

State Board of Health – Policy Committee
September 14, 2023 - 8:15am
Perimeter Center, Boardroom 2

Members Present: Lee Jones, DMD; Maribel Ramos; Patricia Kinser, PhD, Chair; Michael Desjadon.

Dr. Jones participated virtually from his home in Botetourt County due to caring for a family member with a temporary medical condition.

Other Board Members present: Gary Critzer

VDH Staff Present: Joseph Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs.

Dr. Kinser gaveled the meeting to order at 8:33am.

Mr. Hilbert provided the committee with a reminder of the general Public Health Policy Agenda (“Agenda”) development process and invited the Committee to discuss its role within the Board of Health and for the Agenda. There was discussion on options for the Committee’s role, including requests to VDH to develop Problem Statements on the Board’s behalf.

Mr. Hilbert reminded the committee the Board will receive a report on Problem Statements initiated by VDH once approved by the Commissioner. There was discussion ways in which the Committee may receive and process idea recommendations for Problem Statements. The Committee requested that VDH staff develop a brief overview of the mechanism to be shared with Committee and Board members. Members who wish to recommend ideas should email them to Dr. Kinser, Michael Capps, Alex Jansson, and Joe Hilbert with brief justification on why the topic is important to investigate. VDH staff will synthesize information on the topic to bring back to the Committee, who will then review the information, consider whether to recommend further development, and prioritize the recommended topics. The Policy Committee will then make those recommendations to the full Board, who will vote on the requests to VDH to develop the Problem Statement template. Mr. Hilbert noted that the Problem Statements will still go through the internal VDH process via the Policy Analysis Roundtable, so it may be a long time before a Problem Statement returns to the Board.

There was discussion around a number of ideas that the Committee could recommend for more information, including: telehealth’s impact on workforce and access issues in rural areas; potential structural barriers to accessing mental health care; suicide prevention, especially among youth; electromagnetic radiation and if it is a topic under VDH’s statutory authority; maternal mental health; youth mental health, such as the impacts of adverse childhood experiences and exposure to violence and firearms; and community paramedicine; equitable access to safe drinking water.

The meeting adjourned at 9:33am.

**State Board of Health
September 14, 2023 - 10:00am
Perimeter Center, Boardroom 2**

Members Present: Gary Critzer, Chair; Douglas Daniels, DVM; Michael Desjadon; Melissa Green; Anna Jeng, ScD; Lee Jones, DMD; Patricia Kinser, PhD, Vice Chair; Melissa Nelson, MD; Patricia O'Bannon; Holly Puritz, MD; Maribel Ramos; Stacey Swartz, PharmD; Ann B.R. Vaughters, MD; and Mary Margaret Whipple.

NOTE: Mr. Critzer participated virtually from his home in Waynesboro due to a temporary medical condition. Dr. Jones participated virtually from his home in Botetourt County due to caring for a family member with a temporary medical condition. Dr. Vaughters participated virtually from Upper Marlboro, Maryland for personal reasons involving pre-existing travel.

Members Absent: Elizabeth Ruffin Harrison.

VDH Staff Present: Mary Kate Bowser, Senior Public Health Nurse Manager; Michael Capps, Senior Policy Analyst; Tiffany Ford, Deputy Commissioner for Administration; Laurie Forlano, State Epidemiologist; Robert Hicks, Deputy Commissioner of Public Health & Preparedness; Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Alexandra Jansson, Senior Policy Analyst; Seth Levine, Deputy Director for the Division of Surveillance and Investigation; Christopher Lindsay, Chief Operating Officer; Maria Reppas, Director, Office of Communications; and Karen Shelton, State Health Commissioner.

Other Staff Present: Robin Kurz, JD, Senior Assistant Attorney General and Allyson Tysinger, Senior Assistant Attorney General/Section Chief.

Call to Order

Dr. Kinser called the meeting to order at 10:09 am.

Introductions

Dr. Kinser welcomed those in attendance to the meeting. Dr. Kinser 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. Dr. Kinser made a motion to amend the agenda to remove the Fast Track Regulations Governing Durable Do Not Resuscitate Orders 12VAC5-66. Dr. Nelson seconded the motion. It passed unanimously by voice vote.

Approval of June 15, 2023 Minutes

The minutes from the June 15 meeting were approved. Dr. Nelson made a motion to approve the minutes, seconded by Dr. Vaughters. Dr. Jones noted that the time listed for the nominating committee needed to be corrected. With that correction, the motion was approved unanimously by voice vote.

Commissioner's Report

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

- Agency Stars
- Suicide Prevention – Zero Suicide Website Launch
- Substance Misuse
- Virginia Operations Plan Exercise (VOPEX)
- Health Director Meeting
- Workforce Initiatives
- Language Access
- Workgroup on Local Health Department Structure and Financing
- Financial and HR Transformations

There was discussion regarding suicide prevention and how the Board can support the agency; the overlap of UniteUS, the suicide hotline and managed care organizations as payers to connect with services; naloxone distribution; the recently passed budget and the impact on behavioral health services and funding; the internship academy and outreach to Historically Black Colleges and Universities; ICD-10 codes for social determinants of health and the purpose or impact for reimbursement.

Regulatory Action Update

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

Since the June 2023 meeting, the Commissioner approved one regulatory action on behalf of the Board while the Board was not in session. Approved Result of Periodic Review of Regulations – Rules and Regulations Governing the Virginia Nurse Practitioner/Nurse Midwife Scholarship Program (12VAC5-542). The decision resulting from the periodic review of Chapter 542 is to amend the Regulations to conform the language to the *Virginia Registrar of Regulations' Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Since the June 2023 meeting the Commissioner has not taken any non-regulatory action on behalf of the Board while the Board was not in session.

Mr. Capps advised the Board that there are 20 periodic reviews in progress:

- 12 VAC 5-67 Advance Health Care Directive Registry
- 12 VAC 5-125 Regulations for Bedding and Upholstered Furniture Inspection Program
- 12 VAC 5-215 Rules and Regulations Governing Health Data Reporting
- 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 5-220 Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations
- 12 VAC 5-221 Virginia's Rules and Regulations Governing Cooperative Agreements
- 12 VAC 5-381 Home Care Organization Regulations

- 12 VAC 5-405 Rules Governing Private Review Agents
- 12 VAC 5-407 Regulations for the Submission of Health Maintenance Organization Quality of Care Performance Information
- 12 VAC 5-507 Guidelines for General Assembly Nursing Scholarships and Loan Repayment Program Requiring Service in a Long-Term-Care Facility
- 12 VAC 5-520 Regulations Governing the State Dental Scholarship Program
- 12 VAC 5-530 Regulations Governing the Virginia Medical Scholarship Program
- 12 VAC 5-545 Guidelines for the Nurse Educator Scholarship
- 12 VAC 5-550 Board of Health Regulations Governing Vital Records
- 12 VAC 5-590 Waterworks Regulations
- 12 VAC 5-613 Regulations for Alternative Onsite Sewage Systems
- 12 VAC 5-620 Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems and Private Wells
- 12 VAC 5-640 Alternative Discharging Sewage Treatment Regulations for Individual Single Family Dwellings
- 12 VAC 5-650 Schedule of Civil Penalties

There was discussion about the scheduling of periodic reviews and if VDH was catching up with the back log.

Public Comment Period

There were four persons signed up for the public comment period. Susan Franz spoke regarding concerns about the COVID-19 vaccine and pregnant women and children. Sharon Landrum spoke about concerns for pregnant women and the RSV vaccine. Lori Leonard spoke about clarity on required vaccinations or optional vaccinations. Brent Rawlings spoke in support of the Certificate of Public Need Fast Track Amendments on the agenda, noting that there were some suggested amendments discussed with staff.

Additional written comments can be found at the end of the minutes document.

Fast Track Amendments to the Regulations for the Licensure of Hospice in Virginia 12 VAC 5-391

Ms. Allen presented the Fast Track Amendments to the Regulations for the Licensure of Hospice in Virginia. The purpose of the amendments is to be consistent with the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities issued by the Facility Guidelines Institute (FGI). The regulatory change was prompted by the release of the 2022 edition of the FGI Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. The amendments to the Regulation are to update the references of the 2018 FGI guidelines to the current edition, published in May of 2022.

Dr. Nelson made a motion to approve the fast-track regulations with Dr. Puritz seconding. The motion passed by unanimous voice vote.

Fast Track Amendments to the Regulations for the Certificate of Public Need 12VAC5-220

Ms. Allen presented the Fast Track Amendments to the Regulations for the Certificate of Public Need. The purpose of the amendments is to reflect changes from Chapter 1271 (2020 Acts of

Assembly), including changes to what constitutes a completed application, what is exempt from registration and COPN review, when public hearings are required, what are required conditions for COPNs, the timeline for application submission, and numerous updates to the definitions. The regulatory chapter has also been updated to reorganize and revise multiple sections for improved readability.

Dr. Swartz made a motion to adopt the amendments. Dr. Nelson seconded the motion. There were several line amendments:

- Dr. Kinser moved to amend the Fast Track Amendments to 12 VAC 5-220 at page 8, beginning of Line 363, insert “into or by an existing medical care facility” seconded by Dr. Nelson.
- Dr. Kinser moved to amend the Fast Track Amendments to 12 VAC 5-220 at page 9, Line 372, after “replacement of” insert “existing” seconded by Ms. Green.
- Dr. Kinser moved to amend the Fast Track Amendments to 12 VAC 5-220 at page 22, Line 948: strike the colon and insert “date, time, and location of the public hearing.” and then strike Lines 949 through 951, seconded by Ms. Ramos.
- Dr. Kinser moved to amend the Fast Track Amendments to 12 VAC 5-220 at page 23, Line 968: strike “30” and insert “40”; strike “may” and insert “shall” seconded by Dr. Puritz.
- Dr. Kinser moved to amend the Fast Track Amendments to 12 VAC 5-220 at page 35, Line 1502: strike “30” and insert “40”; strike “may” and insert “shall” seconded by Dr. Puritz.

