

# Exhibit 145

Physician Whistleblower Accounts of Severe Covid-19 Vaccine Injuries

200 Park Avenue, 17th Floor, New York, NY 10166  
sirillp.com | P: (212) 532-1091 | F: (646) 417-5967

**SENT VIA EMAIL**

October 27, 2021

Mr. Xavier Becerra  
*Secretary*  
U.S. Department of  
Health & Human Services  
200 Independence Ave., S.W.  
Washington, D.C. 20201  
c/o Sean McCluskie  
[sean.mccluskie@hhs.gov](mailto:sean.mccluskie@hhs.gov)

Dr. Rochelle P. Walensky  
*Director*  
Dr. Tom Shimabukuro, *Deputy*  
*Director COVID-19 Vaccine*  
*Task Force*, Centers for Disease  
Control & Prevention  
1600 Clifton Road  
Atlanta, GA 30329  
[aux7@cdc.gov](mailto:aux7@cdc.gov)  
[ayv6@cdc.gov](mailto:ayv6@cdc.gov)

Dr. Janet Woodcock  
*Interim Commissioner*  
Dr. Peter Marks  
*Director, Center for Biologics*  
*Evaluation and Research*  
Food & Drug Administration  
10903 New Hampshire Ave.  
Silver Spring, MD 20993  
[janet.woodcock@fda.hhs.gov](mailto:janet.woodcock@fda.hhs.gov)  
[peter.marks@fda.hhs.gov](mailto:peter.marks@fda.hhs.gov)

Re: *Physician Whistleblower Accounts of Severe Covid-19 Vaccine Injuries*

Dear Mr. Becerra, Dr. Walensky, Dr. Woodcock, Dr. Marks, and Dr. Shimabukuro:

We write with the utmost urgency on behalf of physicians from across this country -- see the 11 declarations attached -- whose firsthand reports of serious and fatal injuries from COVID-19 vaccines to your public health agencies have not been taken seriously and remain unaddressed.

## **A. Injuries from Covid-19 Vaccines**

The harms they have been reporting are not redness at the injection site. The harms are all serious. As detailed in the appended declarations signed by these physicians, they include serious cases of:

small fiber neuropathy; loss of temperature sensation in extremities; constant shakiness to muscles; lesion on spinal cord; paresthesias; tachycardia; fatigue; heat intolerance; gastric paresis; joint pain; subjective fevers; paresthesias; brain fog; tremors; twitching; internal vibrations; tinnitus; blurred vision; dizziness and imbalance; headaches; balance difficulties; burning sensations; menstrual cycle irregularities; hair loss; bladder incontinence; cognitive impairment; persistent numbness and tingling in hands; constipation; irritability; weakness

Each of these harms has been confirmed, based on the clinical judgment of the patient's treating physician, as being caused by a Covid-19 vaccine.

These physicians and their patients all supported the Covid-19 vaccine. Almost all of them are fully vaccinated. It is understandable that you would not want to admit that a product you have authorized, approved, and widely promoted caused harm, but we implore you to have the moral fortitude to rise above your personal interests.

These physicians stand to lose an incredible amount coming forward – their income, jobs, careers, privacy, etc. But they do so to put the interest of the public and of their patients ahead of their own. We ask you to do the same.

To avoid future harms from this vaccine and to heal the doctors' patients, and in some cases to heal themselves, research is critically needed to understand how the Covid-19 vaccine is causing these harms. Understanding same is the first step in developing effective treatments for these harms, many of which are novel and otherwise unresponsive to conventional treatments. Physicians in this group have been pleading with your agencies for months to conduct this research. Instead, their concerns have been treated as a public relations issue, not a health issue.

You tell the public to trust their doctors. If individuals have concerns about the vaccine, you tell them: "speak with your doctor." These very doctors are telling you there is a serious problem. They have been telling you that for months in myriad correspondences with your agencies. It should not be that you only listen to doctors if they parrot your preferred messaging regarding Covid-19 vaccines. To the contrary, they should *especially* be listened to when their clinical experience directly opposes that messaging.

These doctors, like most doctors, are the last individuals that want to admit that a Covid-19 vaccine caused their patient's or their own injuries. And they are the last to want to publicly make such an admission. Truly. But reality does not afford them these luxuries. The injuries they report are all too real.

These devastating injuries are detailed in the attached and, as noted, each has been confirmed, based on the clinical judgment of the patient's treating physician, as being caused by a Covid-19 vaccine. It is statistically improbable that any one physician should see numerous serious Covid-19 vaccine injuries if the safety claims regarding this vaccine were true. Yet, in just the appended declarations, there are 4 physicians that have collectively treated more than 18 patients with a serious Covid-19 vaccine injury.

It also should not be that a physician should have to "risk it all" to advocate for themselves or their patients. These physicians rightly fear retaliation by your agencies and the medical establishment by coming forward. This toxic environment is the result of your zealous promotion, including through the press and social media, of these vaccines and denigration of those – and especially any health care professional – who question your conclusions or guidance regarding these products. Because of this fear of retaliation, a number of the physicians requested to keep their identities confidential. We have verified each of their identities by directly communicating with each over videoconference, verifying their medical license numbers and their national provider identifiers, and cross-referencing the foregoing with publicly available sources.

## B. Dire Need for Your Agencies to Address These Injuries

It is time to stop ignoring these physicians who are but the brave few willing to step forward. These physicians, when reaching out to your agencies for the last 10 months, seeking to address these harms physician-to-physician, genuinely believed your agencies would want to learn about their harms, address them immediately, and to seek to develop treatments for their and their patients' debilitating conditions. They have sadly come to realize their assumptions were false.

Even worse, your agencies have dismissed concerns raised by many of these physicians by stating that the harms they are reporting are not being detected in VAERS. But dismissing these harms based on VAERS is entirely inappropriate.

As you are aware, an AHRQ-funded study by Harvard Medical School of 715,000 patients tracked reporting to VAERS over a three-year period at Harvard Pilgrim Health Care. It concluded that "fewer than 1% of vaccine adverse events are reported."<sup>1</sup>

This disturbingly low rate is confirmed by the rate at which anaphylaxis after COVID-19 vaccine is reported to VAERS. The CDC Director claims that "Anaphylaxis after COVID-19 vaccination is **rare** and occurred in approximately **2 to 5 people per million** vaccinated in the United States based on events reported to VAERS."<sup>2</sup> That claim is contradicted by a recent study at Mass General Brigham that assessed anaphylaxis in a clinical setting after the administration of COVID-19 vaccines and found "severe reactions consistent with anaphylaxis occurred at a rate of **2.47 per 10,000 vaccinations**."<sup>3</sup> This is equivalent to 50 to 120 times more cases than what VAERS and the CDC are reporting.

The underreporting of anaphylaxis by the CDC and VAERS is particularly troubling because it is mandatory for medical providers to report anaphylaxis after any COVID-19 vaccine to VAERS,<sup>4</sup> most of these reactions occur within 30 minutes of vaccination,<sup>5</sup> and there has been an intense campaign by health authorities to inform medical providers that they need to report anaphylaxis after COVID-19 vaccination to VAERS. Nonetheless, the rate of reporting still appears to be only around 0.8 to 2 percent of all cases of anaphylaxis.

This raises serious concerns regarding the underreporting of adverse events following COVID-19 vaccination to VAERS, especially for adverse events that do not occur immediately after vaccination and where health care providers have not been specifically directed to report such adverse events to VAERS. Yet you dismiss all of the injuries complained of by the doctors in the appended declarations because you have not seen a signal for same in VAERS.

---

<sup>1</sup> <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>. See also a U.S. House Report similarly stated: "Former FDA Commissioner David A. Kessler has estimated that VAERS reports currently represent only a fraction of the serious adverse events." <https://www.congress.gov/106/crpt/hrpt977/CRPT-106hrpt977.pdf>.

