

INFORMANT

VOL 11
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DOESN'T
LIE

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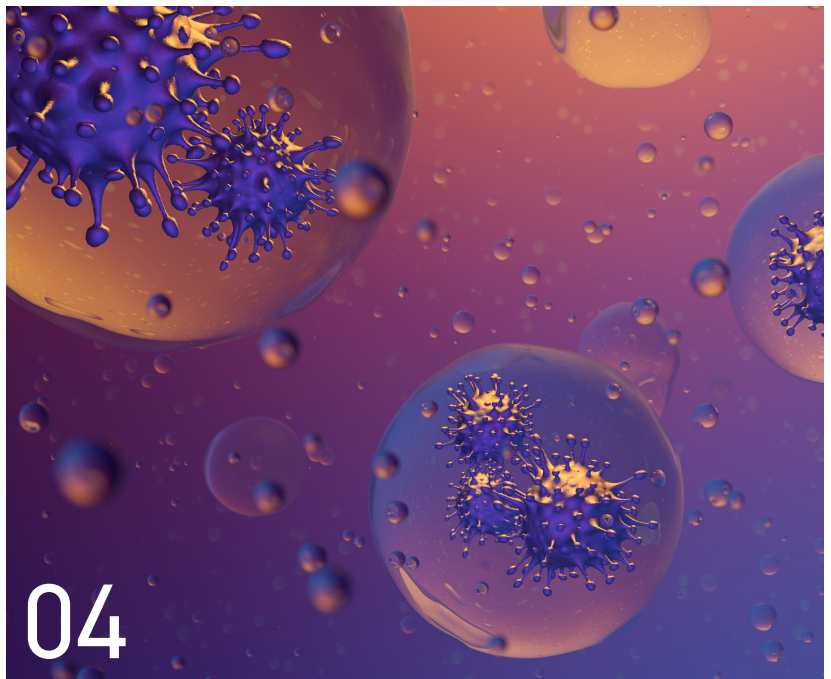
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THE CLOT THICKENS

EMBALMERS WORLDWIDE
REPORT WHITE FIBROUS CLOTS
IN VACCINATED CORPSES,
SPARKING WIDESPREAD
CONCERN

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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.

Part of what I think makes ICAN unique is our relationship with our supporters, who make all that we do possible. 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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ICAN UNCOVERS A POTENTIAL NEXT-LEVEL THREAT: “INHALABLE” SELF-SPREADING VACCINES THAT SPREAD LIKE A VIRUS

WHAT YOU NEED TO KNOW:

- Self-spreading vaccine RNA would piggyback onto an existing wild virus and spread from person to person without any person’s knowledge or consent.
- These self-spreading vaccines would use TIPs (Therapeutic Interfering Particles), which are described as “engineered molecular parasites” that piggyback on a wild virus.



It seems the government and the military are so enthused about this new vaccine deployment technology that Congress tucked a law, the [PREVENT Pandemics Act](#), into the 2023 omnibus appropriations bill to facilitate it. Among other things, the Act has a section dedicated to [Platform Technologies](#) that supports the “development and review of new treatments and countermeasures that use cutting-edge, adaptable platform technologies that can be incorporated or used in more than one drug or biological product.”

This Act will also be used to fund a new HHS government agency called [ARPA-H](#) (Advanced Research Projects Agency for Health), which was created in 2023 to “take big technical risks that can spark new

biomedical breakthroughs” and “revolutionize the detections, diagnosis, mitigation, prevention, treatment and cure of diseases and health conditions.”

This so-called “therapy” uses a technology called TIPs (Therapeutic Interfering Particles), which are described as “[engineered molecular parasites](#)” that piggyback on a wild virus. If you get the virus, you also get these parasites. Once inside an infected person, the TIPs are supposed to rapidly multiply, hijacking the resources the wild virus needs to multiply and therefore stopping the virus.

