

# Exhibit 357

The Most Lethal Med/Drug/Vax  
Ever Rolled Out

James A Thorp MD

Board Certified ObGyn & Maternal Fetal Medicine



**HHS-CDC Completely Captured ACOG and 'Fait Accompli' Rollout of Jab in Pregnancy was Planned Despite Knowledge that it was THE MOST LETHAL Med/Vax/Drug EVER Rolled Out (Pfizer 5.3.6)**

James A Thorp MD, Board Certified  
ObGyn & Maternal Fetal Medicine

Maggie M Thorp JD

Gulf Breeze, FL April 30, 2023

Twitter @JathorpMFM

	James A Thorp MD 	Tommy T Shimabukuro MD, MPH 
Recommendations for Exp COVID-19 Gene jab in pregnancy	Category X, Contraindicated in Pregnancy, Black Box Warning	Pushed in pregnancy as safe, effective & necessary. He refuses to address <a href="#">Pfizer 5.3.6</a> documenting 100+ deaths per week (page 7) the most lethal drug ever rolled out. Dec 1 – Feb 28 2021 - 1223 dead after the jab and horrible OB outcomes (page 12) which he knew 2-28-2021.
Specialty	Board Certified Ob/Gyn Board Certified Maternal Fetal Medicine	Family Practice Physician. Board Certified
Cui Bono?	Severely punished, censored and threatened by medical boards	Rewarded with job security for pushing FED narrative. Bonus for being a good vaccine pusher? Other PERCS for pushing the dangerous drug?
Clinical OB Experience	44 years, 26,000 plus high-risk OB patients in last 4 years alone not including probono patients	Has he EVER seen a pregnant patient? When was the last? How many patients has he seen in the last 3-4 years? Any at all?
Funding Source	Personal time donated; Personal assets donated.	Massive lucrative government grants, support. Supported by Pharma/CDC/FDA
Employer	Large Catholic Healthcare System	Federal Government
Conflicts of Interest (COI)	ZERO. NONE. NADA. Harsh consequences for taking a stand against the state narrative and for pointing out massive death & injury in pregnancy from vax	Massive COI – deeply entrenched in pushing vaccines, Fed Employee, “CDC post-authorization/ post-licensure safety monitoring of COVID-19 vaccines”, Vaccine Safety Team of FDA/CDC. Captured by military medical industrial complex
Benefits from Vaccine profits / patent royalties	ZERO. NONE. NADA	CDC/FDA thrive off massive Pharma vaccine dollars & vaccine patent royalties owned by CDC/ FDA. Personal holdings of vaccine stocks? Other benefits?
Royalties from books / publications	NONE; 100% Donated; 10+ X book royalties per year donated to charities per year over careerJ	Unknown
Major Pertinent Publication	Journal of American Physicians & Surgeons extensively peer-reviewed. No journal COI. Journal independent of Pharma industrial complex. Article written by authors	NEJM controlled by Pharma, Editor in Chief Eric Rubin pushes the C19 gene jab in children at CDC/FDA hearing admitting no safety data but roll it out and see what happens. Journal dependent upon Pharma industrial complex. Suspect article was Ghostwritten by Pharma
Availability	Answers to all. Willing to debate anyone in the world over the last two years.	Unavailable. No responses. No availability to discuss conflicts of interest or conflicts of safety data. Refuses to disclose all VSAFE data. Refuses to debate.



# Response Letter\_HHS.pdf Done



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333  
April 17, 2023

Margery Thorp  
Via email: [maggie@margerythorp.com](mailto:maggie@margerythorp.com)

Dear Ms. Thorp:

This letter is regarding your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of December 6, 2022, assigned #HQ-REF-23-00004.

We located 1438 pages of responsive records (784 pages released in full or part; 650 pages withheld in full). After a careful review of these pages, some information was withheld from release pursuant to 5 U.S.C. §552 Exemptions b(4) and b(5). The foreseeable harm standard was considered when applying these redactions. The records can be viewed and downloaded at the link below:  
<https://centersfordiseasecontrol.sharefile.com/d-sa6cdb04fbfef4f579490cc942fe74945>

#### **EXEMPTION 4**

Exemption 4 protects trade secrets and commercial or financial information obtained from an entity that is privileged or confidential. We have determined that the information withheld is customarily and actually kept private and confidential by the submitter of the information (ACOG).

#### **EXEMPTION 5**

Exemption 5 protects inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency. Exemption 5 therefore incorporates the privileges that protect materials from discovery in litigation, including the deliberative process, attorney work-product, and attorney-client privileges. Information withheld under this exemption was protected under the deliberative process privilege. The deliberative process privilege protects the decision-making process of government agencies. The deliberative process privilege protects materials that are both predecisional and deliberative. The materials that have been withheld under the deliberative process privilege of Exemption 5 are both predecisional and deliberative, and do not contain or represent formal or informal agency policies or decisions. Examples of information withheld include technical reviews of proposal information.

Four (4) pages contain information belonging to the Department of Health and Human Services and have been referred to them for review and direct response to you. You can follow up regarding the status of your request at the following contact information:

[FOIArequest@hhs.gov](mailto:FOIArequest@hhs.gov)

[Department of Health and Human Services \(HHS\)](https://www.hhs.gov) Office of the Secretary  
Freedom of Information Act Office  
Hubert H. Humphrey Building, Room 729H  
200 Independence Avenue, SW  
Washington, D.C. 20201  
Phone: 202-690-7453

Page 2 – Margery Thorp  
Fax: 202-690-8320  
FOIA Officer: Arianne Perkins (Acting)

You may contact our FOIA Public Liaison at 770-488-6246 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at [ogis@nara.gov](mailto:ogis@nara.gov); telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this request, you may administratively appeal to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, via the online portal at <https://requests.publiclink.hhs.gov/App/Index.aspx>. Your appeal must be electronically transmitted by August 24, 2023.

Sincerely,

Roger Andoh  
CDC/ATSDR FOIA Officer  
Office of the Chief Operating Officer  
(770) 488-6399  
Fax: (404) 235-1852

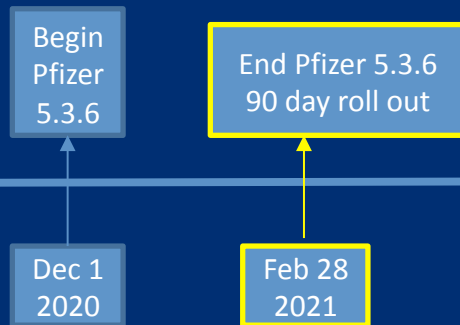
# Timeline for “Fait Accompli” Rollout of Jab in Pregnancy There Was Never Any Safety Data – But Only Danger Data

Begin  
Pfizer  
5.3.6

Dec 1  
2020

James A Thorp MD, Maggie M Thorp JD

# Timeline for “Fait Accompli” Rollout of Jab in Pregnancy There Was Never Any Safety Data – But Only Danger Data



James A Thorp MD, Maggie M Thorp JD

# Pfizer 5.3.6 Post-Marketing Dec 1, 2020 to Feb 28, 2021 (Page 7)

- The deadliest vaccine–medicine–drug EVER rolled out in the history of medicine
- 1,223 deaths in the first 90 days
- > 100 deaths per week

BNT162b2  
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 1 below presents the main characteristics of the overall cases.

**Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval**

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	[REDACTED]
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 <sup>a</sup>
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
	≥ 75	5214
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

As shown in Figure 1, the System Organ Classes (SOCs) that contained the greatest number ( $\geq 2\%$ ) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).



## Pfizer 5.3.6 Post-Marketing Dec 1, 2020 to Feb 28, 2021 Page 12

- 270 pregnant moms
- 238/270 had NO follow-up
- Only 32 of 270 were followed up to term
- 124/270 (46%) with jab complications
- 25/32 with miscarriage aka spont abortion
- 1/32 “missed abortion” aka miscarriage
- 26/32 or 81% miscarriage rate
- 1/32 fetal death equates to stillbirth rate of 31/1000 with expected rate of 5.8/1000
- Breastfeeding complications in 17/116 or 14.7% of babies

Spain (3), Czech Republic and France (2 each), the remaining 10 cases were distributed among

Pregnancy cases: 274 cases including:

- [REDACTED] and 4 foetus/baby cases representing 270 unique pregnancies (the 4 foetus/baby cases were linked to 3 mother cases; 1 mother case involved twins).
- Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). [REDACTED] (note that 2 different outcomes were reported for each twin, and both were counted).
- 146 non-serious mother cases reported exposure to vaccine in utero without the occurrence of any clinical adverse event. The exposure PTs coded to the PTs Maternal exposure during pregnancy (111), Exposure during pregnancy (29) and Maternal exposure timing unspecified (6). Trimester of exposure was reported in 21 of these cases: 1st trimester (15 cases), 2nd trimester (7), and 3rd trimester (2).
- [REDACTED] reported clinical events, which occurred in the vaccinated mothers. Pregnancy related events reported in these cases coded to the PTs [REDACTED] (uterine contraction during pregnancy, Premature rupture of [REDACTED]). Other clinical events which occurred in more than 5 cases coded to the PTs Headache (33), Vaccination site pain (24), Pain in extremity and Fatigue (22 each), Myalgia and Pyrexia (16 each), Chills (13) Nausea (12), Pain (11), Arthralgia (9), Lymphadenopathy and Drug ineffective (7 each), Chest pain, Dizziness and Asthenia (6 each), Malaise and COVID-19 (5 each). Trimester of exposure was reported in 22 of these cases: 1st trimester (19 cases), 2nd trimester (1 case), 3rd trimester (2 cases).
- 4 serious foetus/baby cases reported the PTs Exposure during pregnancy, Foetal growth restriction, Maternal exposure during pregnancy, Premature baby (2 each), and Death neonatal (1). Trimester of exposure was reported for 2 cases (twins) as occurring during the 1st trimester.

