***Health Professional Emergency Petition IMMEDIATE Action Required: Significant Covid-19 Testing Flaws & Vaccine Safety Issues:***

***Very significant issues with Covid-19 are being ignored right now to the detriment of public health.***

***Many health care professionals, charged with implementing Covid-19 protocols, are being ignored by their professional leadership and government representatives. Phone calls and emails are going unanswered.***

***Mass media and social media censorship is silencing our voice.***

***Change.org shut down this petition after 24 hours as a 'community violation breach' despite the fact that everything compiled in this petition is publicly documented information from government health organizations , credible medical journals & scientific organizations, main stream news sources & government health organizations.***

***Please HELP us by sharing this petition, following the email signing process below.***

***THANK YOU SO MUCH!***

**TO SIGN THIS PETITION:**

**Send your name, address, and publication preference to email address below to be added to the petition. Petition has been submitted for litigation assistance to numerous lawsuits across the country and we will be submitting to the organizations listed below. When signing please indicate if you are a health professional and your profession or in a science related field. We are working to launch a direct signature link soon.**

**unite4truth.mailbox.org**

**We are seeking volunteers to gather signatures by hand, scroll to the bottom of page for full petition text and form downloads. If interested, included that in your email and we will be in contact.**

**We encourage sharing this petition with health professional organizations, professional licensing boards, state health departments, hospital administrators, elder services, and college health program administrators as well as health journals.**

**This is a NON-partisan review of facts from health professionals sourced from government health agencies, scientific journals, public health websites, mainstream media news sources, and credible research sources.**

**PETITION TEXT BEGINS HERE:**

To All Public Health Officials, Political Representatives, Health Licensure Boards, Hospital Administrators, Professional Licensing Boards, Testing Labs, College Health Program Administrators, Hospital Administrators & All Relevant Health Professional Organizations and Journals:

***Significant evidence of severe issues with Covid-19 testing methods, directives, and protocols and serious issues with Covid-19 vaccination are***

***being actively ignored by health professional leadership, political representatives, and professional governing bodies.***

**Health professionals who attempt to engage leadership are being ignored, dismissed, or censored**

Evidence clearly indicates that implementation of current Covid-19 testing & Covid-19 protocols constitute a breach of our legal, ethical, and licensing responsibilities.

Therefore:

We, the undersigned, request an IMMEDIATE suspension public health directives pertaining to Covid 19 (Sars CoV2), and a full independent review and investigation into pandemic policies created on the highly unreliable emergency approved PCR, Antibody, & Antigen testing which is not reliable or accurate to detect the virus it is employed to diagnosis and rationalized on research studies & trial designs that do not meet the minimum standards of scientific integrity to inform public health policy directives (peer review, control group, adequate population size, reliable testing measures for end outcome measurement and diagnosis of disease, etc).

**RE: Peer Review of Corman Drosten Report, (full documentation in petition body below) on Sars Cov2 PCR testing, the central diagnostic tool for Covid-19 infections.**

**"** ***'In light of our re-examination of the test protocol to identify SARS-CoV-2 described in the Corman-Drosten paper we have identified concerning errors and inherent fallacies which render the SARS-CoV-2 PCR test useless'****.*

***"The design errors described here are so severe that it is highly unlikely that specific amplification of SARS-CoV-2 genetic material will occur using the protocol of the Corman-Drosten paper".***

**The World Health Organization, FDA, and CDC have released statements and documents that affirm the Corman Drosten Review, as documented in detail in petition body below.**

**We further submit evidence demonstrating PCR tests have been set at high cycle threshold levels by government policy makers (CDC, FDA WHO) which will create mass false positives results for Covid-19 infections by default, and health officials, fully aware of the problem, failed to correct for the issue even after the issue was exposed on August 29, 2021 in the New York TImes.**

**Additionally, Fauci admitted in an interview on July 16, 2020 that high cycle threshold settings would create false positive results & stated anything over a 35 setting would be 'dead nucleotides' period, a dead and non-infectious material (see full petition below)**

**Officials are using methods and data known to be unreliable to convince the public of a false** **pandemic threat based on severely compromised data.**

**Re: New York Times Article Published August 29, Updated on January 19, 2021, this text is archived to be included in the original NYT article release:**

***"In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to* 90 percent *of people testing positive carried*** ***barely any virus" (full documentation in petition body)"***

**Further, there is** **extensive documented evidence of mass contamination with early PCR tests. The CDC admitted knowingly released flawed testing for mass public use. Millions of tests were recalled in the US & globally due to safety and contamination issues due to bacterial and viral contamination. There has been no accounting to the public by government health officials for the use of contaminated and unreliable tests last spring.**

***We assert these issues have created serious and potential individual and public health harm, and create legal liability issues for health professionals charged with implementing protocols that go against the evidence based standards required for safe, legal, and ethical practice.***

**Further, there is significant and credible evidence that a mass vaccination program with emergency approved vaccinations is unnecessary and will contribute to individual and public health harms:**

We submit this request on the following evidence:

**Sars CoV2 Testing: Serious Flaws Documented with All Current Testing Methods Utilized for Diagnosis of Covid 19 Infections - Testing unsuitable for Covid 19 Diagnosis:**

RT PCR testing for the detection of Sars CoV2 (virus attributed to Covid 19 symptoms) was approved on an emergency use basis on January 22, 2020, one day after submission of paper out-lining the science for Emergency Approval without appropriate peer review, this occurred on Novemberr 22, 2020.

Peer review curated by the International Consortium of Scientists Life Science division by top twenty two expert researchers in relevant fields **including Dr Michael Yeadon, former Vice President of Pfizer,** found *ten serious flaws* with testing forcing the review committee to conclude:

***'In light of our re-examination of the test protocol to identify SARS-CoV-2 described in the Corman-Drosten paper we have identified concerning errors and inherent fallacies which render the SARS-CoV-2 PCR test useless'****.*

The review committee has submitted a request for a full retraction of the scientific paper on which the RT PCR tests are based.

[**https://cormandrostenreview.com/retraction-request-letter-to-eurosurveillance-editorial-board/**](https://www.seattletimes.com/seattle-news/health/uw-medicine-halts-use-of-coronavirus-testing-kits-airlifted-from-china-after-some-had-contamination/)

Cease and desist orders have been filed against the paper's author, Corman Drosten due to the severe individual and public health harm that has been inflicted due to the inaccuracies in his paper providing severely flawed protocols for diagnosis of Sars Cov2:

[**https://drive.google.com/file/d/17X4GmMXn\_m-vDwqEy9vMhbNqzodAEW3b/view**](https://drive.google.com/file/d/17X4GmMXn_m-vDwqEy9vMhbNqzodAEW3b/view)

**RT PCR tests work by detecting the presence of a shortened strand of RNA attributed to the Sars CoV2 virus through amplification of testing sample material. Every cycle that the test material is run through decreases the amount of available material, so when run through too many cycles, the material detected is nothing more than non-infectious dead matter.**

For months, we have been aware that the RT PCR tests were recommended by public health organizations (FDA, WHO, CDC) to be run at cycle threshold levels (40 cycles with some US labs running test up to 45 CT) which will produce mass false positive results by default.

**According to the CDC**, **false positives have the potential to create significant harms:**

**"*In the event of a false positive result, risks to patients could include the following: a recommendation for isolation of the patient, monitoring of household or other close***

***contacts for symptoms, patient isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19 patients, limits in the ability to work, delayed diagnosis and treatment for the true infection causing the symptoms, unnecessary prescription of a treatment or therapy, or other unintended adverse effects.".***

[**https://www.cdc.gov/coronavirus/2019-ncov/downloads/Factsheet-for-Healthcare-Providers-2019-nCoV.pdf**](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Factsheet-for-Healthcare-Providers-2019-nCoV.pdf)

Additional public health harms not stated by the CDC include unnecessary implementation of public health protocol that are documented to be creating mass psychological and physical health harms. (See section below on public health harms)

The New York Times highlighted this issue last August when it revealed that studies adjusting for Cycle Threshold rates in RT PCR test samples taken from three US states returned false positive rates between 85 to 90%.on this ONE error alone.

***"In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried*** ***barely any virus":***

***90% testing error rate on a single issue thus create significant and unnecessary) individual health harms as stated by the CDC***

Despite these shocking statistics, the official public health organizations responsible for directing Covid 19 response did NOT change recommendations to lower CT rates and every state except Florida, the CT rate was NOT recommended for inclusion in reports report at all until December 14, 2020.

