# Exhibit 557

## Statement and Testimony, COVID-19 Vax Injuries

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# Statement and Testimony, COVID-19 Vax Injuries

A statement prepared for the November 13 House of Representatives Hearing

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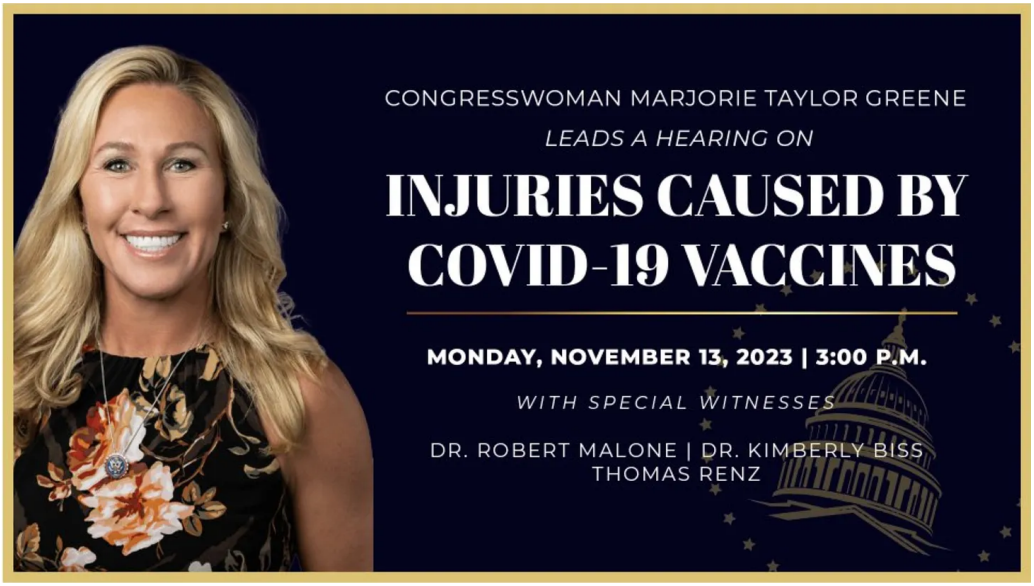


The November 13, 2023 hearings are in the can now, and video clips from these hearings are circling the world. Unfortunately, the prepared statements were not able to be read and entered into the testimony due to time constraints and enthusiastic questioning by the Senator and Congresspeople present.

Therefore, for those who are interested in my prepared testimony statement, I have recorded it separately and provide both the video/audio recording and the written text below.

And now Jill and I are off to Bucharest to testify at the Fourth International COVID Summit.

Thanks to all for your interest and support- Robert


I am one of the vaccine injured, and my second Moderna lot was one of those associated with high rates of adverse events based on the VAERS system reports. I continue to be medically managed for the ongoing lasting damage.

It has now been four years since a novel coronavirus first infected the human community. Laboratory engineered in forbidden gain of function research for enhanced human infectivity and disease, development of which was funded by the US Government and performed by the US medical-biodefense-industrial complex working in cooperation with the Chinese Communist Party. These facts have been well established in congressional testimony by the likes of former CDC director Dr. Robert Redfield, despite sworn denial by Dr. Fauci in response to direct questioning from Senator Rand Paul.

Let's consider the most recent findings regarding the damage done by this top-down, centralized approach. Skilled data scientists have recently estimated that excess US deaths associated the combination of non-pharmaceutical interventions and imposed medical interventions (which were neither safe nor effective) exceed 500,000 US citizens.

Propagandists in the US Government and CIA-influenced Johns Hopkins University tell us that there have been approximately One Million US deaths FROM disease associated with "Wuhan Seafood Market Virus" infection. These propagandists, in cooperation with a modeling team lead by Dr. Neil Ferguson from the Imperial College in the UK, have repeatedly told us that the case fatality rate of COVID-19 disease is 3.4 percent.

