

# Exhibit 289

V-Safe Part 2: Evidence the CDC Purposely did not include check-the-box selections for Myocarditis, Pericarditis, Seizures, Stroke, and other known potential serious harms in V-Safe

[https://aaronsiri.substack.com/p/v-safe-part-2-what-is-v-safe-what?utm\\_source=profile&utm\\_medium=reader2](https://aaronsiri.substack.com/p/v-safe-part-2-what-is-v-safe-what?utm_source=profile&utm_medium=reader2)

# V-Safe Part 2: Evidence the CDC Purposely Did Not Include Check-The-Box Selections for Myocarditis, Pericarditis, Seizures, Stroke, and Other Known Potential Serious Harms in V-Safe

Second part of an incredible story that shows just how broken our public “health” apparatus is: very, very broken.



Aaron Siri  
Nov 25

338

65



If you have not already read Part 1 of this saga, please do that first [here!](#)

## What is v-safe?

v-safe is a smartphone-based program rolled out by the CDC alongside the first authorized Covid-19 vaccine in December 2020. Both FDA and CDC love to make claims based on v-safe, including that “Covid-19 vaccines are monitored by the most intense safety monitoring efforts in US history.” V-safe was designed and released specifically to track health impacts following Covid vaccination by asking users to complete health check-ins.

As the CDC puts it:

### What is v-safe?

V-safe provides personalized and confidential health check-ins via text messages and web surveys so you can quickly and easily share with CDC how you, or your dependent, feel after getting a [COVID-19 vaccine](#). This information helps CDC monitor the [safety of COVID-19 vaccines](#) in near real time.



After an individual has registered for v-safe, he or she is asked to complete a health “check-in” the day they receive a Covid vaccine. These “check-ins” prompt users to answer questions about their health, most of which contain pre-populated answers to choose from. The program also includes a handful of free-text fields where users can provide a limited amount of “other” information without being limited by check-the-box responses.

Users are prompted to submit a “check-in” every day for a week after a shot. Users are then prompted to submit a “check-in” every week for six weeks. And then at six months and one year after the shot. This is the same process following every dose or booster. A user cannot submit data retroactively.

Here are screenshots of what a daily check-in would look like for the first seven days after vaccination (days 0-7):

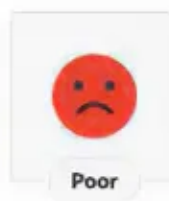
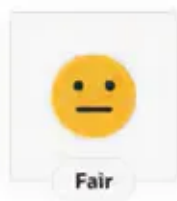


## Dose 1 - Day 0

### Hi Olivia,

Let's start today's health check-in.

How are you feeling today? \*



### Fever Check

Since your COVID-19 Vaccination, have you had a fever or felt feverish? \*

Yes  No

Do you know your highest temperature reading from today? \*

- Yes - in degrees Fahrenheit
- Yes - in degrees Celsius
- No - I don't remember the reading
- No - I didn't take my temperature

### Symptom Check

Since your COVID-19 Vaccination, have you had any of these symptoms at or near the injection site?

Select all that apply.

- Pain
- Redness
- Swelling
- Itching
- None

Have you experienced any of these symptoms today?

Select all that apply.

- Chills
- Headache
- Joint pains
- Muscle or body aches
- Fatigue or tiredness
- Nausea
- Vomiting

- Diarrhea
- Abdominal pain
- Rash, not including the immediate area around the injection site
- None

Any other symptoms or health conditions you want to report?

## Health Impact

Did any of the symptoms or health conditions you reported TODAY cause you to: \*

Select all that apply.

- Be unable to work
- Be unable to do your normal daily activities
- Get care from a doctor or other healthcare professional**
- None of the above

What type of healthcare visit did you have? \*

Select all that apply.

- Telehealth, virtual health, or email health consultation
- Outpatient clinic or urgent care clinic visit
- Emergency room or emergency department visit
- Hospitalization

Other - please describe

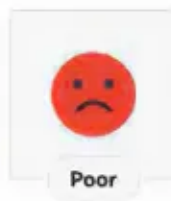
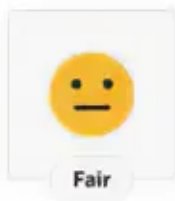


## Dose 1 - Day 1-7

### Hi Olivia,

Let's start today's health check-in.