Not all labs are yet following this recommendation:

[**Your Coronavirus Test Is Positive. Maybe It Shouldn’t Be. - The New York Times (nytimes.com)**](https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html)

[**https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html**](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Factsheet-for-Healthcare-Providers-2019-nCoV.pdf)

**Coronavirus Cases Plummet When PCR Tests Are Adjusted**

[**https://thevaccinereaction.org/2020/09/coronavirus-cases-plummet-when-pcr-tests-are-adjusted/**](https://thevaccinereaction.org/2020/09/coronavirus-cases-plummet-when-pcr-tests-are-adjusted/)

**Government & public health officials are fully aware of the issue:**

Dr Anthony Fauci who was a lead member of President Donald Trump's Corona virus task force, & currently acts as Chief Medical Advisor to President Joe Biden stated in a video on July 16, 2020 that PCR Cycle Threshold rates above 35 are just 'dead nucleotides, period', i.e. a dead and non infectious material.

***He also untruthfully answered interviewer when questioned if Cycle Threshold rate were included in lab reports stating 'yes'.***

July 16 2020 episode of “This Week in Virology” science podcast hosted by Columbia University virologist Vincent Racaniello:

Quote from Fauci from above interview:

Interviewer: ***Is the threshold cycle, uh, is reporting that a pretty standard practice in doing a diagnosis now rather than just a positive or negative?***

Dr Anthony Fauci; (nods head yes) ***Yeah.***

Fauci goes on to admit in this interview individuals receiving PCR test report will not receive cycle threshold number with positive test result

Interviewer then asks: ***But, they've got it (referring to care provider responsible for diagnosis):***

Dr. Anthony Fauci: ***They've got it...they've got it***

Interview has been archived here:

[**https://principia-scientific.com/dr-fauci-admits-covid-test-picks-up-harmless-dead-virus/**](https://principia-scientific.com/dr-fauci-admits-covid-test-picks-up-harmless-dead-virus/)

However, the New York Times reported on 8/29/20:

***" number of amplification cycles needed to find the virus, called the cycle threshold, is never included in the results sent to doctors and coronavirus patients, although it could tell them how infectious the patients are....***

***In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried barely any virus, a review by The Times found"***

Video is available for review at following site and has been archived from multiple sites:

<https://principia-scientific.com/dr-fauci-admits-covid-test-picks-up-harmless-dead-virus/>

It was not until the World Health Organization partially addressed the RT PCR testing errors and issued a statement on 12/14/2020 adjusting criteria for positive diagnosis through PCR testing that Cycle Threshold rate should be included with lab reports although they failed to lower Cycle Threshold hold rate recommendations to levels which would prevent the problem entirely:

***"As the positivity rate for SARS-CoV-2 decreases, the positive predictive value also decreases. This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as positivity rate decreases, irrespective of the assay specificity. Therefore, healthcare providers are encouraged to take into consideration testing results along with clinical signs and symptoms, confirmed status of any contacts, etc"***

The WHO statement of symptom inclusion as part of diagnostic criteria is stunning, as this criteria should be basic practice for any diagnostic review. Diagnostic tests are screening tools and should NEVER substitute for thorough review of all presenting clinical symptoms and lab test data. Citing asymptomatic infection on the sole basis of results from a Sars CoV2 PCR, antigen, or antibody test does NOT meet the minimum medical standards for competent diagnosis of disease or illness. This statement constitutes an open admission by the WHO that asymptomatic PCR tests are not adequate proof infection with Sars CoV2 and invalidates the argument for 'asymptomatic transmission'.

Additionally, since the high cycle threshold rate is only one of the ten flaws cited by International Consortium of Science curated peer review of PCR testing, ALL positive test should not be considered reliable for diagnosis of Covid 19 infections deemed 'useless' for this purpose.

**WHO deleted original statement which has been archived by multiple sources and issued new statement on 1/14/21 omitting recommendation to include symptom criteria as part of diagnosis:**

[**https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05**](https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05)

It was predicted that case rates and hospitalizations attributed to Sars CoV2 infection would drop with the new WHO recommendations and, this indeed has occurred since the official recommendation came out in December

[**https://thevaccinereaction.org/2020/09/coronavirus-cases-plummet-when-pcr-tests-are-adjusted/**](https://thevaccinereaction.org/2020/09/coronavirus-cases-plummet-when-pcr-tests-are-adjusted/)

[**https://sofrep.com/news/did-a-quietly-made-change-in-testing-cause-covid-infections-to-drop-45/**](https://sofrep.com/news/did-a-quietly-made-change-in-testing-cause-covid-infections-to-drop-45/)

Public health officials and media outlets are now stating that 'herd immunity' and 'vaccines' are responsible for this drop in cases that was forecast to occur due to simple change in testing protocol recommendations, failing to inform the public of a very critical information to understanding pandemic numbers.

**Severe Flaws Antigen & Antibody Testing:**

RT PCR testing is not the only severely flawed testing method that is being utilized for the detection of the Sars CoV2 virus.

The Rapid Antigen Testing has a very high false positive error return when used in populations with low infection prevalence according to the FDA:

https://www.fda.gov/medical-devices/letters-health-care-providers/potential-false-positive-results-antigen-tests-rapid-detection-sars-cov-2-letter-clinical-laboratory

***"Remember that positive predictive value (PPV) varies with disease prevalence when interpreting results from diagnostic tests. PPV is the percent of positive test results that are true positives. As disease prevalence decreases, the percent of test results that are false positives increase.***

For Example:

***'At 0.1% prevalence, the PPV would only be 4%, meaning that 96 out of 100 positive results would be false positives.'***

The majority of communities who ordered and implemented the use of Rapid Antigen testing had very low infection prevalence at the time of implementation of mass Antigen testing for Sars CoV2.

According to the FDA, the subsequent positive results would return mostly false positives. There is no reliability in determining true positive rates through antigen testing due to use in low infection populations yet these positives are included in official numbers without caveat. Rapid Antigen continues to be implement and recommended in areas of low incidence (population) and this practice will result in very large number of false positive.

Right now, implementation of rapid antigen testing is being expanded around the United States and world despite FDA warning that false positives will be generated by implementing testing in this way.

**Lastly, Sars CoV2 Antibody tests are also unsuitable for reliable diagnosis of Sars CoV2:**

*"****A positive result for the SARS-CoV-2 antibody is indicative of an acute or recent infection. A positive result may also be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus hKU1, NL63, OC43 or 229E that cause a mild illness like the common cold****"*

[**https://www.utmb.edu/covid-19/updates/article/healthcare-team-updates/2020/04/30/sars-cov-2-(covid-19)-antibody-test**](https://www.utmb.edu/covid-19/updates/article/healthcare-team-updates/2020/04/30/sars-cov-2-(covid-19)-antibody-test)

Further, in both the case of positive Sars CoV2 Covid 19 antigen and antibody testing, it is recommended that individuals with positive tests receive a unreliable RT PCR test for confirmation.

**In addition to individual public health harmed caused by utilization of tests unsuitable for diagnosis of Sars CoV2, it has created a potential liability situation for the health professionals, nurses and doctors charged with instituting mass testing programs with fundamentally flawed, unreliable methods. It is against ethical, professional, and legal standards for health professionals to implement protocols documented to be severely flawed and have potential to create individual and public health harms.**

**Severely Flawed Testing Gives Rise to Unsubstantiated Theory: Asymptomatic Transmission:**

Current Sars CoV2 public health protection protocols (social distancing, lock-downs, masking, etc) are rationalized on the scientifically unsupported theory of asymptomatic transmission. This hypothesis arose from majority of individuals testing positives for Sars CoV2 (Covid 19 infection) with PCR testing do not present symptomatically. However, as documented above, asymptomatic presentation would be the expected result with PCR test over amplifying sample material through high CT rates resulting in up to 90% false positives per studies reported in NYT; as individual are not ill or contagious.

