only prepared food have a certified food protection manager on site during all hours of operation.

Since the June 2022 meeting the Commissioner has taken no non-regulatory action on behalf of the Board while the Board was not in session.

Mr. Capps advised the Board that there are 18 periodic reviews in progress:

- 12 VAC 5-20 Regulations for the Conduct of Human Research
- 12 VAC 5-110 Regulations for the Immunization of School Children
- 12 VAC 5-125 Regulations for Bedding and Upholstered Furniture Inspection Program
- 12 VAC 5-150 Regulations for the Sanitary Control of Storing, Processing, Packing or Repacking of Oysters, Clams and Other Shellfish
- 12 VAC 5-160 Regulations for the Sanitary Control of the Picking, Packing and Marketing of Crab Meat for Human Consumption
- 12 VAC5-191 State Plan for the Children with Special Health Care Needs Program
- 12 VAC 5-200 Regulations Governing Eligibility Standards and Charges for Health Care Services to Individuals
- 12 VAC 5-216 Methodology to Measure Efficiency and Productivity of Health Care Institutions
- 12 VAC 5-217 Regulations of the Patient Level Data System
- 12 VAC 5-218 Rules and Regulations Governing Outpatient Data Reporting
- 12 VAC 5-220 Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations
- 12 VAC 5-407 Regulations for the Submission of Health Maintenance Organization Quality of Care Performance Information
- 12 VAC 5-408 Regulation for the Certificate of Quality Assurance of Managed Care Health Insurance Plan (MCHIP) Licensees
- 12 VAC 5-410 Regulations for the Licensure of Hospitals in Virginia
- 12 VAC 5-431 Sanitary Regulations for Hotels
- 12 VAC 5-508 Regulations Governing the Virginia Physician Loan Repayment Program

- 12 VAC 5-510 Guidelines for General Assembly Nursing Scholarships
- 12 VAC 5-540 Rules and Regulations for the Identification of Medically Underserved Areas in Virginia

Since the June 2022 meeting, the Executive Branch completed the review of three regulatory actions while the Board was not in session – a NOIRA for the Regulations Governing Tourist Establishment Swimming Pools and Other Public Pools (12VCA5-460), a NOIRA for the Swimming Pool Regulations Governing the Posting of Water Quality Results (12VAC5-462), and Fast Track amendments to the Sewage Handling and Disposal Regulations (12VAC5-610).

There was discussion regarding [Virginia Regulatory Town Hall](#) and how the public can use the site to follow the progress of regulatory actions.

Public Comment Period

There were six persons signed up for public comment at the meeting. Mary Ann Mundt spoke about her husband's death and hospital safety around COVID-19 protocols. Barbara Zeller shared a continuation of Mrs. Mundt's story and COVID-19 therapeutics. Doris Knick shared comments regarding vaccine safety and an upcoming forum hosted by the Virginia Medical Freedom Alliance around therapeutics. Tricia Stall spoke about standardized COVID-19 protocols and therapeutics and mentioned the upcoming forum as well. Susan Franz spoke about a therapeutics webinar hosted by VDH, COVID-19 treatment protocols and vaccine safety. Pamela Burnham shared concerns about COVID-19 vaccine safety. Speakers also shared comments which are included at the end of the minutes document.

Final Exempt Amendments to Regulations for the Immunization of School Children

Laurie Forlano presented the final exempt amendments to the Board. This amendment to the Regulations for the Immunization of School Children is necessary to maintain conformity with the Code of Virginia following language added in Chapter 1223 of the 2020 General Assembly Regular Session. As a result of that action, the list of minimum requirements for school required immunization in § 32.1-46 was amended to include additional vaccine requirements. This amendment to the regulations will bring them into compliance with the list specified in the Code of Virginia.

Prior to this Final Exempt Action, the Virginia Department of Health (VDH) published a Notice of Intended Regulatory Action followed by a 60-day public comment period, as required by § 32.1-46 subsection C. VDH received 26 comments. Twenty-four were in opposition to the action (11 generally for choice and against mandates, 10 concerns over HPV vaccine, 1 provided no explanation, 1 minimize chemicals in children, and 1 misunderstood action), one appeared to be for the action, and one was categorized as N/A because no comment was left and the title was "protect our children" which could go either way.

The proposed amendments seek to update the Regulations for the Immunization of School Children in order to adhere to the minimum immunization requirements specified in § 32.1-46. The proposed amendments are consistent with language added to the Code of Virginia as a result of Chapter 1223 of the 2020 Regular Session.

Dr. Klein made the motion to approve the final exempt regulations with Dr. Swartz seconding the motion. The proposed regulation was approved unanimously by voice vote.

Proposed Regulation for Sexual Assault Survivor Treatment and Transfer

Rebekah Allen presented the proposed regulation to the Board. Chapter 725 (2020 Acts of Assembly) created Article 8 of Chapter 5 of Title 32.1 of the Code of Virginia, which requires the Board to promulgate regulations to effectuate the act, specifically the standards for review and approval of sexual assault survivor (SAS) transfer plans (§ 32.1-162.15:5), pediatric sexual assault survivor (PSAS) transfer plans (§ 32.1-162.15:5 and subsection C of § 32.1-162.15:6), SAS treatment plans (subsection A of §32.1-162.15:4), and PSAS treatment plans (subsection B of § 32.1-162.15:6). As the requirement to have such plans extends to hospitals, clinics, and physician's offices, there is no already existing regulatory chapter that would best fit this mandate, so the Virginia Board of Health intends to promulgate a new regulatory chapter for these standards.

Dr. Klein made a motion to approve the proposed regulation with Dr. Swartz seconding the motion. There was discussion regarding the need for these regulations to ensure access to care for survivors and PSAS treatment and transfer requirements including Sexual Assault Forensic Examiner staffing availability, the costs to pediatric facilities, differences between treatment and transfer plans, and mandated reporting. The proposed regulation was approved unanimously by voice vote.

Proposed Regulation for Prescription Drug Price Transparency

Ms. Allen presented the proposed regulation to the Board. The rationale or justification for the regulatory change is that the General Assembly enacted Chapter 304 (2021 Acts of Assembly, Special Session I) to require VDH to adopt regulations standards for prescription drug price transparency and reporting. The regulations require that reporting entities provide vital information about prescription drug pricing, which is a driver of increased healthcare costs in the Commonwealth. The goal of the regulatory change is to increase transparency of prescription drug pricing and to identify factors that may be leading to increased healthcare costs from prescription drugs. The regulation must contain the specification of prescription drugs for the purpose of data collection and procedures for auditing information provided by health carriers, pharmacy benefits managers, wholesale distributors, and manufacturers, as well as a schedule of civil penalties for failure to report the information required, based on the severity of the violation. The specification must include information required pursuant to §§ 32.1-23.4, 38.2-3407.15:6, 54.1-3436.1, and 54.1-3442.02 of the Code of Virginia.

Ms. Whipple made a motion to approve the proposed regulation with Dr. Shuler seconding the motion. There was discussion about price transparency importance and the role of pharmacy benefits managers. Mr. Desjaton made a motion to amend the proposed regulation with Ms. Green seconding the motion. The regulation was approved as amended unanimously by voice vote.

Final Amendments to Private Well Regulations

Ms. Henderson presented the Final Amendments to the Board. There have not been significant revisions to the Regulations since their adoption in 1990. The Regulations establish the minimum location and construction requirements for private wells installed in the Commonwealth. In August 2016, the VDH began a periodic review of the Regulations and formed a Private Well Regulations Workgroup. The purpose of the workgroup was to assist VDH in the development of proposed revisions to the Regulations.

The Proposed Regulations were published in Volume 38 Issue 11 of the Virginia Register of Regulations on January 17, 2022, and advertised a public comment period ending March 18, 2022. The intent of this regulatory action is to explore amendments to the Regulations based on

current industry standards, all public comments received, and feedback received from the Private Well Regulations Workgroup. The purpose is to ensure the Regulations (i) are protective of public health and the environment, (ii) address changes in current standards and practices, (iii) clarify regulatory language, and (iv) exhibit improved consistency with other regulations related to private wells and groundwater resources. No substantive changes have been made between the Proposed and Final Stages.

Dr. Jeng made a motion to approve the final amendments with Ms. Harrison seconding the motion. There was discussion about climate change, shallow soil, salt water intrusion, drinking water wells inclusion, and adjacent property owner approvals. The final amendments were approved unanimously by voice vote.

Fast Track Amendments to Regulations for the Licensure of Home Care Organizations

Ms. Allen presented the Fast Track Amendments to the Board. Chapter 172 (2022 Acts of Assembly) amended Code of Virginia § 32.1-162.9 to change home care organization (HCOs) licenses from an annual license to a three-year license. This act also mandated that the fee for renewal of an HCO license shall be \$1,500 until such time as the Board of Health may amend or repeal regulations for the licensure of home care organizations. The regulatory change is essential to protect the health, safety, or welfare of citizens because VDH cannot provide adequate inspection and oversight for HCOs if it is losing funding equal to roughly three full-time HCO inspectors. The goal of the regulatory change is to preserve VDH's current fee revenue and to eliminate inconsistencies in receiving and processing license changes and exemption requests.

