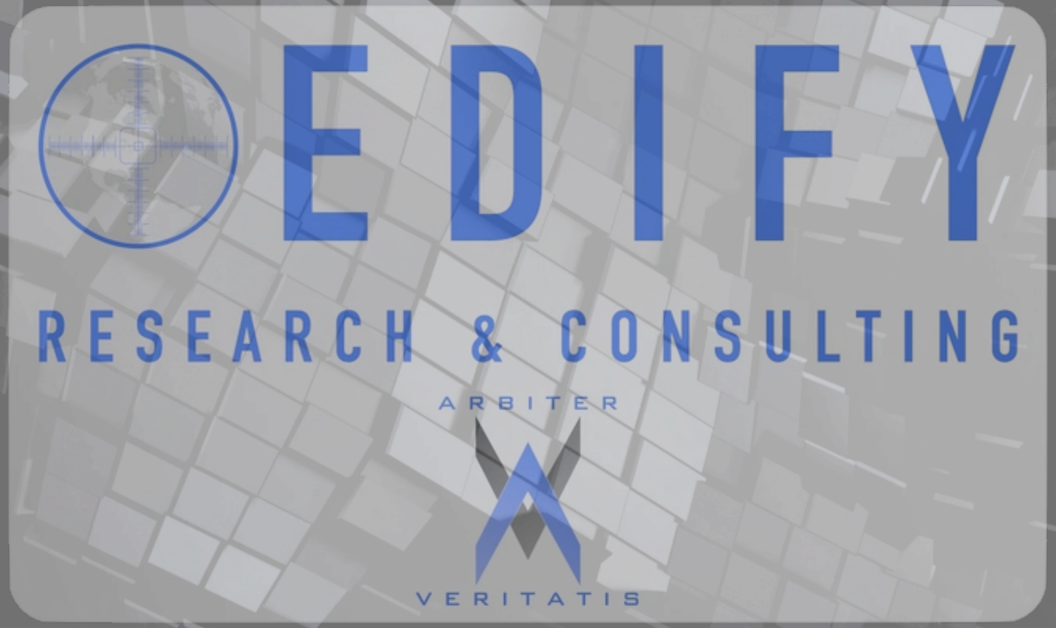
mRNA INJECTIONS & CANCER

Is there a statistical correlation on a specific timeline between U.S. mRNA injection rates and cancer rates?



mRNA INJECTIONS & CANCER

1 / Introduction

2 / Data

3 / Process

4 / Analysis

5 / Findings

mRNA INJECTIONS & CANCER

1 / Introduction

mRNA INJECTIONS & CANCER

1 / Introduction

The following is a detailed summary introduction to the examination of data sets for cancer and mRNA injection rates graphed over time.

mRNA INJECTIONS & CANCER

1 / Introduction

We are looking at lines of data to determine statistical correlation. We look to see if the lines have symmetry [look the same or similar]. We look to see if the lines are close in proximity [near one another].

KEYS: DETERMINING STATISTICAL CORRELATION BY SYMMETRY

mRNA INJECTIONS & CANCER

INTRODUCTION: The statistical analysis of mRNA injection rates over time overlaid by an anomalous increase in cancer rates over time. Graphic illustrations calibrated by time permit examination for any statistical correlation between mRNA injections and increased cancer rates.

DATA CORRELATION: mRNA INJECTION & CANCER RATES OVERLAID ON MULTIPLE TIMELINES WITH STRONG CORRELATION AND HIGH CONFIDENCE IN FINDINGS

PROCESS: Data was collected from CDC, The Ethical Skeptic, VAERSanalysisinfo. and teammate John Beaudoin. The data is graphed. The graphs fall along timelines [x-axis] and are calibrated by a timeline in weeks 1-52. Median value lines are assigned to the graphed data and they flatten the data lines. The timelines and median lines are overlaid in various configurations to visually examine the data sets for any statistical correlation. The concept of overlaying timeline graphs is to "look down through them" for similarities in the shape, angle and proximity of the lines relative to time. The overlaid and calibrated timelines allow for apples:apples comparison.

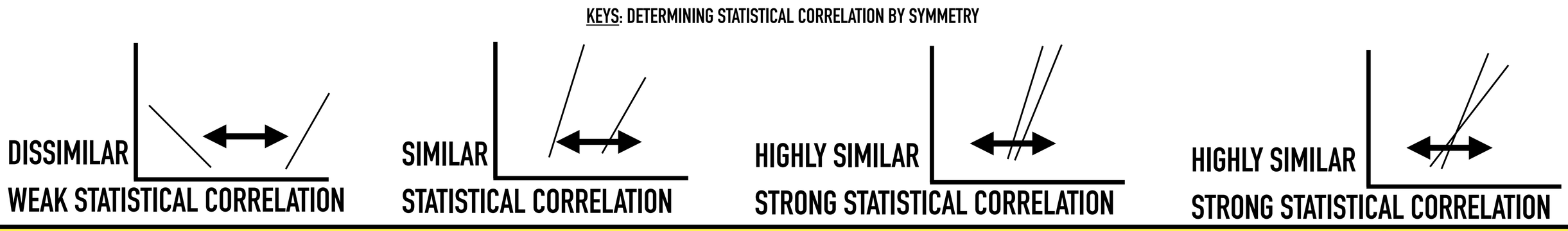
EXAMPLE: Timeline 1 indicates a child struck a match struck at 12:00 p.m. in a specific location. Timeline 2 indicates a fire in the same location at 12:01 p.m. Timeline 3 indicates the fire department's response to a fire at 12:05 p.m. in the same location. By stacking Timelines 1, 2 and 3 and calibrating them by time [12:00 p.m.], we then look down through them. Once we do, we determine strong statistical correlation between the three events to state with high confidence that the fire department responded to a specific residence to extinguish a fire caused by a child playing with matches.

1 / INTRODUCTION: Previewing the findings for understanding

1/Median Cancer

2/Median mRNA

Stacked and calibrated data set timelines allow the examiner to look down through them at particular points in time and then draw statistical inferences from the data about that time. The stack allows us to see multiple data points at the same time to determine statistical correlation. The calibrated stack permits multiple data lines to be examined by 1-their symmetry [any similarity?] and 2-their proximity [where do they fall on the timeline?]. The 4 KEYS allow for visual analysis of any statistical correlation between the lines:



In the following PREVIEW examples, there are 3 lines: YELLOW / "Median Cancer", ORANGE / "Median mRNA" [by state, jurisdiction] and RED / Median [39.75%] of total mRNA rate [79.5%]. OBJECTIVE: Use the 4 keys illustrated above to determine any statistical correlation between mRNA injections and increased cancer rates represented by the three lines.

mRNA INJECTIONS & CANCER

1 / Introduction

-Data Preview-

The following introduces the process of visual analysis. We are focused on the proximity and symmetry of median value data lines for cancer and mRNA injection rates over time.

This is a preview of the findings.

1 / INTRODUCTION: Previewing the findings for understanding

1/Median Cancer

2/Median mRNA

BASICS

Focus on the lines:

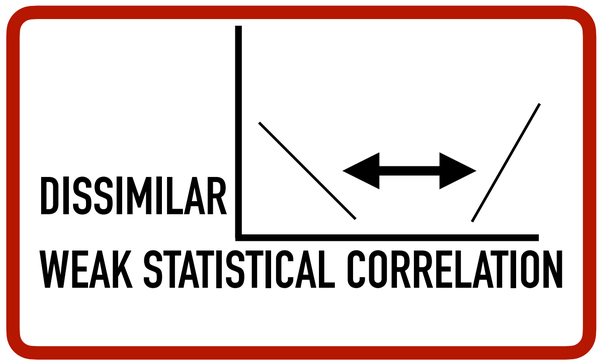
Are they close in proximity?

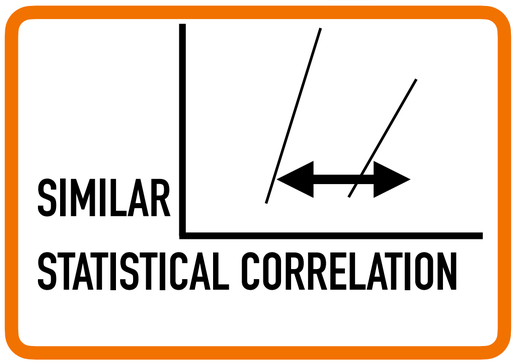
Are they symmetrical?

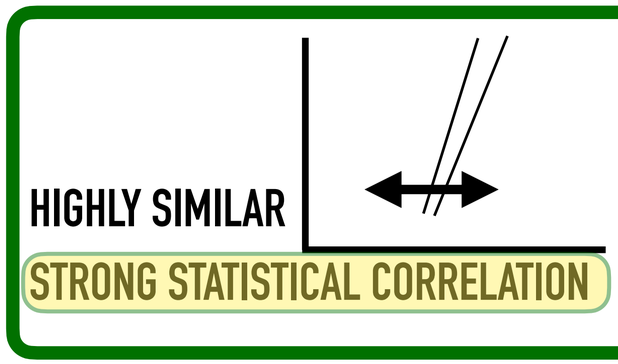
NO

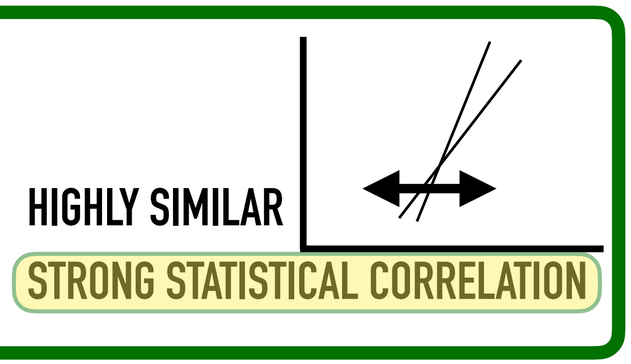
YES

KEYS: DETERMINING STATISTICAL CORRELATION BY SYMMETRY









mRNA INJECTIONS & CANCER

1 / Introduction

-Data Preview-

The timeline is indicated by week numbers 1–52. We source the dates ranges for each week number referenced on the timeline for median cancer and median mRNA. We overlay the lines for median cancer and median mRNA.

1 / INTRODUCTION: Previewing the findings for understanding

1/Median Cancer

2/Median mRNA

[Off Chart]

*VIEW: ZOOMED-IN

[Off Chart]

OVERLAY

1/Median Cancer

2/Median mRNA [by state, jurisdiction]

mRNA: Week 50 / December 13, 2020 – Week 38 / September 22, 2022

DECEMBER	Week 49	Monday, November 30, 2020	Sunday December 6, 2020
	Week 50	Monday December 7, 2020	Sunday December 13, 2020
	Week 51	Monday December 14, 2020	Sunday December 20, 2020
	Week 52	Monday December 21, 2020	Sunday December 27, 2020
	Week 53	Monday December 28, 2020	Sunday January 3, 2021

https://www.calendar.best/week-number-2020.html

CANCER: Week 14 / April 5, 2021 – Week 31 / August 7, 2022

APRIL	Week 14	Monday April 5, 2021	Sunday April 11, 2021
	Week 15	Monday April 12, 2021	Sunday April 18, 2021
	Week 16	Monday April 19, 2021	Sunday April 25, 2021
	Week 17	Monday April 26, 2021	Sunday May 2, 2021

https://www.calendar.best/week-number-2020.html

AUGUST	Week 31	Monday August 1, 2022	Sunday August 7, 2022
	Week 32	Monday August 8, 2022	Sunday August 14, 2022
	Week 33	Monday August 15, 2022	Sunday August 21, 2022
	Week 34	Monday August 22, 2022	Sunday August 28, 2022

https://www.calendar.best/week-number-2022.html

1 2

HIGHLY SIMILAR

STRONG STATISTICAL CORRELATION

SEPTEMBER	Week 35	Monday August 29, 2022	Sunday September 4, 2022
	Week 36	Monday September 5, 2022	Sunday September 11, 2022
	Week 37	Monday September 12, 2022	Sunday September 18, 2022
	Week 38	Monday September 19, 2022	Sunday September 25, 2022
	Week 39	Monday September 26, 2022	Sunday October 2, 2022

https://www.calendar.best/week-number-2022.html

Week numbers are verified for placement on the timeline below [CANCER & mRNA]

Is there symmetry? Are they close in proximity?

OBJECTIVE: To examine any statistical correlation between 1-U.S. Cancer Increase Statistical Median and 2-U.S. Total Vaccination Rate [79.5%] By All States Statistical Median

50 51 52 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

2020 2021 Week 2022

DECEMBER 13, 2020 – SEPTEMBER 22, 2022

1 / INTRODUCTION: Previewing the findings for understanding

1/Median Cancer

2/Median mRNA

OVERLAY

1/Median Cancer

2/Median mRNA [by state, jurisdiction]

[Off Chart]

CANCER: Week 14 / April 5, 2021 – Week 31 / August 7, 2022

OBJECTIVE: To examine any statistical correlation between 1–U.S. Cancer Increase Statistical Median and 2–U.S. Total Vaccination Rate [79.5%] By All States Statistical Median

1

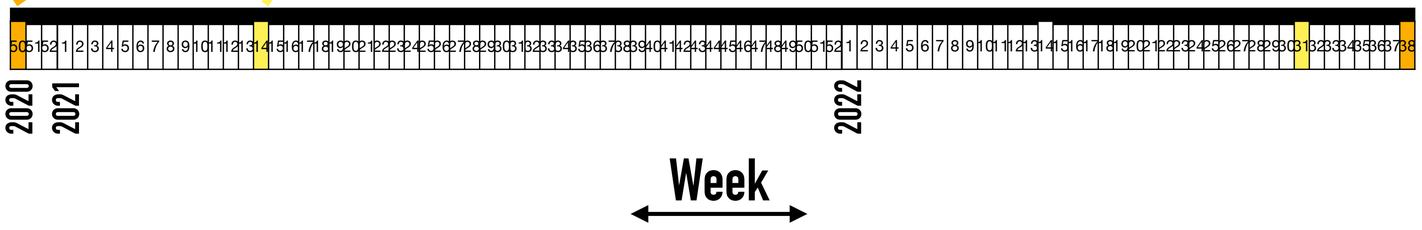
2

mRNA: Week 50 / December 13, 2020 – Week 38 / September 22, 2022

This is the same graph from the previous page.

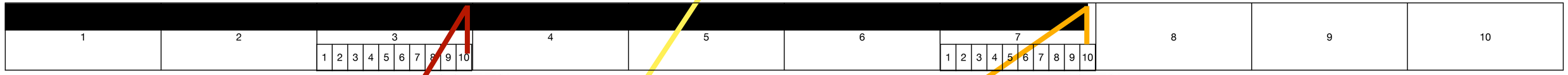
Is there symmetry? Are they close in proximity?

*VIEW: ZOOMED-OUT



1 / INTRODUCTION: Previewing the findings for understanding

TOTAL U.S. POPULATION VACCINATED / AT LEAST 1 DOSE / 79.5%



0%

39.75%

79.5%

100%

*Symmetry & proximity of red, yellow, and orange lines

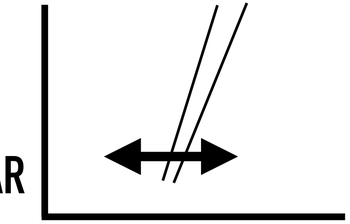
Red line is added: Median of total mRNA rate of 79.5%

1 **Parallel symmetry** 2

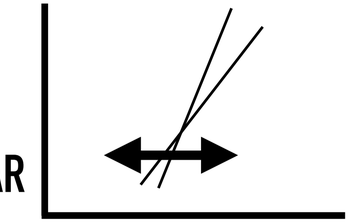
3

OVERLAY
1/Median [39.75%] of total mRNA rate [79.5%]
2/Median Cancer
3/Median mRNA [by state, jurisdiction]

Is there symmetry? Are they close in proximity?



HIGHLY SIMILAR
STRONG STATISTICAL CORRELATION



HIGHLY SIMILAR
STRONG STATISTICAL CORRELATION

OBJECTIVE: To examine any statistical correlation between 1-Median [39.75%] of total mRNA rate [79.5%], 2-Median Cancer and 3-Median mRNA [by state, jurisdiction]

***VIEW: ZOOMED-IN**

DECEMBER 13, 2020 – SEPTEMBER 22, 2022

mRNA INJECTIONS & CANCER

1 / Introduction

With a detailed summary introduction and a preview of the findings in place, data sourcing follows.

mRNA INJECTIONS & CANCER

2 / Data

2 / DATA: DATA SOURCES

DATA SOURCES

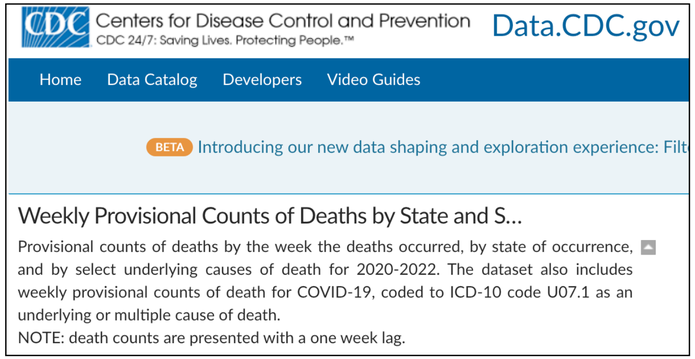
1 / CDC: https://data.cdc.gov/NCHS/Weekly-Provisional-Counts-of-Deaths-by-State-and-S/muzy-jte6/data

2 / THE ETHICAL SKEPTIC: https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

3 / VAERS Analysis.Info: https://vaersanalysis.info/

4 / John Beaudoin, team member: Coquin de Chien's Newsletter: https://coquindechien.substack.com/

*THIS DATA IS AVAILABLE UPON REQUEST SUBMITTED TO DR. HENRY EALY



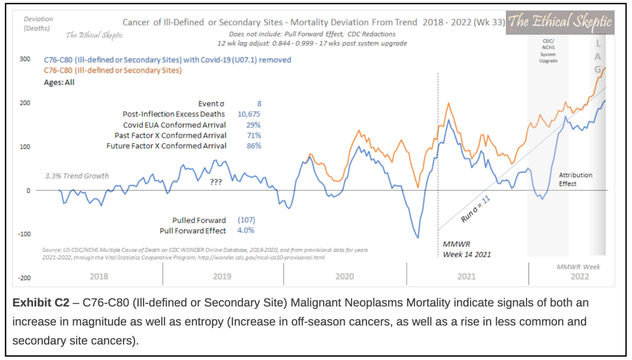


Exhibit C2 – C76-C80 (Ill-defined or Secondary Site) Malignant Neoplasms Mortality indicate signals of both an increase in magnitude as well as entropy (Increase in off-season cancers, as well as a rise in less common and secondary site cancers).

FURTHER DATA CITATIONS ARE FOUND ON EACH OF THE FOLLOWING PAGES

mRNA INJECTIONS & CANCER

mRNA INJECTIONS & CANCER

2 / Data

-1 / CDC-

Except where noted, the CDC data is largely presented without remarks for the purpose of deepening understanding of the broader CDC data set. The CDC data provides the median value line for the U.S. mRNA injection rate.

2 / DATA: CDC

United States

Download Data

Jurisdiction (State/Territory) or Federal Entity	Residents with at least one dose	Percent of total pop with at least one dose	Residents 18+ with at least one dose	Percent of 18+ pop with at least one dose
Alabama	3,141,540	64.1	2,892,379	75.8
Alaska	524,501	71.7	459,596	83.3
American Samoa	45,940	95	32,614	95
Arizona	5,517,712	75.8	4,827,042	85.6
Arkansas	2,064,183	68.4	1,848,960	79.8
Bureau of Prisons	151,228	0	151,226	0
California	33,316,980	84.3	28,944,627	94.5
Colorado	4,702,958	81.7	4,123,120	91.6
Connecticut	3,511,274	95	3,088,401	95
Delaware	834,042	85.7	747,556	95
Dept of Defense	4,562,357	0	4,208,283	0
District of Columbia	752,724	95	666,268	95
Federated States of Micronesia	80,172	78.4	54,563	81.8
Florida	17,420,313	81.1	15,941,448	92.4
Georgia	7,127,071	67.1	6,385,007	78.7
Guam	156,505	92.9	130,246	95
Hawaii	1,269,540	89.7	1,108,964	95
Idaho	1,118,957	62.6	1,006,367	75.2
Illinois	9,824,457	77.5	8,544,988	86.7
Indian Health Svc	1,129,763	54.2	973,794	0
Indiana	4,262,985	63.3	3,818,473	73.9
Iowa	2,188,438	69.4	1,952,707	80.4
Kansas	2,167,248	74.4	1,913,244	86.5
Kentucky	3,020,484	67.6	2,733,618	78.9
Louisiana	2,888,152	62.1	2,627,105	73.8
Maine	1,257,380	93.5	1,130,595	95
Marshall Islands	41,029	52.8	28,325	59.6
Maryland	5,397,048	89.3	4,670,229	95
Massachusetts	7,022,006	95	6,156,094	95
Michigan	6,819,276	68.3	6,140,125	78.3
Minnesota	4,343,021	77	3,763,159	86.8
Mississippi	1,814,577	61	1,649,611	72.4
Missouri	4,162,147	67.8	3,743,945	78.5
Montana	713,703	66.8	644,279	76.7
Nebraska	1,391,014	71.9	1,220,390	83.7
Nevada	2,377,382	77.2	2,142,286	89.7
New Hampshire	1,242,134	91.4	1,118,393	95
New Jersey	8,232,301	92.7	7,268,749	95
New Mexico	1,904,158	90.8	1,663,735	95
New York State	17,958,029	92.3	16,003,061	95
North Carolina	9,217,512	87.9	8,305,715	95
North Dakota	512,840	67.3	461,477	79.3
Northern Mariana Islands	46,082	88.9	35,884	95
Ohio	7,553,131	64.6	6,782,914	74.4
Oklahoma	2,885,675	72.9	2,615,017	87
Oregon	3,359,445	79.7	2,980,205	88.9
Pennsylvania	11,243,927	87.8	10,088,972	95
Puerto Rico	3,091,198	95	2,672,384	95
Republic of Palau	20,591	95	17,590	95
Rhode Island	1,085,435	95	959,365	95
South Carolina	3,580,694	69.5	3,250,074	80.5
South Dakota	705,665	79.8	625,694	93.7
Tennessee	4,338,637	63.5	3,961,871	74.5
Texas	21,668,357	74.7	18,525,974	85.8
Utah	2,366,469	73.8	1,993,313	87.6
Vermont	601,869	95	526,744	95
Veterans Health	3,534,911	0	3,532,861	0
Virgin Islands	72,205	67.9	66,894	82.1
Virginia	7,529,074	88.2	6,567,758	95
Washington	6,331,990	83.2	5,562,133	93.5
West Virginia	1,189,745	66.4	1,094,417	76.4
Wisconsin	4,275,404	73.4	3,799,796	83.4
Wyoming	343,867	59.4	314,530	70.7

CDC TOTAL VACCINATION RATES

Data as of: September 21, 2022 6:00am ET. Posted: September 22, 2022

CLICK → TO GET

Data Downloads and Footnotes

Expand each accordion to view data table and download data

View Historic Vaccination Data

Data Table for COVID-19 Vaccinations in the United States

Learn how CDC estimates vaccination coverage

When possible, CDC links a person's first, second, and booster doses together. However, linking is sometimes not possible because CDC does not receive personally identifiable information about vaccine doses. This can lead to over-estimates of first doses and under-estimates of subsequent doses. CDC encourages people to bring their CDC COVID-19 Vaccination Record card with them to their appointment for another COVID-19 vaccine shot because having the card will help ensure the doses are linked. Learn more about how CDC estimates vaccination coverage on the Data Definitions for COVID-19 Vaccinations in the United States page.

COVID-19 Vaccinations in the United States

Maps, charts, and data provided by CDC, updates weekly on Thursday by 8pm ET†

The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.

Total Vaccine Doses

Distributed
843,692,095

Administered
616,172,308

1.24M
Children < 5 years of age with at least one dose since June 18, 2022
See Vaccination Demographic Trends for more information.

4.4M
People with an updated booster dose†

At Least One Dose | Completed Primary Series | First Booster Dose | Second Booster Dose

Vaccinated People	Count	Percent of US Population
Total	263,812,108	79.5%
Population ≥ 5 Years of Age	262,397,288	84%
Population ≥ 12 Years of Age	251,352,831	88.7%
Population ≥ 18 Years of Age	233,411,729	90.4%
Population ≥ 65 Years of Age	57,620,197	95%

About These Data | View Footnotes and Download Data

CDC | Data as of: September 21, 2022 6:00am ET. Posted: September 22, 2022

At Least One Dose | Completed Primary Series | First Booster Dose | Second Booster Dose

People Who Completed a Primary Series*	Count	Percent of US Population
Total	224,980,931	67.8%
Population ≥ 5 Years of Age	224,516,257	71.9%
Population ≥ 12 Years of Age	215,503,967	76%
Population ≥ 18 Years of Age	200,154,342	77.5%
Population ≥ 65 Years of Age	50,576,510	92.3%

At Least One Dose | Completed Primary Series | First Booster Dose | Second Booster Dose

People with a First Booster Dose**	Count	Percent of Completed Primary Series*
Total	109,578,270	48.7%
Population ≥ 5 Years of Age	109,575,554	48.8%
Population ≥ 12 Years of Age	108,202,798	50.2%
Population ≥ 18 Years of Age	103,705,671	51.8%
Population ≥ 65 Years of Age	35,864,236	70.9%

At Least One Dose | Completed Primary Series | First Booster Dose | Second Booster Dose

People with a Second Booster Dose***	Count	Percent of People with a First Booster Dose
Population ≥ 50 Years of Age	23,118,101	35.5%
Population ≥ 65 Years of Age	15,335,531	42.8%

Certain groups are eligible to receive a second booster dose at this time and may choose to do so based on individual benefits and risk.

CDC TOTAL VACCINATION RATES

At least 1 dose: 79.5%

Completed primary series: 67.8%

First Booster Dose: 48.7%

Second Booster Dose: 35.5%*, 42.8%*

https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-onedose-pop-total

Footnotes

Timing:† Data will be updated after review and verification, usually before 8:00 pm ET. Note: Weekly updates might be delayed due to delays in reporting.

- Data on doses of vaccine distributed and administered include data received by CDC as of 6:00 am ET on Wednesdays.
- Vaccination data on CDC's COVID Data Tracker are updated weekly on Thursdays between 1:30 pm and 8:00 pm ET.
- Updates will occur the following day when Thursday reporting coincides with a federal holiday.
- Beginning **June 13, 2022**, instead of daily, jurisdictions and other partners will report vaccine administration and delivery data to CDC weekly on Wednesdays by 6 AM ET. As a result, instead of daily, the following COVID Data Tracker tabs will be refreshed weekly on Thursday by 8:00 PM ET: Vaccinations in the United States, Vaccinations by County, Vaccination Trends, Vaccination Demographics, Vaccination Demographic Trends, Vaccination Equity, Vaccinations and Case Trends, Vaccinations and Other Outcomes.

Visit the COVID-19 Vaccination Data in the United States pages for more information about COVID-19 vaccination data, including data definitions.

***People with an updated booster dose:**

- **The count of people with an updated (bivalent) booster dose includes people who received the updated (bivalent) Pfizer-BioNTech booster dose (ages 12 years and older) or updated (bivalent) Moderna booster dose (ages 18 years and older) since September 1, 2022.**
- **Data Limitation:**
  - Due to the aggregate vaccination record reporting method used by **Idaho for its residents under the age of 18 years** and by **Texas** for all its residents, **counts of people with an updated booster dose do not include administrations of the updated Pfizer booster dose in these populations at this time.** CDC is working with Idaho and Texas to incorporate this information.

***Completed Primary Series:**

- **For surveillance purposes, COVID Data Tracker counts people as having "completed a primary series" if they received one dose of a single-dose vaccine or two doses on different days (regardless of time interval) of either a mRNA or a protein-based series. When the vaccine manufacturer is not reported, the recipient is considered fully vaccinated with two doses.**

****First Booster Dose:**

- **For surveillance purposes, the count and percentage of people who received a first booster dose includes anyone who has completed a primary series and has received another dose of COVID-19 vaccine since August 13, 2021. This includes people who received a first booster dose - either the previously recommended booster dose or the updated booster dose - and people who received an additional primary series dose as this metric does not distinguish if the recipient is immunocompromised and received an additional dose.**

*****Second Booster Dose:**

- **For surveillance purposes, the count and percentage of people who received a second booster dose includes anyone who has completed a primary series and has received two subsequent doses of COVID-19 vaccine since August 13, 2021. This includes people who received two booster doses - either the previously recommended booster dose or the updated booster dose - and people who received one additional dose and either type of booster dose.**
- **The count of people who received a second booster dose and the percentage of people with a first booster who received a second booster dose does not account for whether a person is immunocompromised or time interval since first booster dose.**

Children <5 with at Least One Dose:

- **The count of "children <5 years of age with at least one dose since June 18, 2022" includes children who have received at least one dose of the three-dose pediatric Pfizer vaccine or at least one dose of the two-dose pediatric Moderna vaccine since the date of CDC recommendation on June 18, 2022.**
  - **This count also includes children who have received at least one dose of unknown or other primary series vaccine types.**
- **Limitations to counting children <5 years of age:**
  - Due to data reporting limitations and Census denominator availability, CDC is only able to present vaccination information for recipients by year of age when displaying information by age groups. Therefore, despite the vaccination recommendation being for children aged 6 months to <5 years, population estimates for all children aged <5 years are used as the denominator. This will result in related vaccination coverage metrics appearing lower than would be estimated if children <6 months of age were excluded from the denominator.
  - Due to data reporting limitations, the count of children <5 years of age with COVID-19 vaccine does not include administrations of the pediatric Moderna vaccine in Texas and Idaho, entities that report in aggregate to CDC. CDC continues to work collaboratively with Texas and Idaho to include all vaccinations in this age group. Updates will be posted here when available.
    - Beginning **August 4, 2022,** this count now includes administrations of the pediatric Moderna vaccine in Idaho.
    - Beginning **August 11, 2022,** this count now includes administrations of the pediatric Moderna vaccine in Texas.

Data represent all vaccine partners including jurisdictional partner clinics, retail pharmacies, long-term care facilities, dialysis centers, Federal Emergency Management Agency and Health Resources and Services Administration partner sites, and federal entity facilities.

COVID Data Tracker's vaccination data typically have a lag time from vaccination data shown on a state's website. The amount of lag time varies for each state.

All reported numbers may change over time as historical data are reported to CDC.

For reporting on CDC COVID Data Tracker,

- CDC estimates the number of people receiving at least one dose, the number of people who are fully vaccinated, the number of people with a first booster dose, and the number of people with a second booster dose based on information that state, territorial, tribal, and local public health agencies and federal entities report to CDC on dose number, dose manufacturer, administration date, recipient ID, and date of submission. Because the method used to determine dose numbers needs to be applied across multiple jurisdictions (states, territories, tribes, or local entities) with different reporting practices, CDC's dose number estimates might differ from those reported by jurisdictions and federal entities. People receiving doses are attributed to the jurisdiction in which the person resides.
- Metrics for rates per 100,000 population can be greater than 100,000 since this is a dose-based measure and each person may have up to three vaccine doses to complete their vaccine series and may have up to two booster doses.
- Beginning July 14, 2021, select entities had the ability to update or delete submitted records using a new functionality available in CDC's Data Clearinghouse. As of August 9, 2021, all entities have the ability to update or delete their previously submitted records. Use of this new functionality may result in fluctuations across metrics on the CDC COVID Data Tracker as historical data are updated or deleted. The functionality will also allow for more accurate reporting and improved data quality. Click here to view an appendix of historical update and delete events.

Vaccination Data Updates:
Recent changes to vaccine data are reported below, when available.
Click here to view all historical vaccine data updates.

- **New Hampshire** lifted its national COVID-19 emergency response declaration in May 2021, which allows vaccine recipients to opt out of having their COVID-19 vaccinations included in the state's Immunization Information System registry. As such, data submitted by New Hampshire since May 2021 may not be representative of all COVID-19 vaccination occurring in the state.
  - Effective **July 14, 2022**, New Hampshire will only report year of birth instead of full birthdate for vaccine recipients to CDC. This will result in numbers and rates for some age groups being under- or over-estimated.
- **North Carolina** identified an issue on December 10, 2021 at the federal level with linking data across different vaccine sites (i.e., retail pharmacy, local health department, doctor's office).
  - This resulted in an undercount of "fully vaccinated people with a first booster dose" in North Carolina. This issue is being evaluated for resolution.