Supporters of this technology claim it will “solve” several problems with traditional vaccine delivery, including “behavior barriers” like noncompliance. Meaning everyone gets vaccinated—whether they like it or not.

So, how safe are these “inhalable therapies”? What could possibly go wrong with a man-made parasite designed to self-replicate in your cells and to transmit without anyone’s knowledge or consent? Your guess is as good as ours. But we’d prefer not to find out.

Through its attorneys, ICAN has already submitted numerous FOIA requests to [DARPA](#), [DOI](#), the [Navy](#), and [NIH](#) concerning these grants and contracts to ascertain the truth about who stands to benefit from these alarming products. ICAN is already deploying a legal strategy to ensure that individuals will never be infected with engineered viruses and bacteria without their express consent.

Stay tuned for more on this issue as ICAN has instructed its legal team to dig further into these types of developing technologies that would permit involuntary, widespread delivery of pathogens that result in a complete and permanent revamping of our God-given immune systems without requiring any informed consent. ICAN has also, as noted, instructed its legal team to deploy a well-crafted strategy intended to ensure these technologies cannot be used to infect anyone without their consent, and it hopes to bring good news in the near future about that strategy. Full update [here](#).

A new class of “encrypted RNA” vaccines are being developed where the RNA would piggyback onto an existing wild virus and spread from person to person without any person’s knowledge or consent. Although this may sound like science fiction, it is far from it.

A study using this [technology on hamsters and the SARS-Cov-2 virus](#) has already been completed and a Phase I trial on humans is [in the works](#). ICAN’s attorneys have already sent legal demands to all government agencies involved.

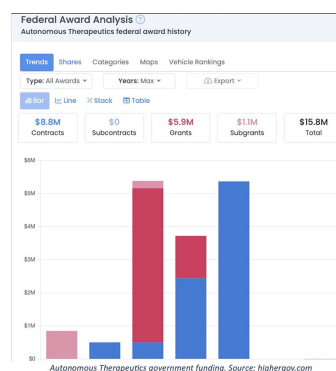
ARTICLE | VOLUME 184, ISSUE 25, P6022-6036.E18, DECEMBER 09, 2021

Download Full Issue

Identification of a therapeutic interfering particle—A single-dose SARS-CoV-2 antiviral intervention with a high barrier to resistance

Sonali Chaturvedi • Gustavo Vasen • Michael Pablo • ...

Thomas Rogers • Davey M. Smith •



EXCLUSIVE: ICAN OBTAINS UK SAFETY UPDATE REPORTS FOR THE ASTRAZENECA COVID-19 VACCINE

WHAT YOU NEED TO KNOW:

- Approximately 2.4 billion doses of the AstraZeneca COVID-19 injection have been administered worldwide.
- AstraZeneca was confidentially delivering Periodic Safety Update Reports (PSURs) and ICAN legally obtained the earliest reports that have been hidden from the public.
- AstraZeneca used “observed versus expected” calculations to manipulate safety reports to show the vaccines were not producing side effects at an alarming rate.

Back in the spring of 2021, attention turned briefly to the Oxford/AstraZeneca COVID-19 vaccine when numerous countries [halted its use](#) due to concerns about blood clots. Now, ICAN has obtained exclusive confidential Periodic Safety Update Reports (PSURs) from the UK’s FDA equivalent that shed light on numerous safety concerns.

Lead Counsel, Aaron Siri, Esq. details below:



To date, approximately [2.4 billion doses](#) of the AstraZeneca COVID-19 injection have been administered worldwide, including, infamously, in Europe. As the vaccine was rolled out, the UK’s version of the FDA, the Medicines and Healthcare Regulatory Agency, was receiving confidential safety reports from AstraZeneca twice per year. While later PSURs have been [released](#), the earliest ones were withheld from public view. Through FOIA requests, ICAN’s attorneys have obtained these reports for [December 2020–June 2021](#) and [June 2021–December 2021](#).