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

<sup>3</sup> <https://jamanetwork.com/journals/jama/fullarticle/2777417>

<sup>4</sup> See, e.g., <https://www.fda.gov/media/144413/download>.

<sup>5</sup> See <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>; see also <https://jamanetwork.com/journals/jama/fullarticle/2777417> (mean time to reaction is 17 minutes post-vaccination).

### C. Steps Needed to Address These Injuries

Given your conduct to date and the passage of over 10 months without addressing their harms in any concrete manner, we hereby write on their behalf to demand the following:

1. Confirm that, for purposes of addressing the harms detailed by these physicians, you will presume these injuries have been factually and accurately represented in the appended letter unless you have documentary evidence to the contrary.
2. Agree to meet with the physicians described herein within 14 days with a multidisciplinary team of experts from NIH and FDA with the purpose of discussing and devising the research needed to uncover the mechanism of injury for these harms and the steps necessary to discover effective treatments. The disciplinary team should include, at the least, leading experts in the fields of internal medicine, neurology, allergy/immunology, immunotoxicology, neurobiology, vaccinology, rheumatology, epidemiology, biostatistics, hematology, dermatology, gastroenterology, nephrology, ophthalmology, otolaryngology, gynecology, and cardiology.
3. Agree to allocate 1% of all funding that HHS and its agencies have with regard to Covid-19 toward identifying the mechanisms of injury from Covid-19 vaccines and preventing and treating such injuries. This results in 99% of Covid-19 funding being allocated toward preventing and addressing harms from Covid-19 disease and 1% of funding being allocated toward preventing and addressing harm from Covid-19 vaccines. This allocation is more than reasonable given the intent and drive by HHS to vaccinate every individual in the United States, and that those injured by Covid-19 vaccination are at least as worthy of protection and help as those injured by Covid-19 disease.

Please confirm that you will fulfill your duties as public servants and meet these exceedingly reasonable requests. **If we do not receive such confirmation in writing on or before noon on November 1, 2021 to the foregoing, we intend to take all available legal action including pursuant to, *inter alia*, 5 U.S.C. § 553; 5 U.S.C. § 706, 21 C.F.R. § 10.30 and, more importantly, an appeal to the American people to force political change on this issue.**

Very truly yours,



Aaron Siri, Esq.  
Elizabeth A. Brehm, Esq.

I, [REDACTED] declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I am a board certified pediatrician and graduated from [REDACTED] [REDACTED] in 19[REDACTED]. I finished my pediatric residency in 19[REDACTED] at [REDACTED] Medical Center in Los Angeles and I have been practicing full time since then as a general pediatrician. I have a Doctor of Medicine degree and I am a fellow of the American Academy of Pediatrics.
3. I work at Kaiser Permanente [REDACTED].
4. I am fully vaccinated with the Moderna vaccine and I have not had COVID-19.
5. My husband is fully vaccinated with the Moderna vaccination (Jan 2021) and had COVID in July 2021. My 21-year-old son had the Pfizer vaccination in March 2021 and had COVID in early August 2021. My 18-year-old son was vaccinated with the Pfizer vaccine but did not get COVID. My husband and two sons did not have any serious or long-term side effects to the vaccination. We believe in vaccinations and have received all of our vaccinations including annual flu vaccinations.
6. I took the first Moderna vaccine willingly in January 2021 and was forced to take the second vaccine in September 2021 or else I would lose my job. I requested a medical exemption because of the side effects that I had to the first dose of the vaccine but was denied that exemption.
7. The night after my Moderna vaccine, both of my arms became painful even though the shot was just in my left arm. That pain lasted for 5 days and then my hands began to

have numbness and tingling. This numbness and tingling has lasted until present and has been almost every night except for 2-3 nights for the last 9 months since my vaccination. I received the second Moderna vaccine September 2021 and did not have worsening of my symptoms. In addition to the numbness of my fingers and hands at night, I began having pain in my right shoulder 2 months after the vaccination and it became severe. Physical therapy and massage helped this and it is improving but still present. It almost became a “frozen shoulder” but I was able to prevent this condition. I had an MRI of my brain and spinal cord and nerve conduction studies which were all normal. My neurologist performed blood work which also was normal. I am not sure if my neurologist reported my case to VAERS. She is aware that the symptoms started right after the first Moderna vaccination.

8. I have had three patients, all children, that have side effects right after the Pfizer vaccination and I have reported all 3 to VAERS. The first is a 13- year-old male, previously healthy, who had fever and lymphadenopathy for 7 days after the first vaccination. He had no known COVID infection and his COVID antibody and PCR test were negative 4 days after the vaccination. Toward the end of that first week, he began with lower extremity pain and fatigue. The fatigue and pain have continued for over 4 months now. It has limited him from his physical activity.
9. The second patient is a 17-year-old with chills and fatigue and lymphadenopathy for 7 days after the 2nd Pfizer vaccination. The fatigue lasted a few weeks. He also had diarrhea that started that week and persisted for 4 months. The diarrhea improved with famotadine. He was previously healthy also with no chronic medical conditions.

10. The third patient is 15-year-old male, previously healthy, that began having auditory hallucinations within 48 hours of the 2nd Pfizer dose which was given about 2-3 weeks ago. He was previously healthy and the auditory hallucinations have occurred on 3 different occasions.
11. In addition, I have had a few parents who have told me that their daughters had irregular periods after the vaccination usually lasting a few months. Some had very heavy blood clots in the periods which had never happened with them in the past.
12. I have one other patient that is approximately 15 years old, female, who has had 3-4 months of tinnitus in the left ear which started about 1-3 weeks after the second Pfizer vaccination. I have not yet reported that to VAERS but plan to do so.
13. In addition, I work with a nurse that has the same numbness and tingling of her arm that I do. It too was usually worse in the middle of the night (around 3 am). This started with the vaccination with the second Moderna COVID 19 shot in the right arm but the pain is in the left arm. It started the same night as the vaccination and has continued for 3 months. It is slowly improving on its own. She does not think that her doctor reported this to VAERS because her doctor didn't believe it was due to the vaccination.
14. I have spoken to approximately 13 people who have, or know someone who has had, the numbness and tingling of the hands and fingers, or sometimes the lower extremities, after the COVID 19 vaccination. Sometimes the vaccination was Moderna and sometimes Pfizer. Most find the side effects annoying but they haven't seen a physician for it and the symptoms have not been reported to VAERS. Many of these side effects have gone away after weeks or months but some have persisted in certain patients.



15. My local children's hospital has had 15 cases of myocarditis after the vaccination and I am concerned that we will see some children die or suffer permanent disability by the California COVID-19 vaccination mandate. We are not seeing the same level of myocarditis hospitalizations after the COVID 19 infection even though we have been told that myocarditis after COVID illness is 16-20 times worse than after the vaccination. In fact, it is extremely rare to have a child be admitted to a hospital for myocarditis after COVID-19 infection.
16. We must weigh the risk benefit ratio for each child. I am concerned that even though most studies show that natural immunity is better and lasts longer than the COVID-19 vaccinations, no one is using this as a criteria for immunity. In addition, we often see that patients have more side effects to the vaccination if they had the disease prior to vaccination. The benefits of vaccination in these patients who have had disease often do not outweigh the risks.
17. A well-done study out of the Cleveland Clinic early summer 2021 showed that natural infection alone gave the same protection as natural infection plus vaccination.
18. We cannot just throw children under the bus and say they need to get the COVID-19 vaccination for the sake of the rest of society. We must put their needs and health first especially when we don't know the long-term side effects. Doctors are dismissing the side effects of the COVID-19 vaccination without any evidence or telling patients it is due to anxiety. The side effects to the COVID-19 vaccination are real and not always transient. We need physicians and scientists to start taking these symptoms seriously so that we can move forward with research and treatment strategies to help those suffering from COVID 19 vaccination side effects.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this 24 day of October, 2021, at [REDACTED], California.