Record Management:
Beginning July 14, 2021, entities have the ability to update or delete their previously submitted records. Recent record management updates are reported below, when available.
Click here to view all historical record management updates.

- **September 22, 2022:** Illinois made updates to data previously submitted to CDC that resulted in a net increase of 188,621 administered doses.

◀ U.S. Residents 18+ / At least 1 dose / By state, jurisdiction

Footnotes ▶

2 / DATA: CDC

CDC TOTAL VACCINATION RATES

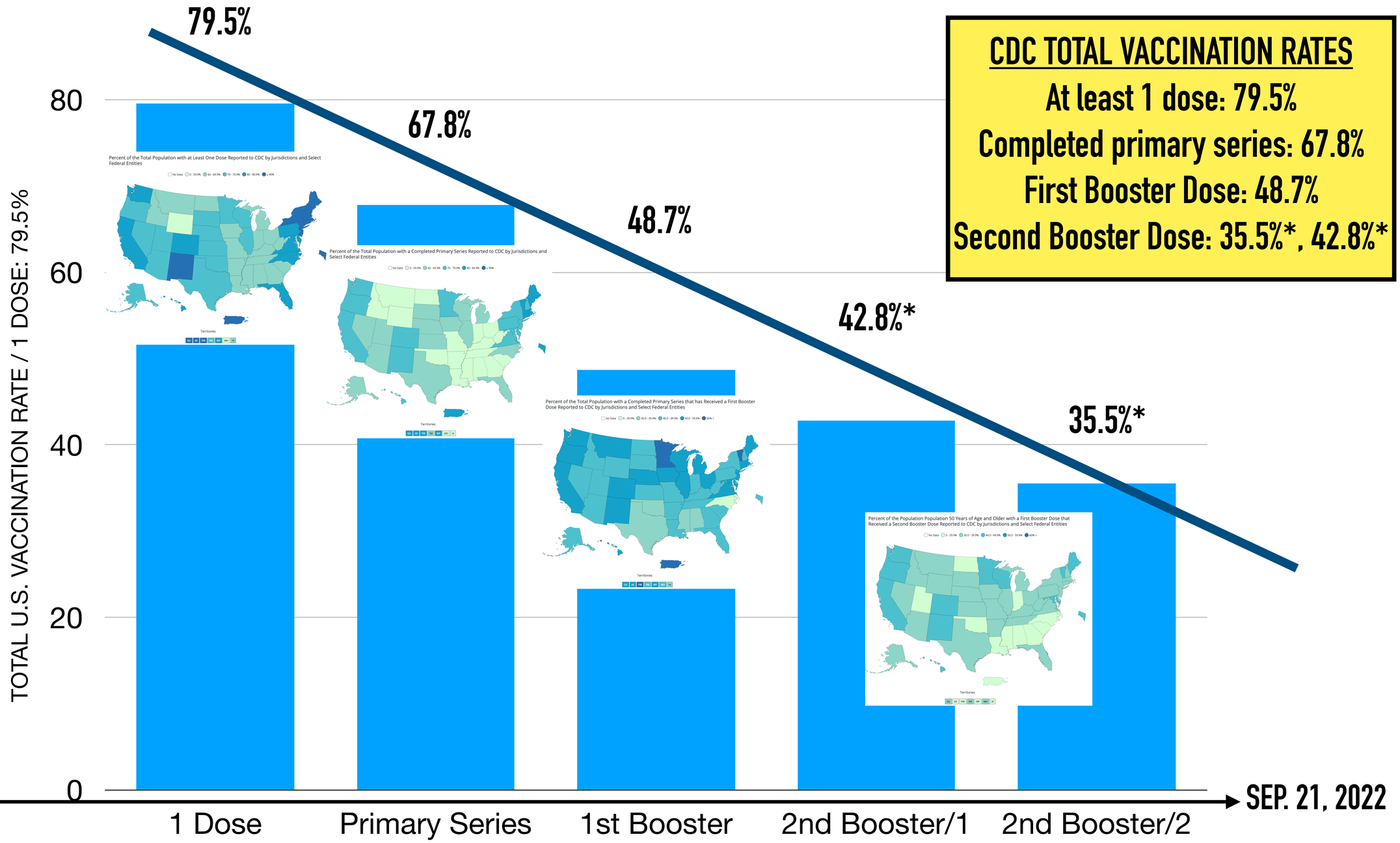
At least 1 dose: 79.5%

Completed primary series: 67.8%

First Booster Dose: 48.7%

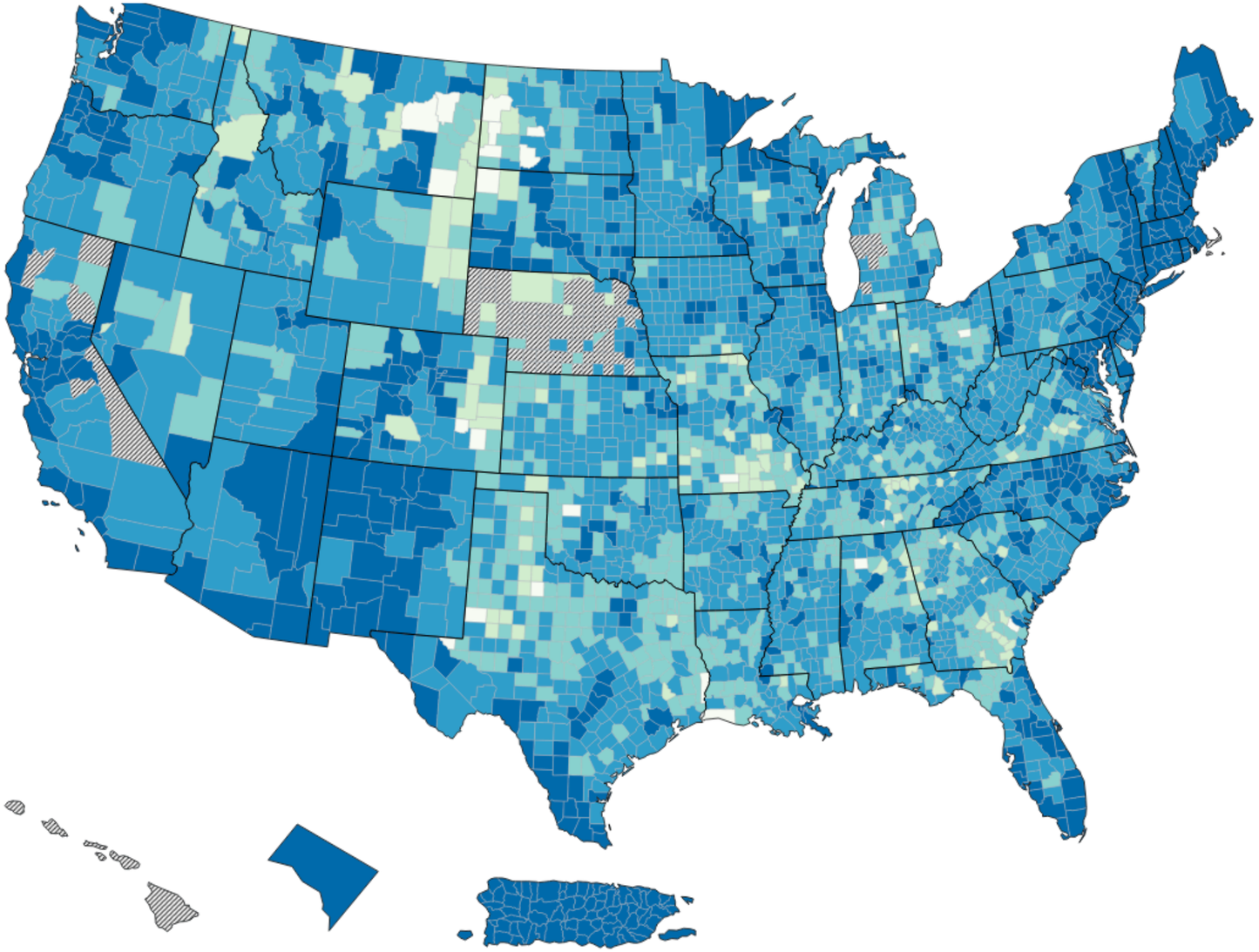
Second Booster Dose: 35.5%*, 42.8%*

Over time, the U.S. public demonstrates reluctance in continuing with further dosing of the CDC's recommended mRNA injections.



https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-onedose-pop-total

2 / DATA: CDC TOTAL VACCINATION RATES
At least 1 dose: 79.5%
By All Counties



https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Vaccinations&metric=Administered_Dose1_Pop_Pct&null=Vaccinations

2 / DATA: CDC TOTAL VACCINATION RATES

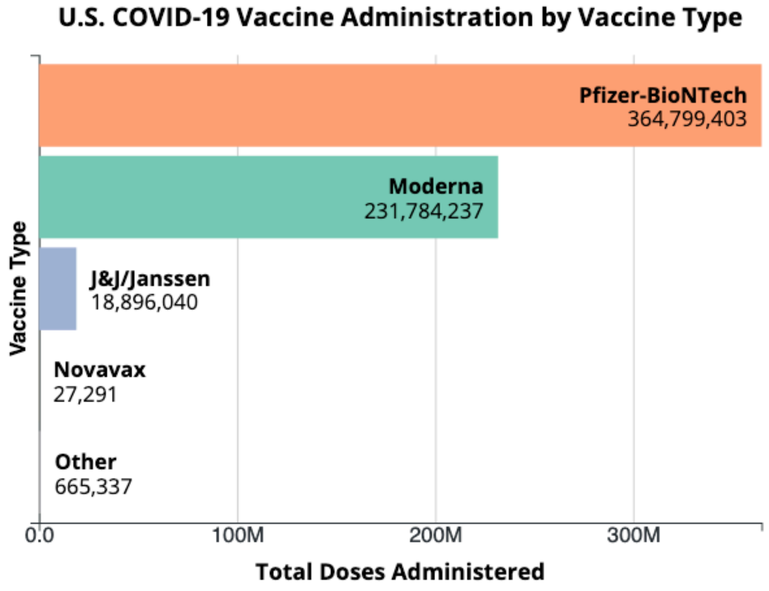
At least 1 dose: 79.5%

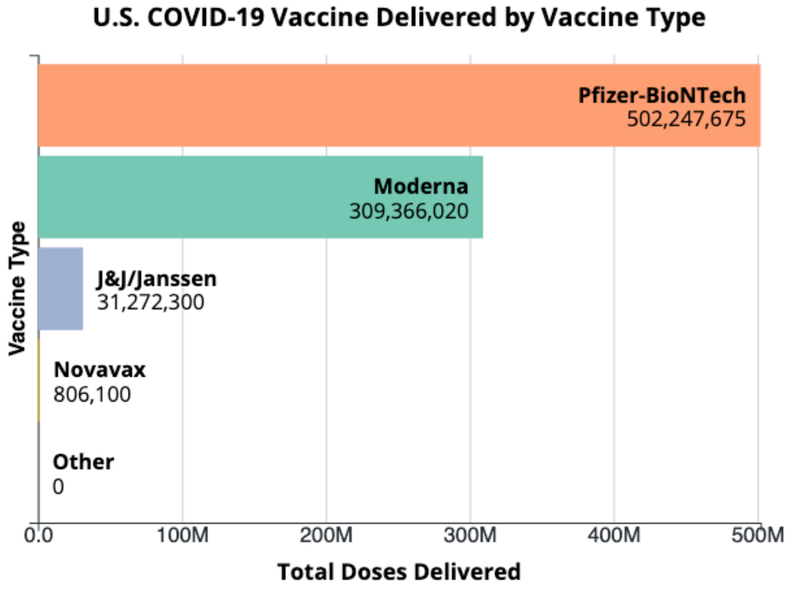
Completed primary series: 67.8%

First Booster Dose: 48.7%

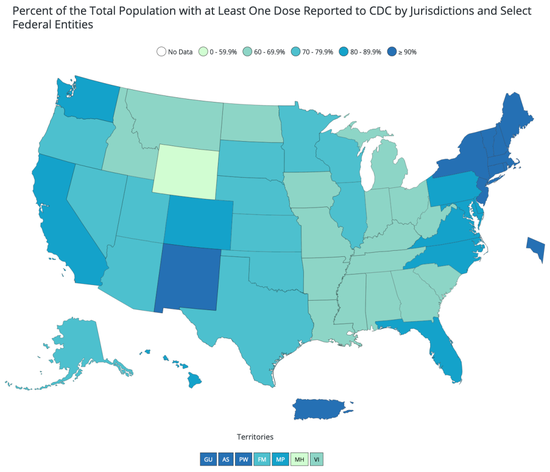
Second Booster Dose: 35.5%*, 42.8%*

CDC | Data as of: September 21, 2022 6:00am ET. Posted: September 22, 2022

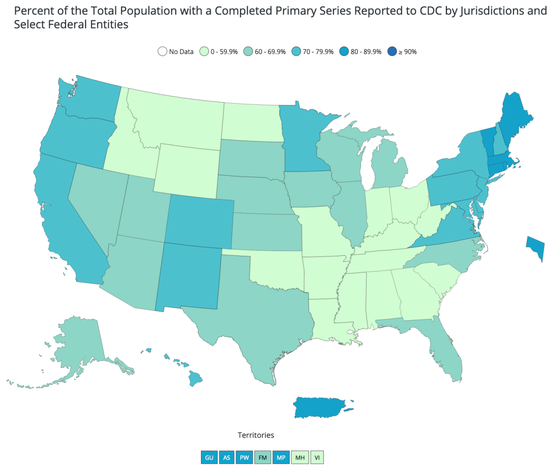




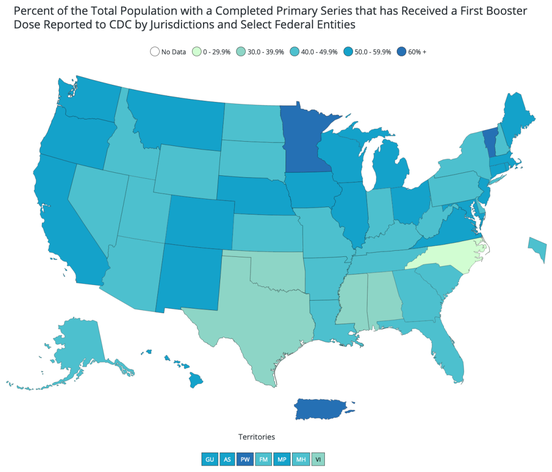
U.S. TOTAL POPULATION
At least 1 dose: 79.5%



U.S. TOTAL POPULATION
Completed primary series: 67.8%

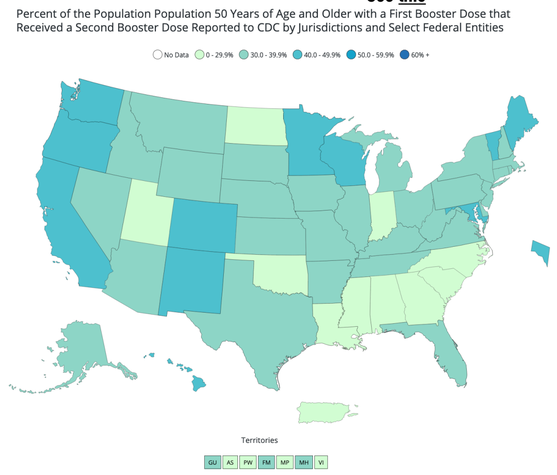


U.S. TOTAL POPULATION
First Booster Dose: 48.7%



U.S. TOTAL POPULATION
Second Booster Dose: 35.5%*, 42.8%*

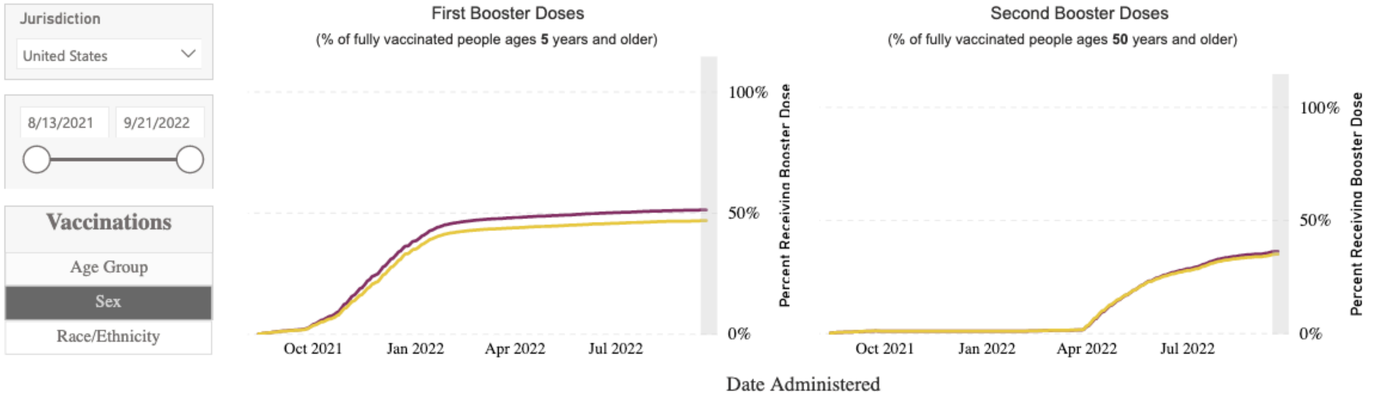
*See this



https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-onedose-pop-total

2 / DATA: CDC TOTAL VACCINATION RATES
Total Booster Rates by Age
August 31, 2021 – September 21, 2022

Maps, charts, and data provided by CDC, updates weekly on Thursday by 8pm ET†

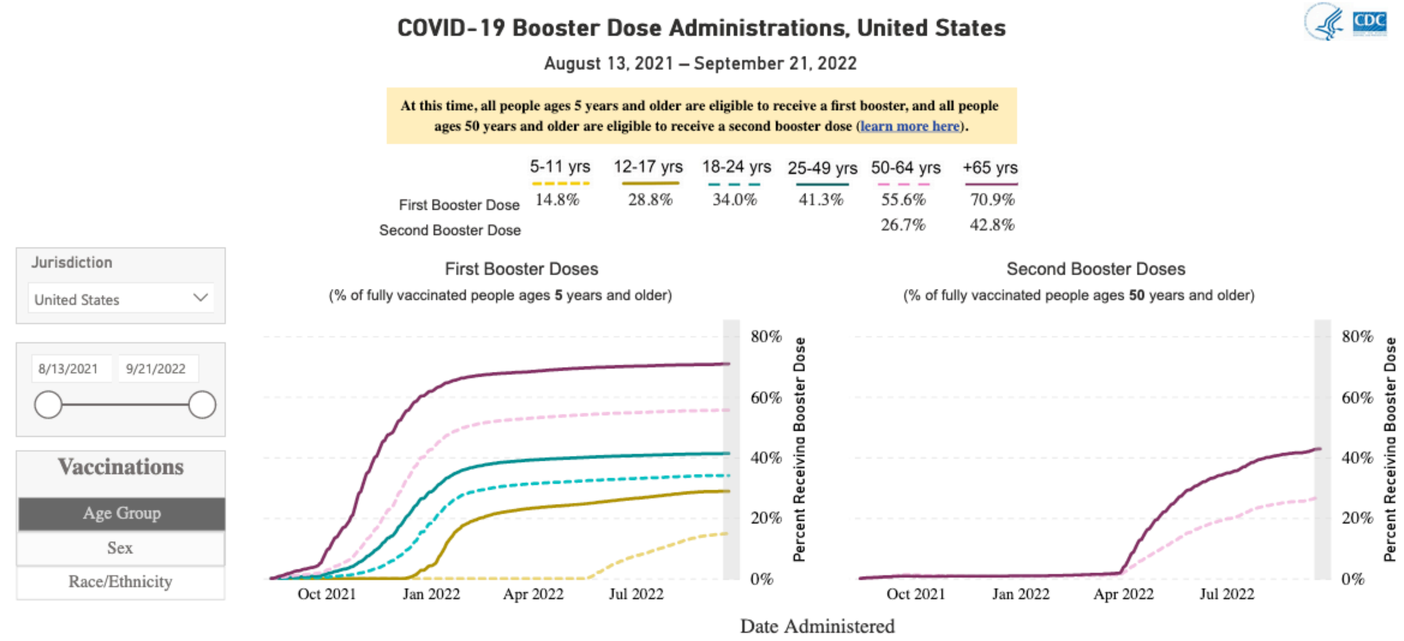


The percentage of people who received a first booster dose includes anyone ages 5 years and older who is fully vaccinated and has received another dose of COVID-19 vaccine since August 13, 2021. This includes people who received a first booster dose and people who received an additional primary series dose as this metric does not distinguish if the recipient is immunocompromised and received an additional dose. The percentage of people who received a second booster dose includes anyone ages 50 years and older who is fully vaccinated and has received two subsequent doses of COVID-19 vaccine since August 13, 2021. This includes people who received two booster doses and people who received one additional dose and one booster dose.

Due to the time between vaccine administration and when records are reported to CDC weekly, vaccinations administered during the last 6 days may not yet be reported. This reporting lag is represented by the gray, shaded box.

Last Updated: Sep 21, 2022

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science



*The percentage of people who received a **first booster dose** includes anyone ages 5 years and older who is fully vaccinated and has received another dose of COVID-19 vaccine since August 13, 2021. This includes people who received a first booster dose and people who received an additional primary series dose as this metric does not distinguish if the recipient is immunocompromised and received an additional dose. The percentage of people who received a **second booster dose** includes anyone ages 50 years and older who is fully vaccinated and has received two subsequent doses of COVID-19 vaccine since August 13, 2021. This includes people who received two booster doses and people who received one additional dose and one booster dose.*

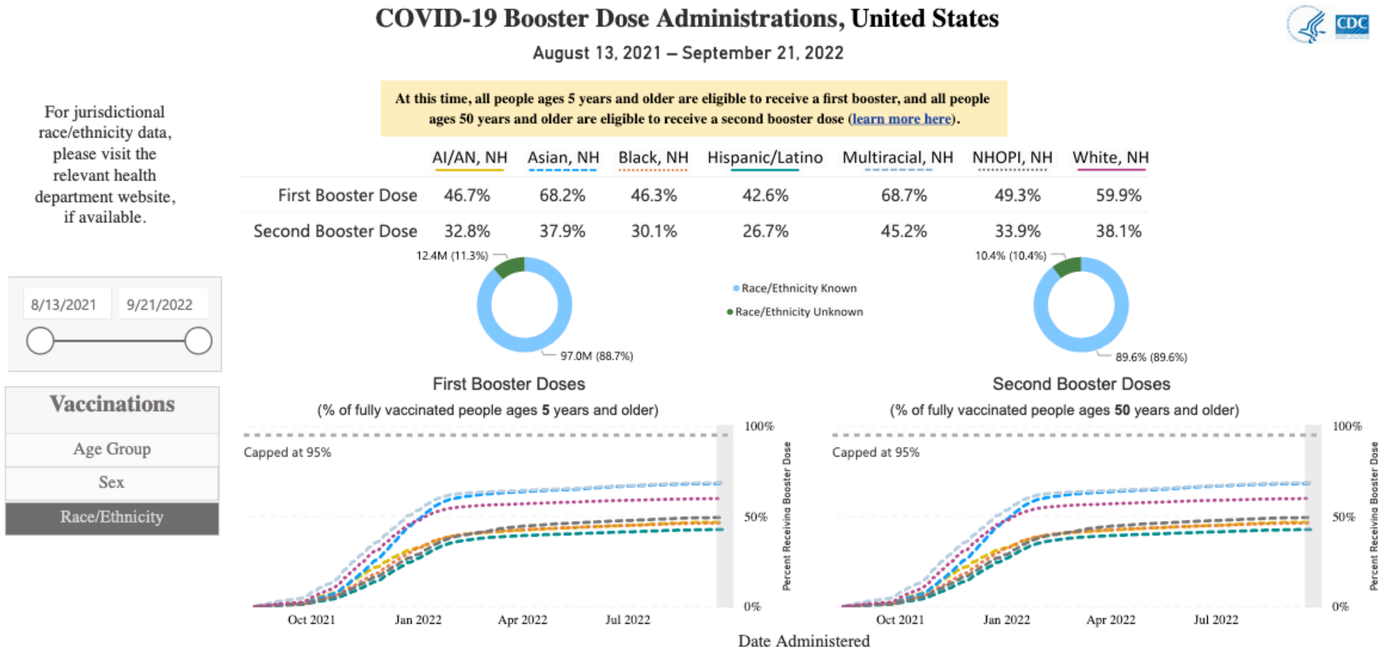
Due to the time between vaccine administration and when records are reported to CDC weekly, vaccinations administered during the last 6 days may not yet be reported. This reporting lag is represented by the gray, shaded box.

Last Updated: Sep 21, 2022

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science

https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends

2 / DATA: CDC TOTAL VACCINATION RATES
Total Booster Rates by Race/Ethnicity
August 31, 2021 – September 21, 2022



Maps, charts, and data provided by CDC, updates weekly on Thursday by 8pm ET†

https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends

2 / DATA: CDC TOTAL VACCINATION RATES

Total Vaccination Rates by Sex/Age

December 14, 2020 – September 21, 2022

Location: United States

12/14/2020 – 9/21/2022

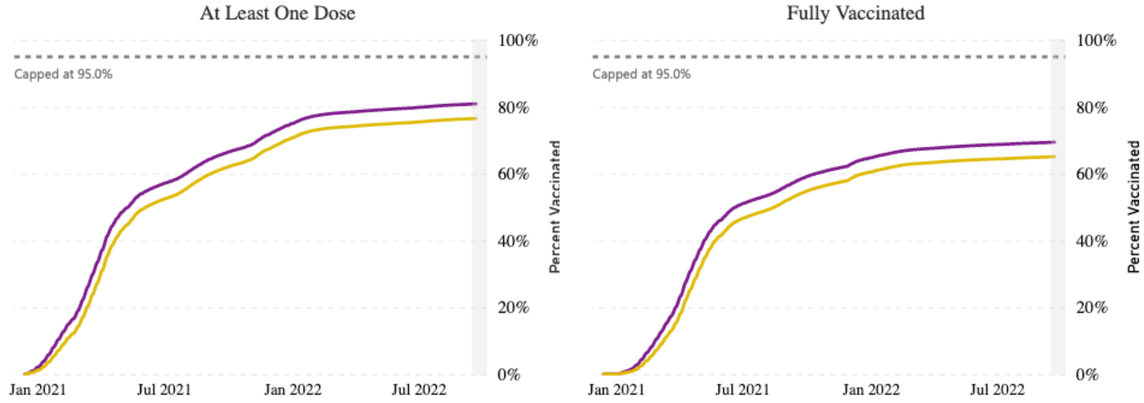
Vaccinations

- Sex
- Age
- Females by Age
- Males by Age

Percent of People Receiving COVID-19 Vaccine by Sex and Date Administered, United States

December 14, 2020 – September 21, 2022

	Female	Male
At Least One Dose	80.9%	76.6%
Fully Vaccinated	69.4%	65.1%



represents the total number of people who received at least one dose of COVID-19 vaccine. People fully vaccinated; total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose in a time between vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray, shaded box.

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science

Percent of People Receiving COVID-19 Vaccine by Age and Date Administered, United States

December 14, 2020 – September 21, 2022

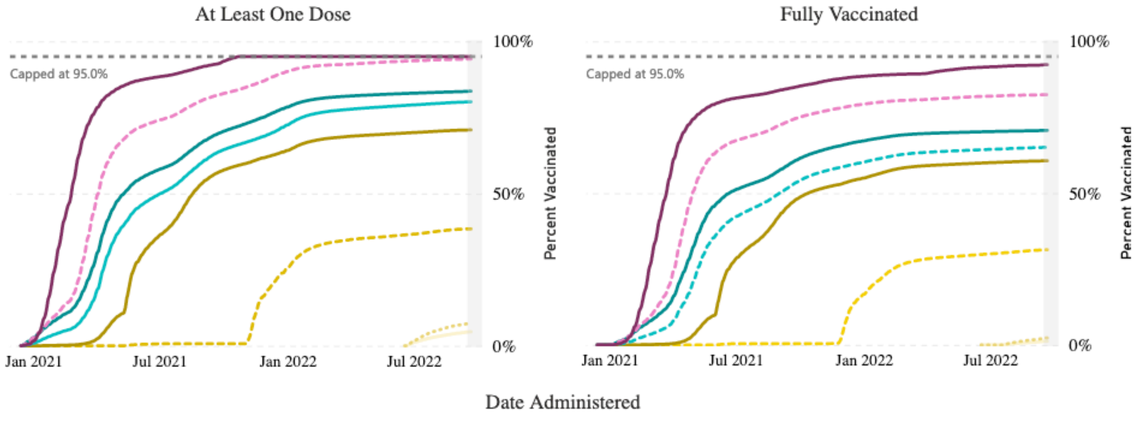
Location: United States

12/14/2020 – 9/21/2022

Vaccinations

- Sex
- Age
- Females by Age
- Males by Age

	<2 yrs	2-4 yrs	5-11 yrs	12-17 yrs	18-24 yrs	25-49 yrs	50-64 yrs	+65 yrs
At Least One Dose	4.6%	7.3%	38.4%	70.9%	80.1%	83.6%	94.2%	95.0%
Fully Vaccinated	1.2%	2.3%	31.4%	60.7%	65.1%	70.7%	82.4%	92.3%



People receiving at least one dose; total count represents the total number of people who received at least one dose of COVID-19 vaccine. People fully vaccinated; total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose in a 2-dose COVID-19 vaccine series. Due to the time between vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray, shaded box.

Last Updated: Sep 21, 2022

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends

2 / DATA: CDC TOTAL VACCINATION RATES

Total Vaccination Rates by Sex/Age

December 14, 2020 – September 21, 2022

Jurisdiction: United States

12/14/2020 – 9/21/2022

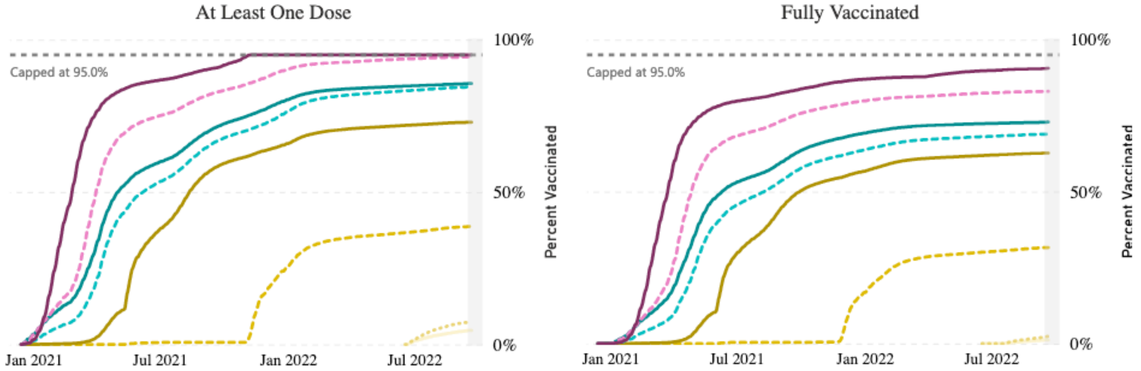
Vaccinations

- Sex
- Age
- Females by Age
- Males by Age

Percent of Females Receiving COVID-19 Vaccine by Age and Date Administered, United States

December 14, 2020 – September 21, 2022

	<2 yrs	2-4 yrs	5-11 yrs	12-17 yrs	18-24 yrs	25-49 yrs	50-64 yrs	+65 yrs
At Least One Dose	4.6%	7.4%	38.7%	72.9%	84.5%	85.6%	94.4%	95.0%
Fully Vaccinated	1.2%	2.4%	31.6%	62.7%	68.9%	72.9%	83.0%	90.6%



ents the total number of people who received at least one dose of COVID-19 vaccine. People fully vaccinated; total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose in a :tween vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray, shaded box.