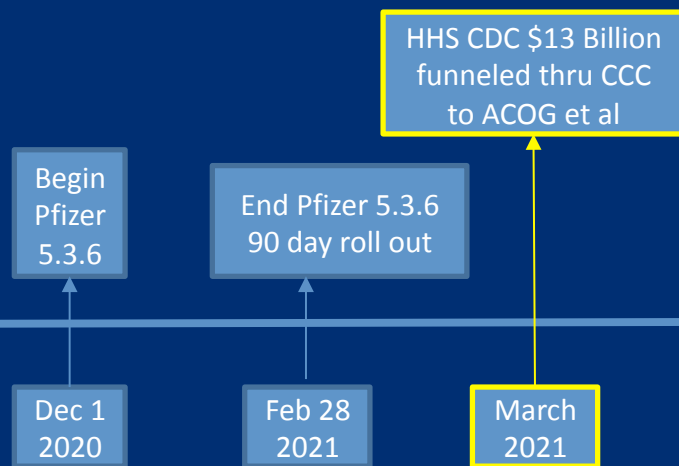
Breast feeding baby cases: 133, of which:

- [REDACTED] (Exposure via breast milk) without the occurrence of any clinical adverse events;
- [REDACTED] 3 serious and 14 non-serious, reported the following clinical events that occurred in the infant/child exposed to vaccine via breastfeeding: Pyrexia (5), Rash (4), Infant irritability (3), Infantile vomiting, Diarrhoea, Insomnia, and Illness (2 each), Poor feeding infant, Lethargy, Abdominal discomfort, Vomiting, Allergy to vaccine, Increased appetite, Anxiety, Crying, Poor quality sleep, Eructation, Agitation, Pain and Urticaria (1 each).

Breast feeding mother cases (6):

[REDACTED] clinical event that occurred in the [REDACTED] breast feeding (PT [REDACTED] Maternal exposure during breast feeding), none of which coded to the [REDACTED] [REDACTED]

# Timeline for “Fait Accompli” Rollout of Jab in Pregnancy There Was Never Any Safety Data – But Only Danger Data



James A Thorp MD, Maggie M Thorp JD

## The Largest 5<sup>th</sup> Generational Psy Ops Campaign in the History of the World

- DOD DARPA BARDA HHS CDC FDA
- \$13,000,000,000 (Billion with a B)
- Qualifies as textbook definition of a BRIBE
- 275 (298) Sectors of our entire society
- Launched **only after** they knew 2.28.2021 that Pfizer 3.5.6 internal documents proved it to be the most dangerous and deadly drug/medicine/vaccine ever rolled out 122.3 deaths/week in just 10 weeks. Why?
- “5 Eyes” USA, Canada, UK, Australia & New Zealand most captured by globalists and most fascist on mandates. Why?



Tweet

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**James Thorp MD** ✓

@jathorpmfm

“He who PAYS THE PIPER CALLS THE TUNES”. The \$13 BILLION in bribes from HHS & CDC to 270 sectors of our society to push the DEADLIEST ☠️ EVER medicine / drug / vaccine was an unprecedented 5th Generation Psychological Operations on not only the USA 🇺🇸 but the entire world. CRIMINAL PROSECUTIONS NOW. #ABOG #ACOG #SMFM @unbridledmd @DOCBISS @drmclyer1

nationwide-network-trusted-voices-encourage-vaccination-next-phase-covid-19-public-education-campaign.html

New savings and lower costs for health coverage is now available at [HealthCare.gov](https://www.healthcare.gov).

**HHS.gov** U.S. Department of Health & Human Services

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**FOR IMMEDIATE RELEASE** **Contact: HHS Press Office**  
April 1, 2021 202-690-6343  
[media@hhs.gov](mailto:media@hhs.gov)

U.S. Department of Health and Human Services  
Launches Nationwide Network of Trusted Voices to  
Encourage Vaccination in Next Phase of COVID-19  
Public Education Campaign

These efforts follow last week's [announcement](#) of nearly [REDACTED] increase vaccine access and confidence in hard-hit vulnerable communities, including [REDACTED] DC funding to support outreach efforts in the states through community-based organizations and trusted community leaders. HHS also

**Launching the COVID-19 Community Corps:** HHS is launching a nationwide [REDACTED] of [REDACTED] with more than 275 founding member organizations that have the ability to reach millions of Americans. This effort will mobilize

## COVID-19 Community Corps \$13 Billion to 298 Sectors of USA Society

1. Public health & medical organizations: 25/298 (8.5%)
2. Sports & entertainment: 12/298 (4.4%)
3. Rural leaders: 25/298 (9.1%)
4. Unions/organized labor leaders: 25/298 (8.4%)
5. LatinX leaders: 6/298 (2.0%)
6. Black leaders: 21/298 (7.0%)
7. Asian/Pacific Islanders: 15/298 (5.0%)
8. Native/Tribal leaders: 9/298 (3.0%)
9. Veterans: 10/298 (3.4%)
10. Business leaders: 10/298 (3.4%)
11. Faith leaders: 87/298 (29.2%)
12. Community leaders: 53/298 (17.8%)

- Advancing Health Equity
  - American Association of Nurse Practitioners (AANP)
  - American Academy of Pediatrics
  - American Association of Pediatricians
  - American Academy of Family Physicians
  - American College of Physicians
  - American Lung Association
  - American Medical Association
  - American Medical Student Association
  - American Medical Women Association
  - American Nurses Association
  - American Public Health Association
  - ChicagoLand Vaccine Corps Partnership
  - COVID Collaborative
  - Infectious Disease Society Association
  - Mobile Healthcare Association
  - National Association of Community Health Centers
  - National Council of Urban Indian Health
- Northwest Portland Area Indian Health Board
  - Protect Our Care
  - Vaccinate Your Family
  - #ThisIsOurShot
  - MLB
  - MLS
  - National Association of Broadcasters
  - NASCAR
  - NFL
  - Anthony Becht\*
  - Chester Pitts\*
  - Orlando Pace\*
  - PGA Tour
  - WWE
  - Ana Navaro\*
  - George Lopez\*
- American Farm Bureau Federation
  - American Indian Higher Education Consortium
  - American Red Cross
  - Association of Public and Land-Grant Universities
  - California Fresh Fruit Association
  - Center for Rural Strategies
  - Farm Bureau
  - Farm Credit Council
  - National 4-H Council
  - National Association of State Departments of Agriculture
  - National Association of Wheat Growers
  - National Corn Growers Association
  - National Farmers Union
  - National Milk Producers Federation
  - National Rural Education Association
  - National Rural Health
  - National Rural Health Association
  - North American Meat Institute
  - North American Meat Institute
- NTCA-The Rural Broadband Association
  - Rebuild Rural Coalition
  - Rural Coalition
  - The National Grange
  - United Farm Workers Foundation
  - Actor's Equity
  - AFL-CIO
  - AFL-CIO
  - AFSCME
  - AFT
  - Brotherhood of Railroad Signalmen
  - International Brotherhood of Boilermakers
  - International Brotherhood of Electrical Workers
  - International Brotherhood of Teamsters
  - International Federation of Professional and Technical Engineers
  - International Longshoremen's Association
  - International Organizations of Masters, Mates & Pilots
  - International Union of Bricklayers and Allied Craftworkers
  - Iron Workers
- IUPAT
  - National Association of Manufacturers
  - National Education Association
  - RWDSU
  - SEIU
  - Stage Directors and Choreographers Society
  - Transport Workers Union
  - UFCW
  - United Brotherhood of Carpenters
  - United Farm Workers
  - United Steel Workers
  - Ciencia Puerto Rico
  - Hispanic National Bar Association
  - NAAEO
  - Poder Latinx
  - UNIDOS
  - Ultra Latino
  - Benedict College
- Benedict College
  - Bennett College
  - Black Coalition Against COVID
  - Black Women's Roundtable
  - Cheyney University (PA)
  - Delaware State University
  - Morgan State University
  - NAACP
  - National Action Network
  - National Coalition on Black Civic Participation
  - National Council of Negro Women
  - National Urban League
  - Prairie View A&M University
  - Stillman College
  - Texas Southern University
  - Thurgood Marshall College Fund
  - Tougaloo College
  - United Negro College Fund
  - University of the Virgin Islands
  - Wiley College
- AAJC
  - AAPCHO
  - APAICS
  - APALA
  - APIAHF
  - APIAVote
  - EPIC
  - Esther Choo
  - Hudson Yang
  - IMPACT
  - Michelle Kwan
  - NAPABA
  - NCAPA
  - NCAIIP
  - OSABAC
  - Alaska Federation of Natives
  - Center for Native American Youth
  - Illuminatives
  - Midwest Alliance of Sovereign Tribes
- National Council of Urban Indian Health
  - National Indian Health Board
  - Native Peoples Action
  - United South and Eastern Tribes (USET)
  - UNITY
  - AMVETS
  - Blinded Veterans of America
  - Disabled American Veterans
  - Iraq and Afghanistan Veterans Association
  - Modern Military Association of America
  - Student Veterans of America
  - The Mission Continues
  - VetsFirst, United Spinal Association
  - Vietnam Veterans of America
  - Womens Veterans Interactive
  - Asian/Pacific Islander American Chamber (ACE)
  - Black Economic Alliance
  - Business Roundtable