There was discussion about the amendments in a bloc around the legality of using will versus shall, why these amendments were brought forward, and procedural questions. The line amendments were adopted as a bloc by unanimous voice vote.

There was a further line amendment from Mr. Desjadon to replace the term mental retardation with consistent language as it appeared throughout. The motion was seconded by Dr. Nelson. The motion was approved by unanimous voice vote.

There was discussion around the role of telehealth and Certificate of Public Need, the time lag between the legislative changes and the updates to the regulations and how the changes are communicated in the interim to regulants, and if the lag is expected to decrease moving forward.

The fast track amendments were approved by unanimous voice vote.

Final Amendments to Regulations for Disease Reporting and Control 12VAC5-90

Dr. Forlano presented the Final Amendments to the Regulations for Disease Reporting and Control. The purpose of the amendments is to bring the regulatory chapter into compliance with recent changes in the field of communicable disease detection and control and to allow greater flexibility with respect to reporting requirements in light of rapidly changing laboratory technologies and the emergence of new pathogens that are of public health concern.

This action was originally published in the Virginia Register of Regulations as a Fast Track in 2019. More than 10 comments were received objecting to the use of the Fast Track action. The

majority of commenters objected to the Virginia Department of Health receiving reports, which include personal information, of their influenza data. This action does not add any influenza reporting requirements. Instead, this amendment will strike "influenza should be reported by number of cases only (and type of influenza, if available)" to clarify that only confirmed influenza cases are required to be reported. The final stage has incorporated changes in influenza reporting requirements, to clarify the intent to simplify and reduce the burden of reporting for healthcare providers. The final stage also adds Monkeypox virus to a grouping of Orthopoxviruses to be reported, requires the inclusion of a patient's ethnicity and telephone number for certain reports, and requires persons in charge of certain programs to report additional information to facilitate public health investigation of reported outbreaks.

Dr. Puritz made a motion to approve the fast-track regulations with Dr. Nelson seconding. There were several line amendments:

- Dr. Kinser moved to amend the Final Amendments to 12 VAC 5-90 at Line 550, after the words "(Neisseria meningitidis)" insert "Pertussis (Bordetella pertussis)" seconded by Dr. Puritz.
- Dr. Kinser moved to amend the Final Amendments to 12 VAC 5-90 at Line 601, strike "(SARS-CoV-2)" and at Line 602, after the words "a person who is infected with" insert "SARS-CoV-2" seconded by Dr. Nelson.
- Dr. Kinser moved to amend the Final Amendments to 12 VAC 5-90 at Line 1253, strike "update" and insert "report" seconded by Ms. Whipple.

There was discussion seeking clarity on why amendments were brought forward. The motion was approved by unanimous voice vote.

There was discussion regarding flu reporting concerns and why persons suspected of a COVID-19 infection were included in reporting requirements.

The motion was approved by unanimous voice vote.

Proposed Regulations for Certification of Community Health Workers 12VAC5-402

Dr. Walker Harris presented the Proposed Regulations for the Certification of Community Health Workers. The purpose of the regulations is to establish the minimum requirements to be considered a "certified community health worker" in Virginia based on the core competences for community health worker used by community-based organizations in Virginia. This regulation will also outline the minimum standards required of the entity, approved by the Board, responsible for confirming certified community health workers, approving the training and education to meet community health worker certification requirements and maintaining a registry of certified community health workers available to the general public.

Ms. Whipple made a motion to approve the fast-track regulations with Mrs. O'Bannon seconding.

There was discussion regarding changes in how community health workers would be able to identify themselves; if there was an inadvertent barrier being created through these regulations; what the benefits to becoming certified are; the application fee; sourcing for curriculum and

continuing education requirements; if there was opportunity to have minors in some way qualify through a waiver.

The motion passed by unanimous voice vote.

Report of the Policy Committee

Dr. Kinser described the role of the policy committee as a source for helping to generate and review Board members' ideas for exploration through the Public Health Policy Agenda process developed by VDH. A graphic was shared to help demonstrate the process, and there was discussion about how this was different than what is currently happening. VDH staff were asked to further develop of a one-pager describing the process and a graphic to illustrate for the Board by the December meeting.

There was also a discussion about ideas could be generated. Examples included unsolicited information received by the Board, and the need to vet this information to make sure that the underlying issue falls within the purview of the Board. This prompted a discussion about public comment at the Board meetings and how it is captured in the minutes. The Board asked VDH staff to prepare information about how other Boards do or do not include this information in their minutes and what is legally required to be included in the minutes for public comments.

2024 Travel Meeting Recommendations

Mr. Hilbert presented recommendations to the Board regarding a potential travel meeting in June 2024. Three options were provided for a location, one in Northern Virginia, one in Tidewater, and one in Southwest Virginia.

The Board requested more information on what types of site visits would be planned in each area.

2024 Proposed Meeting Dates

Ms. Jansson presented the dates for the 2024 meetings of the Board of Health as follows:

Wednesday, April 10

Thursday June 13 – NOTE: This would be the travel meeting with the business meeting held on the 13th

Thursday, September 19

Thursday, December 5

There was no objection to these dates for the 2024 meeting dates, and they were adopted by consensus.

Other Business

There was no other business to come before the Board.

Adjourn

The meeting adjourned at 2:04pm.

Poisoning and Death, or Virginia's Altered Truth Continues

Dr. Shelton^{1,2} and the Virginia Dept. of Health continue with their version of truth. Three of the four choices on VDH's vaccination³ "Events" web page (Covid, Flu, and HPV) are not absolutely required for attendance in school. They can be declined by parents. This is not transparency, but coercion and manipulation plus fear-mongering. No studies have proven that the HPV vaccine prevents HPV, or other types of cancer. All citizens are owed the right to informed medical consent and freedom of choice.

Dr. Thorp, a practicing Ob/Gyn, has documented by FOIA that 13 billion dollars from the CDC and HHS were paid to over 300 'influencers' including contracts with the American College of Ob/Gyn⁴. These monies were paid so doctors could not discuss risks of vaccines in pregnancy, or offer informed consent. To do so, according to the contract, would require that the billions of dollars would need to be returned. This applies to over 60,000 Ob/Gyns and it means that if a woman were to ask her Ob/Gyn if it was safe to have an mRNA vaccine in pregnancy, the Ob/Gyn was bound to repeat the HHS/CDC script about "safe and effective", and not the truth. The CDC knew babies were being killed in utero, and dying from their Mom's poisoned breast milk.

There has been no improvement in Virginia infant mortality or in percent of live births born preterm⁵. Millions of dollars of grant money and dozens of people in Virginia have held conferences, work sessions, and so forth for years and yet Virginia continues to have dismal statistics related to infant and maternal mortality. Virginia must do better. Immediately.

References:

1.



LIST_ Minimum
vaccine requirements

2. August 2, 2023

Dear WRIC News and abc8 news:

I just read an article by Cassidy Hammond, and watched an abc8 News video regarding back to school shots. This is to inform you that the HPV (human papillomavirus) shot is NOT required for attendance at any school in Virginia. The parent or guardian may elect for a child to not receive this shot, by writing a note to that effect and submitting it to the child's school. They can also opt out of shots by using a religious or medical exemption, which was mentioned in your video. Parents should also know that the HPV shot has been linked to serious effects in girls and boys. These effects include infertility (inability to conceive children), heart damage, cervical lesions or cancer, autoimmune disease and many more. In fact, there is currently a class-action law suit against the manufacturer, Merck, regarding these dangers. There were 40 deaths in the clinical trials of Gardasil, yet the trials were not stopped. Preadolescents and teens, for whom these HPV shots are

targeted, have a near-zero chance of developing cervical cancer. Suffice it to say, the HPV shot is a risk to a young boy's or girl's health, and offers no real benefits. It should be avoided. No studies have proven that the HPV shot prevents cancer.

A retraction or correction should be offered. Thank you.

****Lori D. Leonard****

3. <https://www.vdh.virginia.gov/backtoschool/>

4. <https://naomiwolf.substack.com/p/the-covenant-of-death>

5. <https://www.marchofdimes.org/peristats/reports/virginia/report-card>



FIRST, DO NO HARM.

A GUIDE FOR PRACTITIONERS AND
HEALTHCARE WORKERS REGARDING
**INFORMED CONSENT FOR COVID
SHOTS IN INFANTS AND CHILDREN.**



As a **physician or healthcare worker**, you have a duty to patients to uphold medical ethics. **Patients have the right to “informed consent” before receiving a medical procedure** for themselves or their dependents—especially when the procedure is experimental under emergency use authorization.

The law requires you to inform patients of the treatment’s known or potentially severe adverse effects. Are you sharing this information? If you recommend these shots to infants and young children, given all you know—or should know—are you **upholding your oath**? If not, could your actions later be grounds for removing your medical license?