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

Percent of Males Receiving COVID-19 Vaccine by Age and Date Administered, United States

Jurisdiction: United States

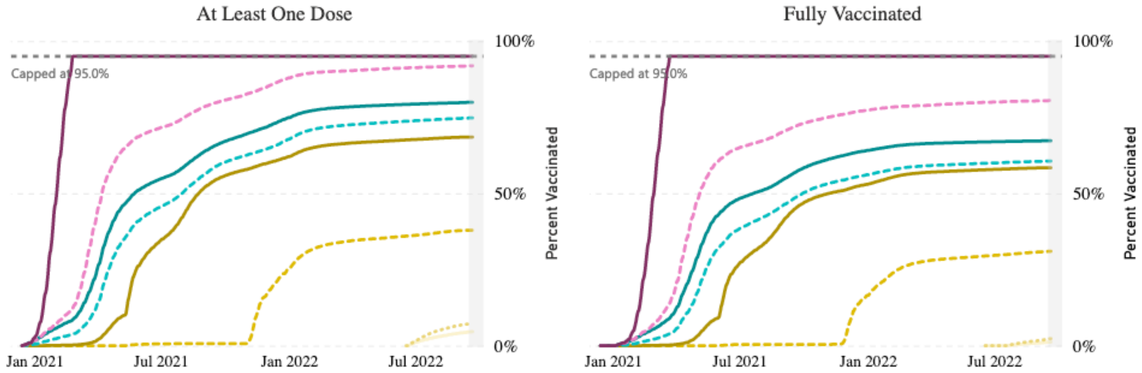
12/14/2020 – 9/21/2022

Vaccinations

- Sex
- Age
- Females by Age
- Males by Age

December 14, 2020 – September 21, 2022

	<2 yrs	2-4 yrs	5-11 yrs	12-17 yrs	18-24 yrs	25-49 yrs	50-64 yrs	+65 yrs
At Least One Dose	4.6%	7.2%	37.9%	68.5%	74.8%	79.9%	91.9%	95.0%
Fully Vaccinated	1.2%	2.3%	31.0%	58.4%	60.6%	67.3%	80.5%	93.6%



People receiving at least one dose; total count represents the total number of people who received at least one dose of COVID-19 vaccine. People fully vaccinated; total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose in a 2-dose COVID-19 vaccine series. Due to the time between vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray, shaded box.

Last Updated: Sep 21, 2022

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends

2 / DATA: CDC TOTAL VACCINATION RATES

Total Vaccination Rates by Race/Ethnicity

April 22, 2021 – August 27, 2022

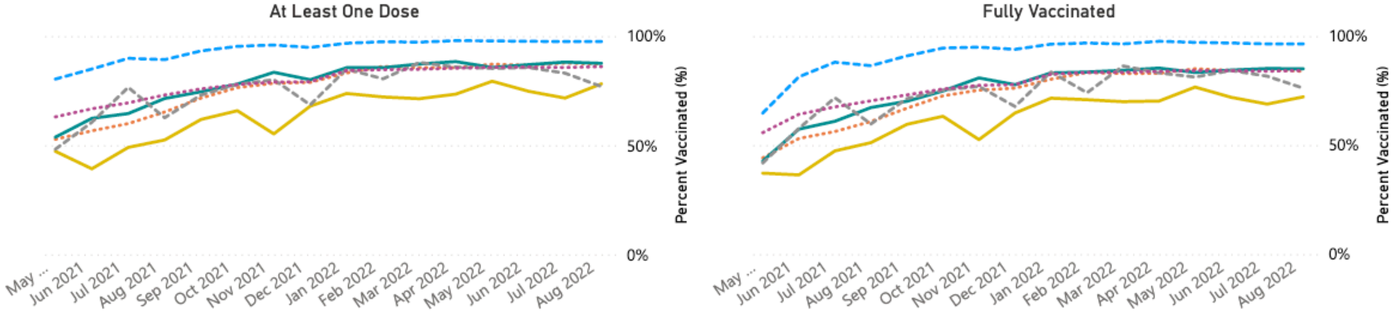
Estimated Percent of People 18 Years and Older in Each Race/Ethnicity Group Reporting COVID-19 Vaccinatio
National Immunization Survey Adult COVID Module

Group Category: All

Data Collected April 22, 2021 – August 27, 2022

Vaccine Survey Data | Vaccine Administered Data

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	NHOPI, NH	White, NH
At Least One Dose	78.2%	97.6%	87.2%	87.6%	77.0%	86.1%
Fully Vaccinated	72.2%	96.5%	83.9%	85.1%	76.2%	84.3%



Data Collection Period

ve NHOPI: Native Hawaiian or Other Pacific Islander; NH = non-Hispanic

ted by telephone interview using a random-digit-dialed sample of cell telephone numbers stratified by state, the District of Columbia, five local jurisdictions (Bexar County TX, Chicago IL, Houston TX, New York City NY, and Philadelphia County rto Rico, and the U.S. Virgin Islands. Data are weighted to represent the non-institutionalized U.S. population and mitigate possible bias that can result from incomplete sample frame (exclusion of households with no phone service or only landline s were also calibrated to jurisdiction-level vaccine administration data reported to CDC. Estimates for Guam are not included in the jurisdiction views because of issues with survey weighting. All responses are self-reported. Estimates should be all sample size or wide confidence interval. More information including coverage at the jurisdiction level can be found at COVIDVaxView.

Data source: National Immunization Survey Adult COVID Module (NIS-ACM); Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

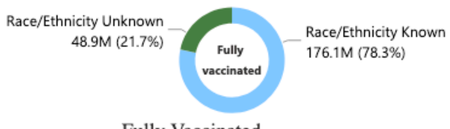
Percent of People Receiving COVID-19 Vaccine by Race/Ethnicity and Date Administered, United States

December 14, 2020 – September 21, 2022

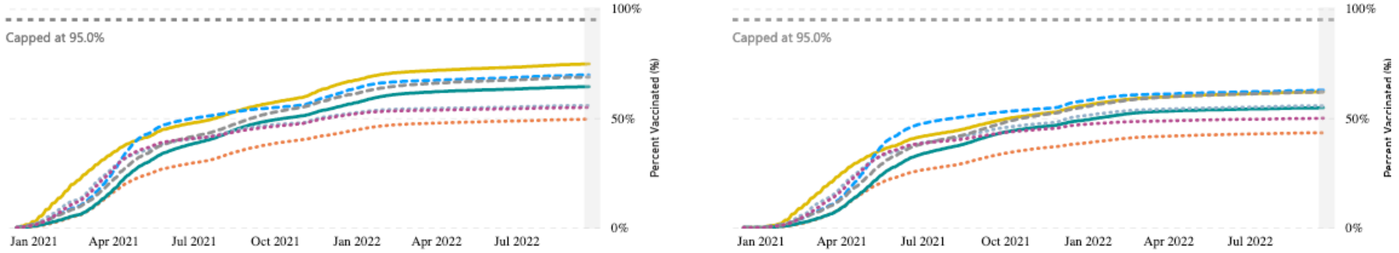
Vaccine Survey Data | Vaccine Administered Data

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	Multiracial, NH	NHOPI, NH	White, NH
At Least One Dose	74.8%	69.8%	49.5%	64.4%	55.8%	68.8%	54.9%
Fully Vaccinated	62.1%	62.8%	43.3%	54.8%	55.7%	62.0%	50.0%

At Least One Dose



Fully Vaccinated



Date Administered

AI/AN = American Indian/Alaska Native; NH = Non-Hispanic/Latino; NHOPI = Native Hawaiian or Other Pacific Islander; People receiving at least one dose; total count represents the total number of people who received at least one dose of COVID-19 vaccine. People fully vaccinated; total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose in a 2-dose COVID-19 vaccine series. Due to the time between vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray, shaded box. Beginning November 18, 2021, these figures include demographic data from Texas.

**On August 31, 2021, CDC updated its algorithm for assigning a race/ethnicity category for vaccine recipients to align with U.S. Census Bureau race/ethnicity classifications. As a result, approximately 4.5 million vaccine recipients where a valid race was reported in conjunction with "other" race who were previously categorized as "Non-Hispanic Multiracial" are now categorized into a single race/ethnicity group.*

Last Updated: Sep 21, 2022

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends

2 / DATA: CDC
DAILY COUNT OF DOSES
ROLLING 7-DAY MOVING AVERAGE

Trends in Number of COVID-19 Vaccinations in the US

Maps, charts, and data provided by CDC, updates weekly on Thursday by 8pm ET†

The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.

Select a Location: United States

Select a Metric: Total Doses Administered

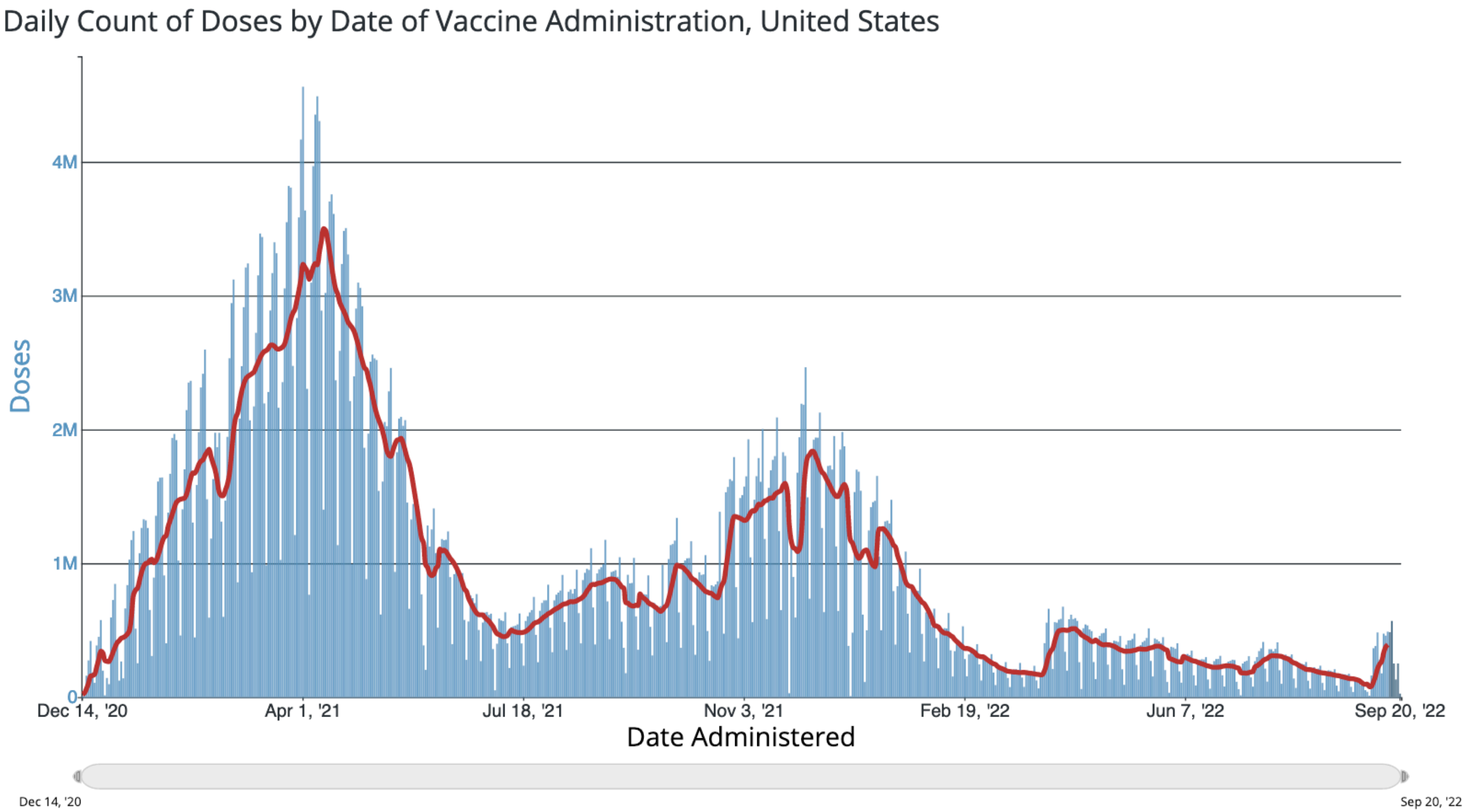
View: Daily Count / Cumulative

Show: 7-Day moving average

Bars shown in the darker blue shade represent the most recent six days of reporting where the number of vaccine administrations might be impacted the most due to delays in reporting. All reported numbers might change over time as historical data are reported to CDC.

About These Data | View Footnotes and Download Data

CDC | Data as of: September 21, 2022 6:00am ET. Posted: September 22, 2022



DECEMBER 14, 2020 – SEPTEMBER, 20, 2022

https://covid.cdc.gov/covid-data-tracker/#vaccination-trends

mRNA INJECTIONS & CANCER

2 / Data

-2 / THE ETHICAL SKEPTIC-

The Ethical Skeptic data is expanded on with the researcher's own words. It explains the proprietary analysis and source cancer data that was extracted for analysis here. The extracts are sourced from the author's linked article. The following informs the understanding of the cancer data sourcing and extraction.

mRNA INJECTIONS & CANCER

2 / Data

-2 / THE ETHICAL SKEPTIC-

POSITIONING CANCER & mRNA INJECTIONS

Researchers Show How COVID Damages Immune System, Increasing Cancer Risks — Science Says Vaccines May Do the Same

"The clinical epidemiologic data supports the Swedish researchers' finding that immunosuppression caused by the COVID spike protein entering the cell nucleus is a red flag that cancers may also result as an adverse event following COVID vaccination.

The immune system, especially T-cell lymphocytes, is well recognized for the critical role they play in preventing cancer through their constant vigilance in attacking and killing cancer cells before they have an opportunity to develop into a tumor. "

https://childrenshealthdefense.org/defender/covid-vaccines-immune-system-cancer-risks/

mRNA INJECTIONS & CANCER

2 / Data

-2 / THE ETHICAL SKEPTIC-

In The Ethical Skeptic's cancer data explanation, focus on six primary facts: 1-the YELLOW median cancer line is symmetrical to the ORANGE median mRNA line, 2-the YELLOW median cancer line has parallel symmetry with the RED median total vaccination rate [79.5%] line, 3-the symmetrical cancer line falls after the introduction of mRNA vaccinations, 4-the lines occur in close proximity on the timeline, 5-the lag time between mRNA introduction and cancer falls within an accepted range for cancer onset to detection and 6-the increase in U.S. cancer rates after the mRNA introduction is highly anomalous and highly concerning.

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC
Introduction and Data Sourcing

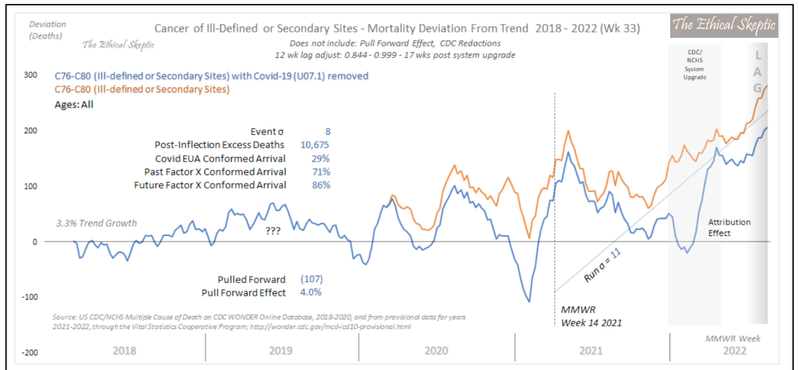


Exhibit C2 – C76-C80 (Ill-defined or Secondary Site) Malignant Neoplasms Mortality indicate signals of both an increase in magnitude as well as entropy (Increase in off-season cancers, as well as a rise in less common and secondary site cancers).

THE ETHICAL SKEPTIC: The proprietary U.S. cancer data modeling from analysis of ICD-10 coding is from vetted and trusted researcher The Ethical Skeptic. It entails a broad and complex explanation that is very heavy in complex graphic illustrations, graphs, charts and tables.

ATTACHED TO THIS FILE is an Edify Research & Consulting brief in PDF format entitled: "BRIEF: RESEARCH FINDINGS ON CORRELATION BETWEEN COVID-19 mRNA INJECTION RATES AND CANCER RATES." It is the source from the mRNA/cancer position quotes just provided and it contains 26 pages of quotations and primary and secondary sources.

Beginning on page 8 [of 26], the detailed explanation of The Ethical Skeptic's data modeling and curation starts.

For our purposes here, The Ethical Skeptic's data is introduced succinctly with the attached PDF and the data source website available for further inquiry.

"Within my models, I seek to derive this inference through comparing the dynamic (not static statistics) patterns of change across a large set of differentially-compared data points and critical interval in elapsed time, in order to drive this article's process of deduction. This is what I do professionally inside markets and for corporations and nations after all." – The Ethical Skeptic

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC
Introduction and Data Sourcing

"All the data used within the analyses presented within this tripartite article series are derived primarily from the following three resources and links. Herein, they are collectively referred to as the MMWR (CDC Morbidity and Mortality Weekly Report) data, because these databases are updated as a part of that CDC weekly reporting process. [Click each to link to footnote]

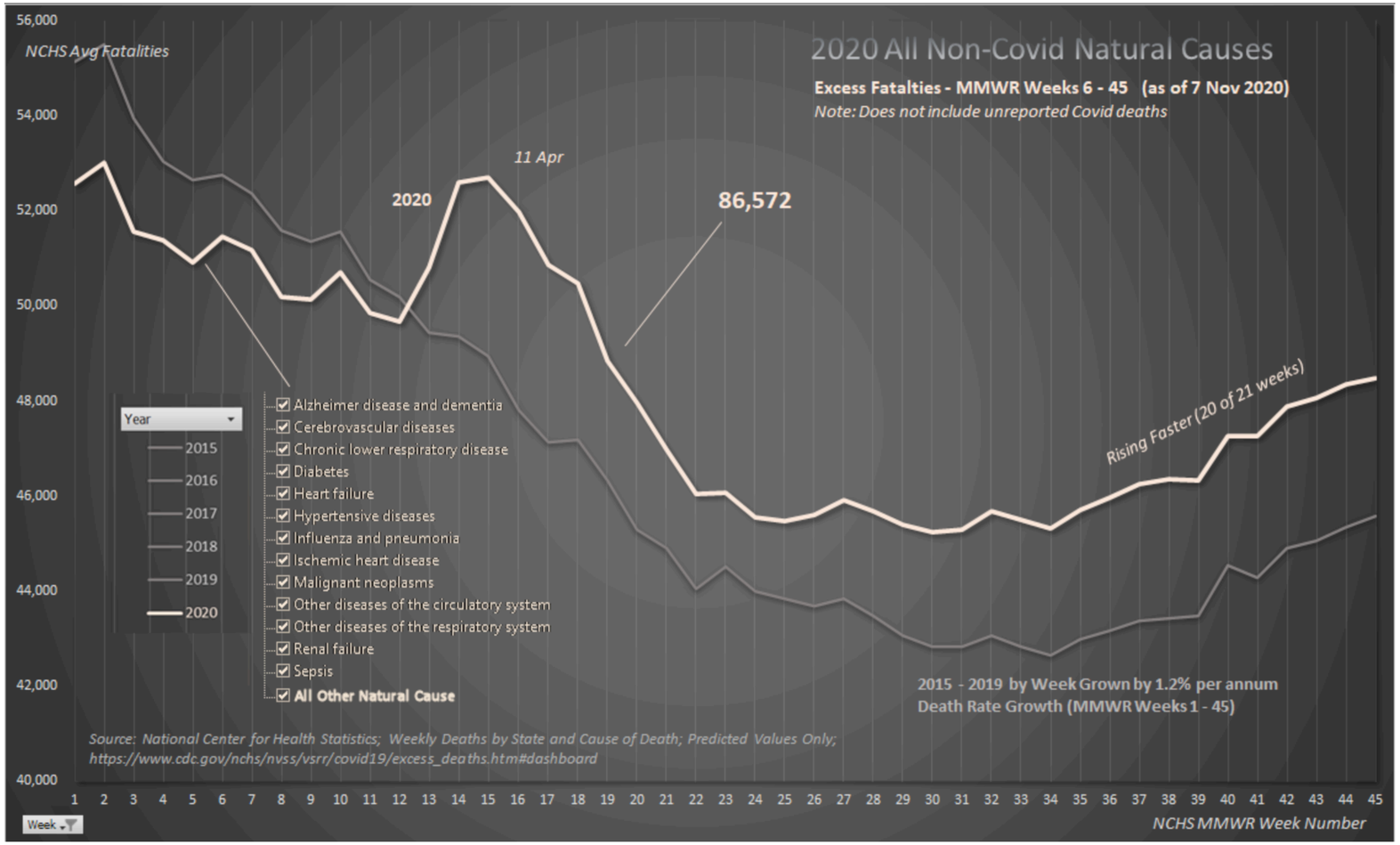
1. US Center for Disease Control and Prevention: Weekly Counts of Deaths by State and Select Causes, 2014-2019[3]
2. US Center for Disease Control and Prevention: Weekly Provisional Counts of Deaths by State and Select Causes, 2020-2022[4]
   (please note that the term 'provisional' with regard to this file only impacts the first four to six weeks of this data for the most part. The taper curve can be seen here for the August 17th 2022 drop. Don't let anyone tell you that 2021 and 2022 data is unreliable because it is provisional – if we have an emergency we must rely upon this data)
3. US Center for Disease Control and Prevention: Wonder: Provisional Mortality Statistics, 2018 through Last Month – Query by Constraint Engine[5]"

   -The Ethical Skeptic

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC

Introduction and Data Sourcing

LINKED IMAGE



"As a part of the process of tracking this MMWR reporting data, by October 2020 it became clear that Excess Non-Covid Natural Cause Mortality (see Exhibit E) was slightly elevated versus its historical trend, yet still conformed to annual seasonal death arrival patterns. A November 2020 chart depicting this can be observed by clicking here." – The Ethical Skeptic

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC

Introduction and Data Sourcing

EXHIBIT E

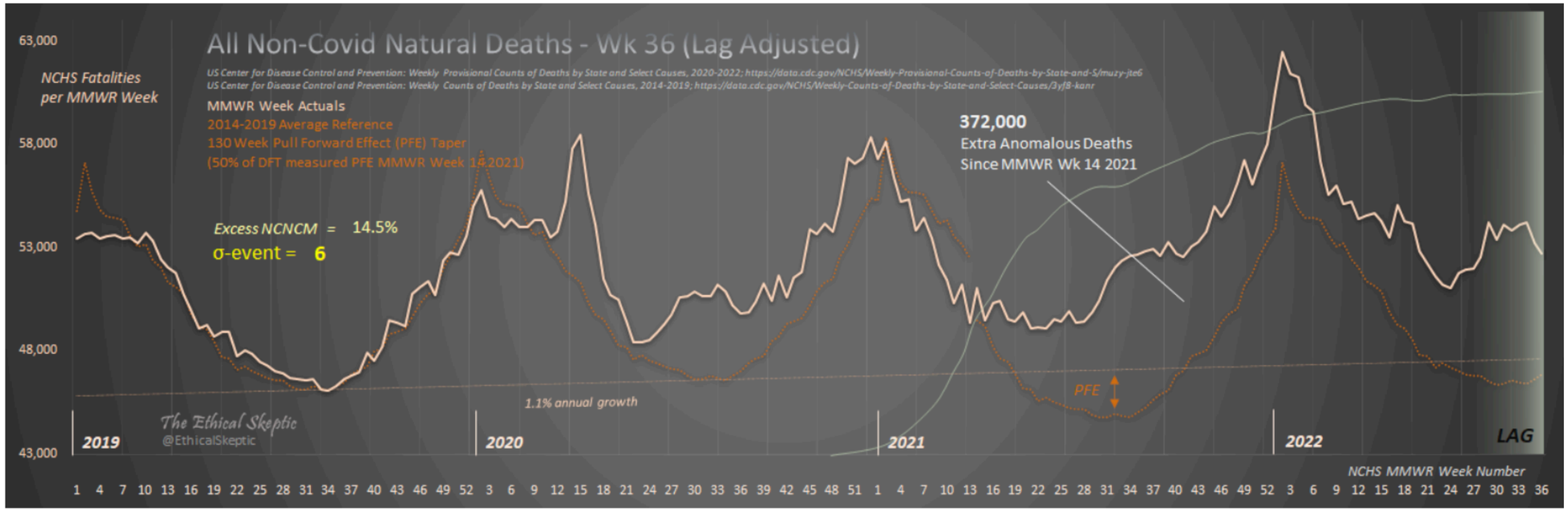
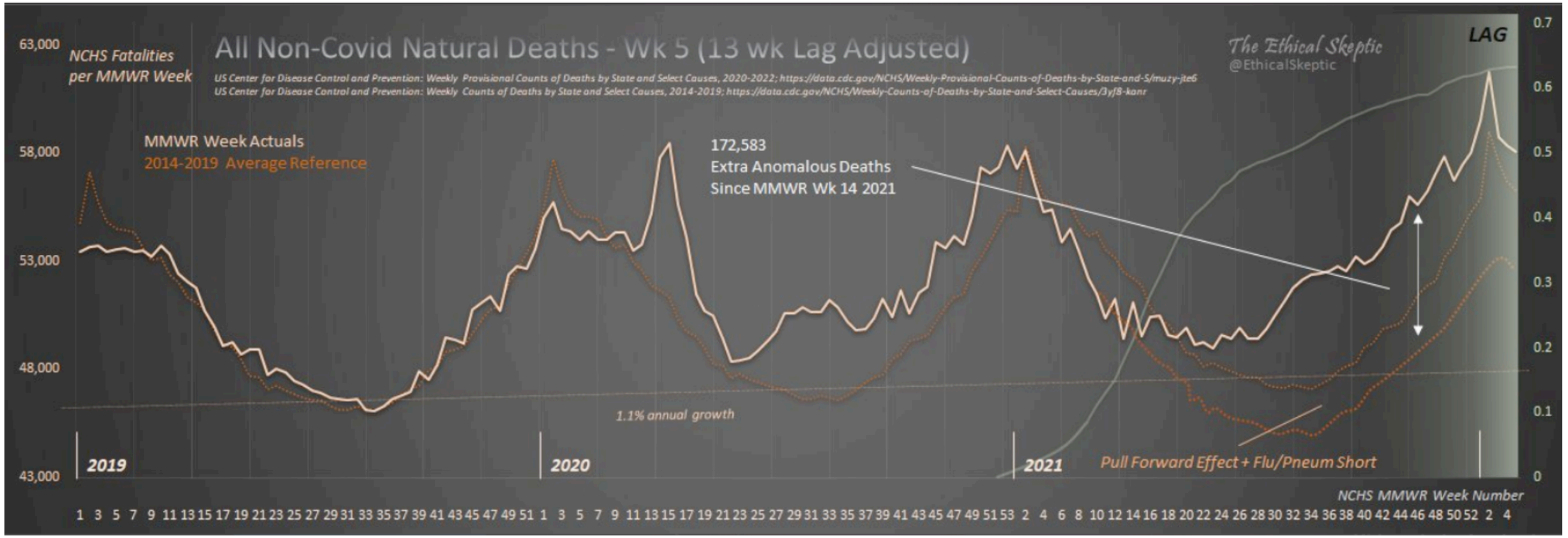


Exhibit E – Excess Non-Covid Natural Cause Deaths are at an all time high as of MMWR Week 36 of 2022. 372,000 US citizens have died of some additional factor since MMWR Week 14 of 2021. The current rate of excess mortality represents a five week average of 5+ sigma in excess (hedging conservatively for lag). The faded green curve is the rate of full vaccination percentage by week, historically in the United States. See PFE Footnote[7]

"As a part of the process of tracking this MMWR reporting data, by October 2020 it became clear that Excess Non-Covid Natural Cause Mortality (see Exhibit E) was slightly elevated versus its historical trend, yet still conformed to annual seasonal death arrival patterns. A November 2020 chart depicting this can be observed by clicking here." – The Ethical Skeptic

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC
Introduction and Data Sourcing

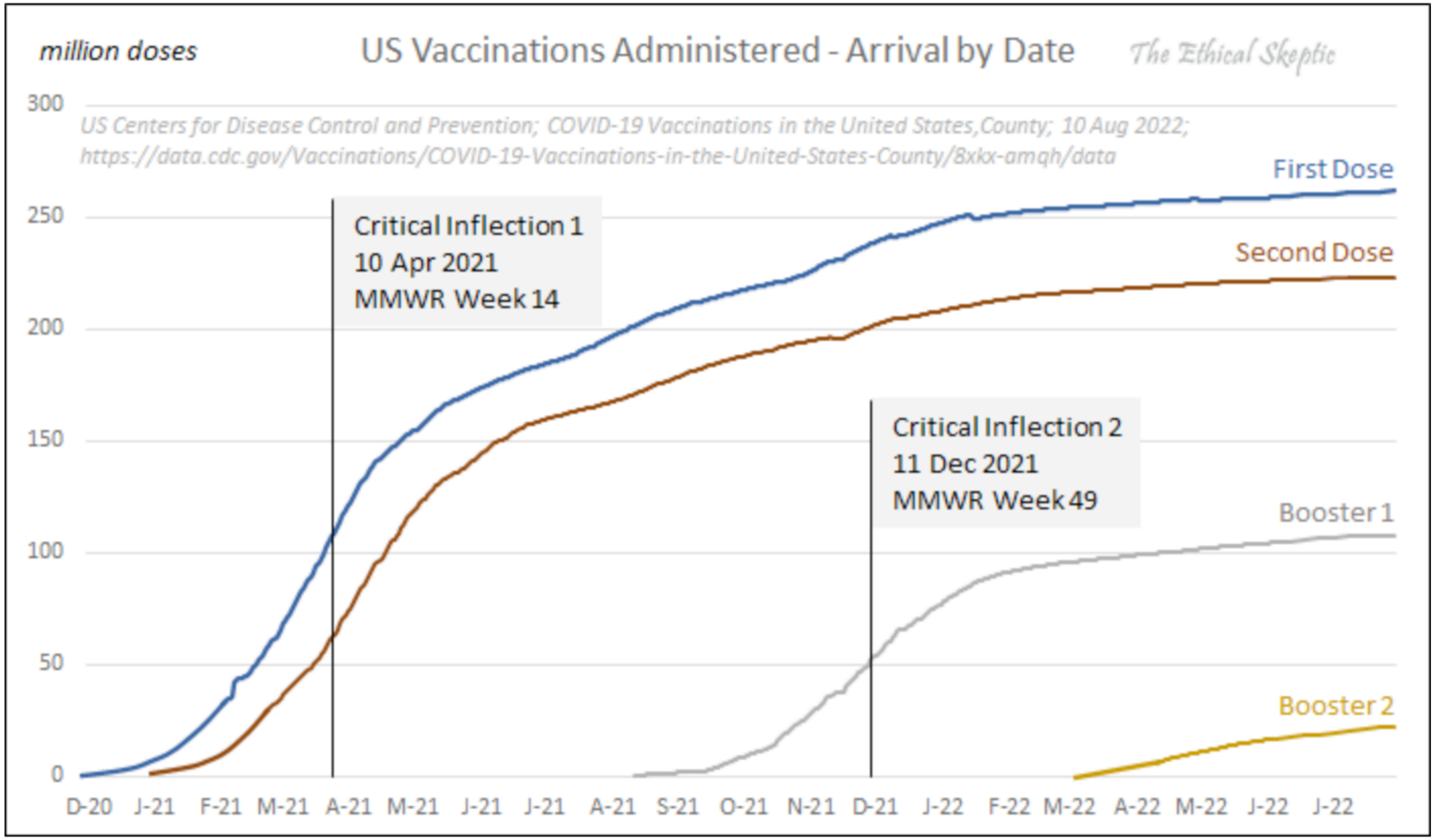


"By MMWR Week 3 of 2022, a disruptive-exception pattern began to manifest inside this non-Covid mortality group, one which contrasted highly with the 2020 pandemic period alone (not to mention the 2014 through 2019 timeframe), and finally one which could no longer be denied (see an example chart by clicking here)." - The Ethical Skeptic [Linked image]

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC

Introduction and Data Sourcing



"It became clear to me that the complexion of US mortality, the who, when, and why – had changed substantially from early 2021 to the end of 2021 and on into early 2022. In fact, an inflection-point could even be estimated, establishing when this change had occurred (April 3rd – 10th, MMWR Week 14 of 2021) – a crucial date with regard to this novel mortality arrival pattern." - The Ethical Skeptic [Linked image]

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC

Introduction and Data Sourcing

"Three charts in particular compel the greatest concern in terms of their being indicative of population-wide systemic health disruption. They are Excess Malignant neoplasm and lymphoma deaths (C00-C97 – Exhibit C), Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified deaths (R00-R99 – Exhibit D), and finally yet most importantly, Excess Non-Covid Natural Cause Deaths (Exhibit E). Those three charts' ICD-10 trends against historic baseline, are depicted below. Please note that we are evaluating the trend in the peak level of the R00-R99 data in Exhibit C, and not the fact that this ICD code acts as a disposition-depleting bucket (hence the normal stark rise in later weeks to the right hand side of the chart)." - The Ethical Skeptic

EXHIBIT C

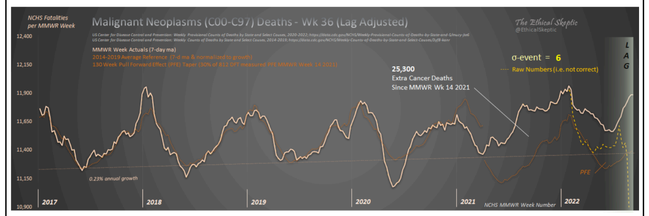


Exhibit C – Cancers and lymphomas have risen to a 5+ sigma level since MMWR Week 14 2021. This condition did not exist during the 2020 Covid pandemic period. Of course we hold the lag period period in abeyance barring some exception in this ICD group's reporting (which showed in Week 36 to indeed be the case for cancer). See PFE Footnote[6]

EXHIBIT D

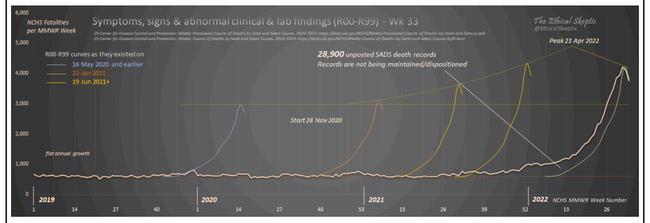


Exhibit D – The temporary holding bucket for this category of hard-to-determine, abnormal clinical findings, and odd deaths exhibits a stark rise in its weekly peak (64% rise from Dec 2020 through 23 April 2022). Notice the date of commencement in this rise. It coincides with a critical start date depicted in our next article. The reader should note that 28,900 deaths in this ICD hold-code have not been allocated to their final ICD-10 disposition (the fatness of the beige curve as compared to the green index reference) – *very likely resulting in depressed myocarditis, pericardits, and conductive death counts for 2022*. The fattening and rounding of this curve in the latter weeks on this chart indicate that the bucket is not being curated by the CDC/ NCHS as it has been in the past. This constitutes obfuscation of critical data during a period of extreme risk, a period which demands clear health and mortality intelligence.