UP to 86% of Individuals with Positive PCR test have No Core Symptoms of Covid 19 Infection

[**https://www.cnbc.com/2020/10/08/more-than-80percent-of-people-with-coronavirus-had-no-symptoms-uk-study.html**](https://www.cnbc.com/2020/10/08/more-than-80percent-of-people-with-coronavirus-had-no-symptoms-uk-study.html)

Additionally, advocates of the asymptomatic spread theory utilize research that is not designed to study for method of transmission of Sars CoV2 but rather evaluates viral load detected on RT PCR tests to hypothesize asymptomatic transmission as a main driver of virus spread. As in this CNN example using a study published in JAMA Medicine:

[**https://www.cnn.com/2020/08/07/health/covid-asymptomatic-transmission-study-wellness/index.html**](https://www.cnn.com/2020/08/07/health/covid-asymptomatic-transmission-study-wellness/index.html)

The study authors admit that their research is not designed to determine method of transmission of virus and states:

"**Although the high viral load we observed in asymptomatic patients raises a distinct possibility of a risk for transmission, our study was not designed to determine this," the researchers wrote.**

"**It is important to note that detection of viral RNA does not equate infectious virus being present and transmissible," the researchers wrote.** "

**This is a STUNNING statement, as it admits that a positive test result is not reliable proof that the infection originated from Sars CoV2.**

This was further documented in the Corman Drosten report above which no longer links to full text article, please refer to archived link above for sourcing:

**The design errors described here are so severe that it is highly unlikely that specific amplification of SARS-CoV-2 genetic material will occur using the protocol of the Corman-Drosten paper**

According to this statement from 22 top scientific experts in relevant research fields, the WHO/FDA/CDC and all government health organizations have been recommending & implementing the use of a test that is highly unlikely to detect Sars Cov2 virus due to severe problems with testing design. Almost the entire basis of the Sars CoV2 Covid-19 pandemic has been rationalized on the results of these tests. This renders all data results from PCR testing severely corrupted.

**CDC Admitted in 2011 PCR Inappropriate for Screening Asymptomatic Individuals for Infection:**

CDC warned in 2011 that PCR testing should not be used in diagnosis of petussis infections due to significant potential for false positive results. Nothing inherently has changed about PCR testing to explain for the CDC's change from it former recommendations:

***Testing Patients with Signs and Symptoms of Pertussis Early signs and symptoms of pertussis are often non-specific, making it difficult to determine clinically who has pertussis in the earliest stages (http://www.cdc.gov/pertussis/clinical/features.html). However, only patients with signs and symptoms consistent with pertussis should be tested by PCR to confirm the diagnosis. Testing asymptomatic persons should be avoided as it increases the likelihood of obtaining falsely-positive results. Asymptomatic close contacts of confirmed cases should not be tested and testing of contacts should not be used for post-exposure prophylaxis decisions.***

https://www.cdc.gov/pertussis/clinical/downloads/diagnosis-pcr-bestpractices.pdf

**There needs to immediate review by labs to correct for Cycle Threshold rate error on past lab reports and immediate cessation with PCR testing entirely, as it is a completely unreliable method of detection for Sars CoV2.**

All Covid-19 testing methods are severely flawed and being employed in a manner that is generating highly corrupted data unsuitable for individual diagnosis of Covid-19 infections.

Testing is generating false positive results by the design of test and the recommended protocols for implementation. There is extensive documentation that indicates policy makers are fully aware that this testing will produce faulty data, and they have not acted in any matter to seriously correct the problem

**Mass Contamination & Recall of Millions Early PCR Tests**

Contamination and recall of early Covid-19 PCR tests was extensively documented in the Spring of 2020. This includes:

**100,00 Recalled Tests in Washington State Due to Bacterial Contamination**

[https://www.seattletimes.com/seattle-news/health/uw-medicine-halts-use-of-coronavirus-testing-kits-airlifted-from-china-after-some-had-contamination/](https://www.cnn.com/2020/08/07/health/covid-asymptomatic-transmission-study-wellness/index.html)

**CDC PCR TESTS FAILED DUE TO CONTAMINATED COMPONENT**:

The initial COVID-19 test kits created by the CDC failed because of a contaminated component, according to a review by the Department of Health and Human Services.

A reagent in the first batch of test kits was likely contaminated, according to the [report obtained by](https://abc3340.com/news/nation-world/exclusive-internal-hhs-investigation-finds-cdcs-early-test-kits-were-contaminated) Sinclair Broadcasting Group. The kits were meant to be used by public health laboratories until commercial labs could develop and mass produce coronavirus tests.

**https://www.webmd.com/lung/news/20200623/early-cdc-covid-19-test-kits-likely-contaminated**

**FDA has issued the following list of CoVid Testing Kits that have been removed from market**, **the United States has spent billions of dollars on faulty test**

**Advanced Biological Laboratories (ABL) S.A.**

**UltraGene Combo2Screen SARS-CoV-2 Assay**

**Removed - Should Not Be Distributed \***

**CardiAI Inc.**

**CoviLampTM Fluorometric Test Kit**

**Removed - Should Not Be Distributed\***

**Caspr Biotech Corporation**

**Direct Caspr Lyo-CRISPR SARS-CoV-2**

**Removed - Should Not Be Distributed\***

**Ender Diagnostics AG**

**Ender MASS COVID-19 isothermal PCR detection kit**

**Removed - Should Not Be Distributed**

**Healgen**

**Aegle Rapid COVID-19 Antigen Test**

**Removed - Should Not Be Distributed**

**Healgen**

**Biosynex Rapid COVID-19 Antigen Test**

**Removed - Should Not Be Distributed**

**Healgen**

**CLINITEST Rapid COVID-19 Antigen Test**

**Removed - Should Not Be Distributed**

**Healgen**

**Healgen Rapid COVID-19 Antigen Test**

**Removed - Should Not Be Distributed**

**Healgen**

**Verasure Rapid COVID-19 Antigen Test**

**Removed - Should Not Be Distributed**

**Melbourne Biotech**

**MB QRT-PCR TEST SARS-COV2(COVID-19)**

**Removed - Should Not Be Distributed**

**Meridian Bioscience Inc.**

**Revogene® SARS-CoV-2 assay**

**Removed - Should Not Be Distributed\***

**Nanjing Norman Biological Technology Co., Ltd**

**Novel Coronavirus (2019-nCoV) Antigen Testing Kit (Colloidal Gold)**

**Removed - Should Not Be Distributed**

**QIAGEN QIAreach™**

**SARS-CoV-2 Antigen Test**

**Removed - Should Not Be Distributed\***

**Sanwa BioTech Limited**

**ALiA SARS-CoV-2 Antigen FIA Test**

**Removed - Should Not Be Distributed\***

**Spring Healthcare Services**

**AG SARS COV-2 Antigen Rapid Test Kit**

**Removed - Should Not Be Distributed**

**SUREDX**

**V-CHEK Coronavirus (SARS-CoV-2) Antigen Detection Kit**

**Removed - Should Not Be Distributed**

Further, one of the largest PCR test manufacturers was flagged for false positive errors effecting millions of PCR tests

"Potential accuracy issues with a widely used coronavirus test could lead to false results for patients, U.S. health officials warned".

**Dr. Albert Ko of Yale’s School of Public Health said the potential accuracy problems have “pretty serious implications” given that Thermo Fisher’s test is used widely both in the U.S. and around the world to screen for coronavirus**.

**https://www.fda.gov/medical-devices/letters-health-care-providers/risk-inaccurate-results-thermo-fisher-scientific-taqpath-covid-19-combo-kit-letter-clinical**

**FDA OFFICIAL THERMOFISHER NOTICE** **FALSE POSITIVE TEST:**

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/removal-lists-tests-should-no-longer-be-used-andor-distributed-covid-19-faqs-testing-sars-cov-2>

[Thermo-Fisher Contracted to Produce 5 Million Tests on 3/14/2020:](https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/removal-lists-tests-should-no-longer-be-used-andor-distributed-covid-19-faqs-testing-sars-cov-2)

[https://www.statnews.com/2020/03/14/thermo-fisher-to-produce-millions-of-coronavirus-diagnostic-tests/](https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/removal-lists-tests-should-no-longer-be-used-andor-distributed-covid-19-faqs-testing-sars-cov-2)

**In the UK, 750,000 RANDOX PCR Tests Recalled Due to Safety Issues, Examined for Contaminated Swabs**:

Hundreds of thousands of unused [coronavirus](https://www.independent.co.uk/topic/coronavirus) testing kits are being recalled by the government due to safety concerns.

