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UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF CALIFORNIA

LETRINH HOANG, D.O., PHYSICIANS FOR INFORMED CONSENT, a not-for profit organization, and CHILDREN'S HEALTH DEFENSE, CALIFORNIA CHAPTER, a California Nonprofit Corporation

Plaintiffs,

v.

ROB BONTA, in his official capacity as Attorney General of California
ERIKA CALDERON, in her official capacity as Executive Officer of the Osteopathic Medical Board of California ("OMBC")

Defendants.

Case No. 2:22-cv-02147-DAD-AC

DECLARATION OF SANJAY VERMA, M.D. IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

Date: January 17, 2023
Time: 1:30 PM
Courtroom: 5, 14th floor (via Zoom)
Judge: Hon: Dale A. Drozd

Action Commenced: December 1, 2022

I, SANJAY VERMA, M.D., hereby declare:

1. I have personal knowledge of the facts set forth herein. I submit this Declaration in support of Plaintiffs' Motion for a Preliminary Injunction. If called to testify I could competently testify as follows.

EXPERT BACKGROUND

2. I am a California licensed medical doctor having practiced medicine for 12 years. I am Board Certified in Internal Medicine with sub-specialties in cardiovascular disease and Interventional Cardiology. My CV is attached hereto as Exhibit A.

3. I am a member of Physicians for Informed Consent. I have provided the group with information and analyses of various aspects of the scientific evidence (or lack thereof) for COVID-19 vaccination and treatments, as well as the public health response to the pandemic such as masking, school closures and lockdowns.

4. During the pandemic, I have been involved in the treatment of COVID-19, in particular patients who presented to me with various cardiac manifestations. I have also treated numerous patients with cardiomyopathy and other inflammatory cardiac conditions temporally associated with them having received a COVID-19 vaccine (cardiac complications which more likely than not was a consequent to the COVID-19 vaccine).

5. My experience dealing with these cardiac patients has compelled me to closely follow the evolving approaches to management of COVID-19 patients, as well as the changing public health measures to contain the spread of the virus. Because COVID-19 is a pandemic, it is reasonable and necessary to extensively examine the medical and public health responses in different parts of the world. This enables a scientist to identify the differences in approaches in medical and public health interventions and preventatives to determine which have been successful or less effective. Critical analysis of data, evidence and studies beyond the US is routinely undertaken by scientists and physicians. However, non-US information seems to be often neglected and ignored in individual or public health recommendations for COVID-19 pandemic response.

6. On the most general level, it is fair to say that different countries have taken quite different approaches to vaccination and booster recommendations, as well as public health measures (masking, lockdowns and school closures) than the United States. These differing approaches appear to have led to quite different outcomes in terms of some of the key outcome parameters such as deaths, excess deaths, infection rate, hospitalizations and adverse events associated with the COVID-19 vaccines.

7. While it is beyond the scope of this declaration to give a comprehensive comparative analysis, on a general level, I think it is fair to say that in most significant parameters measuring the success of government response to the pandemic, the United States has been far less successful than other developed countries. The specific topics I will address include a small portion of the literature supporting this general opinion.

PROFESSIONAL CONCERNS WITH AB 2098

8. My main concern with AB 2098 is that the phrase "contemporary scientific consensus" is vague and illusory as it applies to the information which physicians may need to convey to patients about the pandemic and how they should respond to it. In some instances, there is no actual evidence-based scientific consensus. Rather, there are public health officials expressing their hopes and wishes wrapped up in some minimal and wholly inadequate alleged scientific justification which masquerades as scientific consensus. An obvious example of this is the often asserted but unproven public health assertion that the COVID-19 vaccines could stop or reduce transmission of the disease, or prevent infection.

9. Another type of vagueness occurs when there is a difference between the government's recommendation and the lack of formal consensus. Perhaps the best example of this would be the fact that the current COVID-19 vaccine booster is still authorized only under Emergency Use Authorization (EUA) by the FDA and was not endorsed by the FDA's own vaccine advisory committee. One of the leading members of the committee does even not recommend its use. Is FDA authorization under EUA sufficient to allow the Osteopathic Board to investigate and sanction a physician for "COVID misinformation" for not recommending a patient to take the booster? Although I am quite familiar with the scientific evidence (or rather

the lack thereof) behind the booster shot (and there is almost none as I will explain), I cannot ascertain from the statute if a physician could recommend against the booster without risking board investigation and sanction.

10. Another aspect of the vagueness (or problematic use of this undefined term) is that the evolving nature of the virus has caused scientific opinion to shift so frequently and so quickly such that it is no longer meaningful to call any given expression of the prevailing scientific view a "contemporary scientific consensus". Such apparent consensus lasts only until the next contrary article is published with momentum. However, the momentum is observed more in retrospect over months than in real-time. Examples of this are detailed below, especially via the appendices. Given the volume of material presented in the appendices, I request the opportunity to testify at the preliminary injunction hearing so I can answer questions for counsel and the Court.

11. To demonstrate these points of vagueness and the general unsuitability of using "contemporary scientific consensus" as a disciplinary criterion, I have prepared a detailed overview of the public health response to the pandemic, broken down into Masks and Vaccines (transmission, safety, efficacy natural immunity). I have also included evidence of what would be considered misinformation promulgated by the CDC, as well as its withholding of information which led to the then "contemporary scientific consensus" eventually being proven wrong.

12. In addition, my summary includes the reasons why I think the California medical boards are ill equipped to adjudicate interpretations of rapidly evolving pandemic science. Finally, I have included historical examples of the changing medical science on some important medical treatments such as aspirin and prior vaccines.

