

Exhibit 109

James A. Thorp

Testimony to Texas Senate Health and Human Resources Pandemic
Response hearing June 27, 2022

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I am James A. Thorp, MD a Board-Certified Obstetrician Gynecologist and Maternal Fetal Medicine Specialist with over 42 years of obstetrical experience currently serving 6,000 to 7,000 high risk pregnancies per year. I have served as a reviewer for major medical journals and served on the Board of Directors for the Society of Maternal Fetal Medicine for four years. I have published over 175 publications with recent work which conclusively demonstrates that the COVID-19 “vaccination” experiment has been one of the greatest disasters in the history of medicine. The research clearly shows the mass death from COVID-19 pandemic that would have been prevented had the healthcare system and governmental agencies NOT prevented the widespread support of early and safe treatments proven successful by multiple experts around the world.

My publications below show evidence that the COVID-19 ‘vaccine’:

1. is associated with more pregnancy losses, miscarriages, fetal deaths and pregnancy complications than all other vaccines in the past 30 years,
2. is associated with more abnormal menstrual irregularities than all other vaccines over the past 30 years. (See #3 below)
3. was alleged that the lipid nanoparticles (LNP) and man-made mRNA only remain in the deltoid muscle in the arm for hours or a few weeks. This misinformation was known by stakeholders as early as 2012 that the LNP circulated throughout the body crossing all God-made barriers including the blood-brain barrier in the mother, the placental barrier, and the fetal blood-brain barrier. The LNP are concentrated in the ovaries in concentration levels 80 times more than surrounding tissue. This is proven by at least two studies including Pfizer’s own Japanese FOIA release. This puts every single ovum in the female ovaries at risk of permanent contamination and genetic alteration. This includes female fetuses (baby’s in the womb) who have all their (~1 million) ovum for their entire life present by week 30 of development.

The COVID-19 “vaccine” will make the prior disasters in my specialty with diethyl stilbesterol DES (cancers) and Thalidomide (severe birth defects, ex. limb deformities) look like prenatal vitamins.

ACTION REQUEST: The COVID-19 “vaccine” poses extremely serious implications for all remaining human beings who have taken the vaccine. At the very least, the COVID-19 “vaccine” and any vaccine without the necessary long-term safety data to prove safety for fertility should NEVER be used or recommended for pregnant or women during child bearing years. The Texas Legislature should direct the Texas Department of State Health Services to immediately ban the COVID-19 vaccine with a permanent moratorium until further long-term safety data are available.

Sincerely,

James A. Thorp, MD | jathorp@bellsouth.net

Relevant Publications:

1. JA, Renz T, Northrup C, Lively C, Breggin P, Bartlett R, et al. Patient Betrayal: The Corruption of Healthcare, Informed Consent and the Physician-Patient Relationship. G Med Sci. 2022; 3(1): 046- 069. <https://www.doi.org/10.46766/thehgms.medethics.22021403>
2. Thorp KE, Thorp JA, Thorp EM. COVID-19 and the Unraveling of Experimental – parts I, II, III <https://www.doi.org/10.46766/thehgms.pubheal.22012306> <https://www.doi.org/10.46766/thehgms.pubheal.22022804> <https://www.doi.org/10.46766/thehgms.pubheal.22042302>
3. Parotto T, Thorp JA, Hooker B, Mills PJ, Newman J, Murphy L, et al. COVID-19 and the surge in Decidual Cast Shedding. G Med Sci. 2022; 3(1): 107- 117. <https://www.doi.org/10.46766/thehgms.pubheal.22041401>