One thing that stands out is how often AstraZeneca used “observed versus expected” calculations which appeared to function as a means to dismiss concerns that a particular type of adverse events was caused by the vaccine. AstraZeneca’s investigators used cryptic calculations to determine the “expected” incidence rate—i.e., how many people in a given population would spontaneously develop a particular health issue.

Then, AstraZeneca compared the expected rate to the “observed” incidence rate—i.e., the number of people who reported that issue in the safety database. In these reports, *the expected rate was dramatically higher than the observed rate in most cases.*

For example, in AstraZeneca’s analysis of the tinnitus safety signal, it states that [3,142 cases of tinnitus](#) within 14 days of the vaccine were reported, [38%](#) of which occurred within one day of vaccination. But it calculated the “expected” number of tinnitus cases to be 10,597. Therefore, it blithely [concluded](#) that there was no “pattern or cluster suggesting a causal association” nor any “potential safety concern.” These kinds of absurd calculations allowed health agencies to hold off recognizing tinnitus for another full year until August 2022 when the European Medicines Agency finally [listed it](#) as a side effect of the AstraZeneca vaccine. A rare exception

was the analysis for Cerebral Venous Sinus Thrombosis (CVST) with Thrombocytopenia (TCP). This is a [type of stroke](#) where a blood clot forms in the brain, combined with a [low blood platelet count](#). Background rates for this condition were so low that no mathematical gymnastics could hide this signal. For subjects ages 18-49, the [observed-to-expected ratio was 107.69](#) within 14 days of vaccination (anything greater than 1 is concerning). Yet, the MHRA continues to describe this side effect as “[extremely rare](#),” providing no context for the significantly increased risk.

Additional points of interest, including the analysis of fatal events, Guillain-Barré Syndrome, ongoing clinical trials, as well as reviews of myo/pericarditis are included in the full legal update, linked [here](#).

Throughout the reports, there is a *pattern of denial and delay*. And while AstraZeneca delayed, thousands of additional adverse event reports poured in.

ICAN is now demanding access to some information that appears to be referenced by—but not included with—the PSURs and will promptly make it available to the public as well.

DECEMBER RELEASE OF FDA'S MODERNA AND PFIZER DATA SHEDS FURTHER LIGHT ON THE PURPORTED "SAFETY AND EFFICACY" OF COVID-19 VACCINES



As required by court order, in December, FDA released another batch of documents related to Moderna's COVID-19 vaccine for ages 18+ and Pfizer's COVID-19 vaccine for ages 12-15. The productions contain over 200,000 pages of data, including information on a Department of Defense study related to myocarditis that appears to have been mysteriously terminated.

As ICAN supporters will recall, the attorneys who represent ICAN have won several lawsuits related to obtaining the documents FDA relied upon to license COVID-19 vaccines. While the document production for Pfizer ages 16+ is [complete](#), the rest of the documents are still being released.

The December 2023 release of [documents related to Moderna's Spikevax](#) consisted of 1,069 pages, including:

Serious Adverse Events 4.5x higher:

An [October 8, 2021](#) Moderna report titled "CBER Requested Tables" provided detailed vaccine adverse event data that had been requested by FDA, including a Safety Overview table showing that **solicited serious Grade 3 or Grade 4 systemic adverse reactions were 4.5 times greater** in the vaccine arm (17.4%) versus the placebo arm (3.8%).

No safety data collected:

Moderna claimed that analyzing the additional data would "not serve any additional analytical purpose" and additionally admitted "[t]here was **no systematic collection or analysis of [adverse reactions]**" in the additional data.

Natural immunity ignored:

[Table 4-1](#) showed that participants in the placebo arm who had a history of SARS-CoV-2 infection at the start of the study **had significantly lower case rates than those who had**

no history of infection.

Why the interest in shingles?