The packs have been sent out by healthcare giant Randox to care homes and individuals throughout the pandemic.

But on Saturday morning the UK’s Medicines and Healthcare Products Regulatory Agency asked the company to recall up to 750,000 of the kits after safety issues emerged.

***Exactly what those issues are has not been revealed but it is understood the*** [***Department for Health and Social Care***](https://www.independent.co.uk/topic/department-of-health-and-social-care?CMP=ILC-refresh) ***has asked for the sterility of some swabs to be independently verified.***

Randox was given the contract to produce mass PCR testing. Randox was not removed as a testing vendor after this severe issue with test kit contamination came to public Randox past involvement in scandals with manipulating diagnostic tests to obtain false convictions of drug driving cases made assignment as a Covid-19 test vendor highly controversial in UK

***More than 40 drug driving convictions overturned in probe over 'data manipulation' at, Randox, forensics lab***

[**https://www.independent.co.uk/news/uk/crime/drug-driving-convictions-overturned-randox-testing-laboratory-manchester-data-manipulation-police-a8671286.html**](https://www.independent.co.uk/news/uk/crime/drug-driving-convictions-overturned-randox-testing-laboratory-manchester-data-manipulation-police-a8671286.html)

[**Thousands of Contaminated Tests Recalled in Canada:**](https://www.independent.co.uk/news/uk/crime/drug-driving-convictions-overturned-randox-testing-laboratory-manchester-data-manipulation-police-a8671286.html)

[**https://www.cbc.ca/news/canada/new-brunswick/test-kits-contaminated-new-brunswick-1.5534125**](https://www.independent.co.uk/news/uk/crime/drug-driving-convictions-overturned-randox-testing-laboratory-manchester-data-manipulation-police-a8671286.html)

**1.2 Million Contaminated Tests in Europe Obtained from China**

"Kits bought by countries across the continent prove unreliable"**:**

[**https://www.bloomberg.com/news/articles/2020-04-01/faulty-virus-tests-cloud-china-s-european-outreach-over-covid-19**](https://www.bloomberg.com/news/articles/2020-04-01/faulty-virus-tests-cloud-china-s-european-outreach-over-covid-19)

Independent review should occur to ascertain true cause of all deaths attributed to Sars CoV 2, Covid-19 infections where possible.

No PCR individual test result may be considered as reliable due to issues documented above.

All mass testing for Sars CoV2(Covid-19) infections needs to immediately cease due to these testing flaws. Testing is creating false cases and manufacturing an illusion of pandemic threat. Government officials need to immediately answer for why they are employing testing they have publicly admitted is creating false data by design and continue to advocate for expansion of this testing, and wasting billions of dollars of tax payer dollars. It is nothing short of criminal that government public health officials continue to administer mass testing with extensive data from their own organizations showing the tests are unreliable and will produce false positive results by the protocols instituted by these organizations.

**Additionally , the evidence of majority false positives resulting from high cycle PCR testing rates proves there is zero need for public mass vaccination Covid program.**

**Public health officials, government agencies, state health departments, and media organizations must immediately CEASE & DESIST in reporting Covid test results as evidence of a case of Covid-19 infection. It is unequivocally inaccurate, as these tests are not reliable indicators for infection with Sars CoV2**

**Mass Litigation Imperils Health Care Professionals Ordered to Implement Unsound Health Protocols:**

Legal cases have been submitted (or pending submission) in the United States and internationally due to the very serious flaws and methods with use of Covid-19 testing not suitable for the diagnosis of the virus it is designed to detect including:

[**Covid PCR test reliability doubtful – Portugal judges - The Portugal News**](https://www.theportugalnews.com/news/2020-11-27/covid-pcr-test-reliability-doubtful-portugal-judges/56962)

**https://www.theportugalnews.com/news/2020-11-27/covid-pcr-test-reliability-doubtful-portugal-judges/56962**

**Top International Attorney Reiner Fuellmich is currently in the process of filing lawsuits in Germany against Covid-19 policy fraud centered around the PCR testing, coordinating his efforts with lawyers all over the world who will be filing the same injunctions.**

AttyFuellmich is noted for his accomplishments in the Deutsche bank and Volkswagon lawsuits.

His current lawsuit efforts to expose criminal corruption to could lead to what **many are referring to as the Second Nuremberg trials.**

**https://evolvetoecology.org/2021/02/27/dr-reiner-fuellmich-begins-legal-litigation-on-the-covid-19-fraud-the-greatest-crime-against-humanity/**

Additionally, many smaller lawsuits are being filed individual states with the inclusion of this scientific evidence. Lawsuits are in planning stages or already filed in every state in the country. Vermont case against vaccine mandates filed at federal level utilizing petition sources.

These cases are becoming highly publicized, and our leadership is imperiling health care professionals with directives that could result in liability against licensed care providers and acting a manner that is going to destroy the credibility and reputations of medicine, science, and nursing for a generation to come.

**This information is already widely known, and the rest of the public will soon become informed once these public lawsuits advance to high profile public cases, and leadership is only a delaying an inevitable accounting by refusing to acknowledge what much of the public understands.**

**Censorship & Media Misinformation: Advancing Individual & Public Health Harms:**

The failure of our public health & political leadership to independently review the extensive evidence documenting emergency approved testing, vaccines, and isolation protocols as dangerous to individual and public health is nothing short of egregious. This is amplified by the behavior of health care professional leadership who lockstep capitulate and cede to unscientific government policy with a clear expectation for compliance, and little to no room for honest expression of concerns by 'underlings'.

There has been a very active effort by the media and public health officials to publicly label anyone who opposes Covid-19 vaccinations, testing, and other mandated protocols on evidence based merit with smear labels of 'conspiracy theory' & 'antivaxer' and to politicize what should be a scientific discussion by framing opposition to Covid policies in partisan terms and unscientific terms.

Some health care professionals have left the profession rather than employ protocols they believe go against their ethics and professional standards and endanger individual and public health. Many health care professionals are demoralized by the coercion to comply with directives or else be professionally ostracized.

Politicians, public health officials and media have deliberately impeded an open and honest public health dialogue around the necessity and safety of a mass testing a vaccination program with emergency use mRNA vaccines through the use of censorship and intimidation tactics.

This has seriously impeded the public's understanding of Covid-19, as health professionals may be reluctant to speak about credible concerns with Covid-19 policies out of fear of ridicule or professional consequence.

***The rhetoric now being used against those who advocate for science based public health policy is becoming in*** ***incendiary with MSNBC Nicole Wallace Anchor woman stating in a interview on January 22, 2021 that those who have a belief that Covid restrictions are unnecessary have a ideology of domestic extremism and equated this evidence based perspective as to being a domestic terrorism threat.*** ***This type of dangerous rhetoric crosses the line and must immediately cease.***

***"There is until the end of April a persistent threat of domestic threat of domestic extremism....of domestic terrorism...carried out in the ideology that and around this belief that the election was fraudulent, that the Covid restrictions are unnecessary'***

[**https://www.youtube.com/watch?v=aU5hw9H7htc**](https://www.youtube.com/watch?v=aU5hw9H7htc)

**The public must reject such dangerous and inflammatory rhetoric and refuse to allow any individual or media company seeking to divide the American public through hyperbolic speech.**

***All citizens have deeply harmed by these policies,* *we resoundingly reject all effort to split our unity in healing through this crisis***

***Political and health officials who praise health care workers and minority population to push Covid -19 protocols and mass vaccination campaigns are proven insincere when they censor, attack, dismiss, or insult members from these same groups who oppose Covid 19 policy on the evidence.***

***We will not abide co-opting any group by political and health leaders for the purpose of generating support for legislative policies which harm the very groups politicians and political parties claim to support the most.***

The politicians and media refuse to have a discussion on the merits, and when individuals will not cede to inaccurate narratives, public education programs are created to recite the same talking points broadcast 24/ for near a year without any acknowledgement of true and evidence based concerns. This belittles citizens.