Please read the following information carefully and **acknowledge that you’ve shared this data with your patients:**

- I understand there are **no long-term safety data for COVID vaccination of young children**, and children are receiving this vaccine under Emergency Use Authorization (EUA). **Vaccinating small children for COVID-19 is experimental**, not a standard medical procedure.
- I understand that **children have a 99.997% recovery rate**, and medical literature indicates that almost zero healthy children under five years old have died from COVID.
- I understand that **the 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.
- I understand that **most children are already immune. Natural immunity is superior to vaccine-induced immunity**, and vaccinating the already immune is excessive 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 2022, the CDC said over **75% of children already have partial or full immunity to COVID**.
- I understand that unnecessary vaccination will put children at **elevated risk of harm**. It is apparent that **most are already immune and will not benefit from vaccination**.

- I am aware that studies suggest that **vaccinating after infection increases the risk of vaccine-induced side effects such as myocarditis.**
- I understand the **risks demonstrably outweigh the benefits of COVID vaccination in children.** For example, a Hong Kong study showed that 1/2,700 12-17-year-old boys receive a myocarditis diagnosis following their 2nd dose of Comirnaty (37 per 100,000 vaccinated). Another study from Kaiser found the same rate of myocarditis in 12-17-year-old American boys, 1/2700.
- I understand that **myocarditis is not a mild disease.** The CDC's preliminary data revealed that nearly half of the young people diagnosed with myocarditis still had symptoms 3 months later, and 39% had their activity restricted by their physician. We know this serious adverse event frequently occurs in teenagers, but no one knows how often it occurs in younger children. This is of significant concern for babies and younger children.
- I understand **over one million adverse reactions to mRNA shots have been reported to the Vaccine Adverse Events Reporting System (VAERS),** including anaphylactic shock, allergic reactions, blood clotting and bleeding disorders, myocarditis, pericarditis, stroke, heart attacks, tinnitus, death, and more.
- I understand **some children will likely die and others will suffer permanently injury from these vaccines** based on reporting to the current VAERS database. The latest data shows 1,527,370 reports of adverse events from all age groups following COVID vaccines, including 34,576 deaths between Dec. 14, 2020, and Feb. 24, 2023
- I am aware **that the Pfizer clinical trials for children 2 - 4 years old failed to meet FDA-specified requirements for COVID vaccine EUAs.** The vaccines did not show 50% efficacy nor meet the required 30% lower bound with a 95% confidence interval. Therefore, I'm aware this product **failed FDA's established criteria in its clinical trials.**
- I am aware that **the pediatric clinical trials for the COVID vaccines were too small** (the booster trial for 5-to-11-year olds had 140 participants) **to detect safety signals for serious adverse events**—especially for a recipient population in the tens of millions.
- I am aware that **on August 23, 2021, FDA's letter to BioNTech explained that neither the VAERS nor the VSD surveillance systems were adequate for FDA to determine the risk of myocarditis resulting from the Pfizer vaccine.** Therefore, Pfizer and BioNTech were instructed by FDA to carry out a series of studies on myocarditis to ascertain the risk in different groups, including children. These studies were scheduled to produce final reports to FDA over the next five years.
- I understand **safer drugs could be used prophylactically and therapeutically for COVID in children.** There is extensive and compelling medical evidence for this assertion, and the choice to eschew use of these drugs in favor of a demonstrably dangerous vaccine is arbitrary and capricious.
- I understand **the current liability-free status for these injections may not carry through in perpetuity.** Under the PREP Act of 2005, all actors advancing an EUA agenda for medical countermeasures enjoy liability protection, absent "willful misconduct." Therefore, liability could later apply if these shots are deemed non-therapeutic gene products that practitioners knowingly and recklessly recommended, and administered to children.

NO COVID VACCINE MANDATES FOR SCHOOL
 TEXT **STOPTHESHOTS** TO 55444



Scan for references and Robert F. Kennedy, Jr.'s letter to Dr. Califf, Dr. Walensky, Sec. Becerra, Dr. Marks & VRBPAC Members



COVID SHOTS & KIDS

A GUIDE FOR PARENTS + CAREGIVERS
REGARDING **INFORMED CONSENT** FOR
COVID VACCINE USE IN BABIES & 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 under emergency use authorization?

Did you know by law, your practitioner or healthcare provider must inform you of the treatment’s known or potentially serious adverse effects? Is your practitioner or healthcare provider sharing this information with you?

Please read the following information carefully so that you can make an **informed decision.**

- Did you know there are no long-term safety data for COVID-19 vaccination of young children**, and children are receiving this vaccine under an Emergency Use Authorization (EUA)? These facts establish that vaccinating small children for COVID is experimental, not a standard medical procedure.
- Did you know that children have a 99.997% recovery rate?** Medical literature indicates 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 deaths in children.
- Did you know that most children are already immune? Natural immunity is superior to vaccine-induced immunity**, and vaccinating the already immune is excessive 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 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 harm? It appears that most are already immune and will obtain NO benefit from vaccination.**
- Did you know** that studies have suggested that vaccinating after infection increases the risk of vaccine-induced side effects such as myocarditis?

- Did you know the risks demonstrably outweigh the benefits of COVID vaccination in children?** A Hong Kong study showed 1/2,700 12-17-year-old-boys receive a myocarditis diagnosis following their 2nd dose of Comirnaty vaccine (37 per 100,000 vaccinated). A study from Kaiser found the same rate of myocarditis in 12-17-year-old American boys, 1/2700.
- Did you know that myocarditis is not a mild disease?** The CDC's preliminary data, revealed that nearly half of the young people diagnosed with myocarditis still had symptoms 3 months later, and 39% had their activity restricted by their physician. We know this serious adverse event frequently occurs in teenagers, but we do not know how often it occurs in younger children; this is a significant concern for babies and younger children.
- Did you know over one million adverse reactions have been reported after mRNA shots in Vaccine Adverse Events Reporting System (VAERS),** including anaphylactic shock, allergic reactions, blood clotting and bleeding disorders, myocarditis, pericarditis, stroke, heart attacks, tinnitus, death, and more.
- Did you know some children will likely die, and others will be permanently injured from these vaccines based on reporting to the current VAERS database?** The latest data shows 1,527,370 reports of adverse events from all age groups following COVID vaccines, including 34,576 deaths between Dec. 14, 2020, and Feb. 24, 2023
- Did you know that the Pfizer clinical trials for children 2-4 years old failed to meet FDA-specified requirements for COVID vaccine EUAs?** The vaccines did not show 50% efficacy nor meet the required 30% lower bound with a 95% confidence interval. Therefore, this product failed FDA's established criteria in its clinical trials.
- Did you know the pediatric clinical trials for COVID vaccines were too small** (the booster trial for 5-to-11-year olds had 140 participants) to detect safety signals for serious adverse events—especially for a recipient population in the tens of millions?
- Did you know that on August 23, 2021, FDA's letter to BioNTech explained that neither the VAERS nor the VSD surveillance systems were adequate for FDA to determine the risk of myocarditis resulting from the Pfizer vaccine?** Therefore, the FDA instructed Pfizer and BioNTech to carry out a series of studies on myocarditis to ascertain the risk in various groups, including children. These studies were scheduled to produce final reports to FDA over the next five years.
- Did you know there are safer drugs that could be used prophylactically and therapeutically for COVID in children?** There is extensive and compelling medical evidence for this assertion; and the choice for practitioners and healthcare workers to eschew use of these drugs in favor of a demonstrably dangerous vaccine is arbitrary and capricious.
- Did you know the COVID shots are currently liability-free under the PREP Act of 2005?** In addition, the federal government's Countermeasures Injury Compensation Program has not compensated a single person injured by COVID vaccines.
- Did you know there is no available care for children injured by COVID shots?** There is no way to remove the spike protein (and other toxic byproducts of vaccination), which the body may produce for a considerable period following injection of messenger RNA. Science and medicine have not yet developed, and most families are unable to cover the costs of potential catastrophic injuries.

NO COVID VACCINE MANDATES FOR SCHOOL
 TEXT **STOPTHESHOTS** TO 55444



Scan for references and Robert F. Kennedy, Jr.'s letter to Dr. Califf, Dr. Walensky, Sec. Becerra, Dr. Marks & VRBPAC Members

Myths and Truths About Vaccination

MYTH: Vaccination is the main contributor to the twentieth century decline in infectious disease.

TRUTH: Infectious diseases (measles, diphtheria, whooping cough and tetanus) were in steep decline before the advent of vaccinations, thanks to better sanitation, cleaner water and improved living conditions. Scarlet fever also declined, even though there has never been a vaccination for it.

MYTH: Vaccinated individuals do not put others at risk.

TRUTH: Public health officials are aware of the fact that vaccinated individuals can spread the disease for which they have been vaccinated for up to several weeks after getting the vaccine. Adults have contracted polio from their recently vaccinated infants.

MYTH: Vaccinations give life-long immunity.

TRUTH: Immunity from vaccinations is temporary at best; health officials now recommend booster shots at regular intervals because the immunity from vaccinations wears off. Outbreaks of measles and whooping cough have occurred in fully vaccinated populations.

MYTH: It was vaccinations that stopped the deadly plague of polio.

TRUTH: Polio can be triggered by nervous system poisoning from teething powders containing mercury (now banned) and pesticides like lead arsenate and DDT. Polio declined in the U.S. when DDT was outlawed. Polio is making a comeback in the U.S., but it is called by a different name—acute flaccid myelitis—which occurs most frequently in August and September when children are getting their vaccinations for school.

MYTH: Measles, mumps, whooping cough and chicken pox are life-threatening childhood diseases.