FDA was [very interested](#) in the incidence of [herpes zoster \(shingles\)](#) after vaccination. Note that a [previously produced](#) Moderna document provided details on fatal case reports involving herpes zoster.

The December release of [documents related to Pfizer's 12-15](#) vaccine consisted of 214,549 pages, including:

Military myocarditis study disappears:

An April 29, 2022 Pharmacovigilance Plan states that study C4591011 was designed "To assess whether **individuals in the US DoD Military Health System (MHS) experience increased risk of safety events of interest, including myocarditis and pericarditis.**" October 2023 Pfizer requested to [terminate the study](#) "based on delays in data access and overlap between C4591011 and on-going parallel studies with respect to key safety endpoints, analyses, and broad target populations." Because it was not required by FDA, Pfizer decided to terminate it and so one can only speculate what the early results from that particular study of healthy young

adults may have shown.

Appendicitis caused by vaccine:

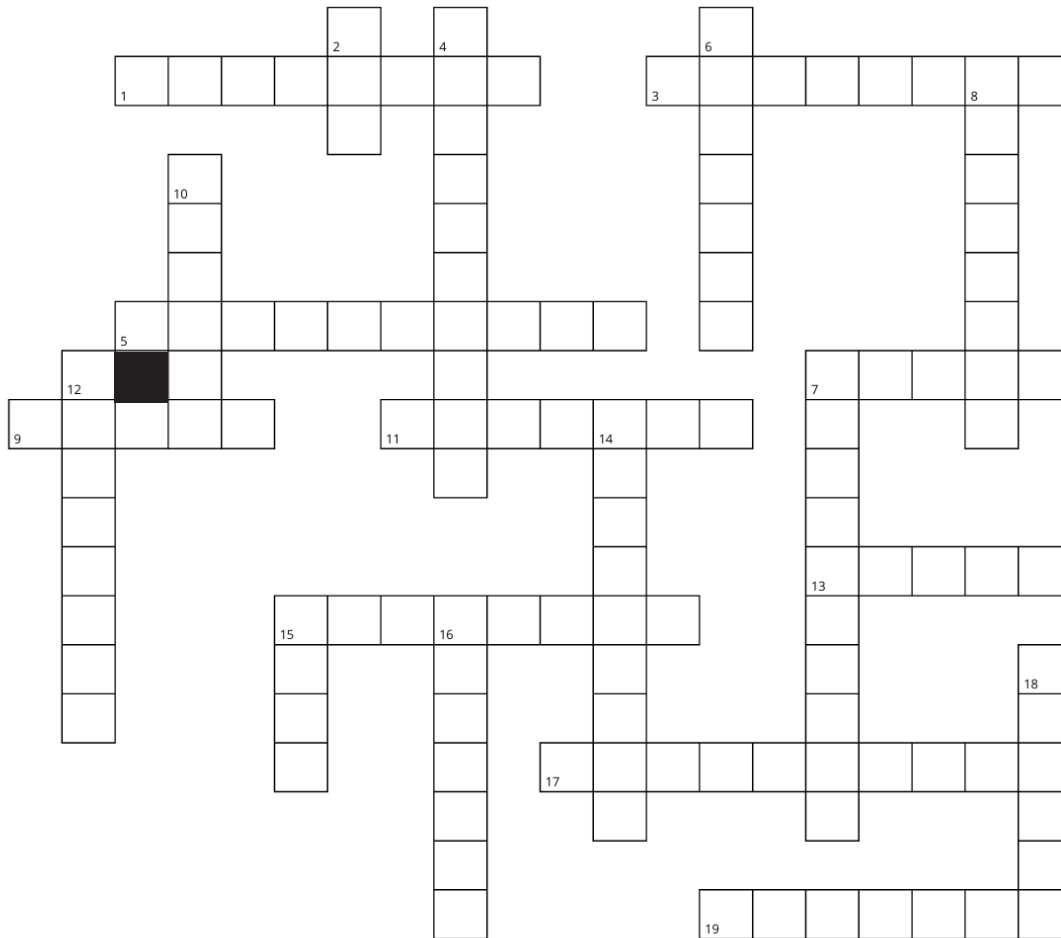
A December 10, 2021 document submitted to FDA wherein Pfizer reports there was a [case of appendicitis](#) within 4 days of vaccination that the Pfizer investigator, surprisingly, **determined was "related" to the vaccine.**