[REDACTED]

[REDACTED], MD, FAAP

I, [REDACTED], declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I practice dermatology in the Dallas/Fort Worth area and completed my training at UT Southwestern Medical Center in Dallas.
3. I am fully vaccinated and was one of the first to get the vaccine. I had to take off work two afternoons to make the 40 min. drive to receive the vaccine.
4. I had only a very sore arm at injection site but noticed tingling in feet and hands beginning around the time of my second vaccine injection which then worsened along with symptoms of shaky muscles and weakness. There is no doubt that my medical symptoms were caused by the vaccine. I previously was extremely healthy and very active adult; able to walk 18 holes of golf with no problem and participate in regular weightlifting exercises. I had no pre-existing conditions besides menopause and cervical spondylosis (caused by years of leaning over patients).
5. I have had multiple reports from patients who have experienced some various neurological symptoms but have not worked them up or treated them since that is not my specialty.
6. Personally, I have developed small fiber neuropathy that has continued to worsen. I have lost my pinprick and temperature sensation of bilateral extremities. I also have had a constant shakiness to muscles upon movement but not at rest which has been reported by many as a side effect of the vaccine. I have seen 3 neurologists, 2 who are professors at UT Southwestern. None of them have seen this type of muscle neurological reaction with small fiber neuropathy from other causes. One of my neurologists specializes in movement disorders and told me I DO NOT have a functional movement disorder and felt like this

could be a reaction to the vaccine. This physician referred me to one of the key infectious disease doctors at the medical center who oversees Covid related pathology. He said he will keep abreast of developments for me but had no treatment options to offer other than, "I suspect this will improve over time." It hasn't. I have been struggling with fatigue, exercise and heat intolerance, burning sensation of bilateral upper and lower extremities, gastric paresis, constipation, irritability and weakness since this began. It is difficult to work with a marked decline in stamina. The progressive autonomic symptoms I am experiencing now have me very concerned. I have had an EXTENSIVE workup with all labs being normal ranging from MRI's to paraneoplastic labs at Mayo and nerve conduction studies to rule out multiple sclerosis or other similar neurological disorders. I have never had Covid and verified this with bloodwork.

7. I have reported my symptoms twice to VAERS and did speak to a representative in September who concurred that she is hearing a lot of awful side effects from patients. An ID physician from CDC contacted me mid-summer but said she has not heard of any similar type of reports which makes me wonder what data is being shared and to whom. I did report to Pfizer and have mailed in a 3<sup>rd</sup> set of correspondence to them outlining my issues on October 15, 2021.

8. I am wanting to share my experience in an effort to have research dollars allocated to discover why some people are having abnormal reactions to the vaccine. We need insight to help guide treatment options. Many of us experiencing vaccine related abnormalities have a similar pattern to "long-haulers." I joint effort to help both subsets of patients is

imperative. We also need the medical community to be aware of all the facts with full transparency.

9. Physicians are afraid to make our names public given the awful political divisiveness this vaccine has created. I have known of some physicians who have been fired because of their adverse response to the vaccine or their opinion on mandates. To that end, I have elected to keep my name confidential.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this 22nd day of October 2021, at [REDACTED], Texas.

[REDACTED]  
[REDACTED], MD

10/22/21

I, [REDACTED], declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I am an MD practicing in Pediatrics.
3. I attended [REDACTED], completed residency in pediatrics at [REDACTED] [REDACTED], am board-certified in Pediatrics by the American Academy of Pediatrics. I worked as a general pediatrician at both community practices in Pittsburgh PA and [REDACTED].
4. I am fully vaccinated for COVID-19 and did so willingly.
5. I had no reaction to my first Moderna vaccine, and was sick for 24 hours following my second vaccine. One week after my second vaccine all the illness symptoms from those first 24 hours returned. I have now been suffering for 8 months with joint pain, subjective fevers, tachycardia, palpitations, paresthesias, muscle fasciculations, fatigue, and brain fog. I was diagnosed with fibromyalgia, which is a diagnosis of exclusion, however I know this is from the vaccine. I had no preexisting medical conditions and have never had Covid. The vaccine injured me and caused my current symptoms and I am currently unable to work due to this injury.
6. I have contacted VAERS several times. They did call me in August to confirm my symptoms, but I have not heard from them since.

Date of Report: 04/12/2021

VAERS ID: 1195077

E-Report Number: 428619

Date of Report: 08/09/2021  
VAERS ID: 1536876  
E-Report Number: 608778

Date of Report: 10/04/2021  
VAERS ID: 1760286  
E-Report Number: 669314

7. I also filled out VSAFE during the whole course of my illness and no one contacted me regarding my answers—which included that I was seeking medical care, and unable to work due to illness.
8. As a pediatrician, I am a strong believer in vaccines, and a huge advocate of the importance of vaccination. It is devastating to me, not only that this happened, but that the medical community as a whole is not willing to acknowledge that this is happening. I have been injured by the vaccine and I am honestly terrified of what will happen if we don't look into this and continue to give booster shots to adults and doses to young children. Every doctor I speak with mentions that they have seen or know of someone who had a vaccine related adverse event. I do not understand why this is not being evaluated at the highest levels. My wish in coming forward is to push this conversation to the front line, and at the very least get acknowledgement for what is happening, so that we can begin to understand how to fix it.
9. The current sentiment around vaccine injuries in the medical community is that they are not occurring. This is because as physicians we want everyone to receive a covid vaccine to prevent further morbidity and mortality. Due to my recognition that the vaccine has caused injury, I am scared to come forward to my fellow colleagues and peers. I am

remaining anonymous due to fear that my colleagues will not believe what I have to say, and not trust my clinical judgment in the future.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this 25th day of October, 2021, at [REDACTED] Pennsylvania].

[REDACTED]  
[REDACTED], MD

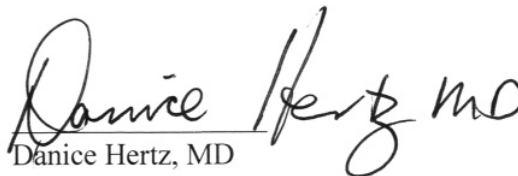


I, Danice Hertz, declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I am a retired gastroenterologist and board-certified medical doctor in Internal Medicine and Gastroenterology. I attended medical school and did all of my training at UCLA I practiced gastroenterology in Los Angeles, California for 33 years. I retired October 1, 2020.
3. I suffered a life threatening and life altering severe reaction 30 minutes after receiving the first dose of the Pfizer Covid-19 vaccine I received on December 23, 2020. Prior to receiving this vaccine, I was a healthy and very active person with no pertinent preexisting conditions. I have suffered from severe and painful paresthesias in my face, head and body and have been incapacitated for 10 months. I have suffered from tremors, twitching, internal vibrations, the feeling of a tight constricting band around my chest, loud tinnitus, blurred vision, dizziness and imbalance, weakness and headaches since receiving the COVID-19 vaccine.
4. I have reached out many times to the heads of the FDA, CDC, Pfizer and prominent section chiefs of the NIH, starting in December 2020. I have 93 pages of emails that prove a clear lack of appropriate action by these agencies. I have had multiple exchanges with Peter Marks, Janet Woodcock and Paul Richards of the FDA, and Alkis Togias, Avindra Nath, Farinaz Safiveh at the NIH. I have filed multiple reports to VAERS, VSAFE and Pfizer with no response.