TRUTH: Death from these diseases in the U.S. is extremely rare, and basically non-existent in well nourished children. When contracted in childhood, these diseases are mild and give immunity for life; having these illnesses in childhood also protects us against more serious disease like cancer later in life. Whooping cough (pertussis) has actually become more virulent since the introduction of the pertussis vaccine.

MYTH: Vaccinations are completely safe.

TRUTH: The National Vaccine Injury Compensation Program has paid out over four billion dollars for vaccination injuries and death since 1989. These payments come from a tax on vaccines; the pharmaceutical companies that make the vaccines are free from all liability for damages caused by their products. Only a very small percentage of vaccination injuries are reported or receive compensation

MYTH: Vaccinations have been well tested for safety.

TRUTH: Most vaccines are rushed through the FDA approval process with very inadequate safety testing. There has been no safety testing at all for multiple vaccines given at one time.

MYTH: The anti-vaccination movement is something new and was started by a “fraudulent” researcher named Andrew Wakefield, MD.

TRUTH: Dr. Wakefield’s findings have been scientifically corroborated. Since the first vaccinations, which were for small pox, citizens have mounted vigorous opposition after seeing adverse effects, including death, in their children from the vaccines. (The small pox vaccination was eventually discontinued because of frequent life-threatening reactions.)

For references and further information, visit westonaprice.org/vaccinations.

Harmful Ingredients in Vaccines

ALUMINUM: Toxic to brain and kidneys.

Children with autism have very high concentrations of aluminum in their brains.

AMINO ACIDS AND FOREIGN PROTEINS

INCLUDING EGG ALBUMIN: Associated with autoimmune disorders including type 1 diabetes.

FORMALDEHYDE OR FORMALIN: Embalming fluid; classified as a human carcinogen; toxic to nerves, liver and kidneys.

BENZETHONIUM CHLORIDE: Can cause seizures, coma, respiratory depression, central nervous system depression, convulsions and urinary system reaction.

GLUTARALDEHYDE: A disinfectant that can cause asthma, allergic reactions, respiratory problems and diarrhea.

PROTEINS FROM FETAL TISSUE: Taken from aborted babies; associated with an increased risk of autism.

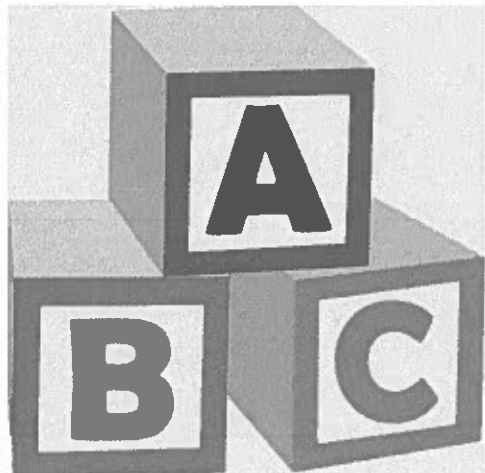
THIMEROSAL: Contains 50 percent mercury, the second most poisonous element known to man. Even “thimerosal-free” vaccines contain traces of mercury.

MSG: MSG may cause migraine headaches, sleeping disorders, irritable bowel syndrome, asthma, diabetes, Alzheimer’s disease, Lou Gehrig’s disease, attention deficit disorder, seizures, stroke and anaphylactic reaction.

CTAB (CETYLTRIMETHYLAMMONIUM BROMIDE): The Material Safety Data Sheet lists many serious health effects from CTAB.

2-PHENOXYETHANOL: Can cause headache, shock, convulsions, weakness, kidney damage, cardiac failure, kidney failure and death.

POLYSORBATE 80: Facilitates mercury and aluminum crossing the blood-brain barrier. May cause blood clots, stroke, heart attack and death.



ALWAYS BE CAUTIOUS

DID YOU KNOW?

- **THE COVID-19, HPV, AND FLU VACCINES ARE NOT REQUIRED FOR SCHOOL ATTENDANCE.**
- **YOU HAVE THE RIGHT TO KNOW THE RISKS AND ALTERNATIVES TO EACH VACCINE. BY LAW, YOUR DOCTOR MUST GIVE THIS INFORMATION.**
- **YOU HAVE THE RIGHT TO SAY "NO" IF UNSURE.**
- **BY LAW, PUBLIC SCHOOLS MUST ACCEPT RELIGIOUS AND MEDICAL EXEMPTIONS.**



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Good morning I'm Susan Franz, ~~an~~ ^{often} an R.N. ~~and I'm~~ ^{ve} from Williamsburg, Virginia. Maternal and child health has been a focus of the VDH ~~at every meeting I attend.~~ ^{ea} There are 2 obstetricians and one pediatrician on this board. The VDH website statistics for maternal and child health have not been updated since 2017. Why haven't they been updated? Are you aware of the decline in birth rates post COVID shot? Why is this happening? If you don't have data you don't know there is a problem. Based on his study of the data, renowned Dr. Peter McCullough, a ~~board-certified, internist~~ reports a 27 fold higher risk of miscarriage, and a more than twofold increased risk of adverse fetal outcomes across six different categories. *Additionally Maternal Mortality has ↑ >50% after the vaccine rollout.*

Why is the VDH still promoting COVID-19 ~~vaccines~~ ^{shots} for pregnant women? Your website does not allow the public access to any maternal fetal health outcomes for the past 6 years. I ask that you post this information on your website immediately. I implore you to stop promoting Covid vaccines, as safe and effective for pregnant women and children. They are dangerous and deadly and this board is complicit in perpetuating the use of this toxic product. *I'm leaving you with information to support my comments ~~to~~ including the stories of 50 ~~women~~ pregnant women who died post Covid vaccine.*

mRNA & Pregnancy - CDC: Maternal Mortality is up over 50% after COVID-19 Vaccines rolled out in Dec.2020 - skyrocketing deaths of vaccinated pregnant women - 50 deaths of new mothers reviewed!

DR. WILLIAM MAKIS MD

AUG 23, 2023

· PAID

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HERE ARE 50 DEATHS OF COVID-19 VACCINATED PREGNANT WOMEN AND NEW MOTHERS:

Aug.15, 2023 - Scottsburg, IN - 34 year old Devonnia Tscheulin, a Paramedic and Deputy Chief for Scott County EMS, died from complications during delivery of her third child (photos above)

July 24, 2023 - TN - 39 yo Megan McCullah Burrows, a Physician Assistant at Siskin Children's Institute, specializing in Autism and ADHD evaluation, died on July 24, 2023 "after a sudden illness" She died < 3 months after giving birth (May 1, 2023)

July 22, 2023 - Perth, Australia - 24 year old Krystal Pitt collapsed while lining up at a local post office just 10 days after giving birth to her 2nd child, and died in hospital a few days later.

July 21, 2023 - Brazil - 26 year old Renata Pereira was 3 months pregnant when she had a cardiac arrest and died

July 14, 2023 - Lubbock, TX - 19 year old Ariana Nicole Sanchez gave birth to a baby girl who weighed 10 pounds 6 ounces and died unexpectedly during delivery.

June 10, 2023 - South Carolina - Justine Kostenbauder (wife of Connor Cave) delivered a baby girl but

died unexpectedly from complications during delivery

June 2, 2023 - Lafayette, IN - 26 year old Sha'Asia Johnson had a heart attack 2 hours after delivery and died unexpectedly.

May 15, 2023 - Perth, Australia - 36 year old Monika Mann died 7 days after giving birth to twins. She arrived at ER "unresponsive" and was declared dead.

May 11, 2023 - New Zealand - 32 year old Sue Maroroa Jones, International NZ Chess Champion, died suddenly after giving birth to her 2nd child, on May 11, 2023, due to "post natal complications".

May 2, 2023 - 32 yo Olympic sprinter Tori Bowie was found dead alone in bed after wellness check, was 8 months pregnant and was "undergoing labor" when she was found deceased.

April 27, 2023 - Narrows, VA - 35 year old Crystal Candler, who worked as a Child Care Director, had a medical emergency at 35 weeks pregnancy, and died unexpectedly while her baby Maddox survived.

April 26, 2023 - Boerne, Texas - 34 year old Dr. Sheena Nageli, a pediatric chiropractor, delivered baby Juliette on April 20, 2023 (home birth). On April 24, 2023 she was battling a localized infection "unrelated to her pregnancy", which inexplicably spread quickly. Despite quick medical intervention she died on April 25, 2023.

April 21, 2023 - Saskatchewan nurse, 29 year old Meaghan Riley Elizabeth Seipp died during delivery on April 21, 2023 from "bleeding complications".

March 25, 2023 - New York, 28 year old Samantha Dannecker died unexpectedly while giving birth to her first child, a baby girl.

March 25, 2023 - Texas - 29 year old Camylle Bowen-Ables died 2 days after delivering a baby girl (Josephine) via C-section, of unspecified complications.

March 21, 2023 - Brentwood, TN - 32 year old 5th grade teacher Kelsey Holder, died suddenly on March 21, 2023 with her stillborn baby.

March 20, 2023 - Cincinnati, Ohio - 25 year old Jada Arianna Turner (medical assistant in General Surgery at Mercy Fairfield Hospital and 10 days from getting her Licensed Practical Nursing Degree) Jada Arianna Turner died unexpectedly in her sleep at 8 months pregnant on March 20, 2023, baby died also (source)

March 15, 2023 - Guatemala - Pennsylvania mother of two boys, 27 year old Rocio "Rose" Michelle Roberts died suddenly on March 15, 2023, 4 days after giving birth, from a pulmonary embolism.