[**h**](https://www.bloomberg.com/news/articles/2020-04-01/faulty-virus-tests-cloud-china-s-european-outreach-over-covid-19) [**ttps://www.usatoday.com/story/news/health/2021/02/15/covid-19-vaccine-education-campaigns-coronavirus/4371762001/**](https://www.bloomberg.com/news/articles/2020-04-01/faulty-virus-tests-cloud-china-s-european-outreach-over-covid-19)

Freedom to challenge inaccurate government data and policy is necessary to protect the health and well being of every American citizen (and all citizens around the globe). Free speech is a public health issue

**It is time for a immediate and full public discussion about valid concerns on current Covid-19 health protocols on the merits of the evidence. The current behavior of public health leadership is not serving the interest of the professionals they are charged to represent, or the health of the American citizenry.**

**Sars CoV2 Covid-19 Emergency Approved Vaccines: Unnecessary & Unsafe:**

***Moderna & Pfizer Sars CoV2 emergency approved vaccines (the currently approved products for vaccination for symptom reduction of Sars CoV2 in the United States) utilize entirely new, never before approved mRNA technology***.

These products are NOT vaccines in the traditional sense of the word. They do not provide immunity to disease nor do they prevent transmission of a virus.

**Johnson @ Johnson Covid vaccine was approved 2/26/2021.** **There is no evidence any of three emergency approved vaccinations will provide immunity to a virus and trials were not conducted to measure for this response.**

**Vaccines Fight Covid But Can They Stop The Spread:**

***"Unfortunately, it’s not yet possible to find out whether vaccines are able to produce a sterilizing immunity based on current clinical trials as they have not been set up to provide that information".***

[**https://www.msn.com/en-us/health/medical/vaccines-fight-covid-but-can-they-stop-the-spread/ar-BB1baLem**](https://www.msn.com/en-us/health/medical/vaccines-fight-covid-but-can-they-stop-the-spread/ar-BB1baLem)

***A vaccine that does not stop transmission or immunity to disease is a useless measure for containment of infection spread and all efforts to enact public rights restrictions on this basis (i.e. vaccine passports, work restrictions, travel restrictions, must immediately cease***.

Fauci stated Moderna/Pfizer Products won't confer immunity last October:

**https://bgr.com/2020/10/27/coronavirus-vaccine-efficacy-explained-fauci-interview/**

**Rushed & Poorly Designed Trials Negate Purported Claims of Safety & Efficacy:**

Moderna & Pfizer vaccinations do not work as traditional vaccines as the public understands the process: inoculation with a small amount of viral substance to trigger a immune response. Instead, the vaccines utilize mRNA technology which has never been approved before for public use.

***Be VERY clear, this is public health testing of new technology, not just new vaccine products***.

**How mRNA technology works, on the Moderna vaccine (same technology in Pfizer):**

**“It uses a sequence of genetic RNA material produced in a lab that, when injected into your body, must invade your cells and hijack your cells’ protein-making machinery called ribosomes to produce the viral components that subsequently train your immune system to fight the virus.”**

[**https://www.jpost.com/health-science/could-an-mrna-vaccine-be-dangerous-in-the-long-term-649253**](https://www.jpost.com/health-science/could-an-mrna-vaccine-be-dangerous-in-the-long-term-649253)

Indeed, some experts argue that it is disingenuous to promote these products as vaccines at all and argue the ***pharmaceutical companies were able to bypass mRNA drug trials through mislabeling the Pfizer and Moderna products as vaccines***:

**Israel National New article:**

**This is Not A Vaccine:**

<https://www.israelnationalnews.com/News/News.aspx/294852>

Despite the media and political presentation of Moderna and Pfizer vaccines as 'safe' and 'effective', trials bypassed necessary safety review protocols for approval of new vaccines employing entirely new mRNA technology:

**Vaccine Trials normally take 5 to 10 years or longer.**

Moderna and Pfizer vaccinations were approved in less than nine months. No Mid or Long Range Safety Data Available Due

<https://coronavirus.jhu.edu/vaccines/timeline>

**Studies entirely bypassed animal trials:**

<https://www.livescience.com/coronavirus-vaccine-trial-no-animal-testing.html>

**Trials Did Not Measure For Serious Health Outcomes**

Will Covid Vaccines Save Lives, Trials Won't Tell US:

<https://www.bmj.com/content/371/bmj.m4037>

**Vaccine Trials Based on Flawed Testing**

Trials utilized PCR testing that is not suitable for diagnosis of Sars CoV2, per Droston Review Report, thus utilizing a testing method unreliable and inaccurate for measurement of end point outcomes and diagnosis of virus vaccines are designed to treat. Use of flawed testing invalidates the core credibility of trial research.

**Emergency Stay was filed on November 25 by Dr. Sing Hang Lee due to this issue:**

[**https://vaccineimpact.com/wp-content/uploads/sites/5/2020/11/Stay-Pfizer-vaccine-phase-3-trial.pdf**](https://vaccineimpact.com/wp-content/uploads/sites/5/2020/11/Stay-Pfizer-vaccine-phase-3-trial.pdf)

**Dr Lee now asserts that Pfizer has misled public on vaccine:**

[**https://childrenshealthdefense.org/defender/fda-misled-public-pfizer-vaccine-efficacy/**](https://childrenshealthdefense.org/defender/fda-misled-public-pfizer-vaccine-efficacy/)

Former Lead Investigator Dr Wolfgang Wodarg & Former VIce President of Pfizer Filed Emergency Stay Against All Pending Covid Vaccine Approval on December 1, 2020 citing PCR test flaws and significant risk to individual and public health:

**The petition highlights a potential antibody reaction that could impede placenta formation in pregnant women and thus effect for fertility and asserts further study is needed:**

***"Several vaccine candidates are expected to induce the formation of humoral antibodies against spike proteins of SARS-CoV-2. Syncytin-1 (see Gallaher, B., “Response to nCoV2019 Against Backdrop of Endogenous Retroviruses” -***

***http://virological.org/t/response-to-ncov2019- against-backdrop-of-endogenous-retroviruses/396), which is derived from human endogenous retroviruses (HERV) and is responsible for the development of a placenta in mammals and humans and is therefore an essential prerequisite for a successful pregnancy, is also found in homologous form in the spike proteins of SARS viruses. There is no indication whether antibodies against spike proteins of SARS viruses would also act like anti-Syncytin-1 antibodies. However, if this were to be the case this would then also prevent the formation of a placenta which would result in vaccinated women essentially becoming infertile. To my knowledge, Pfizer/BioNTech has yet to release any samples of written materials provided to patients, so it is unclear what, if any, information regarding (potential) fertility-specific risks caused by antibodies is included. According to section 10.4.2 of the Pfiz***

<https://czb8.files.wordpress.com/2020/12/wodarg_yeadon_ema_petition_pfizer_trial_final_01dec2020_en_unsigned_with_exhibits.pdf>

Dr Wolfgang Wodarg is a person of integrity, who has led in revealing past WHO deceptions, as stated in this article published in February 5, 2010 from Forbes Magazine (unpublished, archived in October 2020) link to original site and full text of article HERE:

**Why the Who Faked A Pandemic, Forbes**

<https://thewallwillfall.org/2020/11/30/why-the-who-faked-a-pandemic-forbes-2010/>

**Sars CoV2 Covid 19 Does Not** **Meet Parameter for Emergency Use Approval**:

The mortality rate and symptom presentation rate with positive diagnosis of virus through PCR is very low, even without consideration of the severe error in data generated through the use of severely flawed testing methods)

- per the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

Infection Fatality Ratio: Survival rate

0-19 years: 0.00003 99.97

20-49 years: 0.0002 99.98

50-69 years: 0.005 99.5

70+ years: 0.054 94.5 **(same rate as claimed**

**as vaccine efficacy against symptoms)**

The CDC notes 3.8 other causes in deaths attributed to Sars CoV2:

<https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm>

For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 3.8 additional conditions or causes per death.

Misattribution of true cause of morbidity in Covid deaths has been an ongoing concern as states have adopted death attribution methods that rely on flawed testing or equate dying with to dying of Covid 19.

In addition, some states such as New York are attributing Covid 19, as cause of death without the pretense of lab confirmation at all, a unsuitable standard given that Covid 19 symptoms present the same as many other respiratory illnesses and diseases.

It is near certain that the above fatality rate would drop significantly if testing flaws and misattribution of morbidity to Covid 19 from other underlying causes was corrected. This should immediately be implemented by appropriate agencies. **95% Effectiveness Rate, Highly Misleading**:

The vaccines have been sold to the public on the premise that they are 95% effective. This framing may lead the public to erroneously believe they will be immune to Sars CoV2 (Covid 19) upon vaccination rather than at only decreased risk of symptomatic presentation of illness.