5. I started a support group of similarly injured individuals who found me through comments that I wrote in response to medical articles stating that there were no adverse reactions associated with COVID-19 vaccines. I feel that it is imperative that I use my voice as a physician and injured person to help gain acknowledgement and medical care for myself, my group and the many thousands of other individuals who have suffered similar reactions. It is time that these reactions be acknowledged by the medical community. The medical community needs to be educated about these reactions and research must be funded to determine what caused these reactions and how to treat them. It is time that we, the COVID-19 vaccine injured, no longer be ignored and vilified. A group of very sick and injured people in this country are being treated very poorly and with complete lack of dignity and empathy. It is time for this to stop.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this \_\_\_\_24 day of October, 2021, at \_\_\_\_\_Santa Monica\_\_\_\_\_, \_\_\_\_\_California\_\_\_\_\_.

  
Danice Hertz, MD

I, [REDACTED], declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I am a physician in pediatrics.
3. I attained a Doctor of Medicine degree from the University of Tennessee Health Sciences Center College of Medicine in 20[REDACTED]. I graduated from my pediatric residency program in 20[REDACTED] and have been in practice ever since. I am currently practicing in [REDACTED], Georgia.
4. I am fully vaccinated for COVID-19 and I got vaccinated willingly and eagerly.
5. Three days after receiving my second dose of the Pfizer COVID-19 vaccine, my symptoms began. They include intermittent sinus tachycardia and autoimmune mediated small fiber neuropathy. Aside from the vaccine, there is no other plausible explanation for my symptoms. Because of my symptoms, I am under the care of a cardiologist, neurologist, and rheumatologist. I have never required this much medical care in a year. These visits required a significant amount of time and have been costly, even with good insurance coverage. When my neurological symptoms began, I was terrified that I would lose my ability to practice medicine, because the weakness was so significant. I worried that I had developed MS, or myasthenia gravis. I am fortunate that my neurologist had another patient with very similar symptoms who was farther along in her evaluation, and was willing to take my concerns seriously. When the biopsy confirmed small fiber neuropathy, and I continued to have relapses in symptoms, I found support among other physicians who have experienced very similar symptoms. My activities of daily life are significantly affected by my arm weakness; I am unable to perform any sustained activities with my arms. Even styling my hair is challenging; I cut my hair to make it a

less laborious process. When I injured my foot, I found myself wheelchair bound because I did not have the strength for crutches due to my neuropathy. I can't play my violin at times because of my weakness.

6. I personally reached out to both the National Institutes of Health, through a form on its website in July, and to VAERS, twice. I received an email from the National Institute of Neurological Disorders and Stroke within NIH in early August of this year telling me that they did not need to hear my story and providing me with some resources about clinical trials, VAERS, the CDC website, and other links to information on peripheral neuropathy and chronic pain.
7. I am a pediatrician and steadfastly pro-vaccine. However, I am concerned that these vaccine injuries are not being discussed openly. If we are not honest with the public, they will have further reason to distrust the medical community. Additionally, I was fortunate enough to have physicians who listened to me and thoroughly evaluated my symptoms; I have seen multiple physicians on social media who are less receptive to their patients' stories. I know that I have the background knowledge to seek out the proper medical care, but the vast majority of people do not, and I want to make sure they are cared for.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this \_\_23\_\_ day of October, 2021, at [REDACTED], GA.

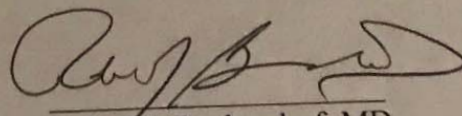
[REDACTED], MD

I, Robert J. Benkendorf, declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I am a board-certified Emergency Medicine Physician.
3. Some patients of mine have experienced life threatening and/or life limiting adverse reactions after their COVID-19 vaccinations that I will outline in paragraphs 4 through 7 herewith.
4. An 85-year-old female patient developed widespread Stevens-Johnson Syndrome within 2 weeks of her COVID-19 vaccination. She then developed sepsis due to skin loss and died.
5. A 75-year-old male patient developed bilateral leg weakness (Guillain-Barre Syndrome) within 2 weeks of receiving his COVID-19 vaccination.
6. Two female patients, one 35 years old, one 40 years old, developed heart rhythm problems within weeks of receiving their COVID-19 vaccinations.
7. I am aware that incidents such as these are being under-reported and ignored. I can only speculate as to why. People deserve informed consent before submitting to any vaccine. Furthermore, people with naturally acquired immunity are being ignored.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this 25<sup>TH</sup> day of October, 2021, at

PAUM COAST, FLORIDA.

  
Robert J. Benkendorf, MD

I, Joel Anthony Wallskog, declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.


2. I am an orthopedic surgeon from Mequon, Wisconsin. I attended Marquette University in Milwaukee for my undergraduate education. I obtained my medical degree at the University of Wisconsin. I completed an orthopedic surgery residency at the Medical College of Wisconsin. I elected to do additional fellowship training specializing in joint replacement at Case Western Reserve University in Cleveland, Ohio. I entered private practice in 2002. I became employed with Aurora Healthcare in 2009 where I have been employed since. I have developed a large successful orthopedic practice focusing on joint replacement, including shoulder, hip and knee replacement. I have extensive experience in revision joint replacement and hip resurfacing. For many years, I have been on the clinical faculty of the Medical College of Wisconsin, training fourth- and fifth-year orthopedic surgery residents on improving their surgical skills.

3. I was exposed to Covid 19 in August/September of 2020, likely at work. I was exposed to numerous co-workers at that time who were symptomatic and tested antigen positive for Covid 19. I subsequently tested positive for Covid 19 antibodies in September of 2020. I was asymptomatic. According to CDC recommendations at the time, I waited 3 months after my antibody diagnosis to obtain my first Covid vaccine.

4. I received one Moderna Covid vaccination on 12/30/20. I developed an adverse event after this first vaccination. Therefore, I never received the second dose.

5. I developed numbness, weakness and balance difficulties soon after receiving the first Moderna Covid vaccine (received 12/30/2020). I underwent extensive testing to rule out other causes for the lesion on my spinal cord that occurred following receipt of the Moderna Covid vaccine. This included numerous MRIs, spinal tap and extensive blood tests. All were negative besides the demyelinated lesion of my spinal cord. I was subsequently diagnosed with transverse myelitis with a demyelinated lesion at the T8-T9 level.

6. In the following months, I experienced periods of quite severe lower thoracic back pain. I was treated with high dose steroids and IVIG with no improvement. I received a second opinion at the Mayo Clinic. I have participated in physical therapy. My symptoms are essentially unchanged since his diagnosis in January 2021. I have been unable to return to work as an

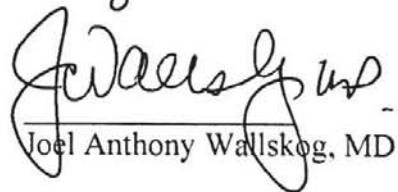
 10/25/21

orthopedic surgeon and have been on long term disability. I can walk short distances but am unable to return to any of my sporting activities that I enjoyed prior to his diagnosis of transverse myelitis. Prior to this diagnosis, I was extremely active and healthy. My only past medical history is mildly elevated cholesterol and a history of low testosterone.

7. My employer (recently renamed Advocate Aurora Healthcare) reported my condition to the VAERS reporting system. I also emailed the CDC and received an email from a physician from the CDC. They offered me a Covid vaccine consultation. They stated they would review my case but could not make any treatment recommendation from this consultation. They stated they could *only* make a recommendation about whether to get the second vaccination. Because I had absolutely no plans to get a second dose, there was no point to having the consultation. I have also applied for compensation with the Countermeasures Injury Compensation Program (CICP) but have heard no response.