- Minority Business RoundTable
  - NAM
  - Public Private Strategies
  - US Black Chambers
  - US Chamber
  - US Hispanic Chambers
  - US Women's Chambers
  - Alliance of Baptists
  - AME Church
  - AME Zion Church
  - America Indivisible
  - American Baptist Church
  - American Muslim Public Health Professionals
  - Archbishop Vicken Aykazian\*
  - Asian American Christian Collaborative
  - Association of Catholic Colleges and Universities
  - Association of Neighbors Concerned for Latino Advancement (ANCLA)
  - BAPS
  - Barbara Carter\*
- Bend the Arc: Jewish Action
  - Bishop Joseph Walker\*
  - Bishop Lawrence Reddick\*
  - Bishop Leah Daughtry
  - Bishop Michael Mitchell\*
  - Bishop Salley Dyck\*
  - Bishop Teresa Jefferson-Snorton\*
  - Bishop William Barber II\*
  - Bridging Cultures Institute
  - Catholic Charities USA
  - Catholic Health Association
  - Center for Public Justice
  - Christian Churches Together
  - Christian Methodist Episcopal Church
  - Church of the Brethren, Office of Peacebuilding and Policy
  - CityGate Network
  - Community of Christ
  - Community Resource Network
  - Cooperative Baptist Fellowship
  - Council for Christian Colleges and Universities
- Disciples of Christ
  - Ecumenical Catholic Communion
  - Engage
  - Eugene Cho\*
  - Evangelical Lutheran Church in American
  - Faith and Community Empowerment
  - Faith in Action
  - Faiths4Vaccines
  - Fr. Sr. Rob Nemkovich\*
  - Franciscan Action Network
  - Fred Davie\*
  - Friends United Meeting
  - Greek Orthodox Archdiocese of America
  - Interfaith Alliance
  - Interfaith Center of New York
  - Interfaith Youth Core
  - International Council of Community Churches
  - Jeannette Salguero\*
  - Jo Anne Lyon\*
  - Joshua DuBois\*
- Know Your Neighbor
  - Leadership Conference of Women Religious
  - Malankara Orthodox Syrian Church
  - Mark Harrison\*
  - Metropolitan Zachariah Mar Nicholovos\*
  - Multifaith Neighbor Network
  - NACA Inspired Schools Network
  - National African American Clergy Network
  - National Association of Evangelicals
  - National Council Jewish of Women
  - National Latino Evangelical coalition
  - NETWORK
  - New York Jewish Agenda
  - Rabbi Jacob Blumenthal\*
  - Religious Action Center of Reform Judaism
  - Interfaith Youth Core
  - Rev. Dr. Amos Brown\*
  - Rev. Eddy Aleman\*
  - Rev. Jim Winkler\*
  - Rev. Luis Cortes\*
- Rev. Stephen Green\*
  - Rev. Terri Hord Owens\*
  - Rev. Tyrone Pitts\*
  - Salam Al-Marayati\*
  - Salvation Army
  - Sojourners
  - Syrian Orthodox Church
  - T.Dewitt Smith\*
  - The Episcopal Church
  - The Episcopal Diocese of Washington
  - The Moravian Church Northern Province
  - The Sikh Coalition
  - United Church of Christ
  - Westminster Cathedral
  - AARP
  - America Indivisible
  - Americans United for the Separation of Church of State
  - Blue Future
  - BSP Research
- Care in Action
  - Center for American Progress
  - Center for Popular Democracy
  - Center for Science in the Public Interest
  - Center for Wellness and Nutrition
  - Civic Nation
  - CLASP/New Deal 4 Youth
  - Data for Progress
  - Democracy Partners
  - Feeding America
  - GLAAD
  - Greater Good Initiative
  - Hunger Free America
  - Indivisible
  - Islamic Networks Group & Affiliates
  - Know Your Neighbor
  - Meals on Wheels America
  - Minority Emergency Preparedness Task Force
  - Movement Labs
  - National Association of Counties
- National Bar Association
  - National Black Justice Coalition (NBJC)
  - National Center for Lesbian Rights (NCLR)
  - National League of Cities (NLC)
  - National WIC Association
  - NextGen America
  - Opportunity Youth
  - ParentsTogether
  - People's Action
  - People's Action Institute
  - PFLAG
  - School Nutrition Association
  - Sierra Club
  - Stand Up Republic Foundation
  - Stop the Spread
  - Students Learn, Students Vote Coalition
  - The Leadership Conference on Civil and Human Rights
  - Think of Us
  - Trans Latin@
  - Trevor Project
  - UltraViolet
- Trans Latin@
  - Trevor Project
  - UltraViolet
  - United We Dream
  - Uniting Garden Homes Inc
  - Wholesome Wave
  - Young Invincibles



### COVID-19 PUBLIC EDUCATION CAMPAIGN

A campaign to increase vaccine confidence while reinforcing basic prevention measures

Home » COVID-19 Community Corps

COVID-19 Public Education Campaign

About the Campaign

Campaign Resources & Toolkits

Our Partners

Campaign Ads

COVID-19 Community Corps

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## The COVID-19 Community Corps

Our best path out of the COVID-19 pandemic is for every American to get a COVID-19 vaccination as soon as it's available to them.

You're invited to support the effort by joining the COVID-19 Community Corps. As a member, you'll receive timely, accurate information to share with your family, friends, and neighbors. By encouraging them to get vaccinated, you'll help protect them - and allow all of us to safely gather together again.

As a Corps member, you'll get resources to help you build vaccine confidence in your community, including:

- Fact sheets on vaccine safety, tips on how to talk with friends and family about the importance of vaccination, and hints for planning and attending community events
- Social media content to share with your followers
- Regular email updates with the latest vaccine news and resources to share

### Join the COVID-19 Community Corps!

Thank you for joining the fight to end the COVID-19 pandemic by choosing to get fully vaccinated, and encouraging the people in your life to do the same.

Provide your email address below and we'll send weekly emails featuring tips, news, and resources to share with your community. (We will not share your email address with others and will use it only for COVID-19 Community Corps communications.)

[See HHS Privacy Policy](#)



Search



**Launching Social Media Profile Frames to Build Grassroots Momentum for Vaccinations:** As part of this community-oriented focus on cultivating a nationwide network of trusted voices, [REDACTED] are launching new social frames on Facebook to empower Americans across the country to share with their friends, family, and followers that they plan to get vaccinated. Giving individuals and pages the opportunity to use their profile picture to share their support for COVID-19 vaccination—and seeing others they trust in a friend group doing the same—will help increase confidence in the vaccine as it becomes more widely available. As part of this effort, [REDACTED]



[REDACTED]: HHS is beginning to air both English and Spanish language TV ads across the country to encourage vaccination among key groups currently eligible to receive vaccinations, including Americans age 65 and older. In addition to general market broadcast and cable advertising, [REDACTED] in [REDACTED] as well as in outlets that reach [REDACTED] and T [REDACTED], to add an additional layer of outreach and messaging to hard-hit communities. The ads begin airing today, will run throughout the month of April, and will also run on digital outlets.





## COVID-19 Public Education Campaign

An initiative to increase confidence in COVID-19 vaccines and reinforce basic prevention measures

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## Welcome to the COVID-19 Community Corps!

As a member of the COVID-19 Community Corps, you'll be invited to participate in events, and share best outreach practices as you work to help your communities get vaccinated. Below you'll find some resources to get you started – and be on the lookout for further information.



A welcome message from the U.S. Surgeon General.

### Get started

Here are some timely and important resources for you to use in your outreach.

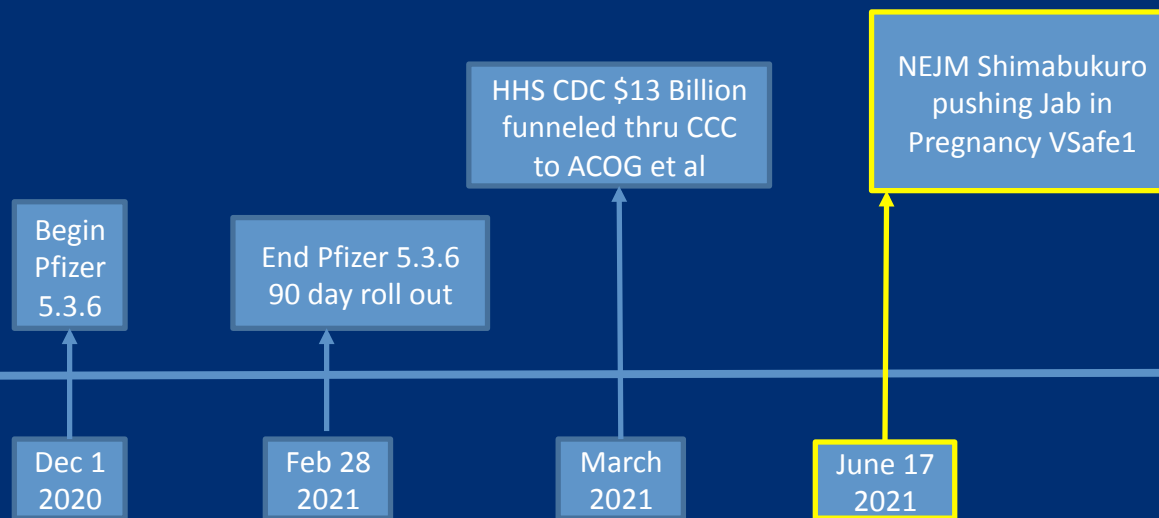


#### Events – See what we've been up to

We periodically host virtual events with top health professionals, advocates, and community leaders to hear what people are saying about COVID vaccines and what it means for our communities. [View events.](#)

# Timeline for “Fait Accompli” Rollout of Jab in Pregnancy

## There Was Never Any Safety Data – But Only Danger Data



James A Thorp MD, Maggie M Thorp JD

ORIGINAL ARTICLE

# Preliminary Findings of mRNA Covid-19 Vaccine Safety in [REDACTED]

Tom T. Shimabukuro, M.D., Shin Y. Kim, M.P.H., Tanya R. Myers, Ph.D., Pedro L. Moro, M.D., Titilope Oduyebo, M.D., Lakshmi Panagiotakopoulos, M.D., Paige L. Marquez, M.S.P.H., Christine K. Olson, M.D., Ruiling Liu, Ph.D., Karen T. Chang, Ph.D., Sascha R. Ellington, Ph.D., Veronica K. Burkel, M.P.H., et al., for the CDC v-safe COVID-19 Pregnancy Registry Team\*

Article **Figures/Media**

Metrics

June 17, 2021  
N Engl J Med 2021; 384:2273-2282  
DOI: 10.1056/NEJMoa2104983  
Chinese Translation 中文翻译

32 References 349 Citing Articles Letters

## Abstract

### BACKGROUND

Many [REDACTED] the United States are receiving messenger RNA (mRNA) coronavirus disease 2019 (Covid-19) vaccines, but data are limited on their safety in pregnancy.