Eighteen teenage death reports:

A [response](#) by Pfizer to FDA regarding **post-authorization adverse event reports** for ages 12 to 15, included detailed data on [5 fatal U.S. cases](#) and [13 fatal foreign cases](#). Cases included a 13-year-old boy who [died in his sleep](#) three days after vaccination, another 13-year-old boy who died 3 days after vaccination and whose autopsy "showed [enlarged heart](#) and fluid surrounding the heart caused by the Covid vaccination" and a 15-year-old girl whose cause of death was listed as "[Anoxia cerebral and Cardiac arrest](#) while outcome of the other events was unknown."

We encourage those interested to [download the productions](#) and review the data. ICAN will continue to keep you updated as more documents are released. Click [here](#) for full update.

THE HIGHWIRE CROSSWORD PUZZLE



Across:

1. Episode 152
3. Episode 55
5. Episode 7
7. Episode 277
9. Episode 110
11. Episode 17
13. Episode 310
15. Episode 245
17. Episode 215
19. Episode 233

Down:

2. Episode 139
4. Episode 150
6. Episode 113
7. Episode 261
8. Episode 147
10. Episode 104
12. Episode 33
14. Episode 91
15. Episode 67
16. Episode 81
18. Episode 124

Directions: Use the Search feature on www.TheHighWire.com to enter Episode Numbers.

MUST-SEE MOMENTS

THE HIGHWIRE

WITH DEL BIGTREE



MICHAEL YON | EP 357

Former Green Beret and Combat Correspondent, Michael Yon, breaks down the US-funded journey of illegal immigrants he has been documenting all the way down to the Darien Gap in Columbia.

WHAT TO KNOW

- Yon notes NGOs aiding migrants at the US border by providing legal guidance and coaching.
- He describes how migrants use a pipeline through Ecuador and Colombia and how many quickly obtain driver's licenses in the US.
- NGOs invest heavily in Panama to support migrant journeys, facilitating the arrival of diverse nationalities in the US.
- Yon highlights a multifaceted hybrid war involving pharmaceutical, demographic, and economic aspects.
- He expresses grave concerns, drawing parallels to his experiences in global war zones, foreseeing potential conflict and bloodshed.

CLICK TO WATCH



ROB ROOS | EP 358

As the European farmer's revolt gains powerful momentum, Dutch MP, Rob Roos, joins Del with his take on why the EU is placing these strict restrictions on European farmers in the name of climate activism. He breaks down the reasons behind the pushback of European farmers and the elimination of rights looming for everyday citizens under the guise of climate change.

WHAT TO KNOW

- Roos shared concerns about global elites' control and the importance of speaking out for freedom of speech.
- He discussed out-of-touch politicians lacking private sector experience, highlighting his entrepreneurial background and motivation to enter politics to safeguard future generations' freedom.
- He criticized politicians for hasty vaccine pushes and called for accountability, including for figures like Dr. Fauci.
- He emphasized support for farmers and noted a political shift towards conservatism in Europe, encouraging protests as a means of effecting change despite potential backlash.



CLICK TO WATCH



MUST-SEE MOMENTS

THE HIGHWIRE

WITH DEL BIGTREE



RICHARD HIRSCHMAN | EP 360

Trade embalmer, Richard Hirschman, joins Del days after posting a viral video of himself removing a long, fibrous clot from the jugular of a corpse, the likes of which he has never seen before 2021. Joining the conversation, US Air Force Major & Data Analyst, Thomas Haviland, reveals data collected from two "Worldwide Embalmer Blood Clot Surveys" investigating the appearance of new and unusual white fibrous clots being found in corpses.