8. I am stepping forward to report these injuries primarily for two reasons. First, I am seeking transparency with regards to Covid and Covid vaccination data. Why are we so dependent on UK and Israeli Covid data and only see US data that supports the current pro-vaccine narrative? Second, I am seeking fair compensation for the vaccine injured. People are not receiving informed consent when they get vaccinated. They are unaware that the Covid vaccines are exempt from the Vaccine Injury Compensation Program and that getting compensation from the CICP is, I understand, almost impossible and is extremely limited.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this 25<sup>th</sup> day of October, 2021, at Mequon, Wisconsin.

  
Joel Anthony Wallskog, MD

I, [REDACTED], declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I am an MD, MBA, FAAFP (Fellow of the American Academy of Family Physicians), 10 years' experience practicing full spectrum Family Medicine/Primary Care, 4 years spent as adjunct faculty teaching medical students in my clinic. I am also board-certified in [REDACTED].
3. I am practice Family Medicine.
4. I am fully vaccinated for COVID-19 and got vaccinated willingly.
5. I reacted 11 minutes after the first shot with flushing, tachycardia, dizziness, and elevated blood pressure. I was monitored for an hour at the vaccine site by a nurse then take to our ER. The symptoms resolved after an hour. I was told at the time they had seen a few "flushing reactions" like this but no reason to not get the next shot.
6. I got the 2<sup>nd</sup> shot 3 weeks later and reacted at 2 min post vaccine. It was the same symptoms plus full facial numbness and feeling like I would pass out. I laid down for 20 minutes and it passed, so I left and got in my car to drive home. It happened again on the freeway, and I barely made it onto an exit without passing out. I started turning beet red and hot all the time and my heart would race to the 150s for no reason, even in the middle of the night in bed. I couldn't stand up or walk more than 100 ft due to severe dizziness, racing heart and feeling like I was burning all over. I then began to experience significant muscle fatigability in my lower extremities as well as overall profound fatigue. I was unable to work, drive, or leave the house without assistance.



7. I was testing false positive for lupus despite not actually having it. My blood clotting levels were elevated. I could barely shower or walk up my stairs. I was diagnosed with delayed allergic reaction, possible mast cell activation syndrome, Dysautonomia/POTS (confirmed by tilt table test), and small fiber neuropathy. I lost my job despite having partially recovered because I could not handle seeing a full patient load. I still suffered from easy physical and mental fatigue.
8. I had no significant medical history except for migraines and a remote history of a few episodes of SVT in my late twenties/early thirties. I was 4 months postpartum at the time of the shots and had some issues with labile blood pressure during pregnancy. I have never had any type of neuropathy or allergies. I took aspirin throughout my pregnancy without issue. Now I have severe flushing and racing heart if I take it (which is an allergy or MCAS), I am also now allergic to ibuprofen.
9. My allergist has officially listed the Pfizer COVID vaccine as an allergy. My Cardiologist and Neurologist attribute this to the vaccine as well as the doctors at the NIH
10. I was terminated for being unable to work a full schedule in clinic after over six months of illness. I was able to return to full time clinic work two months later however I have not tolerated the workload well at all and I have had to find a job with a more flexible schedule
11. I have also treated patients who have had adverse events following COVID-19 vaccination. They are as follows:
  - a. 67 yr old female with Rheumatoid Arthritis has an episode of syncope the day after the vaccine resulting in severe facial bruising and concussion. She had several other episodes of syncope and near syncope in the weeks that followed.

- b. 32 yr old male with Type 2 Diabetes developed shingles shortly after the vaccine. The lesions created huge wounds that would not heal. Some wounds were through the muscular layer of the back. He required antibiotics and weekly wound care/debridement.
  - c. 54 yr old female experienced severe generalized fatigue, neuropathy, severe headaches, neck pain, and myalgia after the vaccine. It rendered her unable to work at all. Several specialists have attributed this to the vaccine. She has had an extensive workup and will be seeing neurology soon to evaluation for large and small fiber neuropathy. She had to take early retirement due to her inability to work.
12. I reported my reaction to the vaccine to VAERS, temporary report code 212010. I responded to the first V-safe check-in text and then responded to 16 more V-safe texts over the next 4-6 weeks.
13. I reported my reaction to the second dose of the vaccine to VAERS, temporary report code 282469. I then responded to at least 7 more V-safe texts.
14. At the end of March, I self-reported my case to CDC's CISA Response team and spoke with a Robin by phone. She was at Vanderbilt. The following day, I received a response from CISA stating that I needed to be tested for COVID nucleocapsid antibody; they stated that I had not been tested for COVID however, I had multiple negative PCR tests.
15. The NIH eventually tested me for nucleocapsid Ab in May and it was negative, confirming no past COVID infection.
16. In mid-April, I reported more symptoms to VAERS, temporary report 453749.
17. At the end of May, I sent an email to the head of FDA and CDC with no response.

18. Sometime in June, I received a call from VAERS inquiring about the status of my health. The caller requested that I file a fourth VAERS report however I declined since I already had 3 open cases. I requested that they update the existing ones.
19. In July, I received a stat records request from VAERS including a request of my vaccination record with lot numbers. I uploaded 3 records, and needed another security key to upload more. I requested that additional key the same day.
20. Five days later, I called VAERS to inquire about the security key needed in order for me to upload the requested documents and was told to give it another few days to receive the email. They also told me that they cannot take information over the phone and that they needed a picture of my vaccination card.
21. I have been very honest about my experience after the vaccine with my patients. All of them believed me. I was lucky to be believed by the majority of the doctors I saw as well. There are still many who do not believe these reactions are real. On my first two trips to the ER, I was treated very poorly (at the hospital where I worked!). I was told it was anxiety, postpartum hormones, etc. To be fair to the doctors, they are constantly told these vaccines have a great safety profile. We need to be able to talk about these reactions openly so that they can be recognized, studied, and treated. There are thousands of us who are injured and all of us have told friends/family who tell others etc. We become "urban legends" and this fuels distrust in the media, government, politicians, and public health agencies. Medical personnel need to be able to speak without threat of losing their license or their job. I now carry the stain of having been "terminated" even though it had nothing to do with my ability as a doctor. I have to give a written

explanation to any new employer, divulging my personal health info to even have a chance at getting credentialed.

22. I have chosen to have my identity redacted in order to prevent backlash as being anti-vax, which I am not. I personally experienced having a breakthrough COVID infection 6 months after being fully vaccinated. I was extremely sick and received monoclonal antibodies due to the severity of my symptoms. I take the pandemic seriously. Unfortunately, coming forward with my story could trigger significant backlash may have further deleterious effects on my career and my family. Many in the medical field have strong negative reactions to those of us with vaccine reactions and I do not want to subject myself or my family to any further suffering.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this 26<sup>th</sup> day of October, 2021, at [REDACTED] Georgia.

[REDACTED]  
[REDACTED], MD

I, [REDACTED], declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I am a physician who is employed in the hospital setting on the east coast.
3. I am fully vaccinated for COVID-19 and I got vaccinated willingly.
4. I am young and, previous to accepting the COVID-19 vaccine, was healthy and very active. Within hours of receiving Pfizer vaccine, I developed disabling symptoms. The majority of these symptoms are still present to this day. My symptom list is long and includes the following: tinnitus, menstrual cycle irregularities, hair loss, paresthesias, fatigue, bladder incontinence, inappropriate tachycardia, and cognitive impairment. I was woefully poorly educated about autonomic neuropathy until I was diagnosed with it. I am still significantly disabled to this day.
5. I have personally spoken with personnel at the FDA and I am frustrated that this regulating body as whole has a slow response to concerns and has a narrow focus when they do respond.
6. I am fortunate to be a physician who was injured early on when the physician community was more open minded about these adverse reactions. My physician team has always believed me when I spoke of my COVID-19 vaccine induced injuries. However, my team had an incredibly difficult time diagnosing what was wrong with me and I had to take it upon myself to help figure it out and find the right specialist to diagnose me. It took many months to get a diagnosis, and even now I am still fighting for appropriate treatment. I am scared that because I had a delay in diagnosis and treatment that I may be permanently disabled. It scares me that because the FDA and CDC do not recognize my vaccine induced

condition, my medical exemption will be rejected and I will be forced to take booster shots or else lose my career.