It is anticipated that this action will be noncontroversial and therefore appropriate for the fast-track process because the fee amount for the new three-year HCO licenses is the same amount on a per-year basis as what the regulations mandate for a one-year license (i.e., \$500 for the prior one-year license, now \$1,500 for a three-year license) and the vast majority of HCOs are already utilizing the forms created by VDH to communicate changes to their licenses or requests for an exemption.

Dr. Schuler made the motion to approve the fast track amendments with Dr. Jeng seconding the motion. There was discussion regarding continuing education maintenance and documentation, oversight maintenance, survey and inspection process frequency and license extension to 3 years. The Fast Track amendments were approved unanimously by voice vote.

Final Amendments to the Regulations for Disease Reporting and Control

Dr. Peake presented the final amendments to the Board. The Regulations for Disease Reporting and Control provide information about the process and procedures for reporting diseases to the Virginia Department of Health (VDH), including what diseases must be reported, who must report them and other details related to reporting and disease control. VDH is proposing an amendment to the regulations to ensure all health providers report necessary public health information. This regulatory action separates COVID-19 from the category "coronavirus, severe" on the reportable disease list; removes the requirement for COVID-19 to be rapidly reportable; requires COVID-19 case and laboratory report forms be submitted electronically; clarifies that the category "laboratory directors" includes any entity that holds CLIA Certificates of Waiver; adds ethnicity and hospitalization status (if applicable) to the fields required to be reported by all parties related to COVID-19; and adds "coronavirus, severe" to the list of infectious diseases that shall be reported to persons practicing funeral services.

Dr. Vaughters made a motion to approve the final amendments with Dr. Klein seconding the motion. The final amendments were approved unanimously by voice vote.

2023 Meeting Dates

Ms. Jansson presented the dates for the 2023 meetings of the Board of Health as follows:

Thursday March 23

Thursday June 15

Thursday September 15

Friday December 15

There was no objection to these dates for the 2023 meeting dates, and they were adopted by consensus.

Other Business

No other business was presented for discussion.

Adjourn

The meeting adjourned at 12:37pm



Read The CDC Disclaimer

VAERS COVID Vaccine Adverse Event Reports

Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports. ?

All VAERS COVID Reports US/Territories/Unknown

1,407,409 Reports Through September 9, 2022 ?

30,935

DEATHS

177,050

HOSPITALIZATIONS

135,259

URGENT CARE

205,430

DOCTOR OFFICE VISITS

My name is Pamela Burnham ~~and~~ I am a nurse with more than 20 years of experience, primarily in Critical Care. I have been an Independent Nurse Consultant/Educator since 2015 with a primary focus on cancer patients of Specialized Programs of Research Centers.

I am a mom of three and a grandmother. I have never been anti-VAX and was compliant with all of the hospital healthcare requirements until 2015. However, after extensive review of vaccine research I find myself full of regret for having vaccinated my children. And the so-called COVID "vaccine" is not even a traditional vaccine but rather a largely untested experimental genetic injection, the first of its kind, with unknown long-term risks ~~in terms of cancer, fertility issues in men and women, autoimmune disease, neurological disease,~~ ~~etc.~~

Early on during the COVID crisis, many of us nurses cued in on the lies and propaganda being told to the public about the one-size-fits-all uni-treatment narrative promulgated by NIH, CDC and FDA. We knew very early on that hundreds of thousands of people would die if we didn't do something and we found ways to keep up with and share information ~~among ourselves~~. Our groups formed a network of actively involved individuals who helped thousands of Covid affected people, especially here in VA. We developed and shared promising treatment protocols using repurposed FDA-approved medications and nutritional therapies ~~that were being~~ ~~developed by groups~~ that have evolved into the highly regarded medical freedom organizations, American Frontline doctors and Frontline Covid Critical Care (FLCCC). We developed a network of deep researchers, doctors, pharmacists, nurses, rescuers, attorneys, ^{or} exemption filing experts who were, and still all working to help as many people as possible by sharing the truth to counter the public health system's uni-narrative.

Breath

I help answer questions for people from all over the world who are experiencing horrible side effects from the shots, ^{with} repeated debilitating illnesses, heartbreaking family tension and rejection, work related difficulties, functional activity breakdown, isolation, etc, from the draconian lockdowns, mandates, social restrictions, ~~like~~ ~~opening the unvaccinated,~~ violation or suspension of our fundamental human and constitutional rights and freedom, and brutal censorship and intimidation of scientific or medical viewpoint that dissents from the uni-narrative.

Today I want to share with you some of that truth that we believe would ~~have~~ ~~help~~ many Virginians make informed decisions and would have saved many lives had they known.

For example, during pregnancy, we've always been told to avoid taking any medications, including Tylenol. Mothers to-be are being terrified into ^{getting} the EUA shots and told they are safe and effective. They are far from that with upwards of 70% risk of miscarriage in those injected in the first and second trimester.

~~For example~~, 80% of children have already had covid with little to no symptoms and likely have lifetime natural immunity. On the other hand, nearly 30% of young people under age 20 who are injected with 2 Pfizer shots develop myocarditis.

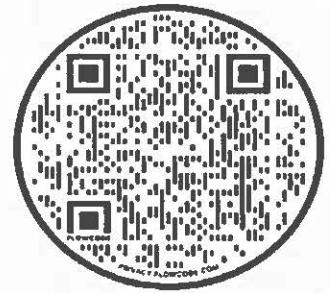
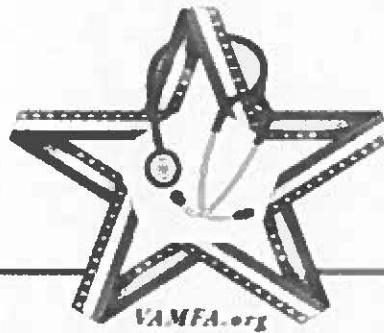
~~For example~~, ^{reports} reports from the UK government's Office of National Statistics confirm that the triple vaccinated account for 91% of Covid deaths and over 24,000 unexplained deaths in 2022.

~~For example~~, ^{There is an} urgent need to create specific research and treatment centers for the vaccine-injured who are trapped in a horrendous situation of pain and limitation. Many suicides are taking place across the globe.

~~For example~~, ^{in these shots} these shots contain mRNA which produces the Spike Protein that interacts with the immune system and may be the most toxic substance ever introduced to the human body. Many trillions of spike protein particles are produced with each injection, cause suppression of natural immune function and inflammation, crosses the blood brain barrier, affects the heart, causes many neurological disorders including tremors, lethargy, stroke, Bell's Palsy, and ALS-type disorders as well as cardiovascular disease, blood clots, and menstrual irregularities and miscarriages.

This is not an Us versus You situation. We stand for Informed Consent, Freedom of Speech and from viewpoint Censorship. We need to stand together, resist the uni-narrative and fight for freedom. (Board members and Dr. Greene, help restore scientific integrity and our trust with an honest, uncensored and open scientific dialogue between doctors and medical scientists about all the evidence. I'll look for you at the Forum on October 1st

VIRGINIA MEDICAL
FREEDOM ALLIANCE



VIRGINIA'S COVID MANAGEMENT:

A PUBLIC FORUM

Saturday October 1, 2022

Life Church • 8378 Atlee Rd

Mechanicsville VA 23116 • 1:00-4:00PM

Invited Speakers Include:

- Robert Malone MD
- Paul Marik MD

Invited Guests include:

- Gov Glenn Youngkin
- Lt Gov Winsome Sears
- Atty Gen Jason Miyares
- 140 Virginia Legislators
- And most importantly YOU!

*Virginia Government Health Officials have repeatedly
declined to participate*

*Follow the QR code or go to VAMFA.org for more
information and to register.*



Virginia Medical Freedom Alliance
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August 16, 2022

Dear Virginians:

The Virginia Medical Freedom Alliance (VAMFA) is a non-partisan coalition of Virginia doctors, allied healthcare professionals, organizations, and citizens who are concerned and alarmed by the public health system's encroachment on the ability of healthcare professionals to provide evidence-based ethical care to Virginians during the two-plus years of the COVID-19 pandemic. On July 19, 2022, we respectfully and urgently asked the Virginia Department of Health Commissioner Dr. Colin Greene and his medical scientists to participate with the VAMFA-selected independent expert medical scientists in a forum open to the public to present the evidence in reference to the prevention and treatment of Covid-19 and the use of vaccines. We also requested that Dr. Greene conduct an in-person VDH tour at multiple representative locations throughout the Commonwealth to listen to the people about their experiences related to the public health management of COVID. There has been no response.

Prior to our July letter, members of the VAMFA participated in a June 29, 2022, VDH-sponsored "open forum conversation on COVID-19 therapeutics" in which they would "be answering your questions and discussing the changing landscape of therapeutics in Virginia." We entered many questions into the chat stream. but were disappointed when they were ignored. The webinar facilitator stated that the VDH COVID-19 Therapeutics Group only focuses on interventions that have an FDA emergency use authorization (EUA) for COVID and that "VDH staff do not have the ability to respond to questions regarding medications that are not authorized by the FDA for the treatment of Covid-19." The VDH response to specific VAMFA concerns about the safety or efficacy of these products was that all have clinical trial data that is "very supportive regarding their safety and efficacy in treating COVID-19," they "use reliable sources of data" (defined as CDC, FDA and peer-reviewed articles) to inform Virginia professionals and they "must follow the NIH treatment guidelines." Questions and concerns about the COVID vaccines were deflected by promising to "facilitate getting them to our colleagues in the vaccine space and answered." We have heard nothing since then. After about thirty minutes all of us were suddenly dropped from the webinar without any warning. Some who were able to log back in were again dropped. This is a blatant example of the dangers facing all Virginians when open dialogue is prevented.

