

# INFORMANT

## VOL 2 REACHING NEW HEIGHTS

### EXCLUSIVE LOOK AT THE HIGHWIRE PROTOCOL

Before we release for public viewing, be the first to see 'The HighWire Protocol' our protocol for delivering the news to you...p.20

### DR. BARTLETT'S 'SILVER BULLET' AFFIRMED

A new study called attention to the fact that secondary pneumonia, not COVID, was the primary driver of mortality...p.12

### THE HIGHWIRE'S SECRET WEAPON

Executive Producer Jenn Sherry Parry brings Emmy Award-winning experience to bare on major challenge with Global Livestream, 'Plandemic 3.' p.9



## 'SPELLERS' DOCUMENTARY SETS HIGHWIRE RECORD

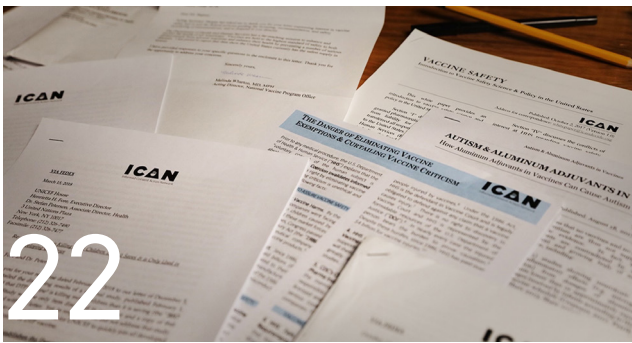
THE FILM WAS SEEN BY MILLIONS IN JUST ONE WEEK, Q&A INSPIRES FAMILIES AROUND THE WORLD



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**Catharine Layton**  
COO, ICAN  
Supervising Producer,  
*The HighWire*

Welcome to *The Informant*, our new monthly magazine offering curated news and exclusive content to supporters of the Informed Consent Action Network. We really wanted to provide something more to those supporters who give something more. *The Informant* features exclusive interviews, articles, and a breakdown of our most impactful work over the past month.

When *The HighWire* premiered in 2017, we imagined a news program where we could report on the important news ICAN was making, but we hadn't considered at the time that there would be too much news for us to cover in our weekly show. During production meetings, we are often faced with the difficult decision of cutting important stories simply because there is not enough time to cover every breaking story, and every action ICAN is taking. *The Informant* provides a platform to bring you those important stories, highlight ICAN's most significant actions, and direct your eye to informative content you may have missed in the previous month.

ICAN's legal footprint is vast, spanning thousands of FOIA requests, numerous lawsuits & petitions to regulatory agencies, in-depth investigations of important health issues facing the public, publication of white papers, and more.

Also, expect to find behind-the-scenes interviews with our CEO, Del Bigtree, a breakdown of things we aren't able to cover extensively on *The HighWire*, and other articles only available here, for you.

Our relationship with our supporters, who make all that we do possible, is part of what I think makes ICAN unique. Our team really has a passion for providing information directly to the public, so they can make truly informed decisions for themselves and their families. We have all been on a journey together since our founding in 2016, and *The Informant* is another exciting path along that journey. I hope that you find it insightful, interesting and informative.

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## WHAT YOU NEED TO KNOW:

- PHMPT stands for Public Health and Medical Professionals for Transparency.
- In August 2022, PHMPT obtained a court order requiring the FDA to produce all data on Pfizer's COVID vaccine for ages 16 and up. The FDA requested 75 years for the release of this data, about 451,000 pages, but the court ordered 55,000 pages per month.
- In October 2022, PHMPT sued the FDA again for the documents related to Moderna's COVID vaccine and Pfizer's COVID vaccine for 12 to 15 year olds.
- The FDA requested 23.5 years to release the documents, but the court demanded the FDA deliver 180,000 pages per month, thereby delivering all the pages in 2 years.

All the Pfizer documents produced to date can be found [here](#). See below for more of ICAN's updates on the Pfizer documents:

[ICAN ATTORNEYS OBTAIN ANOTHER SET OF PFIZER DOCUMENTS](#)

[FDA SEEKS TO HIDE PFIZER'S DOCUMENTS FROM THE PUBLIC](#)

[FDA ASSIGNED PFIZER'S COVID VACCINE A LICENSE NUMBER MONTHS PRIOR TO ACTUALLY LICENSING IT](#)

[PFIZER ADDS 600 FULL-TIME EMPLOYEES TO HANDLE VOLUME OF REPORTED ADVERSE EVENTS](#)

[FDA'S ORIGINAL 75 YEAR DOCUMENT RELEASE REQUEST](#)

# ICAN'S ATTORNEYS SCORE ANOTHER MAJOR WIN AGAINST FDA WITH PFIZER AND MODERNA COVID-19 VACCINE



ICAN's attorneys in yet another action against FDA just scored another massive win for transparency, with a federal judge ordering FDA to release documents it relied on to license Pfizer's COVID vaccine for 12- to 15-year-olds and Moderna's COVID vaccine! Despite FDA's insistence it needed 23.5 years, the federal judge, opening [his decision](#) with the quote, "Democracy dies behind closed doors," ordered them to produce the files in just 2 years!

As you may recall, ICAN's attorneys, led by Aaron Siri, obtained a [court order](#) in January 2022 forcing FDA to produce all of its data on Pfizer's COVID vaccine for those 16 years and older at a rate of 55,000 pages per month, as opposed to the 75 years FDA sought.

ICAN's attorneys then [sued the FDA again](#), also on behalf of PHMPT and this time including the parents of [Maddie](#)

[de Garay](#), a young girl [grievously injured](#) in Pfizer's clinical trial for 12- to 15-year-olds, for FDA's documents related to Pfizer's COVID vaccine for 12- to 15-year-olds and Moderna's COVID vaccine.

They [explained](#) to the Court the importance of timely production. Once again, FDA claimed it would be "impractical" to [release](#) the estimated 4.8 million pages at more than between 1,000 to 16,000 pages per month, or in other words at least 23.5 years! ICAN's attorneys [countered](#), demanding FDA produce all the documents before mid-2025.

In another monumental win for transparency, the federal judge [ordered](#) the FDA to produce all of the requested documents by June 2025, amounting to an average rate of

about 180,000 pages per month—in other words, in just 2 years! In his reasoning, the judge made the astute observation that "while the Court recognizes the limited resources that the FDA has dedicated to FOIA requests, the number of resources an agency dedicates to such requests does not dictate the bounds of an individual's FOIA rights."

The Court further agreed that "Plaintiffs have shown an urgent need to inform the public about the health and safety of the COVID-19 vaccines based

on the massive push to vaccinate, persistent effort to eradicate COVID-19, and continued government and private efforts to enforce these vaccines" and aptly recognized that "this information is not only necessary for the good of our American medical system, but also for the health of our society at large."

**"Democracy dies behind closed doors"**

# N.J. GOVERNOR MURPHY RESCINDS TESTING AND REPORTING REQUIREMENTS FOR UNVACCINATED HEALTHCARE WORKERS ON HEELS OF ICAN LEGAL DEMAND

*In late March, ICAN's attorneys wrote a legal demand to New Jersey Governor Philip D. Murphy regarding Executive Order 283, demanding that he rescind its requirement that unvaccinated healthcare workers undergo weekly COVID testing. Just days later, Governor Murphy rescinded the testing requirement.*



Pursuant to Executive Order 283, unvaccinated healthcare workers in New Jersey were required to test weekly for COVID-19 and report symptoms daily. There is never a justification to mandate a medical product, but this mandate is particularly absurd because New Jersey's own logic for it no longer exists since New Jersey is no longer in a state of emergency, COVID-19 cases continued to track downward for the state, and natural immunity provides robust protection against hospitalization and death. On March 29, 2023, on behalf of a healthcare worker,

ICAN's attorneys sent a legal demand to Governor Murphy demanding that he rescind the testing requirement. This demand, funded by ICAN, details how the testing requirement was illogical, unreasonable, and contrary to public health guidance by delving into the science of vaccine efficacy, natural immunity, and PCR testing, including pointing out that overreliance on PCR tests has led to the implementation of unnecessary and resource-intensive control measures. The letter also noted the discriminatory impact that continued testing has had

on healthcare workers who could not receive the vaccine for medical or religious reasons.

ICAN is thrilled to announce that, on April 3, 2023, just four business days after the demand was sent, Governor Murphy issued Executive Order 325, rescinding the testing requirement!

You can read the demand in full [here](#).

Wins against infringement on informed consent & individual rights are only possible because of ICAN supporters like you. Thank you for your continued support!

## WHAT YOU NEED TO KNOW:

- NJ Executive Order 283 required unvaccinated healthcare workers to test weekly for COVID.
- ICAN demanded NJ rescind the mandate on the basis of discrimination.
- NJ Executive order 325 was issued four days after ICAN's demand, rescinding the testing requirement.

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# CMS FINALLY ANNOUNCES THE END OF THE HEALTHCARE VACCINE MANDATE AFTER MONTHS OF PRESSURE

Earlier this year, ICAN's attorneys wrote a letter in support of a petition submitted to HHS by the Attorneys General of 22 different states, which demanded the repeal of the COVID vaccine mandate for nearly all healthcare workers in the U.S. In the face of unrelenting public and legal pressure, CMS relented and announced it will soon withdraw the mandate.



On May 1, 2023, the Centers for Medicare & Medicaid Services (CMS) finally announced that it will “soon end” its draconian COVID vaccination mandate for healthcare workers. The mandate, in place since November 5, 2021, affected all Medicare and Medicaid-certified providers and suppliers and covered more than 17 million workers, including nursing home staff and Head Start educators. This announcement came weeks after the President signed a resolution ending the COVID-19 National Emergency and just before the COVID-19 Public Health Emergency officially ended on May 11, 2023.

The decision to end the mandate was likely due, in large part, to the turn of public sentiment against the COVID vaccine

and mandates, and to the continued pressure on the government by attorneys and Attorneys General across the nation. Specifically, on November 17, 2022, a group of 22 State Attorneys General submitted a petition to the U.S. Department of Health and Human Services, demanding that CMS “cast the [vaccine mandate rule] and all related guidance in the trash bin where it belongs.”

