

INFORMANT



VOL 3 TEST OF TIME

MARIK'S PROTOCOL WINS OUT

Vitamin C sepsis pioneer proven right in court, set to look at cancer, weight loss, and more...

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TWITTER LIGHTS UP WITH VACCINE DEBATE

Aaron Siri, Esq., Vaccine Developer Paul Offit, MD, Joe Rogan and Dr. Hotez engage in the debate they do not want to have. p.18

PLANDEMIC 3: THE GREAT AWAKENING

The livestream premiere captivated a packed theater of over 2,500, reaching millions worldwide...

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DR. SCOTT ATLAS GIVES SCATHING REVIEW OF PANDEMIC POLICY MAKERS

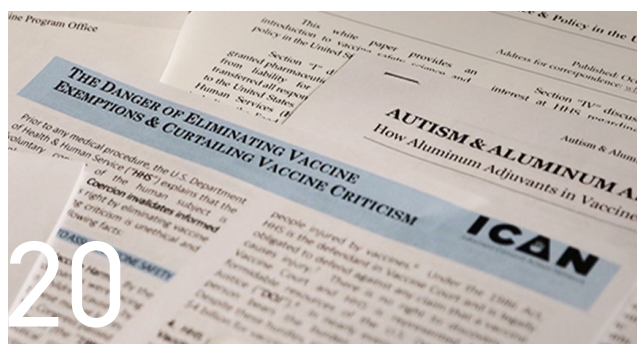
THE FORMER WHITE HOUSE
COVID TASK FORCE MEMBER
LETS LOOSE ON 'EXPERT
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Del Bigtree
FOUNDER & CEO, ICAN
HOST, *The HighWire*

When we created the nonprofit Informed Consent Action Network (ICAN) and the voice for the legal work that ICAN would be doing, *The HighWire*, we discussed the idea that if a lawsuit wins in a forest and no one is there to talk about it, does it matter?

And so, we endeavored to build a media system that could amplify the lawsuits and legal actions we planned on bringing. This resulted in a proof of concept for "activist television," in which we invest almost half of the proceeds from donations to ICAN into fighting for the various causes that we report on. I don't know that anyone else has ever done this. It was always a part of the plan, and it has been successful.

The HighWire began with hundreds of viewers and quickly grew to thousands over the next 20 episodes. By the time COVID hit we were in the millions of views across our platforms. Today, in the face of record censorship, 5 to 7 million viewers are watching every week. We've progressed faster than we had dreamed.

The vaccine issue has always been the tip of the authoritarian iceberg; if we don't control our bodies, then what freedom do we actually have? We thought we were embarking on a 10 to 15 year plan to really get the world talking about vaccines and today, it's the number one issue in the world, critical in elections of world leaders and presidents.

As we look ahead, we are bringing the same level of scrutiny and legal attention we have had on vaccines, and applying that template to other issues that affect humanity and where our freedom is under threat.

In the coming years, I believe we will be garnering viewers by the hundreds of millions—in large part due to the fact that the movement on the whole has grown, but I believe ICAN and *The HighWire* have been integral to that growth. I think we're on the verge of being the most important independent media/news sources of our kind in the world. Our brand represents the truth—and that is not defined by opinion—it is defined by facts and evidence.

We're going to continue to lead journalism back to what it was supposed to be.

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THE GREAT AWAKENING PREMIERE & RED CARPET EVENT CAPTIVATES AUDIENCES WORLDWIDE

By Lea Lacey

In a spectacular livestream premiere event, the highly anticipated documentary [Plandemic 3: The Great Awakening](#) captivated a packed theater, with over 2,500 attendees gathering to witness the unveiling of this truth-seeking masterpiece.

The evening kicked off in style with a red-carpet affair at the beautiful Long Center in downtown Austin, TX, where stars, luminaries, and trailblazers of the medical freedom movement converged. Del Bigtree and Tracy Beanz hosted the event, while singer/songwriter Brad Skistimas of Five Times August and freedom fighter and comedian JP Sears conducted interviews on [the red carpet](#).

When asked about any potential risks associated with their participation in the film, the Kwak brothers shared the wisdom their parents and mentors imparted. Sam conveyed, "You've got to stand for something...if you have conviction, speak out because it takes all the good men to remain silent for evil to persevere." Daniel emphasized their purpose, stating, "We're here to speak out. There is no risk when you speak the truth because the consequences of living not in the truth are much greater."

Taking a turn on the red carpet, Del highlights the urgent need for people to rise up against the troubling actions of the government, "This is our time. We the people must rise up right now. They're literally testing out censorship on us, taking our jobs away, shutting down our businesses, shutting down our ability to eat—there's an attack on our food supply right now, saying the big problem is agriculture—so now eating is going to be the new global warming problem?" Emphasizing the importance of preserving the United States of America, its constitution, and the sacrifices of our founding fathers and civil rights activists, he urges people to remember and celebrate the significance of freedom, "When people watch this, I hope they remember what we just went through, that we could be living in that type of tyranny forever, or, we can

celebrate and say 'this is the United States of America, don't forget how awesome it is to be free.' That's why I'm here. I want everybody to remember to be free."

Throughout the event, unity and empathy were recurrent topics as the attendees discussed the importance of standing together and overcoming divisions. Filmmaker Mikki Willis shed light on the documentary, emphasizing how it reveals the underlying agenda behind the pandemic and its exploitation while cautioning against falling prey to psychological operations designed to sow discord: "It is not about vaccines and only about COVID to the degree to spotlight what it was used to advance—a decades-old agenda that many people are just now waking up to."

He discusses the emergence of new ideologies called 'weaponized compassion' or 'weaponized morality,' exploiting people's good intentions to engage them in potentially destructive beliefs: "Is it healthy for our children to believe this? Or have their teachers teach them this? Probably not, but we're going to go along with it because everyone says this is the way that you're inclusive, right? It's about understanding where that began, why it began, and that there's a psychological war happening within this nation. We trace it back, show its effect, and, most importantly, how to break that spell. So all these families that have been divided, that refused to see each other, grandparents that have yet to see their grandbabies, can wake up and understand the divisionary process—divide and conquer. We are being conquered, but we have to be divided first. This movie aims to bring people back to a place of respecting and remembering their humanity. Let's meet there, where we can be different and truly diverse, with different opinions and beliefs...but love each other anyway."

Through a masterful combination of investigative journalism, compelling interviews, and well-documented evidence, *The Great Awakening* left viewers inspired and awakened to the harsh realities that have long been concealed. In a remarkable testament to its global appeal, the film garnered an astounding number of viewers. With almost 3 million people across more than 190 countries visiting the *Plandemic 3* Digital Theater at [thehighwire.com](#), the film successfully captivated a diverse and widespread audience, leaving an indelible global impact. These impressive figures do not encompass the countless individuals touched by the film's potent message through watch parties organized worldwide.

[The Plandemic Series](#) continues to make waves and as more people join the movement, the impact will undoubtedly endure, shaping public discourse and challenging the status quo.



Tracy Beanz & Del Bigtree, Red Carpet Event, 2023



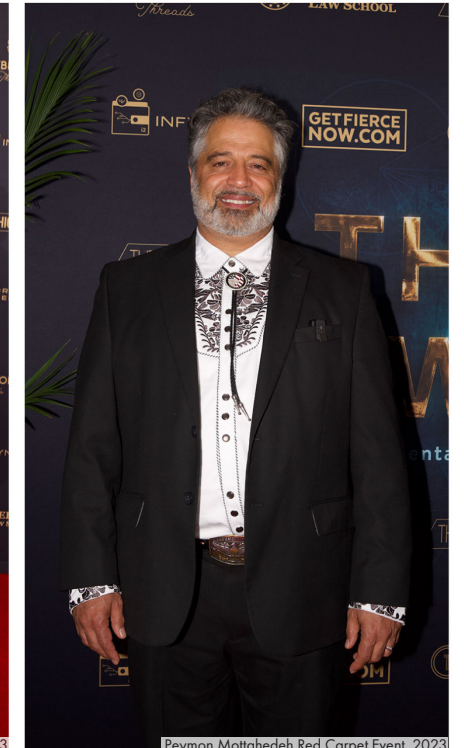
JP Sears & Dr. David Martin, Red Carpet Event, 2023



Dr. Andrew Wakefield, Red Carpet Event, 2023



The Willis Family, Red Carpet Event, 2023



Peymon Mottahedeh Red Carpet Event, 2023



Red Carpet Premiere, 2023



Mikki Willis & Del Bigtree, Red Carpet Event, 2023



Red Carpet Premiere, 2023



Brad Skitimas & Mikki Willis, Red Carpet Event, 2023



Red Carpet Premiere, 2023



Red Carpet Premiere, 2023



JP & Amber Sears, Red Carpet Event, 2023



Sam & Daniel Kwak, Red Carpet Event, 2023



JP Sears, Alex Jones, Erika Wulff-Jones, Mikki Willis, Red Carpet Event, 2023



Tina Peters, Red Carpet Event, 2023



Alex Jones, Ernesto Ramirez, Jessica Sula, Red Carpet Event, 2023



Alex Jones, Ernesto Ramirez, Jessica Sula, Red Carpet Event, 2023



Rizza Islam, Red Carpet Event, 2023



Lily Tang & Mikki Willis, Red Carpet Event, 2023



Marla Maples, Red Carpet Event, 2023



Del & Lee Bigtree, Red Carpet Event, 2023



Red Carpet Premiere, 2023



Dr. Shannon Kroner, Red Carpet Event, 2023



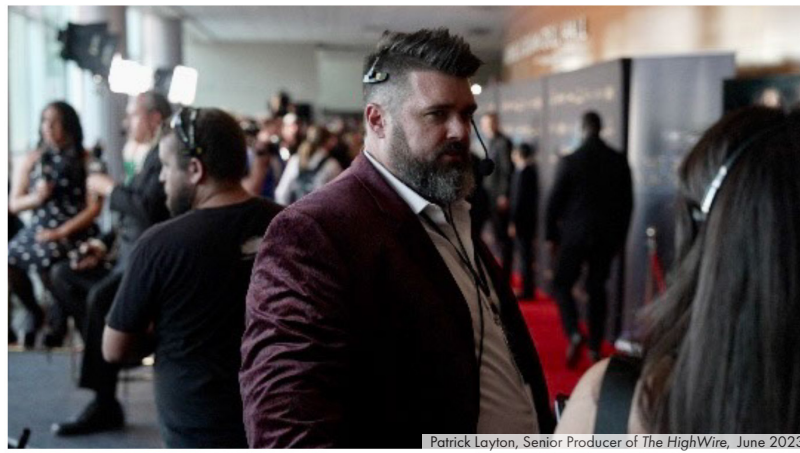
Irocy Beanz and Del Bigtree, Red Carpet Event, June 2023