Many of the healthcare professionals that participated in the VDH June 29 COVID therapeutics forum have been treating patients with COVID-19 for more than two years. They know that hundreds of peer-reviewed studies clearly show that aggressive prevention and early outpatient multidrug treatment could have prevented 75 to 80 percent of hospitalizations and deaths attributed to COVID.ⁱ Early in the pandemic, a group of world-renowned critical care doctors and scientists collaborated as the Frontline COVID-19 Critical Care Alliance (FLCCC) to quickly develop robust prevention and treatment protocols.ⁱⁱ These protocols repurposed and incorporate multiple common, inexpensive, remarkably safe and effective FDA-approved oral medications and over-the-counter immune-fortifying nutritional therapeutics.ⁱⁱⁱ COVID is completely treatable; the standard of care is these multidrug FLCCC protocols

THE COVID VACCINE & CHILDREN

A SECOND OPINION



The number of **DEATHS & ADVERSE REACTIONS** reported after the COVID vaccine is staggering.

VAERS¹, the US Government database that tracks vaccine reactions, shows a total of **1,205,755 adverse reactions** and **26,396 deaths** following the COVID-19 vaccine (as of 3/25/22)². This is **more reports than from all previous vaccines combined**. This number is likely underreported. An HHS funded study³ shows that the VAERS system captures only 1-10% of total vaccine reactions.

Multiple well funded studies have demonstrated the negligible risk to healthy children from COVID-19. A large German study⁴ showed **zero deaths for children ages 5-11** and a case fatality rate of three per million in all children without comorbidities. And a Johns Hopkins study⁵ of 48,000 children **showed a zero mortality rate** in children under 18 without comorbidities. Another study in *Nature Medicine*⁶ showed children under 18 without comorbidities had **virtually no risk of death**.

Healthy children face virtually **ZERO RISK** of death from COVID.



THE CLINICAL TRIALS for children 2 to < 5 years old **FAILED**.

Pfizer's application for EUA of two doses of its vaccine **failed in clinical trials**⁷ as it did not produce antibodies in children 2 to <5 years old. **They were forced to withdraw the application** in February 2022, and will now apply to the FDA for a three-dose series once more data is available in April.

A study in *Nature Communications*⁸ suggests **children's bodies clear the virus more easily** than adults. Another study in *Nature Immunology*⁹ demonstrates how **children efficiently mount effective immune responses**: "immune systems that naturally generate robust, cross-reactive and sustained immune responses to SARS-Cov-2 ..."

Children's bodies are uniquely suited to handle COVID-19 with a **SURVIVAL RATE OF 99.995%**



REFERENCES

1. [digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system](https://www.fda.gov/oc/ohrt/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system)
2. medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19
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4. [medrxiv.org/content/10.1101/2021.11.30.21267048v1](https://www.medrxiv.org/content/10.1101/2021.11.30.21267048v1)
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Children's Health Defense
childrenshealthdefense.org



COVID SHOTS & KIDS

A GUIDE FOR PARENTS + CAREGIVERS
ABOUT **INFORMED CONSENT** FOR COVID
SHOTS IN INFANTS AND CHILDREN.



Did you know you have the right to “informed consent” before receiving a medical procedure for yourself or your dependents—especially when the procedure is experimental and used under an emergency use authorization?

Did you know by law you must be informed of the significant known or potential adverse effects of the treatment? Is your practitioner or healthcare worker doing their part in sharing this information?

Please read the following information carefully so that you can make an **informed decision** for the children in your life.

- Did you know there are no long-term safety data for COVID-19 vaccination of young children**, and the proposal is to vaccinate children under an Emergency Use Authorization (EUA)? These facts establish that vaccinating small children for COVID-19 is an experiment, not a standard medical procedure.
- Did you know that children have a 99.995% recovery rate?** And there’s a large body of medical literature indicating that **almost zero healthy children under five years old have died from COVID.**
- Did you know that COVID vaccines do not prevent transmission, nor do they prevent infection?** There is no statistically valid evidence that they prevent severe disease or death in children. Current mRNA injections were formulated based on the original Wuhan strain and were not tested for benefits against current variants in clinical trials.
- Did you know that most children are already immune? Natural immunity is superior to vaccine-induced immunity**, and vaccinating the already immune is superfluous and potentially harmful. CNBC reported in April 2022, “An estimated 95% of the U.S. population ages 16 and older had developed antibodies against the virus either through vaccination or infection as of December, according to a CDC survey of blood donor samples.” In February of 2022, the CDC said over **75% of children already have partial or full immunity to COVID.**
- Did you know that unnecessary vaccination will put children at elevated risk of vaccine harm** when it appears that most are already immune and will obtain NO benefit?
- Did you know** that multiple studies have suggested that **vaccinating after infection increases the risk of vaccine-induced side effects such as myocarditis?**

Good Afternoon State Health Commissioner & Board of Health Members,

My name is Doris Knick. As a member of the Virginia Medical Freedom Alliance (VAMFA), I request that the State Health Commissioner and each of you Board members participate in the Oct. 1st Open Public Forum hosted by VAMFA. ***It is your opportunity to start restoring scientific integrity and healing Virginians' shattered trust in their medical establishment***

You continue to deny the evidence in the Vaccine Adverse Events Reporting System (VAERS). None of us will ever be okay with the number of deaths and injuries from these Covid Shots. These are real people's lives that have been lost & impacted, not just statistics!

Here's a visual from the [Red Box Summaries on openvaers.com](https://www.redboxsummaries.com) since you don't seem to be aware of VAERS or its 1.4 million COVID vaccine Adverse Event Reports worldwide. (Banner of Injuries)

These Injuries are REAL and HORRIFYING COMMON, not RARE, yet the massive scope of the harm from the COVID injection is not represented in its VDH advertisements, FAQs or in the informed consenting process.

Did you know that more than 60% of the reports in the world are from the U.S.? In the past 2 ½ years, more than 865,000 Americans have filed adverse event reports related to the jab!

This includes 14,438 people who died after their Covid injections.

Let me repeat that: More than 14,000 Americans died.

Another 13,000 people had a LIFE-THREATENING reaction and almost 69,000 required hospitalization.

Shockingly, almost 15,000 Americans, most in the prime of their lives, are now PERMANENTLY DISABLED.

34,000 had a Severe Allergic Reaction with more than 2,000 of those almost dying of immediate anaphylactic shock.

6,000 suffered a Heart Attack and almost 9,000 more developed Myocarditis or Pericarditis.

Almost 1,800 pregnant U.S. women miscarried after being jabbed.

I could go on and on.

These Covid injections are NOT SAFE. PERIOD. End of discussion. There's no reason to even look at effectiveness if it's not safe. But to add injury to injury, this injection is also not effective in preventing transmission or infection with the COVID virus. All this is intolerable for an illness with an average 99.8% survival rate.

So where's VDH's evidence supporting your endless claims of safe and effective?

At your June 23rd quarterly meeting I shared the current VAERS data with you, but the summary sheet I provided is missing from the Public Record of that meeting. Why?

We demand that the COVID injections be immediately halted in Virginia.

We demand full and transparent investigations into the injuries and deaths caused by the COVID injections, by researchers without conflicts of interest and that the results be rapidly reported publicly.

I again urge you to participate in the Forum on October 1st, *to present your evidence supporting the COVID emergency orders, regulations and other policies that you recommended and continue to promote, and their health outcomes.* You still have time to take a first step toward acting on VDH's stated mission to protect the health and promote the well-being of all Virginians.

Mary Ann Mundt -

The hospital protocol killed my husband.

On January 8, 2021, my husband was weak and fell. I called for rescue to ask for assistance in getting him up. They insisted on taking him to the hospital. He did not want to go. We had done our research and knew hospitals were a dangerous place. As they took him away, I gave him his cell phone so we could communicate.

There was no need to believe that Bud had been exposed to Covid, but when he arrived at the hospital, they did their PCR test and said that he tested positive for Covid. We knew the tests were highly unreliable and expected this to happen at the hospital. We heard stories.

The ER doctor called me and told me they were giving Bud Remdesivir and going to put him on the ventilator. I immediately replied "Absolutely Not! Bud does not want either of those things for treatment".

The nurses told me that Bud had a UTI. I went over and picked him up and brought him home. I called our family doctor who put him on Levaquin. He initially was improving.

However, he was likely exposed to Covid in the hospital because he began to develop Covid symptoms. I called America's Frontline Doctors (AFLDS) and they helped get me some Ivermectin. He also received Monoclonal antibodies on Jan 18.

On January 19th(?) I called rescue again. They took him to the ER and kept him there. They wouldn't let him have his phone. The doctors wouldn't speak to me or let me in. For 3 days the doctors avoided me. I stood in the lobby every day waiting to speak to the doctors and waiting for a phone call, for someone, anyone to answer my questions and update on my husband's status.

I called Senator Bryce Reeves. I told him what was going on and the doctors lied when they told him they called me. I had my phone with me the entire time and was in the lobby of the hospital.