This case fatality rate has been weaponized to justify jamming various drugs and "vaccines" through a highly abbreviated and corrupt "Emergency Use Authorization" regulatory process, and then imposing these products (which have proven to be neither safe nor effective) onto medical practitioners and the general public. These experimental products have been imposed in a centralized, top down manner by a combination of censorship, PsyWar propaganda, perverse financial incentives, suppression of bottom-up medical treatments developed and field tested by practicing medical professionals, and targeted harassment and weaponization of the medical licensure process to attack and prevent any who raised scientific and medical concerns from practicing medicine or participating in valid scientific discussions.

In stark contrast to these centralized policies, data from Sweden, a country which refused to mandate these top-down policies, and which was repeatedly ridiculed for not following these centralized globalist-endorsed policies, demonstrates a SARS-CoV-2 case fatality rate of approximately 0.026%. Not the 3.4% coincidentally used in both the original fall 2019 Hopkins/CIA/Gates Agenda 201 "plandemic" war gaming, as well as in the biased modeling results of the Neil Ferguson Imperial College modeling. Taking the actual Swedish data into consideration, skilled data analysts have estimated the ACTUAL total US deaths FROM COVID disease at 171,000, not one million.

Let's take a moment to consider the history and current data concerning the recently Emergency Use Authorized "booster" products. These products are neither safe nor effective at preventing infection or spread of current SARS-CoV-2 variants.

There is no medical emergency at this time. The incidence of both disease and death associated with COVID-19 has essentially reached baseline. The declaration of Medical emergency was formally terminated on May 11, 2023.

These products were designed based on advice from the FDA VRBAC committee which last summer predicted that the SARS-CoV-2 strain dominating the upcoming fall season would be the fearsomely named “Kraken” isolate.

By the time these products were ready to be jammed through FDA regulatory authorization, the “Kraken” variant had been made extinct by the “Eris” variant which was more infectious, less susceptible to antibody “neutralization”, and was associated with clinical symptoms virtually indistinguishable from the “common cold”.

Confronting the paradox of vaccine strain mismatch between “Kraken” and “Eris”, FDA and CDC relied on immunized mouse serum samples and an unvalidated “serum neutralization test” to assert that the Kraken boosters were sufficiently cross reactive to the Eris variant (without actually sharing the data and analyses with external reviewers) to justify authorizing and marketing this product to infants, children, adolescents and adults.

Just a short period after introduction of these products, a government-coordinated marketing and propaganda campaign has resulted in 7% uptake of the products in US adults, and 2-3% uptake in the pediatric population according to the US Public Broadcasting System.

And now, under the selection pressure associated with global administration of these leaky “vaccine” products, we see evolution of a newly dominant variant: HV.1. This variant now paradoxically incorporates an element (epitope) from the distant Delta strain, and is highly resistant to neutralizing antibodies. There are no data indicating that HV.1 is neutralized by antibodies elicited by the current booster.

What this history demonstrates is that the modified mRNA vaccine platform, even with an FDA willing to bypass safety and efficacy norms developed over decades of experience, and willing to jam products through regulatory authorization using “emergency use authorization”, cannot keep up with a rapidly evolving RNA respiratory virus which – as predicted - has become both highly infectious and relatively non-pathogenic.

The centralized, authoritarian global response to the entry of this engineered virus into the human population four years ago has clearly been an abysmal failure.

Now let's consider the latest information about this technology and the purity of the "vaccine" products.

When confronted by reporters from Trial Site News and The Epoch Times, the FDA has resorted to stonewalling.

FDA has issued a categorical denial of adulteration and risk, stating that "no safety concerns related to the sequence of, or amount of, residual DNA have been identified."

According to the FDA, "The claim that the FDA is required to take any of the authorized or approved mRNA COVID-19 vaccines off the market is false. With over a billion doses of the mRNA vaccines administered, no safety concerns related to the sequence of, or amount of, residual DNA have been identified. With regard to the FDA-approved mRNA vaccines, available scientific evidence supports the conclusion that they are safe and effective."

What does this FDA language even mean, "safe and effective"?

These are subjective terms repeatedly deployed as part of a propaganda campaign. The FDA provides no data to support their claims, and no qualifications concerning what they mean by "safe and effective". FDA, CDC and the current executive branch now acknowledge that myocarditis, stroke in the elderly, seizures in children, neurologic damages, reproductive/menstruation risks in women, and a wide variety of other adverse events are associated with these modified mRNA products. Disclosure of virtually all of these adverse events has been actively suppressed and delayed by FDA, CDC and the executive branch. They assert that these are "rare" adverse events, but do not define what "rare" means, making this yet more propaganda.