Shortly thereafter, ICAN's attorneys wrote a letter to CMS in support of the Attorneys General. In its letter, ICAN noted that the justification for the rule was tenuous at best—even when it was first enacted. Studies in the Fall of 2021 were already showing significant breakthrough infections in fully vaccinated individuals. By 2022, a significant study clearly showed that

vaccinated healthcare workers were actually more likely to get COVID than unvaccinated workers. The letter also pointed out that the CMS rule failed to account for natural immunity, even though the data clearly showed that natural immunity was at least equal to or more robust than vaccine-induced immunity. ICAN is grateful for your continued support that allows us to fund this critical work and to keep the pressure on anyone enacting mandates. You can read ICAN's letter in full [here](#).

**Follow us on social media to see our Legal Updates in real time!**



## WHAT YOU NEED TO KNOW:

- CMS had a vaccination mandate in place for healthcare workers since November 2021, affecting over 17 million workers in the CMS system.
- ICAN sent a letter to CMS late 2022 pointing out there was never clear science indicating that the vaccines offered immunity more robust than natural immunity.
- Mandates for healthcare workers across the country are currently being challenged by 22 different states' Attorneys General.

# FEDERAL GOVERNMENT DROPS COVID-19 VACCINE TRAVEL MANDATE ON SAME DAY IT WAS DUE TO RESPOND TO ICAN'S LEGAL CHALLENGE

## WHAT YOU NEED TO KNOW:

- On April 4, 2023, ICAN filed an injunction to the US Federal Government's COVID-19 travel mandate.
- The US Federal Government needed to respond to ICAN's injunction by May 1, 2023. There were two obvious options:
  - *Oppose the injunction by defending the mandate.*
  - *Drop the mandate.*
- Although the travel mandate allowed for numerous exceptions, none of them included religious beliefs. The fact that several secular exceptions were permitted indicates that there was no immediate public health emergency.
- Constitutionally, if there are secular exceptions in place, there must be religious exceptions as well.
- ICAN's injunction was established on the premise that if there are secular exceptions there must also be religious exceptions.

**Key term** | injunction (n.): A court order requiring a party to refrain from doing a particular act or to do a particular act.



The Federal Government dropped its COVID-19 vaccine travel mandate for non-citizens (the Travel Ban) on the same day its opposition to a motion for an injunction against that mandate was due in a lawsuit brought by ICAN's attorneys, headed by Aaron Siri, Esq.

On April 4, 2023, ICAN's attorneys filed a [lawsuit](#) challenging the Travel Ban, which prohibits non-citizens from entering the United States without a COVID-19 vaccine.

ICAN is thrilled to announce that the same day that the Government's response to the motion for an injunction in that lawsuit was due, the

Biden Administration [announced](#) it was ending the Travel Ban's vaccination mandate.

This is a significant step in returning the right to autonomy to U.S. residents. ICAN will bring you updates on this case but in the meantime, you can read the full complaint [here](#).

*"When this country was founded... when [people] thought of their convictions, they thought of the beliefs that guided their lives, that led them to choose what they do day in and day out... [Religious freedom] is the ability to live out your life pursuant to your convictions."*

*- Aaron Siri*

More of ICAN's suits against illegal government COVID policies:

- [ICAN- Funded Lawsuit Prohibiting Any Local Vaccine Mandates Wins Final Battle: Sets California Precedent](#)
- [ICAN Lawsuit Wins Preliminary Injunction in Challenge to D.C.'s Minor Consent Law!](#)
- [ICAN-Funded Suit Against OSHA Vaccine Mandate Prevails](#)
- [ICAN-Funded Lawsuit Strikes Down COVID-19 Vaccine Mandate For San Diego Schools!](#)

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**ICAN** Informed  
Consent  
Action  
Network

**DONATIONS ARE VITAL TO ICAN'S SUCCESS**

With your help, we can continue to win pivotal lawsuits, reach new audiences and bring important information to the public.

**This historic effort is not possible without your generosity.**





Mikki Willis on The HighWire, 2023

## THE GREAT AWAKENING PREMIERE SET TO BE HUGE

By Lea Lacey

The countdown is on! We are just days away from the highly anticipated global livestream event for *The Great Awakening*, brought to you by the creators of the acclaimed [Plandemic Series](#).

Filmmaker Mikki Willis [recently visited](#) the set of [The HighWire](#) to discuss the iconic film premiere. Setting the tone for the interview, Del aptly declared, "Well, if you're not down with the *Great Reset*, then you better get ready for *The Great Awakening!*"

Delving into some of the themes and revelations of the film, such as preserving individual liberties and the control exerted by power dynamics, Mikki explained "It's really spotlighting what the pandemic was used to accelerate. It's not about vaccines, but as they have always said, never let a good crisis go to waste. And so this crisis, whether it was naturally occurring or intentionally created and released... was leveraged to forward a decades-old agenda to undermine and subvert the United States, because the United States is a firewall for a globalized agenda to centralize everything. As many of the world dictators have said, when they control the food, when they control the currencies, when they control the power supplies, they control all humanity."

During the pandemic, the concept of "divide and conquer" resonated deeply. This phrase is often associated with Julius Caesar's military strategy, in which he divided opposing forces into smaller, more manageable units before defeating

them individually. The media heavily perpetuated divisions among the "masked and unmasked" and the "vaxxed and unvaxxed." By fueling fear and engrossing society in conflict, we become more susceptible to manipulation and control.

While discussing the importance of unity and empathy in movements for change, Mikki states, "Some of this is a psychological operation that's planted by these devious people behind these agendas, where they want us all fighting...we have to be careful of that tactic."

Del responded in agreement, "[they're] trying to tell us I'm not allowed to love my neighbor, that there's something I'm supposed to hate in them...I agree with you, it's time to fall in love with each other again—with people again."

Aiming to challenge prevailing narratives, expose the realities of global agendas, and empower individuals to take action for positive change, this film serves as a catalyst for awakening and provide hope for a brighter future.

"*The Great Awakening* is understanding that we have a choice right now. The people have the choice. And if there's any message that I want to convey to the American people and the people around the world, it is, stop waiting for you, for me, and for any other charismatic leader to come along and save the day." -Mikki Willis

The film's release is eagerly anticipated as a historic event that will shake the world and inspire global awareness.

Here's what to expect on show day, June 3rd:

- 6PM - LIVE from the Red Carpet! with Tracy Beanz and Del Bigtree, bringing you all the stars of the film, attendees, and more!
- 7PM - *PLANDEMIC 3: The Great Awakening*
- 9PM - Conclusion

[Watch the trailer](#) and [register here](#) to gain access to the global premiere watch party where you'll get to have an up-close and personal red carpet experience, capturing interviews with your favorite doctors, journalists, and trailblazers.

Help us make this event historic by inviting your friends and be sure to mark your calendars for June 3rd at 6pm CST. We'll see you on the red carpet!



# THE HIGHWIRE'S EMMY AWARD-WINNING SECRET WEAPON

Meet the secret weapon behind *The HighWire's* high-end look and feel. Learn the secret to pulling off the biggest live-stream event in *The HighWire's* six-year history.

by Patrick Layton



In just a few days, [TheHighWire.com](http://TheHighWire.com) is set to mount the largest production and live streaming event in its 6-year history, hosting the Global Premiere Live Stream of *Plandemic 3: The Great Awakening*. It's a production on the level of any major network, complete with a live red carpet show, a broadcast team of three on-camera reporters, multiple shooting locations on the exterior and interior of the beautiful Dell Hall, home of the Austin Symphony at the Long Center for the Performing Arts in Austin, Texas, and top-of-the-line technology to capture it all.

Just a few years ago, mounting a production of this level would have been too big of a logistical nightmare, impossible for a team that was simply learning how to reliably 'go live' with a modest 3-camera shoot for *The HighWire*.

Today, *The HighWire* Production Team is one of the best in the live streaming business, accomplishing amazing technical feats, often utilizing technology in ways it was never intended to get needed results, to achieve something which has never been attempted before, all while delivering a product on par with the major networks.

One of the biggest drivers of that success has been the addition of Emmy Award-winning Executive Producer, Jenn Sherry Parry, to the team. *The HighWire's* 'Secret Weapon.'

**Jenn, first off, please tell our Informant readers about yourself, where you come from, and what brought you to The HighWire?**

I'm a Midwest girl, born and raised in Kansas City, KS. I started my career at 14 years old when I joined the TV & Radio class at my high school, and I loved it. I went on to college, earning a degree in Broadcast Journalism, and two weeks later I was on my way to Los Angeles for an internship at E! Entertainment Television.

I rose through the ranks at E!, working on everything from documentaries, to live events, to the Style Network. It was my time at CBS, however, working on *The Doctors* TV Show, that really shaped my career. For 10 years, I spent hours working closely with doctors and experts, researching cutting-edge science, interviewing hundreds of people, traveling to third-world countries with a camera, and capturing medical stories from all walks of life.



Jenn Sherry Parry, *The Doctors*

Jenn Sherry Parry, *The Doctors*

It paid off in 2010 when we won an Emmy award, an incredible acknowledgment for some of the best work I had done in my life. But, as I approached a decade on the Paramount lot, the amount of focus on pharmaceutical “integration” segments by our sponsors (paid advertisements made to look like news segments) started to really wear on me. Personally, I had shifted focus on my own health after a medical crisis, away from mainstream ideologies to a more holistic approach. My values were no longer in alignment with the show and its new ‘pharma-focused’ direction.

Jenn Sherry Parry, *The Doctors*

Not long after that, I saw my good friend and former producer at *The Doctors*, Del Bigtree, do his first “podcast” and I said “Holy cow! Let’s do this! Let’s build this out, create a network of real, factual, impactful programming that promotes actual health, healing and the truth. I made the leap, joining *The HighWire* Team as Executive Producer around their 50th episode, and the rest is history.

**Do you regret leaving a successful job at Major Network (CBS) to join the team here?**

I have zero regrets, and immense gratitude for a life that has resulted in such a fulfilling career. The symbiosis of having an incredible passion for journalism and integrity, and stepping into a role I was born for is what dreams are

made of. I get to work with the most heartfelt, effective team in the world, and I love them like family. Corporate media is a dying format, and I couldn’t be more excited to take this cutting-edge organization into the higher evolution of global live stream and broadcasting.