WHAT TO KNOW

- Funeral director and embalmer Richard Hirschman describes the discovery of abnormal blood clots since mid-2021 in individuals who have been vaccinated against COVID-19.
- The clots are atypical white fibrous structures that obstruct the flow of embalming fluid through the veins and arteries.
- In the documentary *Died Suddenly*, Hirschman explains how he categorizes individuals based on vaccination status and the severity of the clots observed. Air Force Major Thomas Haviland conducted a survey among embalmers worldwide to investigate the prevalence of these clots, with shocking results corroborating Hirschman's findings.

CLICK TO WATCH



JAXEN REPORT | EP 361

Jefferey Jaxen delves into the UK government's new angle on excess deaths and the vaccine injury pushback. Prime Minister Rishi Sunak confronts the fallout from vaccine injury failures. Across nations, inadequate support for COVID vaccine-injured individuals persists. In a startling revelation, US government data shows a mere 11 people have received assistance totaling just \$41,175.

WHAT TO KNOW

- *The HighWire* predicted a rise in excess deaths during the COVID-19 pandemic despite assertions that vaccinations would reduce deaths.
- The UK Office for National Statistics adopted a new and overly complicated method for calculating expected deaths.
- Dr. Peter Marks of the FDA admitted that safety data for COVID-19 vaccines was approved based on a shorter follow-up period (2 months) compared to standard practice (6-12 months).
- John Watt, a vaccine-injured man, confronted Prime Minister Rishi Sunak on live TV about the lack of support for those affected. Sky News highlighted Sunak's contradictory statements regarding vaccine safety and the existence of a compensation scheme.



CLICK TO WATCH



LOOK INTO MY EYES, RISHI SUNAK!

By Brenda Goldstein



Nobody could escape the pain, anger, and feeling of betrayal in John Watt's eyes and voice as he testified at the recent COVID-19 town hall with British Prime Minister Rishi Sunak on February 12 in County Durham, England. Watt, like other audience members, ended up [harmed](#) by the COVID-19 vaccines.

Watt, of Glasgow, Scotland, now has Postural Orthostatic Tachycardia Syndrome (POTS), because of the Pfizer COVID-19 booster. A blood circulation disorder, POTS is [characterized](#) by a group of symptoms that usually occur upon standing upright. The disorder causes an increase in one's heart rate when going from a horizontal position to a vertical one of at least 30 beats a minute within the first 10 minutes of standing.

In the 2022 [film](#) *Safe and Effective: A Second Opinion*, Watt describes how, before his vaccine injury, he regularly worked out at the gym. After the injury, which caused Watt to remain in bed for a year and rely on a cane when walking short distances, he started trying different alternative treatments to improve his medical situation. "I want you to look into my eyes, Rishi Sunak, and I want you to look at the pain, the trauma, and the regret I have in my eyes. We have been left with no help at all," cried a passionate Watt at the recent town hall. He continued to discuss how individuals in Britain who have been injured by the vaccine, including those who have suffered limb amputations due to blood clots, have been "left to rot" by the same authorities who told them to "do the right thing" and get vaccinated.

In referring to the compensation system set up by Britain's Medicines and Healthcare products Regulatory Agency (MHRA), Watt said that, according to the MHRA's Yellow Card system (similar to the CDC's [VAERS](#) system), there are over 30,000 people in Scotland who have had an adverse reaction to that vaccine. "The vaccine-damage payment scheme is not fit for purpose," he angrily blurted out. Because of this lack of support from the government, Watt [set up](#) his own support group, the *Scottish Vaccine Injury Group*.