### METHODS

From December 14, 2020, to February 28, 2021, we used data from the “v-safe after vaccination health checker” surveillance system, the v-safe pregnancy registry, and the Vaccine Adverse Event Reporting System (VAERS) to characterize the initial safety of mRNA Covid-19 vaccines in pregnant persons.

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including treatment with EP-COASA. HCV reactivation has been reported in HCV/HBV coinfecting patients who were undergoing or had completed treatment with HCV direct-acting antivirals (DAAs) and were not Full Prescribing Information



### Medical Ethics | Review

## COVID-19 & Disaster Capitalism – Part I

K. E. Thorp<sup>1</sup>, Margery M. Thorp<sup>2</sup>, Elise M. Thorp<sup>3</sup>, James A. Thorp<sup>4\*</sup>

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<sup>2</sup>JD MACP, Law Firm of Margery M. Thorp, PLLC, Gulf Breeze, FL.

<sup>3</sup>BS, FNTP, Williamston, MI.

<sup>4</sup>MD, Department of Obstetrics and Gynecology, Division of Maternal Fetal Medicine, Sisters of St. Mary's Health System, St. Louis, MO.

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Approved: 26 July 2022  
Published: 27 July 2022

#### Address for correspondence:

James A. Thorp, Department of Obstetrics and Gynecology,  
Division of Maternal Fetal Medicine, Sisters of St. Mary's  
Health System, St. Louis, MO

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<https://www.doi.org/10.46766/thegms.medethics.22071901>

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In a study intended to evaluate vaccine safety during pregnancy [redacted] et al. followed outcome [redacted] 958

vaccinated pregnant women between [redacted] and December 2020 and the end [redacted] 2021. During the two-and-a-half-month period [redacted] women completed their pregnancy of which 712 (86.1%) were live births [redacted] 115 [redacted] losses. Of the pregnancy losses, 104 were spontaneous abortions the vast majority of which (92.3%) occurred before 13 weeks of gestation. Upon review of the data [redacted] women [redacted] the [redacted] occurred. Nonetheless, authors included these 700 third-trimester vaccinations in the denominator when they calculated the spontaneous abortion rate [redacted] and, [redacted] 2.6% [redacted] (27). [redacted] the [redacted] which [redacted] to [redacted] ded [redacted] obvious safety concerns.

Shimabukuro et al. Preliminary Findings  
of mRNA COVID-19 Vaccine Safety in  
Pregnant Persons. NEJM June 17, 2021  
384:2273-2282

Author Affiliations

From the Immunization Safety Office, Division of Healthcare Quality Promotion (T.T.S., T.R.M., P.L. Moro, L.P., P.L. Marquez, C.K.O., C.L., B.C.Z., J.M.G.), and the Arboviral Diseases Branch, Division of Vector-Borne Diseases (S.W.M.), National Center for Emerging and Zoonotic Infectious Diseases, the Division of Birth Defects and Infant Disorders, National Center on Birth Defects and Developmental Disabilities (S.Y.K., V.K.B., C.J.G., D.M.M.-D.), the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion (T.O., K.T.C., S.R.E., A.N.S.), the World Trade Center Health Program, National Institute for Occupational Safety and Health (R.L.), and the Epidemic Intelligence Service (K.T.C.) — all at the Centers for Disease Control and Prevention, Atlanta; and the Division of Epidemiology, Office of Biostatistics and Epidemiology, Center for Biologics Evaluation and Research, Food and Drug Administration, Silver Spring, MD (M.A., A.M.-J.).

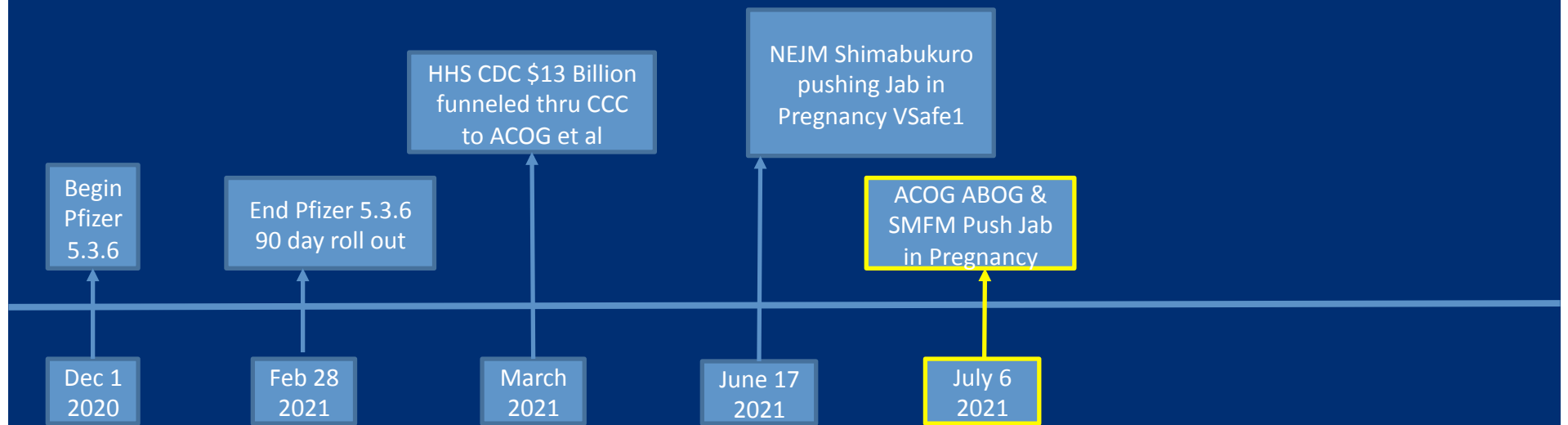
Address reprint requests to Dr. Shimabukuro at the Immunization Safety Office, Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30329, or at [tshimabukuro@cdc.gov](mailto:tshimabukuro@cdc.gov).

The members of the CDC v-safe COVID-19 Pregnancy Registry Team are listed in the [Supplementary Appendix](#), available at [NEJM.org](http://NEJM.org).

- All 21 Authors are Federal Employees and the article appears to be ghost written by Pfizer
- Only had 10 weeks of study with pregnancy lasting 40 weeks; Vsafe phone app system used
- Shimabukuro deeply entrenched in pushing vaccines; he heads the “CDC post-authorization/post-licensure safety monitoring of COVID-19 vaccines” of CDC FDA; Vaccine Safety Team of FDA/CDC.
- Complete Capture by military medical industrial complex (MMIC) including Pharma
- Pushes safety of jab in the pregnancy knowing of very dangerous data from Pfizer 5.3.6 .
- Deceptively manipulated miscarriage rate from 82% to 13%
- Woke language in the title – pay attention to details. If they cannot accurately describe pregnancy as NON-inclusive in women how can you trust their data interpretation?

# Timeline for “Fait Accompli” Rollout of Jab in Pregnancy

## There Was Never Any Safety Data – But Only Danger Data



James A Thorp MD, Maggie M Thorp JD

## COVID-19 Vaccines and Pregnancy: Conversation Guide for Clinicians

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ACOG recommends that COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on ACIP-recommended priority groups.

While safety data on the use of COVID-19 vaccines in pregnancy are not currently available, there are also no data to indicate that the vaccines should be contraindicated, and no safety signals generated from Developmental and Reproductive Toxicity (DART) studies for the Pfizer-BioNtech and Moderna COVID-19 vaccines.

In the interest of allowing pregnant individuals who would otherwise be considered a priority population

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In the interest of patient autonomy, ACOG recommends that pregnant individuals be free to make

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## ACOG and SMFM Recommend COVID-19 Vaccination for Pregnant Individuals

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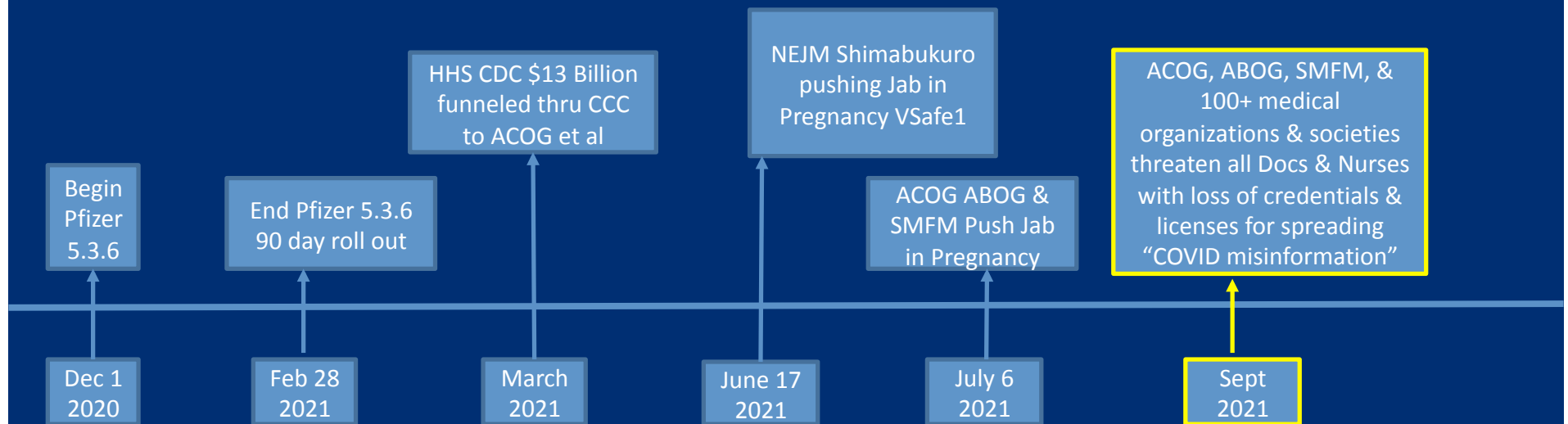
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# Timeline for “Fait Accompli” Rollout of Jab in Pregnancy