It should be noted again, studies show the majority of individual with a positive Sars Cov2 PCR test present with no symptoms of illness (due to CT setting rates), 86 to 88% asymptomatic presentation rate, so a vaccine rationalized on 95% symptom reduction does not justify by-passing safety protocols for new technology that has potential for serious individual health risks

**Majority (Estimated 72%) of Population Have Antibodies to Polyethene Glycol, CDC Contra-indication for Vaccination with Moderna & Pfizer Covid Vaccines:**

A serious issue (as noted in the summary) is the presence of polyethene glycol (PEG) in the Moderna and Pfizer vaccinations. Up to 72% of the population has antibodies against PEG with an estimated 7% PEG antibody levels so high that exposure could induce a serious anaphylactic reaction. Many individuals will not be aware of PEG antibody presence until after a reaction.

**Sensitivity to PEG is a CONTRA-INDICATION for vaccination.** **PER CDC:**

'Persons with a known (diagnosed) allergy to PEG, another mRNA vaccine component, or polysorbate, have a contraindication to vaccination'

"The CDC states contraindication for individuals with KNOWN risk offers no screening or protection for the majority of individuals who are unaware of risk. No questions are asked about sensitivities to products containing PEG"

Majority of individuals are not aware of their PEG antibody status or may attribute allergy/sensitivity to common self care or cosmetic products as PEG is a common ingredient in these products. Vaccine administrators thus can't appropriately screen for potential serious allergic reaction This presents potential liability issues for vaccine administrators and health professionals and administrators responsible for oversight of vaccination programs.

PEG is only one of several allergy contra-indication to Moderna & Pfizer Covid vaccinations.

The CDC now requires the presence of intubation kits onsite due to possibility of very serious allergic reaction with Covid vaccines. Pharmacies and other vaccine distributors do not have this equipment on site, and do not have the ability to safely screen for risk, and should not administer these products:

[**https://www2.cdc.gov/vaccines/ed/ciinc/archives/covid/downloads/1\_6/COVID\_19\_ACIPrecommendations.pdf**](https://www2.cdc.gov/vaccines/ed/ciinc/archives/covid/downloads/1_6/COVID_19_ACIPrecommendations.pdf)

**Vaccines are Causing Very Same Type Side Effects Vaccinations are Employed to Suppress (in far, far greater numbers):**

It has been established that the majority (up to 88%) of individuals with a positive Sars CoV2 PCR test will not have symptoms of Covid 19 attributed infection. (see above references)

Authorities freely admit the goal of these vaccinations is symptom suppression.

Additionally, of the small percentage of individuals who do experience symptoms, 81% are mild cases.

[**https://www.medicalnewstoday.com/articles/coronavirus-81-of-cases-are-mild-study-says**](https://www.medicalnewstoday.com/articles/coronavirus-81-of-cases-are-mild-study-says)

*Inversely, over 80% receiving a Moderna Covid19 vaccination had symptoms severe enough to interfere with daily activity post vaccination*:

[**https://www.thestreet.com/mishtalk/economics/adverse-effect-in-vaccine-trials-kepH-shBhku8uTzGC-**](https://www.thestreet.com/mishtalk/economics/adverse-effect-in-vaccine-trials-kepH-shBhku8uTzGC-)

**https://www.wlbt.com/2021/02/05/warning-second-dose-covid-vaccine-side-effects-can-be-severe/**

Two School Districts have shut down due to post vaccination side effects:

[**https://www.msn.com/en-us/news/us/school-districts-adjust-schedules-due-to-staffs-potential-side-effects-from-covid-19-vaccine/ar-BB1dzPvb**](https://www.msn.com/en-us/news/us/school-districts-adjust-schedules-due-to-staffs-potential-side-effects-from-covid-19-vaccine/ar-BB1dzPvb)

Second school district:

**https://www.wcpo.com/news/local-news/butler-county/some-school-districts-adjusting-calendars-for-likely-side-effects-from-2nd-dose-of-covid-vaccine**

Reports of moderate/severe side effects post vaccine:

**https://www.wlbt.com/2021/02/05/warning-second-dose-covid-vaccine-side-effects-can-be-severe/**

***There is zero public health benefit to implementing a mass vaccination program with vaccines that do*** ***not provide immunity to disease, stop transmission of a virus, and cause the very type of symptoms vaccines are purported to prevent. And, it is to the point of absurdity to assert that side effects that mirror the same symptoms the vaccines are administered to stop is a sign the vaccines are 'working' as promoted by public health official, politicians, and the media.***

**Johnson & Johnson One Dose Covid19 vaccine approved by FDA on 2/26/2020.**

J&J vaccine very low stated effectiveness rate of 66%. and has a severe allergy risk for polysorbate 80, ingredient present in cosmetics, soaps, and other common products.

Individual with sensitivity to this ingredient likely will attribute product reactions rather than specific product ingredient. Polysorbate 80 is also present in Pfizer & Moderna vaccines:

Polysorbate 80 Allergy- Contraindication to Pfizer, Moderna, Johnson and Johnson Vaccines:

**https://www.anaphylaxis.org.uk/covid-19-advice/pfizer-covid-19-vaccine-and-allergies/**

**https://pubmed.ncbi.nlm.nih.gov/16400901/**

**Vaccination with Johnson & Johnson vaccine unwarranted as vaccination with Pfizer/Moderna products**

**Evidence of Serious Health Risk and Vaccine Deaths Actively Suppressed by the Media:**

The current mass vaccination program utilizing entirely mRNA technology has launched without proper reporting and safety review protocols for true and honest assessment of vaccine related injuries.

Per the New York Times 2/12/2021

***"In interviews, F.D.A. officials acknowledged that a promised monitoring system, formally called the Biologics Evaluation Safety Initiative but more widely known as BEST, is still in development. They expect it to start analyzing vaccine safety data soon, but probably not for another month or two***

The government is now relying mostly on a 30-year-old monitoring system that relies on self-reporting from patients and health care providers, known as the Vaccine Adverse Event Reporting System, or VAERS, and a smartphone app that people who get vaccinated can download and use to report problems".

**https://www.nytimes.com/2021/02/12/world/the-fda-is-struggling-to-start-up-its-comprehensive-monitoring-system-for-vaccinations.html**

FDA allowed launch of mass vaccination campaign with emergency approved mRNA vaccines without the appropriate mechanisms in place to monitor for safety of products.

CDC VAERS reporting system is only US screening method currently in place to monitor for vaccine injuries and side effects. Studies indicate that only 1% of vaccine related injuries are ever reported to the system:

**https://childrenshealthdefense.org/defender/vaccine-injury-reporting-systems-utterly-inadequate/**

Contrary to media reports that attempt to dismiss validity of vaccine injuries that are reported to VAERS data as insignificant due to voluntary and open reporting status, the vast majority of reports are from health care providers:

Per Military Health System:

***'The majority of VAERS reports are sent in by vaccine recipients, health care providers, and vaccine manufacturers'.***

Go to VAERS information on this page:

[**https://health.mil/Search-Results?query=vaers&refSrc=1**](https://health.mil/Search-Results?query=vaers&refSrc=1)

Over eighty percent of these reports are generated from these sources. The media needs to immediately stop dismissing credible evidence and discrediting individual reports of family and friends who utilize these report for accountability and public awareness.

It is clear that the United States VAERS reporting system is failing to capture adverse vaccine reactions.