Patrick &amp; Catharine Layton, Del Bigtree, Jenn Sherry Parry, 2023

**The Global Premiere of *Plandemic 3* is set to be exclusively live streamed on [TheHighWire.com](https://www.thehighwire.com), June 3rd, and you covering it like a major network would. It’s a very heavy logistical lift. What have you got planned for the event, for the viewers?**

The livestream will kick off with “Live from the Red Carpet: The Great Awakening,” hosted by Del and one of our contributing journalists, Tracy Beanz. The audience will pop down onto the red carpet as stars and key figures from the documentary chat with our special red carpet correspondent. We hope to capture the excitement of this incredible moment in history, and also have fun doing it! There might be a few surprises, even for me, as this is live and unscripted!

**How does this differ from a weekly episode of *The HighWire*? What does it take to mount a production like this, on location, at such a high profile place? (Where will you be, how many team members, cameras, etc.)**

Live television is like riding a bull. You practice, and prep as much as you can, but then you sit down on the animal and open the gate and hold on tight until the very end! Even with a well-oiled machine, directing *The HighWire* every week is a wild ride. The *Plandemic 3* premiere will be even wilder, because we are not in a controlled environment like



Jenn &amp; Del Talk Through 'Run of Show'

our studio, and there are so many people involved. The hosts, the camera ops, the talent wranglers, the talent walking the red carpet, all of the media and paparazzi, plus thousands of fans in-person to see the film. We will only have 12 hours to set up the entire production. You're on the clock, and it's do or die.

First order of business is the goliath task of setting up close to 10 cameras, running football fields of cable, building our travel set, lighting the carpet, blocking the camera moves, and testing all the tech to ensure the livestream runs smoothly. Then, moments before we go live, you can always count on about three things going awry that you didn't plan for, until you are down to the last 30 seconds and the technical director feels like he's going to vomit. In that moment we all stop, take a deep breath, I say "let's do this!!" and we open the gate and hold on tight.

We've never done a red carpet event before, but that's what we love to do here at ICAN. We go big, accomplish the impossible, and challenge ourselves to do better and be bolder every chance we get. We are thrilled to join forces with Mikki Willis and his team to deliver his incredible work to the world. It's gonna be an experience to remember. Please cheer us on, and don't miss it!

**Years down the road, when you look back at your work at *The HighWire* what do you hope to have achieved?**

I want *The HighWire* to be looked at as a time capsule from a small group of thoughtful, committed citizens that changed the world, and accurately documented history for future generations. I want a Pulitzer Prize for Del and our team. I want to see Aaron Siri, Esq. (ICAN Lead Attorney), become U.S. Attorney General. I want the millions harmed by man-made diseases to know that they mattered, that someone was fighting for them, because by telling their stories we were able to prevent generations of harm. I want to lay my head down at night and know I played a small part in the fight for humanity.

**Rest assured, Jenn, your impact has most certainly been felt.**

Tune in to the Global Premiere of *Plandemic 3: The Great Awakening*, on June 3rd starting with coverage of the Red Carpet at 6pm CT. Click below to register!

Patrick Layton is Creative Director at ICAN, and Senior Producer and one of the creators of *The HighWire*.

# THE GREAT AWAKENING

A Documentary Experience from the Creators of Plandemic

presented by

THEHIGHWIRE

**Global Premiere Livestream | June 3rd, 2023**



6:00 PM | LIVE from the Red Carpet!  
7:00 PM | "The Great Awakening" Global Livestream  
9:00 PM | Conclusion

**Register NOW to get exclusive updates, and be notified when coverage begins!**



# THE SILVER BULLET

Early in the COVID pandemic, a 'silver bullet' treatment emerged, showing a 100% success rate, clearing out ICUs in a matter of days with little-to-no side effects. Looking back, it is clearer than ever that this 'silver bullet' had a target on its back.

by Dr. Richard Bartlett

Three months into the pandemic, between sewing lacerations from car wrecks and stabilizing heart attacks on a 48-hour shift in the Emergency Department (ED), I began to panic about the lack of options for treating COVID patients. The Coronavirus Taskforce, the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH) had said there is nothing that we can do, and that we were all supposed to wait for a miracle vaccine. Wait, without any treatment options. But when there's a person in front of you unable to breathe, you can't just wait. I kept asking, "What can I do?" I took a nap during that two-day shift in the on-call room, and when I awoke, I knew that I had encountered God. In my dream, Budesonide, an inhaled, nebulized treatment, clarithromycin, an antibiotic, and aspirin came to me all at once. I started reverse-engineering this strategy. It was intuitive—Budesonide has been around for 25 years as an anti-inflammatory medicine for the lungs; COVID is an inflammatory lung disease. It was the perfect overlay.

At that time, 25 years of research had already been done on Budesonide as an asthma-prevention treatment. And it is a widely available, easily accessible, and cheap medicine. Inhaled Budesonide works in two ways: The first is that it downregulates ACE2 receptors, which we know that COVID has an affinity to, and we know that 92 percent of children have mild or asymptomatic COVID and they also have fewer ACE2 receptors than adults, and the second is that Budesonide blocks the release of cytokines, and we know that COVID itself isn't the killer, it is a secondary bacterial infection or a cytokine storm that happens as a result of COVID. Cytokines are what goes into the bloodstream and cause multisystem organ failure or clots in the lungs or heart attacks or strokes. Inhaled Budesonide works so well for those reasons. Five days after that shift, I would find out just how well: I had a couple come into the ED short of breath, with comorbidities like obesity, diabetes, and asthma, and their oxygen saturations were low. I started them on nebulized

Budesonide, and they recovered. According to everyone else, they were goners. I was shocked at how good this was—almost like Budesonide was made for COVID-19. It works even better than it does for asthma prevention. For most patients, during their first breathing treatment, their shortness of breath goes away, their chest pain diminishes, and they don't feel like they're drowning anymore. One of my patients had two forms of lymphoma for which she had radiation the month before getting COVID. She was flat on her back for five days with a fever before she called me. I prescribed the Budesonide on a Friday, and her fever broke that night after one treatment. By Monday, she was teaching music via Skype for eight hours. She beat COVID then and continues to fight cancer. As part of our Hippocratic oath, we are to relieve suffering. I wasn't about to just wait and let people suffer. That is what the CDC and NIH were telling us—to hold out for some miracle vaccine and to hide away in fear in the meantime.

We were impressed upon that the tools we frequently used for other illnesses were either ineffective or could cause harm to COVID patients. My job as a doctor is to treat each patient to the best of my ability. Even if my belt is not FDA-approved as a tourniquet, I will use it if someone's hemorrhaging from a laceration of an artery on a leg. There is a time for common sense, which is why doctors have the freedom to write prescriptions off-label. In the U.S., we commonly use oral or injected steroids, but one concerning side effect is that they can decrease the immune system's ability to fight infection, which can escalate the risk of a secondary bacterial infection. Instead of using systemic steroids or corticosteroids, taking a targeted approach with inhaled steroids, as I found other countries like Japan and Taiwan were doing, lessens that risk. And inhaled Budesonide is a steroid so safe that it is routinely given to 2lb preemie babies in Neonatal Intensive Care Units (NICU). Budesonide combined with clarithromycin, an antibiotic that protects from walking pneumonia and

encapsulated strep pneumonia, proved to be a strong protocol against COVID.

You would think that people would want to know about this new treatment, but I was shocked at the pushback. After my YouTube video on Budesonide went viral with over five million views in July 2020, it was promptly pulled down. It was censored, squashed, and then targeted by Fauci who dubbed Budesonide a “placebo effect” [in an interview](#) with Matthew McConaughey, and by the Director of the World Health Organization (WHO) Tedros Adhanom Ghebreyesus, who said “there is no silver bullet” treatment. They wouldn’t admit that there was a chance that this very safe, commonly used drug, could be used to treat COVID. Perhaps because if there were an effective treatment, it could nullify emergency use authorizations for novel medicines and vaccines. But the hospital protocols remained to wait until patients were so severely ill that they had to be admitted.

Not long after inhaled Budesonide was publicly mocked as a treatment option, in 2021, Oxford University published a randomized [control trial](#), affirming that Budesonide alone could reduce clinical deterioration, or urgent care visits and hospitalizations, by [91 percent](#). The study even had to be cut short because it is unethical to let people suffer when the researchers see a clear, life-saving treatment strategy during a trial. This confirmed what I had seen in practice, a protocol so effective that my COVID patients have a one hundred percent survival rate. It can also work in late disease—not long after my viral video in 2020, I received an email from hospital staff near San Antonio, which detailed how they used my protocol and within 48 hours had emptied their Intensive Care Unit (ICU) of COVID patients.

For the most part, instead of treating early, common sense eroded in January 2020, when hospital protocols dictated to not treat until the disease progressed and then to ventilate when patients were so sick, they couldn’t breathe. Some doctors oversold ventilators, telling patients that they looked tired when that’s not an indication to put a patient on a vent. There are many risks to putting someone on a ventilator; it’s often a last-option treatment. A [recent study](#) from The Journal of Clinical Investigation came out last month mirroring what most of us have been saying since the beginning, that COVID itself isn’t the main cause of death in ventilated patients, but that Ventilator-Associated Pneumonia (VAP), a secondary bacterial lung infection, is. It concluded:

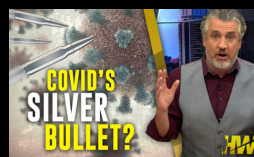
*If unresolving episodes of VAP rather than the primary viral pneumonia contribute to mortality in a substantial fraction of patients with severe SARS-CoV-2 pneumonia, it might explain why therapies that attenuate the host response (e.g., corticosteroids...) **are more effective when administered early** in the clinical course, before patients are intubated and at risk for VAP (emphasis, mine).*

Like the other study, this also affirms that corticosteroids, like inhaled Budesonide, when administered early, would have prevented hospitalizations and deaths. With Budesonide used successfully at the beginning of the pandemic and validated by trials as an effective form of early treatment, why do Fauci, the CDC, the NIH, and the media remain silent?