How are you feeling today? \*



### Fever Check

Have you had a fever or felt feverish TODAY? \*

Yes  No

Do you know your highest temperature reading from today? \*

- Yes - in degrees Fahrenheit
- Yes - in degrees Celsius
- No - I don't remember the reading
- No - I didn't take my temperature

### Symptom Check

Since your COVID-19 Vaccination, have you had any of these symptoms at or near the injection site?

Select all that apply.

- Pain
- Redness
- Swelling
- Itching
- None

Have you experienced any of these symptoms today?

Select all that apply.

- Chills
- Headache
- Joint pains
- Muscle or body aches
- Fatigue or tiredness
- Nausea
- Vomiting

Diarrhea

Abdominal pain

Rash, not including the immediate area around the injection site

**None**

Any other symptoms or health conditions you want to report

## Health Impact

Did any of the symptoms or health conditions you reported TODAY cause you to: \*

Select all that apply.

Be unable to work

Be unable to do your normal daily activities

**Get care from a doctor or other healthcare professional**

None of the above

What type of healthcare visit did you have? \*

Telehealth, virtual health, or email health consultation

Outpatient clinic or urgent care clinic visit

Emergency room or emergency department visit

**Hospitalization**

Other, please describe

The above reflects the information that is collected in the first seven days post-vaccination. Then, once a week for the next six weeks, users are prompted to complete check-ins like the following:

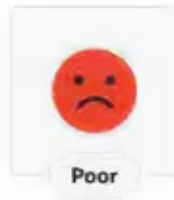
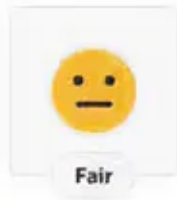


Dose 1 - Day 14

Hi Olivia,

Let's start today's health check-in.

How are you feeling today? \*



At any time after your COVID-19 Vaccination, were you diagnosed with COVID-19? \*

Yes  No

When were you diagnosed? \*

- Month -   - Day -   - Year -

Since your last check-in, have you experienced any symptoms or health conditions that you believe are related to your COVID-19 Vaccination? \*

Yes  No

Please describe the symptoms or health conditions. \*

[Text input field]

Did any of the symptoms or health conditions you reported TODAY cause you to: \*

Select all that apply.

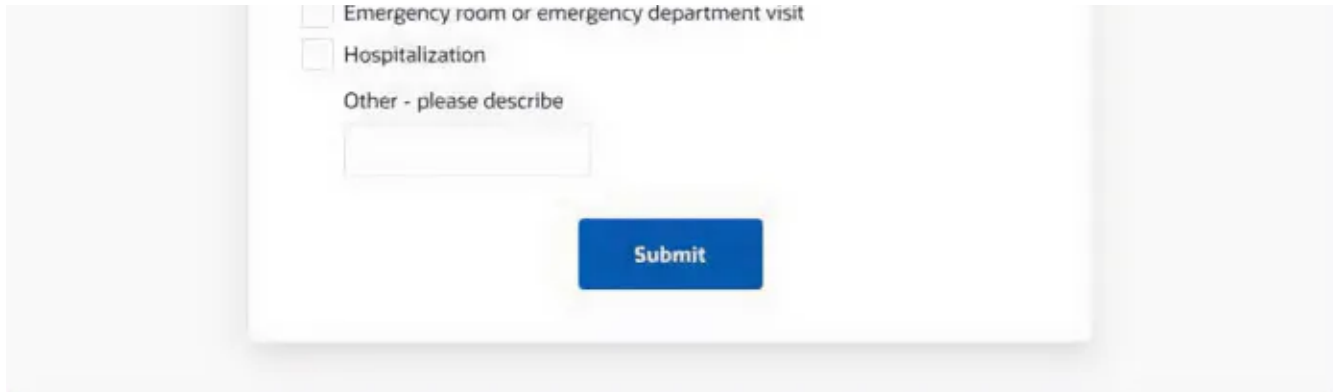
- Be unable to work
- Be unable to do your normal daily activities
- Get care from a doctor or other healthcare professional**
- None of the above

What type of healthcare visit did you have? \*

Select all that apply.