7. I have connected with thousands of other people on social media who have, similar to me, been injured by COVID-19 vaccination, who are fighting to be believed.
8. As time goes on, it hurts my heart to see physicians gaslighting their patients by refusing to believe or see these vaccine injuries. By being closed minded regarding COVID-19 vaccine induced injuries, physicians are actively contributing to the cover up of the vaccine injured. This goes against the oath that we took as physicians and is entirely inappropriate. This goes for physicians who see vaccine injuries but remain silent and do nothing to help the vaccine injured receive the recognition and care they deserve. Most of all, I am frightened of what we, doctors, will do to the children by vaccinating them without first figuring out why some have adverse reactions to the COVID-19 vaccines and without figuring out how to appropriately treat them. If the medical community would acknowledge COVID-19 vaccine induced injuries, we would then develop optimal treatment and it would make vaccines safer. Instead, we are doing the exact opposite. How many more have to be injured before the medical community unites in recognizing and investigating vaccine adverse reactions?
9. Furthermore, there are major issues with VAERS, the CDC and FDA's passive vaccine injury surveillance system. The federal departments are to rely on VAERS for signals of vaccine harm and then follow up with active surveillance for further clarification of the signals. However, the CDC and FDA follow up is not congruent with its published guidelines which state that a VAERS contractor will reach out to all persons who report a death, hospitalization, or permanent disability. I am proof of this system failing to perform

their published duty as VAERS has not contacted me for follow-up regarding my report to them. There is no excuse for this. The agencies are failing to correct this despite proof that has been provided to the FDA of the VAERS system failure. Based on the lack of correction of the system failure, I am concerned that there is no process for improvement of VAERS in place to routinely evaluate its effectiveness, nor any process in place to allow for the identification and correction of issues that arise. As a result, the CDC and the FDA are failing to recognize the thousands of individuals that have been harmed by COVID-19 vaccinations.

10. The CDC and the FDA have also failed to appropriately educate the physician community regarding patients that qualify for a VAERS report. For example, at minimum, arguably the vast majority of medical conditions that cause patients to seek care within 2 weeks of vaccination should be reported. This is not happening. The Pfizer COVID-19 vaccine has a possible association with appendicitis that was discussed in the original FDA emergency authorization meeting in December 2020 yet this was poorly communicated to the physician community to look for and report it. This has resulted in significant underreporting to VAERS. Health care workers are mandated reporters, yet there are no penalties for these providers who fail to report their patients' cases.
11. The CDC and the FDA have not educated the public on the necessity of updating their initial VAERS report. The VSAFE system should help identify the ongoing disabled patients with a request sent to the initial reporter to file an updated VAERS report when a 6-month follow up visit indicates on-going and/or progressive injury. These reports should be flagged within VAERS for follow-up as warning signs of long-term vaccine injury. This is currently not being done. Again, my own case is proof of this deficiency.

12. The FDA has failed to appropriately investigate a COVID-19 vaccine injured child who was a participant in the clinical trial for 12 to 15-year-olds where she received the Pfizer vaccine. This child was barely even mentioned in the published trial data. This child's family had to go to the media to seek appropriate recognition and medical attention. Furthermore, this trial only included 2,264 enrolled children, ½ of which received placebos. This is a shockingly low number of participants for a vaccine that will be mandated for all well over 20 million children across the United States. The minority of children who will have a prolonged adverse reaction to these vaccines are being missed in this trial that is so inadequately enrolled. Furthermore, this trial looks at antibody response as a marker of vaccine efficacy since it has already been proven that children experience low rates of hospitalization due to COVID-19 and these vaccines are proving less and less effective in preventing COVID-19 infections in the adult population. However, looking at antibody response as a marker of vaccine efficacy is inappropriate as the FDA's own committee has previously recognized, during booster vaccination discussions, that we have no idea how antibody levels correlate to risk of infection. An addition, any participant who was masked, socially distanced, and kept home from school and other activities where they could be around other children contributed to the false evaluation of the success of the vaccine efficacy. These similar conditions were present in the additionally falsely evaluated adult COVID-19 vaccine trials.

13. In sum, the spike protein in the COVID-19 vaccines is a biologically active agent that has caused harm in teenagers and adults in the United States. The VAERS passive self-reporting surveillance system has failed to identify and classify COVID-19 vaccine injuries for the reasons described above. These vaccines are not without risk. There are already



many injured teenagers to prove this. There is a severely injured child who participated in Pfizer's COVID-19 vaccine trial who I spoke of above. I am additionally worried about impending approval of the vaccine for the 5 to 11-year-old group of children of whom is one of the least likely to be hospitalized or die from COVID-19 and this even includes children in this age group with chronic illnesses. The low enrollment in the COVID-19 Pfizer vaccination trial for 5 to 11-year-old children additionally does not explore the actual risk of the vaccine to children. The vaccine will harm a minority of children, perhaps permanently or even cause death, in the FDA's quest to stop COVID-19 infection in the elderly and high-risk adult population. Further investigation of the harms of the COVID-19 vaccines needs to be done immediately before further vaccination of our children.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this \_\_26\_\_ day of October, 2021, at [REDACTED]

[REDACTED]  
[REDACTED] MD [REDACTED]

I, [REDACTED], declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I am a physician.
3. I am fully vaccinated for COVID-19 and I got vaccinated willingly.
4. Many of my patients have experienced COVID-19 vaccines injuries. I describe 7 of my patients injured by these vaccines in paragraphs 5 through 11 herein.
5. A patient in his 40's with relapsing multiple sclerosis, developed a flare of his multiple sclerosis 24 hours after receiving the Pfizer vaccination which required hospitalization and IV steroid treatment.
6. A middle-aged patient developed drug-induced hypersensitivity syndrome following the receipt of the Moderna vaccine which resulted in multiple hospitalizations and extensive treatment.
7. A patient in her 50's developed acute severe hepatitis three weeks following receipt of Moderna vaccination. After extensive testing, no other etiology could be identified and her clinical picture matches the eight other case reports published on immune mediated hepatitis following mRNA vaccination as published in the following study: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8491984/>.
8. A patient in his 60's with lung cancer and on chemotherapy, developed diarrhea for several days after receiving the Pfizer vaccination. The patient attributes the diarrhea to this vaccine. Infectious/non-infectious evaluation of the patient's diarrhea was non-revealing. He became dehydrated from the diarrhea and developed a new onset of atrial flutter with rapid ventricular rate. This, unfortunately, caused his already borderline right ventricle

(which was already stressed and struggling due to his lung conditions) to fail, and he went into cardiogenic shock. This set off an additional chain of health events such that this patient ultimately expired.