Prime Minister Sunak, in a rather flustered answer, first pointed out the government compensation scheme for the vaccine injured. Then, as if to throw up his hands in a pathetic "don't blame me" statement, he said, "The last thing I'd say is: We went through a pandemic like everyone else, at the points when it came to the vaccine. Those decisions were always taken on the basis of medical advice from our medical experts to tell us, as politicians, who are obviously not doctors, about how best to roll out the vaccine, what was in the public health interest, the priority order, how that should be done, who should be eligible. That was something that the doctors recommended, and that's something that we followed."

Though Sunak appears to be taking a less-than-satisfactory stance, others in government have spoken up. Certain members of parliament have spoken openly about the recent alarming number of deaths in Britain, such as Sir Christopher Chope and [Andrew Bridgen](#), who has actually been suspended from his party after [comparing](#) the side effects of the COVID-19 shots to the Holocaust. Many medical professionals, including respected cardiologist Dr. Aseem Malhotra, have also spoken against the vaccines.

In all fairness to Sunak, he didn't start the vaccine push in the UK; he has merely inherited the mantle. Former Prime Minister Boris Johnson originally pushed the COVID "jab" when it debuted in the UK in December 2020, making it the first country to roll out the vaccine. 90-year-old Margaret Keenan received the first Pfizer/BioNTech COVID-19 shot.

But Sunak has also inherited the responsibility. In response to the many British citizens who have [protested](#) Britain's pushy stance on everything from the "jab" to electric cars, Prime Minister Sunak recently put out a video on X, assuring his constituents that they will not be forced to do anything for which they are not ready and that the government will stay out of their lives. This may or may not be so, but it shows that the voice of the people is finally being heard, and Sunak understands that.

X TOP SOCIAL POSTS FROM THE HIGHWIRE

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The HighWire @HighWireTalk · Feb 22

THE CLOT THICKENS | EP 360 @AARONSIRISG Details New V-safe Free-Text Data; @JeffereyJaxen reports on Self-Spreading Vaccines; The Clot Thickens with Thomas Haviland's analysis of all clot studies; Embalmer @r_hirschman corroborates study results.



The HighWire @HighWireTalk

THE CLOT THICKENS | EP 360 @AARONSIRISG Details New V-safe Free-Text Data; @JeffereyJaxen reports on Self-Spreading Vaccines; T...

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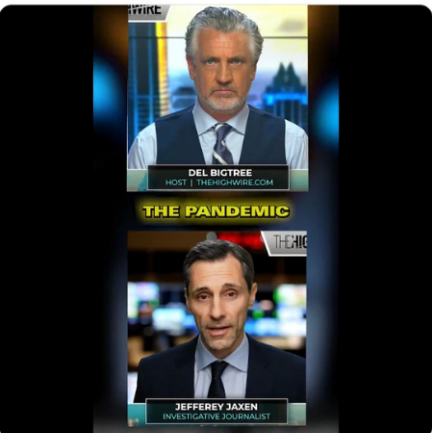
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The HighWire @HighWireTalk · Feb 14

The truth is coming out everywhere. Legacy media (not just @BBCWorld @BBC) lied about 'overrun ERs,' 'ventilators,' 'asymptomatic spread,' 'masks,' 'vaccine effectiveness,' etc, and the result is an almost complete loss of public trust in any legacy institution.

#NoAmnesty

Full...
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21 551 976 24K

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The HighWire reposted

Chief Nerd @TheChiefNerd · Feb 8

Del Bigtree & Dr. Drew on How Quickly People Turned on Each Other During COVID

"I always knew everyone was capable of being a N'zi, it's just during COVID I didn't realize it only took five minutes. I mean it was so fast."