## There Was Never Any Safety Data – But Only Danger Data



James A Thorp MD, Maggie M Thorp JD





### Statement Regarding Dissemination of COVID-19 Misinformation

The American Board of Obstetrics and Gynecology (ABOG) fully supports the statement published by the [redacted] that asserts [redacted]

Patients rely on physicians to practice evidence-based medicine based on facts and scientific data. The FSMB and ABMS statements align with the ABOG standards and policies for certification and maintenance of certification that involve medical professionalism and professional standing. These standards include:

- acting in your patients' best interests
- behaving professionally with patients, families, and colleagues across health professions
- taking appropriate care of yourself
- representing your Board certification and MOC status in a professional manner

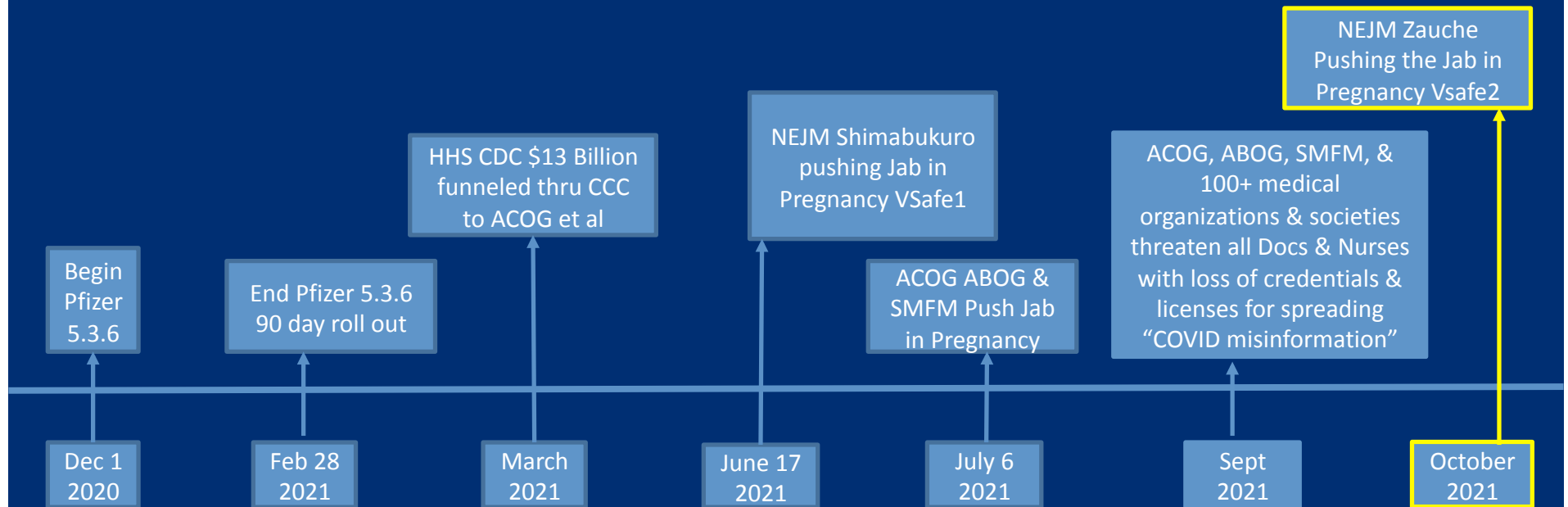
## The ABOG EMAIL Sent to ALL Constituents September 2021

[redacted] posed to pregnant people by COVID-19 and [redacted] of unvaccinated pregnant individuals in 2021. [redacted] The [CDC has reported](#) that the deaths in August are the highest number of deaths reported in any month since the start of the pandemic, citing that about 97% of pregnant people treated in the hospital for COVID-19 have been unvaccinated. The [ACOG, SMFM](#), and [CDC recommend the COVID-19 vaccine](#) for all people over the age of 12, including pregnant people. ABOG supports these recommendations and has incorporated this information in our Maintenance of Certification (MOC) learning and self-assessment offerings to help diplomates provide evidence-based care to the people and families that we serve.



# Timeline for “Fait Accompli” Rollout of Jab in Pregnancy

## There Was Never Any Safety Data – But Only Danger Data





James A Thorp MD, Maggie M Thorp JD

CORRESPONDENCE

# Receipt of mRNA Covid-19 Vaccines and Risk of Spontaneous Abortion

60 Citing Articles

TO THE EDITOR:

  are at risk for severe coronavirus disease 2019 (Covid-19), and infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) during pregnancy is associated with increased risks of preterm birth and other adverse maternal and neonatal outcomes.<sup>1</sup> Although spontaneous abortion (pregnancy loss occurring at less than 20 weeks of gestation) is a common pregnancy outcome affecting 11 to 22% of recognized pregnancies (see Table S1 in the [Supplementary Appendix](#), available with the full text of this letter at NEJM.org),<sup>2-4</sup> data to inform estimates of the risk of spontaneous abortion after receipt of an mRNA Covid-19 vaccine either before conception (30 days before the first day of the last menstrual period through 14 days after) or during pregnancy are limited.

We analyzed data from the Centers for Disease Control and Prevention (CDC) v-safe Covid-19 vaccine pregnancy registry to determine the cumulative risk of spontaneous abortion from 6 to less than 20 weeks of gestation. Participants with a singleton pregnancy who had received at least one dose of an

 N Engl J Med 2021; 385:1533-1535

DOI: 10.1056/NEJMc2113891

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Res Ipsi Loquitor: New England Journal of Medicine is CORRUPTED. Pharma & Woke Captured Flagship Journal of the Medical Military Industrial Complex with Editor in Chief Eric Rubin MD. He voted to push mRNA vaccines in children at the FDA 2022: "we have no safety data, we just need to roll it out and see what happens". Myocarditis Pericarditis rises from 2/million to 25,000/million. No apology. Thanks Rubin



Medical Ethics | Review

COVID-19 & Disaster Capitalism – Part I

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Abstract

In this three-part series we examine the extent to which disaster capitalism and the medical-industrial complex turned the pandemic into a 'golden' opportunity to enhance corporate profits which took place, in large part, at the taxpayer's expense through appropriation of public resources. In the first part we examine the rise of this predatory social ideology and the strategies its adherents have employed to assure its success. In the second part we examine the social and economic consequences of disaster capitalism during the COVID-19 pandemic which, in the end, led to the preventable loss of hundreds of thousands of American lives. In the final article we point to the necessity of broad reform not only of the healthcare system but of American democracy and raise challenging questions as to how this should be accomplished and, importantly, whether the American public is up to the task.

Key Words: Disaster Capitalism, Corporatism, COVID-19, Shock Doctrine, Dominator Hierarchies

Beyond impacting countless lives across the globe, the COVID-19 pandemic unmasked critical flaws in the US healthcare system regarding issues such as access to effective treatment, quality of care, inequities in distribution of care, supply shortages, spiraling costs, and broad failure of public health policies. All these factors coupled with lack of preparedness and the economic downturn during the pandemic hampered the ability of the system to respond effectively leading to devastating consequences for the US public. A simple comparison of outcomes in other countries illustrates this point.

With about 4% of the global population the US has accounted for 15.8% of the overall COVID-19 mortality despite having the highest global healthcare expenditures which, in 2020, amounted to \$11,945 per capita [1,2]. By

contrast, India, with 17.7% of the world's population — over four times that of the US — has had about half the number of deaths despite annual healthcare expenditures of only about \$64 per capita [3]. A comparison between the US and Canada, with similar demographic and socioeconomic patterns, further highlights the disparities: Canada, with about 11.4% of the US population, has had only about 4% of COVID-19 deaths despite healthcare expenditures less than half of the US or about \$5,736 per capita. Such incongruities point an incriminating finger at the US healthcare model.

From its origins in the late 19<sup>th</sup> century the US healthcare system was based on the reigning industrial model and much of the seed capital and early philanthropic support came from wealthy industrialists [4]. Not coincidentally,

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In a study intended to evaluate vaccine safety during pregnancy, [redacted] followed outcomes in 3958

COVID-19 & Disaster Capitalism – Part I

vaccinated pregnant women between mid-December 2020 and the end of February 2021. I [redacted]

[redacted] women completed their pregnancy of which [redacted] were live births and [redacted]

(13.9%) pregnancy losses. Of the pregnancy losses, [redacted] were spontaneous abortions the vast majority of which

(92.3%) occurred before 13 weeks of gestation. Upon review of the data, however, 700 (84.6%) of women

[redacted] Nonetheless,

authors included these 700 third-trimester vaccinations in the denominator when they calculated the spontaneous

abortion rate. [redacted]

This astonishing miscarriage rate is equivalent to the efficacy of the so-called abortion pill, RU486, which

carries an FDA black box warning to alert consumers to major drug risks. And yet Shimabukuro et al. concluded

there were no obvious safety concerns.

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## ACOG and SMFM Recommend COVID-19 Vaccination for Pregnant Individuals

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# COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function

James A. Thorp, M.D.