*The UK mandatory Assets Reporting Center has received over 243,600 reports of adverse health events (as of 3/6/21) while VAERS has only captured 25,072 adverse reactions on Moderna & Pfizer vaccines combined as of 3/5/2020 with 1136 deaths. These numbers strongly indicate that events are not being appropriate captured and reported in the United States.*

***Assets Data is reporting over 2,030 blood disorders, 1032 cardiac events, 16,037 nervous system disorders as of 3/06/2021***

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/966631/COVID-19_mRNA_Pfizer-_BioNTech_Vaccine_Analysis_Print__2_.pdf>

Vaers has also been observed to be suppressing data. VAERS adverse reaction numbers & death reports are significantly lower than the CDC (who has also been observed lowering numbers of reported cases after official release of new data reports. VAERS is also denying ability to review non-zero number data reports indicating potential for much higher death and injury numbers being censored by website design:

**1066 Covid Vaccine post vaccination deaths reported as 2/7/2020 on Official CDC website, the CDC website has not updated number as of 2/27/20: (update, number went DOWN)**

[**https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html**](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html)

VAERS reported 1,106 deaths as of 2/27/2021with 101.47% of 1090 events. These statistics do not make sense. Web capture and real time report of VAERS data documented by this journalist on 2/26/2021:

**https://www.youtube.com/watch?v=PntVHvdVwfA**

Of the 1,106 post vaccination deaths have now been officially reported by the official CDC VAERS website. One third of these deaths occurred within the first 48 hr post vaccination:

[**https://childrenshealthdefense.org/defender/latest-data-cdc-vaers/**](https://childrenshealthdefense.org/defender/latest-data-cdc-vaers/)

**Over 172 of these deaths occurred same day, some within minutes**.

***In 1976, the Swine Flu vaccination program was halted in nine states after three post vaccination death occurred and the entire program ended soon thereafter.***

***1,100 deaths have been documented post vaccine and no action has been taken:***

**Only 1% of events associated deaths are likely to be captured, so this is not an insignificant statistic**.

Public health officials and media organizations have been extremely dismissive of deaths occurring post vaccination.

As in the case of this New York Post article:

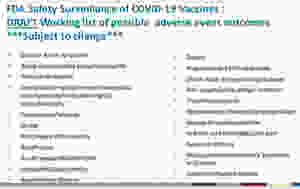
**California who died in the observation of the vaccine clinic immediately post vaccine, with this headline**

[**https://nypost.com/2021/02/14/ca-woman-gets-covid-vaccine-then-suddenly-dies-of-something-else/**](https://nypost.com/2021/02/14/ca-woman-gets-covid-vaccine-then-suddenly-dies-of-something-else/)

*'Officials say there were no signs or symptoms the woman had a severe allergic to the vaccine. Her cause of death is still being determined'*

***Not all*** **vaccine deaths will be attributed to allergic reaction, many adverse reactions listed in by the FDA could result in a lethal outcome, including heart attack and stroke.**

Per FDA:



[**https://pbs.twimg.com/media/Eon1hOVW4AESjA5?format=jpg&name=medium**](https://pbs.twimg.com/media/Eon1hOVW4AESjA5?format=jpg&name=medium)

And, in this case:

***A 58 year old African American woman experienced a known anaphylactic symptom of the vaccine and went into rapid pulmonary edema within 1/2 hour of vaccine administration and died same day. ER physician confirmed anaphylactic response.*** ***Health officials refused to conduct autopsy or*** ***publicly release cause of death, a deliberate action to avoid recording a death strongly correlating to vaccine reaction as official cause****:*

[**https://www.wtkr.com/news/no-autopsy-performed-after-gloucester-womans-death-minutes-after-receiving-pfizer-vaccine**](https://www.wtkr.com/news/no-autopsy-performed-after-gloucester-womans-death-minutes-after-receiving-pfizer-vaccine)

And, in this example of a man who collapsed post vaccination outside of a vaccine clinic:

**https://abc7ny.com/javits-center-death-dr-howard-zucker-covid-vaccine-nyc-covid-19-finder/10321962/**

And, in this example"

***Woman dies within one day post vaccination with stroke, a FDA listed potential side effect of the Covid vaccination and the media states the vaccine masked the symptom it may very well have caused:***

**Former-detroit-tv-anchor-dies-one-day-after-taking-covid-vaccine**

[**https://detroit.cbslocal.com/2021/02/16/former-detroit-tv-anchor-dies-one-day-after-taking-covid-vaccine/**](https://detroit.cbslocal.com/2021/02/16/former-detroit-tv-anchor-dies-one-day-after-taking-covid-vaccine/)

There are over a THOUSAND of these cases, and most are never reported in the media.

**Mass Reports of Post Vaccination Deaths Occurring in Nursing Homes Around the World:**

Right now, there are reports coming in from countries around the globe of significant death clusters among the elderly occurring in care homes post vaccination.

***Public health officials are attributing this sudden spike in deaths to Covid 19 outbreaks based on severely flawed testing methods listed above with no autopsies*.**

***This strategy has allowed governments and pharmaceutical companies to bypass true post mortem analysis required for correlating true cause of death. Media 'fact checkers' then assert lack of evidence*** ***as proof vaccines were not a factor in cause of death.*** ***No evidence thus becomes THE evidence vaccines are safe. This is not the 'commitment to vaccine safety' we were promised by governments and health officials.***

In countries that are completing the necessary health surveillance of post vaccination deaths and conducting autopsies, the deaths have been directly correlated to the vaccines.

'The Norwegian Medicines Agency announced in [a press release](https://legemiddelverket.no/nyheter/covid-19-vaccination-associated-with-deaths-in-elderly-people-who-are-frail) that as of Thursday, the Norwegian health registry has received reports of 23 people who died shortly after receiving their first dose of the vaccine.

AUTOPSIED REVEALED:

***Of those deaths, 13 have been autopsied and revealed that the common side effects associated with the vaccine may have contributed to more severe reactions among frail, elderly people'***

[**https://thehill.com/policy/international/europe/534395-norway-warns-patients-over-80-of-vaccine-risks-after-deaths**](https://thehill.com/policy/international/europe/534395-norway-warns-patients-over-80-of-vaccine-risks-after-deaths)

**On January 26 Norway Prime Minister Announces Pfizer Vaccine 'May Speed Up End of Life Process' in Frail Elderly**

*“But* ***we will maybe not give them to the most vulnerable of the elderly, because that might speed up a process where they were what we would say at the end of life phase anyway****,” so, “that probably is not what we will continue to do.”*

[**https://www.bloomberg.com/news/articles/2021-01-26/norway-may-refine-vaccine-strategy-after-elderly-deaths-pm-says**](https://www.bloomberg.com/news/articles/2021-01-26/norway-may-refine-vaccine-strategy-after-elderly-deaths-pm-says)

At the time of these elderly deaths, Pfizer/Biotech vaccine was the sole vaccination available in Norway.

**This vaccine is the EXACT vaccination used in the United State.**

[**https://www.pharmaceutical-technology.com/news/norway-concern-pfizer-vaccine/**](https://www.pharmaceutical-technology.com/news/norway-concern-pfizer-vaccine/)

**Elderly Care Homes in United States, Other Nations Following Same Post Vaccination Death Pattern as Seen in Norway, Whistle Blowers Speak Out**:

The same pattern of elderly care homes deaths is now being reported all over the world.

**https://childrenshealthdefense.org/defender/nursing-home-residents-spain-die-pfizer-covid-vaccine/**

(note, some links to original Spanish websites have been blocked by Google and search engines, use Wayback machine for original story captures)

**Health officials in Spain reportedly halted administration of second Pfizer vaccine after forty-six nursing home residents who had received their first dose of** [**Pfizer-BioNTech’s**](https://childrenshealthdefense.org/defender/johns-hopkins-scientist-medical-certainty-pfizer-vaccine-caused-death-florida-doctor/) **fast-tracked vaccination against** [**COVID-19**](https://childrenshealthdefense.org/defender_category/covid/) **at the beginning of January had died by the end of the month, Spanish media have** [**reported**](https://sevilla.abc.es/andalucia/cadiz/sevi-brote-residencia-barrios-provoca-46-muertes-coronavirus-202102040941_noticia.html?ref=https:%2F%2Fwww.google.com%2F#ancla_comentarios)**.**

[**https://childrenshealthdefense.org/defender/nursing-home-residents-spain-die-pfizer-covid-vaccine/**](https://childrenshealthdefense.org/defender/nursing-home-residents-spain-die-pfizer-covid-vaccine/)

***A German Whistle Blower contacted Reiner Fuellmich to expose elder coercion, abuse, and post vaccination deaths in Germany.*** ***Attorney Fuellmich is one of the top international lawyers in the world currently collaborating with lawyers in many countries to expose pandemic fraud issues.***

*..within four weeks after the first vaccination with the BioNTech/Pfizer vaccine, eight of 31 seniors, who suffered from dementia but were in good physical condition according to their age before the vaccination, died. The first death occurred after only six days, and five other seniors died approximately 14 days after vaccination.*

[**https://thewallwillfall.org/2021/02/14/covid-19-vaccine-deaths-berlin-nursing-home-whistleblower-speaks-out/**](https://thewallwillfall.org/2021/02/14/covid-19-vaccine-deaths-berlin-nursing-home-whistleblower-speaks-out/)

**In the UK, reports elderly care home deaths have increased by 46% since the Covid vaccination administration began. Media attributes these deaths to Covid with no credible substantiating evidence or autopsy.**

**https://www.theguardian.com/world/2021/jan/19/covid-related-deaths-in-care-homes-in-england-jump**

**Scotland**:

Meallmore Lodgecare home reports outbreak of 35 residents and staff following Covid-19 vaccination in early January time as the firstvaccine dose was administered to residents and staff

**United States:**

New York State: a care home reports 32 deaths, which started after implementation of Covid vaccine administration at the site.