We must continue to think critically when attempting to solve future pandemics, use the tools that we already have and listen to the right voices. And when our government officials withhold lifesaving information—Fauci never retracted his claim that Budesonide is just a placebo effect, while continuing to promote ineffective medicines with catastrophic side effects, one [Switzerland study](#) showed 2.8 percent of COVID-boosted patients had elevated troponin, a marker for damaged cardiac muscle—the American people must seek out the voices that have stayed true and tested, not just the loudest ones. We are not helpless or hopeless and there is no reason to fear, even if we face another pandemic promised by Bill Gates and Redfield, like the weaponized bird flu, we already know that inhaled Budesonide works well for cytokine storms, which is the common pathway that disease takes. If it’s smallpox, [Nitazoxanide \(NTZ\)](#) was reported effective against a pox virus. The [Native American purple pitcher plant](#) remedy is in the literature as well.

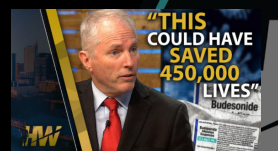
When the media and government try to instill fear, take comfort in the knowledge and tools already at our disposal, in the leaders who will secure our access to information with the people’s best interests at heart - not corporate ones. We need to go back to common sense, not wait, to treat early as we have always done before.

## DR. BARTLETT ON THE HIGHWIRE!



### Episode 185

Dr. Bartlett joins Del in studio for an in-depth interview discussing his “silver bullet” treatment, and why our gov’t health agencies refuse to investigate his simple solution to the pandemic.



### Episode 205

After being vilified by the media and Fauci himself, recent studies, including one out of Oxford University, have validated Dr. Bartlett’s claim, stating that 90% of hospitalizations could have been avoided with this simple, early treatment.



### Episode 319

Dr Richard Bartlett discusses the incredible success he had treating high-risk COVID patients with inhaled budesonide steroid all the way back in 2020, why it was so effective, how he was brutally attacked by media and his peers, and more.



SPELLERS cast Q&amp;A HighWire studio 2023

## SPELLERS TAKES THE HIGHWIRE STUDIO BY STORM

By Lea Lacey

***“This documentary comes as close to a miracle as anything we can imagine.”***

—Del Bigtree

In a special event that left its audience spellbound, *The HighWire* studio recently [hosted a live screening](#) of the remarkable documentary *SPELLERS*. Inspired by the book [Underestimated: An Autism Miracle](#), this acclaimed film features a [cast](#) of eight non-speakers with autism who have defied expectations and conquered language barriers via Spelling to Communicate (S2C). The event marked the first-ever live studio audience experience, creating an immersive and emotional journey for all present.

The *HighWire* crew worked together to dismantle elements of the set, including Del’s iconic *HighWire* desk, converting the studio

into a movie theater and interactive forum to accommodate dozens of guests for the livestream. This groundbreaking endeavor was conceived and spearheaded by COO Catharine Layton and Creative Director Patrick Layton. Driven by a personal connection with the S2C community through their own child who is a Speller, they hoped to generate widespread awareness for this revolutionary communication method and maximize its impact by showcasing the speller’s exceptional skills in action.

Their efforts proved to be immensely successful. The *SPELLERS* livestream event became the most-watched livestream in the history of [TheHighWire.com](#), garnering more than 13 million views in the week it was posted to the platform.

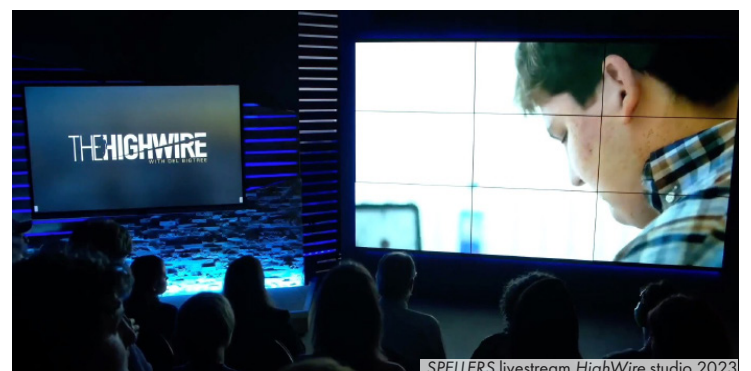
As the lights dimmed the audience was instantly transported into the intricate world of non-speaking

autism, where parents often find themselves grappling with an array of emotions while striving to support their children. The film opens with a thought-provoking quote that challenges conventional beliefs: “What if they’ve been wrong about every single one of them? What if they’re all walking around without the ability to speak, but brilliant?”

While the practitioners in the film show unwavering confidence in their student’s abilities—“There’s never any doubt in my mind when someone walks into my room that they can and will spell for me; that they can and do want to learn”—

parents who are new to S2C and have dedicated themselves to caring for non-speaking children, may find it challenging to fully embrace this concept due to their past experiences. “We had no real reliable form of communication...we had to just basically guess for 20 years.” —*SPELLERS* the movie. Introducing a new method like S2C requires them to reevaluate their beliefs and practices.

These parents often go to great lengths, utilizing all available resources, to support their children in every possible way. They address various aspects such as gut health, sensory



SPELLERS livestream HighWire studio 2023

challenges, dietary needs, and explore different treatments. However, they may feel disheartened when these approaches are not covered by insurance or don't produce the desired results. The exceptional responsibilities of caring for their child can leave them physically drained, emotionally overwhelmed, and financially strained.

Given these challenges, it's understandable that the idea of spelling as a means of communication may be met with hesitancy. Parents may be cautious about raising their hopes once again. JB Handley's heartfelt words, "Autism can take you as a parent to a really dark place; the future is really really scary," resonated deeply with many viewers.

Just as the parents face challenges, the children themselves experience their own unique set of hardships. The weight of their lives, described by speller Elizabeth as "living in a silent cage," was heartbreakingly and poignantly portrayed by all cast members. Cade shared, "I lived in silence for all my life...other than a finite number of my family members, most people thought I was dumb. I hated being talked to like a baby. Now I am going to change the reality for myself and others."

As the raw and compelling stories unfolded on the screen, the atmosphere in the studio became charged with emotion. It was both inspiring and devastating, shedding light on the painful realization that our

children may have been "trapped" within their own bodies for years—an unsettling thought that many of us had feared or suspected but had no way of truly knowing. The silent struggle they endured is heart-wrenching to consider.

For many, watching the film was a transformative experience that shattered preconceived notions and fostered empathy and understanding. Each triumphant moment, every heartfelt struggle, and the sheer determination



Trey Simeone, SPELLERS studio audience member 2023

displayed by the cast members and their families evoked a sense of awe that moved many to tears. It was an overwhelming experience that left a lasting impact on all who witnessed it.

Despite the feelings of sadness and guilt that may arise when hearing about the struggles faced by non-speaking individuals, there is a silver lining in the fact that we are gaining knowledge and understanding that without spelled communication, would otherwise remain unknown. Through S2C, the cast members' individual brilliance becomes apparent. One such example is

Sid, who transcends the limitations often associated with autism and Down syndrome, revealing his poetic gift: "I am a rudderless ship in the sea of thought." This powerful expression showcases the depth of his introspection and the beauty of his unique perspective.

As the film progresses, those emotions are replaced by a newfound sense of hope. The realization emerges that our children are not only "in there," but also capable of breaking free.

"...seeing them [spelling] on their own...our hope is totally renewed that we can talk to Tuck one day...it's amazing." -Trey Simeone

Immediately following the screening was a panel-style Q&A, hosted by Del Bigtree. The session incorporated questions from online viewers and input from the in-studio audience, creating an engaging and interactive experience.

The forum featured SPELLERS co-creator Dana Johnson, PhD, OT and founder of Spellers Center Tampa, along with six cast members: Evan, Cade, Maddie, Vince, Elizabeth,

and Aydan (From left to right on the Q&A panel). Although Sid and Jamie were not present, Jamie had [recently appeared](#) on *The HighWire* with his father, JB Handley, to celebrate SPELLERS achievements, winning the 'Best Documentary' and 'Donor's Choice' Awards at the Phoenix Film Festival. During their visit, Jamie showcased his remarkable intellect and communication abilities using S2C to type his responses to Del.

In an unexpected turn of events, we found that parents and spellers from different regions embraced the questions asked during the official Q&A, and shared their insightful answers on social media. This sharing of voices circulated within the spelling community has fostered many meaningful discussions and we are excited to share some of the those responses here.

The session not only allowed for a deeper understanding of non-speaking autism, but also provided a powerful source of hope for individuals with non-speaking autism and their families. By witnessing the cast members confidently and articulately communicate their thoughts and experiences, countless viewers were inspired and encouraged to believe in the untapped potential of non-speaking individuals. "Somebody's going to watch this one day who thinks their son or daughter can't do it—which is what I felt like an hour and a half ago, and now I just want to get home to talk to him." -Trey Simeone



Del &amp; SPELLERS co-creator Dana Johnson, Q&amp;A HighWire studio 2023

## Q&A WITH THE CAST OF *SPELLERS*

**1. What advice do you have for parents / families of younger children just starting out on this journey of spelling? How much should we push our kids when they are learning? How do we know when his body just isn't cooperating and when he truly wants a break?**

"Practice every day and watch for his eyes getting fatigued." -Cade

"Your son is strong. You should expect him to soak up information and spell each day for short sessions. He will surprise you." -Elizabeth

"Every time you spell with him you should treat it like life-saving medicine." -Evan

"Go as long as you can and build endurance based on his energy." -Vince

"They should always read to them no matter if it seems as if they are not listening—listening looks different autistics." - Maddie

"Sensory system is kicking autistics' butt—be patient." -Aydan

"This journey is for you both...while your nonspeaker is mastering the motor control and regulation needed to intentionally spell their thoughts, you the parent have work to do yourself to master the skills and being a powerful partner..." -Jordyn, Facebook

**2. What do you want to say to special education teachers that are just hearing about s2c for the first time?**

"To use it please." -Aydan

"Please have an open mind; we need different tools for each student. This works for nonspeakers." -Elizabeth

"Presume competence always know that our bodies don't always listen to us. Try a board, please." -Cade

"Believe in all nonspeakers and presume competence always." -Vince

"Don't be stubborn—admit you've been wrong." -Evan

"Teachers can begin by assuming competence and talk to the students at their age level. Don't be afraid to teach hard things at their peers' level." -Maddie



"Get on board! You chose this line of work to make a difference in the lives of your students. Listen to your heart and learn from those of us who believe, allow, and go against the bureaucratic grain. Change happens at a sloth's pace, and if you wait for the system to get with it you will forever regret it in your heart. Seeing is believing... now you can not unsee this." -Jordyn, Facebook

### 3. Was there one thing you wanted to say or express the most when you finally could communicate?

"I wanted to tell my mom how much I loved her and how I knew how difficult it was." -Cade

"One of my first words was agony. I was five years old. Life without communication was agony." -Elizabeth

"That our brains and bodies don't cooperate and we are intelligent." -Maddie

"I really wanted to tell my family how much they meant to me." -Vince

"I wanted mom to know I love her and I see how hard she worked." -Aydan

"I really wanted to tell my mom I am proud of her." -Noah, Facebook

"I wanted my parents to know how much I appreciated everything they did for me, especially pulling me out of school so I could have a magical childhood with super cool people." -Elliot, Facebook

### 4. At what age in retrospect do you think you could have mastered these skills? How did you learn to read and at what age?