Claire Rogers, M.S.P.A.S., P.A.-C

Michael P. Deskevich, Ph.D.

Stewart Tankersley, M.D.

Albert Benavides, B.S.

Megan D. Redshaw, J.D.

Peter A. McCullough, M.D., M.P.H.

## ABSTRACT

This population-based retrospective cohort study assesses rates of adverse events (AE) after COVID-19 vaccines experienced by women of reproductive age, focusing on pregnancy and menstruation, using data collected by the Vaccine Adverse Events Reporting System (VAERS) database from Jan 1, 1998, to Jun 30, 2022.

The proportional reporting ratio comparing AEs reported after COVID-19 vaccines with those reported after influenza vaccines is significantly increased ( $\geq 2.0$ ) for COVID-19 vaccine for menstrual abnormality, miscarriage, fetal chromosomal abnormalities, fetal malformation, fetal cystic hygroma, fetal cardiac disorders, fetal cardiac arrest, fetal arrhythmias, fetal vascular malperfusion, fetal growth abnormalities, fetal abnormal surveillance, placental thrombosis, fetal death/stillbirth, low amniotic fluid, preeclampsia, premature delivery, preterm premature rupture of membrane, and premature baby death.

When normalized by time-available, doses-given, or number of persons vaccinated, all COVID-19 vaccine AEs far exceed the safety signal on all recognized thresholds.

## Introduction

vaccines were chosen as the control group because the CDC first approved influenza vaccines for pregnant women in 1997. Reports in VAERS after Jan 1, 1998, would count AEs due to on-label use of the vaccines. The study period ending on Jun 30, 2022, provides 282 months of data for the Influenza vaccine and 18 months of data for the COVID-19 vaccines.

## AE Report Counts

Based on a high-volume obstetrical practice over 43 years, a board-certified obstetrician-gynecologist and maternal-fetal medicine physician (JAT) chose AEs of interest from the VAERS database that are most relevant to fertility and reproductive physiology. A query of the VAERS database was made for each AE: menstrual abnormality, miscarriage (spontaneous abortion), fetal chromosomal abnormalities, fetal malformation, fetal cystic hygroma, fetal cardiac disorders, fetal cardiac arrest, fetal arrhythmia, fetal vascular malperfusion, fetal growth abnormalities, fetal abnormal surveillance, placental thrombosis, fetal death (stillbirth), low amniotic fluid, preeclampsia, preterm premature rupture of membranes (PPROM), premature delivery/baby (PTD), and premature baby death. AE reports were counted globally and within the U.S. for both the COVID-19 and the influenza vaccines. The global counts for these events, which include U.S. counts, are listed in Table 1. U.S. counts only are in Table 1 Supplement, available at

Thank You

Award ID	Recipient Name	Start Date (Period of Performance)	End Date (Period of Performance)
NU38OT000330	AMERICAN COLLEGE OF OBSTETRI...	8/1/2022	7/31/2023
NU50CK000589	AMERICAN COLLEGE OF OBSTETRI...	2/1/2021	9/29/2025
NU84DD000015	AMERICAN COLLEGE OF OBSTETRI...	9/30/2022	9/29/2026

Award Amount (Total Award Obligations to Date)	Base Transaction Description	DEF
\$9,883,898	PREVENTIVE HEALTH AND HEALTH SERVICES - STRENGTHENING PU...	--
\$1,140,000	IMPROVING CLINICAL AND PUBLIC HEALTH OUTCOMES THROUGH ...	N, P, C
\$280,000	ACOG NATIONAL PARTNERSHIPS TO ADDRESS PRENATAL ALCOHOL ...	Q

	Awarding Agency	Awarding Sub Agency	Award Type
	Department of Health and Human S...	Centers for Disease Control and Prevention	COOPERATIVE AGREEMENT (B)
	Department of Health and Human S...	Centers for Disease Control and Prevention	COOPERATIVE AGREEMENT (B)
	Department of Health and Human S...	Centers for Disease Control and Prevention	COOPERATIVE AGREEMENT (B)



#### AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **OT18-1802**, titled **Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health**, and application dated April 11, 2022, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$4,392,898 is approved for the Year 05 budget period, which is August 1, 2022 through July 31, 2023. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Project Funding:** The NOFO provides for the funding of multiple projects under this award. The approved project funding levels for this notice of award are:

#### Category C

- Engaging Women's Health Care Providers For Effective Covid-19 Vaccine Conversations - \$2,000,000
- Maternal Vulnerable Population Partnership - \$ 500,000
- Strengthening Services for Pregnant and Postpartum Women through Public Health-Clinical Care Partnerships - \$892,898
- Supporting medical education for primary care providers regarding early onset breast cancer risk, detection, and survivorship - \$1,000,000

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-209) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the

United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

#### Financial Assistance Mechanism: Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

- Collaborate to ensure coordination and implementation of strategies to provide CBA to governmental and nongovernmental components of the public health system.
- Provide guidance and coordination to funded organization to improve the quality and effectiveness of work plans, evaluation strategies, products and services and collaborative activities with other organizations.
- Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between funded organizations that would not normally interact or collaborate on public health efforts.
- Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance.

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“He who PAYS THE PIPER CALLS THE TUNES”. The \$13 BILLION in bribes from HHS & CDC to 270 sectors of our society to push the DEADLIEST ☠️ EVER medicine / drug / vaccine was an unprecedented 5th Generation Psychological Operations on not only the USA 🇺🇸 but the entire world. CRIMINAL PROSECUTIONS NOW. #ABOG #ACOG #SMFM @unbridledmd @DOCBISS @drmcdyer1 @P\_McCulloughMD @DrAseemMalhotra @DoNoHarmMed @FLSurgeonGen @SenRonJohnson @naomirwolf @stkirsch @GovDes @CurtisCost @JesslovesMJK @alejandrodiazmd

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Incredible work @Maggie\_Thorp on breaking the FOIA on HHS CDC and their capture of The American College of ObGyn. It corroborates your article entitled "Government Curated 'Science': Corporate Lies, Greed and Human Destruction" on Dec 11,... [Show more](#)