The HighWire crew, The Long Center, Austin, TX, June 2023



Catharine Layton & Jenn Sherry Parry, June 2023



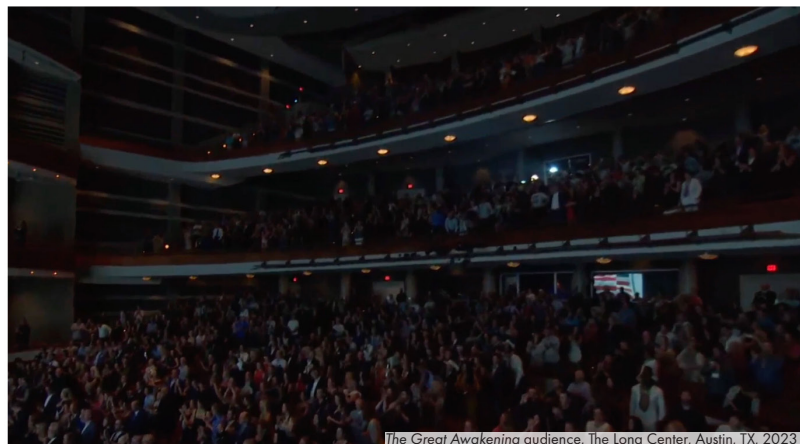
Patrick Layton, Senior Producer of The HighWire, June 2023



Cast of The Great Awakening The Long Center, Austin, TX, 2023



Behind the scenes in the broadcast truck, June 2023



The Great Awakening audience, The Long Center, Austin, TX, 2023

TOP SOCIAL POSTS FROM THE HIGHWIRE

Top Tweet 234.2k Impressions



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Top Media Tweet 1.3m Views



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THURSDAY 7/13 1PM CT

THE HIGHWIRE
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LIVE FROM LIBERTY HALL!

FRIDAY 7/14 9:35AM CT

SPEAKER
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'WEAPONIZING COMPASSION'
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FRIDAY 7/14 3:10PM CT

DEL BIGTREE
CEO, ICAN

AARON SIRI, Esq.
LEAD ATTORNEY, ICAN

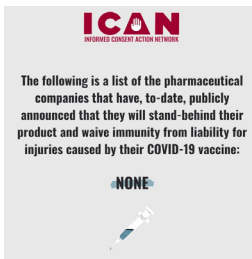
'VACCINE EXPERTS UNDER OATH:
SHOCKING REVELATIONS IN THE FIGHT
FOR TRANSPARENCY AND TRUTH'

MAINSTAGE 1 - EAST HALL

WHAT YOU NEED TO KNOW:

- The National Academies of Sciences, Engineering, and Medicine (NASEM) was formerly known as the Institute of Medicine, or (IOM).
- For a vaccine injury to be eligible for compensation, the injury has to be acknowledged by NASEM as a potential side-effect of a vaccine.
- The Countermeasures Injury Compensation Program (CICP) is for COVID vaccine injury compensation, and the Vaccine Injury Compensation (VICP) is for other vaccine injuries.
- Since its inception in 1986 as a result of vaccine manufacturers being relieved of economic liability, VICP has paid out over \$5 billion to injured individuals.

Related Articles:



[CDC Admits Once and For All it Has No Basis for its Claim That COVID-19 Vaccines Do Not Cause Variants](#)

[CDC Cannot Provide an Instance of a Single Confirmed COVID-19 Death in a Child Younger Than 16](#)

[COVID-19 Vaccines: No Liability for Injuries](#)

ICAN URGES CONGRESSIONAL SCIENTIFIC ACADEMY TO ACKNOWLEDGE COVID-19 VACCINE INJURIES IN REPORT LIKELY TO DETERMINE COMPENSATION



The Congressionally-created organization, National Academies of Sciences, Engineering, and Medicine (NASEM), plays a critical role in the vaccine world, as it reviews scientific literature and writes reports that are relied upon by the federal government to determine whether individuals will receive compensation for vaccine injuries. The National Academies of Medicine was formerly known as the Institute of Medicine (IOM). You can read about IOM's past reports concerning vaccines in [this exchange](#) ICAN had with Health and Human Services (HHS).

This past January and March, NASEM [met](#) to review literature on adverse reactions to COVID-19 vaccines. It is expected to release a report based upon that review soon.

Given that the contents of this report will likely dictate whether the thousands of individuals who have filed in the Countermeasures Injury

Compensation Program (CICP) will receive compensation for their COVID vaccine injuries, ICAN knew it was crucial to impress upon NASEM just how momentous its upcoming report will be. Thus, on March 28, 2023, ICAN, through its attorneys, sent NASEM a [detailed letter](#) bringing to their attention various important topics related to vaccine safety.

The letter initially points out issues with CICP's sister system, the Vaccine Injury Compensation Program (VICP) – which also relies on NASEM's reports to determine compensation for individuals injured by non-EUA vaccines – noting how critical it is that NASEM address the issue of causation for serious vaccine injuries in its upcoming report.

ICAN's letter also highlights the disastrous failure of CICP, which stacks the odds against the very people it was created to protect by virtue of its exceptionally short one-year statute of limitation, its demand for "direct proof" from claimants (despite

vague requirements for receipt of compensation), and secretive process for processing claims. The letter also touched on topics such as the grievous injuries to individuals like Maddie de Garay and the abysmal failure of federal health agencies to provide her any support or response; the egregious safety profile of COVID vaccines revealed by v-safe, a program specifically created to monitor COVID vaccine safety; and the nearly 40 million Americans that skipped their second COVID shot in all likelihood due to adverse reactions.

To drive these points home, ICAN's lead attorney, Aaron Siri, Esq., also [spoke](#) to the committee during its March 30th meeting to directly share these concerns.

ICAN will continue to monitor the situation and share any important updates, including the release of any updated NASEM reports. In the meantime, you can read the full letter [here](#).

FDA ADMITS IT HAS NO RECORDS INDICATING COVID-19 VACCINE SAFETY PROTOCOLS WERE FOLLOWED

WHAT YOU NEED TO KNOW:

- The FDA's Standard Operating Procedures and Policies (SOPP) document outlines the steps the FDA should follow to assess and address vaccine safety issues.
- The SOPP is designed to ensure rapid responses to complex issues within the vaccine program.
- The Vaccine Safety Team within the FDA is assigned to review VAERS reports and alert the Center for Biologics Evaluation and Research, CBER, of potential issues, following the SOPP protocol.
- ICAN requested the documents from the FDA on the VAERS COVID-19 vaccine reports they investigated that required their rapid response and attention. The FDA's response was less than rapid and less than acceptable.

From early in the pandemic, the government has been promising the public that it was taking COVID-19 vaccine safety "very seriously," and that the vaccines had been subject to "the most intense safety monitoring program in U.S. history." ICAN likes to confirm these claims for itself but when it tried to do just that, it uncovered that the FDA actually deviated from long-standing protocols concerning vaccine safety.

Since May 9, 2008, the FDA has had vaccine safety procedures in place detailed in a Standard Operating Procedures and Policies (SOPP) document. This document "describes the procedures that the [FDA] staff should routinely follow to coordinate rapid responses to complex vaccine safety issues," and discusses a Vaccine Safety Team

whose "key purpose" is to "coordinate [FDA] rapid responses to vaccine safety issues ... and to serve as a resource to identify data and policy needs pertaining to vaccine safety."

One office in the FDA is crucial to this goal and acts as the "official contact for VAERS and is responsible for processing and review of the reports," as well as "for forwarding those reports to the appropriate contacts within CBER for further action and follow-up." For example, its staff members identify VAERS adverse event reports that "need a rapid response and complex coordination," after which they are supposed to "immediately" inform certain FDA management who then alert other sub-agencies.

Given the lofty talk by federal health agencies claiming that



COVID vaccines were subject to "the most rigorous – and accurate – review processes globally," one would think that the FDA, at a minimum, subjected them to at least these already ridiculously weak pre-existing standards for vaccine safety monitoring.

But, after ICAN's attorneys submitted records requests to the FDA seeking documents on the FDA's policies concerning the identification of VAERS reports requiring a "rapid response," as well as documents showing that the FDA had actually followed up on the individual VAERS reports that required a "rapid response," the FDA replied more than year later with an incredible response: "A search of our records did not locate any documents responsive to your request."

In a nutshell, the FDA has essentially admitted that it is

not following even its own set of already watered-down procedures for vaccine safety monitoring that were in place prior to COVID.