Reeves finally got them to call me and they set up a meeting with the nurses on the floor. I had the POA and Living Will that clearly stated "No Remdesivir" and "No Vent!"

I contact a doctor from the Front Line COVID-19 Critical Care Alliance (FLCCC). She advised me on all the aspects of the treatment protocol for hospitalized patients. Certain doctors tried to fight everything she advised. Some doctors were willing to help provide the correct supplements and additional recommendation from the FLCCC protocol, then the other doctors would come back in and change them. They gave him the wrong steroids and the wrong antibiotics. They kept saying, "It is not on our protocol" i.e., the hospital protocol. They agreed to give him crushed Vitamin C instead of IV Vitamin C as was recommended.

After battling between hospital doctors, on January 26th, he was able to get well enough to be moved from ICU to the Step Down unit. The doctors in the Step Down unit cut back on his supplements and meds. They refused Ivermectin and Hydroxychloroquine (HCQ).

On January 27th at 4:52am, the nurse called me and told me that Bud was angry. I tried to make arrangements to get him home on oxygen or to another hospital per the FLCCC doctor's recommendation. I wanted to get him to MCV where we knew Bud's heart doctor, but he progressively got worse to a point where he was having a lot of trouble breathing and was exhausted.

They made a deal with me and Bud saying that they would give Bud the meds we were requesting if I/we agreed to put him on the ventilator. We agreed and he was put on it for a couple days. They again refused to follow the FLCCC protocol. They followed the hospital protocol instead, which likely included remdesivir because they said he needed to go on dialysis because his kidneys were failing. I went into the ICU to see him and he was basically dead. He was cold, pale, terribly swollen, and his vent tube was bloody, as if he had been coughing up blood.

They called me later and told me they did CPR on him two times and he did not recover. They said he died of a cardiac arrest.

This is one example of the chaos created by rigid inflexible protocols. Doctors are not treating the patient, they are just following a protocol. My husband would be alive if the hospital would have followed the FLCCC protocol. My husband would be alive if I was allowed to visit and advocate for him. My husband would be alive if the hospital would have treated him like a human being instead of another statistic. I was repeatedly lied to and no one is being held accountable. Hospital protocols killed my husband and thousands of Covid patients because of rigid inflexibility. Members of the Virginia Department of Health are also responsible because you refused to look at the evidence in support of alternative treatment. The FLCCC protocol and other protocols save lives and you refused to listen to international experts working within the state of Virginia. Your arrogance is shameful.

Good Afternoon State Health Commissioner & Board of Health Members,

My name is Doris Knick. As a member of the Virginia Medical Freedom Alliance (VAMFA), I request that the State Health Commissioner and each of you Board members participate in the Oct. 1st Open Public Forum hosted by VAMFA. ***It is your opportunity to start restoring scientific integrity and healing Virginians' shattered trust in their medical establishment***

You continue to deny the evidence in the Vaccine Adverse Events Reporting System (VAERS). None of us will ever be okay with the number of deaths and injuries from these Covid Shots. These are real people's lives that have been lost & impacted, not just statistics!

Here's a visual from the [Red Box Summaries on openvaers.com](#) since you don't seem to be aware of VAERS or its 1.4 million COVID vaccine Adverse Event Reports worldwide. (Banner of Injuries)

These Injuries are REAL and HORRIFYING COMMON, not RARE, yet the massive scope of the harm from the COVID injection is not represented in its VDH advertisements, FAQs or in the informed consenting process.

Did you know that more than 60% of the reports in the world are from the U.S.? In the past 2 ½ years, more than 865,000 Americans have filed adverse event reports related to the jab!

This includes 14,438 people who died after their Covid injections.

Let me repeat that: More than 14,000 Americans died.

Another 13,000 people had a LIFE-THREATENING reaction and almost 69,000 required hospitalization.

Shockingly, almost 15,000 Americans, most in the prime of their lives, are now PERMANENTLY DISABLED.

34,000 had a Severe Allergic Reaction with more than 2,000 of those almost dying of immediate anaphylactic shock.

6,000 suffered a Heart Attack and almost 9,000 more developed Myocarditis or Pericarditis.

Almost 1,800 pregnant U.S. women miscarried after being jabbed.

I could go on and on.

These Covid injections are NOT SAFE. PERIOD. End of discussion. There's no reason to even look at effectiveness if it's not safe. But to add injury to injury, this injection is also not effective in preventing transmission or infection with the COVID virus. All this is intolerable for an illness with an average 99.8% survival rate.

So where's VDH's evidence supporting your endless claims of safe and effective?

At your June 23rd quarterly meeting I shared the current VAERS data with you, but the summary sheet I provided is missing from the Public Record of that meeting. Why?

We demand that the COVID injections be immediately halted in Virginia.

We demand full and transparent investigations into the injuries and deaths caused by the COVID injections, by researchers without conflicts of interest and that the results be rapidly reported publicly.

I again urge you to participate in the Forum on October 1st, ***to present your evidence supporting the COVID emergency orders, regulations and other policies that you recommended and continue to promote, and their health outcomes.*** You still have time to take a first step toward acting on VDH's stated mission to protect the health and promote the well-being of all Virginians.

Hello VDH Members and Commissioner Greene.

I'm Tricia Stall, from Mathews County, a retired RN & Virginia Medical Freedom Alliance member advocating for all Virginians in support of Medical Freedom.

I personally lost 3 dear hospitalized friends, 2 in Sentara & one at Riverside, due to improper care, including "standardized Covid care protocols" promulgated by the CDC and NIH. It is heartbreaking to accept that these precious friends died needlessly due to rigid adherence to delayed treatment with novel, risky and expensive patented drugs. Early treatment with safe and inexpensive off-patent medications and nutritional therapies that are proven effective might have avoided hospitalization and death entirely. For example, I & my 90 yo "diabetic" mother contracted Covid in June 25 & responded quickly WITHOUT hospitalization thanks to having ivermectin available at symptom onset.

This is a critical time in Virginia to support Medical Freedom for all Virginians. That includes stopping "public health" bureaucrats, hospital systems and pharmacies from using chilling intimidation and retribution, including loss of licensure or employment, to essentially prohibit doctors from rendering individualized, ethical patient care based on their professional experience. It also chills Pharmacists from actually filling doctor's valid prescriptions. VAMFA supports the unrestricted availability of and access to all preventive and treatment options by all patients and doctors in Virginia. The declaration of a so-called public health "emergency" does not give government the authority to interfere with the private doctor-patient relationship. It does not permit government to violate the fundamental and inalienable human right of personal informed choice about bodily autonomy.

I implore each of you to please participate in or at least attend the Virginia Covid Management Public Forum on Oct 1 from 1-4:00 pm at Life Church, 8378 Atlee Rd., Mechanicsville. It is one way to help fulfill your VDH mission to be responsive to we the people of Virginia.

Thank you.

I'm Susan Franz, a retired nurse, from Williamsburg.

I participated in the June 29 VDH webinar described as an "open forum conversation on COVID-19 therapeutics." It was only after several of us were suddenly dropped from the call for asking questions about Ivermectin and Hydroxychloroquine that we were made aware of a Guidance Document for these webinars which stated only EUA COVID-19 treatments were to be discussed. They also failed to answer multiple questions we asked about safety issues regarding some of the novel drugs.

Dozens of peer-reviewed studies clearly show that aggressive prevention and early outpatient treatment could have prevented at least 75 to 80 percent of the hospitalizations and deaths attributed to COVID. If VDH would enthusiastically promote, or just *permit*, the widespread use of these proven medications there would likely be no need for a vaccine or expensive new investigational drugs, particularly ones that are neither safe nor effective. Why is VDH still aggressively promoting the risky COVID injections when there are far more effective and inexpensive medications that have been used safely for decades in millions of people?

VDH has violated doctors' legal right to prescribe an FDA-approved medication for any reason they deem appropriate in their professional judgment. Why is the Virginia healthcare system intimidating and persecuting doctors with loss of licensure or employment for having a different scientific viewpoint about the best way to treat individual patients?

It appears that a CDC-NIH uni-narrative or protocol controls what VDH is allowed to do or not do. This government tyranny of the experts is endangering the health of Virginians. Despite the CDC insisting that the vaccine is safe and effective, has VDH or this Board done your own critical and independent analysis of the voluminous adverse event information about Virginians that has been collected? Are you aware of the numbers of world class athletes dying on sports fields after being coerced to be injected to keep their jobs? Are you aware that Denmark just discontinued vaccines for anyone under the age of 60 due to their adverse effect profiles? Are you aware of the large and atypical fibrous clot-like formations found in autopsies of vaccinated individuals?

You have been invited to participate in an open public forum on October 1 to discuss the evidence about all treatments for COVID-19. World-renowned Virginians Dr. Robert Malone, the inventor of the mRNA technology, and Dr. Paul Marik will be there to discuss these issues. You should be too. Your participation would help restore our faith that you care about scientific integrity, truth and the health of Virginians more than merely complying with the CDC and NIH.

Imtiyaz Ahmad Khan (22), youth Cricket player from Pulwama district of Kashmir collapsed due to a cardiac

arrest and died while playing cricket in Anantnag district of Kashmir. He was rushed to hospital but declared DoA.