March 13, 2023 - Detroit, MI - 25 year old Alona White died of brain bleed 5 days after giving birth to her 2nd child on March 13, 2023 ([click here](#))

March 13, 2023 - Brazil, Umuarama - 23 year old Fabianne Vitoria Ramos dos Anjos presented to emergency on March 13, 2023 in cardiorespiratory arrest, she was 3 months pregnant.

March 2, 2023 - Los Angeles, CA - 32 year old Bridgette Cromer, a healthcare worker (CNA) died unexpectedly hours after giving birth to her 5th child.

Feb.20, 2023 - Warren, AR - Megan Patterson died unexpectedly 10 days after giving birth to her 5th child

Feb.7, 2023 - Kettering, UK - 26 year old Zoe Green, mom of 3, was 7 months pregnant when she

suddenly felt unwell and died unexpectedly of a sudden cardiac arrest at home on morning of Feb.7, 2023

Jan.10, 2023 - 31 year old April Valentine had an emergency C-section for her daughter on Jan.9, complained of pain the following day and collapsed and died suddenly, while her boyfriend performed CPR on her ([click here](#))([click here](#))

Dec.23, 2022 - Detroit, MI - 35 year old Nikita Marie Washington died unexpectedly several hours after delivery due to "excessive bleeding"

Nov.8, 2022 - Newtown, PA - 30 year old teacher Jennifer Krasna died suddenly only days after giving birth to her second son.

Oct.30, 2022 - Puyallup, WA - 44 year old mother of 5 Laura MacDonald Seymour died suddenly and unexpectedly during birth of her 6th child and 1st daughter on Oct.30, 2022. Laura experienced Amniotic Fluid Embolism, collapsed into her husband's arms and lost consciousness. Her body then went into Disseminated Intravascular Coagulation, and the bleeding never stopped. Every drop of blood from the Pierce County Blood Bank was used, and some from Seattle too, in attempts to save her. Over 70 medical personnel worked seven hours to bring her back. (source)

Oct.8, 2022 - Clarksville, TN - 33 year old Sasha Lewis-Williamson, a healthy mother of one, died unexpectedly giving birth to her 2nd baby boy.

Aug.26, 2022 - VAERS 2422892 - 37 year old woman from Texas, double Pfizer vaccinated, died with baby at 37 weeks pregnancy. She had 2 Pfizer doses on March 3, 2021 and March 28, 2021. She presented on August 12, 2022 at 37 weeks gestation with pain, acute mental status changes and hypoxia. She had a failed caesarean section, deteriorated rapidly and died Aug.26, 2022.

Aug.23, 2022 - Victoria, BC - Amanda Welch died one day after delivering her baby Rachelle Daisy Green-Welch, who died on Aug.22, 2022 (source)(source)

Jul.30, 2022 - UK - Young UK mother Laura Barnes developed blood clots at 32 weeks pregnancy which led to an emergency caesarean section and the birth of her baby Dexter. She died from the blood clots during delivery in April, 2022. Her infant died at 2 months of age on July 30, 2022 of "unknown causes". (source)

July 2022 - Manhasset, NY - 23 year old Josephine Winters was a tennis coach. She developed turbo cancer (melanoma) while pregnant and died 3 weeks after delivery

Feb.18, 2022 - VAERS 2193607 - 19 year old woman (foreign) had a Pfizer dose in early pregnancy, died at 6 months pregnancy

Feb.8, 2022 - VAERS 2266970 - 36 year old woman from Michigan had 3rd Moderna dose at 33 weeks of pregnancy. One week later she woke up at 4am having very hard time breathing and her husband called the ambulance. She went into respiratory arrest, CPR was initiated, she was transported to ER, emergency bedside C-section was performed and she died.

Feb.1, 2022 - UK - 41 year old Amber Pendlebury delivered a baby boy, then cried out "I can't breathe", had two cardiac arrests and died shortly after.

Dec.14, 2021 - Richmond, TX - Paramedic Jalesa Thompson died unexpectedly 6 days after giving birth. (source)

Nov.30, 2021 - El Paso, TX - 22 year old Jaqueline Ayala died shortly after giving birth to baby girl (blamed on COVID-19). The media used her story but never said she was unvaccinated, therefore she was presumably vaccinated.

Nov.25, 2021 - VAERS 1930989 - 31 year old woman (foreign) had a Moderna dose at 34 weeks of pregnancy and died of cardiac arrest and septic shock.

Oct.19, 2021 - Mountainside, NJ - 36 year old Jennifer Margaret Handley Chiarello, died unexpectedly one week after giving birth to a baby girl (source)

Oct.17, 2021 - Stacey Martin fell ill while pregnant and had premature labor by 2 months, delivering baby Emery. She died weeks after delivery from unspecified "complications". She was COVID-19 vaccinated but COVID-19 was blamed for her death.

Sep.29, 2021 - Spartanburg, SC - 36 year old Melissa Anne Gray, ESL Teacher, died unexpectedly while giving birth to her daughter Grace.

Sep.17, 2021 - Saint Cloud, FL - 25 year old Cristina Viloria, teacher, became ill with pneumonia when 7 months pregnant. Baby was delivered by C-section but she died. Death was blamed on COVID-19 but she was presumably COVID-19 vaccinated.

Sep.2, 2021 - VAERS 1669875 - 36 year old woman from Minnesota had Pfizer vaccine at 33.5 weeks pregnancy. She presented 9 days later with preterm labor. Twins were delivered by C-section. She was found to have AML leukemia, started chemo 2 days after giving birth, 2 weeks later suffered intracranial hemorrhage and died.

Aug.26, 2021 - Broken Arrow, OK - 33 year old Lacy Hutchison, care assistant was 8 months pregnant when she fell ill. Baby was delivered by C-section but she died. Her death was blamed on COVID-19 but she was COVID-19 vaccinated.

Aug.26, 2021 - VAERS 1730068 - 37 year old woman (foreign) had 2nd Moderna dose at 36 weeks of pregnancy, 13 days later she developed myalgia, night sweats and uterine contractions. She had a stillbirth and died.

Aug.19, 2021 - VAERS 1710421 - 27 year old woman (foreign) had 1st Pfizer dose at 33 weeks of pregnancy. On the same day after vaccination she experienced dyspnea, respiratory distress, myalgia, arthralgia, afebrile seizure, was hospitalized and died.

Aug.12, 2021 - VAERS 1547035 - 25 year old woman (foreign) had 1st Pfizer dose in early pregnancy. She developed Cerebral venous sinus thrombosis and died.

Aug.7, 2021 - VAERS 2011009 - 23 year old woman from South Dakota received Moderna vaccines at 4 and 5th month of pregnancy. About 3 weeks after giving birth she was hospitalized with cardio-

respiratory arrest and died 5 days later.

July 23, 2021 - Ackworth, GA - 41 year old Doreen Plunkett, a registered nurse who worked on front lines with COVID-19 patients, died while giving birth to her 3rd child, from an amniotic fluid embolism.

June 3, 2021 - VAERS 1371338 - 32 year old woman from Massachusetts received 2 Pfizer doses while pregnant, died 4 days after delivery

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My Take...

In 2021 and 2022, mainstream media reported the vaccine status of every unvaccinated pregnant woman who died with a positive PCR test for COVID-19.

This was used in an aggressive and malicious propaganda push to get pregnant women to accept taking toxic experimental COVID-19 vaccines. The media didn't hesitate going international to find these rare deaths.

It is probable some of these pregnant women were killed by hospital protocols for COVID-19.

It is also probable that some had false positive COVID-19 tests.

These pregnant women were reported as unvaccinated. Many are of a more advanced age and may have suffered pregnancy complications unrelated to COVID-19 and were then fraudulently re-labeled as "COVID-19 deaths" to push a false propaganda narrative.

Antonietta Delli Santi (age 26) Italy

Amanda Perry (age 36)

Crystal Hernandez

Davy Macias (age 37)

Jennifer Rosebluff-Thomas (age 35) Canada

Haley Mulkey Richardson (age 32)

Keighlie Rennee Reaux (age 24)

Kimmie Pavone (age 35)

Kristen McMullen (age 30)

Kristen Roy (age 38)

Natalie Forshaw (age 30) UK

Paige Ruiz (age 32)

WASHINGTON POST CONFIRMS SKYROCKETING MATERNAL MORTALITY in Aug.18, 2023 article (CDC Data)

Since COVID-19 vaccines rolled out in Dec.2020, maternal mortality has skyrocketed over 50% in 2021 compared to 2019 (all races 20.1 per 100,000 in 2019 vs 32.9 in 2021). How bad is the 2022 data?

Why are COVID-19 vaccinated pregnant women dying?

A quick look at the deaths I've covered in this article:

9/50 were healthcare workers and 4/50 were teachers (COVID-19 vaccine mandated professions are driving these maternal deaths to a significant extent)

18/50 (36%) died during the course of pregnancy:

these deaths are being driven by cardiac arrests, fetal demise that puts the mother at high risk of death, and medical emergencies that force an emergency delivery that puts the mother at high risk of death

9/50 (18%) COVID-19 vaccinated women who die during delivery usually die of unexpected complications related to abnormal clotting or bleeding

23/50 (46%) The post-partum deaths are shocking: women collapse and die without ANY warning. Autopsies are rarely done and almost never reported.