EXHIBIT E

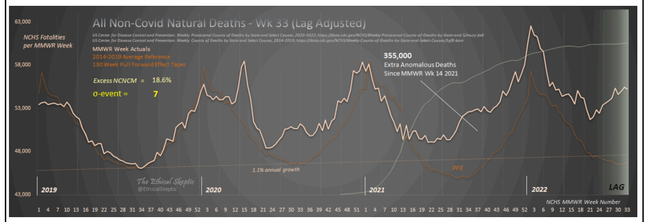


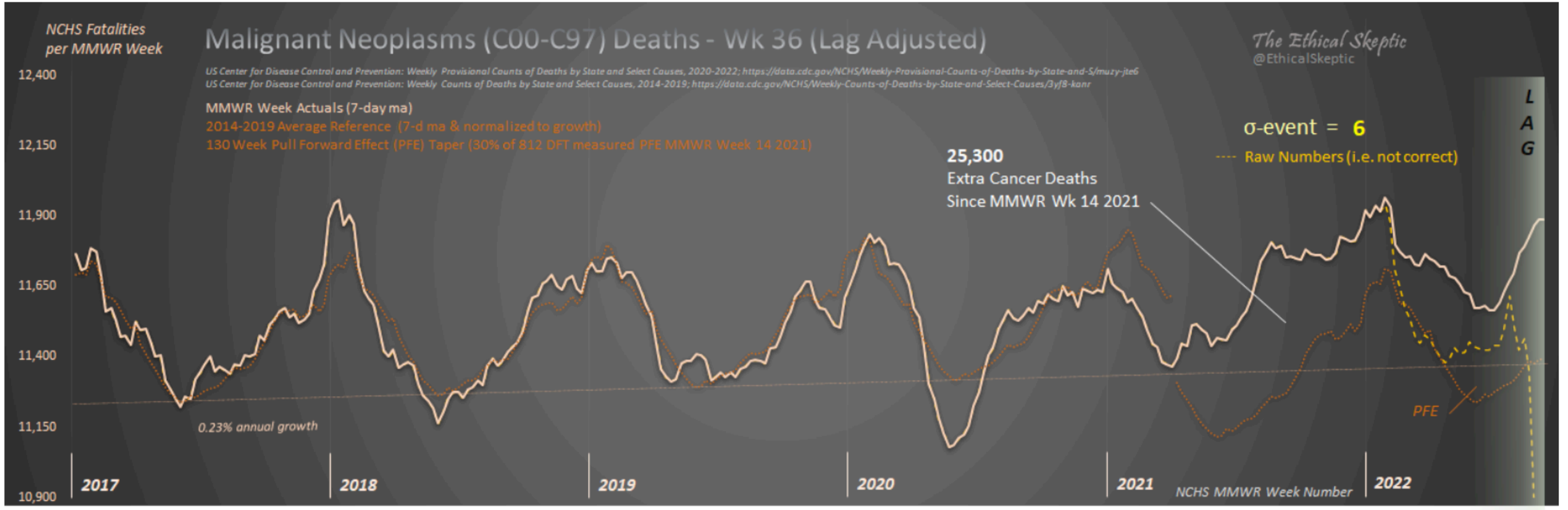
Exhibit E – Excess Non-Covid Natural Cause Deaths are at an all time high as of MMWR Week 33 of 2022. 355,000 US citizens have died of some additional factor since MMWR Week 14 of 2021. The current rate of excess mortality represents a five week average of 5+ sigma in excess (hedging conservatively for lag). The faded green curve is the rate of full vaccination percentage by week, historically in the United States. (See PFE Footnote[7])

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC

Introduction and Data Sourcing

EXHIBIT C



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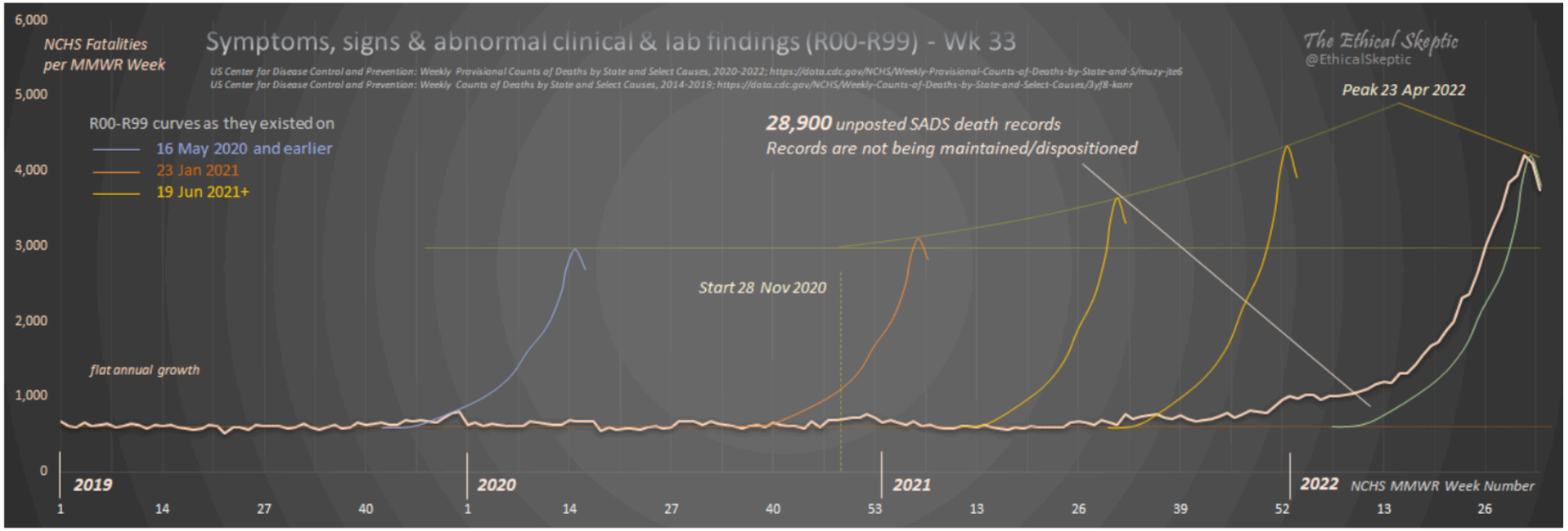
Introduction and Data Sourcing

EXHIBIT D



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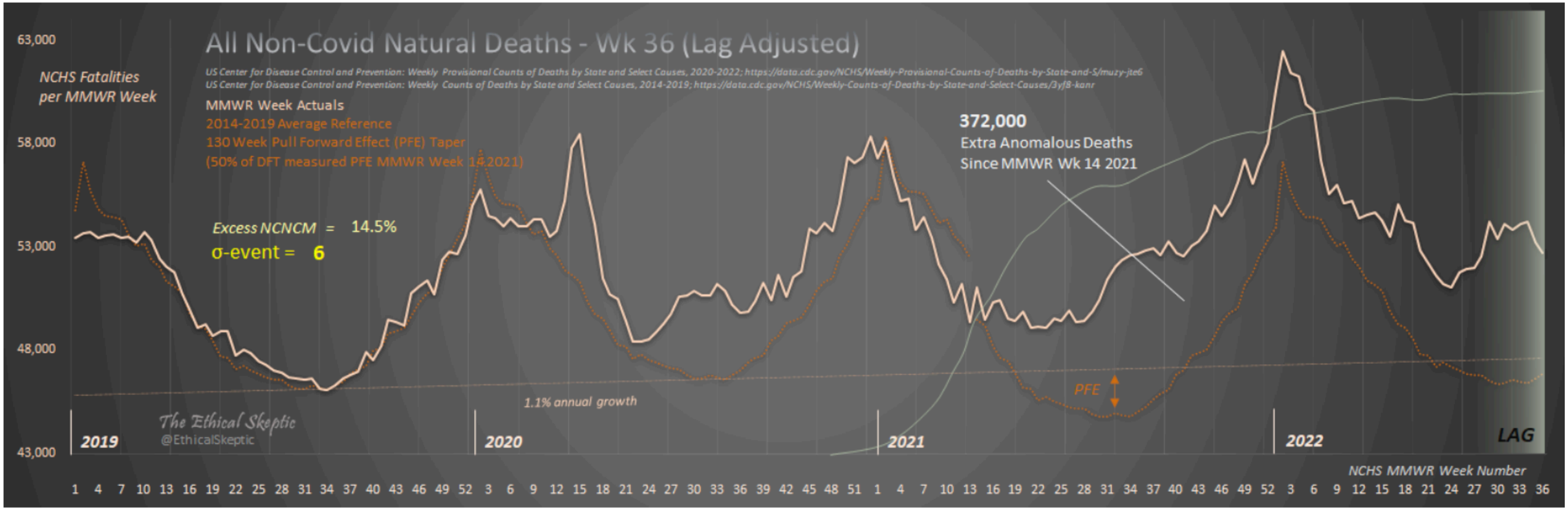
https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC

Introduction and Data Sourcing

"We end with the most important chart of all – the chart which indicates deaths which are not from accidents, suicide, addiction, assault, abuse, despair, disruption, nor Covid-19. The Excess Non-Covid Natural Cause Mortality chart which we began monitoring on May 29th 2021." - The Ethical Skeptic

EXHIBIT E



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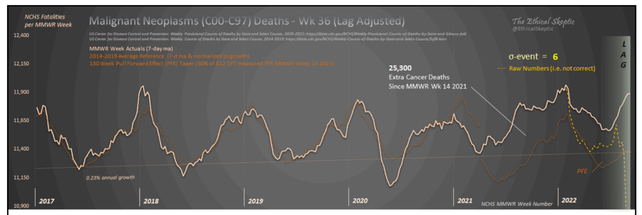
https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC

Introduction and Data Sourcing

"Three charts in particular compel the greatest concern in terms of their being indicative of population-wide systemic health disruption [. . .] Without a shadow of a doubt, we have established that right now there exists a problem in terms of US citizen health and mortality. One which is differentiated from Covid-19 itself, and began in earnest MMWR Week 14 of 2021." – The Ethical Skeptic

EXHIBIT C



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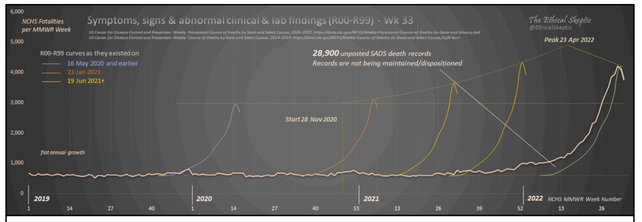

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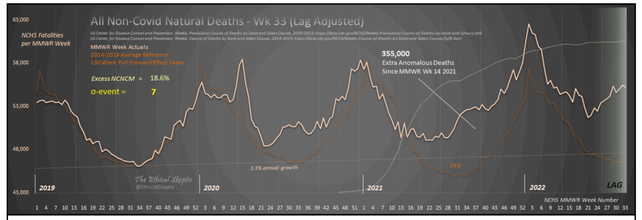

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https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

mRNA INJECTIONS & CANCER

2 / Data

-2 / THE ETHICAL SKEPTIC-

The Ethical Skeptic data line is presented as a median value line. The following evidences sourcing for the median value cancer data line. Further, we evidence how the CDC's data sets are calibrated to median value lines for apples:apples comparison. This permits us to stack or overlay the data lines one onto the other and look down through them at a single point in time, over time.

mRNA INJECTIONS & CANCER

2 / Data

-2 / THE ETHICAL SKEPTIC-

The Ethical Skeptic cancer median value data line is sourced and extracted.

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC
Introduction and Data Sourcing

SOURCING THE CANCER DATA

The median value slope data line for cancer is sourced here from The Ethical Skeptic. The week numbers are also sourced for placement of the line onto our timeline overlays calibrated by week number.

CANCER: MEDIAN VALUE DATA LINE SOURCED HERE: "Cancer – Variance Against Trend 2014 – 2022 (Wk 31)"

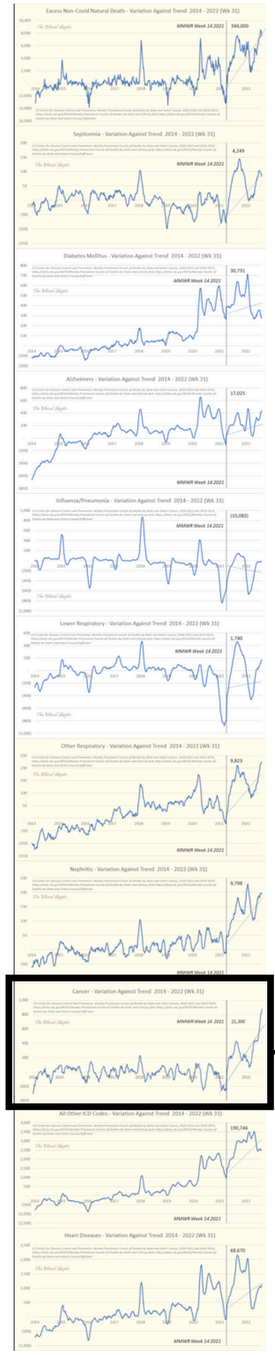
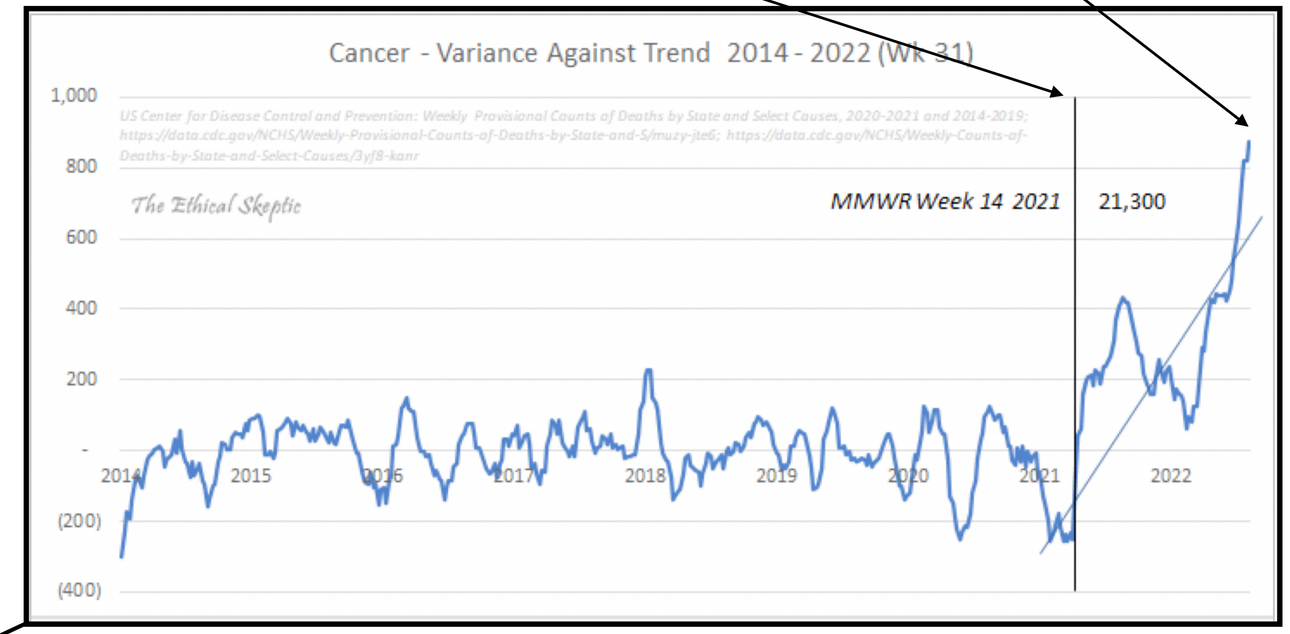


Exhibit A – Ten separate ICD-10 death groupings which sum to overall Excess Non-Covid Natural Cause Deaths (top chart).

WEEK 14 of 2021 / April 5, 2021 – WEEK 31 of 2022 / August 7, 2022

APRIL	**Week 14**	Monday April 5, 2021	Sunday April 11, 2021
	Week 15	Monday April 12, 2021	Sunday April 18, 2021
	Week 16	Monday April 19, 2021	Sunday April 25, 2021
	Week 17	Monday April 26, 2021	Sunday May 2, 2021

AUGUST	**Week 31**	Monday August 1, 2022	Sunday August 7, 2022
	Week 32	Monday August 8, 2022	Sunday August 14, 2022
	Week 33	Monday August 15, 2022	Sunday August 21, 2022
	Week 34	Monday August 22, 2022	Sunday August 28, 2022



CANCER INCREASE BEGINNING WEEK 14, 2021 [April 5, 2021]

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

https://www.calendar.best/week-number-2021.html

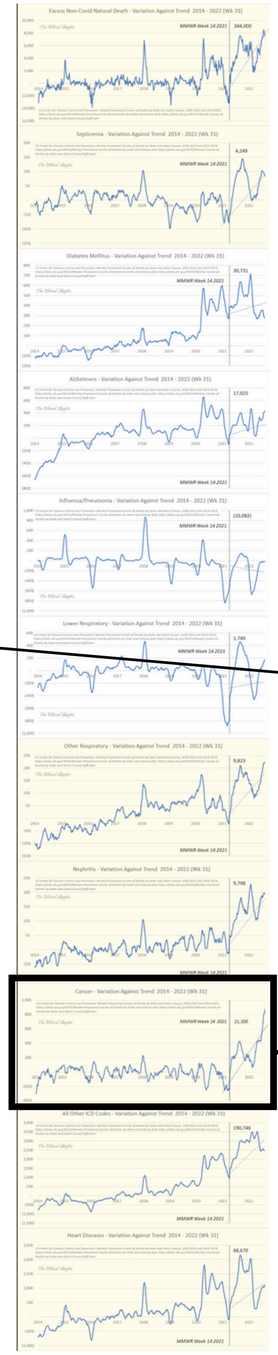
2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC

Introduction and Data Sourcing

UNDERSTANDING THE GIVEN VALUE

The slope value for cancer provided by The Ethical Skeptic is a median value line. For apples:apples comparison, mRNA slope values will be presented in median value.

CANCER: MEDIAN VALUE DATA LINE SOURCED HERE: "Cancer – Variance Against Trend 2014 – 2022 (Wk 31)"



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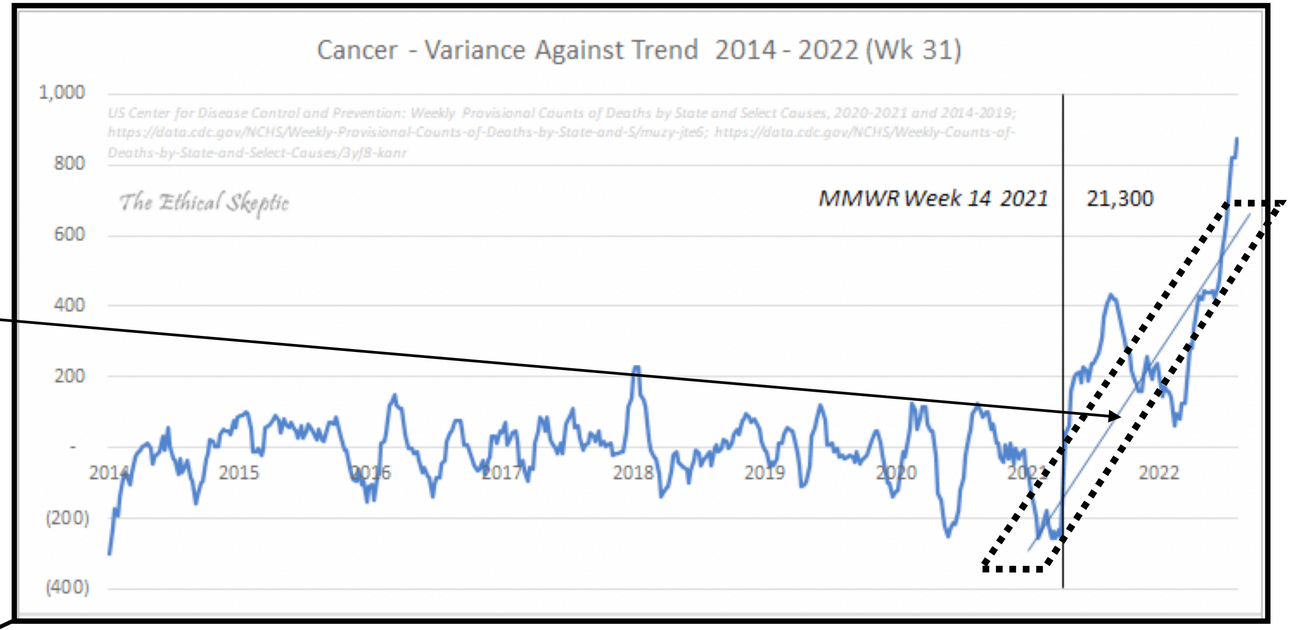

WEEK 14 of 2021 / April 5, 2021 – WEEK 31 of 2022 / August 7, 2022

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

https://www.calendar.best/week-number-2021.html

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC
Introduction and Data Sourcing

FOCUS

1 / CANCER: Median Value Slope Line

2 / Relative to its position on the timeline

3 / Relative to the introduction of mRNA on the same timeline

CANCER: MEDIAN VALUE DATA LINE SOURCED HERE: "Cancer – Variance Against Trend 2014 – 2022 (Wk 31)"

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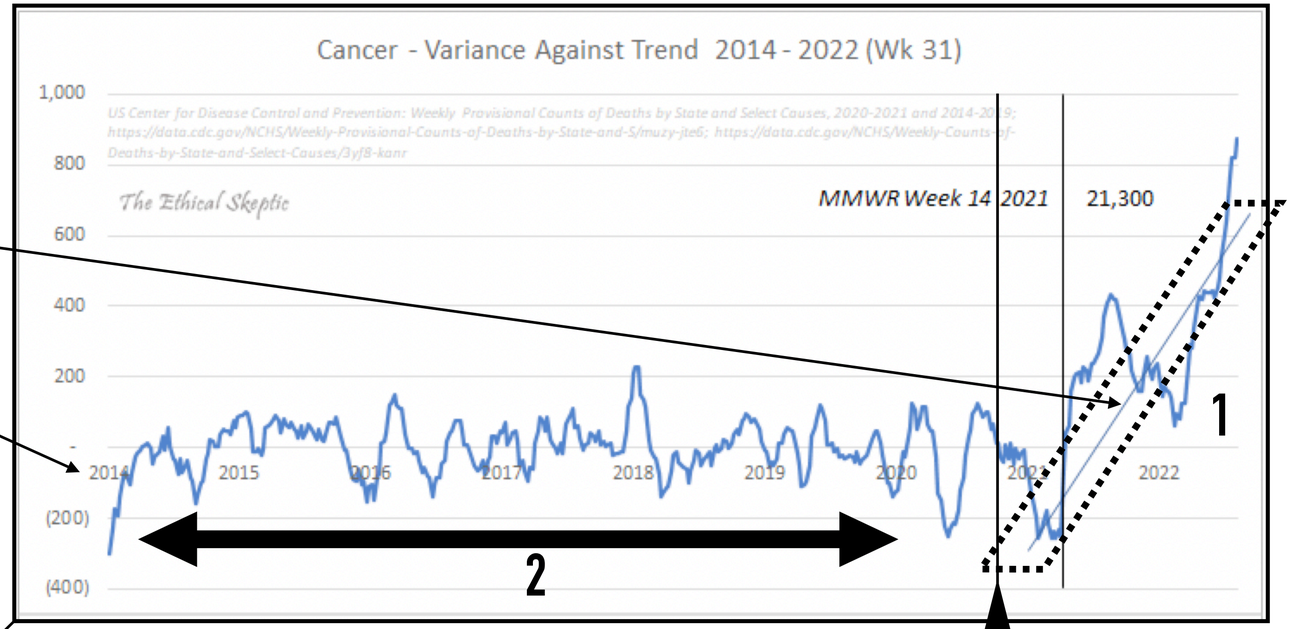
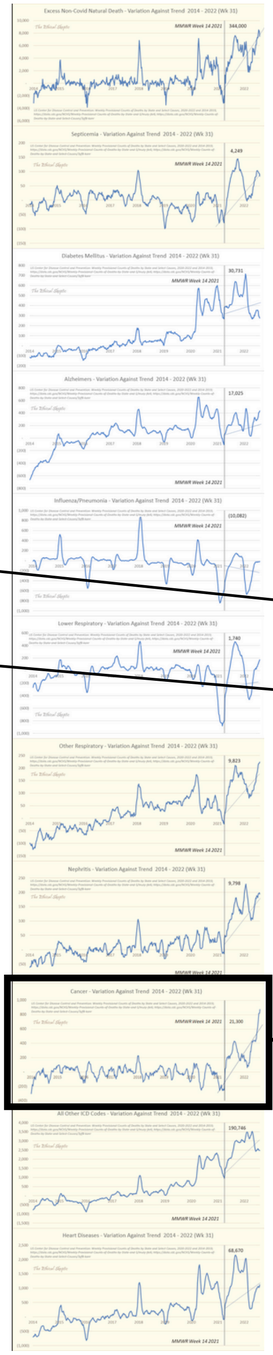


DECEMBER 11, 2020: 1st mRNA "VACCINATIONS" WERE AUTHORIZED FOR USE

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

https://www.calendar.best/week-number-2021.html

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC
Introduction and Data Sourcing



"MEDIAN CANCER"

WEEK 14 of 2021 / April 5, 2021 – WEEK 31 of 2022 / August 7, 2022

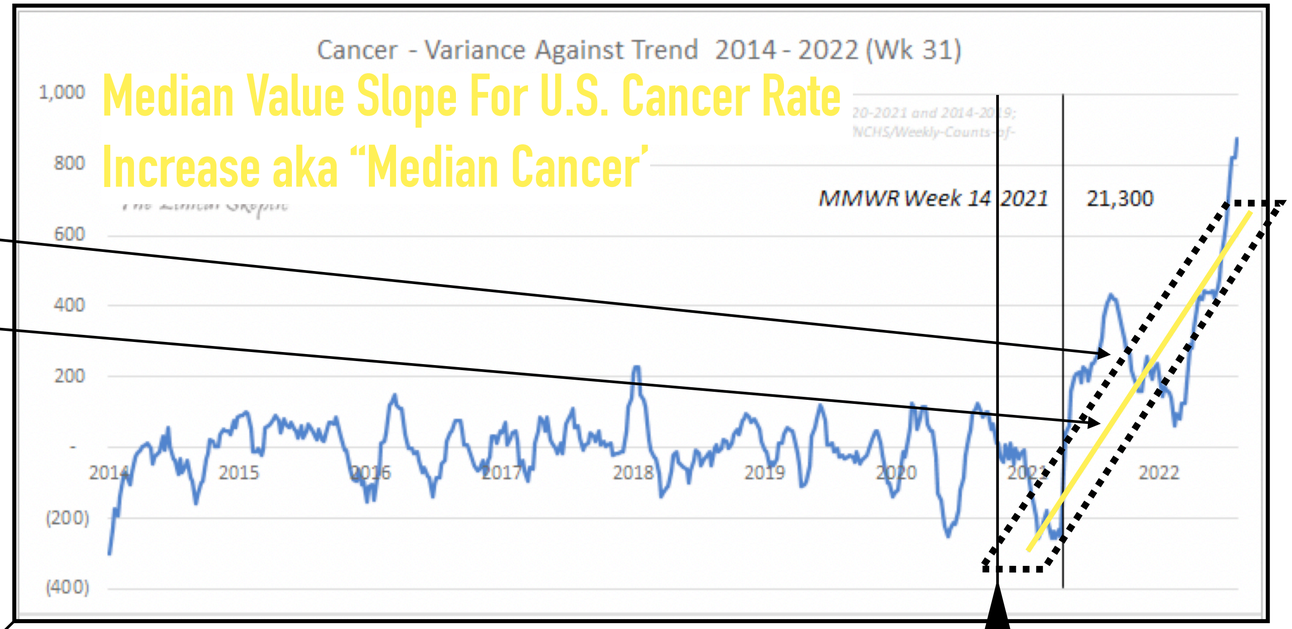
CANCER INCREASE BEGINNING WEEK 14, 2021 [April 5, 2021]

FOCUS

1 / CANCER: Median Value Slope Line

2 / Overlaid by yellow

3 / Cancer becomes the yellow line



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DECEMBER 11, 2020: 1st mRNA "VACCINATIONS" WERE AUTHORIZED FOR USE

CANCER IS THE YELLOW LINE

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mRNA INJECTIONS & CANCER

2 / Data

–2 / THE ETHICAL SKEPTIC–

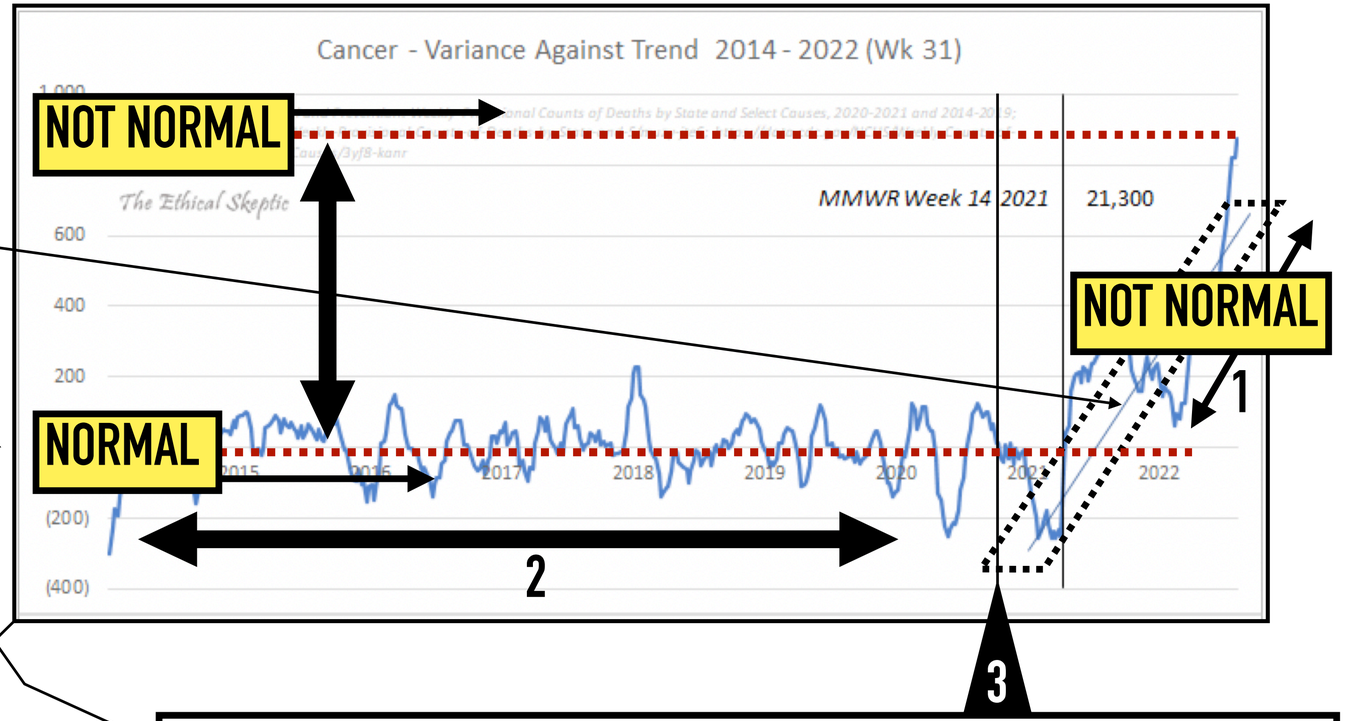
NORMAL v. NOT NORMAL: Another way to look at the cancer data.