[News Story](#) [News Story2](#)

20. 02/09/2022 Spain

Cristhian Stuani (35), Uruguayan footballer who plays in Spain for Girona suffered from benign cardiac arrhythmia and is “resting for a month.” [News Story](#) [News Story2](#)

21. 01/09/2022 Scotland Dead

Mike Wilson (46), Triathlete and super-fit doctor suffered a cardiac arrest and died while swimming in a loch in Scotland, while training for a triathlon. [News Story](#)

August 2022

22. 31/08/2022 Texas, USA

Zaidyn Ward (14), high school American football running back collapsed due to a cardiac arrest during a game after scoring a touchdown. Lacey Steel, a Monterey trainer resuscitated him. His heart actually stopped twice then he had a seizure and was rushed to the Fort Worth hospital. He is scheduled for open heart surgery. [News Story](#) [News Story2](#)

23. 30/08/2022 Ontario, Canada Dead

Eli Palfreyman (20), Ayr Centennials Junior Ice Hockey captain collapsed and died during a pre-season tournament match. [News Story](#) [News Story2](#) [News Story3](#)

24. 30/08/2022 Ohio, USA Dead

Kooper McCabe (17), high school student American

Footballer and wrestler died unexpectedly. [News Story](#)
[News Story2](#)

25. 28/08/2022 England Dead

Ray McGloin (64), Tri-Rivington triathlete died suddenly. He has competed in 7 Ironman events, 20 half Ironman events, as well as ultra-distance swimming, running and cycling events, and started his own triathlon club to coach others.
[News Story](#) [News Story2](#)

26. 28/08/2022 Germany Dead

Rolf Felber (67), Triathlete collapsed shortly after the start of the swim (1st leg of the event), in an Ironman triathlon in Germany. He was quickly resuscitated and taken to hospital, but he died on the way. [News Story](#) [News Story2](#)

27. 27/08/2022 New Hampshire, USA Dead

Unnamed (46), Hiker from Quebec, Canada, hiking on Mt. Washington in New Hampshire, USA, collapsed as he reached the summit and died despite assistance from medical personnel on the spot. [News Story](#) [News Story2](#)

28. 25/08/2022 South Africa Dead

Phakamile Ntshiza (47), Adventist Athletic Club Runner collapsed due to a cardiac arrest and died around the half-way mark in the Comrades Marathon in South Africa. Mzameleni Mthembu also died and 72 other runners were hospitalized. [News Story](#) [News Story2](#) [News Story3](#)

29. 25/08/2022 South Africa Dead

Mzameleni Mthembu (43), experienced ultra-marathon runner collapsed due to a cardiac arrest and died 12km from the end of the 90km Comrades Marathon in South Africa. Phakamile Ntshiza also died and 72 other runners were hospitalized. [News Story](#) [News Story2](#)

30. 25/08/2022 Dorn, Dead

30. 23/08/2022 Peru Dead

Bernardino Soncco Hanco (40), Kenamari Football

collapsed on the pitch due to a cardiac arrest and died in the “Copa Nuñoa” football tournament. [News Story](#)

31. 25/08/2022 California, USA Dead

Carter Stone (15), American Footballer high school student went into hospital for a routine shoulder operation, but he died unexpectedly. Doctors revealed that Carter “had a tumour on his heart likely formed by undiagnosed T-cell leukaemia and the family was not aware of it.” [News Story](#)
[News Story2](#)

32. 25/08/2022 Massachusetts, USA Dead

Kieron Smith (51), Wrestling coach at a high school in Massachusetts for over 20 years died suddenly. [News Story](#)

33. 23/08/2022 Scotland Dead

Rab Wardell (37), cyclist who won the elite men’s title at the Scottish MTB XC Championships. Just a few days later, he died in his sleep of a “cardiac arrest.” [News Story](#) [News Story2](#)

34. 23/08/2022 North Carolina, USA

Grigor Dimitrov (31), Tennis player had been comfortably winning a match in the Winston-Salem Open tennis tournament but suddenly retired after he “experienced dizziness and shortness of breath.” [News Story](#) [News Story2](#)

35. 23/08/2022 Spain Dead

Dani Gómez (18), Peñas Huesca Basketball Club Basketball player died suddenly and unexpectedly. [News Story](#) [News Story2](#)

36. 22/08/2022 Portugal Dead
Mário Cunha (31), former C.D. Cerveira Footballer retired in 2020, died of “unknown causes.” [News Story](#)
37. 22/08/2022 England Dead
Ben Benn (30), Halifax RUFC Rugby Union (and other clubs) player died suddenly. [News Story](#) [News Story2](#)
38. 21/08/2022 Argentina
Manuela Bugueno (30), female amateur Runner and Chilean doctor collapsed with a cardiac arrest close to the finish line of the Buenos Aires half-marathon in Argentina. She received immediate attention and was resuscitated, then transferred to hospital. [News Story](#) [News Story2](#)
39. 20/08/2022 Switzerland Dead
Unnamed (36), Cyclist collapsed and died whilst competing in the Grand Raid mountain bike race in Valais, Switzerland. Resuscitation attempts failed. [News Story](#) [News Story2](#)
40. 20/08/2022 Norway Dead
Audun Heimdal (25), World elite Orienteerer and ski orienteerer died with cancer. [News Story](#) [News Story2](#)
41. 19/08/2022 California, USA Dead
Unnamed (19), Hiker was hiking in California with a large group, including his father. He went for a swim on his own in a lake and was found dead. When a helicopter arrived, the young man had already died. [News Story](#) [News Story2](#)
42. 19/08/2022 Italy Dead
Filippo Dalla Venezia (18), Mogliano Rugby Rugby Union U19 player was found lifeless at home. [News Story](#)
43. 19/08/2022 Germany

Malaika Mihambo (28), was Olympic long jump champion in Tokyo 2020. In August 2022, she competed in European Championships in Germany where she won silver, but now suffers from circulatory problems and shortness of breath. [News Story](#). [News Story2](#)

44. 19/08/2022 Virginia, USA Dead

Riddick Parker (49), former Seattle Seahawks, New England Patriots and Baltimore Ravens American Football player died unexpectedly while riding his bicycle. [News Story](#). [News Story2](#)

45. 19/08/2022 England Dead

Stewart Bondi (69), very keen runner from Devon, England and a founder of a tough marathon on the South West Coast Path. His nickname was "Rambo." His body was found by the cliffs on the coast after an apparent fall. [News Story](#). [News Story2](#)

46. 19/08/2022 Brazil Dead

Pietra Medeiros (20), Taboao Magnus SP Futsal player died in hospital due to complications from autoimmune hepatitis. [News Story](#). [News Story2](#)

47. 19/08/2022 Georgia, USA

Yordan Alvarez (25), Houston Astros Baseballer was playing in Georgia against the Atlanta Braves when he was short of breath. He was taken to hospital for treatment. [News Story](#). [News Story2](#)

48. 19/08/2021 Indiana, USA Dead

Devyn Williams (18), Volleyball playing student at Indiana University died unexpectedly. The cause of death "was found to be related to an asthma attack." Devyn was vaccinated with the Pfizer vaccine in April 2021. [News Story](#). [News Story2](#). [News Story3](#)

49. 18/08/2022 Florida, USA Dead

Luke Knox (22), Florida International University American Football player died suddenly. [News Story](#) [News Story2](#) [News Story3](#)

50. 17/08/2022 Germany Dead

Unnamed (Age), Footballer collapsed and died after taking part in a friendly football match. [News Story](#) [News Story2](#)

51. 17/08/2022 Missouri, USA

Davis Dwight (17), Baseballer and high school student collapsed during baseball practice from cardiac arrest. Coaches revived him with CPR. [News Story](#) [News Story2](#)

52. 17/08/2022 Peru Dead

Michele Gironella (25), Italian Footballer was on holiday in Peru where he collapsed due to a cardiac arrest while playing in a local football match. He never recovered. [News Story](#) [News Story2](#)

53. 16/08/2022 Belgium Dead

Kevin Revillod (26), Standard FC Onoz Footballer collapsed from a cardiac arrest and died during training despite resuscitation attempts. [News Story](#) [News Story2](#)

54. 16/08/2022 Austria

Katrin Beierl (29), very successful bobsleigh pilot who won the overall two-man bobsleigh World Cup rankings in 2020/21 season, the first Austrian ever, suffered a stroke while on holiday and spent time in hospital in Vienna, Austria. [News Story](#) [News Story2](#)

55. 16/08/2022 Germany

Tim Nowak (27), decathlete abandoned the 2022 European Championships in Germany due to serious circulatory

problems. He was unable to compete in the fifth discipline over 400 meters. “Unfortunately, my competition ends in the hospital. After the high jump I collapsed for unknown reasons. I would have given anything to finish this competition.” [News Story](#)

56. 15/08/2022 Romania Dead

Alessia Maria Raiciu (18), Agronomia Bucharest Basketball and national team player died suddenly on her 18th birthday. [News Story](#)

57. 15/08/2022 Michigan, USA Dead

Tyler Edwards (27), high school basketball coach died unexpectedly of a suspected cardiac arrest. [News Story](#)

58. 14/08/2022 Northern Ireland Dead

Molly White (Age), St James’ Swifts Footballer died suddenly. [News Story](#) [News Story2](#)