When the curtain is pulled back on the purported "thorough" and "intense" safety monitoring, there is yet again nothing to see. So much for the FDA's promise to look out for the American people. ICAN will continue to monitor the FDA and share any important updates.

Related Articles:



[ICAN Demands Answers About Death Discrepancies in Pfizer's Clinical Trial](#)

ICAN SENDS LEGAL DEMAND TO MICHIGAN ABOUT ITS ILLEGAL PRIVACY VIOLATIONS RELATED TO VACCINE EXEMPTIONS

ICAN's attorneys demanded answers from the Michigan Department of Health and Human Services concerning the state's local health departments' processing of nonmedical vaccine exemptions for school-aged children, which they are using to illegally track private and confidential information in the state's vaccine tracking system.

On May 18, 2023, ICAN attorneys provided the Michigan Department of Health and Human Services (MDHHS) with a detailed summary of why its processes regarding nonmedical exemptions exceed its authority and, consequently, violate the law.

ICAN's attorneys point out that, in clear violation of privacy laws, MDHHS is permitting local health departments to store confidential information

in the state's vaccine registry. In addition, local health departments are permitted to create electronic health records for families who claim a nonmedical vaccine exemption, thereby capturing and storing private information that they are not entitled to collect.

To add insult to injury, the local health departments don't disclose to parents that they are creating these records or inputting them into the state's tracking system. Worse yet, if parents do figure it out, the local health departments are unlawfully refusing to let parents access their own family's information.

The letter ultimately demands that MDHHS immediately take action to correct these issues.

On June 2, 2023, an attorney for MDHHS responded with the unsupported claim that its process



was consistent with applicable law, stating that it did not "plan to immediately revise departmental practices" but it did agree to inquire with the local health departments to "assess consistency statewide."

ICAN's attorneys will continue monitoring this issue and proceed as necessary to hold MDHHS accountable. In the meantime, you can read the demand letter in full [here](#).

Wins against infringement on individual rights are only possible because of ICAN supporters like you.

WHAT YOU NEED TO KNOW:

- MDHHS allows local health departments to store confidential information in the state's vaccine registry, violating privacy laws.
- Local health departments create electronic health records for families claiming nonmedical vaccine exemptions, collecting private information they are not authorized to gather.
- Parents who discover the existence of these records are unlawfully denied access to their own family's information by the local health departments.

WHAT IT MEANS TO BE AN ICAN DONOR



The Simeone family

For our family, being an ICAN donor is truly one of the greatest honors of our lives. At 15 months old, our son Tuck was devastatingly injured by the DTaP, Hep-A and HIB vaccines. Hours after the appointment, his brain was inflamed and he began a rapid regression. Before those shots, Tuck had never failed a single developmental milestone. After the shots, he has never again hit a single developmental milestone. He proceeded to lose all language and descend into the most severe levels of autism. Our sweet Tuck is now seven years old. He is nonverbal, self-injurious, lives with constant and intense head and gut pain, and requires 24-hour individual care.

After Tuck's injury, our family's life changed forever. We made it our goal to heal Tuck, tell absolutely everyone about the dangers of vaccines so that they would not experience the pain and horror that we now do, and bring justice to those who hurt him.

Doctors, friends, and even family told us it wasn't the vaccines or that we just needed something to blame for Tuck's condition. Life-long relationships were lost. And now we're entering our 3rd year in search of justice in the corrupt federal vaccine court. The journey is long.

While pursuing our new goals, we discovered Del, The Highwire, and ICAN and realized they had the same goals. It's been our utmost honor to give what we can to help ICAN spread the truth, fight to protect our children, and stand against the darkness. We are grateful and will always stand with you.

MAKE A TAX DEDUCTIBLE DONATION TODAY!



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.

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

Im Unvaccinated and That's OK! BY DR. SHANNON KRONER

ICAN PRESS



Dr. Marik & Del Bigtree, The HighWire, June 2023

DR. MARIK'S VICTORIOUS BATTLE FOR SEPSIS TREATMENT

By Lea Lacey

A world-renowned critical care pioneer, Dr. Paul Marik, joins Del on [The HighWire](#) to shed light on the pharma-driven campaign against repurposed drugs and cheap, early, non-pharmaceutical interventions. During the discussion, Dr. Marik details the [CHEST Journal's publication](#) of his groundbreaking Vitamin C Protocol for sepsis, which has proven to be a life-saving benchmark. Despite facing unwarranted criticism, the study was reaffirmed, and its efficacy was further validated.

Dr. Marik's groundbreaking work on using vitamin C to treat sepsis has attracted praise and controversy. With over 48,000 citations in peer-reviewed publications, Dr. Marik has established himself as a respected figure in the medical community. However, his recent findings and approach to treating patients have faced unprecedented challenges, such as the federal government, state agencies, and hospitals imposing guidelines on doctors, effectively interfering with the sacred patient-physician relationship. Despite facing mixed reactions and even hostility from some of the medical community, Dr. Marik has continued advocating for a simple and cost-effective treatment for sepsis.

His discovery of the healing potential of vitamin C, when administered intravenously along with hydrocortisone, has shown remarkable results in critically ill patients on the verge of death. The combination of these medications has demonstrated the ability to reverse the septic process within hours, leading to significantly improved patient outcomes.

However, not everyone has embraced Dr. Marik's findings. Some medical community members have been reluctant to accept the idea that a cheap and readily available vitamin could be a life-saving therapy. This resistance stems from a reluctance to challenge the status quo and a lack of acceptance of alternative approaches in traditional medicine.

Dr. Marik firmly believes denying patients access to a safe

and potentially life-saving therapy is unacceptable. He emphasizes that there are no downsides to administering vitamin C in these cases. He stresses the importance of educating clinicians, healthcare workers, and the general public about this treatment option.

When Del inquires about the prevalence of sepsis in intensive care units, Dr. Marik highlights a staggering statistic from the World Health Organization: approximately 11 million people succumb to sepsis each year, accounting for roughly 50% of all deaths. Despite being a treatable and preventable condition, he emphasizes that sepsis remains the leading cause of death in children. Del points out the transformative impact of Dr. Marik's protocol, noting the historical significance of sepsis as a major problem in hospitals, and asks how he came to discover the effectiveness of vitamin C as a treatment for sepsis.

Dr. Marik explains a fascinating fact—that almost all species on Earth, except for humans and guinea pigs, have the ability to produce vitamin C. He clarifies that vitamin C, in reality, functions as a stress hormone rather than a conventional vitamin, explaining that when cats or dogs experience stress, their livers generate vitamin C as part of their stress response and that humans have lost this innate ability. Dr. Marik concludes that administering vitamin C to humans during periods of stress, particularly in cases of septic shock—the most severe form of sepsis and an extreme stressor on the body—makes intuitive sense.

He credits the work of many predecessors, particularly [Dr. Fowler](#) at [Virginia Commonwealth University](#), who did a study on vitamin C and sepsis. Later, when faced with a dying patient, Dr. Marik recalled the vitamin C study and, driven by the principle of doing everything possible to save a patient's life, decided to administer a cocktail of vitamin C, hydrocortisone and thymine (named "The Head Protocol").

Marik's Vitamin C Protocol

Vitamin C: 1.5 g IV q 6 hourly for 4 days or until discharge from the ICU.

Vitamin C is provided by the manufacturer as a 50ml vial at a concentration of 500mg/ml. Three (3) ml of vitamin C will be placed in a 100ml bag of either dextrose 5% in water (D5W) or normal saline and infused over 30-60 minutes. The Vitamin C min-bag solution is stable for in excess of 24 hours (should be protected from light)

Hydrocortisone: 50mg IV q 6 hourly for 4 days or until discharge from the ICU. Taper is not required.
Hydrocortisone 50mg bolus q 6 hourly

Thiamine: 200mg IV q 12 hourly for 4 days or until discharge from the ICU. Alternative dosing: 100mg IV q 6 hourly for 4 days.

Intravenous thiamine (200mg) is placed in a piggyback in 50ml of either D5W or normal saline and administered as a 30-minute infusion.

NOTE: The Vitamin C and Thiamine can both be mixed in the same mini-bag.

Dr. Marik shared the miraculous turn of events of how his patient quickly and wholly recovered: "The next morning, I was completely dumbfounded; she was sitting up in bed, kidney function improved, her liver function so improved that we actually took off the ventilator and she walked out of the ICU 3-4 days later."

Early and aggressive treatment with the head protocol proved crucial to its success. However, subsequent studies conducted by others, intentionally or unintentionally, deviated from Dr. Marik's approach and failed to replicate his results. Rather than validating his findings, these studies seemed designed to discredit the concept of using vitamin C as a treatment for sepsis. Dr. Marik acknowledges the attempts by pharmaceutical companies and their allies to undermine his work. Instead of replicating his study, they aimed to disprove the concept altogether.

"What they didn't do is try and replicate my study...they try to disprove the concept...there are two important things: timing, it must be given early, and the chosen medical patients. If it's surgical sepsis, for example, you have a ruptured appendix, you have a ruptured gallbladder, that's a surgical problem, and trying to give vitamin C to treat a surgical problem obviously doesn't make a lot of sense. Many of these other studies enrolled patients with surgical sepsis because they knew it wouldn't be a benefit. It's obvious you need a good surgeon when you have a ruptured gallbladder. While vitamin C will help, and it's part of the treatment algorithm, you need surgical intervention, so they didn't replicate duplicate the study that I did."



Unfortunately within about 5 minutes of reading the study it became overwhelmingly clear that it is indeed research fraud and the data is fabricated.

While I understand your need to act fairly, there is overwhelming and irrefutable evidence that data presented in this paper cannot have come from the method described, and can only have been fraudulent, even from the data in the paper alone without any further evidence.