2 / DATA: CANCER DATA FROM THE ETHICAL SKEPTIC
Introduction and Data Sourcing

NORMAL v. NOT NORMAL

WEEK 14 of 2021 / April 5, 2021 – WEEK 31 of 2022 / August 7, 2022

CANCER INCREASE BEGINNING WEEK 14, 2021 [April 5, 2021]



FOCUS

1 / CANCER: Median Value Slope Line
2 / Relative to its position on the timeline
3 / Relative to the introduction of mRNA on the same timeline

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mRNA INJECTIONS & CANCER

2 / Data

-THE ETHICAL SKEPTIC-

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mRNA INJECTIONS & CANCER

2 / Data

-2 / THE ETHICAL SKEPTIC-

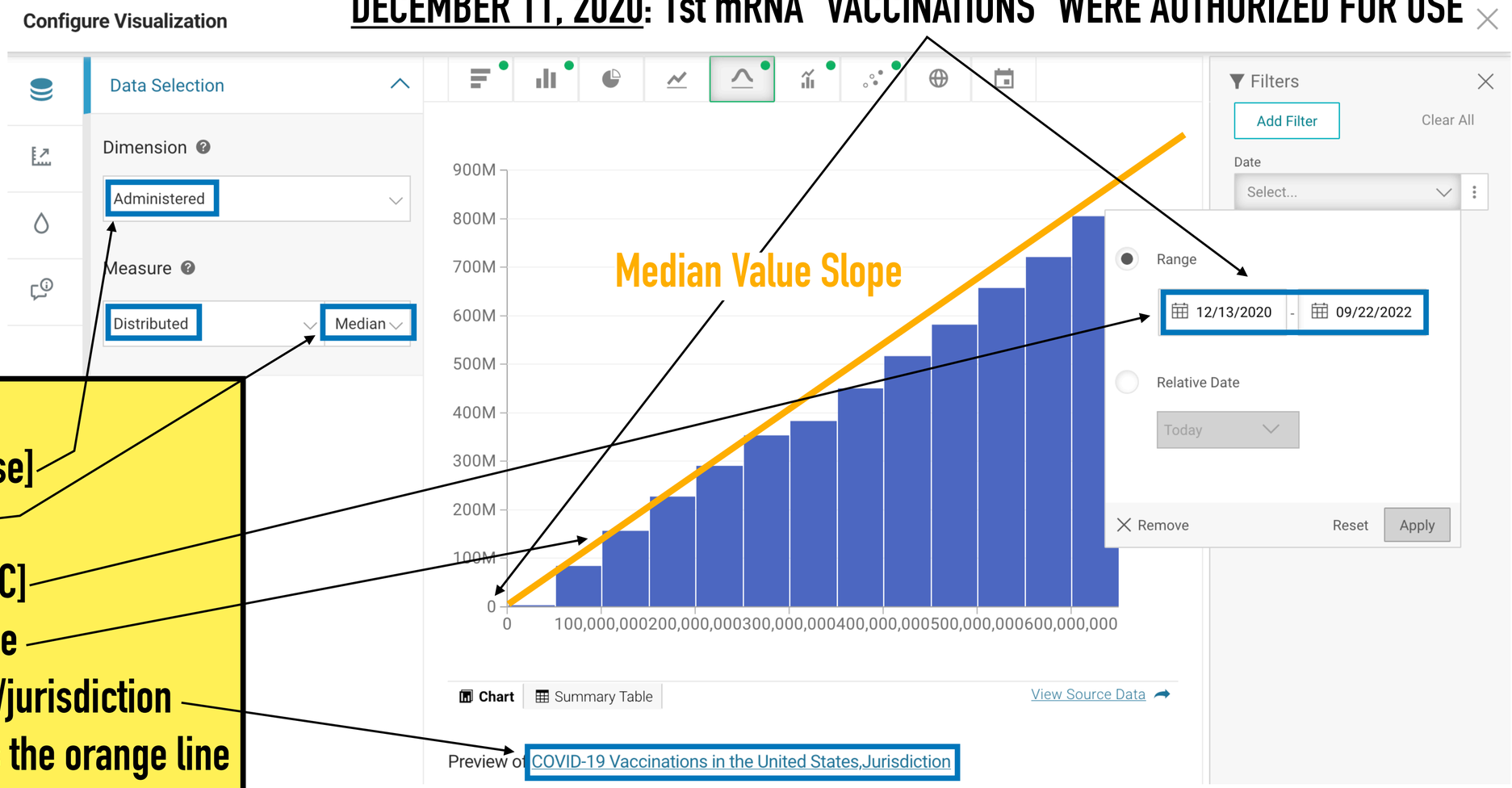
The CDC mRNA data is calibrated to a median value line for analysis.

2 / DATA: CALIBRATING CDC mRNA VACCINATION SLOPES TO MEDIAN VALUE

- For apples:apples visual comparison to the CANCER DATA FROM THE ETHICAL SKEPTIC
- To determine statistical correlation

"MEDIAN mRNA"

DECEMBER 11, 2020: 1st mRNA "VACCINATIONS" WERE AUTHORIZED FOR USE



FOCUS

1 / mRNA INJECTIONS [at least 1 dose]
2 / Graphed in median value
3 / On a specific timeline [set by CDC]
4 / To establish a median value slope
5 / Of total U.S. vaccination by state/jurisdiction
6 / mRNA vaccination rate becomes the orange line

https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc

https://time.com/5920134/first-authorized-covid-19-vaccine-us/

https://data.cdc.gov/d/unsk-b7fc/visualization

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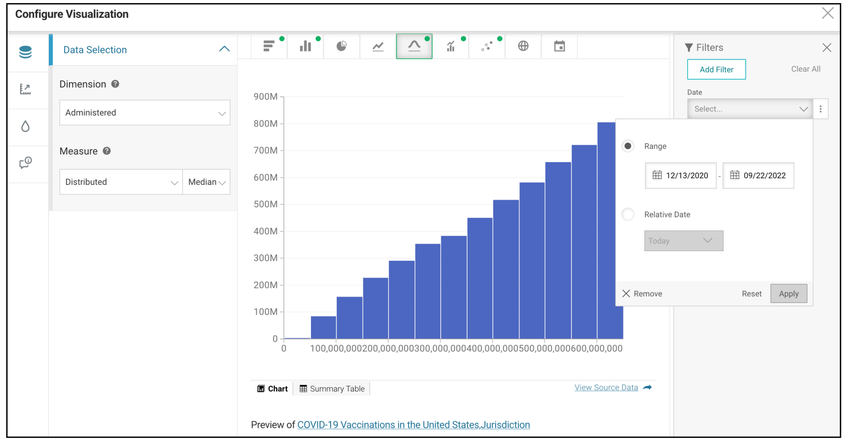
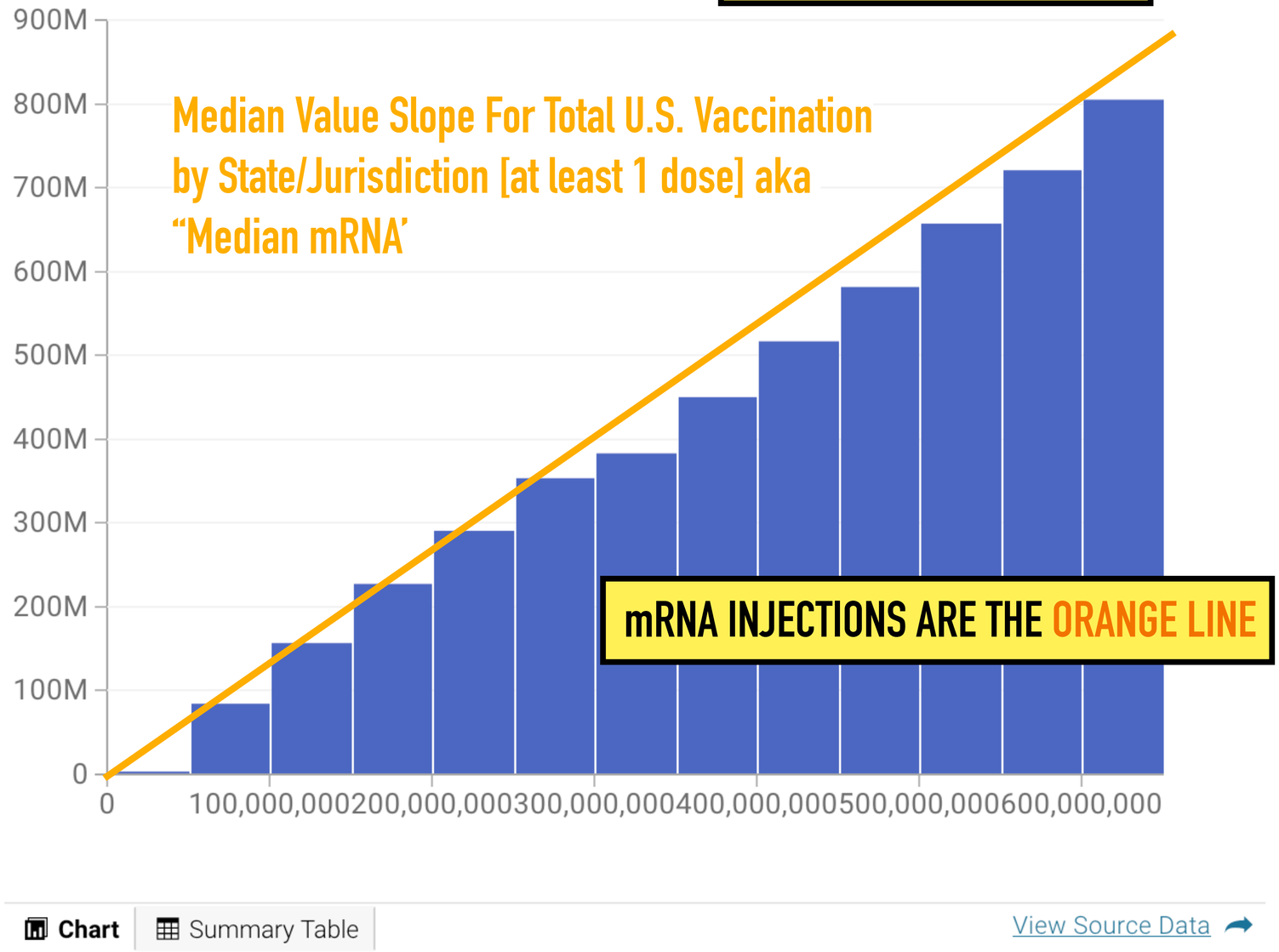
"MEDIAN mRNA"



DECEMBER 13, 2020 – SEPTEMBER 22, 2022



https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc

Preview of COVID-19 Vaccinations in the United States,Jurisdiction

https://data.cdc.gov/d/unsk-b7fc/visualization

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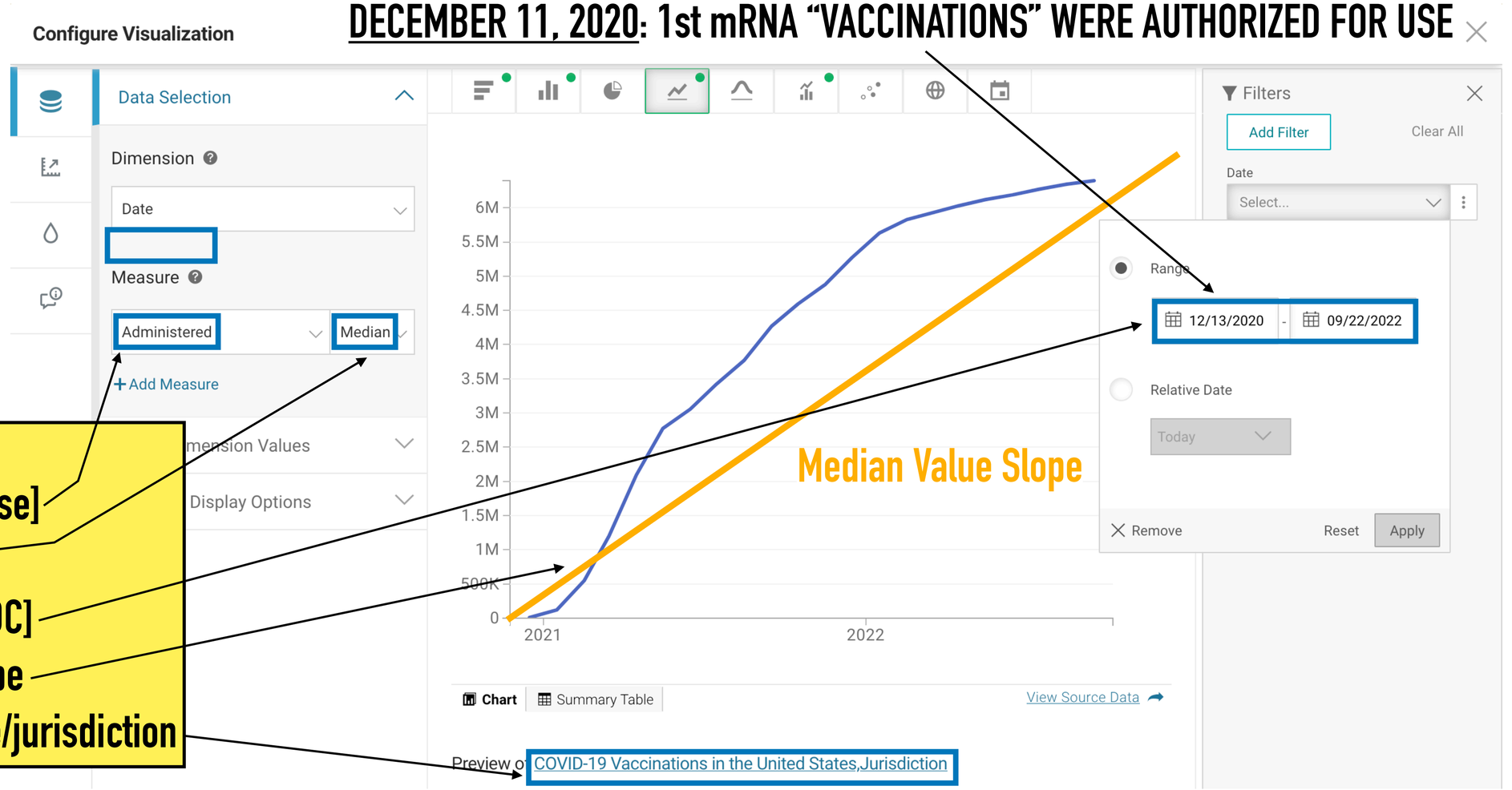

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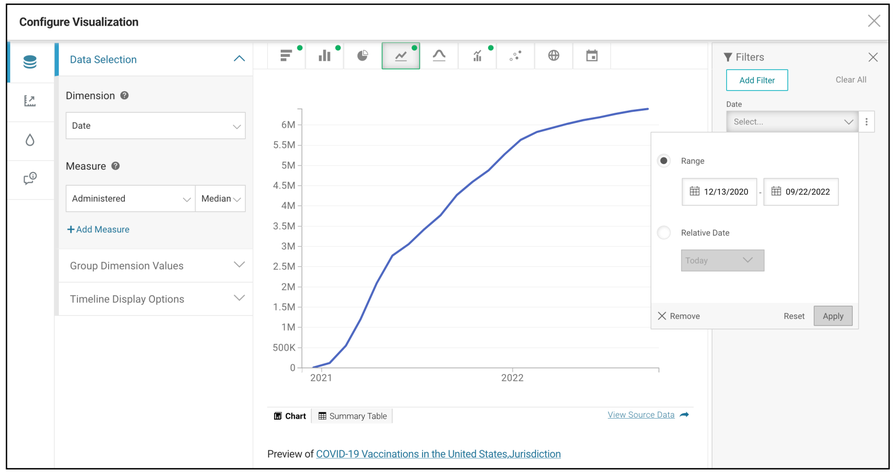
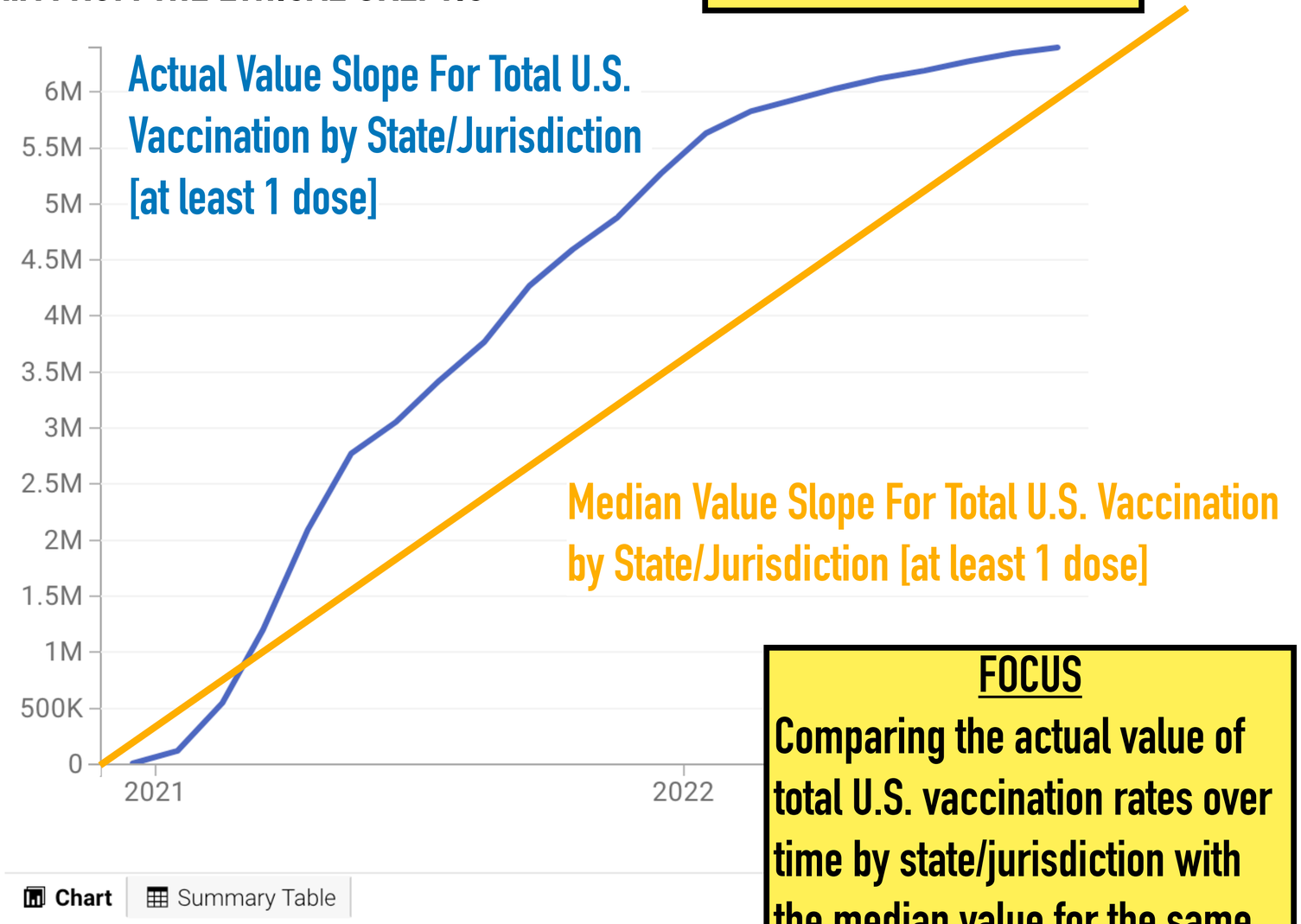


DECEMBER 13, 2020 – SEPTEMBER 22, 2022



FOCUS

Comparing the actual value of total U.S. vaccination rates over time by state/jurisdiction with the median value for the same.

https://data.cdc.gov/d/unsk-b7fc/visualization

https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc

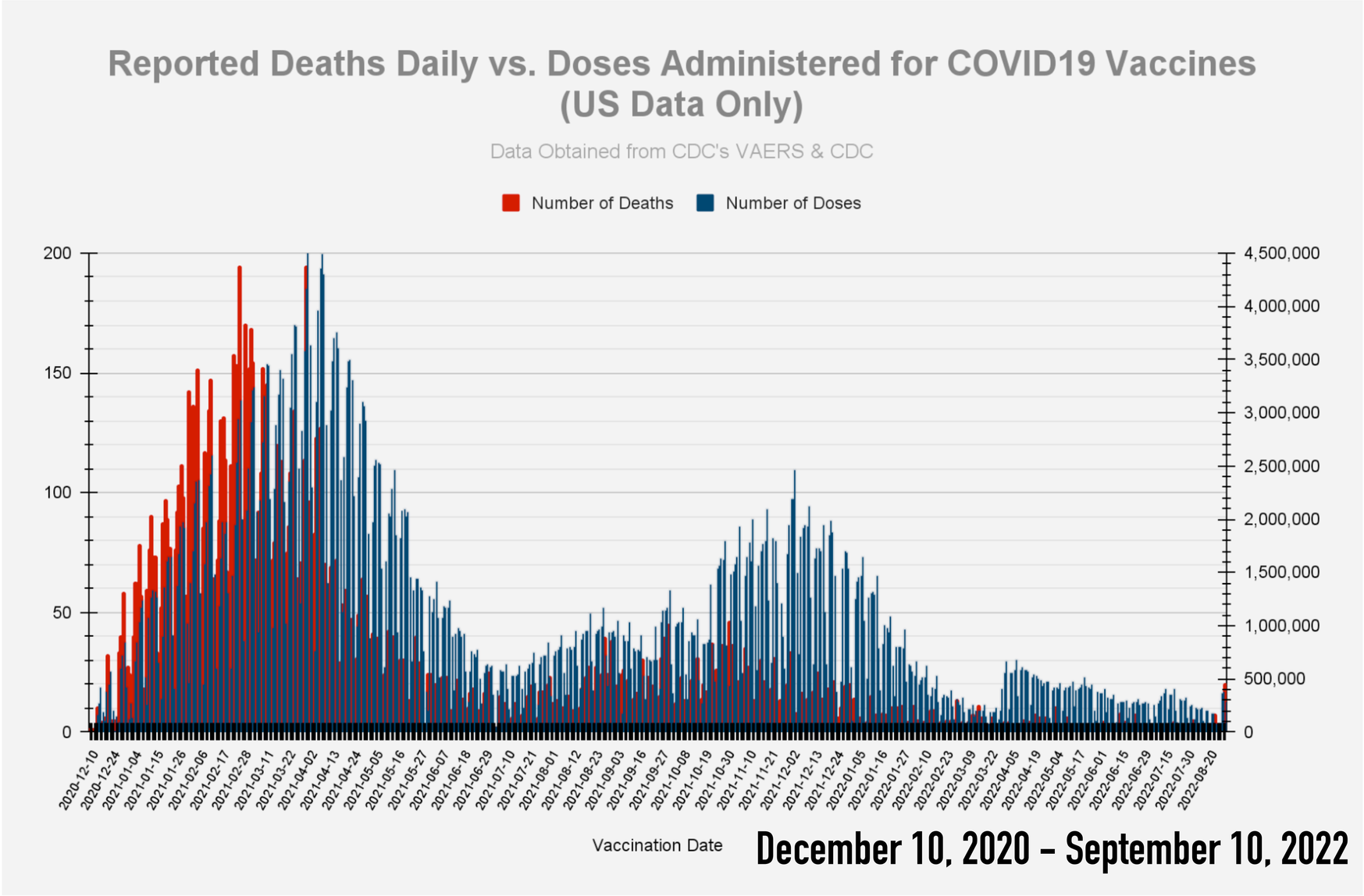
mRNA INJECTIONS & CANCER

2 / Data

–3 / VAERSANALYSIS.INFO–

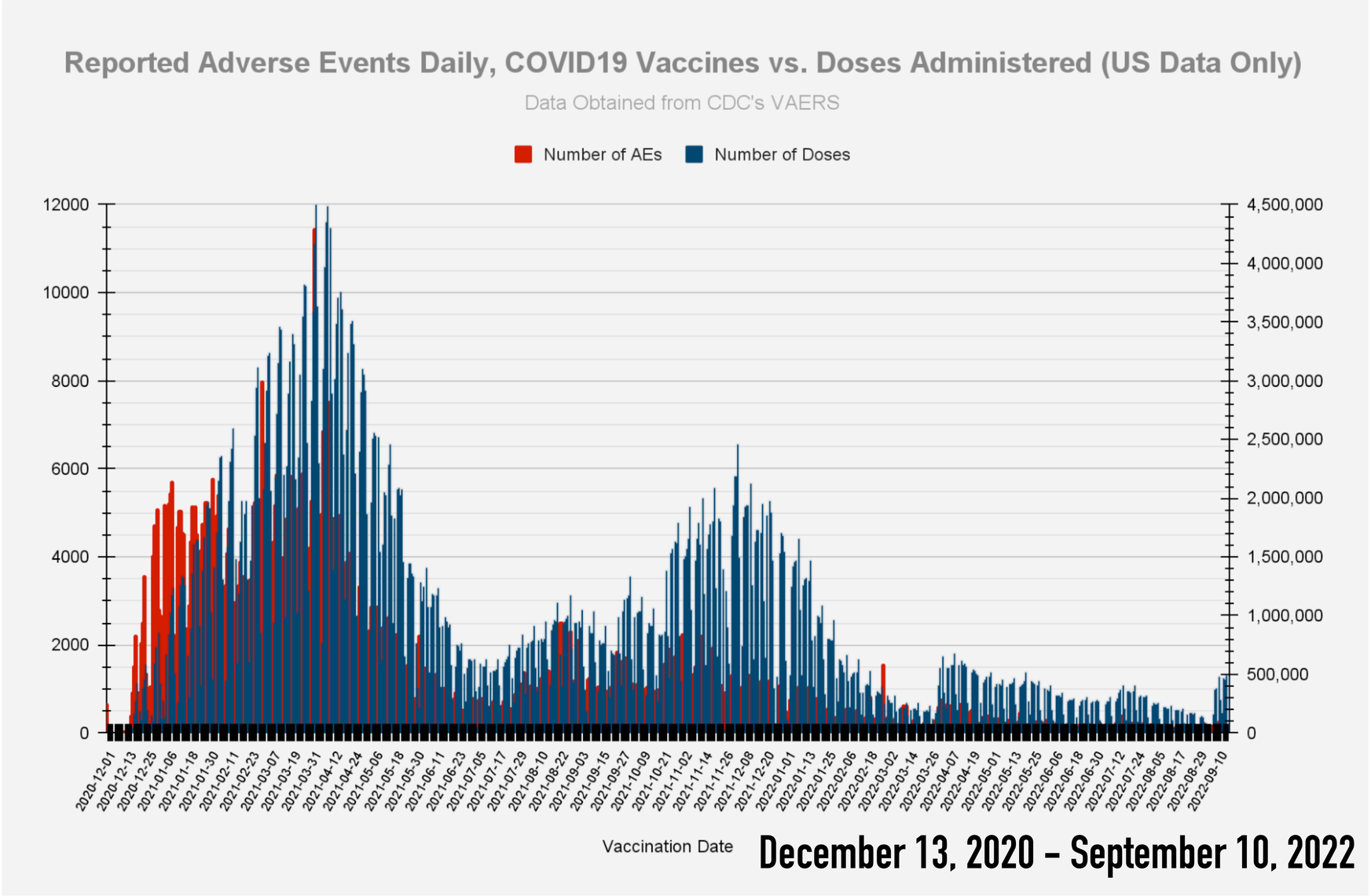
The VAERSanalysis.info data is presented without remarks and will be overlaid with other data sets.

2 / DATA: VAERSANALYSIS.INFO
REPORTED DEATHS V. DOSES ADMINISTERED
December 10, 2020 – September 10, 2022



https://vaersanalysis.info/2022/09/24/vaers-summary-for-covid-19-vaccines-through-9-16-2022/

2 / DATA: VAERSANALYSIS.INFO
ADVERSE EVENTS V. DOSES ADMINISTERED
December 13, 2020 – September 10, 2022



https://vaersanalysis.info/2022/09/24/vaers-summary-for-covid-19-vaccines-through-9-16-2022/

mRNA INJECTIONS & CANCER

2 / Data

–4 / JOHN BEAUDOIN, TEAM MEMBER–

The proprietary data and analysis from team member John Beaudoin is presented with his own remarks. It will be overlaid with other data sets.

2 / DATA: JOHN BEAUDOIN
PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

THIS DATA IS AVAILABLE UPON REQUEST SUBMITTED TO DR. HENRY EALY

J.Beaudoin 2022-09-26

READER ORIENTATION FOR DATA BRIEFS

Last updated 2022 September 26

DATA SOURCE

All data comes from Massachusetts Department of Public Health Death Certificates obtained via public records request (State FOIA).

=-=-=-=-=-=-=-=-=

DEFINITIONS

ICD-10 Codes are the International Statistical Classification of Diseases and Related Health Problems. The codes are built in a hierarchical fashion. For example, codes beginning with the letter "I" represent diagnoses associated with "Diseases of the circulatory system." I26 represents "Pulmonary embolism." While I26.9 represents a more specific diagnosis of "Pulmonary embolism without mention of acute or pulmonale."

It is important to note that obvious safety signals can be hidden by looking exclusively at the top-level aggregation of data rather than diving deeper into the specific diagnoses within that category that make up the top-level aggregation of data. This is known as Simpson's Paradox and enables government agencies to make inaccurate safety claims by hiding concerning data.

Simpson's Paradox is when a trend appears in statistics of individual groups, but those trends disappear when the groups are aggregated/combined.