I. MASKS (for citations, see Appendix I)

13. Initially in the pandemic, cloth masks (even gaiters and bandanas) were considered acceptable to prevent infection and transmission. "Masks saves lives" was often reported in media based upon unproven presumptions in 'models' that masks (even cloth masks) reduce deaths "by at least one third" (IHME model). Dr. Atlas' tweet stating that cloth

masks do not work was deleted in 2020 (according to a statement from Twitter to CNN, "the message was removed for violating the company's policy for sharing 'false or misleading content related to COVID-19 that could lead to harm.'")

14. In 2021, more research data began to surface that mask mandates in schools did not prevent transmission in children. Likewise, published research demonstrated that mitigation efforts on college campuses also did not prevent transmission. In December, 2021, Dr. Leana Wen (during a CNN interview) emphatically declared that cloth masks do not prevent spread of an airborne virus regardless of variant. Subsequently, there was a push to increase quality of masks, emphasizing three-ply procedure (surgical) masks or N95 / KN95 masks.

15. In California, data revealed that counties with mask mandates fared no better than counties without mask mandates during Delta wave. Likewise, a study in Europe found no benefit of mask mandates. Los Angeles County has had among the most stringent mitigation efforts throughout the pandemic and still had the highest per capita COVID-19 hospitalizations during winter of 2020-2021. Most recently, CDC lifted mask mandates in health care settings; however, California stands apart in continuing to mandate masks in health care settings.

16. The details of these changes sourced by URL reference is attached hereto as Appendix 1 and incorporated herein.

17. AB 2098 provides that "It shall constitute unprofessional conduct for a physician and surgeon to disseminate misinformation or disinformation related to COVID-19, including false or misleading information regarding the nature and risks of the virus, its prevention and treatment; and the development, safety, and effectiveness of COVID-19 vaccines".

18. However, CDC's own recommendation evolved regarding the benefit of cloth masks, not because there was new scientific data, but because existing scientific data were finally accepted. Had physicians and scientists been prohibited or self-censored from sharing this data in 2020 and 2021, the evolving stance on cloth masks might have been further delayed, to the material detriment of public health.

II. COVID-19 Vaccines (preventing transmission) (citations in App. II)

19. Early in the rollout of COVID-19 vaccines, numerous public health experts

touted the benefit of vaccines to prevent transmission. CDC Director Dr. Rochelle Walensky (during interview with Rachel Maddow on MSNBC) declared the COVID-19 vaccines prevent transmission. POTUS Biden, Pfizer CEO Albert Bourla, and numerous mainstream media articles emphatically declared that the COVID-19 vaccines prevent transmission to others.

20. Preventing transmission was precisely the basis of employer mandates and health care worker COVID-19 vaccine mandates (to protect coworkers and patients, respectively). During SCOTUS oral arguments in January 2022, Justice Elana Kagan stated "we know that the best way to prevent spread is to get vaccinated." However, the Phase III trials (whose data was used for EUA in Dec 2020) was never designed to test for transmission. CDC Director Dr. Rochelle Walensky, Dr. Deborah Birx, and Pfizer CEO Albert Bourla all recently acknowledged there never was any scientific evidence to support these original claims. Studies as early as summer of 2021 demonstrated that the vaccinated can spread as much as the unvaccinated. In its recent updated guidance on COVID-19, CDC finally stated "CDC's COVID-19 prevention recommendations no longer differentiate based on a person's vaccination status." However, there never was any scientific justification for differentiating based upon vaccination status in the first place.

21. Attached and incorporated herein as Appendix 2 are the URL references to the changing views of the benefit of the vaccine in preventing transmission of the virus.

22. AB 2098 states "It shall constitute unprofessional conduct for a physician and surgeon to disseminate misinformation or disinformation related to COVID-19, including false or misleading information regarding the nature and risks of the virus, its prevention and treatment; and the development, safety, and effectiveness of COVID-19 vaccines".

23. However, initial claims that vaccines prevent transmission were unfounded. Nevertheless, such claims were considered to reflect the "contemporary scientific consensus." Scientists and physicians who challenged these unsubstantiated claims were the ones who were actually promoting scientifically justified interpretations of the data. Furthermore, the entire shift in apparent "contemporary scientific consensus" occurred in a relatively short timeframe, shorter than the amount of time the Osteopathic Board would need to investigate, prosecute

through hearing , and discipline a physician. Indeed, the expert testimony in such a disciplinary action could be revised, outdated, and revised again before conclusion of the administrative proceeding. Expert testimony could then be revised still further after the proceedings, thereby making a complete mockery of the administrative process while depriving physicians of due process of law.

III. The Safety of COVID-19 Vaccines (citations in App. III)

24. As early as spring 2021, reports started to surface regarding very serious severe adverse events: VITT-TTS (vaccine-induced immune thrombotic thrombocytopenia), CVST, (Cerebral Venous Sinus Thrombosis), myocarditis, neurological complications like GBS (Guillain-Barre Syndrome), Bell's Palsy, and even fatalities. CDC's initial response has repeatedly been dismissive, suggesting such reports were merely random statistical coincidence (i.e., were not occurring more frequently than the background rate in the general population). Janssen's COVID-19 vaccine was repeatedly deemed "safe and effective". However, later data proved that there was considerable increased risk of VITT and GBS, which were sometimes fatal. Ultimately, the use of Janssen's COVID-19 vaccination was significantly restricted by the FDA and CDC; however, during the delay in acknowledging this increased risk, many suffered irreparable harm (including death). Myocarditis was also initially dismissed by CDC as being within the background rate in general population. Subsequent research has repeatedly confirmed increased risk of myocarditis with mRNA COVID-19 vaccines, especially for younger males. CDC did finally acknowledge this increased risk of myocarditis after COVID-19 vaccination, but continues to insist such cases are "rare" and "generally mild".