I urge you to retract this paper, or at least issue an expression of concern as soon as possible.

I have CC'd the institution's integrity officer in case they wish to institute integrity investigation proceedings and disciplinary action.

Yours Sincerely
Dr Kyle Sheldrick
Sydney Australia

Dr. Marik found himself under attack by an Australian doctor named Kyle Sheldrick, who accused Dr. Marik's groundbreaking study of being fraudulent, sparking a wave of controversy. Dr. Sheldrick, an orthopedic doctor without expertise in ICU medicine, sepsis, or statistics, questioned the legitimacy of Dr. Marik's work, casting doubt on its credibility. The accusations triggered a cascade of events that forced the medical community to address the claims seriously.

Initially, the medical journal found no credible evidence supporting Dr. Sheldrick's allegations. However, a second anonymous complaint concerning the study's inclusion and exclusion criteria extended the investigation for another year. Dr. Marik responded to the attack by taking legal action against Dr. Sheldrick, not seeking monetary compensation but aiming for him to acknowledge the mistake publicly.

Schedule A: Statement

On 22 March 2022, I posted a blog post called 'This scatted corn'. This post was a copy of a complaint I filed with the journal CHEST identifying features of a study led by Paul Marik titled 'Hydrocortisone, Vitamin C, and Thiamine for the Treatment of Severe Sepsis and Septic Shock' published on 3 February 2017 in CHEST, identifying that I believed them to be signs of fraud, and linked to this on twitter.

Those complaints have since been formally rejected by the journal CHEST, which I consider to be the definitive conclusion to the matter. I realise that this letter was used to imply that Dr. Marik personally acted deceptively, and falsely reported study data, which was not my intention, and this caused him significant hurt and distress. I regret this hurt to Dr Marik. I will inform those who have reported on this complaint that it has been rejected by the journal.

Dr Marik has also indicated to me that some subsequent controlled studies have found some positive outcomes for vitamin C in Sepsis, and I accept this.

This statement is not an endorsement of the use of Vitamin C in sepsis.

After intense scrutiny from statisticians, methodologists, and clinical experts, the journal ultimately vindicated Dr. Marik. They found no substantial evidence to support the fraud claims and recommended only minor changes to two words in the paper's methods section. These changes were deemed inconsequential, and the study's results and conclusions stood firm.

Despite the challenges and criticisms, Dr. Marik remains dedicated to educating healthcare professionals, clinicians, and the public about the potential of vitamin C therapy in treating sepsis. He urges a reawakening in the medical community to challenge the broken status quo and embrace alternative approaches that can save lives. The vitamin C protocol, appropriate antibiotic use, and fluid management can potentially save lives and improve outcomes for patients

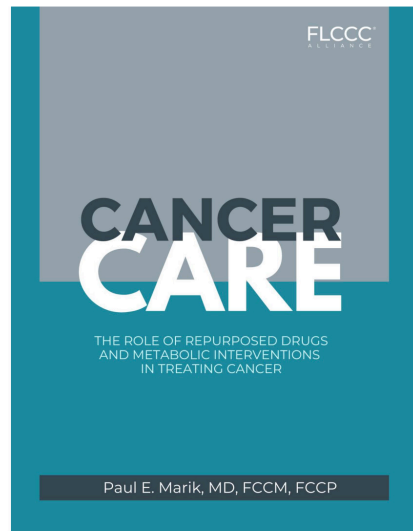
with severe sepsis and septic shock. Dr. Marik's dream is to adopt and implement the protocol worldwide. The importance of this victory extends beyond Dr. Marik's personal success; it highlights the significance of scientific truth and integrity, as well as the need to stand up for valid research in the face of baseless attacks. By defending his work, Dr. Marik has not only protected his reputation but also helped ensure that a potentially life-saving treatment is not dismissed unjustly, serving as a win for science as a whole.

Dr. Marik's research led him to explore the process of autophagy, where the body's cells eliminate harmful proteins, including spike proteins. He discovered that intermittent fasting or time-restricted feeding could effectively stimulate autophagy, allowing the body to heal itself. This realization not only provided potential solutions for vaccine injuries but also opened doors to addressing other medical problems.

In addition to his groundbreaking work on spike proteins and autophagy, Dr. Marik personally experienced a transformative health journey. He was a type 2 diabetic and struggled with food addiction, a condition affecting many Americans addicted to processed foods. By altering his lifestyle and adopting a new philosophy of eating, which included eliminating processed foods and practicing intermittent fasting, Dr. Marik lost weight and reversed his diabetes—incredible!

Dr. Marik's approach to intermittent fasting involved skipping breakfast and restricting eating to a 6-8 hour window each day while fasting for the remainder of the time. He emphasized the importance of distinguishing intermittent fasting from starvation and emphasized that diets alone do not effectively address food addiction, which he considers a mental disorder. By focusing on real, unprocessed food and avoiding additives and synthetic compounds, he experienced significant improvements in his health.

He discusses the importance of continuous glucose monitoring and its significance in understanding individual food responses. He explains how continuous monitoring can provide real-time feedback on blood glucose levels, allowing individuals to see how specific dietary elements affect their bodies. This empowers individuals to make informed decisions about their dietary choices and adjust their behavior accordingly. Dr. Marik emphasizes that everyone responds differently to foods, and factors such as the order in which food is consumed can impact blood glucose profiles. By learning how their



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bodies react to specific food types, individuals can make better choices to maintain stable blood glucose levels and overall health.

Intermittent fasting and a real food diet resulted in a significant drop in his hemoglobin A1C level, reducing his need for multiple diabetes medications and improving his overall well-being. Another key component is Berberine, which Dr. Marik considers one of the most potent anti-diabetic supplements. In discussing the link between diabetes, insulin resistance and cancer, he emphasizes the role of lifestyle changes, such as weight management and vitamin D supplementation, in preventing and treating cancer, and encourages individuals to take control of their health by educating themselves on alternative treatments rather than relying solely on pharmaceuticals.

The conversation shifts to the cancer industry, where Dr. Marik continues to reiterate the power of alternative approaches to health, "Cancer is big business. Cancer is a business. They make money. And it would bankrupt the medical establishment if we annihilated cancer."

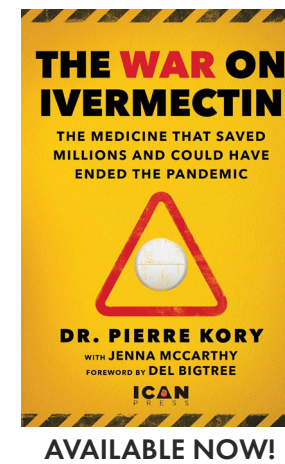
Del echos this sentiment regarding the cancer industry, "When I drive down the road and I see kids raising money for cancer or 'put your quarter in here for cancer' and Saint Jude...I know a lot of them mean well, but I just think for all the years we've been putting our quarters into these things, cancer just continues to rise. As I started investigating work on *The Doctors*, I thought, 'You're never going to get a cure to cancer from pharma.'"

Dr. Marik references a recent monograph he wrote that challenges the conventional genetic theory of cancer and proposes that it is a metabolic disease. The paper emphasizes the importance of lifestyle changes in reducing cancer risk and explores the potential of over 200 off-label

drugs and nutraceuticals in cancer treatment. The paper, available for download, is titled [The role of repurposed drugs and metabolic interventions in treating cancer](#). It offers an alternative perspective on the causes and treatment of cancer, urging a reevaluation of current practices and a shift towards a metabolic disease framework.



ICAN Press, the new publishing division of The Informed Consent Action Network, 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.



"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

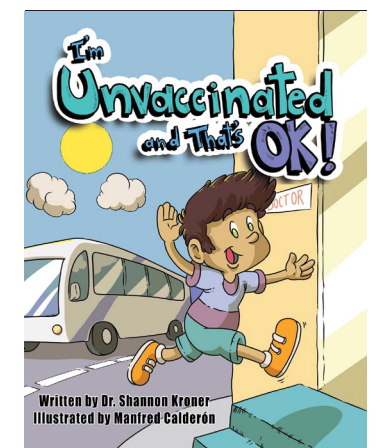
personal and professional narrative of Dr. Pierre Kory and his crusade to recommend a safe, inexpensive, generic medicine as the key to ending the pandemic.

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."



By Jenna Funderburk

Earlier this month, Robert F. Kennedy Jr. opened up a conversation on Joe Rogan’s podcast, *The Joe Rogan Experience*, that has spread into the mainstream like wildfire. The content of the discussion was meaty and addressed the main problems that vaccine skeptics have with the vaccine industry as a whole, but what really got the mainstream talking is that esteemed vaccine expert, Dr. Peter Hotez, has refused a debate with RFK Jr.

Joe Rogan @joerogan
Peter, if you claim what RFKjr is saying is “misinformation” I am offering you \$100,000.00 to the charity of your choice if you’re willing to debate him on my show with no time limit.

Prof Peter Hotez MD PhD @PeterHotez · Jun 17
Spotify Has Stopped Even Sort of Trying to Stem Joe Rogan’s Vaccine Misinformation. It’s really true @annamerlan just awful. And from all the online attacks I’m receiving after this absurd podcast, it’s clear many actually believe this nonsense. [nonsensevice.com/en/article/k7z...](https://www.nonsensevice.com/en/article/k7z...)

5:27 PM · Jun 17, 2023 · 56.6M Views

Rogan took to Twitter on June 17, 2023, offering Dr. Hotez \$100K to the charity of his choice if he came on the show to debate RFK Jr. The pot quickly rose to almost \$3 million, but Dr. Hotez still refused to sit down with RFK Jr. and have a conversation.