These collapses are commonly cardiac arrests or unexpected blood clots in the lungs (pulmonary emboli), but most often remain "unexplained" because proper autopsies are NOT being done.

I believe COVID-19 Vaccines are responsible for the 50% increase in Maternal Mortality in 2021, and this may be 100% or more by now in 2023 compared to 2019.

COVID-19 Vaccines are extremely toxic for pregnant women who should never take any COVID-19 or

mRNA vaccines, given the extremely poor safety record of this experimental technology.

Subscribed

62 Likes

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3 Restacks

10 Comments

Write a comment...

Kamikaze ~ Spirit Wind

Aug 23

Liked by Dr. William Makis MD

Words do not suffice... 😞

LIKE (11)

REPLY

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Writes A's Substack

Aug 23

Liked by Dr. William Makis MD

What an unenviable vocation God has charged you with Dr. Makis, to bring to light this ongoing demonic and cruel slaughter of the innocents. And still you have not shirked from your calling, thank you, bless you 🙏

Humanity has come to a Crossroad here on Earth. There are those who are overwhelmed with compassion and sorrow witnessing and experiencing this deadly cold-blooded assault on humanity. And there are others who mock God, and mock you and those who like yourself, are only shouting warnings from whatever rooftops you can climb up on, risking yourselves for the few who will listen.

A crossroad similar to the cross of Jesus where some mourned, and others mocked...

"At the foot of the Cross were collected,

The haters and lovers

The cruel and the compassionate

The heart and the stone

The living and the dead

Of course, "No man comes to the Father except through the Son", at the Crossroad"

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New

Community

Musicians Injured - Eric Clapton: "I can't sleep because of the pain...the vaccine took my immune system and just shook it around"

Watch now (7 mins) | Eric Clapton bravely discusses his neurological COVID-19 vaccine injuries

FEB 11

-

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456

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Children Dying Suddenly - Canada's youngest athletes, ages 6-13 are dying suddenly: COVID-19 vaccine mandates for children playing sports...

COVID-19 vaccines are banned for kids under 18 in Scandinavian countries

FEB 22

-

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Pilot Incapacitated - Southwest Airlines WN6013 LAS-CMH departing Las Vegas diverted as pilot collapsed shortly after takeoff morning of...

Pilot Josh Yoder reports: "I'm being notified by passengers on a Southwest flight departing Las Vegas that the captain became incapacitated soon after..."

MAR 22

-

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Cardiac Injury - Cardiac testing at Washington public event found 53% myocarditis rate, including 2 active duty US military pilots - what...

An interesting story was reported on Feb.26, 2023 by News 8 WTNH, New Haven, CT. They took the story down about 24 hours later but it is still available...

FEB 28

-

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Canadian doctor sudden deaths have reached 150 since COVID-19 vaccines rolled out - our Canadian Medical Association celebrates the occasion...

These days, there are far stronger morals, ethics and honorable behavior in the Mexican drug cartels, than in Canada's entire healthcare leadership...

APR 22

-

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2023 Alberta Election results - Rural Alberta pauses Canada's slide into communism - and former Premier Jason Kenney's COVID Cabinet members...

Unless orange suitcases full of pre-filled out ballots show up at 3am, Alberta's election has been comfortably won by Danielle Smith and the UCP party...

MAY 30

-

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High School "died suddenly" - Epidemic of 15-19 year olds dropping dead in schools and dorms across USA and Canada in April 2023

There truly seems to be an epidemic of sudden deaths in schools across USA and Canada recently. Here are the most recent tragic cases: Jena, LA - 15...

APR 23

-

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Died Suddenly - Young chefs are dying suddenly and unexpectedly - 28 sudden deaths - COVID-19 vaccine mandates?

(Left) France, Champagne - Chef Laurent Fresnet, age 56, died suddenly April 3, 2023 (click here) (Right) UK Chef Matt Halford, age 38, died suddenly...

APR 20

-

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Neurological Injury - Spike protein accumulates in the brain and causes infarcts, bleeds, inflammation - Pfizer & Moderna COVID-19 mRNA...

A new paper from Germany posted on April 5, 2023 proves that the spike protein accumulates in the brain and causes death of brain cells (which would...

APR 7

-

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Turbo Cancer Leukemia - children from ages 11 to 21 are dying within hours or days of cancer diagnosis (new case: 16 year old Kyle Limper)

Philadelphia, PA - 16 year old Kyle Limper died within 24 hours of leukemia diagnosis on April 13, 2023 (click here) His father, Ken Limper, initially...

MAY 2

-

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204

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See all

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05/15/23 • COVID VIEWS

Many Pregnant Women Were Forced to Get COVID Shots. Here's What Happened to Them.

COVID-19 shot contents are biodistributed into the bloodstream within hours and cross "all physiologic barriers including the maternal-placental-fetal barrier and the blood brain barriers in both the mother and the fetus," according to maternal-fetal medicine expert Dr. James Thorp.

By Dr. Joseph Mercola

43



Miss a day, miss a lot. Subscribe to The Defender's Top News of the Day. It's free.

Story at a glance:

- Compared to the flu vaccine, COVID-19 shots are associated with a significant increase in adverse events among women of reproductive age.
- Data revealed a 27-fold higher risk of miscarriage and a more than two-fold increased risk of adverse fetal outcomes across six different categories following COVID-19 shots.

Latest News



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A Journalist's Perspective

- COVID-19 shot contents are biodistributed into the bloodstream within hours and cross "all physiologic barriers including the maternal-placental-fetal barrier and the blood brain barriers in both the mother and the fetus."
- Birth rates in multiple European countries fell significantly at the end of 2021, months after COVID-19 shots became widely utilized.
- Researchers have called for the immediate suspension of COVID-19 vaccination for all persons of childbearing and reproductive age.

While a typical vaccine must undergo 10 to 12 years of trials before it's released, during the pandemic, COVID-19 shots were made available to the public just 10 months after development, courtesy of an Emergency Use Authorization.

Even pregnant women were subjected to the shots, and in many cases were mandated to receive them.

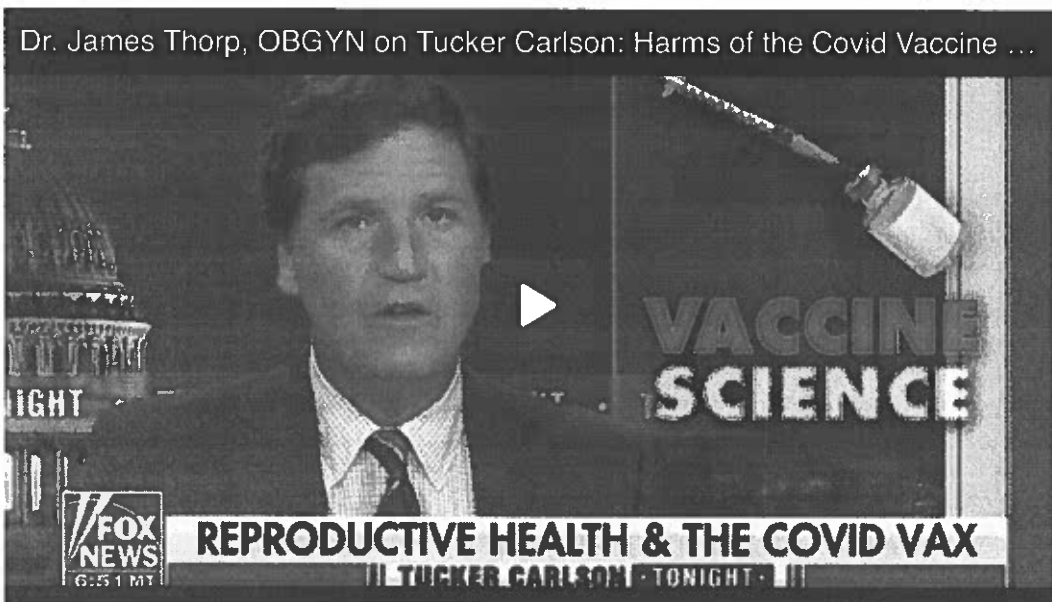
"The pushing of these experimental COVID-19 vaccines globally is the greatest violation of medical ethics in the history of medicine, maybe humanity," Dr. James Thorp, a maternal-fetal medicine expert, told Tucker Carlson (see video below).

Thorp and colleagues published a preprint study that found striking risks to pregnant women who received the shots, along with their unborn babies.

The outcomes were so dire that the researchers concluded pregnant women should not receive COVID-19 shots until further research is completed.

The researchers explained:

"A worldwide moratorium on the use of COVID-19 vaccines in pregnancy is advised until randomized prospective trials document safety in pregnancy and long-term follow-up in offspring."



COVID shots linked to 27-fold higher risk of miscarriage

Thorp and colleagues used data from the Centers for Disease Control and Prevention's Vaccine Adverse Events Reporting System (VAERS) to assess adverse events experienced by women of reproductive age following receipt of a COVID-19 shot, compared to receipt of a flu shot.

The researchers compared to the flu vaccine, COVID-19 shots were associated with a significant increase in adverse events (AE), including:



Perspective
Why 'Pro-mRNA Vaccine' Journalism Irresponsible and Dangerous



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- Fetal cardiac arrest
- Fetal vascular malperfusion
- Fetal growth abnormalities
- Fetal abnormal surveillance
- Fetal placental thrombosis
- Low amniotic fluid
- Fetal death/stillbirth

The researchers noted:

“When normalized by time-available, doses-given, or persons-received, all COVID-19 vaccine AE far exceed the safety signal on all recognized thresholds ... Pregnancy and menstrual abnormalities are significantly more frequent following COVID-19 vaccinations than that of Influenza vaccinations.”