59. 14/08/2022 Italy Dead

Giovanni Malvestio (48), Cyclist suffered a cardiac arrest while cycling, was seen staggering to the ground. Bystanders provided first aid, but he died before an ambulance arrived. [News Story](#)

60. 13/08/2022 England

Pablo Martinez (21), Chippenham Town FC Footballer collapsed on the pitch in a match against Chelmsford. His condition was later said to have stabilised. Match abandoned. [News Story](#) [News Story2](#)

61. 11/08/2022 French Guiana Dead

Djouby Laura (20), USC de Roura Footballer had a cardiac arrest after a training session and could not be revived. [News Story](#)

62. 11/08/2022 Northern Ireland Dead

Dominic Oscar (19), St Michael's ABC Boxer died suddenly. [News Story](#). [News Story2](#)

63. 10/08/2022 Illinois, USA Dead

Avery Gilbert (18), Trinity International University American Football freshman at Trinity International University had only been on campus for 3 days, when was found collapsed and died later in hospital. [News Story](#). [News Story2](#)

64. 10/08/2022 Brazil Dead

Maurice Miranda (40), former São Paulo Football player suffered a cardiac arrest at home. He was taken to hospital but died. [News Story](#). [News Story2](#)

65. 10/08/2022 Maharashtra, India Dead

Sameer Jivangikar (Age), Runner and real estate agent but also a keen runner collapsed and died due to a sudden cardiac arrest while driving home after a training session. [News Story](#). [News Story2](#)

66. 10/08/2022 Argentina Dead

Aleli (9), Pioneras FIF Football goalkeeper for a children's football team in Argentina. She died suddenly. [News Story](#)

67. 10/08/2022 North Carolina, USA

Sam Hartman (22), Wake Forest University Athletics American Football we will miss an 'extended period of time' due to a "mystery condition." [News Story](#). [News Story2](#)

68. 10/08/2022 Germany Dead

Unnamed (28), Water Skier died while water skiing. "Police believe the cause of death was medical." [News Story](#)

69. 09/08/2022 South Africa

Rick Hendriks (12), Rugby Union player suffered a cardiac arrest on 9th August 2022, on a rugby field in Pretoria,

South Africa. He was airlifted to hospital. Four days later, it was reported that he regained consciousness. [News Story](#)

70. 09/08/2022 Telangana, India Dead

Thushar Aamra Bedwa (32), Cricket player and software employee in Hitec City, Telangana, India was playing cricket with friends in the evening when he complained of chest pain and collapsed. He was taken to hospital but he died. Doctors suspect a cardiac arrest. [News Story](#)

71. 09/08/2022 Virginia, USA Dead

Caitlyn Gable (20), Bluefield University Rams Softball player died in her sleep. [News Story](#)

72. 09/08/2022 Belgium Dead

Claude Gomez (53), former R. E. Virton Footballer in the 1980's and 1990's suffered a cardiac arrest on a bike ride with friends, and died. [News Story](#) [News Story2](#)

73. 09/08/2022 Belgium

Tim Wellens (31), Lotto Soudal professional cyclist has ended racing activities due to heart problems. "I felt disturbing palpitations. Not only in the race, but also in training and at rest. My cardiologist found this far from reassuring." [News Story](#)

74. 08/08/2022 Belgium Dead

Jurgen Groothaerd (44), KVV Zelzate Football youth coach suffered a cerebral thrombosis and died while cycling to work. [News Story](#)

75. 07/08/2022 Malaysia Dead

Marc Marie (52), Hiker was on holiday in Malaysia and hiking with friends in the mountains, when he suddenly collapsed. A rescue team sent to the scene immediately performed CPR but he died. [News Story](#)

76. 07/08/2022 California, USA Dead
Braden Fahey (12), middle school American Footballer lost consciousness after football practice at Clayton Valley Charter High School in California. Recorded as a “severe medical emergency.” He was rushed to hospital on Friday evening and died on Sunday. [News Story](#) [News Story2](#) [News Story3](#) [News Story4](#)
77. 07/08/2022 California, USA Dead
Brian Reynolds (50), Swimmer, golfer, and former American football youth team coach trained for months to be ready for a 1½ mile swimming event off the California coast. He was said to be in “great shape” for the swim, but during the event he “suffered an unknown medical incident” and died. [News Story](#)
78. 07/08/2022 France Dead
Laura Domecq (21), French AS Monaco women’s footballer died suddenly. [News Story](#) [News Story2](#) [News Story3](#)
79. 06/08/2022 Chile Dead
Cristian Cáceres (38), Union Cordillera Football goalkeeper. Suffered a cardiac arrest in the second half of a match and died on the way to hospital. [News Story](#) [News Story2](#)
80. 06/08/2022 Connecticut, USA Dead
Djemayley Vernet (16), American Football player died unexpectedly after a series of seizures. [News Story](#)
81. 05/08/2022 Germany Dead
Marco Memenga (38), FC Brookmerland Football player scored a goal and then died during the cup match with BW Filsum in Germany. [News Story](#)
82. 05/08/2022 Ireland Dead

Dillon Quirke (24), Clonoulty Rossmore Hurling player collapsed in a match against Kilruane McDonaghs. He

received instant medical attention on the pitch, then transferred by ambulance to hospital where he later died.

[News Story](#) [News Story2](#)

83. 05/08/2022 Kentucky, USA Dead

Aaron Crawford (18), Knott County Central HS American Football player and wrestler. He had a cardiac arrest and died. [News Story](#) [News Story2](#) [News Story3](#)

84. 05/08/2022 Italy Dead

Teun Elbers (19), Dutch SV TOP Footballer was on a family holiday in Italy, collapsed and died while on a walk. His body was found by a passer-by. [News Story](#) [News Story2](#) [News Story3](#)

85. 04/08/2022 New Zealand Dead

Unnamed school girl (12), Runner “collapsed while running in an Auckland (New Zealand) park. She died in hospital the same evening. [News Story](#)

86. 03/08/2022 Botswana Dead

Unnamed girl (15), Mexican Girls Football player collapsed during training and died at the hospital. [News Story](#)

87. 02/08/2022 Florida, USA Dead

Lars Tate (56), former Georgia Bulldogs American Football, and later for Tampa Bay Buccaneers and Chicago Bears. He had very recently been diagnosed with cancer and died suddenly before he was due to begin chemotherapy. [News Story](#) [News Story2](#)

88. 02/08/2022 Ireland Dead

Frank O'Dwyer (Age), Cyclist and accident & emergency (A&E) consultant at a hospital in Kilkenny, Ireland. During

the Tour de Kilkenny. He had an "incident" during the event and died a few days later. [News Story](#) [News Story2](#)

89. 02/08/2022 Arizona, USA Dead
Cesar Vazquez (17), Peoria Centennial High School American Footballer died over night. [News Story](#) [News Story2](#)
90. 02/08/2022 Georgia, USA Dead
Tony Jones (Age), Lubbock Christian University Basketball player died unexpectedly. [News Story](#) [News Story2](#) [News Story3](#)
91. 01/08/2022 Germany Dead
Mario Pirner (48), Esslingen Handball player died unexpectedly. [News Story](#)
92. 01/08/2022 Mississippi, USA Dead
Phillip Laster (17), American Footballer and high school student collapsed while working out with the football team, and died at the local hospital. [News Story](#)

July 2022

93. 31/07/2022 Croatia Dead
Mato Matic (20), HNK Mladost Football goalkeeper for. Played a match on Saturday and died on Sunday. No further details available. [News Story](#) [News Story2](#)
94. 31/07/2022 Italy Dead
Giuseppe Fortunato (44), Cyclist and master watchmaker who had a passion for cycling. Died suddenly in his sleep. [News Story](#) [News Story2](#)
95. 31/07/2022 France Dead
Anthony Janiec (37), Lion Truck Racing champion

collapsed due to a cardiac arrest and died. [News Story](#)
[News Story2](#)

96. 31/07/2022 Wyoming, USA Dead
Jay Collins (41), former Idaho Stampede Basketballer who played for several clubs before moving into coaching. Died suddenly overnight. [News Story](#) [News Story2](#)
97. 31/07/2022 New York, New York Dead
Param Dhaliwal (23), former West Kelowna Warriors Ice Hockey player was found Dead in a hotel in New York. [News Story](#) [News Story2](#)
98. 31/07/2022 Wales Dead
Gareth Lewis (42), Rugby Union coach. He coached Caerphilly Rugby Club and at schools. He also served in various roles at the Welsh Rugby Union. He died “following a short illness.” [News Story](#)
99. 31/07/2022 Germany Dead
Sabine Oberdieck (55), Dressage star was a lawyer who rode and trained dressage horses in Germany very successfully. She died unexpectedly. [News Story](#) [News Story2](#)
100. 30/07/2022 Nova Scotia, Canada
Satchel Tate (12), Hammonds Plains Baseballer was playing in an U-13 baseball tournament for his team Hammonds Plains, in Canada. During the match he suffered a stroke. [News Story](#) [News Story2](#)
101. 29/07/2022 Victoria, Australia Dead
Rohan Cosgriff (17), Waubra Football Netball Club Footballer. The student with a keen interest in playing football and looking after race horses died suddenly. [News Story](#) [News Story2](#)