At the time of this article, there were 11.9k replies, 210.9K likes, and 56.6 million views. The conversation broke into the mainstream, and the public asked, “Why not”? Why wouldn’t Dr. Hotez debate if he is the expert he claims to be?” As Rogan tweeted later in the interaction, “If you’re

really serious about what you stand for, you now have a massive opportunity for a debate that will reach the largest audience a discussion like this has ever had.”

Joe Rogan @joerogan
This is a non answer. I challenged you publicly because you publicly quote tweeted and agreed with that dogshit vice article. If you’re really serious about what you stand for, you now have a massive opportunity for a debate that will reach the largest audience a discussion like this has ever had. If you think someone else is better qualified, suggest that person.

Prof Peter Hotez MD PhD @PeterHotez · Jun 17
Joe, you have my cell, my email, I’m always willing to speak with you [twitter.com/joerogan/statu...](https://twitter.com/joerogan/status...)

6:51 PM · Jun 17, 2023 · 40.6M Views

While the iron was hot, ICAN’s lead attorney Aaron Siri also struck, calling out Dr. Paul Offit, proclaimed expert and developer of the Rotavirus vaccine, RotaTeq, who refuses to debate or converse with any dissenting voice. Dr. Offit published an article attacking RFK Jr. claiming that “All vaccines are tested in placebo-controlled trials before licensure.”

Aaron Siri @AaronSiriSG
Virtually all childhood vaccines on @CDCgov schedule, including RotaTeq, were not licensed by @US_FDA based on a placebo controlled clinical trial. @RobertKennedyJr is correct on that point. @nytimes @statnews @DrPaulOffit @PeterHotez are all dead wrong. aaron-siri.com/placebo-trials/

1:34 PM · Jun 25, 2023 · 960.9K Views

Dr. Offit responds to Siri, casually trying to change the definition of “placebo,” to which Siri rattles off a long list of trial statistics and the CDC definition of a true inert placebo. Offit does not respond, but he does quietly change the wording published in his article.

Aaron Siri @AaronSiriSG
Dr. Offit backtracks. @DrPaulOffit attacked @RobertKennedyJr for “misinformation” claiming “All vaccines are tested in placebo-controlled trials before licensure.” Dr. Offit quietly updated that to now say “Most vaccines...” This is still patently false. icandecide.org/hhs/ICAN-Reply

Dr. Paul Offit, “Should Scientists Debate the Undebatable”
June 22, 2023
Kennedy said, “None of these vaccines are ever subjected to true placebo-controlled trials.” All vaccines are tested in placebo-controlled trials before licensure. Perhaps
June 27, 2023
Kennedy said, “None of these vaccines are ever subjected to true placebo-controlled trials.” Most vaccines are tested in placebo-controlled trials before licensure. Perhaps the

4:41 PM · Jun 27, 2023 · 367.9K Views

1,534 Retweets 79 Quotes 4,992 Likes 140 Bookmarks

You can read Siri’s Substack on his exchange with Dr. Offit [here](#).

This is nothing new to those who have been a part of the medical freedom movement for any length of time. Doctors and scientists hailed as vaccine experts refuse to accept—or even acknowledge—the consistent invitations to debate leaders in the medical freedom movement like RFK Jr., Del Bigtree, and Aaron Siri. During the early stages of COVID, we witnessed a

Aaron Siri @AaronSiriSG
Hey @joerogan, the below exchange with @DrPaulOffit shows why @PeterHotez will not debate @RobertKennedyJr. It’s also why Dr. Offit will not agree to a respectful in-person exchange of evidence with me. In short, one side comes with “trust me” and the other with evidence.

Aaron Siri @AaronSiriSG · Jun 26
Dr. Offit, your revised definition of “placebo” as “immunologically inert” would focus on testing efficacy, not safety, which is precisely the substantive concern raised by @RobertKennedyJr and others when explaining that childhood vaccines are virtually never licensed based on... twitter.com/DrPaulOffit/st... [Show more](#)

12:18 PM · Jun 28, 2023 · 23.1K Views

214 Retweets 5 Quotes 638 Likes 16 Bookmarks

disturbing trend where dissenting voices were forcefully silenced as they were unjustly branded as dangerous, with their credibility undermined and their social media presence revoked.

Back in 2017, RFK Jr., Del Bigtree, Aaron Siri, and parents of injured children met behind closed doors with various agents from the National Institute of Health (NIH), including Tony Fauci, Francis Collins, and other members of Health and Human Services (HHS) to address the Trump Administration and present a comprehensive review of vaccine safety and policy.

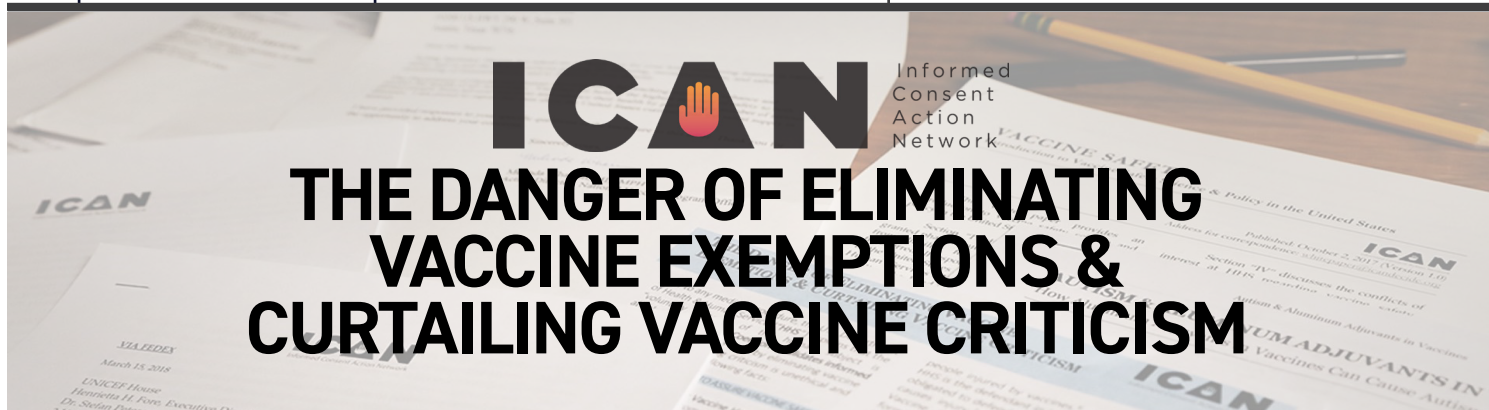
This grassroots group assembled and laid out a comprehensive report of concerns with the childhood vaccine program. The [presentation](#), led by RFK Jr., highlighted the absence of adequate safety studies and the undeniable facts surrounding the vaccine program, which give rise to significant safety concerns and conflicts of interest. Essentially, it shed light on the unsettling reality of a vaccine program that operates without proper regulation, effectively imposing an unregulated product on our children from the earliest moments of their lives.

The doctors, scientists, NIH, and HHS agents responded with jumbled inconsistencies and a promise that all the requested studies would be sent after they had time to assemble the answers to the simple questions posed by RFK Jr., Bigtree, and Siri. Unfortunately, the promised studies and answers were never sent, and the ensuing conversation met its demise behind closed doors, with emails left unanswered and ignored.

After radio silence from the doctors and scientists, ICAN decided it was time to make the conversation public. The concerns were submitted to HHS in written form and released to give the public a glimpse into the lack of transparency within the agencies. The correspondence with HHS and the science used to back up the concerns brought by RFK Jr., Bigtree, and Siri are available [here](#).

And now the public is asking the questions we have been asking for years. Why are exalted vaccine experts unwilling to have these critical conversations with dissenting voices? This issue has gained significant attention in the mainstream. As experts choose which side of history they will be on, parents, truth-seekers, and freedom fighters will continue to press for answers, call for debates, seek public discourse, and advocate for change.

We are winning!



Prior to any medical procedure, the U.S. Department of Health & Human Service (HHS) explains that the “voluntary consent of the human subject is absolutely essential.” Coercion invalidates informed consent. Infringing this right by eliminating vaccine exemptions and curtailing criticism is unethical and un-American given the following facts:

Pharma has no incentive to assure vaccine safety

- 1. Immunity from Liability for Vaccine Harms.** By the early 1980s, pharmaceutical companies were facing crippling liability for injuries to children caused by their vaccines. Instead of letting the market forces drive them to develop safer vaccines, Congress passed the National Childhood Vaccine Injury Act (the “1986 Act”) which eliminated pharmaceutical company liability for injuries caused by their vaccine products.
- 2. Pharmaceutical Company Misconduct.** Since 1986, Merck, GSK, Sanofi and Pfizer have paid billions of dollars for misconduct and injuries related to their drug products. These same companies manufacture almost all childhood vaccines, but because of the 1986 Act, cannot similarly be held accountable for misconduct and injuries related to their vaccine products.