Specifically, the data revealed a 27-fold higher risk of miscarriage and a more than two-fold increased risk of adverse fetal outcomes across six different categories, according to board-certified internist and cardiologist Dr. Peter McCullough.

Were nurses issued gag order against speaking out?

Problems began to appear shortly after COVID-19 shots were rolled out, such that a leaked email from a large California hospital was sent out in warning to 200 nurses.

The email, from September 2022, contained the subject line, “Demise Handling,” referring to an increase in stillbirths and fetal deaths.

A TCW report by journalist Sally Beck shared the email’s content, which read:

“It seems as though the increase of demise patients [babies] that we are seeing is going to continue. There were 22 demises [stillbirths and fetal deaths] in August [2022], which ties [equals] the record number of demises in July 2021, and so far in September [2022] there have been 7 and it’s only the 8th day of the month.”

Beck reports that one nurse, Michelle Gershman, who works in the neonatal ward had her bonus withheld because she spoke out about the rise in fetal deaths.

“We used to have one fetal demise per month. That rose to one or two per week,” Gershman said.

Beck reported:

“Her experience, and the experience of doctors working with pregnant women, is contrary to official ‘safe and effective’ observation and advice, but no one was free to speak out because of a gagging order imposed in September 2021 by the American Board of Obstetrics and Gynecology (ACOG). ...”

"At the beginning of the rollout, in December 2020, pregnant women who were healthcare workers or deemed to be at risk from COVID began receiving the shots. By May 2021, the vaccine was being recommended to all pregnant American women, despite the fact that none of the vaccine manufacturers had completed reproductive toxicology reports in animals, and none had started clinical trials in pregnant women.

"Two months later, hospitals noticed a huge increase in miscarriage, stillbirth, preterm births, pregnancy complications and menstrual abnormalities."

COVID shots should be Category X

The mRNA from COVID-19 shots circulates in the body for 28 days or more, and the spike protein may trigger clotting, bleeding and tissue damage, according to McCullough.

Because of this and other concerns, he states that, conservatively, COVID-19 shots should be given the "Category X" designation during pregnancy, which means, "The risk of use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant."

Unfortunately, health officials in the U.S. continue to affirm its safety, even for vulnerable populations such as this, as they have from the very beginning.

"Shockingly, in the very first week of mass vaccination in December of 2020," McCullough wrote, "news reels depicted well-intentioned pregnant mothers getting injected with synthetic lipid nanoparticles laced with long-lasting mRNA coding for the Wuhan Institute of Virology Spike protein."

Thorp's study also reported that Pfizer's data showed COVID-19 shot contents are biodistributed into the bloodstream within hours and cross "all physiologic barriers including the maternal-placental-fetal barrier and the blood brain barriers in both the mother and the fetus."

A separate study is, in fact, looking at using ionizable lipid nanoparticles (LPNs) like those used as mRNA delivery platforms in COVID-19 shots, as tools to deliver drugs to the placenta, because they're so effective at reaching it.

"LPNs enhance mRNA stability, circulation time, cellular uptake and preferential delivery to specific tissues compared to mRNA with no carrier platform," the researchers wrote.

But the study contains some concerning data, which was shared on Twitter:

Jikkyleaks
@Jikkyleaks · Follow



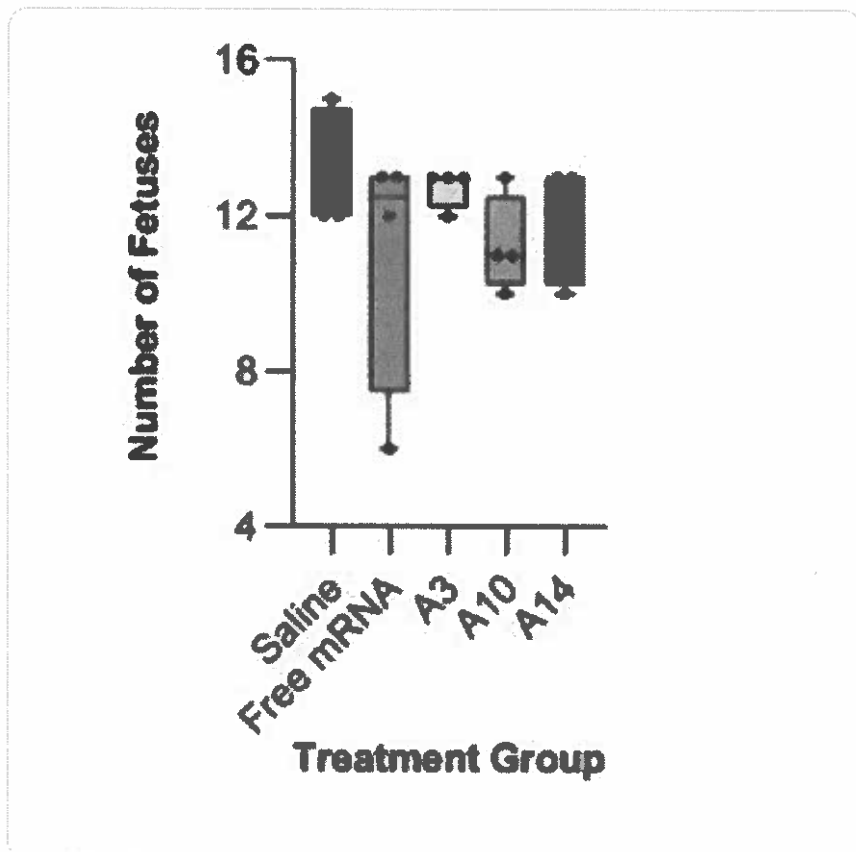
More #Placentagate

This could be one of the biggest scandals in medicine.

Check this out.

What do you see?

[biorxiv.org/content/10.1101/2023.03.16.531814](https://www.biorxiv.org/content/10.1101/2023.03.16.531814)



10:03 PM · Mar 18, 2023



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Health officials made the recommendation that COVID-19 shots are safe and effective for pregnant women based on a 42-day study from Pfizer involving 44 rats.

What's more, the Pfizer-BioNTech rat study revealed the shot more than doubled the incidence of preimplantation loss and also led to a low incidence of mouth/jaw malformations, gastroschisis (a birth defect of the abdominal wall) and abnormalities in the right-sided aortic arch and cervical vertebrae in the fetuses.

Pfizer BNT162b2 animal study # 20256434

Control arm				Treatment arm			
Animal Number	Corpora Lutea	Pre-implant loss	Live fetus	Animal Number	Corpora Lutea	Pre-implant loss	Live fetus
1	14	0	11	1	16	2	13
2	15	0	15	2	18	1	17
3	17	1	16	3	16	4	12
4	16	0	14	4	12	2	10
5	15	1	13	5	20	3	13
6	12	2	10	6	14	4	9
7	14	0	14	7	16	1	15
8	17	0	12	8	16	1	13
9	17	4	13	9	20	4	16
10	13	1	11	10	15	1	13
11	12	0	12	11	15	1	13
12	14	0	13	12	15	0	15
13	15	0	14	13	16	0	14
14	14	0	13	14	17	1	13
15	16	2	13	15	14	2	12
16	14	1	13	16	14	1	13
17	16	0	15	17	15	1	14
18	14	0	14	18	12	0	12
19	13	0	12	19	15	1	12
20	17	1	16	20	17	0	17
21	14	0	13	21	13	2	10
Mean	14.714	0.619	13.190	Mean	15.524	1.524	13.143
	Overall mean %		4.2%		Overall mean %		9.8%
				T.test.p	0.01588		

"In that study the fetal loss rate DOUBLED (4.2% to 9.8%) but had little impact on the overall number of fetuses," jikkyleaks tweeted, sharing the chart above.

The tweet continued:

"This is how this information is hidden. That single slide should have been enough to prompt much more investigation, because it showed fewer fetuses in EVERY GROUP."

Shocking decline in birth rates post-COVID shots

Birth rates in multiple European countries fell significantly in the end of 2021, months after COVID-19 shots became widely utilized.

The data, compiled by a team of European researchers, found declines in birth rates in all the countries they studied, including:

- Germany
- Austria
- Switzerland
- France
- Belgium

- Netherlands
- Denmark
- Estonia
- Finland
- Latvia
- Lithuania
- Sweden
- Portugal
- Spain
- Czech Republic
- Hungary
- Poland
- Romania
- Slovenia
- Iceland
- Northern Ireland
- Montenegro
- Serbia

The team explained:

“In advance it should be noted that every single examined European country shows a monthly decline in birth rates of up to more than 10% compared to the last three years. It can be shown that this very alarming signal cannot be explained by infections with COVID-19.

“However, one can establish a clear temporal correlation to COVID vaccinations incidence in the age group of men and women between 18 and 49 years. Therefore, in-depth statistical and medical analyses have to be demanded.”

The declines in birth rates ranged from a low of 1.3% in France to a high of 19% in Romania.

Seven countries had a decline in birth rate of more than 10%, while 15 countries had declines of greater than 4%. Switzerland's drop was said to have exceeded the drop that occurred from World War I, World War II, the Great Depression and the release of oral contraceptives.

No connection was found between the declines in birth rates and COVID-19 infections or hospitalizations, with the team noting:

“Adverse reactions related to the female reproductive organs and study findings related to male fertility point to a causal interpretation of the association of birth declines and the Covid-19 vaccinations.”