102. 28/07/2022 Ontario, Canada Dead
Candace Nayman (27), Triathlete and medical doctor
collapsed during the swim section of a triathlon and died a few days later. She is the fifth doctor in the Greater Toronto Area (GTA) to die unexpectedly in July 2022. [News Story](#) [News Story2](#)
103. 28/07/2022 Germany Dead
Rok Kosir (46), successful judoka in his native Slovenia and in Germany where he took up coaching. He died suddenly and unexpectedly. [News Story](#) [News Story2](#)
104. 27/07/2022 Iowa, USA Dead
Lily Ernst (20), UNI Panthers Swimmer and student died suddenly. No further details available. [News Story](#) [News Story2](#) [News Story3](#)
105. 27/07/2022 Croatia Dead
Maro Perak (39), Mixed Martial Arts exponent, the “world heavyweight and light heavyweight champion.” He died suddenly. [News Story](#) [News Story2](#) [News Story3](#)
106. 24/07/2022 Wisconsin, USA Dead
Derek Gray (20), UW-Whitewater Basketballer and psychology student. collapsed due to a cardiac arrest during a training session and died suddenly. Suspected blood clot. No further information available. [News Story](#) [News Story2](#) [News Story3](#)
107. 23/07/2022 Italy Dead
Andrea Musiu (20), Footballer was playing a football game with friends in his home town of Cagliari, Italy. He collapsed at the end of the game, received immediate attention from spectators and then ambulance staff, but died. [News Story](#) [News Story2](#)

108. 22/07/2022 Pennsylvania, USA Dead
Jerry Ward (46), well-known bodybuilder who also judged contests and ran his own training company. Died unexpectedly in bed after complaining of “rib pain.” [News Story](#) [News Story2](#)
109. 21/07/2022 Australia Dead
Justin Crawford (45), Hawthorn Australian Rules Footballer died suddenly. Further details awaited. [News Story](#)
110. 21/07/2022 South Carolina, USA Dead
Phil Petty (43), former University of South Carolina American Footballer from 1998-2001. Died after a short illness. [News Story](#) [News Story2](#)
111. 18/07/2022 France
Jonathan Castroviejo (35), Ineos Grenadiers Cyclist, one of five to quit the Tour de France due to breathing problems. Victor Lafay said “Castroviejo can’t breathe either.” [News Story](#)
112. 18/07/2022 France
Pierre Rolland (35), B&B Hotels p/b KTM Cyclist, one of five to quit the Tour de France due to breathing problems. Victor Lafay said Rolland had “no strength, and then impossible to breathe.” [News Story](#)
113. 18/07/2022 France
Oliver Naesen (31), AG2R Citroën Cyclist, one of five out of the Tour de France due to breathing problems. Victor Lafay reported Naesen had “no strength, and then impossible to breathe.” [News Story](#)
114. 18/07/2022 British Columbia, Canada
Doug Eyolfson (59), Runner and emergency physician in Manitoba, Canada. Suddenly collapsed with a cardiac

arrest while marathon training in the park while visiting Vancouver. On 20th July 2022 he confirmed on Twitter that he was booked for a heart by-pass operation. In a May 11th 2021 Twitter post he treated his covid vaccination light-heartedly, saying "I think the microchip is faulty. I'm only getting basic cable." A CBC News article reported about the former MP: "Liberal Eyolfson and New Democrat Chung-Mowat support mandatory vaccines." [News Story](#) [News Story2](#) [News Story3](#)

115. 17/07/2022 Wales

Ryan Jones (41), Rugby Union captain of the Wales team. Diagnosed with early-onset dementia aged 41. [News Story](#)

116. 17/07/2022 France

Alexis Renard (23), Cofidis team Cyclist. Suffered sudden onset of a heart rhythm disorder at the Tour de France. One of five to pull out of the tour. Set to have surgery. "During exercise, I have a heart rate that increases like everyone else," Renard said. "But when I stop cycling, the intensity is always the same." [News Story](#)

117. 16/07/2022 Ontario, Canada Dead

Paul Hannam (50's), Runner, medical doctor, Olympic sailor and marathon runner. Was Chief of Emergency Medicine and Program Medical Director at North York General Hospital (NYGH). Collapsed and died unexpectedly while out for a run. [News Story](#) [News Story2](#)

118. 15/07/2022 France

Victor Lafay (26), Cofidis Cyclist taking part in the Tour De France. One of five to pull out of the tour. "I'm having a very hard time breathing. I feel like I don't have enough oxygen, pain everywhere..." [News Story](#) [News Story2](#)

119. 15/07/2022 Russia Dead

119. 15/07/2022 Russia Dead

Aleksandr Kozlov (29), Footballer described as one of the top football talents of a generation. He played for the Russian youth national team and played his first Champions League game at the age of 17. Suffered a blood clot during a training session and died. [News Story](#)

120. 15/07/2022 Georgia, USA Dead

Paul Duncan (35), Denver Broncos American Footballer collapsed due to a cardiac arrest after going for a run in his neighbourhood. He died. [News Story](#) [News Story2](#)

121. 15/07/2022 New Jersey, USA Dead

Anthony Joseph Zeoli (16), Skateboarder & Snowboarder and high school student. Died unexpectedly. [News Story](#)

122. 15/07/2022 New South Wales, Australia Dead

Carl Robinson (41), Surfer and realestate agent He suddenly collapsed in the sea during a morning surf. Surfers and paramedics performed CPR but were unable to save him. [News Story](#)

123. 14/07/2022 Western Australia, Australia Dead

Unnamed (50's), Wind Surfer had been wind surfing off the coast of Shoal water, Western Australia. Found Dead in the sea. [News Story](#) [News Story2](#)

124. 13/07/2022 Mississippi, USA Dead

Rashard Anderson (45), former Carolina Panthers American Footballer was first-round pick in 2000, played in 27 games with nine starts over two seasons with the team. Died suddenly. [News Story](#) [News Story2](#)

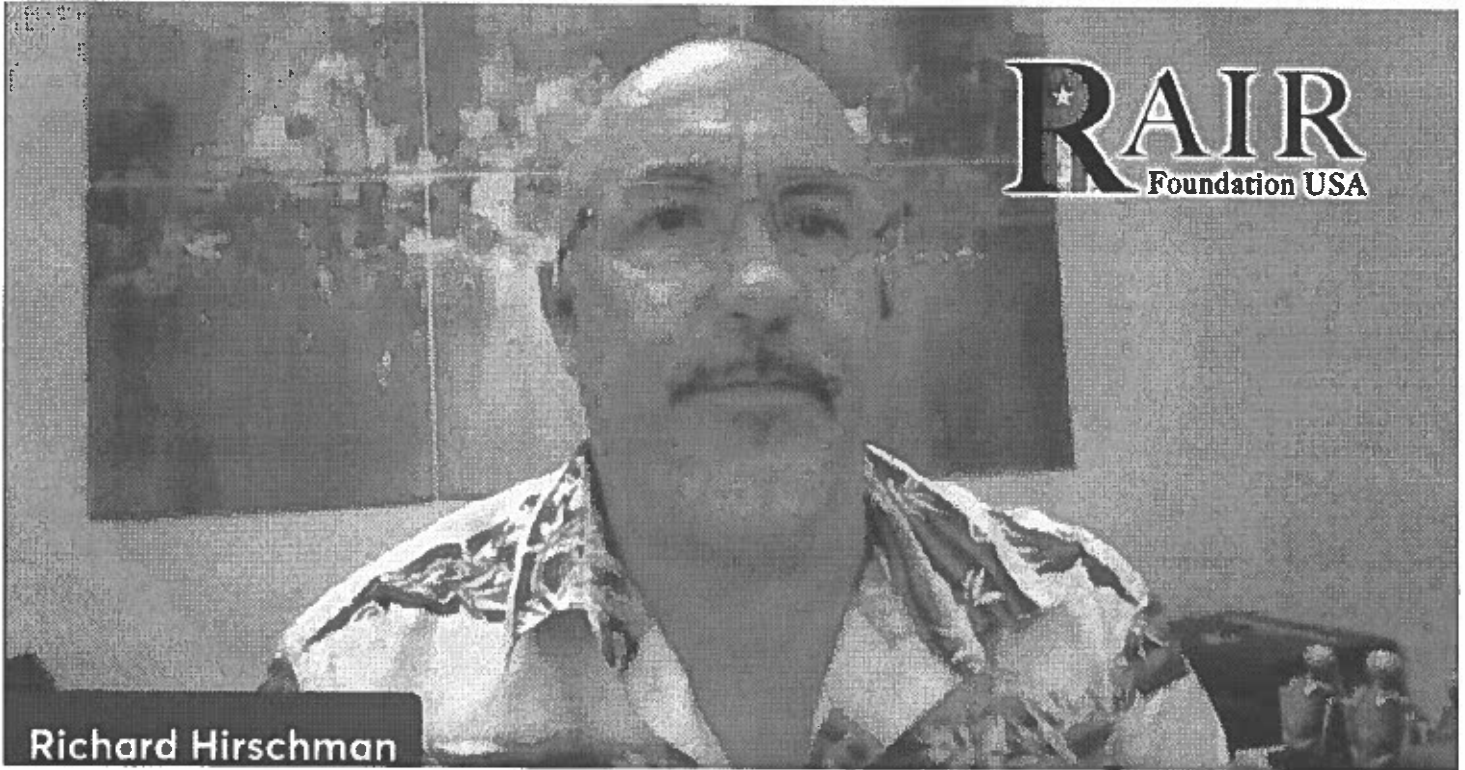
125. 13/07/2022 Argentina Dead

Néstor Flores (37), amateur Footballer and police inspector in the town of Rivadavia. After the match, he went home,

Embalmer Sounds Alarm: Massive Increase in Strange Blood Clots and Cancer, 'It's not Normal, It's Drastic' (Exclusive Interview)



Miranda Sellick September 16, 2022 29 comments 5 min read



“I’ve talked to so many other embalmers, and we are all seeing the same thing, but governments don’t want to look at it.” – Richard Hirschman

In an exclusive interview with RAIR Foundation USA, an Alabama-based embalmer and licensed funeral director revealed a massive increase in strange blood clots found in the bodies that he is now embalming.