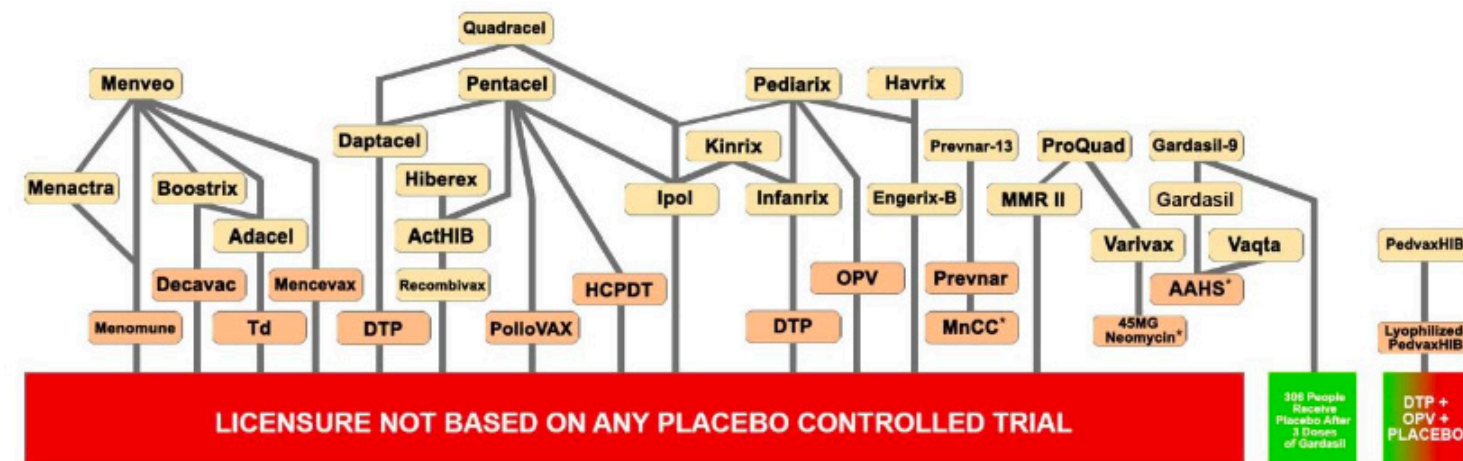
HHS Conflicted from Assuring Vaccine Safety

- 3. HHS Must Defend Against Any Claim of Vaccine Injury.** After eliminating liability for pharmaceutical companies, the 1986 Act established the Vaccine Injury Compensation Program (“Vaccine Court”), part of the U.S. Court of Federal Claims, to compensate people injured by vaccines. Under the 1986 Act, HHS is the defendant in Vaccine Court and is legally obligated to defend against any claim that a vaccine causes injury. There is no right to discovery in Vaccine Court and HHS is represented by the formidable resources of the U.S. Department of Justice (DOJ). In nearly every case the injured person bears the burden to prove causation. Despite these hurdles, since 1986, HHS has paid over \$5 billion for vaccine injuries.

- 4. HHS Incriminates Itself if it Publishes or Admits a Vaccine Can Cause a Harm.** If HHS publishes any study supporting that a vaccine causes a harm, that study will then be used against HHS in Vaccine Court. This greatly limits HHS’s incentive to publish safety studies.
- 5. CDC’s Childhood Vaccine Schedule Was Created by Pharma Insiders.** Congress has repeatedly found that the members of the FDA and CDC committees responsible for approving most of the currently licensed and recommended childhood vaccines had serious conflicts of interests with pharmaceutical companies.

Vaccine Safety: Concerns & Limitations

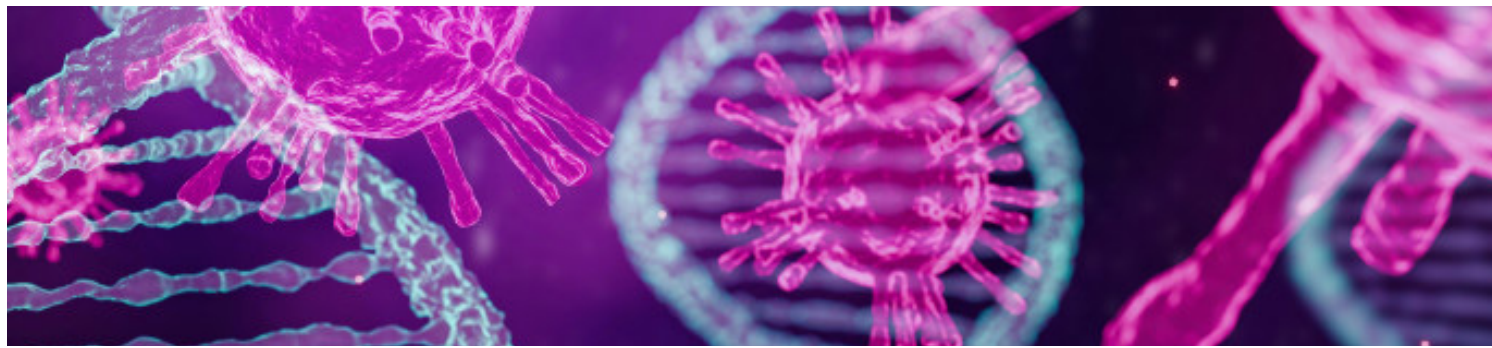
- 6. HHS Fails to Perform Basic Vaccine Safety Requirements.** After eliminating the market forces that assured vaccine safety, Congress made HHS directly responsible for vaccine safety pursuant to a section of the 1986 Act entitled the “Mandate for safer childhood vaccines.” As HHS recently conceded in federal court, it has not performed even the basic requirements of this section, such as submitting reports to Congress on how HHS has improved vaccine safety.
- 7. Pediatric Vaccine Clinical Trials (i) Lack Placebos and (ii) Are Too Short.** The pivotal clinical trials relied upon to license childhood vaccines do not include a placebo-control group and safety review periods in these clinical trials are typically only days or months. The safety profile for a pediatric vaccine is therefore not known before it is licensed and routinely used in children.



This diagram shows how HHS licenses vaccines by relying on a pyramid of other vaccines that were each licensed without being properly safety tested in a placebo-controlled trial. This diagram highlights in yellow each vaccine HHS’s childhood vaccine schedule lists for routine use, and each descending line shows the controls used to license the vaccine above.

- 8. Post-Licensure Safety.** After licensure and use by the public, federal law requires that the package insert for each vaccine include “only those adverse events for which there is some basis to believe there is a causal relationship between the drug and the occurrence of the adverse event.” Inserts for childhood vaccines include over one hundred serious immune, neurological and other chronic conditions that their manufacturers had a basis to believe are caused by their vaccines.
- 9. Prevalence of Vaccine Harm.** The CDC’s Vaccine Adverse Events Reporting System (VAERS), to which doctors and patients may voluntarily report adverse vaccine events, received 58,381 reports in 2018, including 412 deaths, 1,237 permanent disabilities, and 4,217 hospitalizations. An HHS-funded three-year review by Harvard Medical School of 715,000 patients stated that “fewer than 1% of vaccine adverse events are reported” to VAERS. This could mean there are a hundredfold more adverse vaccine events than are reported to VAERS. The CDC has nonetheless refused to mandate or automate VAERS reporting.
- 10. Children Susceptible to Vaccine Injury.** While the Institute of Medicine (IOM) has explained that “most individuals who experience an adverse reaction to vaccines have a preexisting susceptibility,” HHS and CDC have failed to conduct studies to identify children susceptible to vaccine harms while at the same time recommending vaccines for all children.
- 11. Carcinogenicity, Mutagenicity & Infertility.** Most vaccines have never been evaluated for their potential to cause cancer, mutate genes or cause infertility.
- 12. Autism.** Autism is the most controversial of the claimed vaccine injuries and the one HHS and CDC declare they have thoroughly studied. Most parents with autistic children claim vaccines (including DTaP, Hep B, Hib, PCV13, and IPV, each injected 3 times by 6 months) are a cause of their child’s autism. The CDC tells these parents that “Vaccines Do Not Cause Autism.” However, there is no science to support this claim for almost all vaccines.
- 13. HHS Refuses to Conduct Vaccinated Vs. Unvaccinated Studies of Vaccine Schedule.** A true epidemic in the U.S. is the fact that 1 in 2 children have an autoimmune, developmental, neurological, or chronic disorder. These conditions have sharply risen in lock-step with the increases in the CDC’s recommended vaccine schedule. That schedule has risen from 7 injections of just 2 vaccines in 1986 to the current total of 50 injections of 12 different vaccines. The need to compare health outcomes of vaccinated and unvaccinated children is urgent.

The rest of this [white paper](#) includes information on the MMR vaccine, DTaP vaccine, Polio vaccine, and Chicken Pox vaccine. The white paper also includes links to each study and source in this summary.



SCIENTIST DISCOVERS DNA CONTAMINATION IN MRNA COVID-19 INJECTIONS

By Tracy Beanz & Michelle Edwards

To this day, despite a growing body of evidence to the contrary, the U.S. Centers for Disease Control (CDC) emphatically states on its “Myths and Facts about COVID-19 Vaccines” [webpage](#) that Americans who ponder whether “COVID-19 vaccines can alter my DNA” are falling prey to a “myth.” The CDC goes on to add as a “fact” that “COVID-19 vaccines do not change or interact with your DNA in any way.” Yet, thanks to an accidental discovery by scientist Kevin McKernan after using random [Pfizer and Moderna](#) COVID-19 bivalent vaccines to act as what he thought would be pure mRNA controls while trying to sort out a sequencing problem, the COVID jabs don’t contain pure mRNA. A shocked McKernan, who went into “panic mode” following his deep sequencing finding, explained, “They actually had a lot of DNA in the background.”

MYTH: COVID-19 vaccines can alter my DNA.

FACT: COVID-19 vaccines do not change or interact with your DNA in any way.

Both messenger RNA (mRNA) and viral vector COVID-19 vaccines work by delivering instructions (genetic material) to our cells to start building protection against the virus that causes COVID-19.



After the body produces an immune response, it discards all the vaccine ingredients just as it would discard any information that cells no longer need. This process is a part of normal body functioning.

The genetic material delivered by mRNA vaccines never enters the nucleus of your cells, which is where your DNA is kept. Viral vector COVID-19 vaccines deliver genetic material to the cell nucleus to allow our cells to build protection against COVID-19. However, the vector virus does not have the machinery needed to integrate its genetic material into our DNA, so it cannot alter our DNA.