- Telehealth, virtual health, or email health consultation
- Outpatient clinic or urgent care clinic visit



A screenshot of a web form. At the top, there are two checkboxes: the first is labeled 'Emergency room or emergency department visit' and the second is labeled 'Hospitalization'. Below these is a text input field with the label 'Other - please describe'. At the bottom center of the form is a blue rectangular button with the word 'Submit' in white text.

As you can see, v-safe only collected certain limited, pre-selected information in a systematic fashion. For the first seven days after a shot, it asked users to check one or more of the following symptoms:

- chills
- headache
- joint pain
- muscle or body aches
- fatigue or tiredness
- nausea
- vomiting
- diarrhea
- abdominal pain
- rash

During these first seven days, and then once a week for six weeks, and then at six months and one year, it asked users to pick, if applicable, one or more of the following three “health impacts:”

- unable to perform normally daily activities
- missed work/school
- needed medical care

Finally, if a user selected that he or she needed medical care, v-safe would ask the user to select one or more of these options:

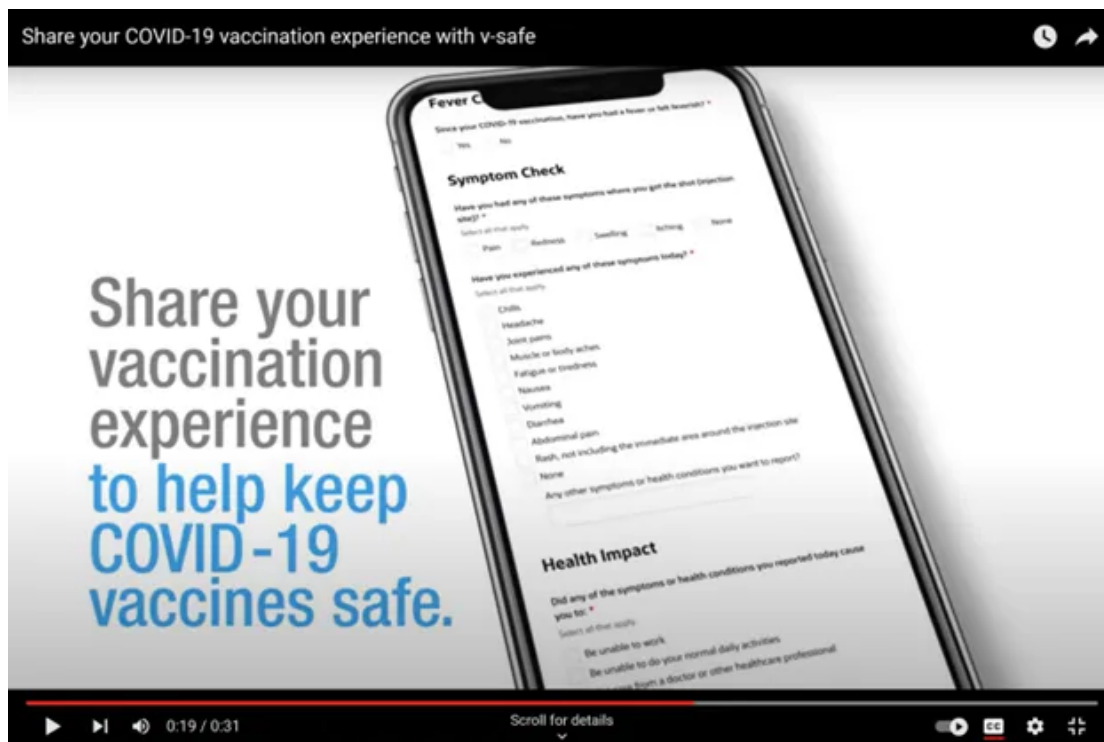
- hospitalization
- emergency room
- urgent care
- telehealth

That is most of the safety information, other than the free text fields, that v-safe collected.