SPELLERS cast members Cade & Vince

"The CNN ticker. Also, mom read to me constantly. I started at 5 and could have done it earlier." -Elizabeth

"I have a photographic memory so I caught everything I saw. I think that kids could start by age 4." -Vince

"My story is riddled with GI issues so I started after that was healed." -Evan

"I could read when I was 3. To read was incidental through listening my mind picked up on it." -Aydan

"I think it's when my gut stopped hurting, that I was in too much pain so it depends on health. I could read at 4. I decoded it by watching Fox news." -Cade

"I learned to read when each of my teachers taught me, but they kept teaching the same thing." -Maddie

"I needed to trust people again after much compliance training AKA ABA. I needed to be not asked to sit at a desk until I believed their intention was to really help me and believed in me." -Elliot, Facebook



SPELLERS cast and Del 2023



SPELLERS cast members Jamie &amp; Maddie

"I needed to play when I was little, so doing structured lessons I'd say 6. Incorporating the boards in play, I'd say four or five." - Zekwande, Facebook

#### 5. What was the biggest difference with your family once you could communicate?

"To tell people I loved them." -Aydan

"I became more involved with doing things with my sisters. Like sometimes we play games together, sometimes we go to concerts and travel." -Maddie

"I could participate in family decisions like where we went on vacation and what I hope for my future." -Elizabeth

"My opinion mattered and now I could make my own decisions in life." -Vince

"I could tell much of my love to everyone including my grandparents." -Cade

"My voice was finally heard." -Noah, Facebook

"I am lucky in that my parents never bought into the low intelligence and behavior model of autism that has been adopted and perpetuated by the masses. They saw my intelligence through all my quirky body actions and strategies to be regulated in the cacophony of sensory noise I deal with. So it was a gigantic surprise for them that rocked them to the core, more a fulfillment of their mission to create a life for me where I could be fully self-expressed. So the difference was a shift in how best to now allow my self-expression to expand our impact on the world." -Jordyn, Facebook

#### 6. What are your feelings or hunches on what is causing the autism epidemic?

"I'm really not sure but we need to help them all learn to communicate—everyone can do it." -Maddie

"I think it's the environment." -Aydan

"For me, I had a seizure after my 15-month vaccines... not sure all are vaccine injuries." -Cade

"We are the canaries in the coal mine our immune systems are more sensitive to toxins." -Elizabeth

"Well I believe that our environment is the main cause, so for me it was vaccines." -Vince

#### 7. When you think about all of the nonspeakers around the world who do not have access to s2c, what would your message to them be?

"Try not to give up on your advocates—they believe in you and will find our methods that will work for you, even if it takes longer than you want it to take." -Cade

"That friends tell friends about spellers so everyone can learn it we need some help to move forward with an incredible opportunity for all nonspeakers." -Maddie

"I feel heartbroken for them. I would tell them to hold on to hope they will break free." -Vince

"You're in my prayers, I want you to have hope." -Aydan

"We are fighting for you." -Noah, Facebook



SPELLERS cast member Elizabeth Banker, valedictorian address, Rollins College, 2022

**"Help is on the way. Communication for all will be a reality—the blind have braille and the deaf sign language, all nonspeakers will spell and type." -Elizabeth**



# TOP SOCIAL POSTS FROM THE HIGHWIRE

## Top Tweet 196k Impressions

**The HighWire** @HighWireTalk

**BREAKING — FEDERAL GOVERNMENT DROPS COVID-19 VACCINE TRAVEL MANDATE ON SAME DAY IT WAS DUE TO RESPOND TO ICAN'S LEGAL CHALLENGE**

The Federal Government dropped its COVID-19 vaccine travel mandate for non-citizens (the Travel Ban) on the same day its opposition to a motion for an injunction against that mandate was due in a lawsuit brought by ICAN's attorneys, headed by @AaronSirISG.

**ICAN - Informed Consent Action Network** @ICANdecide · May 1  
BREAKING: Federal Government Drops COVID-19 Vaccine Travel Mandate on Same Day it Was Due to Respond to ICAN's Legal Challenge  
[icandecide.org/press-release/...](https://icandecide.org/press-release/)

7:47 PM · May 1, 2023 · 196K Views

Stay up to date!

- [thehighwire.com](https://thehighwire.com)
- [@HighWireTalk](https://twitter.com/HighWireTalk)
- [TheHighWireOfficial](https://www.youtube.com/channel/UC...)

## Top Media Tweet 317k Views

**The HighWire** @HighWireTalk

The coming **Autism Tsunami** is going to cripple the US economy. This is a massive story no one is talking about, save for a few brave experts who have written a paper estimating that the public cost of autism is going to soar into the trillions very soon, with no plan in place to fund it.

Read this article: [bit.ly/433Oul6](https://bit.ly/433Oul6)

Then, read the paper: [bit.ly/3MRcAAo](https://bit.ly/3MRcAAo)

Watch the full segment featuring authors Cindy Nevison, and Mark Blaxill, here: [bit.ly/3MPIAG5](https://bit.ly/3MPIAG5)

8:38 AM · May 24, 2023 · 317K Views

## Top Mention 244k Views

**Peter A. McCullough, MD, MPH** @P\_McCulloughMD

.@JustinTrudeau did not "keep as many Canadians alive as possible". He failed by suppressing/willful blindness to multidrug protocols at home and disregard for public safety with #CovidVaccine injuries disabilities and deaths. @delbigtree @HighWireTalk @CanAwareness

2:06 PM · Apr 29, 2023 · 244K Views

# Get your **ICAN** & **HW** gear at [thehighwire.shop](https://thehighwire.shop)



**PRE-ORDER NOW!**

# **I'm Unvaccinated and That's OK!**



**BY DR. SHANNON KRONER**

**JOIN NICHOLAS NOVAKS AS HE SHARES WHAT IT MEANS TO BE AN UNVACCINATED CHILD IN TODAY'S WORLD!**



**ICAN PRESS**



# THE HIGHWIRE Protocol

## Reclaiming the Fourth Estate

**“Journalism’s first obligation is to the truth”**

- Bill Kovach and Tom Rosentiel

The term *fourth estate* is centuries old. In medieval times, Europeans generally fell into three political classes or estates: the nobility, the clergy, and the commoners. Frequently, there was another group: a mob, a public press, or such that would emerge to influence the politics of the land: a *fourth estate*. Today, owing to their influence on the population, the term *fourth estate* refers exclusively to the press.

Today, the importance of the *fourth estate* to our freedom cannot be understated. The last three years of draconian lockdowns, unscientific mask and vaccine mandates, and punishing public health edicts opened the eyes of countless people worldwide to the dangers of a press captured by pharmaceutical interests. Tragically, the conflicts of interest infecting legacy news organizations and their sponsors finally reached a breaking point.

When we launched *The HighWire* from a podcast studio in the heart of Hollywood, CA, in 2017, we wanted to create a news organization built on transparency, evidence, accountability, and trust. A part of the mission of ICAN is to put the power of information in our stakeholders’ hands. With *The HighWire*, it wasn’t enough to simply tell you the

news. We wanted to show you. We wanted the science, articles, news reports, video evidence, and all the content we relied upon to report a story in your hands. This way, you could decide if we are telling you the truth. With this in mind, *The HighWire Protocol* was born.

*The HighWire Protocol* is the system we utilize to bring you the news. It includes our core values and ethical guidelines, which are not revolutionary in journalism. The key, and the thing that distinguishes us from “them,” is our dedication to transparency. We want you to have access to our research. So, we give it to you. No other news source delivers the news in such detail. No other news source gives their research to the viewer. This is what makes *The HighWire Protocol* revolutionary. This is why it represents a new way forward for the news. Our allegiance is to the people. Through *The HighWire Protocol*, we can reclaim the *fourth estate*.

You, our valued readers of *The Informant*, are the first to read the protocol outside of internal staff at ICAN and *The HighWire*. Enjoy!

[Click here to access \*The HighWire Protocol\*!](#)

**“Our liberty depends  
on the freedom of the  
press, and that cannot  
be limited without  
being lost”**

- Thomas Jefferson, 1786

# UNLOCKING POTENTIAL: VINCENT'S JOURNEY TO FINDING HIS VOICE

By Vincent Rinicella

My name is Vincent Rinicella and I am a 22 year old nonspeaking male from West Chester, Pennsylvania. I am a fluent speller, which means that I communicate using a bluetooth keyboard which connects to a device that reads what I type. This device acts as my voice because I cannot reliably speak using my mouth.

After years of learning various non speaking communication strategies, I found one that truly unlocked my potential when I learned Spelling to Communicate, S2C. My story may sound unique, but it definitely is not. There are thousands of nonspeakers finding their

voice with this modality thanks to the book "Underestimated" and the documentary "Spellers". Each of these shares mine and my cast mates story and our journey to find our voice through spelling.

The opportunity to share my story for these projects was the biggest honor of my life. I feel incredibly blessed to know that my story can aide in educating and inspiring my community of nonspeakers, and having the chance to promote this movement on the *The HighWire* was surreal. Flying to Texas to appear on the show and answering the audiences questions live was equally exciting and rewarding. Experiencing



Del & SPELLERS cast member Vince



SPELLERS cast members Honey & Vince Rinicella

**"...nonspeaking does not equal non-thinking and labels do not measure intelligence."**

-Vincent Rinicella

this with my cast-mates turned friends made it even more meaningful.