# **COVID-19 Vaccines and the Impact on Pregnancy Outcomes and Menstrual Function**

James A Thorp MD ObGyn & Maternal Fetal Medicine, Gulf Breeze, FL

Claire Rogers, MSPAS, PA-C, Rome, GA

Michael P Deskevich, PhD Modeling and Simulation, Boulder, CO

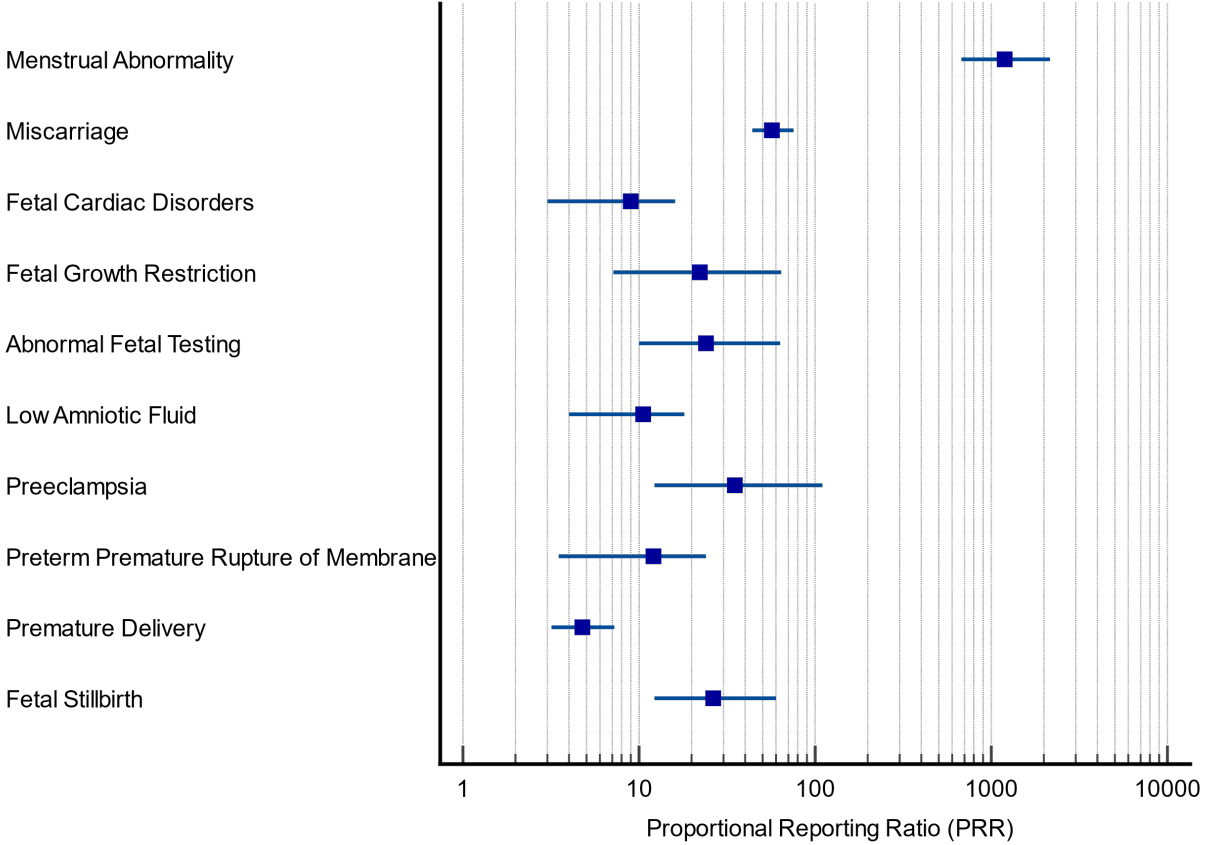
Stewart Tankersley MD, Montgomery, AL

Albert Benavides BS, San Jose, CA

Megan D Redshaw JD, Palmyra, MO

Peter A. McCullough MD, MPH, Dallas, TX

Global PRR of COVID-19 / Influenza Vaccines per Dose



## 34 Independent Sources Collaborating VAERS C19 Vax Injury

- 1) [UK government](#)
- 2) UK Yellow card
- 3) EMA EudraVigilance
- 4) WHO VigiAccess
- 5) [61,000 dead millennials](#)
- 6) OneAmerica Insurance
- 7) Lincoln insurance
- 8) [80 Canadian physicians DEAD](#)
- 9) [Avalanche of 769 Athletes dropping dead](#)
- 10) [All Cause mortality way up](#)
- 11) [Palmer & Bhadki confirm C19 vax deaths by autopsy](#)
- 12) Dr. Arne Burkhardt
- 13) Alexandra Latypova
- 14) Embalmers Richard Hirschman et al
- 15) Canadian stillbirths
- 16) California stillbirths
- 17) [Birth rates down globally about 10% per government data](#)
18. CV9 country's vax rates correlate with C19 deaths
19. [Dr. Daniel Nagase, Canada](#)
20. [Dr. Peter McCullough](#)
21. [DMED US Military database Dr. Theresa Long](#)
22. World Council for Health
23. Spiro Pantazatos MD MPH
24. [1,366 AE med journal publications in 15 months](#)
25. Costa Rica
26. Scandinavian Countries
27. Uruguay
28. Germany
29. Italy
30. Romania
31. [CV19 vaccine: miscarriage, fertility, fetal deaths](#)
32. 78 countries in world have dropped mandates
33. [Steve Kirsch formal questionnaire](#)
34. [Pfizer 5.3.6 post-marketing analysis](#)

# COVID-19 and the Unraveling of Experimental Medicine – Part III

Appendix 1. Subject-wise segregation of 1,366 references

COVID-19 Vaccine Published Complications Subject of Article(s)	Number of Publication(s)	Reference Numbers in the Hyperlink
Anaphylaxis	47	1 - 47
Antibiotic-Related Antibiotics	3	48 - 50
[REDACTED]	[REDACTED]	51 - 210
Arthritis	2	211 - 212
Auto-Immune Disorders	21	213 - 233
Autopsy Findings	11	234 - 244
Blood Disorders	10	245 - 254
[REDACTED]	7	255 - 261
[REDACTED]	[REDACTED]	262 - 597
Cardiac Disease (other)	15	598 - 612
Dementia / Alzheimer's / Delirium	2	613 - 614
Encephalopathy & Neurological Injury	46	615 - 660
Eye Diseases	11	661 - 671
Facial Nerve Palsy	28	672 - 699
Gastroparesis	1	700
Guillain Barre Syndrome	51	701 - 751
Hearing Loss / Tinnitus	13	752 - 764
Hemolytic Uremic Syndrome	1	765
Hemorrhage	38	766 - 803

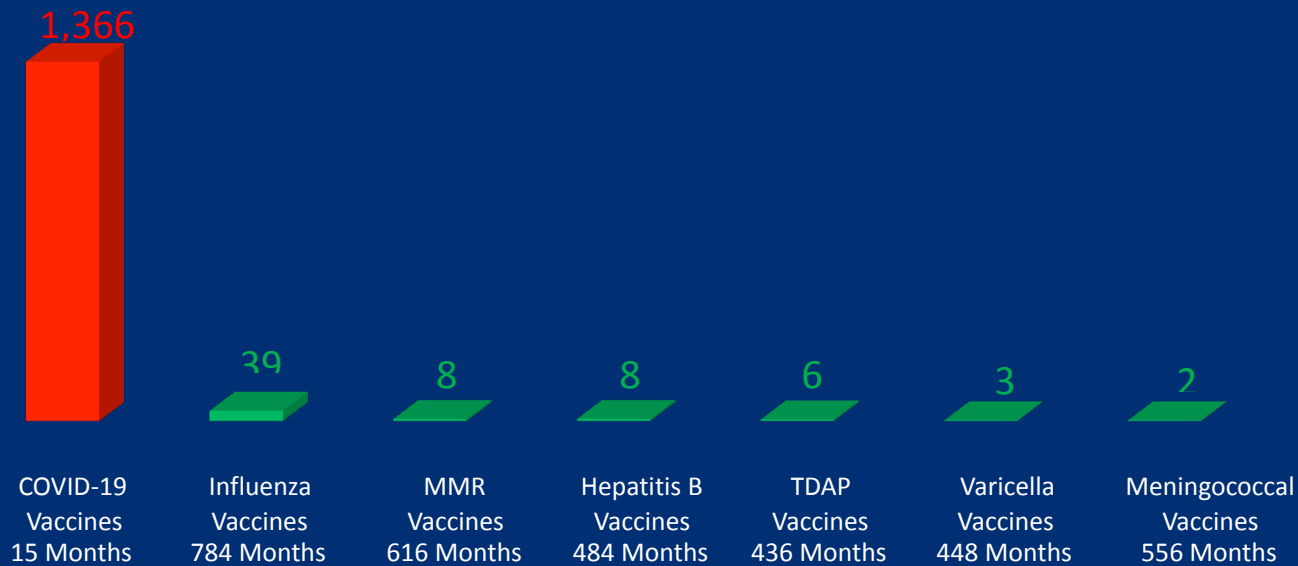
Appendix 1 Continued Below

Hemorrhage	38	766 - 803
Hepatitis	19	804 - 822
Immune and DNA Impacts	7	823 - 829
Kidney / Urinary Disorders	23	830 - 852
Lung Disease	3	853 - 855
Lymphadenopathy	60	856 - 915
Multiple Sclerosis	1	916
Muscle Disorders	5	917 - 921
Prion Disease	1	922
Radiation Recall Syndrome	5	923 - 927
Rhabdomyolysis	12	928 - 939
Seizure Disorder	6	940 - 945
Shoulder / Musculoskeletal / Bursitis	7	946 - 952
Skin Reactions	41	953 - 993
Thyroid Disease	33	994 - 1026
[REDACTED]	[REDACTED]	1027 - 1235
Varicella Zoster (shingles) / Herpes	27	1236 - 1262
Vasculitis	48	1263 - 1310
Miscellaneous	56	1311 - 1366
<b>TOTAL</b>	<b>1366</b>	<b>1 - 1366</b>

\*Hyperlink to 1,366 references for COVID-19 vaccine associated complications:  
<https://www.thegms.co/publichealth/pubheal-rw-22042302-references.pdf>

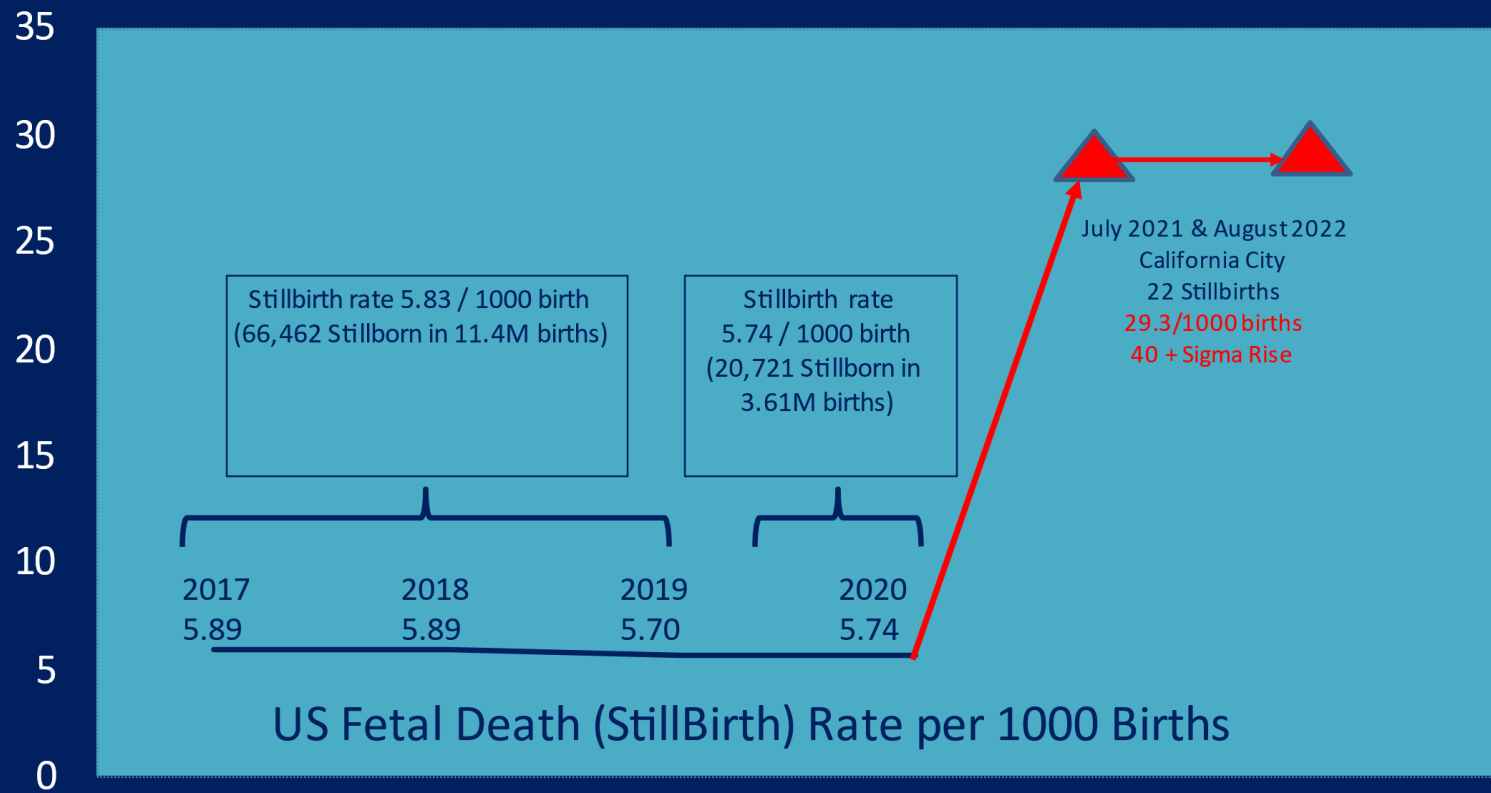
Thorp KE, Thorp JA, Thorp EM. COVID-19 and the Unraveling of Experimental Medicine - Part III. G Med Sci. 2022; 3(1):118-158. <https://www.doi.org/10.46766/thegms.pubheal.22042302>