Yes, you read that right. McKernan’s discovery suggests that the “safe and effective” and heavily [mandated](#) COVID-19 vaccines—which aren’t vaccines at all, even though they are referred to as such—are contaminated from the get-go with DNA. As pointed out in a terrific [Brownstone Institute article](#), McKernan’s discovery calls into question the notion that reverse transcription of the mRNA is a possible route for mRNA to convert to DNA and instead creates a whole new problem with profound implications and unknown outcomes for every man, woman, and [child](#) injected with the experimental product. Indeed, McKernan’s discovery suggests the [gene-damaging COVID injections](#), tainted with DNA, encode the spike protein and are likely capable of inserting into an organism’s genome. Reporting about this

disturbing situation, Brownstone Institute’s [Julie Sladden](#) and [Julian Gillespie](#), a doctor, and a lawyer, respectively, wrote:

“The question is, does this DNA have the potential to become part of the genome of a human organism, and if so, what might be the consequences? This would have required looking at ‘genotoxicity,’ something Australia’s Therapeutic Goods Administration [TGA](#) says the (Pfizer) injections were not tested for, and the TGA did not ask for.

In case you are wondering, there are strict guidelines about DNA contamination levels in mRNA products. The European Medicines Agency (EMA) and FDA stated limits are 330 nanograms of DNA per milligram of RNA. In Australia, the



Kevin McKernan
@Kevin_McKernan

There is a provably false community note @CommunityNotes in circulation regarding the Brownstone Institute article on DNA contamination. Here is the table from the EMA document. 10 vials tested. 1-815ng/mg of dsDNA/RNA contamination.

The EMA does not view this as acceptable.

Residual DNA Template

Residual DNA template is a process-related impurity in BNT162b2 drug substance that is tested for at time of BNT162b2 drug substance release. Residual DNA is measured using a quantitative PCR (qPCR) test. Release test results for BNT162b2 drug substance, 1 nonclinical toxicology batch, 4 process 1 clinical/clinical inventory batches and 5 process 2 batches, are shown in [Table S.4.5-9](#).

Table S.4.5-9. BNT162b2 Drug Substance Release Data for Residual DNA Template

Batch	Residual DNA Template (ng DNA/mgRNA)
RNA-RF200321-06	815.3 ^a
R427-P020.2-DS	100
R438-P020.2-DS	<200
R443-P020.2-DS	3
R445-P020.2-DS	1
20Y513C101	17
20Y513C201	29
20Y513C301	10
20Y513C401	23
20Y513C501	211

a. Incorrect DNase I stock solution used, leading to higher values of residual DNA template.

The specification for residual DNA template was based on the WHO recommendation of not more than 10 ng DNA/dose. Based on these considerations, and assuming a maximum dose of 30µg, the commercial acceptance criterion at release is <330 ng DNA/mg RNA.

1:30 PM · May 30, 2023 · 18.5K Views

[TGA](#) says it should be no more than ten nanograms per dose.” And if that’s not bad enough, the news about the discovery of DNA contamination in the [COVID-19](#) jabs gets worse. According to [Dr. Jessica Rose](#), as experts follow up on McKernan’s work (you can read [here](#), [here](#), and [here](#)), more

in-depth inquiries reveal that the presence of DNA in the shots is “worse than originally thought.” Rose highlighted the Biden administration’s “pinky-finger promise” that integration of the fraud-ridden jab into our genome was flat-out impossible, clarifying that the bottom-line message—after threatening and firing those Americans who refused to get jabbed—is frightening, explaining:

“Take Home Message: The left-over expression vectors used to manufacture the mRNAs are at contamination levels 100-fold higher than originally proposed and imply trillions of DNA molecules per dose. This has implications for integration into our genome.”

As researchers, including the brilliant Rose, expand on Kevin McKernan’s important work (which used a technique called RNA-seq and uncovered unacceptably high levels of kanamycin/neomycin/spike-containing expression plasmids), they found that as part of the RNA-seq process, an additive called actinomycin D (Furious D) is used which can suppress DNA amplification. This discovery means there might be even more DNA than initially thought. To circumvent the potential issue with actinomycin D, they used quantitative PCR (qPCR) and gel visualization ([electrophoresis](#)) to understand the level of DNA contamination better.

Rose explained they removed the mRNA from the [Pfizer](#) and Moderna samples altogether, purified the existing DNA, and used it in follow-up assays to answer questions around whether or not the DNA contaminating the samples were circular (which are replication-competent) or linear (which are not). Rose, who remarked that the fact they are finding plasmid E-coli colonies that are replication-competent (whatever form they take) growing even in lab E.coli (as explained below) is troubling, explained:

“This was a very important issue to address since the knee-jerk reaction to their original findings was that the DNA was linear(ized) and thus not replication competent. So, no problem! But, even if we are looking at linear plasmids (as opposed to circular), and even though the former might not be replication-competent (or less than their circular mates), Kevin’s team’s previous estimate of billions of potentially contaminating DNA molecules is still super concerning. Why? Because the linearization reactions are likely not 100% efficient. For example, if the reactions are 99% efficient, there would still potentially be millions of replication-competent plasmids present. Can you see the problem?”

Indeed, there certainly appears to be a massive problem. According to Rose, using Pfizer and Moderna samples, the “brilliant labbies” got rid of the modified mRNA, took out the DNA (which shouldn’t be there in the first place), and then tried to transform E. coli bacteria using this DNA. Rose previously [discussed](#) this process, which is explained this [video](#).

Presenting an in-depth analysis and explanation of what experts are finding out, Rose remarked that the original source

of DNA contamination is likely at the in vitro transcription step of production of mRNA, whereby residual plasmid DNA might be left behind in Moderna and Pfizer mRNAs. The screenshot below illustrates where and how this could occur.

The manufacturing of vaccine based mRNAs is best described by [Nance et al.](#)

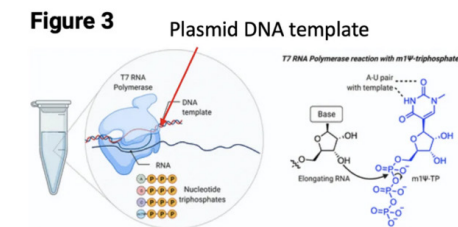


Figure 3. Production of m1Ψ mRNAs by *in vitro* transcription. Left: Components of *in vitro* transcription reaction. Right: Incorporation of m1Ψ-triphosphate into RNA is guided by m1Ψ's ability to form a canonical base pair with adenine of the DNA template in the T7 RNA polymerase active site.

Figure2- Reproduction of figure 3 from Nance et al. modified to identify the plasmid DNA in the T7 RNA polymerase.

Moreover, [McKernan](#) noted that the presence of E. coli-based plasmids is “a canary for Lipopolysaccharide (LPS or endotoxin) contamination.” He added that whenever you see high levels of plasmid contamination derived from gram-negative bacteria like E.coli, you should expect high levels of endotoxin contamination. Furthermore, injecting endotoxin can lead to anaphylaxis and toxic shock syndrome.

While the discovery of DNA contamination in mRNA jabs is decidedly unacceptable (along with prior confirmation that the mRNA spike and LNPs [invade the entire body](#)), Rose remarked that the “most alarming” aspect of what further investigation has uncovered is “evidence that the poly-A tails are added after mRNA synthesis.” Elaborating on why the poly-A tails are horrifying, Rose explained that, theoretically, they could be added to anything, including truncated mRNAs, with no idea of the physiological effects. With further critical review paramount, Rose summarized what many no doubt are thinking surrounding the disastrous COVID-19 gene-damaging injection campaign:

“The real-life health problems that millions of humans are experiencing following being coerced (in the majority of cases) into being injected with this garbage are plentiful and wide-ranging. It is more than likely that these adverse effects are the direct result of the contamination illuminated by Kevin and his team. And by the way, the techniques that Kevin used to reach these conclusions are very common, and furthermore, no great cost or expertise are required to use them.

Take home message: Why were these basic assays/procedures not done/carried out prior to injecting billions of people? Or at least, somewhere along the way? Why were my colleagues being threatened for sequencing the crap in the Pfizer and Moderna vials?

I think the answer is very clear: they were afraid of what would be found. Not just as per the sequences themselves (i.e., [furan-cleavage](#), HIV, and cutting sites), but as per contamination

Del Bigtree & Dr. Atlas, *The HighWire* studio, 2023

DR. ATLAS JOINS DEL ON *THE HIGHWIRE*

By Lea Lacey

“Courage is a predicate to all other virtues. You can’t have a functioning moral civilization, ethical civilization, if you don’t have people who have the courage to speak up against wrong.” –Dr. Atlas

Renowned physician and former White House COVID-19 advisor, Dr. Scott Atlas, recently sat down with Del Bigtree in a thought-provoking interview to discuss the state of public health, the pandemic response, and the potential consequences of centralized control. With his extensive experience in healthcare policy and research, Dr. Atlas offers valuable insights and raises important questions about the direction of our society in the face of future challenges.

Drawing upon his extensive background in health policy, he shares how his involvement in COVID-related policy began in March 2020 when he wrote about the need for targeted protection and the end of lockdowns. Dr. Atlas’s articles in *The Hill*, “*The data is in – stop the panic and end the total isolation*”, “*The COVID-19 shutdown will cost American millions of years of life*”, “*Science says: ‘Open the schools, and Fear first, education last?’*”, tackled various aspects of the pandemic and garnered attention for their contrarian perspectives.