Despite so many having success with this method, because the American Speech and Hearing Association (ASHA) does not recognize S2C as a valid method of communication, it is not mainstream. This means that there are millions of non speakers that do not have access to spelling or may not even know about it. This is why it is so critical for us to promote S2C on all platforms, small and large.

Thanks to the *HighWire's* special broadcast, the documentary reached over 13 million viewers, which inspired a massive and much needed ripple effect in our community.

I am so grateful to Del and the viewers for providing us with the opportunity to inspire real change.

It is critical for everyone to know that a diagnosis does not equate to a lack of understanding or mental processing. What you read in research, or reports, or online about autism and nonspeakers is not all the truth. My voice today is possible by professionals who believe that nonspeaking does not equal non-thinking, and labels do not measure intelligence.

Listen to not just me, but to all of us.

Thank you for believing in all nonspeakers.

-Vincent Rinicella

**ICAN** Informed  
Consent  
Action  
Network

# INTRO TO VACCINE SAFETY & POLICY IN THE U.S.

ICAN spent months researching the state of vaccine safety in the United States. The shocking result of this effort was presented to the heads of the National Institutes of Health with Robert F. Kennedy, Jr, Aaron Siri, Esq., and Del Bigtree, in May of 2017. The information contained in that presentation has been distilled into an easy-to-read, thorough white paper (Read the full white paper, [here](#)) that goes through many of the shortcomings and failures of the vaccine safety program.

## 1. Who is Responsible for Vaccine Safety?

- Pharmaceutical companies have almost no liability for vaccine injuries.
- The 1986 National Childhood Vaccine Injury Act granted pharmaceutical companies immunity from injuries caused by CDC-recommended vaccines, removing market pressure for safer vaccines. The responsibility for safer vaccines now lies with the United States Department of Health and Human Services (HHS).

## 2. Pre-Licensure Vaccine Safety Review:

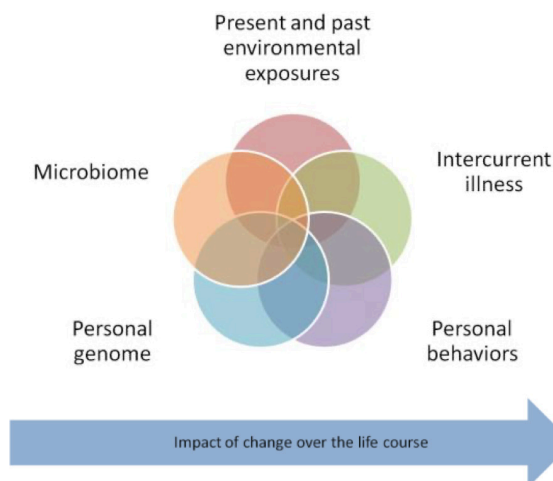
- HHS, through the FDA, licenses all vaccines used by the American public.
- Vaccines are not required to undergo long-term, double-blind, inert-placebo controlled trials to assess safety, AKA: The Gold Standard.

## 3. Post-Licensure Vaccine Safety Review:

- *CDC Blocks automation of Vaccine Adverse Events Reporting:* The 1986 Act established the Vaccine Adverse Event Reporting System (VAERS), which is a passive - not mandatory - reporting system. Anyone on a voluntary basis may report adverse reactions to VAERS. Despite spending \$1 million of taxpayer money and successfully automating VAERS reporting, the CDC has only supported projects that limit VAERS to passive surveillance.
- *CDC Ignores IOM's Calls to Identify Injuries Caused by Vaccines:* The 1986 Act charged the Institute of Medicine (IOM) with issuing reports on vaccine injuries. After IOM safety examinations in 1991, 1994, and 2011, the IOM reported: "studies are too small or have inadequate length of follow-up to have a reasonable chance of detecting true adverse

reactions." The IOM's 1991 report cautioned that "if research capacity and accomplishment in this field are not improved, future reviews of vaccine safety will be similarly handicapped."

- *CDC Ignores IOM's Calls to Identify Children Susceptible to Vaccine Injury:* The CDC disregarded the Institute of Medicine's (IOM) recommendations to identify children who may be more susceptible to vaccine injuries. The IOM's 1994 report emphasized the need for research to understand the factors that make certain individuals more likely to have adverse reactions to vaccines such as considering a child's personal genome, behaviors, microbiome, intercurrent illness, and present and past environmental exposure. IOM's 2011 report points out that given the "widespread use of vaccines" and "state mandates requiring vaccination of children... it is essential that safety concerns receive assiduous attention." However, the CDC has not adequately prioritized or supported such research efforts.



- *CDC Views Vaccine Safety as a Public Relations Issue:* one example of this would be the claim on the website that "Vaccines Do Not Cause Autism". This blanket statement fails to address the science

**WHAT YOU NEED TO KNOW:**

- Since the 1986 Act, the CDC’s recommended childhood vaccine schedule has grown from 11 injections of 4 vaccines to 72 injections of 17 vaccines (as of 2023).
- When a vaccine is added to the CDC recommended vaccine schedule, the manufacture is granted immunity from liability for vaccine injuries.
- No clinical trials for vaccines given to babies and toddlers had a control group receiving an inert placebo.
- No studies have been conducted to assess the safety of the entire or portions of the vaccine schedule.
- According to a Harvard Medical School study, “fewer than 1% of vaccine adverse events are reported”.

supporting a link between vaccines and autism as well as a connection between aluminum adjuvants in vaccines and autism. [Click here](#) to read our legal update from 2021, “CDC Cannot Support the Claim that “Vaccines Do Not Cause Autism”

- *CDC & IOM Ignore Massive Body of Science Supporting Vaccine Injuries:* There are hundreds of peer-reviewed vaccine papers connecting vaccination and chronic disease and developmental disabilities which have risen from 12.8% to 54% since 1986. By nature, vaccines cause immune activation, and early immune activation is known to cause autism, mental illness, and immune disorders.
- *CDC Refuses to Conduct Vaccinated vs. Unvaccinated Study:* small-scale studies of vaccinated vs. unvaccinated children have been done outside of HHS and these studies have consistently reported that the unvaccinated have better health outcomes.
- *CDC Ignores Vaccine Manufacturer Disclosures of Potential Adverse Reactions:* Vaccine makers are required by law to report to the FDA complaints they receive from consumers of adverse reactions from their vaccines. A few studies examining reported reactions have been done, but the CDC has failed to conduct studies for most of them.

**4. Conflicts of Interest in Vaccine Safety**

- *HHS Licenses Vaccines:* Introduction of a new vaccine begins its licensure by the FDA. A committee within the FDA, the Vaccines and Related Biological Products Advisory Committee (VRBPAC), advises the FDA on which vaccines should or shouldn’t be licensed. The U.S. House of Representatives’ Committee on Government Reform has issued a report revealing “significant conflicts of interest” on this VRBPAC board.

- *HHS Recommends Vaccines:* After a vaccine is licensed, it moves on to another HHS committee, the CDC’s Advisory Committee on Immunization Practices (ACIP). Vaccines recommended by ACIP are subsidized by the federal government and recommended for all children in America. When the ACIP votes to recommend a pediatric vaccine for general use, the pharmaceutical industry is handed a liability-free, captive market of 78 million children with guaranteed payment.
- *HHS Promotes Vaccines:* The CDC’s website says repeatedly that it does not accept commercial support, but that is simply not true. In the words of the British Medical Journal, “The CDC does receive millions of dollars in industry gifts and funding, both directly and indirectly, and several recent CDC actions and recommendations have raised questions about the science it cites, the clinical guidelines it promotes, and the money it is taking.” Our white paper describes several examples of these conflicts in depth.
- *HHS Defends Vaccines:* The Vaccine Injury Compensation Program (VICP) is effectively the only recourse in America to obtain compensation for a pediatric vaccine injury. The injured must file a claim in VICP and litigate against HHS and DOJ both of which have access to endless government resources - while the injured must secure their own private attorney. Even worse, the burden of proof lies on the injured to prove “causation” - the biological mechanism by which the vaccine caused the claimed injury. Even with all the foregoing barriers to obtaining compensation for an injury, including compensation for these cases capping at \$250,000 for pain and suffering and death, as of May 1, 2023, VICP has paid out over \$5 billion in injury claims since 1986.

1986	2017	
DTP (2 months)	Influenza (pregnancy)	Influenza (18 months)
Polio (2 months)	TDaP (pregnancy)	Influenza (2 years)
DTP (4 months)	Hepatitis B (one day)	Influenza (3 years)
Polio (4 months)	Hepatitis B (one month)	Influenza (4 years)
DTP (6 months)	DTaP (2 months)	DTaP (4 years)
MMR (15 months)	Polio (2 months)	Polio (4 years)
DTP (18 months)	Hib (2 months)	MMR (4 years)
Polio (18 months)	PCV (2 months)	Varicella (4 years)
DTP (4 years)	Rotavirus (2 months)	Influenza (5 years)
Polio (4 years)	DTaP (4 months)	Influenza (6 years)
Tetanus (14 years)	Polio (4 months)	Influenza (7 years)
	Hib (4 months)	Influenza (8 years)
	PCV (4 months)	Influenza (9 years)
	Rotavirus (4 months)	Influenza (10 years)
	DTaP (6 months)	HPV (11 years)
	Polio (6 months)	Men (11 years)
	Hepatitis B (6 months)	TDaP (11 years)
	Hib (6 months)	Influenza (11 years)
	PCV (6 months)	HPV (11 ½ years)
	Rotavirus (6 months)	Influenza (12 years)
	Influenza (6 months)	HPV (12 years)
	MMR (12 months)	Influenza (13 years)
	Varicella (12 months)	Influenza (14 years)
	Hib (12 months)	Influenza (15 years)
	Hepatitis A (12 months)	Men (16 years)
	PCV (12 months)	Influenza (16 years)
	DTaP (15 months)	Influenza (17 years)
	Hepatitis A (18 months)	Influenza (18 years)