## Precisely what v-safe data did the CDC produce?

So, precisely what v-safe health data did the CDC produce to ICAN? The data produced to date consists of responses to the check-the-box fields in the screenshots above. It is worth reviewing the relevant screenshots again so you can see the health information that was gathered and provided to ICAN, keeping in mind that *only* the responses to the check-the box questions (not the free-text questions) have been provided thus far. It is important to understand what was (and what was not) captured by v-safe as we continue to break down the v-safe saga.

You may also enjoy watching the CDC's 30 second promotional video about v-safe:



## How did the CDC decide to ask for only the above information?

A simple review of the information requested in the health check-ins may leave you wondering why some obvious symptoms and adverse events you would expect v-safe to collect are not being collected – like chest pain or any other cardiac symptoms. You may ask how the CDC determined what to ask v-safe users. And that is a great question. First, let’s remind ourselves what was known about potential adverse events *before* any Covid-19 vaccine was administered to the general public:

- A July 2020 New England Journal of Medicine [study](#) titled “*An mRNA Vaccine against SARS-Cov-2 – Preliminary Report*” highlighted 35 adverse events that were related to the mRNA vaccination, including **eye disorders, gastrointestinal disorders, musculoskeletal and connective tissue disorders, and nervous system disorders.**
- An October 16, 2020 JAMA [article](#) titled “*Postapproval Vaccine Safety Surveillance for COVID-19 Vaccines in the US*” stated that “AESIs [Adverse Events of Special Interest] are likely to include **allergic, inflammatory, and immune-mediated**

reactions, such as anaphylaxis, Guillain-Barré syndrome, transverse myelitis, myocarditis/pericarditis, vaccine-associated enhanced respiratory disease, and multisystem inflammatory syndrome in children.”

- In a CDC presentation dated October 30, 2020, titled “*CDC post-authorization/post-licensure safety monitoring of COVID-19 vaccines*,” a preliminary “list of VSD pre-specified outcomes for RCA [rapid cycle analysis]” and “list of VAERS AEs[ adverse events] of special interest” both included **acute myocardial infarction, anaphylaxis, convulsions/seizures, encephalitis, Guillain-Barre syndrome, immune thrombocytopenia, MIS-C, myocarditis/pericarditis, and transverse myelitis, among others.**

Again, the fact that mRNA can cause these serious conditions was raised *before* the first Covid-19 vaccine was authorized for use by the general public in December 2020 – in fact, months before.

Reflecting the concern that mRNA vaccines can cause these serious conditions, the CDC’s own protocol for v-safe, at least as early as January 28, 2021 (we are, on behalf of ICAN, working to get earlier versions), identified “Adverse Events of Special Interest” which it placed in a chart entitled “Prespecified Medical Conditions.” This included 15 serious conditions of special interest to track after Covid vaccination. Here is the relevant excerpt from the CDC’s v-safe protocol:

v-safe protocol: Jan 28, 2021, version 2

**Attachment 2: Adverse Events of Special Interest**

<b>Prespecified Medical Conditions</b>
Acute myocardial infarction
Anaphylaxis
Coagulopathy
COVID-19 Disease
Death*
Guillain-Barré syndrome
Kawasaki disease
Multisystem Inflammatory Syndrome in children <sup>1</sup>
Multisystem Inflammatory Syndrome in adults <sup>2</sup>
Myocarditis/Pericarditis
Narcolepsy/Cataplexy
Pregnancy and Prespecified Conditions
Seizures/Convulsions
Stroke
Transverse Myelitis

\* Capture of deaths through v-safe will be limited.

Again, this list was from the CDC's own protocol used to develop v-safe. And, as seen above, this list included, among other serious concerns, myocarditis, pericarditis, acute myocardial infarction, stroke, GBS, and transverse myelitis. Yet v-safe was launched *without* including any check-the-box fields for these conditions and v-safe was *never* subsequently updated to include any check-the-box fields for these conditions.