## Peer-Reviewed Medical Journal Publications Documenting Severe Injury or Death after Vaccination: COVID-19 Vaccines (15 months) versus Other Vaccines



Thorp KE, Thorp JA, Thorp EM. COVID-19 and the Unraveling of Experimental Medicine - Part III. G Med Sci. 2022; 3(1):118-158. <https://www.doi.org/10.46766/theegms.pubheal.22042302>





James A Thorp, MD. Data Compiled by Whistleblower Michelle Gershon, CA (9000 births/year)

180  
160  
140  
120  
100  
80  
60  
40  
20  
0

## US / Canada Fetal Death (StillBirth) Rate per 1000 Births

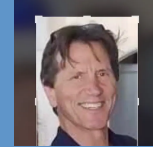
Lions Gate Hospital, British Columbia, Dr. MelBruchet,  
Dr. Danial Nagase and Three Doulas Testify to This Data

2017	2018	2019	2020
5.89	5.89	5.70	5.74

November 2021  
British Columbia, Canada  
13 Stillbirths in 7 days  
4200 deliveries per year  
**160/1000 Births**  
**300 Sigma Rise**

James A Thorp, MD. Data Compiled by Canadian Whistleblowers Dr Nagase, Dr Bruchet, 3 Doulas

James A Thorp MD



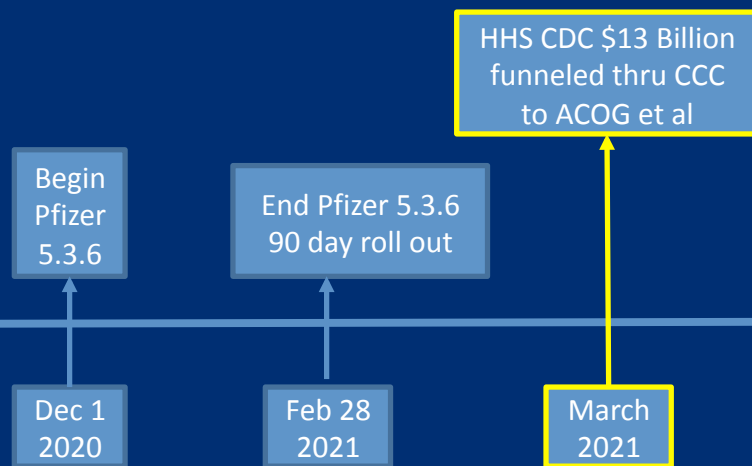
Recommendations for Exp COVID-19 Gene jab in pregnancy	Category X, Contraindicated in Pregnancy, Black Box Warning
Specialty	Board Certified Ob/Gyn Board Certified Maternal Fetal Medicine
Cui Bono?	Severely punished, censored and threatened by medical boards
Clinical OB Experience	44 years, 26,000 plus high-risk OB patients in last 4 years alone not including pro bono patients
Funding Source	Personal time donated; Personal assets donated.
Employer	Large Catholic Healthcare System
Conflicts of Interest (COI)	ZERO. NONE. NADA. Harsh consequences for taking a stand against the state narrative and for pointing out massive death & injury in pregnancy from vax
Benefits from Vaccine profits / patent royalties	ZERO. NONE. NADA.
Royalties from books / publications	NONE; 100% Donated; 10+ X book royalties per year donated to charities over career
Major Pertinent Publication	Journal of American Physicians & Surgeons extensively peer-reviewed. No journal COI. Journal independent of Pharma industrial complex. Article written by authors
Availability	Answers to all. Willing to debate anyone in the world over the last two years.

Tommy T Shimabukuro MD, MPH



Recommendations for Exp COVID-19 Gene jab in pregnancy	Pushed in pregnancy as safe, effective & necessary. He refuses to address <a href="#">Pfizer 5.3.6</a> documenting 100+ deaths per week (page 7) the most lethal drug ever rolled out. Dec 1 – Feb 28 2021 - 1223 dead after the jab and horrible OB outcomes (page 12) which he knew 2-28-2021.
Specialty	Family Practice Physician. Board Certified
Cui Bono?	Rewarded with job security for pushing FED narrative. Bonus for being a good vaccine pusher? Other PERCS for pushing the dangerous drug?
Clinical OB Experience	Has he EVER seen a pregnant patient? When was the last? How many patients has he seen in the last 3-4 years? Any at all?
Funding Source	Massive lucrative government grants, support. Supported by Pharma/CDC/FDA
Employer	Federal Government
Conflicts of Interest (COI)	Massive COI – deeply entrenched in pushing vaccines, Fed Employee, “CDC post-authorization/post-licensure safety monitoring of COVID-19 vaccines”, Vaccine Safety Team of FDA/CDC. Captured by military medical industrial complex
Benefits from Vaccine profits / patent royalties	CDC/FDA thrive off massive Pharma vaccine dollars & vaccine patent royalties owned by CDC/FDA. Personal holdings of vaccine stocks? Other benefits?
Royalties from books / publications	Unknown
Major Pertinent Publication	NEJM controlled by Pharma, Editor in Chief Eric Rubin pushes the C19 gene jab in children at CDC/FDA hearing admitting no safety data but roll it out and see what happens. Journal dependent upon Pharma industrial complex. Suspect article was Ghostwritten by Pharma
Availability	Unavailable. No responses. No availability to discuss conflicts of interest or conflicts of safety data. Refuses to disclose all VSAFE data. Refuses to debate.

# Timeline for “Fait Accompli” Rollout of Jab in Pregnancy There Was Never Any Safety Data – But Only Danger Data



James A Thorp MD, Maggie M Thorp JD



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“He who PAYS THE PIPER CALLS THE TUNES”. The \$13 BILLION in bribes from HHS & CDC to 270 sectors of our society to push the DEADLIEST ☠️ EVER medicine / drug / vaccine was an unprecedented 5th Generation Psychological Operations on not only the USA 🇺🇸 but the entire world. CRIMINAL PROSECUTIONS NOW. #ABOG #ACOG #SMFM @unbridledmd @DOCBISS @drmcduer1 @P\_McCulloughMD @DrAseemMalhotra @DoNoHarmMed @FLSurgeonGen @SenRonJohnson @naomirwolf @stkirsch @GovDes @CurtisCost @JesslovesMJK @alejandrodiazmd

BNT162b2

5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 1 below presents the main characteristics of the overall cases.

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

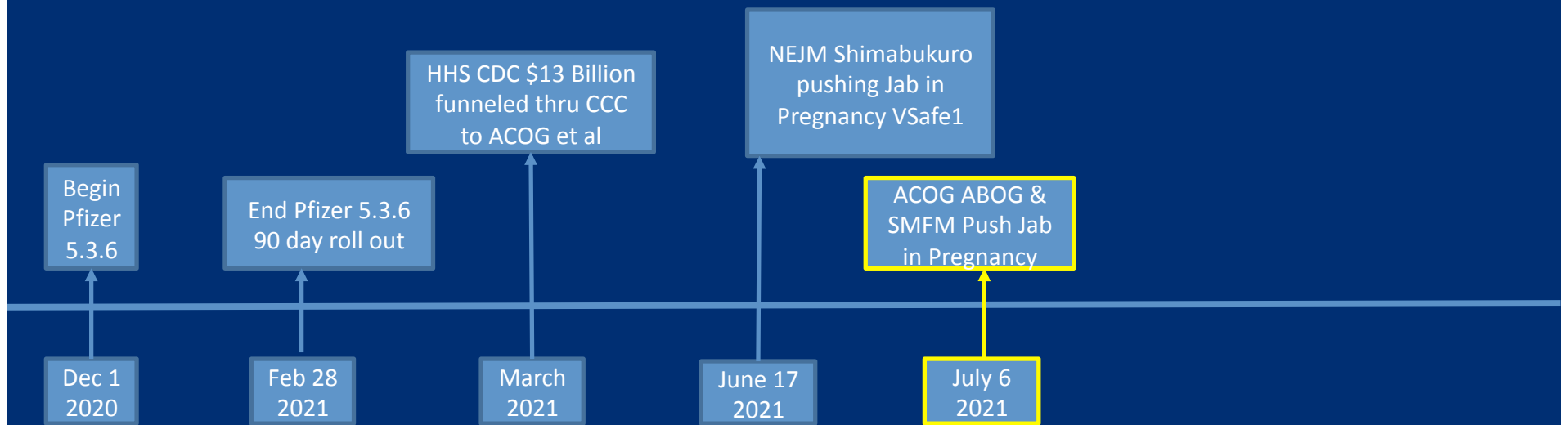
Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 <sup>a</sup>
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
≥ 75	5214	
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Unknown	100

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

As shown in Figure 1, the System Organ Classes (SOCs) that contained the greatest number (≥2%) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).

# Timeline for “Fait Accompli” Rollout of Jab in Pregnancy

## There Was Never Any Safety Data – But Only Danger Data



James A Thorp MD, Maggie M Thorp JD