25. This assessment is based upon VAERS (Vaccine Adverse Reporting System) data alone, despite VAERS data having been repeatedly shown to underestimate the rate of vaccine associated myocarditis by three to four times. CDC's own Vaccine Safety Datalink (VSD) reports rates twice that of VAERS. Numerous international studies published in reputed scientific journals demonstrate rates three to four times that of VAERS. CDC's own MMWR (Morbidity and Mortality Weekly Report) in April 2022 (using 40 insurance databases) confirms the three to four-fold increased rates of myocarditis compared to data of VAERS

(when using health care databases rather than the passive surveillance data in VAERS). For anaphylaxis, VAERS data underestimates the risk after COVID-19 vaccination by up to twenty-two times. Prior to COVID-19, estimates of severe adverse reactions using VAERS data are even more dismal.

26. However, CDC continues to use VAERS for all its risk-benefit analysis to erroneously conclude the "benefits outweigh the risks". In its most recent publication on intermediate follow-up (minimum 90 days) of myocarditis cases in VAERS, 47% were lost to follow-up (no follow-up data on almost half the victims), about 50% still had residual symptoms of myocarditis (i.e., had not fully recovered), and about a third still had activity restrictions (i.e., were deemed to still be unsafe to resume physical exertion due to increased risk of sudden cardiac death). Thus, CDC's own data contradict the repeated claim that these myocarditis cases are "generally mild".

27. Attached and incorporated herein as Appendix 3 are the URL references to the changing and contradictory views on this subject.

28. AB 2098 states, "The safety and efficacy of COVID-19 vaccines have been confirmed through evaluation by the federal Food and Drug Administration (FDA) and the vaccines continue to undergo intensive safety monitoring by the CDC."

29. However, the safety of COVID-19 vaccines, especially the boosters, was *not* adequately evaluated in children prior to approval. The sample size was too small in the studies to assess for severe adverse events. During the ACIP meeting, officials acknowledged the only way to know what those severe adverse reactions would be is to monitor during post market surveillance (to have adequate sample size).

30. The most recent bivalent booster was added to the children's vaccine schedule without any clinical data from that bivalent booster. CDC's safety monitoring lags 6-18 months from initial reports. By the time the FDA fact sheet is modified (or CDC's recommendations are adjusted), many have already suffered irreparable harm (and even fatalities). CDC relies heavily on passive surveillance with VAERS (and to some extent VSD). Longitudinal active surveillance (i.e., actively soliciting data and comparing to unvaccinated) was rendered virtually

impossible when the control group was eliminated early in 2021. This precluded any systematic post market longitudinal follow-up for severe adverse events.

31. The federal agencies such as the FDA and CDC continue to promulgate the idea that the COVID-19 vaccines (including the boosters) are proven safe and effective, and that side effects are exceedingly rare. However, the over reliance upon VAERS database (despite it having been proven to considerably under estimate the risks) has caused at least the cardiology community to temper recommendation for vaccines in some population subsets. As discussed below, several countries have also changed their recommendations for COVID-19 vaccines in healthy children and young adults. This undermines miscellaneous government and the infectious disease expert positions that side effects are too rare to impact recommendations refuting any notion of a "scientific consensus".

32. Although CA AB 2098 presumes or asserts without proof that the "vaccines continue to undergo intensive safety monitoring by the CDC", there is increasing evidence in CDC's failure to do so. Despite CDC Director Dr. Rochelle Walensky assuring Congress that "all [deaths] are adjudicated", CDC has thus far never published any formal analysis of the 32,220 deaths reported in VAERS. Indeed, CDC and FDA have refused to release autopsy reports despite a Freedom of Information Act (FOIA) request. With respect to the myocarditis reports in VAERS, CDC's most recent publication on intermediate term follow-up (minimum 90 days) reveals that a staggering 47% were lost to follow-up (i.e., could not be reached on follow-up to assess their clinical condition). CDC Director Dr. Rochelle Walensky admitted the agency made some "pretty dramatic, pretty public" mistakes. As reported in New York Times (February 2022), CDC has only published a fraction of the data it collected about COVID-19 pandemic, apparently "because basically, at the end of the day, it's not yet ready for prime time." More recently, CDC erroneously reported higher pediatric COVID-19 deaths (during ACIP presentation), but refused to correct the number even when presented with the corrected information (they initially reported at least 1,433 deaths among people 19 and younger in the United States were attributed to COVID-19, but acknowledged in the updated version that the number was just 1,088).

33. CA AB 2098 states **"**The safety and efficacy of COVID-19 vaccines have been confirmed through evaluation by the federal Food and Drug Administration (FDA) and the vaccines continue to undergo intensive safety monitoring by the CDC." Furthermore, AB 2098 states, "It shall constitute unprofessional conduct for a physician and surgeon to disseminate misinformation or disinformation related to COVID-19, including false or misleading information regarding the nature and risks of the virus, its prevention and treatment; and the development, safety, and effectiveness of COVID-19 vaccines."