Del, Mark Blaxill & Cindy Nevison, *The HighWire*, 2023

# DEL BIGTREE DISCUSSES THE ESCALATING COST OF THE AUTISM TSUNAMI

By Tracy Beanz

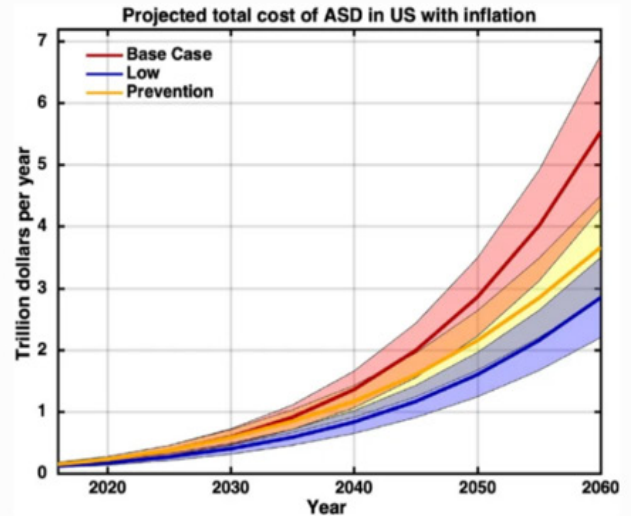
## WHAT YOU NEED TO KNOW:

- Topic: Blaxill & Nevison’s peer-reviewed study.
- Purpose: Examine rising prevalence of autism & project associated societal costs.
- Counter-arguments claim diagnostic method changes caused the increase in ASD, but it is very hard to find ASD in old literature. Agencies like the NIH may manipulate data to avoid acknowledging the ASD epidemic.
- The study emphasizes the need for urgent focus on prevention strategies to mitigate the soaring costs and societal impact.
- Is unique because it expands its analysis to the burden on the population as a whole, while most ASD studies focus on the family burden exclusively.
- Found that the cost of ASD is higher than the cost of other disorders as it expands the entire lifetime.
- Predicts that by 2060, ASD will cost the U.S. \$5.54 Trillion per year.

Autism is on the rise and the economic costs are projected to be staggering, according to a paper by Mark Blaxill, Political Economist Toby Rogers, Ph.D., M.P.P., and Cindy Nevison, Ph.D. Blaxill, Rogers, and Nevison studied the “monumental rise” in autism and projected its societal and economic cost. Blaxill has co-authored three books on autism. Nevison is the author of eight papers on autism and prevalence trends. Their peer-reviewed study, entitled “Autism Tsunami: the Impact of Rising Prevalence on the Societal Cost of Autism in the United States,” looked at the “actual data of autism time trends” and then the two built a model based on their projections with “population projections” in mind.

Del Bigtree, who has long been concerned about the meteoric rise in autism due to vaccines, interviewed Blaxill and Nevison to highlight the importance of their findings. The two researchers shared that they believe their study differs from others because it produces a “more realistic, age-stratified projection of how things would evolve into the future.”

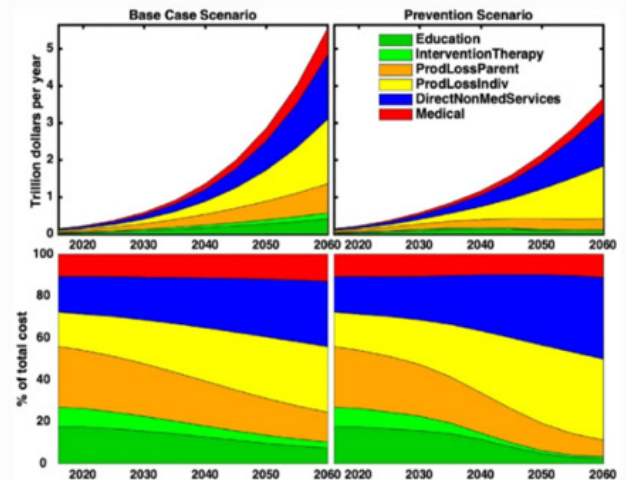
Fig. 3



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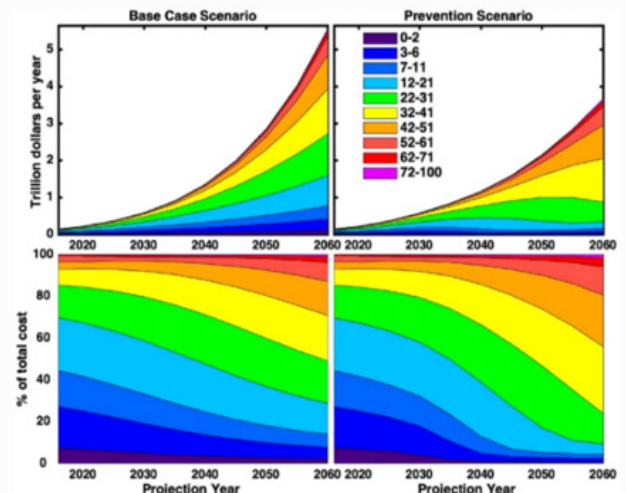
Fig. 4



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Fig. 5





Only one other study, an analysis by Leigh and Du (2015), is “most directly comparable to” theirs because it “provides annual U.S. cost estimates both for the present day (2015) and projected into the future (2025).” Even so, there are a number of ways the Leigh and Du study falls short of painting a complete and accurate picture. And, as thoughtful as they have been in their analysis, Nevison and Blaxill also recognize that even their study may be based on assumptions that may not adequately represent the future.

### Model Inputs and Three Future Prevalence Scenarios

The inputs for their model “include ASD prevalence, census population projections, six cost categories, ten age brackets, inflation projections, and three future prevalence scenarios.” The three prevalence scenarios, Base, Low, and Prevention, are “assumed to reflect the most severe autism cases,” and the total ASD prevalence is calculated by adding in the milder ASD cases,” with a “scaling approach and scaling factors” described in the paper. The graphs below show the various ways they dissected their projections.

### Personal Experience and Body of Evidence Provided a Foundation for Their Study

Blaxill is the father of a 27-year-old autistic daughter. He has a personal understanding of some of the emotional and economic costs. However, he believes the societal costs are and will be equally impactful. He told Bigtree there had been a “vertical” trajectory in the rate of autism starting around 1990. Before 1930, the rate of autism was “effectively zero,” very rare. It then “ticked up” and “[went] vertical” in the early 90s.

“I’m a dad first and foremost...I worry what her future will be. I’m afraid for our country and for all the families that have children with autism...before 1930 the rate of autism in the world was effectively zero. Then, for a long time, it was really rare; 1 in 10,000. Around 1990, it started ticking up, and ever since then it’s gone vertical. The rates are still going up and we don’t know when they will plateau...that means there’s a generation of kids that are now entering adulthood and they’re going to live a long life and at some point their parents will die. And what will happen to them? Who’s going to take care of them? How will they be housed? What will they do? What services will there be and will we keep flooding the world with new children with autism? So that what used to be a really rare phenomenon now becomes five, ten, 15, 20 million Americans. We’re not prepared for that. I’m afraid about that, so what we wanted to do in this paper was shine a spotlight on the societal impact of the costs of this epidemic.” –Mark Blaxill, [Ep. 318](#)

Blaxill and Nevison examined many other studies to

evaluate how to best approach the topic. The other research is well-cited in the abstract, revealing a substantial body of evidence. The paper also notes that a critical part of the evidence emerged when researchers began to track data from California and the U.S. Department of Education to look at prevalence rates. The CDC later jumped in “in parallel,” focusing on the “full range of ASDs” and confirmed higher rates but reached “no conclusions on time trends.”

Those surveys led to the establishment by the CDC of the Autism and Developmental Disabilities Monitoring (ADDM) Network, which began publishing bi-annual reports on autism prevalence (CDC/ADDM, 2007–2020). In addition, the National Center of Health Statistics (NCHS) and the Census Bureau began to disseminate household surveys asking parents to answer questions about whether a doctor or health professional had ever told them they might have a child with “Autism, Asperger’s disorder, pervasive developmental disorder, or autism spectrum disorder.” The cited research was informative, but their study sought to take an “authoritative” look at “population trends in the U.S. ASD rates over time and by severity” to eventually project the economic costs to society.

### Future Costs Will Be Staggering: Policy Will Be Mitigating Key Factor

Blaxill’s concerns for the future of these autistic individuals are fundamental to the study. Many studies focus on the burden on the family. However, this study distinguishes itself from many others because it expands its analysis to the burden on “populations as a whole.” He and Nevison wanted to quantify the actual effects and economic costs to society with an eye on the “well-being of individuals with ASD” and policy decisions that might mitigate the burden on society.

Autistic individuals can be extremely trying on a family’s emotional wherewithal. Divorce rates are high in families with an autistic child. Medical and educational costs can be crippling. Many autistic individuals require ongoing care as they age. They may outlive their parents. The question of who will care for them and how those costs are covered cannot be ignored. The costs of autism are also “unique,” according to Nevison.

According to the study, “the costs of autism are higher than for other disorders (e.g., cancer, stroke, and heart disease) because autism strikes in childhood and affects the entire lifespan (Beuscher et al., 2014; BJFM, 2014)” As the numbers become more staggering, the societal impact and economic costs will be substantial.

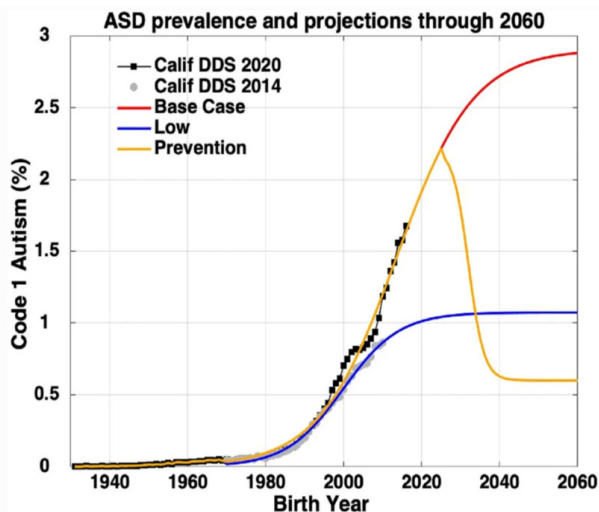
While Nevison and Blaxill assert they were conservative in

their projections, the economic impact is still devastating. According to Nevison, their study results “project[s] a total population-wide autism spectrum disorder cost in the U.S. of \$5.54 trillion per year by 2060.” She continued, “accounts for inflation with potential savings of 1.9 trillion per year with pursuit of ASD prevention.”