@delbigtree @drdrew



128 1.1K 3K 102K

Top Reach 1.1k Retweets

The HighWire @HighWireTalk · Feb 26

LIVE: "Federal Health Agencies & the COVID Cartel: What Are They Hiding?" Roundtable | @SenRonJohnson & a panel of experts share testimony on how the COVID Cartel – federal health agencies, Big Pharma, MSM & Big Tech – engaged in censorship & coverups



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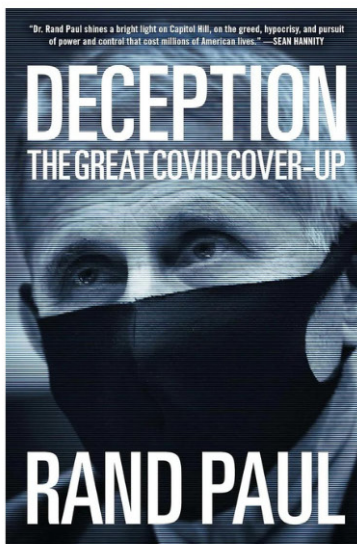
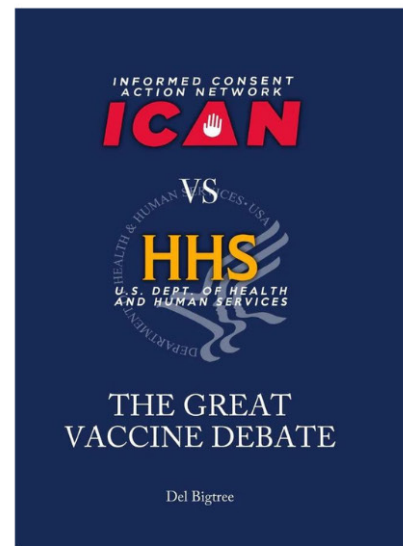
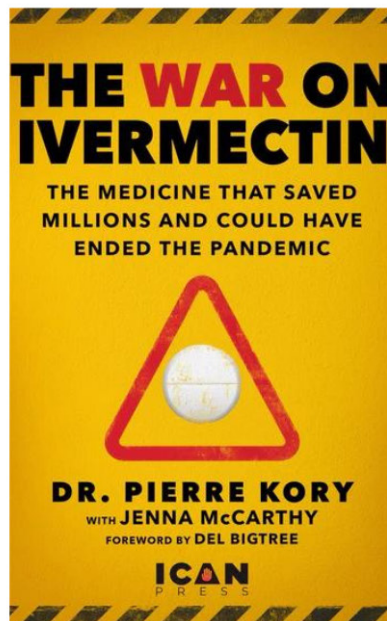
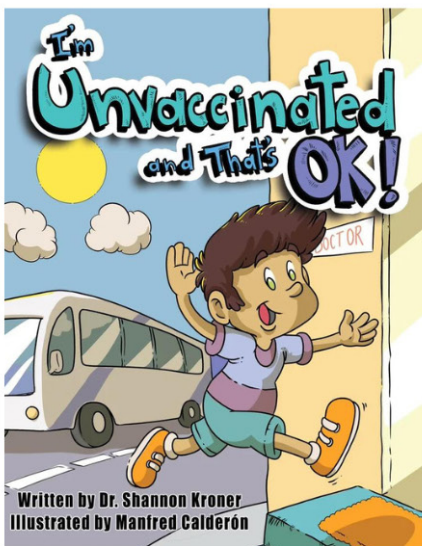
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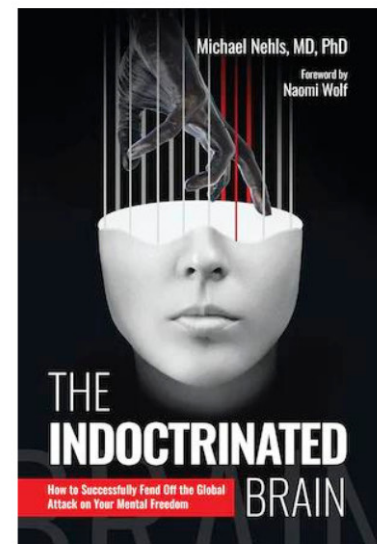
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