34. However, CDC appears to have been withholding important information, delaying release of information, and using erroneous inflated numbers in their presentations (for vaccine approval in children). The COVID-19 vaccines do not in fact "continue to undergo intensive safety monitoring by the CDC.". Therefore, it seems scientifically and professionally reckless (for public safety) to investigate and sanction physicians who are upholding the highest standards of advising patients about the risks versus benefits of the COVID-19 vaccines in providing information about the deficits in CDC's safety monitoring of the COVID-19 vaccines.

35. According to CDC, "V-safe is a safety monitoring system that lets you share with CDC how you, or your dependent, feel after getting a COVID-19 vaccine". However, CDC was reticent in releasing data from V-Safe, acquiescing only after 463 days of legal action by Informed Consent Action Network (ICAN) which entailed two lawsuits culminating in court order to release that data. ICAN's V-Safe data analysis reveals a staggering 7.7% of the ten million V-safe users required medical attention after vaccination. This data ought to have been made public to enable responsible informed consent discussions between physicians and patients. As reported in New York Times earlier this year, CDC was intentionally withholding data that might lead to vaccine hesitancy.

36. AB 2098 sates, "The safety and efficacy of COVID-19 vaccines have been confirmed through evaluation by the federal Food and Drug Administration (FDA) and the vaccines continue to undergo intensive safety monitoring by the CDC". That it necessitated legal action over 463 days undermines the claim by AB 2098 that the vaccines continue to

undergo intensive safety monitoring by the CDC. CDC was either not undertaking intensive safety monitoring of V-Safe data, or it was doing so but withholding the information from the public.

37. Additionally, most of CDC analysis of severe adverse reactions after COVID-19 vaccination is based upon the false presumption that the effects of mRNA vaccination (and the consequent spike protein synthesized) last only a few days to weeks after injection. CDC's own web site has changed throughout the pandemic: initially indicating the mRNA is broken down within a few days and spike protein may persist up to a few weeks. That messaging has now been deleted from their website. Several scientific studies demonstrate spike protein can be found even four months after injection. Not only does this suggest that CDC's initial presumption was wrong, but it also seriously undermines the limitation of side effects to within a few weeks after injection (i.e., if spike protein persists for many months after injection, then the analysis for potential causation needs to be extended beyond the few weeks to which CDC limits its analysis).

IV. The Efficacy of Vaccines (citations in App. IV)

38. When mRNA COVID-19 vaccines were granted EUA in Dec 2020, there were repeated claims of "95% effective" (against symptomatic infection) and "100% effective against severe disease". However, these claims of Vaccine Efficacy (VE) were based upon *interim analysis* of Phase III trial data (i.e., *interim* because original Phase III protocols stipulated the trial would continue for about 26 months but the results released in December 2020 were based only upon minimum 60-days' follow-up). However, as noted by Peter Doshi (editor of BMJ), efficacy of a vaccine for respiratory illness is best assessed throughout the respiratory virus season (i.e., minimum 4-6 months' follow-up) and not with only 60 days' follow-up data. Indeed, in summer 2020, UCSF abandoned its COVID-19 vaccine development precisely because their research demonstrated dramatically waning antibody levels within a couple months. Numerous post-market studies have demonstrated waning immunity from COVID-19 vaccination after only a few months (as early as 2-4 months but definitely after 4-6 months).

39. Some recent studies even suggest that after a few months there is negative efficacy (i.e., increased risk of infection) for those who have received two or three doses of COVID-19 vaccination. However, until these studies repeatedly confirmed the waning vaccine immunity, CDC continued to insist that vaccine immunity was better than immunity from natural infection. CDC's risk-benefit analysis (i.e., number of COVID-19 hospitalizations and deaths averted by vaccination) is based upon the initial higher estimates of VE (i.e., CDC extrapolated the initial VE as if it would be sustained without any waning) and has not adjusted its vaccine efficacy risk-benefit calculations despite the mounting evidence of waning immunity over time. Other national societies (e.g., American College of Cardiology) use CDC's calculations from summer 2021 to justify their own recommendations in support of the claim that benefits outweigh the risks. CDC Director Dr. Rochelle Walensky repeatedly claims that the benefits outweigh the risk. None of the risk-benefit calculations by any government agency or professional medical society has adjusted its risk-benefit calculation with the known and proven waning immunity.

40. Attached and incorporated herein as Appendix 4 are the URL references to the changing views of vaccine efficacy.

41. AB 2098**:** states "The safety and efficacy of COVID-19 vaccines have been confirmed through evaluation by the federal Food and Drug Administration (FDA) and the vaccines continue to undergo intensive safety monitoring by the CDC."

42. However, repeated studies have demonstrated the initial high efficacy touted by CDC and FDA has rapidly diminished (even negligible after a few months in children). Most recently, the bivalent booster was added to the children's vaccine schedule *without any clinical data from that booster.* At no point has there been an emphasis by FDA or CDC to assess efficacy over 4-6 months *prior to approval and recommendations* despite increasing evidence that 60-day follow-up efficacy data is often subsequently refuted by longer term follow-up (i.e., rapidly waning immunity after 2-4 months)

V. The Disparagement of Natural immunity (citations in App. V)

43. From the beginning of the COVID-19 pandemic, the public health authorities have dismissed the value or effect natural immunity has on the prevention of hospitalization and death from COVID-19 reinfection. Supported by CDC recommendations, employers, universities, and health care facilities have mandated the COVID-19 vaccines *regardless of immunity from prior infection*. This is contrary to the long-standing accepted practice in medicine which accepts serology (i.e., proof of antibodies) as a valid exemption for vaccination proof (e.g., MMR serology precludes need to provide vaccination proof for health care facilities). However, many studies have shown that for some variants, natural immunity is more effective than immunity conferred by vaccination (in preventing severe disease over many months). There was never any valid scientific evidence for the disparagement of natural immunity, despite the widely quoted statements of public health authorities and prominent members of the infectious disease academic community. Attached to this Declaration as Appendix 5 are the URL's supporting these statements.