“Future ASD costs increase dramatically: total base-case costs of \$223 (175–271) billion/year are estimated in 2020; \$589 billion/year in 2030, \$1.36 trillion/year in 2040, and \$5.54 (4.29–6.78) trillion/year by 2060, with substantial potential savings through ASD prevention. Rising prevalence, the shift from child to adult-dominated costs, the transfer of costs from parents onto government, and the soaring total costs raise pressing policy questions and demand an urgent focus on prevention strategies.”

“As we show in this paper, the cost patterns with autism are also unique in that sharply rising prevalence has created a massive wave of costs that will continue for decades if policymakers and the public fail to grasp the possibility and importance of prevention.”

They urge policymakers to approach the crisis more urgently to help avoid unnecessary societal burdens. One of the scenarios the researchers model in the graph below is a prevention scenario. Using California Department of Developmental Services (CDDS) data, the chart below shows the effects of preventative measures in the form of a yellow “S” curve. It shows a “substantial reduction in the economic burden.” The dots creeping up the curve are “reality,” according to the data. All three curves show a leveling out or “flattening” because the researchers recognize the “increases have to stop.” The blue line is the most conservative projection; however, Nevison told Bigtree they already know “the low case is not realistic” when they look at the data.



Nevison and Blaxill did a deep dive into the costs of autism so that they would be able to calculate the “annual cost of disease projections for ASD through 2060.” They did so with four elements in mind.

1. *Historical autism prevalence estimates with time trend data for both severe and full spectrum autism rates.* We used California time trend data (updated from Nevison et al., 2018) for the severe autism time series and a broader assessment of the ASD prevalence literature to estimate a full ASD prevalence including milder cases.
2. *A matrix of costs per individual for multiple categories applied to multiple age cohorts.* We followed the method of Beuscher et al. (2014) with an expanded approach using more refined age cohort and an updated literature review of individual cost elements all expressed in 2018 dollars (Cakir et al., 2020; Rogge & Jansen, 2019)
3. *Projections of the future size of the ASD population based on three scenarios for future ASD prevalence.* We projected the U.S. population for the years 2020–2060 using Census Bureau forecasts by age cohort and applied future prevalence rates to that population using three scenarios—Base Case, Low, and Prevention—for both severe and broad spectrum ASD rates.
4. *Inflation projections by cost component.* Following Leigh and Du (2015) we applied three different inflation indexes to our projections of each future cost per individual component.

Costs included things like non-medical services, loss of individual productivity, parental productivity loss, medical, and more while distinguishing those costs by the severity of the case and stratified by age. Their methodology is well-documented in the paper:

Table 1 ASD costs per individual per year in 2018 dollars for six cost categories, distinguishing severe and milder cases

From: Autism Tsunami: the Impact of Rising Prevalence on the Societal Cost of Autism in the United States

Min Age (yrs)	Max Age (yrs)	Education (\$)	EIBI (\$)	Parent productivity (\$)		Individual productivity (\$)		Direct non-medical (\$)	Medical (\$)	Total (\$)		Wtd Ave (\$)
				Severe	Milder	Severe	Milder			Severe	Milder	
0	2	-	-	25,027	8343	0	0	-	7889	32,896	16,212	22,219
3	6	9070	18,890	26,348	8783	0	0	4002	5621	63,930	46,365	52,689
7	11	18,139	2833	29,769	9923	0	0	4002	5621	60,364	40,518	47,663
12	21	18,139	2833	32,394	10,798	7100	4970	6890	4000	71,356	47,630	56,172
22	31	-	-	29,927	9976	44,744	31,321	25,438	4000	104,109	70,735	82,750
32	41	-	-	12,377	4126	65,722	46,006	40,246	4800	123,145	95,178	105,246
42	51	-	-	1864	621	69,409	48,586	51,354	6800	129,427	107,361	115,305
52	61	-	-	0	0	57,239	40,068	61,951	8100	127,290	110,119	116,301
62	71	-	-	0	0	22,918	16,042	66,515	8300	97,733	90,857	93,332
72	100	-	-	0	0	0	0	66,515	8300	74,815	74,815	74,815

At one point in the interview, Bigtree hauls out Blaxill’s 2012 testimony before a congressional committee. Blaxill walks the committee members through the usual tropes that seek to debunk the sharp rise in the prevalence of autism. He also posits that some believe the “CDC is covering up the evidence surrounding autism’s environmental causes.” He also brings up many pressures that cause agencies like the NIH to “manipulate numbers” and research to “avoid the inconvenient reality of the autism epidemic.”

“Some people claim this isn’t real, that we’re just doing better diagnosing. That’s just wrong. If you read the old literature, the old surveys, they looked for everybody, and they couldn’t find people. They didn’t miss 99% of the children with autism. It’s not hard to find a child with autism. It’s obvious when they’re autistic. The notion that we’re just doing better diagnosing... even the CDC studies—they’re using the same methodology. So when you see those numbers rising, that’s not because the methods are changing. It’s because there are more cases. In the midst of this crisis, the federal agencies responsible for the health of our children have failed in their duty.”

Blaxill and Nevison say they don’t “have a dog in the fight” when it comes to proving the prevalence of ASD is rising exponentially. There have been efforts to retract their paper, and the pair has faithfully addressed every concern. Blaxill

believes they are “basically locking down” because the “autism problem is too big to handle.”

The two researchers are resolute. Blaxill told Bigtree if those who would retract their paper wish to dispute their methodology or model, “show us what we did wrong.” Many well-examined papers were retracted during the pandemic for reasons that, to this day, are unknown. The robust scientific debate was all but shut down, with real-world consequences, leaving many without the life-saving treatments they deserved. All of it was because the pesky dissenters dared to buck the narratives that powerful forces wanted us to believe. We would be well served by Nevison’s answer to the anonymous critics of her paper, “Let everyone view the data and judge for themselves. Let the scientific discussion play out.”

## GETTING SOCIAL

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and Follow These Accounts!

### ICAN

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### JEFFEREY JAXEN

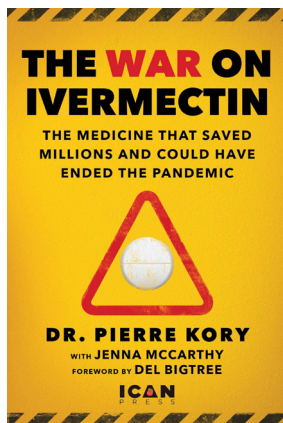
 [twitter.com/JeffereyJaxen](https://twitter.com/JeffereyJaxen)

 [jeffereyjaxen.substack.com](https://jeffereyjaxen.substack.com)





Last week, ICAN CEO Del Bigtree announced the launch of [ICAN Press](#), the new publishing division of The Informed Consent Action Network. ICAN Press is partnering with dynamic writers, medical professionals and subject matter experts to bring you a captivating library of published works that seeks to inform, empower, and deliver you the truth, one publication at a time. You already receive *The Informant*. Now take a look at what's coming up, from ICAN Press.



Release Date June 6, 2023

"Ivermectin is a dirty word in the media. It doesn't work. It's a deadly horse dewormer. Prescribe or promote it and you'll be called a right-wing quack, be banned from social media, or lose your license to practice medicine. And yet, entire countries wiped out the virus with it, and more than ninety-five studies now show it to be unequivocally effective in preventing and treating COVID-19. If it didn't work, why was there a coordinated global campaign to cancel it? What's the truth about this decades-old, Nobel Prize-winning medication?"

The War on Ivermectin is the

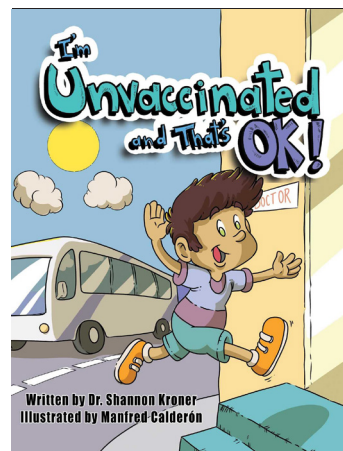
personal and professional narrative of Dr. Pierre Kory and his crusade to recommend a safe, inexpensive, generic medicine as the key to ending the pandemic.

Written with Jenna McCarthy, and foreword by Del Bigtree, Dr. Kory's story chronicles the personal attacks, professional setbacks, and nefarious efforts of the world's major health agencies and medical journals to dismiss and deny ivermectin's efficacy. Part personal narrative, part scathing expose, *The War on Ivermectin* highlights the catastrophic impacts of the mass media censorship and relentless propaganda that led to the greatest humanitarian crisis in history.

Although numerous studies and epidemiologic data have shown that millions of lives were saved globally with the systematic use of ivermectin, many more millions perished. This carnage was the direct result of what Dr. Kory eventually discovered to be the pharmaceutical industry's silent but deadly war on generic medicines and the corrupt, captured medical

and media systems that allow it to continue. For anyone who thought COVID-19 was the enemy, Dr. Kory's book will leave no doubt that the true adversary in this war is a collective cabal of power-hungry elites who put profits over people and will stop at nothing in their quest for control."

*The War on Ivermectin* and *I'm Unvaccinated and That's OK!* are published through ICAN PRESS, an imprint of Skyhorse Publishing. ICAN (Informed Consent Action Network) is a nonprofit organization investigating the safety of medical procedures, pharmaceutical drugs, and vaccines while advocating for people's right to informed consent.



Release Date July 18, 2023

"I'm Unvaccinated and That's OK!" is the story of an unvaccinated child named Nicholas Novaks, who shares the many reasons why his parents have chosen not to vaccinate him. Nicholas explains his parents' personal concerns about vaccine injury, the importance of finding a doctor they can trust and openly speak with, the research they did before making this decision, and what life is like for an unvaccinated child who has an older, vaccine-injured sibling.

Inspired by the personal stories of vaccine-injured children, which have been shared with Dr. Shannon Kroner over many years of working with special needs families, Dr. Kroner aims to raise awareness of the importance of vaccine choice and the necessity of doing the research before making an important decision such as vaccination.

Join Nicholas as he shares what it means to be an unvaccinated child in today's world and why one's personal choice regarding vaccination must always be respected."

**I CAN**  
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