Exhibit 444

Report 35: Pfizer Evidence So Far: Coverups, Heart Damage, and More

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Report 35: Pfizer Evidence So Far: Coverups, Heart Damage, and More

July 30, 2022 • by Robert W. Chandler, MD, MBA, Team 5; Linnea Wahl, Team 5


CFS TEST

Less than three months after Pfizer's COVID-19 vaccine rollout, there were many known ***significant adverse events (AEs).*** *So many, in fact, that* ***Pfizer had to hire 2,400 employees to handle the volume of reports they were receiving****. Despite the flood of adverse events being reported,* ***there was no move*** *by Pfizer, the U.S. government, or government entities such as the CDC or FDA* ***to stop or slow down the rollout of the mRNA vaccines.***

At least four or more appendixes may have been omitted from this report (https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf)

. *There has also been some modification of the primary source document:*

- *Pericarditis and myocarditis are included in the cardiac (heart-related) organ system rather than under autoimmune disorders. Adverse events of special interest (AESIs) are organized as organ systems.*
- *1,972 cases of Lymphadenopathy (swelling of lymph nodes) appear with no reporting of low white blood cell count (lymphocytopenia) or other measurements of infection or dysfunction including the formation of cancers.*
- *Absence in the reporting of Troponin and d-dimer (protein fragment present in the blood after a blood clot) levels. Without the raw data, we have no way of knowing just how high d-dimer levels were.* ***This is significant because of the correlation between high d-dimer levels and blood clots.***

Following the granting of Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA) in late fall of 2020, Pfizer, with assistance from private and government agencies, began widespread “vaccination” of the public. The following report is a series of tables and charts meant to make access to data contained in primary source document *5.3.6 Reissue* more transparent.

Cumulative Analysis of Post-authorization Adverse Events Through 2/28/2021
Tables 1-6 AES

"Relevant" Adverse Events: Subjects			
Table 1	N =	42086	
Gender	F	29914	71%
	M	9182	22%
	ND	2990	7%
	Total	42086	
Age	**<12**	**34**	
	<16	**46**	
	<= 17	**95**	
	18-30	4953	
	31-50	13886	
	51-64	7884	
	65-74	3098	
	>=75	5214	
	Ukn	**6876**	
	Total	**42086**	
Outcome	N =	42086	
*Of (total)-(unknown)	Recovered/Recovering*	19582	60%
*Of (total)-(unknown)	Not recovered*	11361	35%
Of 42,086	**Unknown***	**9400**	22%
	Fatal*	**1223**	4%
Of (total)-(unknown)	Recovered with sequelae*	520	2%
	N - Unknown =	**32686**	
Estimated range in all cases not recovered after removing unknowns	**Died or not Recovered**	**40-87%**	
Percent recovered to percent not recovered	Recovered e	Not Recovered	
9 to 1	17624	1958	
6 to 4	11749	7833	
5 to 5	9791	9791	
4 to 6	7833	11749	
1 to 9	4209	15373	
Recovered/Recovering Estimation Calculations	**Estimated Not Recovered + Died**	**Estimated percent not recovered**	
Fatal + Not recovered + Sequelae	13104	40%	
Fatal + NR + S + estimated recovering*	15062	46%	
* Scaled estimated Recovering	20937	64%	
	22895	70%	
	24853	76%	
	28477	87%	

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As the numbers of those receiving the vaccine rose, **Pfizer was confronted with such a flood of Adverse Event reporting that they had to hire 2,400 employees to handle the volume.**

5.3.6 postmarketing experience.pdf (https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf)

reports on 42,086 subjects or patients considered relevant with 93,473 Adverse Events (AEs) or Adverse Events of Special Interest (AESIs), although there appears to have been 137,205 actual events. As noted, at least four or more appendixes may have been omitted, as the document references "Appendix 5," which is not included in the document.