VI. Unvaccinated dying at 11 times greater than fully vaccinated? (citations in App. VI)

44. AB 2098**:** states "Data from the federal Centers for Disease Control and Prevention (CDC) shows that unvaccinated individuals are at a risk of dying from COVID-19 that is 11 times greater than those who are fully vaccinated." AB 2098 Section 1 (b).

45. The CDC repeatedly claims that unvaccinated are being hospitalized at rates much higher than those fully vaccinated. Claims have been made that unvaccinated are dying at rates 11 times greater than those fully vaccinated and being hospitalized 10-17 times more than fully vaccinated. However, such analysis is deeply flawed for several reasons.

46. First, it does not adjust for the estimated 40% of hospitalizations and deaths that may have been over counted (when differentiating those 'with COVID' versus 'from COVID').

47. Second, this analysis is not static over time (the benefit decreases over time as is evidenced by the studies on waning immunity).

48. Third, this analysis varies by age group (there is considerably lower benefit in healthy children and young adults than in seniors over 65 years old). There are no clinical trials

that prove reduced COVID-19 mortality in pediatric population in those who are vaccinated (because mortality is so rare in children, the sample size of all the trials is too small to detect any difference).

49. Fourth, there is suggestion that CDC's analysis skews the results by including all other causes of death for the unvaccinated but not for the vaccinated (i.e., biased analysis by using different inclusion criteria for deaths in unvaccinated versus vaccinated).

50. Fifth, the definition of "unvaccinated" was altered in 2021 to include: (a) vaccinated patients where the injury or death occurred within the first two weeks after vaccination, (b) vaccinated patients who were simply not up-to-date on recommended boosters, and (c) vaccinated patients lacking a vaccination record at that facility. The data on the so-called "unvaccinated" included a systemic problem of hospital error where a vaccinated patient presented at the hospital without a vaccination record and was therefore labeled "unvaccinated". Throughout the pandemic, it has been observed that healthcare workers do not always thoroughly and objectively verify vaccination status. Furthermore, the administrative burden of reporting adverse reactions to VAERS is quite cumbersome. These factors have contributed toward flawed data and misplaced blame targeting the genuinely unvaccinated compared to the falsely labeled unvaccinated.

51. Sixth, this analysis does not distinguish the unvaccinated who have immunity from prior infection. As discussed above, those who have immunity from prior infection have strong protection against hospitalization and death from COVID-19 reinfection. CDC's own seroprevalence estimates indicate that 86% of all children have already been infected by SARS-CoV2. Thus, neglecting prior infection in their claims of unvaccinated dying and being hospitalized from COVID-19 at much higher rates than the vaccinated is a misrepresentation of the comparative risk.

52. Finally, the CDC analysis excludes (without justification or explanation) those who may have died after the vaccination (i.e., from causes other than COVID-19, but likely post vaccination cardiovascular mortality linked to the COVID-19 vaccination). There are currently about 32,220 reported deaths in VAERS. While CDC assures the public that "all

[deaths] are adjudicated" thus far no formal analysis has been published on these deaths after vaccination (whether they are causally related).

53. One recent study from Southern California actually found no mortality benefit amongst the vaccinated.

54. White House COVID advisor Dr. Ashish Jha recently stated that "we can prevent essentially every COVID death in America" through updated vaccination and treatment. This is readily contradicted by recent analysis in the Washington Post which demonstrates that 58% of all COVID deaths are amongst the vaccinated (compared to 42% amongst the unvaccinated). Additionally, nearly 90% of all COVID deaths are now in those over 64 years old (the highest ever throughout the pandemic).

55. Attached and incorporated herein as Appendix 6 are the URL references for this section.

VII. Other examples of medical science changing over time (citations in App. VII)

56. AB 2098 states "Misinformation" means false information that is contradicted by contemporary scientific consensus contrary to the standard of care." However, in a rapidly evolving pandemic with new research every month, what is defined as "standard of care" changes fast. Cloth masks, steroids, early ventilation, risk of COVID-19 to children, duration of vaccine immunity, and risks of vaccine complications to healthy children and young adults have evolved with respect to acceptable scientific narrative and recommendations. Furthermore, there is no actual *consensus,* but rather there is strong evidence of suppression of contrarian views to give the pretense of consensus.

57. Many major scientific societies simply repeat CDC's analysis and recommendations without performing independent critical analysis of the available data. Mainstream media runs with and repeats the CDC sanctioned studies, further augmenting the appearance of consensus. Internationally, there are countries that significantly disagree with CDC's recommendations, especially regarding healthy children and young adults.

58. Throughout the history of medicine, there are examples of evolving standard of care: what was once the standard of care is subsequently replaced with diametrically opposed

recommendations. If at any point in the evolution of scientific knowledge and 'consensus', contrarian views were legally culpable with disciplinary action, we would not have continued to progress with more scientifically accurate conclusions and recommendations. Aspirin, clopidogrel, and beta blockers are examples of medications that have undergone dramatic revision in their indications. Several vaccines have been withdrawn after post market safety concerns demonstrated unacceptable harm. Thalidomide was once hailed internationally as a great therapeutic for morning sickness in pregnant women, until countless cases of phocomelia were documented (leading to its withdrawal). Scientists should be able to self-govern with an ongoing process of reflecting, evaluating, testing, analyzing, and challenging data from various perspectives without fear of losing their professional credentials.