[**https://thevaccinereaction.org/2021/01/32-nursing-home-residents-die-in-covid-19-outbreak-during-mass-vaccination-drive/**](https://thevaccinereaction.org/2021/01/32-nursing-home-residents-die-in-covid-19-outbreak-during-mass-vaccination-drive/)

The above is, by far, a full accounting of the post Covid-19 vaccination death clusters being reported in the United States and other nations being attributed to Covid 19 infections on the basis of testing peer review deemed 'useless' for diagnosis of Covid 19/SarsCoV2. Autopsies should be performed

Additionally, despite government and media denials of vaccine correlation to post vaccination deaths, the WHO subcommittee for monitoring vaccine safety was sufficiently concerned to hold an emergency meeting. Though they concluded against the evidence that Covid-19 vaccinations should continue, they stated they will continue to monitor reports of post vaccine injury and use this information to inform their process.

***" The GACVS subcommittee will continue to monitor the safety data from these vaccines and update any advice as necessary"***

**https://www.who.int/news/item/22-01-2021-gacvs-review-deaths-pfizer-biontech-covid-19-vaccine-bnt162b2**

**All Covid-19 vaccinations must be immediately halted.**

Flawed vaccine trials severely under represented frail elderly in trials and the use of these individuals to ascertain safety of emergency approved vaccinations is not only unethical, it could violate the standards of the Nurember Code as this is monitoring effects of entirely new mRNA technology, not just a vaccines.

Additionally, true voluntary consent can't be given without full and accurate disclosure of information presented in honest and understandable context to individuals receiving these vaccinations:

[**https://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/Resources/nuremburg\_code.pdf**](https://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/Resources/nuremburg_code.pdf)

**Mass Individual & Public Health Harms Occurring as Result of Covid-19 Directives Based on Severely Flawed Science and Data:**

**Great Barrington Declaration:**

41,455 medical practitioners & 13,705 medical and health scientists and 754,999 concerned citizens have called for an end to lockdown policy on the basis of 'devastating health harms'

Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Lockdown policies in Africa seriously threaten public health & threaten poverty and hunger

[**https://inews.co.uk/opinion/lockdowns-africa-spell-devastating-poverty-hunger-unemployment-712059**](https://inews.co.uk/opinion/lockdowns-africa-spell-devastating-poverty-hunger-unemployment-712059)

**10,000 Children Estimated Monthly Due to Unnecessary Restrictions Around Covid-19:**

*All around the world, the coronavirus and its restrictions are pushing already hungry communities* [*over the edge,*](https://apnews.com/685fbe310f18c7591f7d905198596578) *cutting off meager farms from markets and isolating villages from food and medical aid. Virus-linked hunger is leading to the deaths of 10,000 more children a month over the first year of the pandemic, according to an urgent call to action from the United Nations shared with The Associated Press ahead of its publication in the Lancet medical journal*.

[**https://apnews.com/article/virus-outbreak-africa-ap-top-news-understanding-the-outbreak-hunger-5cbee9693c52728a3808f4e7b4965cbd**](https://apnews.com/article/virus-outbreak-africa-ap-top-news-understanding-the-outbreak-hunger-5cbee9693c52728a3808f4e7b4965cbd)

**Restrictions Create Devastating Toll on Mental Health:**

In Japan more people died from suicide in one month than entire number of people who had Covid-19 attributed deaths:

[**https://abc7news.com/japan-suicides-suicide-rates-covid-women/8359064/**](https://abc7news.com/japan-suicides-suicide-rates-covid-women/8359064/)

Suicides, Overdoses, Domestic Abuse Increasing in the United States:

**https://abcnews.go.com/Health/predictions-suicides-overdoses-domestic-abuse-covid-coming-true/story?id=73836752**

And, the lockdowns have killed millions:

**https://sebastianrushworth.com/2021/03/01/lockdowns-have-killed-millions/**

Masks: Scientifically Unsupported Policy with Potential to Cause Health Harm:

A brief word on masks. We do not want to focus on debating masks. **Masks use is predicated on asymptomatic transmission, an unsubstantiated** **theory that has been debunked by major peer review study.** **They are completely unnecessary.**

Masking has been justified on highly flawed research studies that use PCR testing to measure for endpoint outcome and diagnosis which render this research non-credible and invalid for informing public health opinion. In addition, most studies utilized to mandates masks are non-peer reviewed with very low population size and no control groups. It has been very troubling to watch public health officials repeatedly push research (in all areas of Covid-19 science) that does not meet the minimum standard for informing public health policy over established and credible research that meets the meets or exceeds this standard. In every area, health officials have been able to create a false 'debate' by treating all research as suitable for inclusion of public health policy debate and this needs to immediately end. It is utterly destroying the credibility of any researcher, scientist or medical entity employing this tactic.

No credible study exists to prove any benefit for the prevention of disease transmission in a community setting through the use of masking. US Surgeon General Jerome Adams was correct when he stated last year:

"What the World Health Organization and the CDC have reaffirmed in the last few days is that they do not recommend the general public wear masks," Adams told [Fox News' "Fox and Friends."](https://video.foxnews.com/playlist/on-air-fox-friends/)

*"There was a study in 2015 looking at medical students. And medical students wearing surgical masks touch their faces on average 23 times. We know a major way that you can get respiratory diseases like coronavirus is by touching a surface and then touching your face."*

[**https://pubmed.ncbi.nlm.nih.gov/25903751/**](https://pubmed.ncbi.nlm.nih.gov/25903751/)

**There are potential evidence based proven health risks to the use of masks which the public health officials and media refuse to examine or report:**

**German Neurologist Margareta Griesz Warns of Serious Neurological Health Disorders**

English Translation Video:

[**https://www.bitchute.com/video/U4X9bfl2PbGs/**](https://pubmed.ncbi.nlm.nih.gov/25903751/)

Dr Margerata-Griesz website:

[**https://www.londonneurology.com/dr-margareta-griesz-brisson**](https://www.londonneurology.com/dr-margareta-griesz-brisson)

There are many more credible peer review studies that provide evidence of potential health harms of masking.

**Conclusion:**

Due to the above evidence, we demand an immediate cessation of all mass testing and vaccination programs related to Covid 19.

Public health officials are jeopardizing every health professional by mandating directives that may cause significant individual and public health harm. Government agencies have no legal right to order health officials implement policy that goes against ethical and legal standards for safe and evidence based practice.

We further request a full independent review from entities outside the agencies and government organizations who have directed this policy into the issues raised in this petition. Immediate public accountability is necessary to restore trust in public health and government institutions.

Around the globe, 100,00s of thousands of scientists, doctors, researchers, nurses, and medical professionals from every field have publicly spoken out about the mass harms Covid-19 policies are creating only to be ignored, censored or attacked.

**This is NOT a fringe issue, it is a MAJORITY issue.**

Hundreds of millions of citizens around the globe have raised their voices in increasing alarm only to be dismissed with partisan narratives and censorship instead of honest review of evidence and facts.

We will not tolerate this any longer.

Follow the Science is not a political slogan.

Credible science requires a strict moral as well as scientific ethic to serve truth and the public good. This criteria that has been abandoned by the governments and public health organizations mandating these policies.

**All efforts to suppress, censor, and attack medical professionals and citizens who are attempting to provide information on the merits of evidence must immediately cease.** **Data is archived by many sources. Any attempt to misrepresent any individual signing petition or facts stated in this petition will be noted for legal review:**

Respectfully Submitted for Your Review,

The Undersigned: (scroll down for download link)