## Evidence of Premeditation

It is often difficult to obtain evidence showing premeditated wrongful conduct. In this instance, the choice by the folks at the CDC to not include these adverse events of special interest, which studies prior to the launch of v-safe had already reflected could be caused by mRNA vaccine, and which the CDC itself identified in its v-safe protocol, may be one of the best and most compelling pieces of evidence supporting premeditated conduct by the CDC.

The CDC could have taken advantage of this incredible opportunity – wherein v-safe was already capturing health data from over 10 million users – and easily included these conditions as check-the-box options for v-safe users. Then it would be easy to calculate a rate for which v-safe users had myocarditis. Had a stroke. Had seizures. Etc. Instead, the CDC purposely chose to limit reporting of any such adverse events to the free text fields knowing full well that, among other issues, users often do not fill out free-text fields, that any entries received would not be easily standardized, and that the CDC could otherwise more easily hide those entries from the public (as the CDC is currently doing by refusing to make the free-text field data public).

Reflecting that the CDC knew these serious adverse events were critical to track, and that the CDC sought to obfuscate reports of these harms, the CDC created an incredibly complex system to deal with text field reports of these conditions. If a v-safe user reported one of these conditions, someone at the CDC would have to agree that what was written in a free text field actually reflected one of these conditions, then someone from the CDC was supposed to reach out to the v-safe user by telephone (which, as discussed in a future part, often did not occur or occurred months or years later), and if the CDC ever actually reached out and thought the condition described was on the list, then the CDC employee could assist the user in completing a VAERS report. And then, once in VAERS, the CDC, as it does, would say that VAERS reports (i) cannot ever be used to show a vaccine causes a harm and (ii) cannot be used to determine a rate at which it may cause a harm because VAERS receives reports from an unknown population size. Meaning, the CDC says it doesn't know the denominator needed to calculate a rate using VAERS data.

But had the CDC simply had a check-the-box field in v-safe for each of these conditions, it would have had a denominator. It could simply divide the number of v-safe users reporting the condition by the total number of v-safe users. And boom, there it would be! The rate. Instead, the CDC knowingly, consciously, chose to not create check-the-box options for these serious adverse events, even though it had itself identified them as safety issues to track prior to the launch of v-safe.

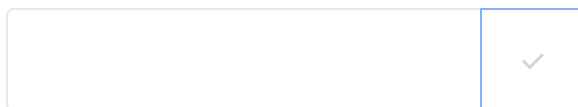
And what check-the-box options did the CDC include in v-safe? For the first week, a list of conditions (such as arm pain, fever, fatigue, etc.) the CDC does not label as adverse events, but rather as reactogenicity (which the CDC couches as a good thing

because it shows, according to the CDC, that the vaccine is working). Meaning, the first week reactogenicity data collected by v-safe is effectively useless for assessing any actual safety concerns.

The only other significant safety data v-safe collected was the “health impact” data of whether someone could not perform normal daily activities, missed school/work, or needed medical care. As discussed above, it collected this data during the first week but also weekly thereafter for 6 weeks, and then once at 6 months and finally at one year.

Presumably, the CDC determined that collecting this health impact data would provide enough information to determine whether the vaccine is “safe.” It is, after all, called “v-safe.” And this is effectively the only actual potentially useful systematic data it collected in v-safe! So, presumably when 7.7% of users reported needing medical care, and an additional 25% reported being unable to perform normal activities and/or missed school or work, that would have raised alarm bells. But I am jumping at few parts ahead – more on that later.

In part 3, we will take a look at who registered for v-safe: Was it those concerned about vaccines? Those supportive of vaccines? We will take a close look.



## 65 Comments



Write a comment...



**JustANobody** Nov 25

Thank you for your tireless, selfless work to get to the truth!

♡ 45 Reply Collapse ...



**Jane Mariouw** Nov 25

thank you, Aaron Siri, for your very clear explanation of how V-Safe " works."

my first impression of V-Safe was that it's main purpose was to draw people away from VAERS.

♡ 38 Reply Collapse ...

**3 replies**

**63 more comments...**

---

---

© 2022 Aaron Siri LLC • [Privacy](#) • [Terms](#) • [Collection notice](#)  
[Substack](#) is the home for great writing