59. Attached and incorporated herein as Appendix 7 are the URL references to the other examples of medical science changing over time.

VIII. Countries that have Different Vaccine Recommendations (citations in App. VIII)

60. As I stated in the beginning of this declaration, some European and other developed countries have different vaccine recommendations from the recommendations of the CDC. Attached hereto as Appendix 8 is a noncomprehensive list of some of these countries with different vaccination recommendations.

IX. Over estimating deaths and hospitalizations attributed to COVID-19 (citations in App. IX)

61. AB 2098 states "The global spread of the SARS-CoV-2 coronavirus, or COVID-19, has claimed the lives of over 6,000,000 people worldwide, including nearly 90,000 Californians." These data are deeply flawed since they do not adjust for over counting. 40% of COVID hospitalizations were likely in those 'with COVID' rather than 'from COVID' (two studies from CA pediatric hospitals confirm this). Additionally, approximately 30% of COVID+ deaths occurred in persons from long term care facilities, who have a median life expectancy of five months even before the pandemic. After adjusting for these, the actual number of deaths attributed to COVID-19 is considerably lower than current CDC estimates.

62. Attached and incorporated herein as Appendix 9 are the URL references to data and studies showing that the number of deaths and hospitalizations caused by COVID-19 has been substantially over estimated.

63. CDC repeatedly states that COVID-19 vaccines save lives and that the benefits outweigh the risks. Throughout the COVID-19 vaccine rollout, despite increasing evidence for waning immunity across all ages and increased risk of myocarditis for younger people (especially males), and no proven mortality benefit in children, CDC continues to recommend COVID-19 vaccination (and boosters) for all ages regardless of individual risk stratification and regardless of immunity from prior infection. In their risk-benefit calculations and analysis of COVID-19 vaccinations, CDC does not appear to account for the increased all-cause mortality which *may* be associated with COVID-19 vaccination. Data from CDC reveal that for 18-64-year-olds there were about 56,015 and 66,392 in September 2019 and September 2020, respectively (average 61,203 for September during these two years). However, during September 2021 there were 92,917 deaths amongst 18-64-year-olds. This represents an increase by over thirty thousand (50%) in *one month*. Additionally, data from life insurance claims reveal that for those under thirty-five years old, there were more non-COVID deaths than COVID deaths during the pandemic (March 2020 to April 20222) compared to the preceding three years. Since over 75% of all COVID-19 deaths in the USA have been amongst those over 65 years-old, this increase in all-cause mortality amongst younger adults is deeply troublesome and warrants formal analysis.

64. The official narrative by public health experts is that increased all-cause mortality is attributed to delayed medical care during 2020 and early 2021 community wide shutdowns and hospitals overwhelmed with COVID patients leading to inadequate access to health care (especially elective cardiac procedures and cancer screening). Additional explanations offered by public health experts include lifestyle changes (poor eating habits, inadequate physical activity, and even 'stress') consequent to 'shelter in place' (i.e., stay at home) orders by public health officials. However, CDC has still not revealed autopsy reports of the thirty-two thousand deaths in VAERS (despite a FOIA request by Epoch Times). CDC also has never published any

formal analysis of the thirty-two thousand deaths in VAERS or the increased deaths in 2021 and 2022. Although definitive causation with COVID-19 vaccination has not yet been proven, the lack access to autopsy findings and formal analysis of these deaths is contrary to the presumption of thorough post-market pharmacovigilance that is presumably occurring to protect the public from preventable harm.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: December 5, 2022

SANJAY VERMA, M.D.

APPENDICES

Appendix 1
The Evolving and Contradictory Mask Consensus

Appendix 2
The Changing and Contradictory Statements About the Ability of The Vaccines to Prevent Infection.

Appendix 3
Vaccine Safety

Appendix 4
Vaccine Efficacy

Appendix 5
Disparaging or Underestimating Natural Immunity

Appendix 6
Unvaccinated dying at 11 times greater than fully vaccinated?

Appendix 7
Examples of changes to the scientific consensus

Appendix 8
Countries with different vaccine recommendations

Appendix 9
Covid-19 deaths and hospitalizations have been overestimated.

Appendix 1
The Evolving and Contradictory Mask Consensus

- Twitter removed Dr. Atlas' tweet saying cloth masks don't work
  - https://nymag.com/intelligencer/2020/10/twitter-removes-scott-atlass-tweet-saying-masks-dont-work.html
  - CDC Oct 2020 cloth masks recommended for community
    - https://wwwnc.cdc.gov/eid/article/26/10/20-0948_article
- Unsubstantiated claims that masks save lives (based upon IHME unproven *presumption* that masks, even cloth masks in community, reduce deaths by "at least one third")
  - https://cepr.org/voxeu/columns/mask-mandates-save-lives
  - https://www.statnews.com/2020/10/23/universal-mask-use-could-save-130000-lives-by-the-end-of-february-new-modeling-study-says/
  - https://www.npr.org/sections/coronavirus-live-updates/2020/10/24/927472457/universal-mask-wearing-could-save-some-130-000-u-s-lives-study-suggests
- 2020: CDC recommends community mask adoption
  - https://www.cdc.gov/media/releases/2020/p0714-americans-to-wear-masks.html
- CDC's own data showing poor efficacy of anything other than N95
  - https://www.cdc.gov/library/covid19/pdf/2020-08-18-Science-Update_FINAL_public.pdf
- Gaiters and bandanas:
  - "As a last resort, the agency said that health care providers could consider using "homemade masks" – such as bandanas or scarves – to care for coronavirus patients, ideally in combination with a face shield."
  - https://www.cnn.com/2020/03/19/health/hospital-coronavirus-shortages-preparedness/index.html
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html
  - https://www.bostonherald.com/2020/03/23/bandanas-can-substitute-as-coronavirus-masks-as-a-last-resort-says-cdc/
- Single layer masks (e.g., Gaiters and bandanas) no longer recommended
  - https://www.cdc.gov/library/covid19/pdf/2020-08-18-Science-Update_FINAL_public.pdf
  - https://bestlifeonline.com/cdc-face-masks-news/
- CDC concedes cloth masks not as effective (NYT)
  - https://www.nytimes.com/2022/01/14/health/cloth-masks-covid-cdc.html
- Dec 2020 Military grade camera shows risk of airborne spread
  - https://www.washingtonpost.com/investigations/2020/12/11/coronavirus-airborne-video-infrared-spread/