=-=-=-=-=-=-=-=-=

NOTES ON DRY TINDER

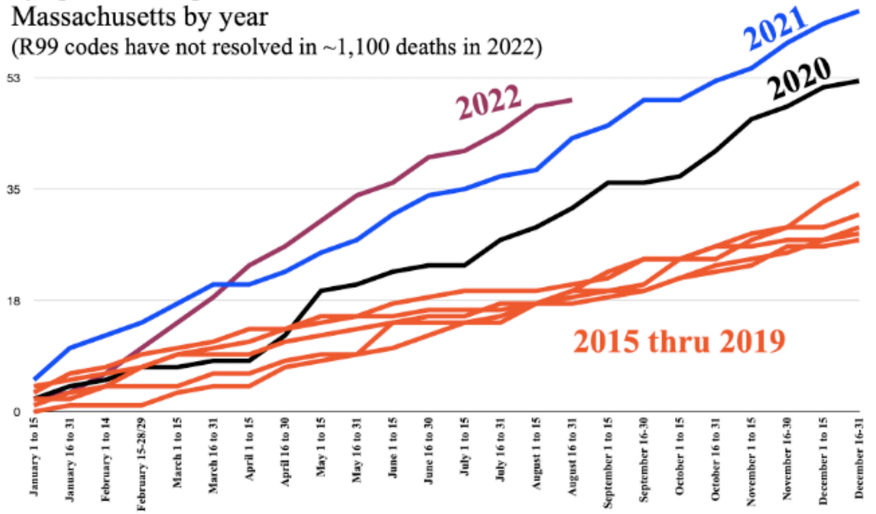
In epidemiology there is a concept known as 'Dry Tinder'. Essentially, when there are fewer deaths than expected in a prior year in populations of advancing age, those deaths can accumulate in a current year as people who were expected to die in the previous year(s), pass away in mass.

While there was an incredibly high excess death total in 2020 due to 'Dry Tinder' from 2015 to 2019 the result for 2021 and 2022 should have been a return to normal expectations rather than a continuation of excess death. There is no historical precedent for 'Dry Tinder' lasting 3 consecutive years.

Many elderly died in March through June 2020 from neglect, malpractice or from COVID-19. The 'Dry Tinder' was sadly cleared. This shows in age strata analyses not part of this data brief. Since EUA approval, the burden of mortality shifted to lower age groups, especially in sequela that increasingly appear to be caused by long-term injuries due to the Experimental COVID Biologics.

This Data Brief deals with this major concern.

C77.9 = "Secondary and unspecified malignant neoplasm: Lymph node, unspecified"
Massachusetts by year
(R99 codes have not resolved in ~1,100 deaths in 2022)



In This Graphic

- **2015 to 2019 Display Normal Annual Cause of Death Trends By ICD-10 Code For Massachusetts**
- **Also Included For Comparison Are 2020, 2021 & 2022 Trends For The Same ICD-10 Code For Massachusetts**
- **2020 Data Is Expected To Exceed Normal Trends Due To 'Dry Tinder' Effect**

Interpreting This Graphic

- **However, 2021 & 2022 should not exceed 2020, let alone trend upwardly. To do so is data evidence of other cause and cannot be attributed to COVID infection**
- **The only new variable that can be associated with an increase in 2021 & 2022 mortality over 2020 mortality are the experimental COVID Biologics**

2 / DATA: JOHN BEAUDOIN

PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

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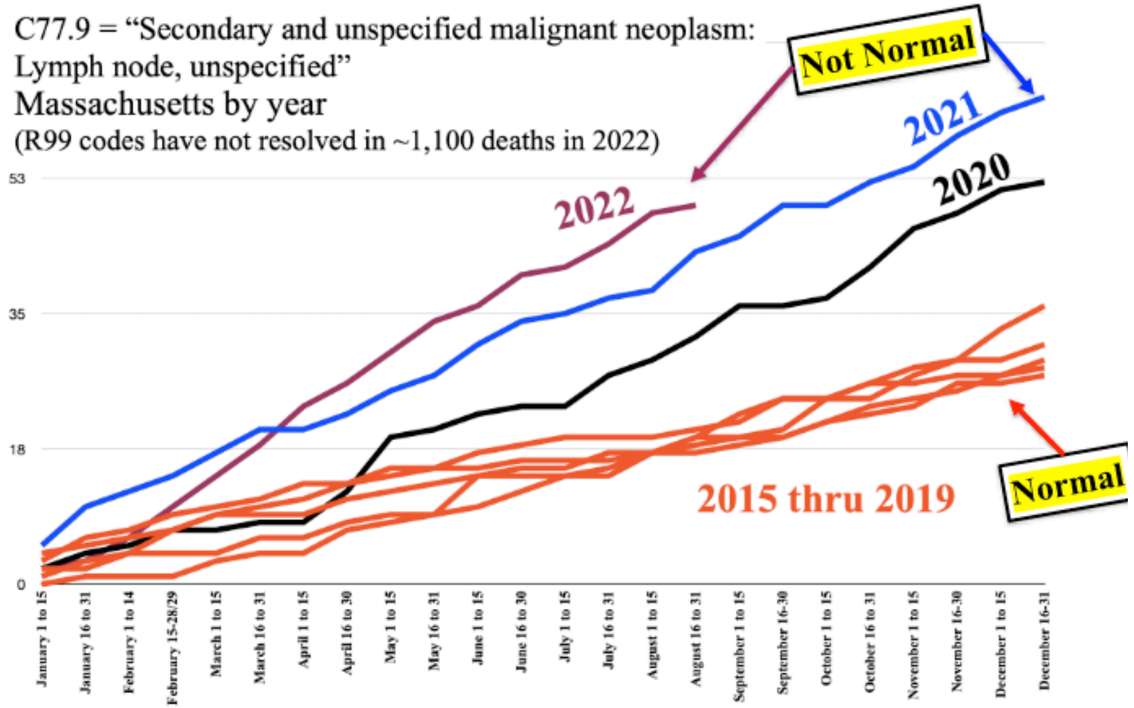
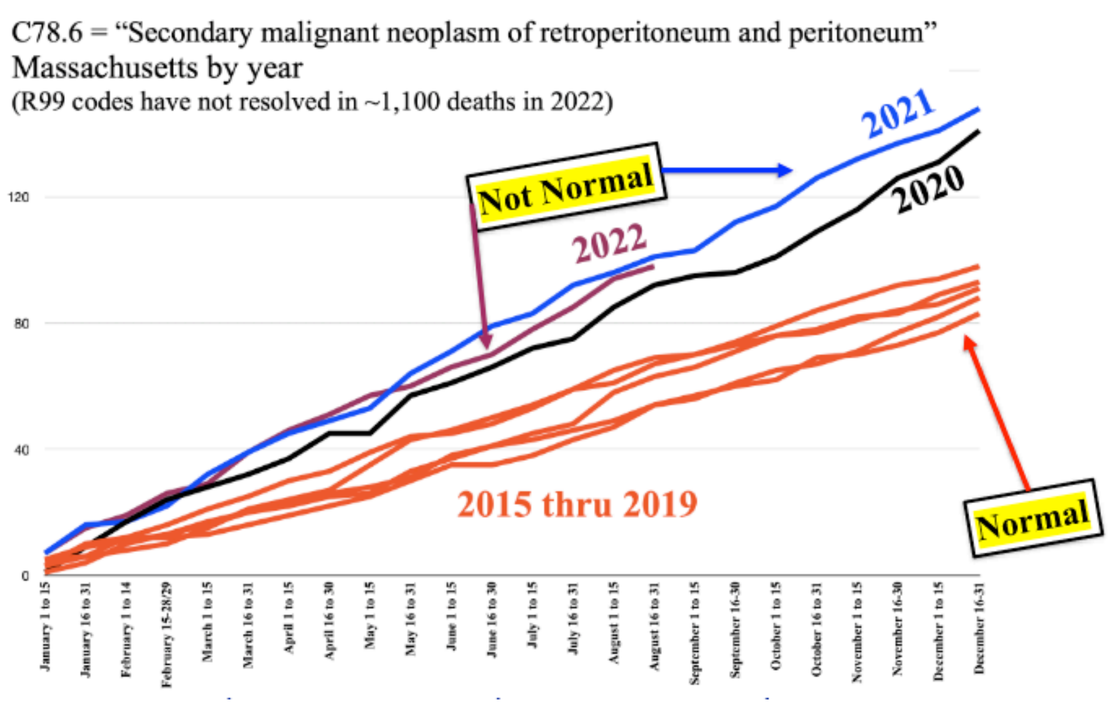
J.Beaudoin 2022-09-26



J.Beaudoin 2022-09-26



2 / DATA: JOHN BEAUDOIN

PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

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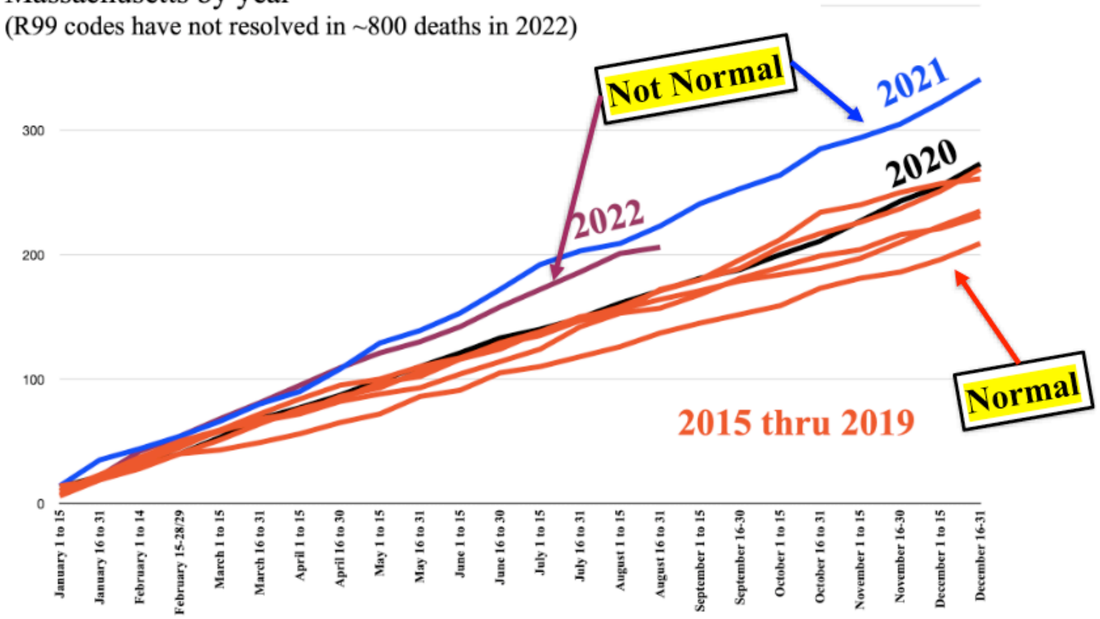
C79.5 = "Secondary malignant neoplasm of bone and bone marrow"
Massachusetts by year
(R99 codes have not resolved in ~800 deaths in 2022)



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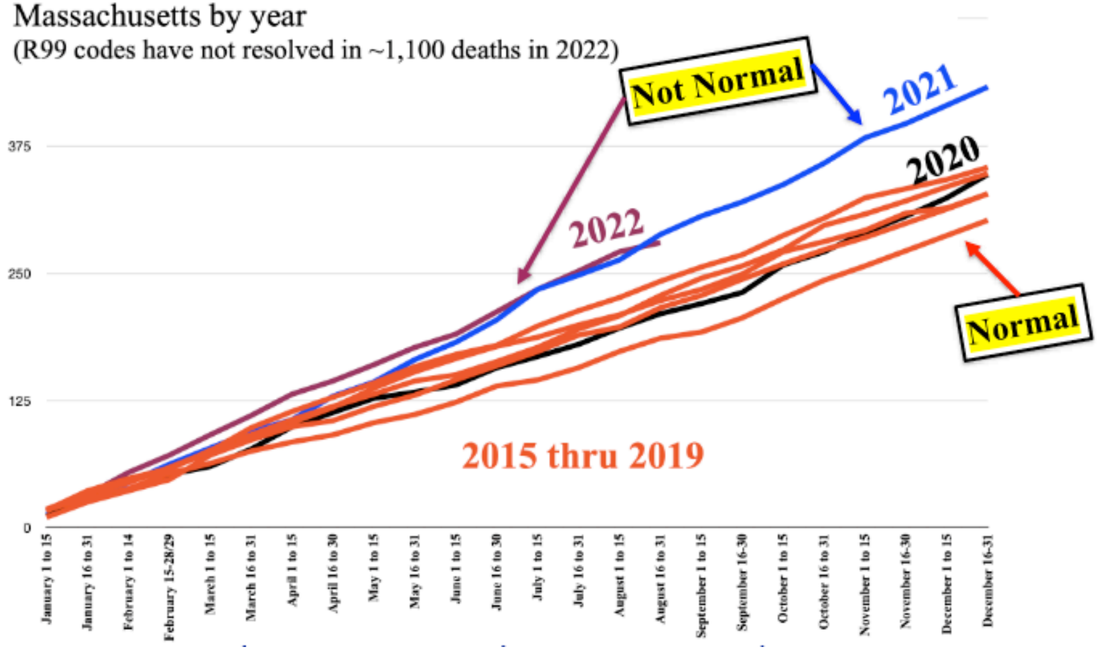
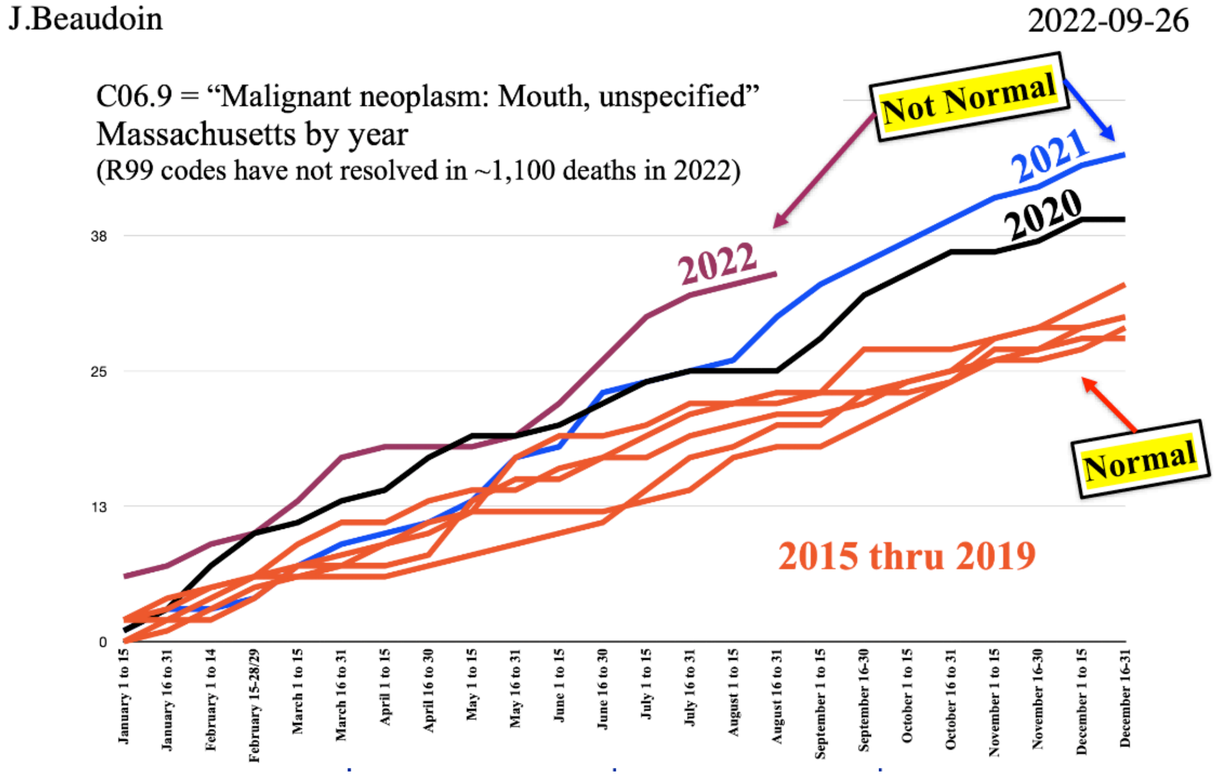
C78.0 = "Secondary malignant neoplasm of lung"
Massachusetts by year
(R99 codes have not resolved in ~1,100 deaths in 2022)



2 / DATA: JOHN BEAUDOIN

PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

THIS DATA IS AVAILABLE UPON REQUEST SUBMITTED TO DR. HENRY EALY



2 / DATA: JOHN BEAUDOIN
PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

THIS DATA IS AVAILABLE UPON REQUEST SUBMITTED TO DR. HENRY EALY

“NOT NORMAL”

J.Beaudoin 2022-09-26

COVID-19 PUBLIC HEALTH ANALYSIS

EXECUTIVE BRIEFING

Injection site tumors

Status

- Female
- 92yo
- C19 biologic Dose 1 ~ January 2021
- Dose 2 ~ February 2021
- Date of Pics - July 28, 2021
- Died - August 18, 2021

Decedent & photographer identified

- [Advise re: corroborating research papers] reference page #’s

Theory

- Age compromised immune system
- Injection site seeded tumors
- Immunosuppression caused growth
- Tumors from both doses grew at accelerated rates in both arms to produce massive tumors in only 5 months

Possible externalities: experimental COVID-19 **biologics**, Paxlovid, severe nutrient deficiency

Right Deltoid

Left deltoid

mRNA INJECTIONS & CANCER

2 / Data

With the data sourced, we next outline the process.

mRNA INJECTIONS & CANCER

3 / Process

mRNA INJECTIONS & CANCER

3 / Process

The following provides a detailed summary of the process used to examine and analyze the sourced data sets.

3 / PROCESS:
The Process of Visual Analysis

PROCESS:

1 / The data collected from CDC, Ethical Skeptic and VAERSinfo is graphed

2 / The graphs fall along timelines [x-axis]

3 / Median lines are assigned to the graphed data

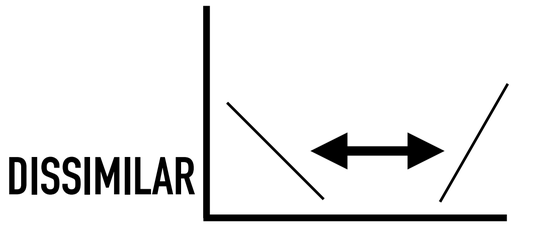
4 / The timelines and median lines are overlaid in various configurations to analyze and visually examine for any statistical correlation

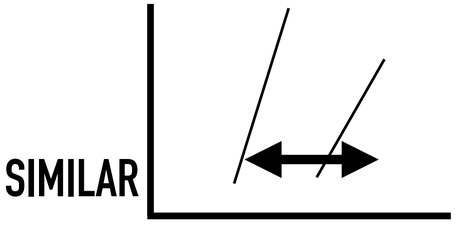
5 / The concept of overlaying timeline graphs is to "look down through them" for similarities in the symmetry and proximity of lines relative to time

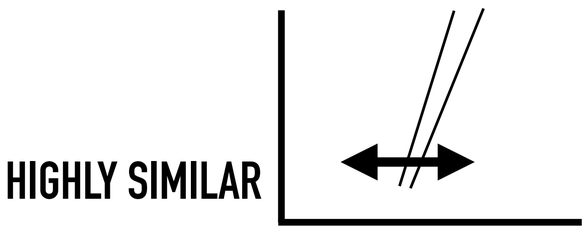
6 / The overlaid timelines are calibrated by a specific date or date range for apples:apples comparison

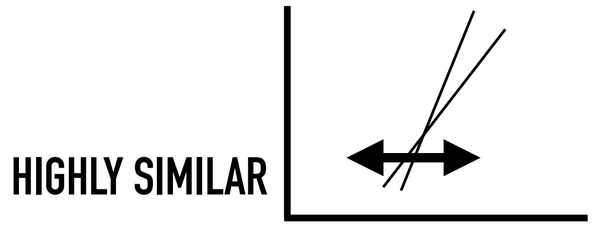
THE TWO BASIC VISUAL MEASUREMENTS FOR STATISTICAL CORRELATION:

1. Proximity in time [where do they fall?] ⟷
2. Symmetry or visual similarity in shape, form, appearance and angle [how alike are they?]









https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

mRNA INJECTIONS & CANCER

3 / Process

With an understanding of the process, we overlay our sourced data sets to analyze and measure them for statistical correlation between mRNA injection and cancer rates.

mRNA INJECTIONS & CANCER

4 / Analysis

4 / ANALYSIS: Analyzing data lines for:
1/Symmetry
2/Proximity

BASICS

Focus on the lines:

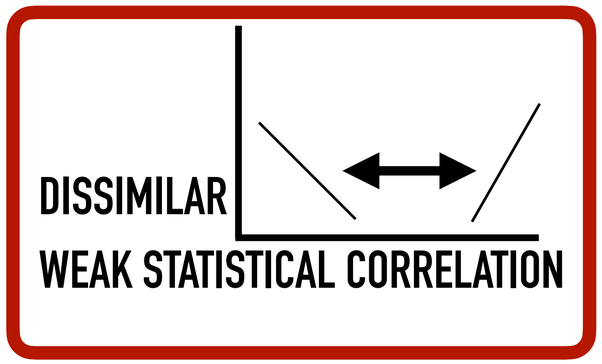
Are they close in proximity?

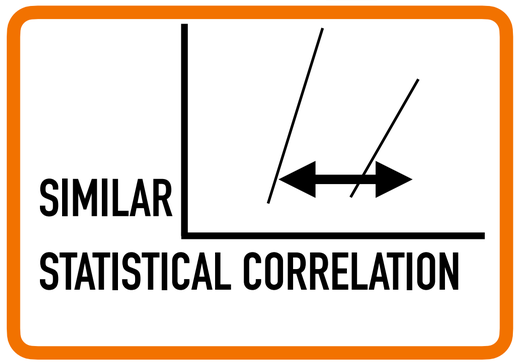
Are they symmetrical?

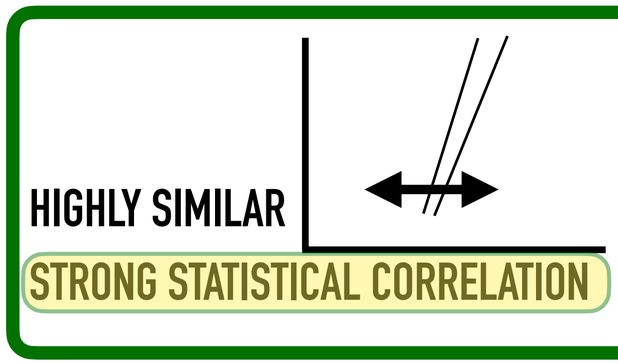
NO

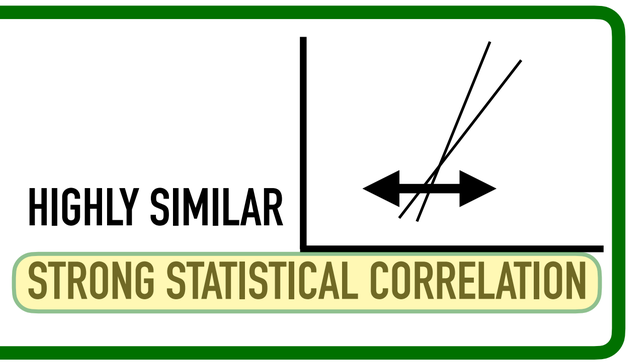
YES

KEYS: DETERMINING STATISTICAL CORRELATION BY SYMMETRY









mRNA INJECTIONS & CANCER

4 / Analysis

The following is the visual analysis focused on the proximity and symmetry of median value data lines for cancer and mRNA injection rates over time.

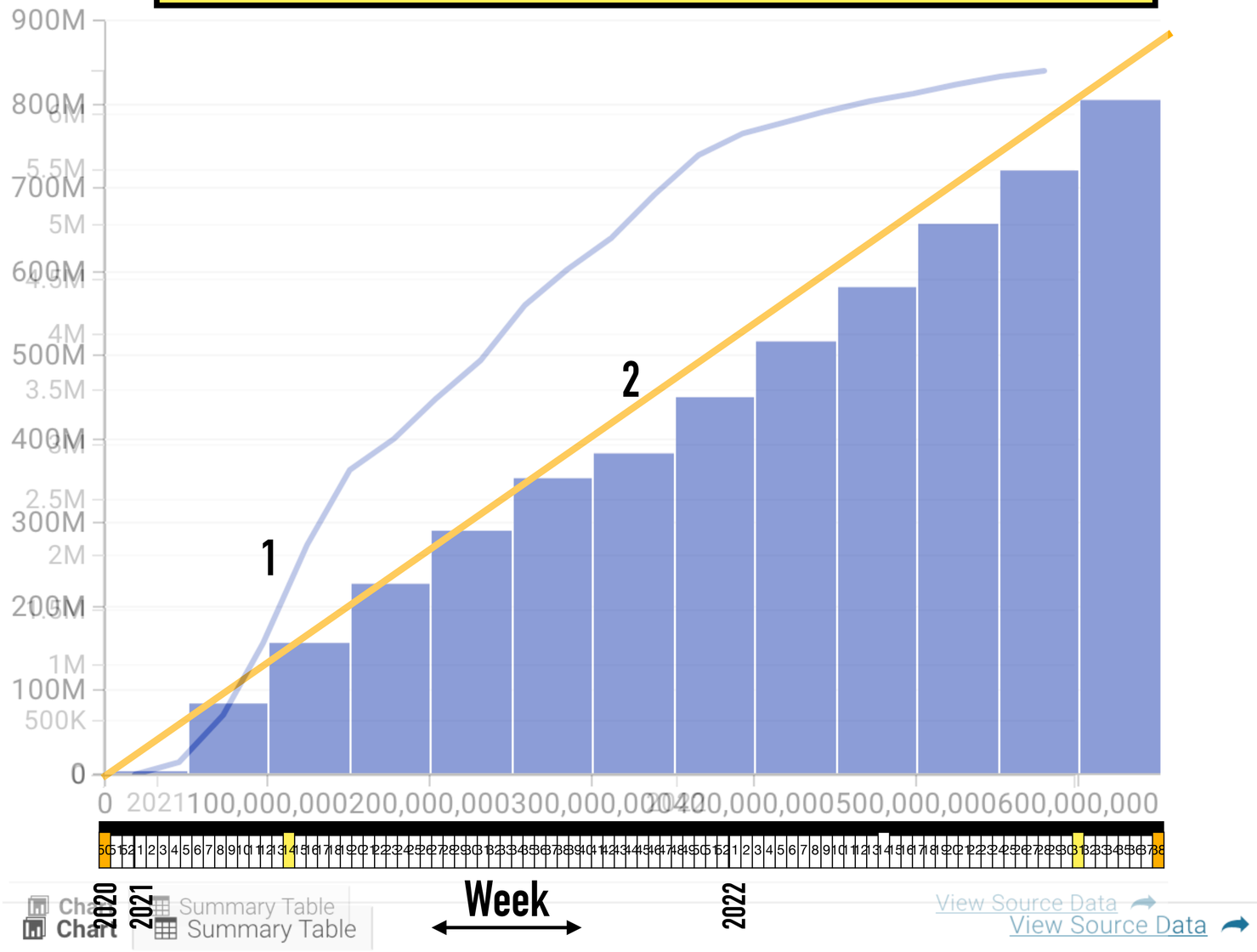
4 / ANALYSIS / OVERLAY 1: Calibrated by time

1/Actual mRNA Vaccinations

2/Median mRNA

Overlay shows different values [1/actual v. 2/median] of the same data set and no statistical correlation is to be made.

DECEMBER 13, 2020 – SEPTEMBER 22, 2022



Preview of COVID-19 Vaccinations in the United States,Jurisdiction

Preview of COVID-19 Vaccinations in the United States,Jurisdiction

mRNA INJECTIONS & CANCER

4 / Analysis

The following page is important for three reasons: 1–the timeline data is calibrated by week, 2–median cancer and median mRNA rates are overlaid for comparison and 3–the gap between the introduction of mRNA and the anomalous increase in cancer rates is consistent with accepted ranges for cancer from onset/development to detection.

4 / ANALYSIS / OVERLAY 2: Calibrated by time

1/Median Cancer

2/Median mRNA

[Off Chart]

[Off Chart]

Week numbers are calibrated to the timeline

mRNA: Week 50 / December 13, 2020 – Week 38 / September 22, 2022

DECEMBER	Week 49	Monday, November 30, 2020	Sunday December 6, 2020
	Week 50	Monday December 7, 2020	Sunday December 13, 2020
	Week 51	Monday December 14, 2020	Sunday December 20, 2020
	Week 52	Monday December 21, 2020	Sunday December 27, 2020
	Week 53	Monday December 28, 2020	Sunday January 3, 2021

https://www.calendar.best/week-number-2020.html

SEPTEMBER	Week 35	Monday August 29, 2022	Sunday September 4, 2022
	Week 36	Monday September 5, 2022	Sunday September 11, 2022
	Week 37	Monday September 12, 2022	Sunday September 18, 2022
	Week 38	Monday September 19, 2022	Sunday September 25, 2022
	Week 39	Monday September 26, 2022	Sunday October 2, 2022

https://www.calendar.best/week-number-2022.html

CANCER: Week 14 / April 5, 2021 – Week 31 / August 7, 2022

APRIL	**Week 14**	Monday April 5, 2021	Sunday April 11, 2021
	Week 15	Monday April 12, 2021	Sunday April 18, 2021
	Week 16	Monday April 19, 2021	Sunday April 25, 2021
	Week 17	Monday April 26, 2021	Sunday May 2, 2021

https://www.calendar.best/week-number-2020.html

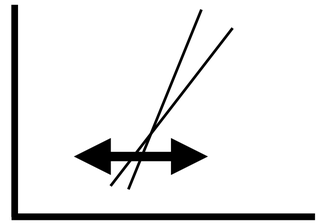
AUGUST	**Week 31**	Monday August 1, 2022	Sunday August 7, 2022
	Week 32	Monday August 8, 2022	Sunday August 14, 2022
	Week 33	Monday August 15, 2022	Sunday August 21, 2022
	Week 34	Monday August 22, 2022	Sunday August 28, 2022

https://www.calendar.best/week-number-2022.html

1 2

HIGHLY SIMILAR

STRONG STATISTICAL CORRELATION



Window: Cancer onset, development and detection

15 Weeks = 3.75 Months

How long does cancer take to develop?

CANCER: 3-6 mos. to become detectable

The speed by which cancer develops differs from person to person and from one type of cancer to another. For this reason, an exact amount of time cannot be assigned to tumor growth. However, there are some similarities which can help in understanding cancer growth.

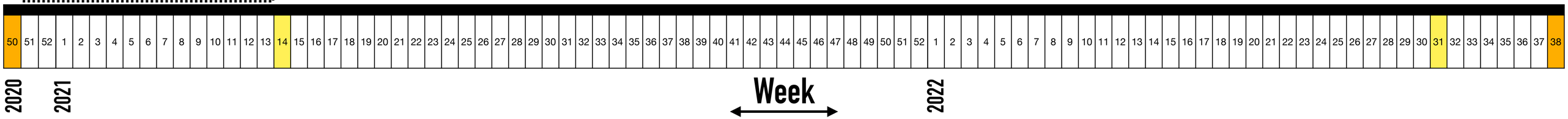
Consider lung cancer. For a lung cancer tumor to grow large enough to be detected by x-rays, the single cancer cell must divide (that is, double in size) at least 30 times. This will put it at just under a half an inch (or one centimeter) in dimension. While this division may not seem like much, try this. Using a calculator, multiply 1 x 2. Then the result (2) x 2. Then multiply by 2 again and keep doing this 30 times. The final figure is far larger than that which it was at the start. So, a cell dividing at this rate can grow large in a relatively short time.

The time it takes for a lung cancer tumor to grow to this stage is generally 3 – 6 months. This is the smallest size at which the tumor can be detected, but often learning of lung cancer takes years of cellular development.

To help patients understand the growth of their cancers and to help physicians develop the appropriate treatment plans for each patient, stages have been developed. Thus, a patient can be said to have a stage 0,1, 2, 2, or 4 tumor.

Overlay compares median cancer and median mRNA over time.

https://kymeramedical.com/how-quickly-does-cancer-grow/



4 / ANALYSIS / OVERLAY 3: Calibrated by time

1/Median Cancer

2/Median mRNA

[Off Chart]

CANCER: Week 14 / April 5, 2021 – Week 31 / August 7, 2022

Is there symmetry? Are they close in proximity?