Contrary to FDA denial and disinformation regarding risks of contaminating DNA fragment delivery and genotoxicity (genome damages by inserting these DNA fragments into the genome of patients), Moderna US Patent #2019/0240317 A1 discloses that Moderna is aware of the genotoxicity risks of DNA when delivered into patients by highly active non-viral lipid nanoparticle delivery systems includes the risk of

genotoxicity, resulting in “problems including the possibility of insertional mutagenesis, which could lead to the activation of oncogenes or the inhibition of tumor suppressor genes”.

In contrast to the perverse obscene tragedy associated with this centralized top-down approach which has been endorsed and promoted by mandarins of finance, governments, globalist organizations and massive non-governmental organizations, the traditional “bottom up” approach of focusing on treatment of symptoms by repurposing the existing pharmacopeia to prevent disease and death from a highly inflammatory respiratory virus was far superior to the centralized top-down approach.

If nothing else, due in large part of those with the courage to speak scientific and medical truth to power, the world is increasingly becoming aware that the propaganda promoted by the vaccine manufacturers, US Government and the World Health Organization concerning the COVIDcrisis and the centralized top-down approach has been a fraud.

In an attempt to weaponize this fraud for a variety of purposes, we have all been subjected to the most amazing, centralized and globalized propaganda and psywar campaign in modern history.

Going forward, we are emerging into a post-modern surrealist information landscape where truth has become subject to a post-modern golden rule- those with the gold make the rules.

Permitted “truth” has become entirely subjective, a distorted narrative propagated by public-private partnerships between governments, NGO, the intelligence community and corporate media. A “Mockingbird” campaign.

Allow me a moment to briefly survey the published peer reviewed literature relating to the human medical damages (or adverse events) associated with these products. I have prepared and requested that a summary of over 750 Published peer reviewed academic papers describing COVID genetic vaccine-related adverse events be entered into the congressional record.

This list of published adverse event types stands in stark contrast to the list of over 6,000 published and curated publications which I have provided listing peer reviewed publications focusing on how to overcome vaccine hesitancy.

The adverse event publications fall into the following broad categories:

Immune issues/Auto immunity/Guillain-Barre Syndrome

- Myopericarditis
- Neurologic, non-stroke
- Ocular Injuries
- Other Adverse Events, including death.
- Reproductive Issues
- Rhabdomyolysis
- Stroke
- Tachycardia
- Thrombocytopenia
- Tinnitus
- Transverse Myelitis

Recently, results of a study which was funded by a non-profit self-help group for the vaccine injured has become available. This privately funded "React-19" group, has provided the vast majority of funding available to treat the COVID vaccine damaged, and has now funded a study at Yale University.

React 19 membership includes over 36,000 vaccine injured Americans, members from over a dozen countries worldwide in their injured global coalition. While the Federal government has paid out just $17,000 to six people for their vaccine injuries, ACT 19 has paid out over $750,000 in medical grants. ¾ of a million dollars to the Government's $17,000.

Yale researchers, including Harlan Krumholz, Akiko Iwasaki, and other collaborators, including React19's research lead Dr. Danice Hertz, and its co-founder Brianne Dressen

report on the outcomes involved with the 241-patient online Yale Listen to Immune, Symptom and Treatment Experiences Now (LISTEN) Study from May 2022, to July 2023.

In this important research involving individuals injured from the COVID-19 vaccines, the survey elicited key variables from demographics and health status to symptoms, treatments attempted, and overall patient experience associated with chronic post-vaccination syndrome (PVS) after COVID-19 vaccination. While this phenomenon appears rare but prevalent (estimates range anywhere from 450,000 to 2 million Americans), the recent Yale-sponsored LISTEN study discovered that overall, within the studied individuals, a low health status, high symptom burden with substantial psychosocial stress has persisted regardless of treatment regimen.

The study, a first of its kind, identifies an urgent need for additional investigation to help this vulnerable patient population. Yale University delivers a breakthrough study demonstrating an urgent need for expeditious investigation.