- "Wearing cloth masks will not have much effect"
  - https://www.sciencedirect.com/science/article/pii/S2452199X20301481
- "The homemade cloth masks again yielded either no change or a significant increase in emission rate during speech compared to no mask"
  - https://www.nature.com/articles/s41598-020-72798-7
- "A rigorous study finds that surgical masks are highly protective, but cloth masks fall short."
  - https://www.nature.com/articles/d41586-021-02457-y
    - *Note:* the study found NO benefit of cloth masks, and surgical masks had some benefit in those >50 yr., but no benefit in <50 yr
- Even surgical masks not effective in high-risk settings
  - https://www.science.org/doi/10.1126/science.abg6296
  - https://pubmed.ncbi.nlm.nih.gov/34016743/
- Bacterial and fungal isolation from face masks
  - https://www.nature.com/articles/s41598-022-15409-x
- Dec 2021 onwards Dr Leana Wen: cloth masks not effective against airborne virus
  - https://twitter.com/drleanawen/status/1473083590707662850
  - https://twitter.com/drleanawen/status/1517235792787251206
  - https://reason.com/2021/12/21/leana-wen-cloth-mask-facial-decorations-covid-cdc-guidance/ (has actual video)
- CDC mask study (expanded reanalysis by Dr. Høeg showing no benefit of school mandate)
  - https://www.journalofinfection.com/article/S0163-4453(22)00550-3/fulltext
  - https://www.the74million.org/article/study-masking-in-school-had-little-or-no-effect-on-student-covid-cases/
- CDC updates mask recommendations
  - https://www.washingtonpost.com/health/2022/01/10/cdc-weighs-n95-kn95-masks-guidance-omicron/
  - https://www.webmd.com/lung/news/20220115/cdc-updates-mask-guidelines-cloth-masks--least-effective
  - https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html
- Even in 2020 we had data showing that surgical masks were minimally effective and some cloth masks were ineffective
  - https://www.health.harvard.edu/blog/masks-save-lives-heres-what-you-need-to-know-2020111921466
  - https://www.cato.org/working-paper/evidence-community-cloth-face-masking-limit-spread-sars-cov-2-critical-review
  - Dr. Osterholm (commentary that cloth masks provide very limited protection)

- https://www.cidrap.umn.edu/news-perspective/2020/07/commentary-my-views-cloth-face-coverings-public-preventing-covid-19

- Case against mask for children
  - https://www.wsj.com/articles/masks-children-parenting-schools-mandates-covid-19-coronavirus-pandemic-biden-administration-cdc-11628432716
- Studies that suggest low quality masks *increase* risk of spread
  - https://www.nature.com/articles/s41598-020-72798-7
  - https://aip.scitation.org/doi/10.1063/5.0034580
- CA counties with mask mandate fared *no better* than those without
  - https://www.sfgate.com/coronavirus/article/California-mask-mandates-delta-COVID-19-data-works-16502191.php
- CDC drops mask requirement in health care settings 2022
  - https://www.webmd.com/lung/news/20220928/cdc:-masking-no-longer-required-in-health-care-settings
  - However, CA continues mask mandate for health care settings
- Analysis of mask compliance in Europe fails to find benefit
  - https://www.cureus.com/articles/93826-correlation-between-mask-compliance-and-covid-19-outcomes-in-europe

Appendix 2
The Changing and Contradictory Statements About the Ability of The Vaccines to Prevent Infection

Vaccines prevent transmission /infection

- https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html
- https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html
- https://www.msnbc.com/transcripts/transcript-rachel-maddow-show-3-29-21-n1262442
- https://www.businessinsider.com/cdc-director-data-vaccinated-people-do-not-carry-covid-19-2021-3
- https://www.cnbc.com/2021/03/01/dr-scott-gottlieb-says-data-shows-covid-vaccines-reduces-transmission.html
- https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html
- https://twitter.com/albertbourla/status/1402240820120592393
- https://twitter.com/albertbourla/status/1468596735115247618
- https://twitter.com/fortunemagazine/status/1377810547035488266?lang=en
- https://twitter.com/CDCDirector/status/1583563153547603969
- https://twitter.com/DrEliDavid/status/1582256734264926208
- https://twitter.com/drelidavid/status/1582256734264926208 (Pfizer interview)
- https://twitter.com/pfizer/status/1349421959222853633
    - "gain herd immunity and stop transmission"
        - Pfizer Tweet Jan 2021

Vaccines do not prevent transmission (vaccinated can spread)