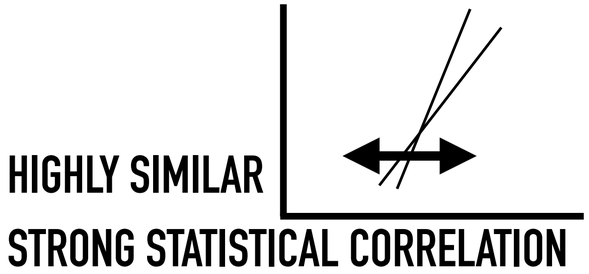
1

2

OVERLAY

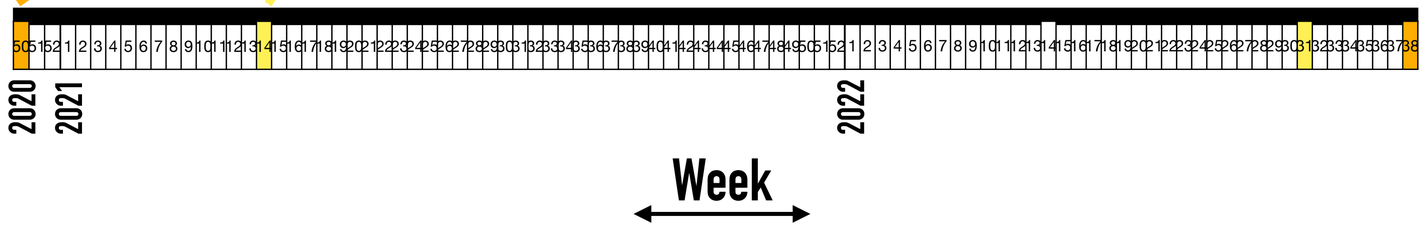
1/Median Cancer

2/Median mRNA [by state, jurisdiction]



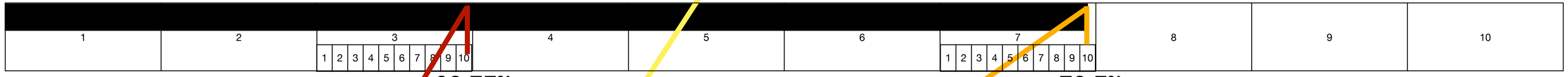
mRNA: Week 50 / December 13, 2020 – Week 38 / September 22, 2022

OBJECTIVE: To examine any statistical correlation between 1-Median Cancer and 2-Median mRNA [by state, jurisdiction]



4 / ANALYSIS / OVERLAY 4: Mathematical median [39.75%] of total vaccination rate [79.5% / at least 1 dose]

TOTAL U.S. POPULATION VACCINATED / AT LEAST 1 DOSE / 79.5%



0%

39.75%

79.5%

100%

*Symmetry & proximity of red, yellow, and orange lines

OVERLAY

1/Median [39.75%] of total mRNA rate [79.5%]

2/Median Cancer

3/Median mRNA [by state, jurisdiction]

Red line is added: Median of total mRNA rate of 79.5%

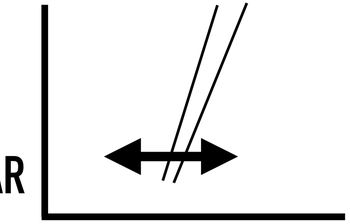
1

Parallel symmetry

2

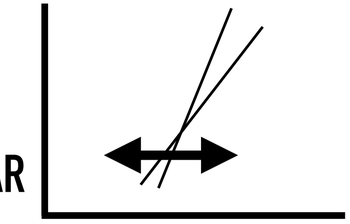
3

Is there symmetry? Are they close in proximity?



HIGHLY SIMILAR

STRONG STATISTICAL CORRELATION



HIGHLY SIMILAR

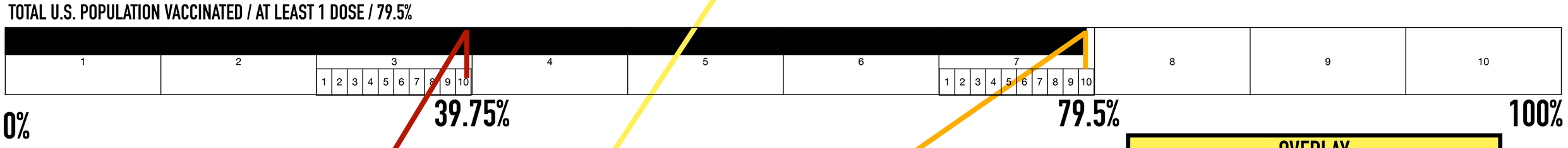
STRONG STATISTICAL CORRELATION

OBJECTIVE: To examine any statistical correlation between 1-Median [39.75%] of total mRNA rate [79.5%], 2-Median Cancer and 3-Median mRNA [by state, jurisdiction]

*VIEW: ZOOMED-IN

DECEMBER 13, 2020 – SEPTEMBER 22, 2022

4 / ANALYSIS / OVERLAY 5: Mathematical median [39.75%] of total vaccination rate [79.5% / at least 1 dose]



Blue line is added: Actual decline in mRNA rate

*Symmetry & proximity of red, yellow, orange and navy lines

1

2

3

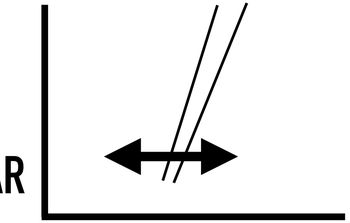
4

Parallel symmetry

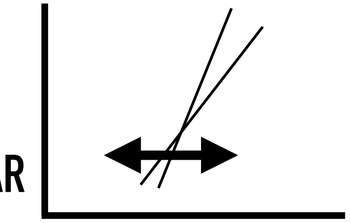
OVERLAY

1/Median [39.75%] of total mRNA rate [79.5%]
2/Median Cancer
3/Median mRNA [by state, jurisdiction]
4/Actual decline in mRNA injection rates

OBJECTIVE: To examine any statistical correlation between 1-Median [39.75%] of total mRNA rate [79.5%], 2-Median Cancer, 3-Median mRNA [by state, jurisdiction] and 4-Actual decline in mRNA injection rates



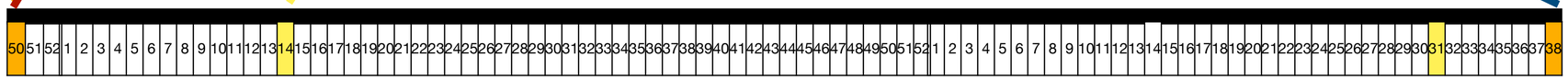
HIGHLY SIMILAR
STRONG STATISTICAL CORRELATION



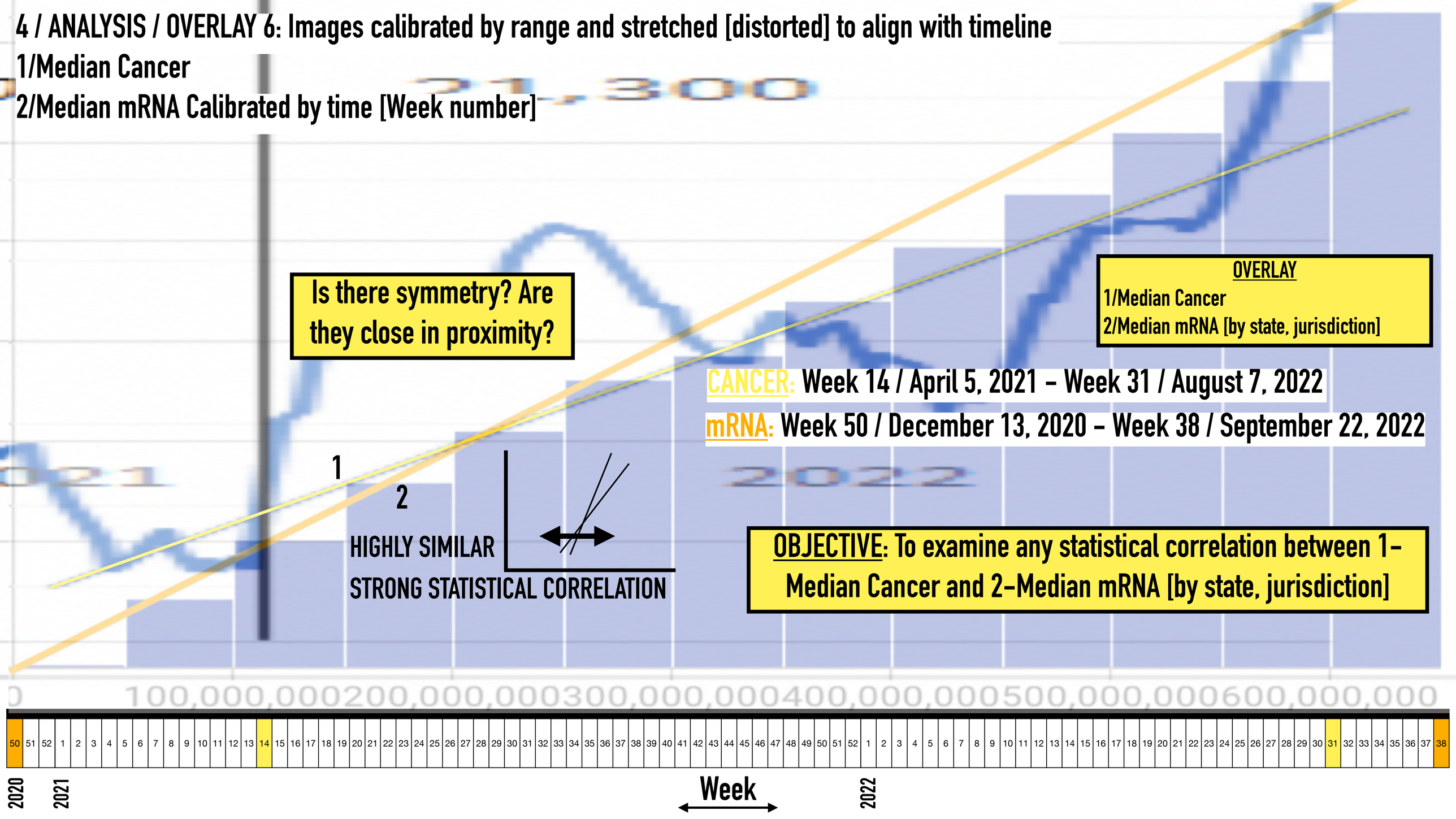
HIGHLY SIMILAR
STRONG STATISTICAL CORRELATION

Is there symmetry? Are they close in proximity? [Except for the blue line]

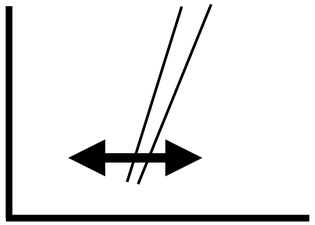
*VIEW: ZOOMED-IN



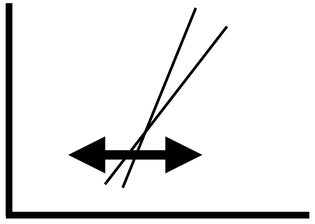
DECEMBER 13, 2020 – SEPTEMBER 22, 2022


4 / ANALYSIS / OVERLAY 6: Images calibrated by range and stretched [distorted] to align with timeline
1/Median Cancer
2/Median mRNA Calibrated by time [Week number]
21,300
Is there symmetry? Are they close in proximity?
OVERLAY
1/Median Cancer
2/Median mRNA [by state, jurisdiction]
CANCER: Week 14 / April 5, 2021 – Week 31 / August 7, 2022
mRNA: Week 50 / December 13, 2020 – Week 38 / September 22, 2022
1
2
HIGHLY SIMILAR
STRONG STATISTICAL CORRELATION
OBJECTIVE: To examine any statistical correlation between 1-Median Cancer and 2-Median mRNA [by state, jurisdiction]
2021
2022
100,000,000200,000,000300,000,000400,000,000500,000,000600,000,000
50 51 52 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38
2020
2021
Week
2022

4 / ANALYSIS / OVERLAY 7: CDC Daily Count of Doses/Rolling 7-Day Moving Average 1/Median Cancer 2/Median mRNA



HIGHLY SIMILAR
STRONG STATISTICAL CORRELATION



HIGHLY SIMILAR
STRONG STATISTICAL CORRELATION

Visualizing the high statistical correlation between mRNA and cancer against the backdrop of doses administered

Trends in Number of COVID-19 Vaccinations in the US

Maps, charts, and data provided by CDC, updates weekly on Thursday by 8pm ET†

The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.

OVERLAY
1/Median Cancer
2/Median mRNA [by state, jurisdiction]

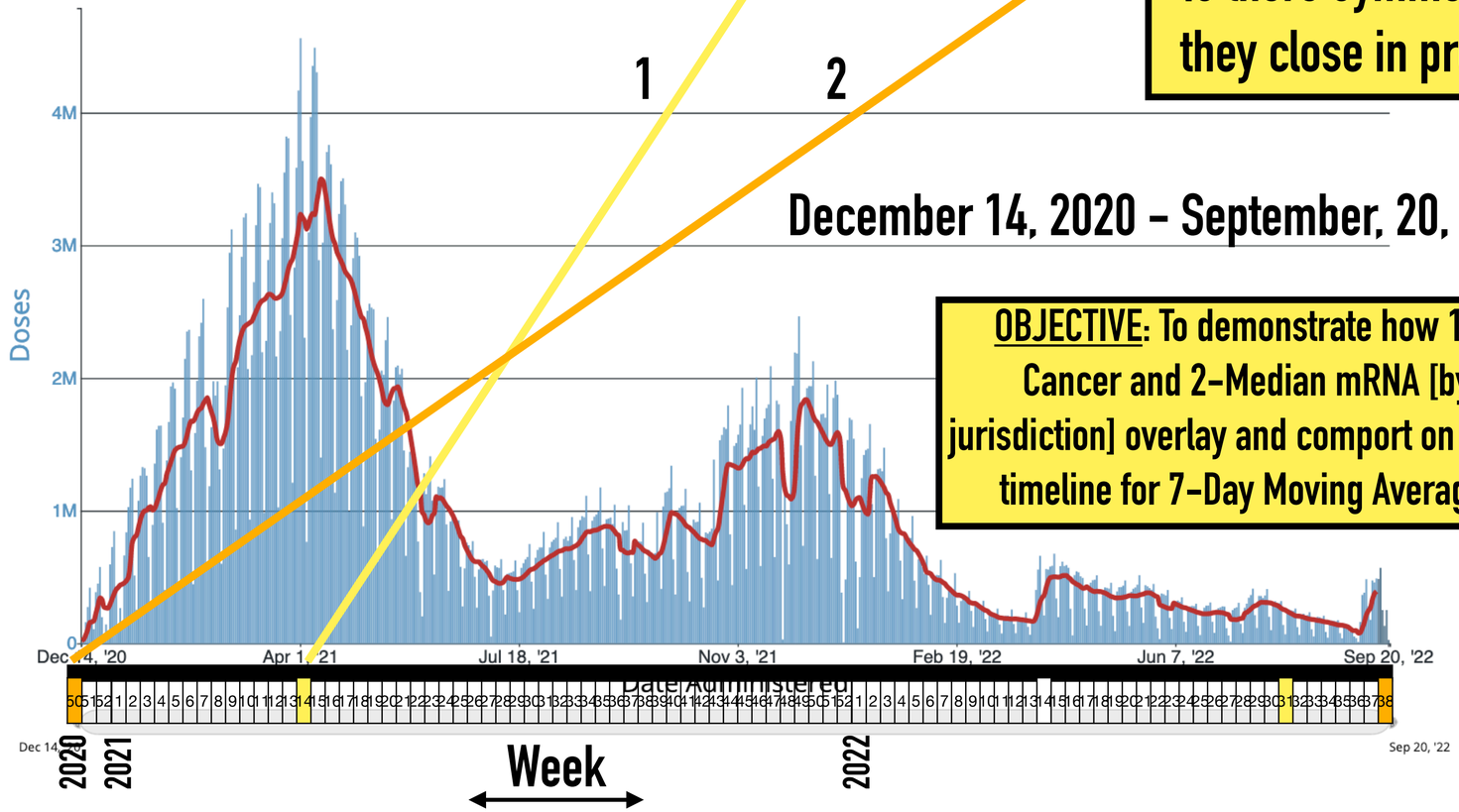
Select a Location: United States
Select a Metric: Total Doses Administered
View: Daily Count / Cumulative
Show: 7-Day moving average

Bars shown in the darker blue shade represent the most recent six days of reporting where the number of vaccine administrations might be impacted the most due to delays in reporting. All reported numbers might change over time as historical data are reported to CDC.

About These Data | View Footnotes and Download Data

CDC | Data as of: September 21, 2022 6:00am ET. Posted: September 22, 2022

Daily Count of Doses by Date of Vaccine Administration, United States



Is there symmetry? Are they close in proximity?

December 14, 2020 – September, 20, 2022

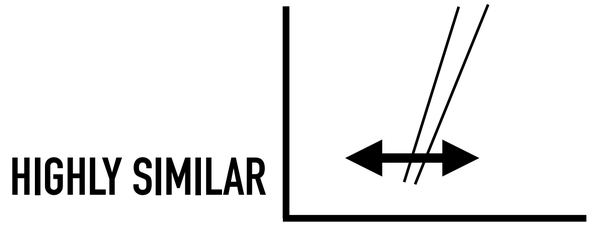
OBJECTIVE: To demonstrate how 1-Median Cancer and 2-Median mRNA [by state, jurisdiction] overlay and comport on a line graph timeline for 7-Day Moving Average mRNA

4 / ANALYSIS / OVERLAY 8: VAERSAnalysis.info / Reported Deaths v. Doses Administered

1/Median Cancer

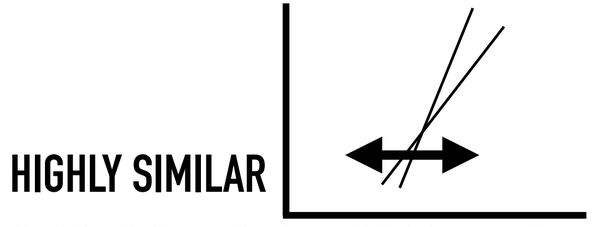
2/Median mRNA

OBJECTIVE: To demonstrate how 1-Median Cancer and 2-Median mRNA [by state, jurisdiction] overlay and comport on a line graph timeline for mRNA deaths v. doses



HIGHLY SIMILAR

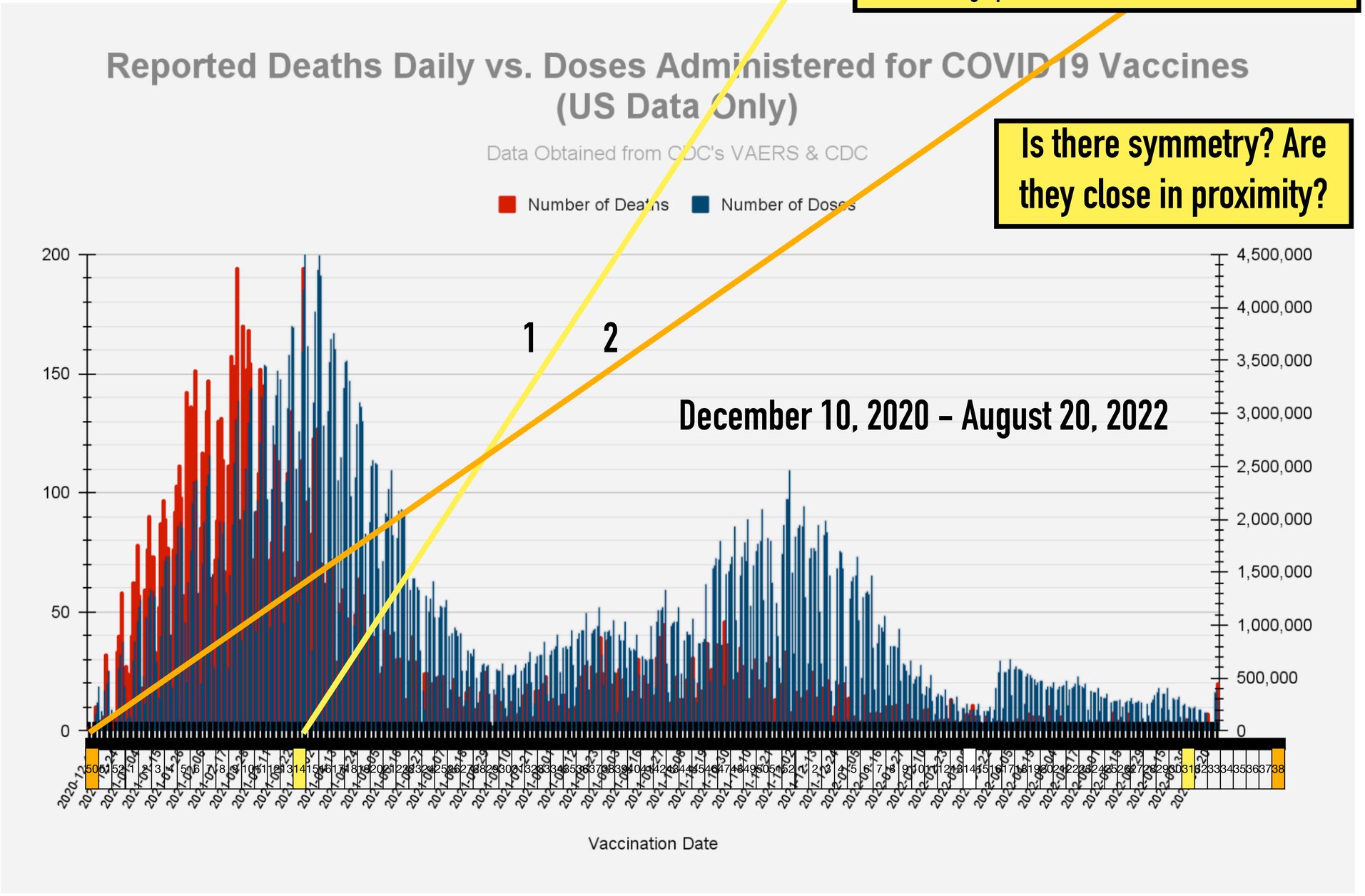
STRONG STATISTICAL CORRELATION



HIGHLY SIMILAR

STRONG STATISTICAL CORRELATION

Visualizing the high statistical correlation between mRNA and cancer against the backdrop of reported deaths and doses administered



Is there symmetry? Are they close in proximity?

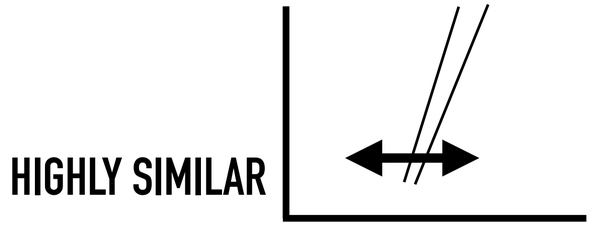
4 / ANALYSIS / OVERLAY 9: VAERSAnalysis.info / Reported Adverse Events v. Doses Administered

1/Median Cancer

2/Median mRNA

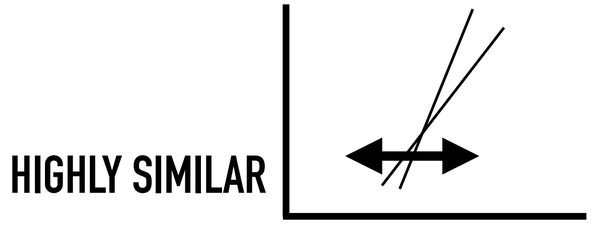
Is there symmetry? Are they close in proximity?

OBJECTIVE: To demonstrate how 1-Median Cancer and 2-Median mRNA [by state, jurisdiction] overlay and comport on a line graph timeline for mRNA adverse events v. doses administered



HIGHLY SIMILAR

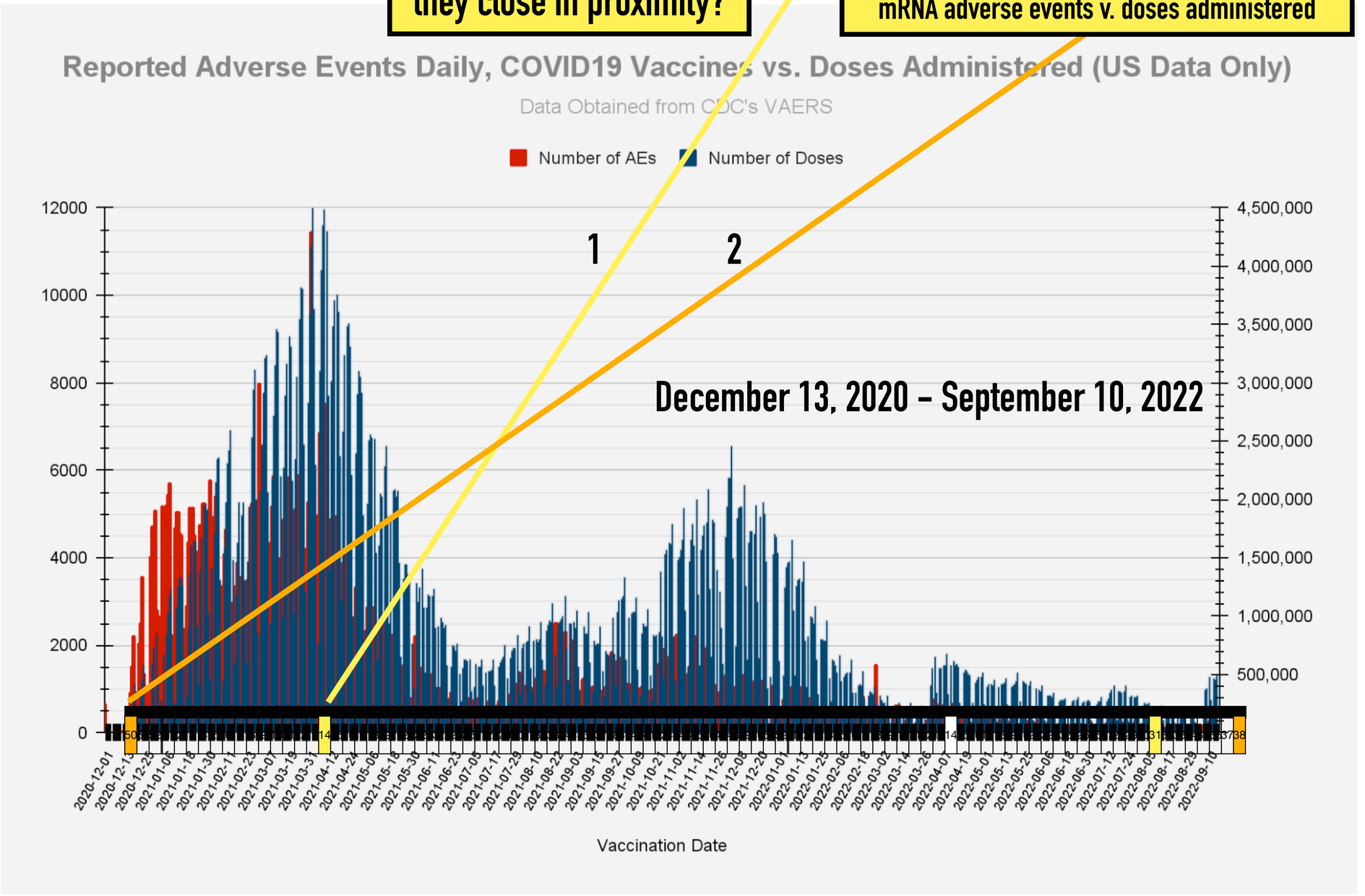
STRONG STATISTICAL CORRELATION



HIGHLY SIMILAR

STRONG STATISTICAL CORRELATION

Visualizing the high statistical correlation between mRNA and cancer against the backdrop of reported adverse events and doses administered



4 / ANALYSIS / OVERLAY 10: JOHN BEAUDOIN PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

THIS DATA IS AVAILABLE UPON REQUEST SUBMITTED TO DR. HENRY EALY

NORMAL v. NOT NORMAL

OBJECTIVE: To demonstrate how 1-Median Cancer and 2-Median mRNA [by state, jurisdiction] overlay and comport on a line graph timeline for malignant neoplasms

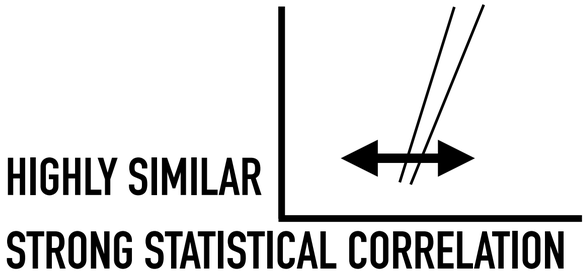
1 / Median Cancer

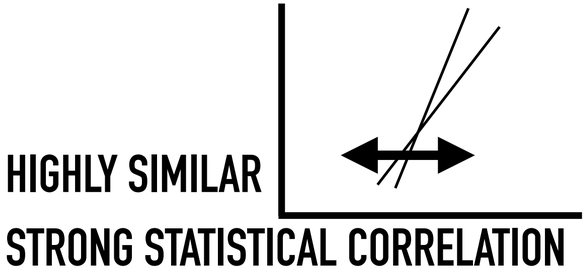
2 / Median mRNA

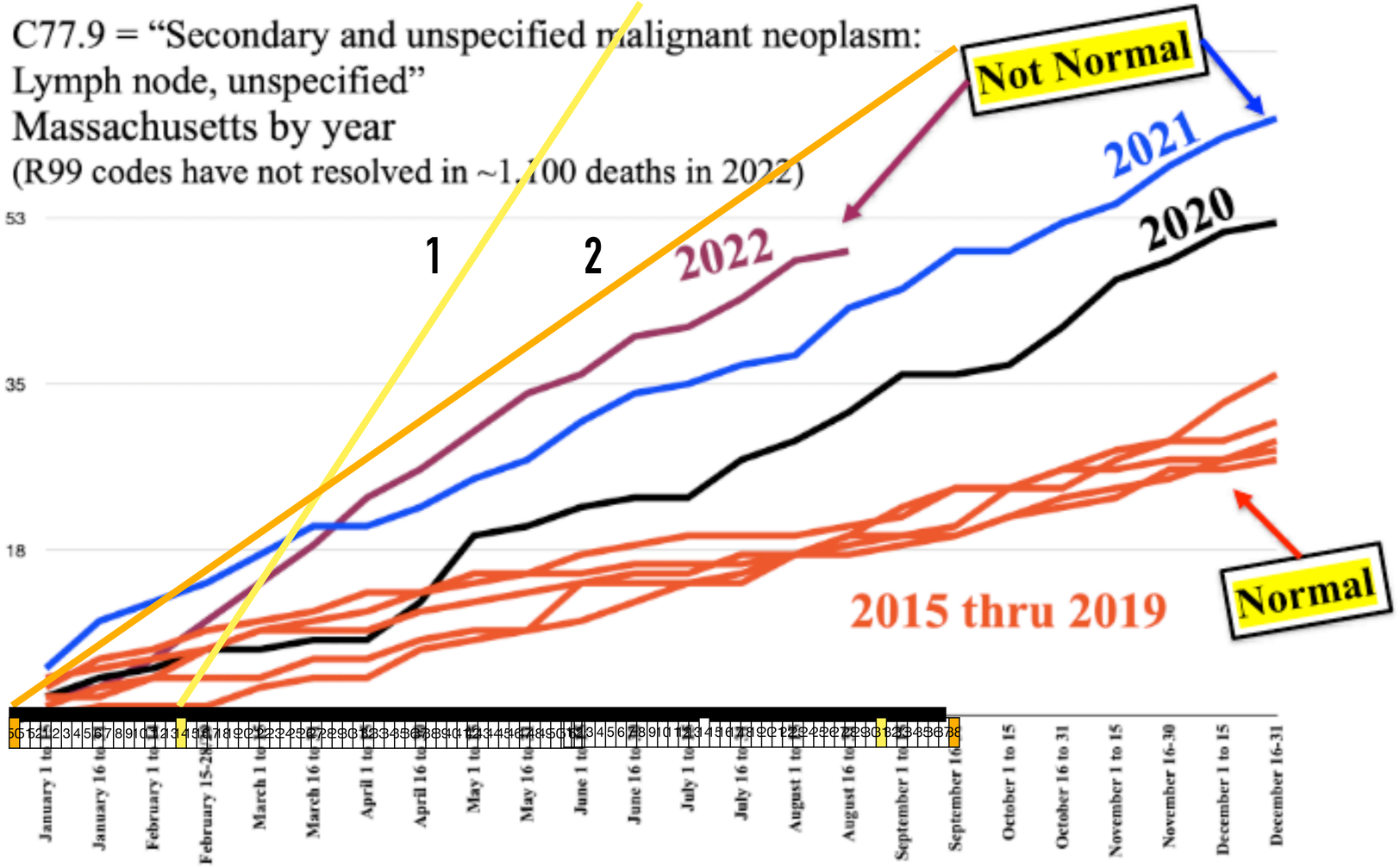
J.Beaudoin

Is there symmetry? Are they close in proximity?