9. A patient in their 60's received the Pfizer vaccine and two weeks later developed new dyspnea that rapidly progressed. They were diagnosed with pulmonary fibrosis which on CXR and CT imaging (and also clinically) rapidly progressed over the next few weeks until this patient ultimately expired. This patient was well established with their primary care physician previously with no previous pulmonary history. There is no alternative explanation for this patient's acute and progressive pulmonary fibrosis was found.
10. A patient in his 40's developed extensive polyarthralgia and polymyalgia one week after receiving his second dose of the Pfizer vaccine in the spring that persist to this day. He is still struggling to receive a diagnosis and treatment for his symptoms. Additional post second vaccine dose symptoms that he reports include, chest pain, dyspnea, fatigue and brain fog.
11. A middle-aged patient who, prior to receiving the first dose of the Moderna vaccine, had normal body mass index, no prior medical history, and was on no medications. This patient developed a severe course of COVID-19 with onset a few days after receiving the first dose of the Moderna vaccination which required VV ECMO machine support for an extended period of time to save their life. This case stands out because it was the first patient, within the institution where I am employed, who was placed on an ECMO machine for COVID-19 induced respiratory failure and who had no pre-existing co-morbidities, including obesity. The question here is whether this is an example of antibody dependent enhancement.

12. I have been shocked by how many of my patients have medical issues immediately following COVID-19 vaccines, and even more shocked that the overwhelming vast majority of physicians refuse to even consider that there is a correlation with the vaccine. I believe the problem lies in the fact that many of the post-vaccine diagnoses are common things we regularly diagnose for and thus physicians choose to ignore the cause. For instance, thrombotic thrombocytopenia is easy to correlate with a post-vaccination cause because of a lab test which clearly shows a correlation that cannot be explained away. And yet incidents my partners have witnessed such as early myocardial infarction in patients in their 30s with no risk factors and had recent vaccination, are not reported to VAERS as a post-vaccination injury.
13. As I meet more and more people, particularly health care workers, with ongoing vaccine induced injury, I realize how frequently we must be underestimating the true incidence of COVID-19 vaccine injury. Never before have I seen a vaccine cause so much injury. Never before have I seen a vaccine cause so much damage.
14. I must remain anonymous because the physician community is so strongly against the idea that the COVID-19 vaccinations are causing adverse reactions that they have become a toxic mob set to destroy the career of physicians who choose to speak out about vaccine adverse reactions. If I were questioning say an adverse reaction from a new prescription medication for example, the physician community would engage in robust and healthy scientific questioning and investigation. With questioning of a vaccine adverse reaction, the physician whom is questioning is immediately discounted, discredited, shamed, and aggressively bullied. I have watched this happen to other physicians who dared to speak out and have witnessed a coordinated effort among physicians to have this physician's state

license revoked as well as their board certification for spreading “misinformation”. The physician’s reputation becomes tarnished such that not only is their current job threatened but so are any future employment opportunities.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this 26 day of October, 2021, at [REDACTED]

[REDACTED]

I, Wei-hsung Lin, declare as follows:

1. I am at least 18 years of age and am competent to testify. I have personal knowledge of the statements contained in this declaration.
2. I am a physician and practice internal medicine.
3. I finished medical school in 1983, received a Ph.D. in pharmacology at SUNY Buffalo in 1992, after which I underwent internal medicine residency training at Duke University. I have practiced internal medicine in Oregon and Washington for 25 years. My practice for last 10 years is as a primary care physician, but I also provide post-hospitalization transitional care.
4. I work for Kadlec Regional Medical Center which is affiliated with Providence. I have been warned by the medical center that when identified as a Kadlec employee, I should not take any position contrary to their official position on COVID-19 vaccines, which would include raising any concern about any injuries I have witnessed from this vaccine.
5. I have treated numerous patients with serious adverse events following COVID-19 vaccination. These cases are detailed herein.

a. Patient is a 65-year-old male, previously completely healthy. He felt slightly unwell after the first dose of Pfizer vaccine [REDACTED] but recovered after a day or two. Hours after the second dose in [REDACTED], he developed severe chest pain, shortness of breath, and generalized malaise, without fever or cough. He thought it would also improve like the first time, so he didn't seek attention until 4 days later, due to the persistence and progression of symptoms.

When I saw him 6 days post-vaccination, his physical exam was grossly normal, although he reported presence of pressure on the chest and shortness of breath with walking short distance or with just talking, which never happened before. His ECG showed left ventricular hypertrophy and non-specific T-wave changes abnormalities. I proceeded with some blood tests to help figure out the problem. Although most blood tests were normal including CK and CK-MB (indicators for heart muscle damage), the BNP was elevated to 200, consistent with some degree of heart failure. When I received the test results next day, I tried to order him an

echo, and prescribed him diuretic for the heart failure. I sent messages to him as that was his preferred means of communication. But even prior to picking up the medication, his symptoms got so severe that he had to call an ambulance. He had been very reluctant to do so due to lack of insurance for hospital coverage.

When the ambulance arrived, he was taken not to Kadlec which I was affiliated with, but to a hospital nearer to his home. Because of this, I have no direct access to his record, but at the time of discharge 4 days later, I spoke to his discharging hospitalist who informed me of the full medical course as detailed below, and attributed the problem to vaccine reaction.

On the day of admission, he had several indicators pointing to acute heart failure (BNP 1,800, up from 200), Lactic acid was high at 10, and NSTEMI was initially diagnosed due to slightly elevated Troponin, but a cardiac catheterization found his coronary arteries to be completely free of disease.

His echocardiogram revealed a global hypokinesia and his LVEF was 30%. CT chest ruled out pulmonary embolism, only found pulmonary edema.

Fortunately, he responded very quickly to the intravenous diuretic, so his symptoms improved and was able to be discharged on [REDACTED] day. His condition was stable. What we don't know for sure now is whether, how much, and how quickly he would recover to be able to return to work. I reported these injuries to VAERS.

**b. Vaccine related clot – PE, clotted CABG graft.** 68 y.o. Male. Received Moderna vaccine [REDACTED], [REDACTED]. He was found to have 2 vessels CAD on [REDACTED] with coronary angiogram, due to somewhat progressive exertional chest pain.

On [REDACTED], he had CABG with 3 venous grafts and LIMA to LAD. Discharged on Aspirin and Plavix. He had pulmonary embolism on [REDACTED], extensive clots, bilateral segmental PE, large occlusive thrombus in LUL with extensive segmental PE involving the LLL and segmental thrombus in the RML/RLL with mild nonocclusive thrombus involving the RUL, Doppler with occlusive thrombus in the right femoral, popliteal, and posterior tibial veins; nonocclusive thrombus in the right peroneal vein. IVC filter placement [REDACTED]): Filter to be removed within 3 months, as long as patient is tolerating anticoagulation. He was able to continue with the aspirin, [REDACTED], plus the [REDACTED] that was added. He was doing well with cardiac rehab, advancing in his exercise level.

Then at [REDACTED], he was awakened by severe chest pain, and it continued to get worse, so he presented to ER. He initially didn't show signs of cardiac disease, but as the pain continued, he was admitted and had angiogram, and found to have a clot in one of the CABG graft, just 2 months after the CABG.

He suffered pseudoaneurysm of the right femoral artery due to the cath. He had another admission for chest pain on [REDACTED], but the angiogram didn't find a new

problem. He didn't have another CT angiogram then.

c. **Vaccine related clot – dialysis fistula clotted before first dialysis.** The patient is 71 y.o. male with PMH significant for CKD, DVT, HTN, HLD, and clotting disorder who presents with pain in the right arm. He was found to have superficial thrombophlebitis secondary to clot in the right arm fistula, this happened while he is on long term anticoagulation with [REDACTED]. He is currently not on dialysis but has been having worsening renal function in the last few months and therefore the fistula was made to prepare for it.