The recent LISTEN study findings were recently uploaded to the medRxiv preprint server. Of course, the findings will need to be peer-reviewed to raise the stature of the work. This study was done in partnership between Yale University, React19 (the COVID-19 vaccine injury organization), and Kindred Hugo Health, an online survey platform.

The study protocol called for study data to be collected via the Kindred platform, offering a series of surveys that collected demographic, infection, vaccination, clinical, and social information. The surveys were developed using an iterative process, including feedback from potential participants reporting Post Vaccination Syndrome (PVS), to ensure they were relevant and understandable to those participating. The surveys were provided only in English due to funding limitations. Surveys could be completed on computers or mobile devices, and reminders were sent to encourage completion. Surveys were completed between November 2022, and July 2023, with half completed by December 2022. Data were extracted on July 7, 2023.

**LISTEN Findings**

With a median age of LISTEN study participants at 46 years (interquartile range [IQR]: 38 to 56), with 192 (80%) identifying as female, 209 (87%) as non-Hispanic White, and 211 (88%) from the United States, the LISTEN study is the first complete study including persons identified with PVS.

Among PVS participants, 127 (55%) had received the BNT162b2 [Pfizer-BioNTech] vaccine, and 86 (37%) received the mRNA-1273 [Moderna] vaccine. Krumholz and colleagues write, “The median time from the day of index vaccination to symptom onset was three days (IQR: 1 day to 8 days). The time from vaccination to symptom survey completion was 595 days (IQR: 417 to 661 days),” meaning the condition can last for over a year or well over that duration.

The authors evaluated the median Euro-QoL visual analogue scale score as 50 (IQR: 39 to 70).

What were the five most common clinical symptoms?

- Exercise intolerance (71%)
- Excessive fatigue (69%)
- Numbness (63%)
- Brain fog (63%)
- Neuropathy (63%)

What kind of psychosocial feelings surfaced in the week prior to survey completion? The participants report the following at least once.

- Unease (93%)
- Fearfulness (82%)
- Overwhelmed by worry (81%)
- Helplessness (80%)
- Anxiety (76%)
- Depression (76%)
- Hopelessness (72%)

- Worthlessness (49%)

In what could be considered a staggering number of medicines, the study participants report a median of 20 (IQR: 13 to 30) interventions to treat their conditions. This latter point demonstrates the clear need for the U.S. government via the National Institutes of Health as well as the Health and Human Services Long COVID Office to fund research to help this vulnerable population.

Part of the LISTEN study was funded by the Howard Hughes Medical Institute Collaborative COVID-19 Initiative and in part, supported by CTSA Grant Number UL1 TR001863 from the National Center for Advancing Translational Science, a component of the National Institutes of Health.

The plight of the vaccine injured is undeniable, the pain and suffering virtually uncompensated, liability shielded by federal law and policy, and effective treatment generally unavailable.

There is clearly an intentionally hidden and unseen crisis of human physical and financial damage caused by the counterproductive top-down approach employed by the Federal Government, particularly under the current executive administration.

The emergency use authorized genetic therapy-based vaccine products have been rushed through a highly abbreviated regulatory process, forced via unethical coercion, enticement and compulsion to be accepted, and predictably now we have large numbers of US Citizens who have been damaged by these products as well as the non-pharmaceutical intervention policies which have also been mandated and enforced by the federal government.

These damages must be acknowledged rather than covered up using propaganda, psyops and denial techniques, and those who continue to suffer from arbitrary and capricious federal policies must be made whole.

**We owe these citizens no less than recognition, support, and our best efforts to heal them from the needle and the damage done.**

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519 Likes · 40 Restacks

## 128 Comments

Write a comment...

**Ned B.** Writes MEEMINGFUL Nov 16 ❤ Liked by Robert W Malone MD, MS

What does this FDA language even mean, “safe and effective?"

It means they maliciously left out the "un" and "in" prefixes.

"unsafe and ineffective" - there, fixed it for you.

LIKE (61) REPLY SHARE

**2 replies**

**Dr. Steven Lucks PhD** Nov 16

Just talked with a Japanese doctor, Nattokinase works to kill the Spike protein

LIKE (50) REPLY SHARE

**22 replies by Robert W Malone MD, MS and others**

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