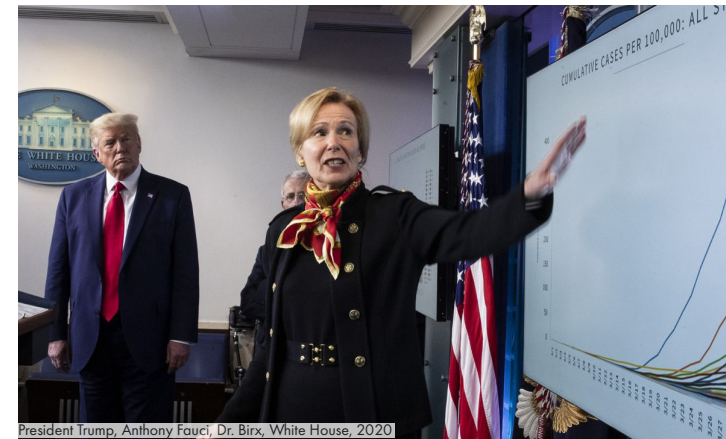
Voicing his apprehensions regarding the consequences of centralized control in the pandemic response, he questions the ethics of burdening the younger generation and the underprivileged with the costs and restrictions imposed by the authorities. He highlights the unintended consequences of such measures, including the exacerbation of the obesity crisis, the mental health challenges faced by the youth, and, ultimately, an erosion of trust in expert guidance provided by authorities.

Dr. Atlas also expresses his concern about the focus on testing asymptomatic, healthy individuals and creating fear. He suggests testing strategically to prevent deaths, argues for more frequent testing of nursing home workers, and targeted testing in high-risk environments, such as senior centers, emphasizing the need to use testing to protect high-risk individuals rather than unnecessarily imposing restrictions on low-risk individuals or closing schools.

As his work gained visibility, he discovered that White House press secretary Kayleigh McEnany was quoting his statements and data. Dr. Atlas received a call from the White House Office of Personnel in July 2020, inviting him to speak with President Trump. Recognizing the gravity of the situation, Dr. Atlas agreed to visit the White House to meet with Vice President Pence, Kayleigh McEnany, President Trump, Jared Kushner and others, where he shared his insights on the pandemic and was ultimately asked to help advise the president. Dr. Atlas agreed, making it clear that he would speak the truth as he saw it. While Kushner expressed support for Atlas’s position, he also voiced concern about potential backlash. To minimize



President Trump, Dr. Atlas, White House, 2020



President Trump, Anthony Fauci, Dr. Birx, White House, 2020

this response, Dr. Atlas attempted to work from home, “I went back to California for a few days, it became obvious, this was not going to work because it was a very sort of chaotic situation. People were feeding the president of the United States the wrong, grossly wrong, information and the public was extremely fearful. So I went back to Washington.”

Discussing his role in providing data to the president, he shares his aim to eliminate fear by eliminating the unknown, “...the public, if you remember, was in a tremendous amount of fear. Fear is debilitating. Fear makes people think irrationally. If you’re a leader, the most important thing is to say the facts and allay any unnecessary fear.”

Dr. Atlas challenged the prevailing narrative and presented alternative viewpoints based on scientific evidence. He advocated for targeted protection of vulnerable populations while allowing the rest of society to continue normal activities, minimizing the harm caused by widespread restrictions. He mentions conflicting messages between President Trump, who advocated for open schools and businesses, and the task force’s official policy of advocating lockdowns, school closures, and mask-wearing. Dr. Atlas characterizes this discrepancy as a problematic leadership issue in the previous administration, with two conflicting messages being sent to the public.

He then describes his disappointment while sitting in on the task force, particularly with the medical side led by Dr. Deborah Birx. Dr. Birx, as the task force coordinator, wrote the White House official policies and visited every state, while Dr. Fauci had a more visible media presence but lacked decision-making authority. He criticizes Dr. Birx and other task force members for their handling of the pandemic, describing Dr. Birx as threatened and uneasy upon their first meeting, suggesting that she and others were intimidated by his outsider status. He points out a lack of critical thinking among task force members and criticizes Dr. Birx’s unscientific approach

of comparing infection cases using arbitrary colored charts without considering relevant factors.

During a task force meeting, Dr. Atlas also recalls an instance where he presented data on specific regions in New York with high antibody prevalence, arguing that recovering from a viral infection generally provides significant and durable protection against serious illness. However, he claims that others, including Dr. Birx, attributed the decline in cases to mask-wearing despite similar case curves observed worldwide. Atlas points out that the effectiveness of masks had been disproven, even by the CDC, and that the data showed they did not work to stop the spread of the virus or protect the wearer. He criticizes Fauci and the head of CDC, Dr. Redfield, for presenting charts that supposedly proved the effectiveness of masks, which Atlas considers to be correlation without proper causation. Atlas also argues for

the importance of considering herd immunity as a factor in the decline of cases. He suggests that as more people become infected and develop immunity, the virus reaches a maximum load, and cases naturally start to come down. However, Birx and others in the task force disagree again, attributing the decline to the effectiveness of lockdowns. Dr. Atlas shares several examples of failed policies, bureaucratic alliances, greed, and at times, a disturbing lack of ethics, admitting, “I would have been happy to see disbanding of the medical side of the task force. By the time I got there, you’re talking August 2020, the policies were wrong, and they were failing, and they were failing to stop the death. They were failing

to stop any spread of infection, of course, and they were destroying people.”

Despite facing resistance, Dr. Atlas gained support from President Trump, who appreciated his views. However, Dr. Atlas argues that the media played a significant role in undermining his perspectives, portraying him as a maverick, misrepresenting his views on herd immunity, lockdowns,



Dr. Birx, White House, 2020

“The policies were wrong...they were failing to stop death. They were failing to stop any spread of infection...they were destroying people.”

–Dr. Atlas

and masks, creating a false narrative, and hindering wider acceptance of his viewpoints, “Redfield went to the press saying everything Scott Atlas says is wrong. Of course, everything I said was 100% right. And it was known when I said it; it wasn’t new knowledge...I want to make that clear; this was not learned during late 2020, 2021, or 2022; it was all known in the spring of 2020 that masks didn’t work, that children were very, very low risk, and that you got protection after getting COVID and recovering...all these things were known. But they used their leverage and, with their friends in the media, to delegitimize people like me. That is a form of censorship. Not only that, but there was censorship uncovered in the emails directly commandeered by Fauci and, unconscionably, the head of the NIH, Francis Collins.”

While discussing the media’s characterization of him, Del asks Dr. Atlas to expand upon his background. Dr. Atlas shares his remarkable career as an M.D., working in academic medicine at Northwestern University, the University of Pennsylvania, and later joined Stanford University, where he served as a professor, researcher, and clinician specializing in neurologic disorders of the brain and spine. Dr. Atlas is well-known for writing a prominent book on magnetic resonance imaging (MRI) of the brain and spine, which is widely referenced by doctors performing MRIs and authored a best-selling book titled, *A Plague Upon Our House: My Fight at the Trump White House to Stop COVID from Destroying America*.

In addition to his extensive clinical and academic work, Dr. Atlas has published over 100 scientific articles in peer-reviewed journals and received funding for more than 30 grants. He has delivered lectures at major medical schools nationwide, and held the position of Professor in Chief of Neuroradiology at Stanford University Medical School.

In 2012, Dr. Atlas transitioned to working on health policy at the Hoover Institution, explaining that his expertise lies in integrating medical science with economics, access to healthcare, and the quality of medical care delivery, distinguishing him from many health policy experts who lack a comprehensive understanding of medicine. “...what this crisis of COVID, the pandemic, required was health policy. That’s my lane. It’s not a surprise that most of the Stanford University medical school professors didn’t know the data—didn’t understand what to do with this pandemic—because the job of a health policy person is to integrate all the information and figure out how to address all public health, not just focus on stopping a single infection. So the breadth of knowledge of a health policy person is far broader than someone who’s, say, a virologist or an epidemiologist. Those are parts of the puzzle, but the puzzle is very complicated.”

Concluding the interview, Del raises questions about the motives of Bill Gates, the World Economic Forum, and

the WHO concerning the frequency of pandemics and the potential infringement on individual rights associated with initiatives like “The Great Reset.” Del seeks Dr. Atlas’s perspective on the state of the country and its preparedness for future pandemics regarding safeguarding our rights.

Dr. Atlas cautions that the country finds itself in a precarious situation, emphasizing the loss of civility and courage in our society and the need to reset our moral compass, “We did all these mandates on children for vaccines and boosters and forced testing...medical clinical trials on infants and toddlers...breaking all medical ethics rules...with the hope that it would shield for a disease that young children have no significant risk from—healthy children—with the hope that it would shield adults from this infection.”

In terms of solutions, Dr. Atlas calls for reforms such as decentralized funding, increased transparency in discussions at institutions like the CDC, and a comprehensive overhaul of the FDA, CDC, and NIH. He stresses the need for strong leadership and encourages individuals to rise up, speak up, and make their voices heard to protect the country’s freedoms and future.

“Our public needs the truth about what happened during COVID...we need to have a public demand for admission of error from Fauci, Birx, Redfield, and the lockdowners...they’re not going to admit error...but we need to demand it...otherwise, the people in power will do it again...there will be more pandemics...there will be reasons made to do lockdowns. We cannot have this disastrous policy ever done in a free society again.”

In a final call to action, Dr. Atlas implores the people to invoke their power, “We need our people in this country to wake up, rise up...speak up. Make your voices heard. This is a free society. Because [otherwise] when you turn around, you’ve lost all the freedoms that you thought you had, and that’s not the kind of country we want to leave to our children.”



Del & Dr. Atlas, *The HighWire Studio*, 2023

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