The Pfizer report, *Reissue 5.3.6* (https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf), presents a selection of that reporting. Denominators are largely not provided, making statistical analyses of prevalence nearly impossible. This document is highly significant in identifying AEs/AESIs signal detection that would lead responsible scientific and medical professionals to:

- **Incorporate warnings of specific disorders resulting from Pfizer's COVID-19 BNT162b2 vaccine** in Public Service Announcements (PSAs) and in written, signed, and witnessed Informed Consents.
- Acknowledge that **these disorders were identifiably associated with BNT162b2** as of December 2020 through data capture completion February 28, 2021:
  - **Covid-19 was one of the most common AEs/AESIs.** According to document *5.3.6* (https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf), COVID-19 was the third most common adverse event. The top two most common adverse events were Arthralgia (achiness, etc. around or near joints) and Pyrexia (raised body temperature, fever). The COVID-19 cases were unbundled and scattered through the reporting.
  - **Clotting disorders:** stroke, thrombosis, embolism
  - **Bleeding disorders:** hematoma, hemorrhage
  - **Neurological disorders:** seizures and nerve damage to both central and peripheral nervous systems
  - **Autoimmune disorders:** arthritis, cerebritis, peri cardiomyopathies
  - **Organ system damage:** cardiac, hematopoiesis, reproductive
  - **Viral Antibody-Dependent Enhancement (VADE)**
- **Intensify targeted data collection and detailed investigation** of these disorders including a statically, sufficiently powered series of autopsies and outcome studies.
- Establish an agency up to **manage in a medically responsible way all reported AEs/AESIs patients.**

Additionally, the primary source document is modified to include pericarditis and myocarditis in the cardiac organ system rather than under autoimmune disorders. This is done because the AESIs are organized as organ systems. The conclusion that

these inflammatory disorders of the heart are a result of an immune system disorder is in itself a remarkable admission. This topic is worthy of follow-up investigations.

Similar adjustments to some diagnostic categories are also present. For, example, arthritis and rheumatoid arthritis were moved from the Musculoskeletal to the Autoimmune category. This is significant because the sudden appearance of these disorders put them in the Autoimmune category – until otherwise proven.

Another interesting inclusion is the case of "Tachycardia" (1,098 cases). **Tachycardia** means elevated heart rate. Heart rates go up roughly 10 beats per minute for each degree of temperature gain. Strangely, there were 7,666 cases of Pyrexia (fever) using Celsius degrees that eliminated all temperature elevations between 99.6- and 100.3-degrees Fahrenheit. The **under-reporting of fevers makes this reporting questionable**. Were these "Tachycardias" cases actually cases of erratic heartbeat (arrhythmia) that affect the heart's upper chambers? The matter can only be resolved with **raw data access that has not been provided.**

Finally, in Table 2, 1,972 **cases of Lymphadenopathy (swelling of the lymph nodes) appear without any reporting of low white blood cell count (lymphocytopenia)** or measuring of infection or dysfunction including the formation of cancers. Similar concerns can be directed toward the **absence in the reporting of Troponin and d-dimer levels.** Without the raw data, we have no way of knowing just how high d-dimer levels were. D-dimers are protein fragments present in the blood after a blood clot. This is significant because of the correlation between high d-dimer levels and frequency of blood clots.

These are just a few of the concerns raised by Pfizer's *5.3.6 postmarketing experience* (https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf) document. Once raw data has been released in usable form, many outstanding questions can be answered.

By April 30, 2021, Pfizer and the FDA knew diverse, dangerous, sometimes life-altering, and even fatal adverse events resulted from the administration of the mRNA vaccines. Yet, with the exception of June 25, 2021, the FDA and Pfizer failed to warn the public about side effects such as myocarditis and pericarditis. To date,

the June 25 warning is the only mRNA vaccines' adverse event warning published. [https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-june-25-2021 (https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-june-25-2021)] Informed consent is not possible without clear, public warnings about clotting, bleeding, neurological, and autoimmune disorders, as well as organ systems' damages and Viral Antibody-Dependent Enhancement. [https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html (https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html)]

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