COVID shots affect menstrual cycles

It remains unknown how COVID-19 shots affect reproductive health in men and women.

For instance, The Vaccine Reaction reported:

“To date, the manufacturer’s insert for FDA-approved COVID shots explicitly states that it has not been tested for the potential to impair male fertility.”

However, data on U.S. infertility after the rollout of COVID shots aren’t available.

Meanwhile, women around the globe have reported changes in their menstrual cycles following COVID-19 shots, and health officials largely brushed off the reports or labeled them anecdotal.

But a study published in *Obstetrics & Gynecology* — and funded by the National Institute of Child Health and Human Development and the National Institutes of Health Office of Research on Women’s Health — confirms an association between menstrual cycle length and COVID-19 shots.

Clinical trials for COVID-19 shots did not collect data about menstrual cycles following injection, and VAERS does not actively collect menstrual cycle information either, making it difficult to initially determine whether the shots were having an effect.

Anecdotal reports on social media, however, are numerous and, according to the study, “suggest menstrual disturbances are much more common.”

The *Obstetrics & Gynecology* study involved 3,959 individuals between the ages of 18 and 45 years. Those who had not received a COVID-19 shot noted no significant changes in cycle 4 during the study compared to their first three cycles.

However, those who received COVID-19 shots had longer menstrual cycles, typically by less than one day, when they received the shots.

The longer cycles were noted for both doses of the injection, with a 0.71-day increase after the first dose and a 0.91-day increase after the second dose.

Cycle changes of eight days or more noted

The overall declines were described as not clinically significant.

However, some women, particularly those who received two shots in the same menstrual cycle, experienced significant changes, including a two-day increase in cycle length and, in some cases, changes in cycle length of eight days or more.

Considering a regular menstrual cycle is “an overt sign of health and fertility,” any changes could have major ramifications.

Further, the team noted:

“Questions remain about other possible changes in menstrual cycles, such as menstrual symptoms, unscheduled bleeding, and changes in the quality and quantity of menstrual bleeding.”

Taken together, the links to miscarriage, reproductive changes and declining birth rates raise major red flags about the safety of COVID-19 shots for people of reproductive age.

As such, the European research team echoed Thorp in calling for a moratorium on COVID-19 shots for pregnant women, and took it a step further suggesting a suspension for everyone of reproductive age:

ENGLISH

US Maternal Death Rates Up Sharply

CDC Oblivious to COVID-19 Illness and Vaccination as Determinants



PETER MCCULLOUGH, MD

APR 12, 2023

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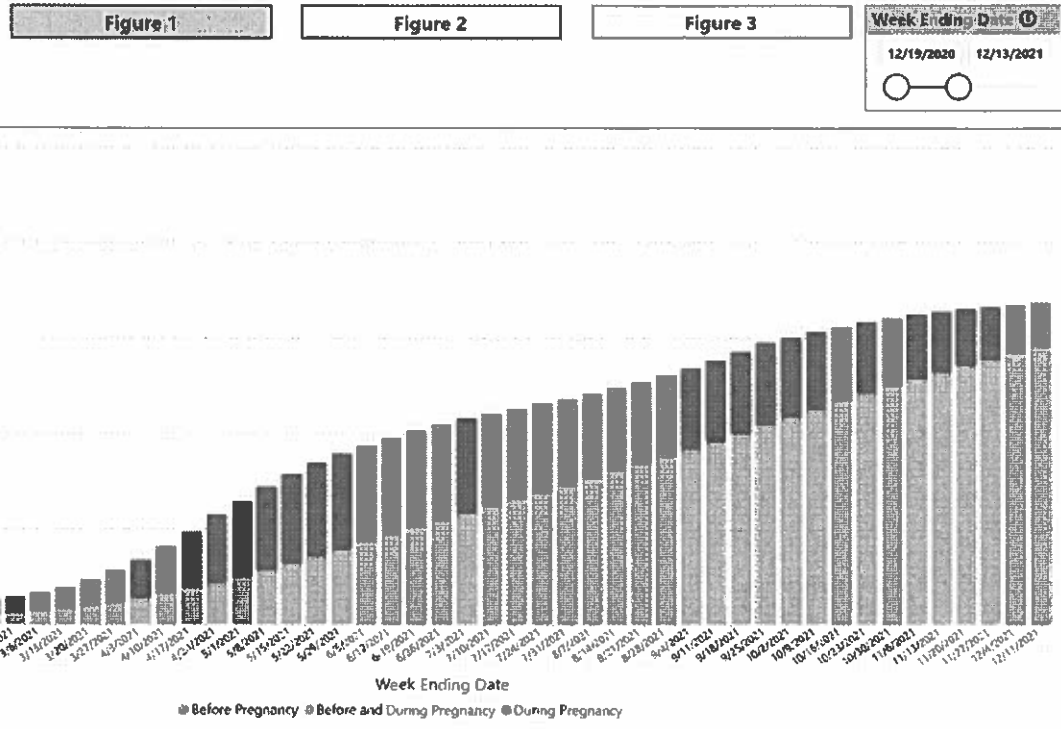


By Peter A. McCullough, MD, MPH

Modern obstetrical care in the US has had a major impact in reducing maternal death rates over several decades. Now there is reversal of these trends. From the start of the pandemic there have been reports with mixed results for mortality among pregnant women with COVID-19 infection and after COVID-19 vaccination. Sadly, many women have had both exposures in 2021 and beyond.

The CDC reports that ~65% of women have taken a vaccine—most before conception and the remainder through the term of gestation. This occurred because the CDC advised that pregnant women take this risk with no assurances on the health of the mother or baby through pregnancy.

Figure 1: Percent of Pregnant People Ages 18–49 Years Who Completed the Primary Series of COVID-19 Vaccine Before and During Pregnancy, by Timing of Vaccination and Week Ending Date — Vaccine Safety Datalink,* United States December 14, 2020 – December 11, 2021



COVID-19 vaccination among pregnant people aged 18-49 years overall, by race and ethnicity, and date reported to CDC - Vaccine Safety Datalink,* United States, Accessed April 10, 2023

Now the CDC is reporting record maternal death rates in 2021 compared to prior decades and in the report by Hoyert et al, has shown a stepwise increase for death during or shortly after pregnancy. All groups are up but the worst is for African American women.

NATIONAL CENTER FOR HEALTH STATISTICS

Health E-Stats

MARCH
2023

Maternal Mortality Rates in the United States, 2021

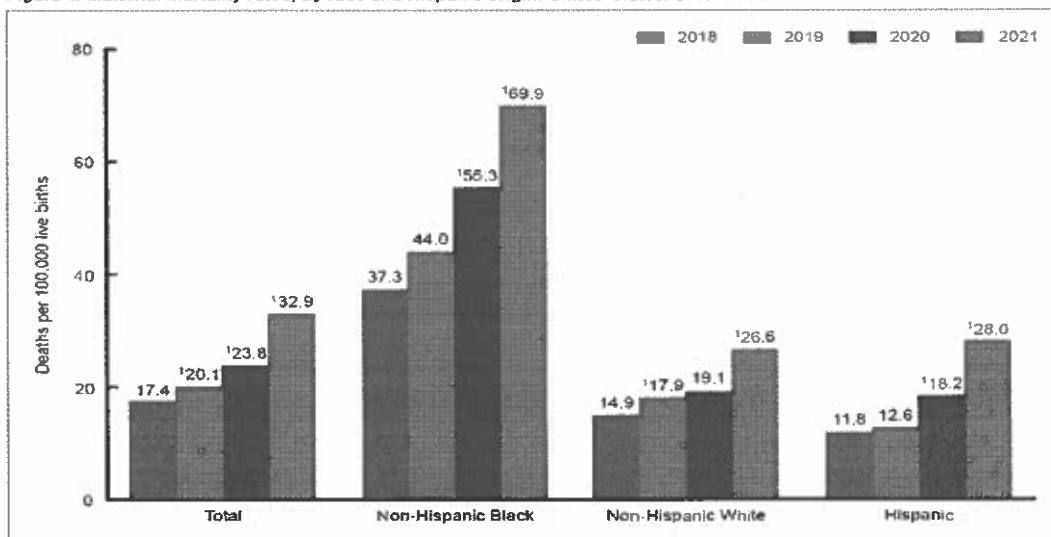
by Donna L. Hoyert, Ph.D., Division of Vital Statistics

This report presents maternal mortality rates for 2021 based on data from the National Vital Statistics System. A maternal death is defined by the World Health Organization as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (1).” Maternal mortality rates, which are the number of maternal deaths per 100,000 live births, are shown in this report by age group and race and Hispanic origin.

NCHS Health E-Stats

March 2023

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021



*Statistically significant increase from previous year ($p < 0.05$).

NOTE: Rates are age-specific rates.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality

Hoyert, CDC, Maternal Mortality Rates in the United States, 2021

While lockdowns, reduced access to prenatal care, and a variety of factors could be related to maternal outcomes, the CDC report is willfully blind to major exposures 1) acute COVID-19 which could have played a role in 2020 and 2) COVID-19 vaccination which was prevalent in 65% of mothers in 2021. The CDC must open up all data on COVID-19 cases and vaccination to researchers for urgent epidemiologic evaluation of these disturbing trends. Death among pregnant women should be a top priority for public health researchers.

Women of childbearing age and pregnant women should refrain from COVID-19 vaccination given its pregnancy category X status and the absence of any assurances on short or long-term safety.

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