Richard Hirschman, who has been an embalmer since 2001, has noticed “a change of condition of bodies since the roll-out of mRNA vaccines.” These changes include the huge increase in people with blood clots, the strange nature of these blood clots, and patients who have died of cancer without any of the tell-tale signs, such as hair loss and emaciation. “Unfortunately, there is a new normal,” he says.

Hirschman has embalmed thousands of bodies during the course of his career. Last year, he handled over 600 himself. So he knows the signs to look for, and he knows what blood looks like. “In all my years of embalming, we would run across clots from time to time,” he says, “but since May last year, something about the blood has changed. It’s not normal. It’s drastic.”

When Hirschman first started seeing anomalies, he thought it strange, “but when you see the same thing over and over, you start to realize that something’s not right.”

Hirschman and many of his colleagues in the industry noticed an increase in clotting during the pandemic, “but it wasn’t until the roll-out of the vaccine that these really unusual fibrous structures started appearing.”

He describes a normal blood clot as having a texture like grape jelly or jam. If you were to pick it up, it would likely disintegrate in your fingers. Before 2021, blood clots would appear in between five and 10 percent of bodies. These days, says Hirschman, those numbers are more like 85 percent. "The majority of bodies I embalm are clotted," he says. "Out of 358 bodies this year, only around 60 were not clotted, and a half of those were heavily clotted. Prior to last year, it wasn't like that. Nothing like what we see now."

What is more, these clots are unlike anything he's ever seen before. He describes them as "a white fibrous structure, like calamari, a rubber band or spaghetti. Even the small ones are unusual looking, like worms. They resemble a small parasite." Typically, blood clots come out of veins during the embalming process, very, very rarely out of an artery. However, Hirschman recently took one out of an artery 33 inches long. "Normally, I wouldn't be able to pull a clot of that length without it falling apart," he explains. "It's the white, fibrous length that's unusual. I cannot possibly imagine that being inside a healthy person."

Hirschman suspects the vaccine is causing these clots. "The reason why I feel the vaccine is related is that I have found these strange structures inside of people who supposedly never had covid but had been vaccinated."

Looking back, Hirschman sees a date correlation. "It was January 2021 when they really started pushing the vaccines," he recalls. "I have never been so busy in all my life. I was running into clots like crazy: even in February and March, the clotting was huge. Initially, it was in elderly people, and those were the first they tried to protect."

Typically, Hirschman's patients have been in their late 60s, 70s, and 80s. But he's seeing increasingly younger bodies, "some in their 20s, too," he says, but just not as many as elsewhere because Alabama has a low vaccination rate amongst young people, according to the embalmer. "I know they are dying, though; I'm hearing about it everywhere," he says. "But it seems like in Alabama, people are waking up."

Not so for 17-year-old Ohio football player Kaden Clymer, who recently had six feet of strange clots removed from his legs. Mainstream media continues to deny any link between these clots and the covid-19 vaccine, even though Clymer was diagnosed with inferior vena cava atresia, a disease that typically only affects men in their 30s.

Hirschman has also noticed a change in the bodies he is receiving who have died from cancer. Typically, these people have tumors, hair loss and are emaciated due to their struggle with the disease and harsh treatments. "Lately, had I not been told these people had cancer, I'd not have known. People are getting cancers and are dead before they know it," he says. "They don't live long enough to go through the stages." His observations jive precisely with reports from a senior Swedish physician and researcher, Dr. Ute Kruger, who recently expressed alarm at the extraordinary rates of aggressive cancers she is now seeing.

Hirschman would like to understand what's going on. He's sent three dozen clots out for analysis, some of them to Mike Adams, who runs an ISO-17025 accredited lab in Texas. Adams has compared these clots to the blood of unvaccinated individuals and has concluded that these are not blood clots because they lack iron, potassium, magnesium, and zinc.

"We have tested one of the clots from embalmer Richard Hirschman via ICP-MS. Also tested side by side, live human blood from an unvaccinated person," Adams told The Epoch Times.

But nobody knows quite what these things are, nor how they are caused. "I've talked to so many other embalmers, and we are all seeing the same thing," says Hirschman. "But governments don't want to look at it."

EXCLUSIVE: Fibrous clots harvested from dead bodies of vaccinated individuals found to contain higher concentrations of electrically conductive elements – Mike Adams tells Dean Ryan

Thursday, August 25, 2022 by: Belle Carter

Tags: Aluminum, badhealth, badmedicine, badscience, Big Pharma, biological weapon, Blood clots, COVID, Dangerous Medicine, Dean Ryan, fibrous clots, lab tests, metals, Mike Adams, pandemic, pharmaceutical fraud, real investigations, Richard Hirschman, Steve Kirsch, tin, Vaccine deaths, vaccines

This article may contain statements that reflect the opinion of the author

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(Natural News) The Health Ranger Mike Adams recently released the ICP-MS elemental analysis of the fibrous clots pulled out of the cadavers by whistleblower embalmer Richard Hirschman. The lab results confirmed the gooey blobs contained elements that are electrically conductive.

“The clots are almost entirely lacking the normal biomarkers of human life. Instead, it has higher concentrations of things associated with circuitry,” Adams said during a recent exclusive interview at “World at War” with Dean Ryan.

These self-assembling clots were pulled out of the bodies of dead people who have died suddenly in the weeks or months after receiving one or more Wuhan coronavirus (COVID-19) vaccinations. As per Adams’ report, these clots are harvesting electrically conductive elements out of the blood such as tin, aluminum and sodium.

“Tin has been harvested at 588 percent higher concentrations than what’s found in human blood. Aluminum is being found about 35 to 40 percent or higher and sodium is about 50 percent or higher in these clots,” he said.

Tin is used as a solder alloy in electrical circuits and circuit repair, whereas aluminum is the alternative to copper for electrical conductive wires in commercial residential wiring.

The Health Ranger added that blood samples from a healthy living person would include iron, potassium, magnesium, zinc, chlorine, phosphorus and so on. However, the post-vaccine clot sample only contains 4.4 percent of iron that would be seen in human blood, which confirmed that the mass is not a blood clot. Also, there is a near-total lack of potassium in the sample and it contains less than 0.6 percent of the potassium and magnesium compared to human blood.

“What we did is an elemental analysis using an inspected, audited and ISO-accredited laboratory for the elements. However, we did not conduct a radio frequency analysis, that could detect receiving or sending signals. That would have to be done by some other lab that specializes in these kinds of

technologies,” Adams said in response to Ryan’s inquiry about whether the electrically conductive elements could send or receive electromagnetic fields.

“But the question is leading in the right direction, that’s just not something that we can provide,” he added.

Ryan went on to say that people in Sweden dropped like flies when its 5G, the fifth generation of wireless technology, went up. “They were not getting any help in hospitals and so forth. We see strange behavior and people just mowing down. We’re just trying to connect the dots because this is some science fiction that is starting to become a science fact here,” Ryan said.

According to telephone companies, this technological advancement can provide higher speed, lower latency and one of the most robust technologies the world has ever seen. However, this development has been criticized to have environmental and health hazards, such as the elevated risk of brain cancer and acoustic neuroma.

As the clots have electrically conductive elements, Adams pointed to what happened to Dr. Charles Lieber, who was convicted by the Department of Justice for sharing secrets with communist China.

“His patents are all about nanocircuitry and bio interfaces at the cellular and subcellular level. So if you read his patents, it’s all self-assembling nanocircuits inside human structures. So, follow the yellow brick road and see where that leads,” said Adams, also a best-selling author, environmental scientist and multi-awarded journalist and publisher.

COVID-19 vaccines kill thousands of people daily

About 10,000 people a day are being killed by these vaccines worldwide, according to Steve Kirsh, executive director of Vaccine Safety Research Foundation. That number could swell in the coming days, months or years. (Related: Steve Kirsch estimates between 5M and 12M people

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“A rigorous analysis based on excess death data included anywhere from five to 12 million fatalities have likely occurred worldwide. And with these self-assembling clots continuing to gain size and mass inside the bodies of those who have received the mRNA experimental medicine injections, it is certain that many people who have not yet died from the vaccines will experience death in the coming months and years,” Adams said.

He likened the ones who have received the mRNA injections to walking time bombs. However, he said there’s a majority chance that if people stop taking them, they may be spared.

“If you took the vaccine, there’s a big chance that if you stop taking them, you may not die. There’s a slight chance that you are going to die if you got the wrong lot. The bottom line is to stop taking these shots. If you took it, pray to God that you didn’t get one of the lots that have these clots,” he said.

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