His first episode of DVT was 2012. Since being on anticoagulation he hadn't had a thrombus until this time.

d. **Neurological symptoms.** 72 y.o. lady was admitted once for TIA due to weakness of the left LE in May. All imaging negative and she was discharged. The left LE weakness persisted and she was evaluated by neurologist, but finding no firm diagnosis or treatment plan. She was referred to PT. She then developed uncontrollable incessant coarse tremor of the UE's, worse on the L. that made PT progress impossible. She relies on an in-home caregiver. She received vaccine in March, and symptoms developed soon after.

e. **Progressive shortness of breath and tachycardia, elevated D-dimer.** A 61 y.o. lady with progressive tachycardia and shortness of breath. She has no prior cardiac history, no hypertension, no DM, not overweight. She had DCIS of the breast in 2019, which was ER negative and therefore was not on any hormonal treatment. She had some mild but controlled anxiety issues. Received Moderna shots [REDACTED] and [REDACTED]. Presented [REDACTED] with phone call for short of breath and not feeling well. Labs ordered and appt made for [REDACTED] with following complaints on records. She hasn't been feeling well last few days, especially last week. She felt pressure on the chest, like a heaviness on the chest. Feels the internal organs are falling down. Head feels stuffed, lacking clarity, or like pressure over the head. Can't think clearly. Also having pain in the upper back.

At that time, I wasn't aware of potential adverse reaction of the mRNA vaccine, so I didn't order the D-dimer. CBC/CMP/ESR/CRP/TSH all normal. Over the next month, her symptoms waxed and waned, overall getting worse, with tachycardia bothering her more and more. She eventually had an ER visit because of the progressive discomfort. D-dimer 0.61, mildly elevated, CT angiogram failed to find blood clots.

Her cardiac monitoring found sinus tachycardia intermittently going up to 120s, confirmed by Apple watch monitoring. She didn't have A-fib. But the episodes became more and more frequent, and more and more disabling. Her activity level was greatly limited due to shortness of breath. Her cardiac enzyme and EKG remained normal over multiple occasions.



As her symptoms persist and she became more uncomfortable, she was evaluated by a cardiologist, who didn't find any cardiac etiology. However, her D-dimer was elevated to 0.96 on [REDACTED]. Her repeat angiogram was again negative. Repeat Echo pending to look for increased pulmonary pressure.

My suspicion is that she has recurrent tiny pulmonary embolism too small to be identified by imaging studies, but enough to cause her shortness of breath, tachycardia and chest pressure.

f. **Two young men with palpitation for extended duration.** Very similar in that they were both young men about 30 (27 and 32), completely healthy, started having chest discomfort and palpitation within a couple days after the 2<sup>nd</sup> dose of vaccination. The cardiac symptoms persisted for about a month, interfering with sleep, before subsiding. The EKG for both of them showed elevated J points and machine read as early repolarization changes.

g. **New palpitation, chest discomfort and new RBBB.** 49 y.o. female. History of HTN on [REDACTED] [REDACTED] and fairly well controlled. Received Pfizer shots [REDACTED] and [REDACTED]. She presented on [REDACTED] with following recorded complaints: A few days ago she started having chest pain. The quality of the pain is like being hit in the chest. It has been persistent since the beginning. She denies significant shortness of breath, although she doesn't do much physical exertion generally. She has been following the current regimen of antihypertensives. For a while, she tried to reduce the dose, but it wouldn't work. She is doing better following the current regimen.

Also having headache for the last week. It is retro-orbital. She has no loss of vision. The headache is present all day from getting up to going to sleep.

The main unusual finding was that she had developed a right bundle branch block on ECG. Previous ECG in 2015 was normal. Echo was normal, no pulmonary HTN.

h. **Abrupt ovarian failure.** 45 y.o. female. She had history of alcohol related cirrhosis but since quitting alcohol 2 years ago, has done very well, sans some needs for minor medication adjustments. Received JJ vaccine [REDACTED]. [REDACTED] she was seen for symptoms suspected for sinusitis, but also having had chest pain that was sharp, and palpitation. Since then, she has had progressive problems with palpitations, sweating, chest discomfort, and diarrhea. She has had three ER visits over next 1.5 months (none in the prior year).

Extensive work up ensued. Eventually, with the cessation of period and hormonal level measurement, it appeared that she abruptly went into menopause in April. There were some additional symptoms besides the menopause, but the abruptness of going from having normal periods up to March, to completely post-menopausal level of hormones and complete cessations of period since the vaccination makes it

suspicious that the vaccine may trigger the abrupt ovarian failure.

i. **Fibromyalgia flare up, possibly CAD.** 72 y.o. with chronic renal disease, DM, coronary disease. In [REDACTED] she was treated for what appeared to be sinusitis via virtual visit. Not tested for covid at that time. Treated with abx. After she got through the infection, although she still had some shortness of breath. Received the Pfizer shots [REDACTED] and [REDACTED]. Progressively more short of breath. She had angiogram finding restenosis of previously placed stent and had a new stent placed.

Since then, she started having recurrence of diffuse pain resembling the fibromyalgia she had. She struggled with fibromyalgia since her 30's, was on substantial dose of opioids until 2019. She experienced healing from the fibromyalgia then by using a [REDACTED] supplement, and she had complete resolution of the pain. So she was off opioids for 2 years when she had to get back on opioids to handle her pain in July.

Her blood works, her DM were all stable, and didn't appear to contribute to her symptoms.

j. **New shortness of breath, D-dimer, pulmonary hypertension.** Moderna shots [REDACTED], [REDACTED]. Presented to ER [REDACTED], shortness of breath and at that point interrogation of the pacemaker had no events. Patient was discharged thereafter. Then admitted to hospital [REDACTED] due to lightheadedness in the bathroom. Hence presented back to the ED. Tested positive for orthostatic hypotension. Patient had elevated blood pressure with hypertensive urgency in the morning, but blood pressure dropped too fast when given carvedilol. Hence, plan was to change medications to [REDACTED]

[REDACTED]. Discharged home. But she was not getting much better with her shortness of breath. She had another admission [REDACTED] due to urosepsis, and that resolved with antibiotic treatment. I saw her [REDACTED] for follow up of hospitalization, the remarkable part of the history was that she hasn't had heart failure symptoms in the past, until a month ago when she started having shortness of breath and became more tired and unsteady. She has developed significant edema. She never had edema problem before. The swelling is not painful. She has been on [REDACTED] for atrial fibrillation for a long time.

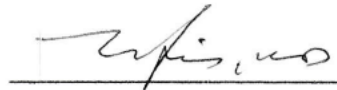
A couple months ago, she was able to [REDACTED] without problem. But on [REDACTED], she presented to ER due to shortness of breath, didn't find much on evaluation and didn't add anything. But she was back in ER [REDACTED] days later, for orthostatic hypotension, which she didn't use to have. Since then, she continued to have limited exertion endurance, very different from the person she was.

Remarkable labs: elevated d-dimer to 2.01, then down to 0.70. VQ scan was low prob for PE. CT angiogram not performed due to poor renal function at that time (probably due to hypoperfusion as it resolved soon). Echocardiogram [REDACTED] was

basically normal, with RV pressure of 34, no pulmonary hypertension. Echo on [REDACTED] Estimated right ventricular systolic pressure (RVSP) is 43 mmHg. Repeated on [REDACTED]. The right atrial pressure is normal. There is pulmonary hypertension. Estimated right ventricular systolic pressure (RVSP) is 41 mmHg.

6. Many Americans, including youths and children, are now being mandated to receive the vaccine without full knowledge of how it is potentially very harmful to their health, or without ability to refuse. This is unjust to individuals in our country and injurious to us as a nation. The only way to assure informed consent for every American is to not mandate these vaccines and permit open discussion of their adverse effects.
7. To be able to care for those with vaccine injuries, we need to have the academic freedom to share findings of injuries and success of treatment. Currently, this is not possible.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct this 27<sup>th</sup> day of October, 2021, at West Richland, WA.



Wei-hsung Lin, MD, PhD