2022-09-26







4 / ANALYSIS / OVERLAY 11: JOHN BEAUDOIN PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

THIS DATA IS AVAILABLE UPON REQUEST SUBMITTED TO DR. HENRY EALY

NORMAL v. NOT NORMAL

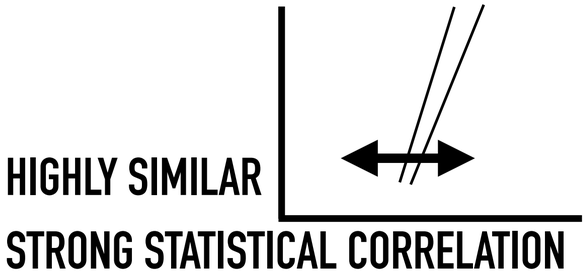
OBJECTIVE: To demonstrate how 1-Median Cancer and 2-Median mRNA [by state, jurisdiction] overlay and comport on a line graph timeline for malignant neoplasms

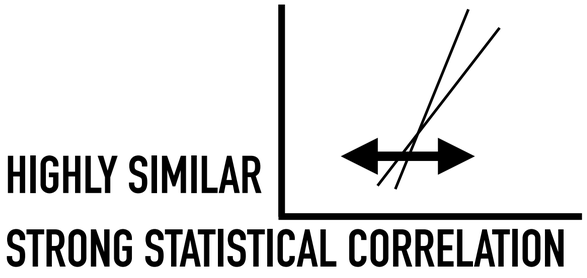
1 / Median Cancer
2 / Median mRNA

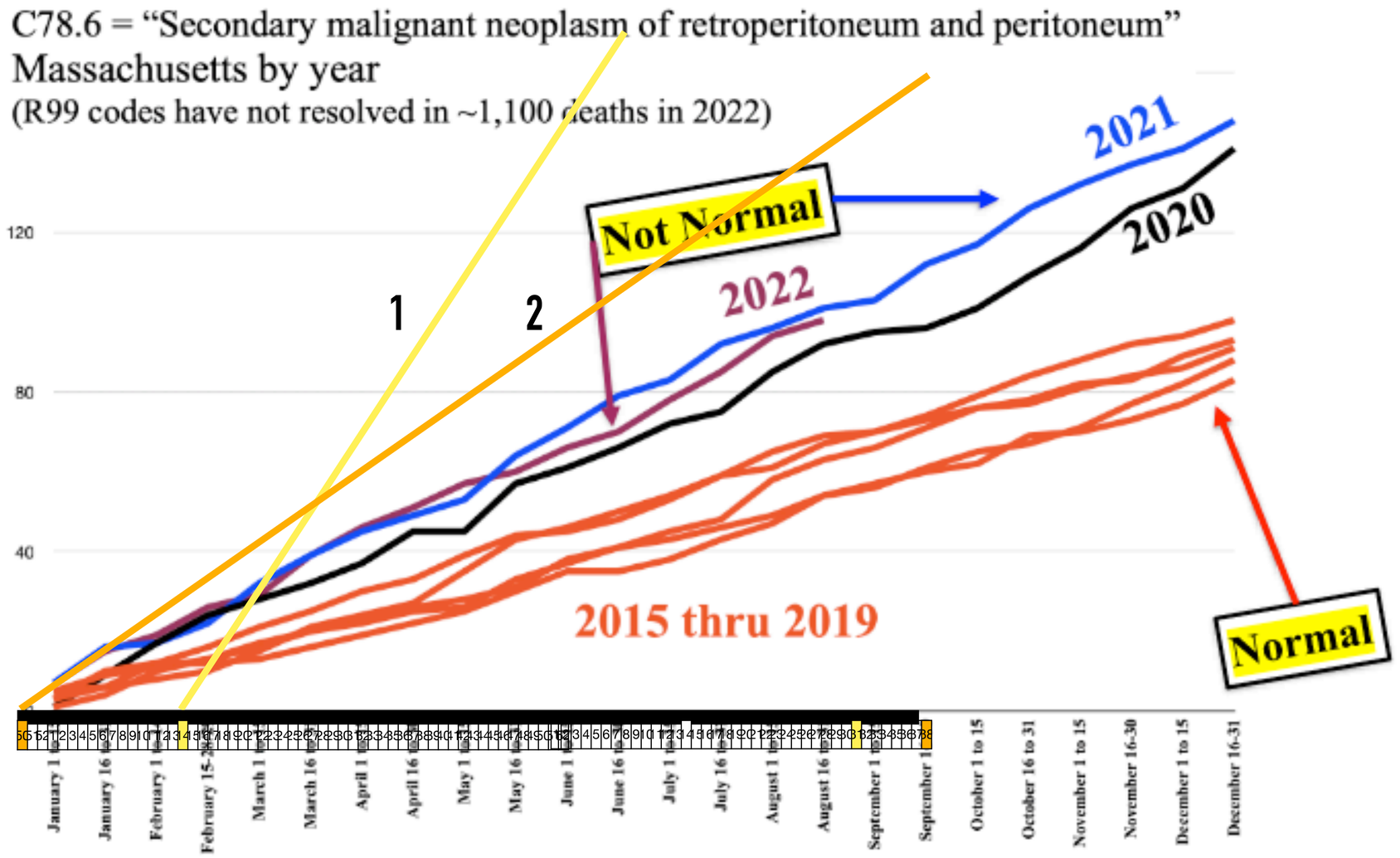
J.Beaudoin

2022-09-26

Is there symmetry? Are they close in proximity?







4 / ANALYSIS / OVERLAY 12: JOHN BEAUDOIN PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

THIS DATA IS AVAILABLE UPON REQUEST SUBMITTED TO DR. HENRY EALY

OBJECTIVE: To demonstrate how 1-Median Cancer and 2-Median mRNA [by state, jurisdiction] overlay and comport on a line graph timeline for malignant neoplasms

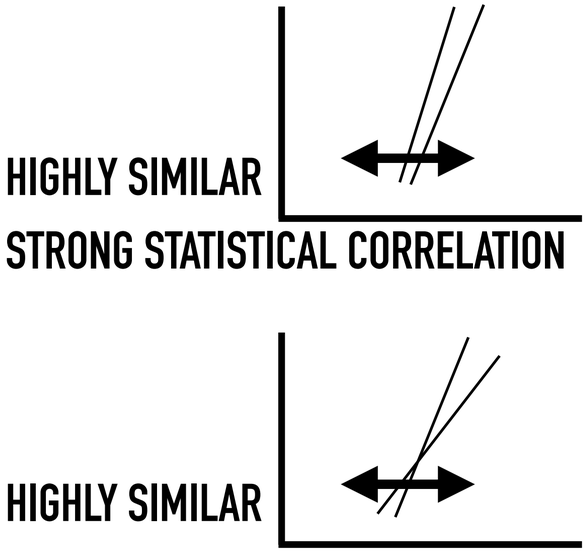
NORMAL v. NOT NORMAL

1 / Median Cancer

2 / Median mRNA

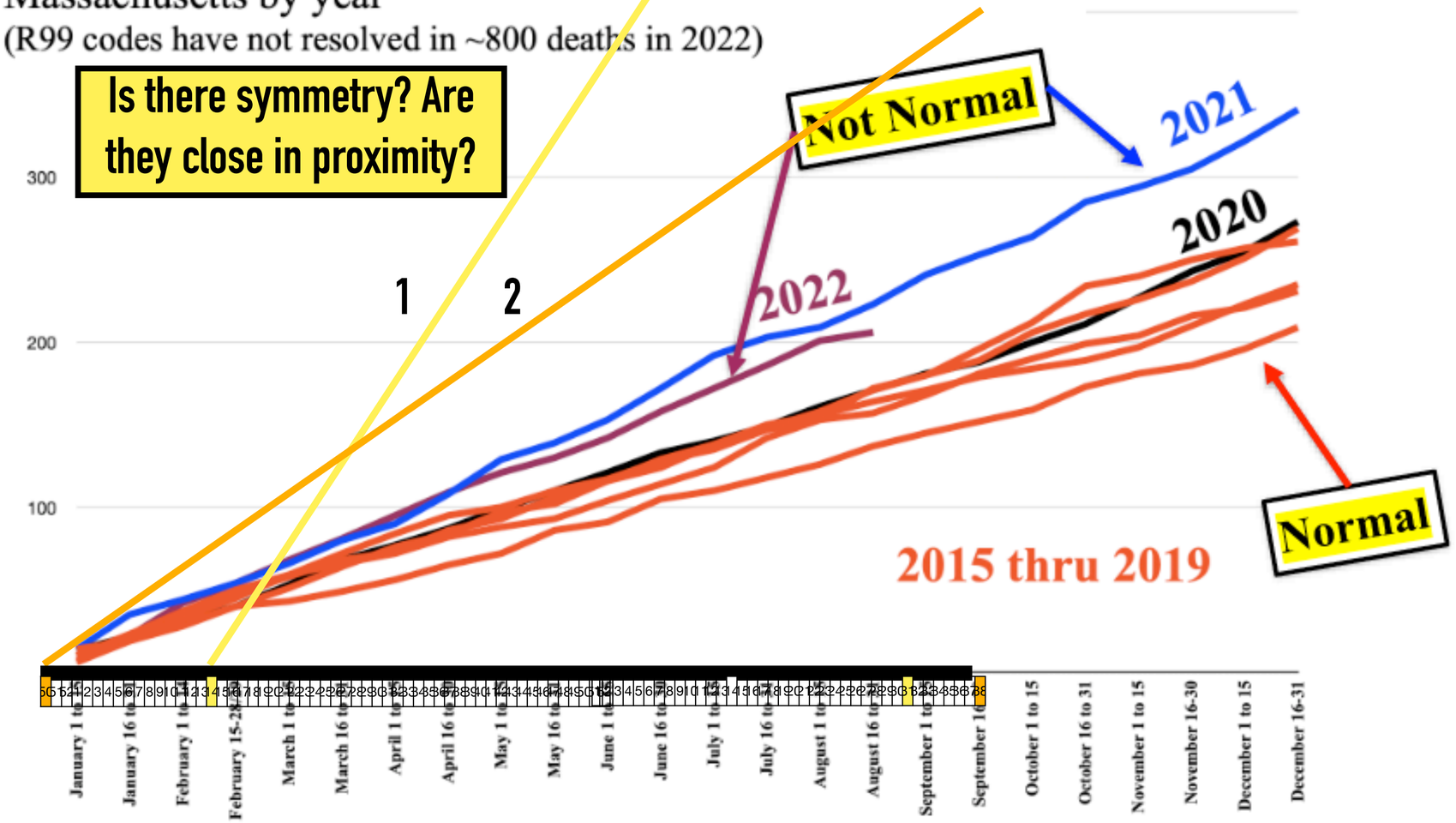
J.Beaudoin

2022-09-26



C79.5 = "Secondary malignant neoplasm of bone and bone marrow"
Massachusetts by year
(R99 codes have not resolved in ~800 deaths in 2022)

Is there symmetry? Are they close in proximity?



4 / ANALYSIS / OVERLAY 13: JOHN BEAUDOIN PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

THIS DATA IS AVAILABLE UPON REQUEST SUBMITTED TO DR. HENRY EALY

NORMAL v. NOT NORMAL

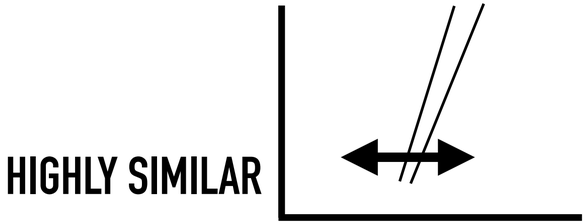
OBJECTIVE: To demonstrate how 1-Median Cancer and 2-Median mRNA [by state, jurisdiction] overlay and comport on a line graph timeline for malignant neoplasms

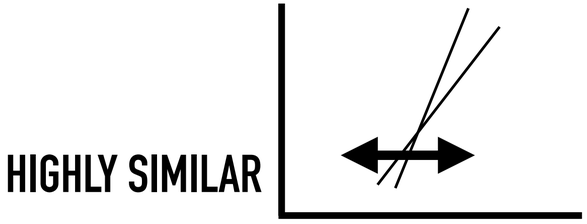
1 / Median Cancer
2 / Median mRNA

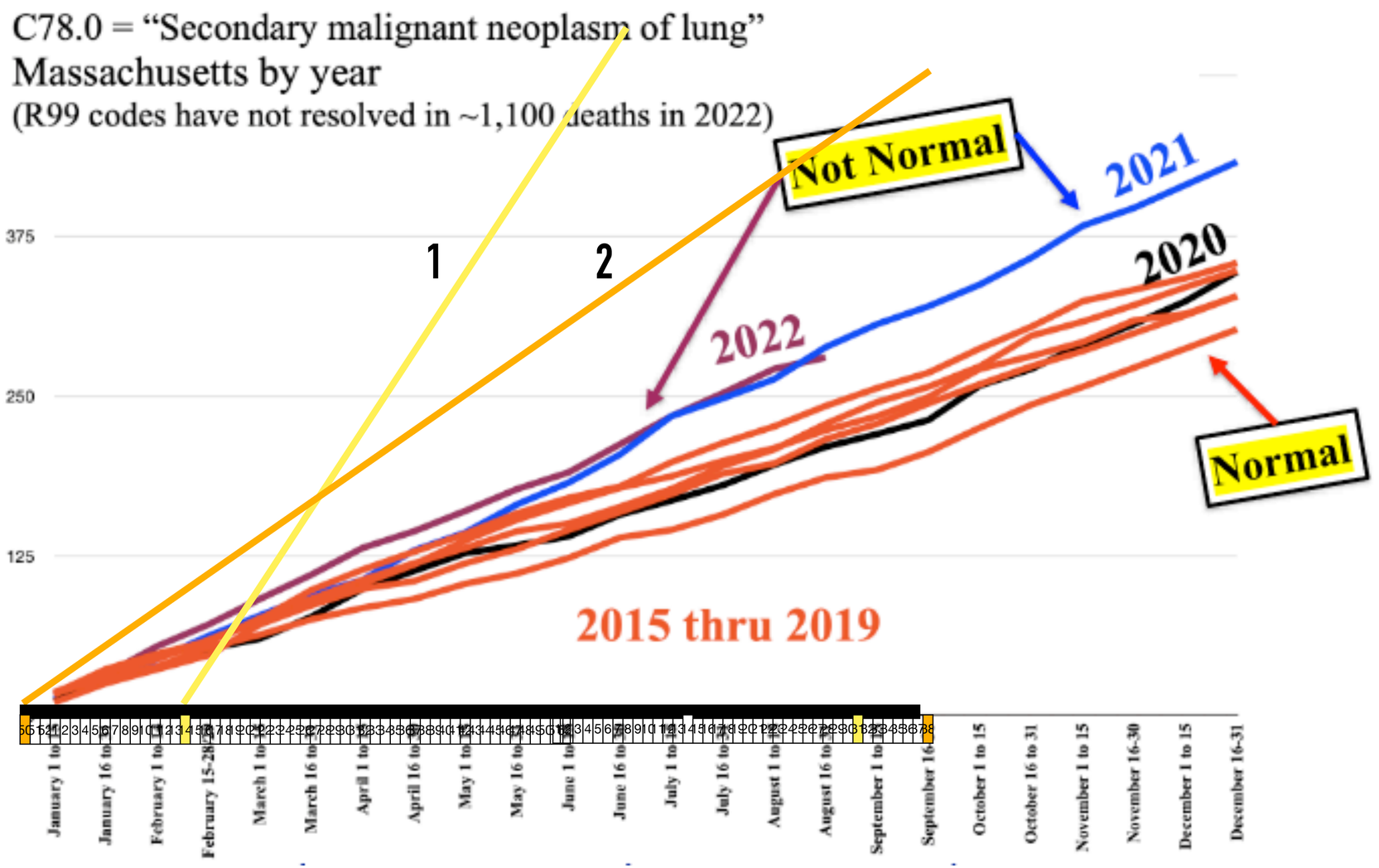
J.Beaudoin

Is there symmetry? Are they close in proximity?

2022-09-26







4 / ANALYSIS / OVERLAY 14: JOHN BEAUDOIN PROPRIETARY MA DEATH CERTIFICATE ANALYSIS

THIS DATA IS AVAILABLE UPON REQUEST SUBMITTED TO DR. HENRY EALY

NORMAL v. NOT NORMAL

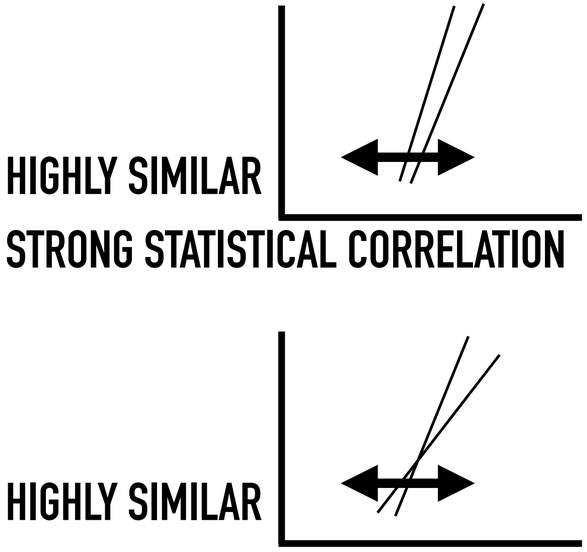
OBJECTIVE: To demonstrate how 1-Median Cancer and 2-Median mRNA [by state, jurisdiction] overlay and comport on a line graph timeline for malignant neoplasms

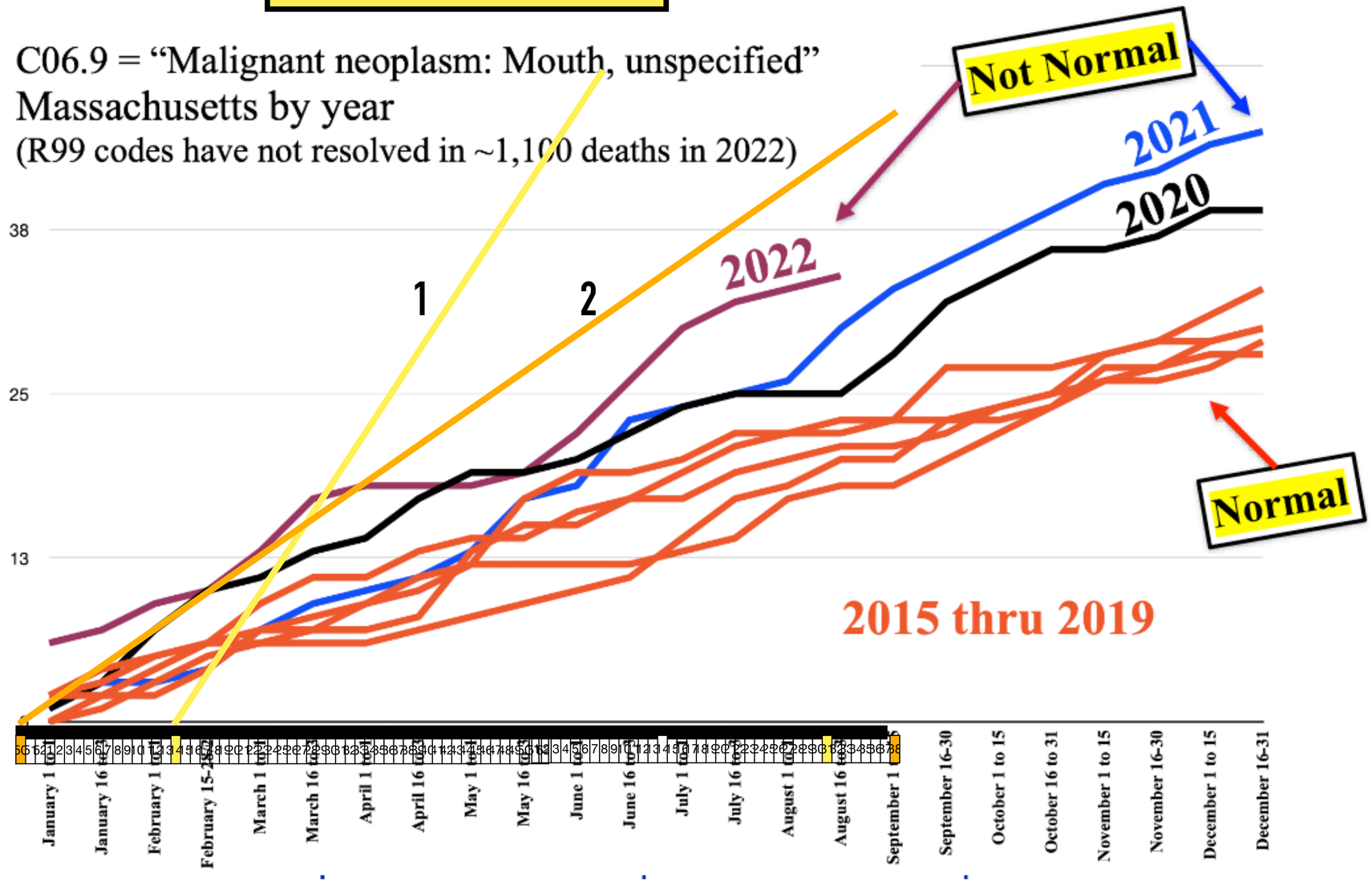
1 / Median Cancer
2 / Median mRNA

Is there symmetry? Are they close in proximity?

J.Beaudoin

2022-09-26





mRNA INJECTIONS & CANCER

5 / Findings

mRNA INJECTIONS & CANCER

5 / Findings

Our analysis compared median value data lines for cancer rates relative to mRNA injection rates. The analysis was made over a calibrated timeline. With high confidence there is strong statistical correlation found and evidenced by these six primary facts: 1–the YELLOW median cancer line is symmetrical to the ORANGE median mRNA line, 2–the YELLOW median cancer line has parallel symmetry with the RED median total vaccination rate [79.5%] line, 3–the symmetrical cancer line falls after the introduction of mRNA vaccinations, 4–the lines occur in close proximity on the timeline, 5–the lag time between mRNA introduction and cancer falls within an accepted range for cancer onset to detection and 6–the increase in U.S. cancer rates after the mRNA introduction is highly anomalous and concerning.

FINDINGS: mRNA INJECTIONS & CANCER

FOCUS

1 / CANCER: Median Value Slope Line
2 / Relative to its position on the timeline
3 / Relative to the introduction of mRNA on the same timeline

CANCER: MEDIAN VALUE DATA LINE SOURCED HERE: "Cancer – Variance Against Trend 2014 – 2022 (Wk 31)"

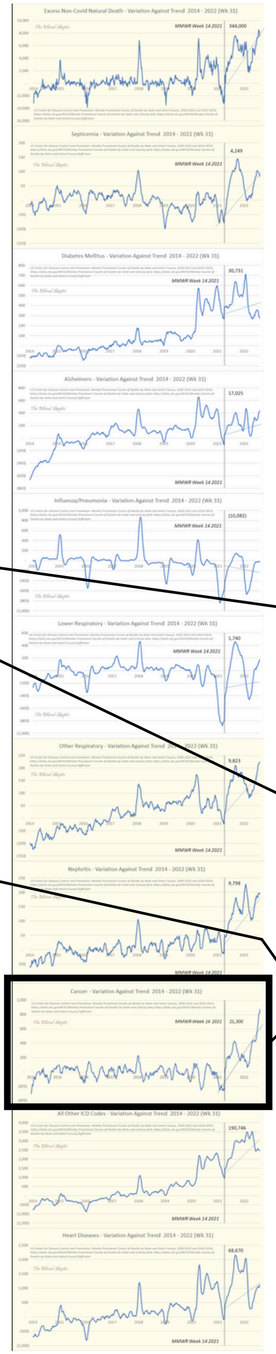
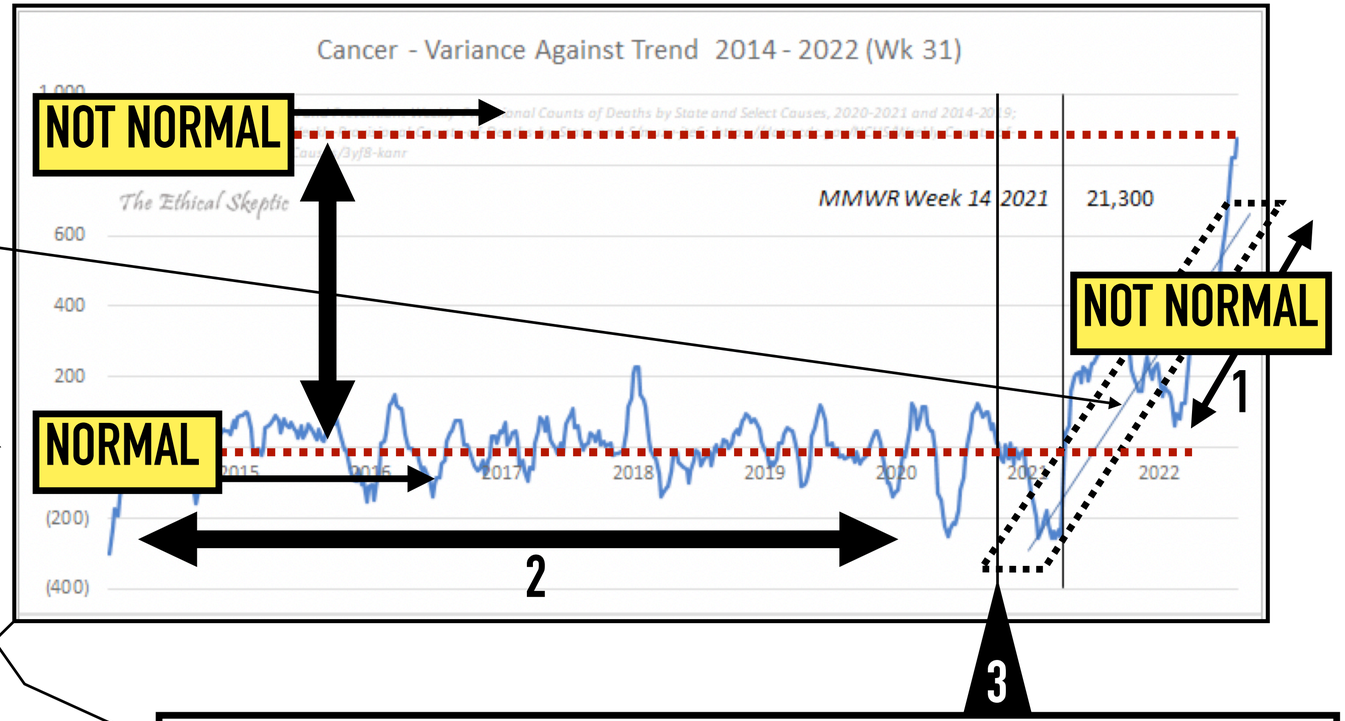


Exhibit A – Ten separate ICD-10 death groupings which sum to overall Excess Non-Covid Natural Cause Deaths (top chart).

STRONG STATISTICAL CORRELATION IS FOUND WITH A HIGH LEVEL OF CONFIDENCE

WEEK 14 of 2021 / April 5, 2021 – WEEK 31 of 2022 / August 7, 2022
CANCER INCREASE BEGINNING WEEK 14, 2021 [April 5, 2021]



DECEMBER 11, 2020: 1st mRNA "VACCINATIONS" WERE AUTHORIZED FOR USE

NORMAL v. NOT NORMAL

https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/

https://www.calendar.best/week-number-2021.html

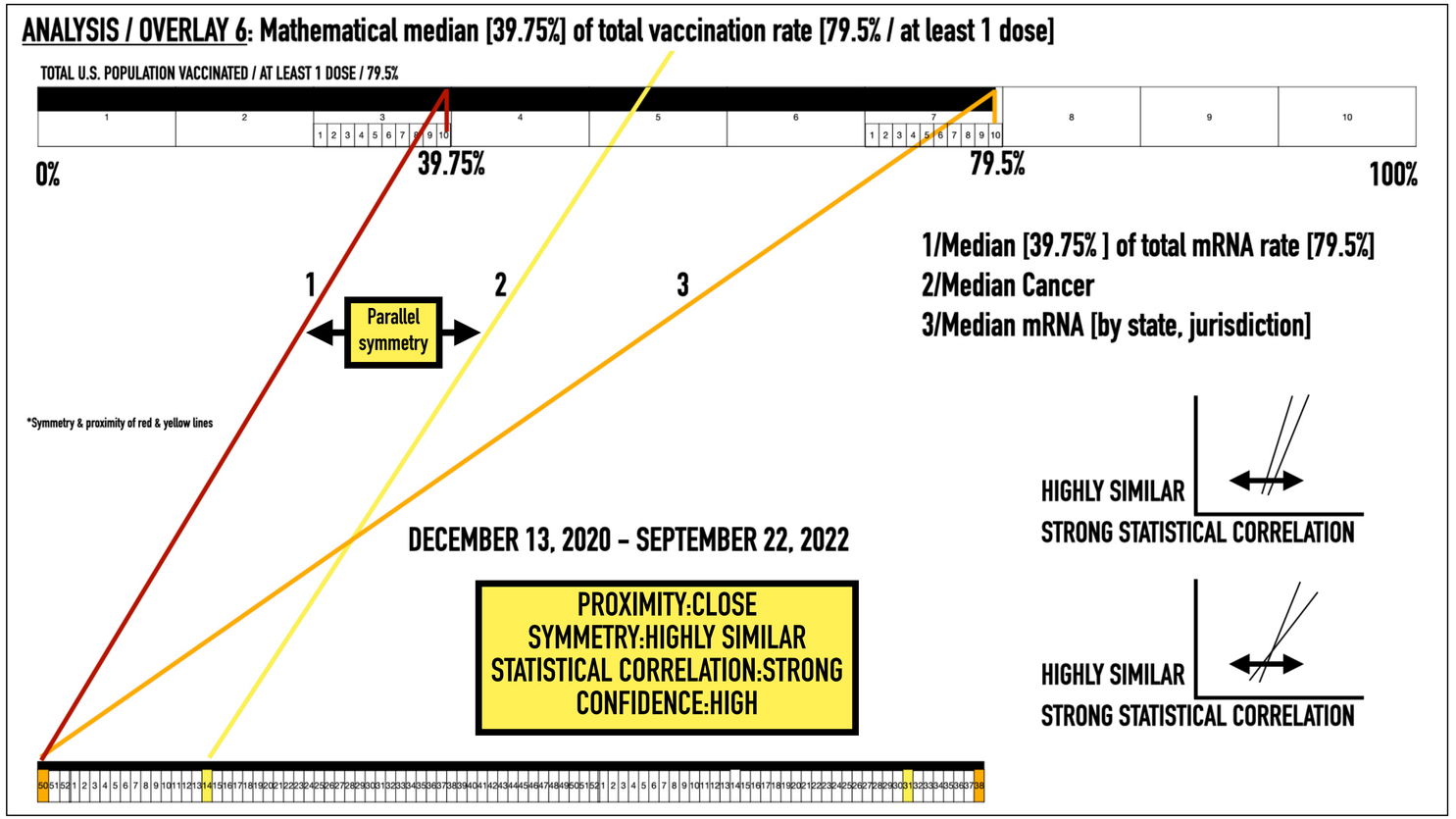
Is there a statistical correlation on a specific timeline between U.S. mRNA injection rates and cancer rates? YES.

FINDINGS: mRNA INJECTIONS & CANCER

Is there a statistical correlation on a specific timeline between U.S. mRNA injection rates and cancer rates? YES.

STRONG STATISTICAL CORRELATION IS FOUND WITH A HIGH LEVEL OF CONFIDENCE

FINDINGS: Apples:Apples comparison of 1-statistical median data lines for U.S. mRNA injection rates by state/jurisdiction, 2-the median for total vaccination [39.75% of 79.5%] and 3-U.S. cancer rates indicates a strong statistical correlation between U.S. cancer rates and U.S. mRNA injection rates. The correlation is found with a high level of confidence.

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