- https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html
- https://www.audacy.com/kmox/news/national/cdc-director-says-vaccines-are-not-preventing-transmission
- https://www.washingtonpost.com/politics/2022/01/10/rochelle-walensky-is-not-good-this/
- https://www.cdc.gov/mmwr/volumes/71/wr/mm7133e1.htm
- https://www.scientificamerican.com/article/the-risk-of-vaccinated-covid-transmission-is-not-low/
- https://www.npr.org/sections/coronavirus-live-updates/2021/07/30/1022867219/cdc-study-provincetown-delta-vaccinated-breakthrough-mask-guidance
- Latest / updated CDC guidance (no difference in treatment of unvaccinated for prevention) https://www.cdc.gov/mmwr/volumes/71/wr/mm7133e1.htm

Possible INCREASED secondary attack rate (transmission) the more vaccination doses a person has

- https://www.nature.com/articles/s41467-022-33328-3

Vaccines never tested for transmission

- https://lynnwoodtimes.com/2022/10/11/covid-transmission-221011/
- https://twitter.com/rob_roos/status/1579759795225198593
- https://youtu.be/DD4TWEy8I6Y
- Dr. Deborah Birx: "I think it was hope that the vaccine would work that way."
    - In response to Rep Jim Jordan (Congress) [at 3 min 45 sec]
    - https://www.c-span.org/video/?c5021092/dr-birx-knew-natural-covid-19-reinfections-early-december-2020

Appendix 3
Vaccine Safety

- Janssen VITT-TTS
  - Rare, no cause for concern (Joint CDC / FDA statement)
    - https://www.cdc.gov/media/releases/2021/s0413-JJ-vaccine.html
    - https://youtu.be/kvLEJbbF3Tk (video of ACIP meeting 4/23/20221)
    - https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-04-23/06-COVID-Oliver-508.pdf (slides from ACIP meeting 4/23/2021)
    - Lift Pause of Janssen COVID-19 vaccine
      - https://www.fda.gov/news-events/press-announcements/fda-and-cdc-lift-recommended-pause-johnson-johnson-janssen-covid-19-vaccine-use-following-thorough
      - https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e4.htm
  - Dec 2021: CDC limits Janssen due to concerns of TTS and GBS (use only under very specific circumstances)
    - https://www.cdc.gov/mmwr/volumes/71/wr/mm7103a4.htm
    - Note: June 2021 CDC found no cause for halting: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-07/02-covid-alimchandani-508.pdf
  - April 2022: JAMA article demonstrating incidence of GBS 20x in Janssen compared to mRNA COVID-19 vaccines
    - https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2791533
  - May 2022: Restricted Access by FDA (despite initially stating not a concern)
    - https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-limits-use-janssen-covid-19-vaccine-certain-individuals
    - https://www.cnn.com/2022/05/05/health/fda-johnson-johnson-vaccine-eua/index.html
- mRNA Vaccines and myocarditis
  - April 2021 reports surfaced from Israel
    - https://www.reuters.com/world/middle-east/israel-examining-heart-inflammation-cases-people-who-received-pfizer-covid-shot-2021-04-25/
  - May 2021 (VAST work group was dismissive). https://www.cdc.gov/vaccines/acip/work-groups-vast/report-2021-05-17.html
    - "Within CDC safety monitoring systems, rates of myocarditis reports in the window following COVID-19 vaccination have not differed from expected baseline rates." (i.e., CDC dismissed initial claims

stating it was 'random statistical coincidence' and within the 'background rate occurring in general population')

- June 23, 2021 Emergency ACIP meeting (concludes safe to proceed despite reports of myocarditis)
  - https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/05-COVID-Wallace-508.pdf
- FDA summary briefing document. https://www.fda.gov/media/155931/download
  - Data from Insurance datasets reveal myocarditis rates are 3.7x GREATER than rates noted in VAERS
- Published studies showing increased rates of myocarditis (compared to VAERS)
  - https://www.nejm.org/doi/full/10.1056/NEJMoa2110737
  - https://www.nejm.org/doi/full/10.1056/NEJMc2207270
  - https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94892
  - https://onlinelibrary.wiley.com/doi/epdf/10.1111/eci.13759
- April 2022 CDC MMWR (40 insurance databases)
  - Rate of myocarditis is 267/million (not 80 / million using VAERS alone) https://www.cdc.gov/mmwr/volumes/71/wr/mm7114e1.htm
- Sept 2022 CDC intermediate (90 day minimum) follow-up data on VAERS myocarditis reports (published in Lancet)
  - https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00244-9/fulltext
    - Highlights
      - 47% lost to follow-up (why is CDC not tracking these cases down more aggressively?)
      - 50% still had residual symptoms
      - 25% were in ICU (contrary to CDC claims of "generally mild")
      - 48% of those not fully recovered and 28% of those fully or probably fully recovered *continued to have activity restrictions at median follow-up of 98 days*
- Myocarditis after Booster may be under reported. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8957365/
- Latest statement from American College of Cardiology seems to allow for nuanced individualized risk-benefit analysis. https://www.acc.org/Latest-in-Cardiology/Articles/2022/10/14/15/13/ACC-Underscores-Safety-of-COVID-19-Vaccine
  - "Stecker notes that it is reasonable for adolescent and young males to *consult with a physician prior to receiving additional mRNA boosters*, given the small but elevated risk of myocarditis in this group"

- VAERS vs VSD vs Electronic Medical Record (EMR) / Insurance databases
  - Anaphylaxis
    - The risk of anaphylaxis is also underestimated by 22 times according to this study using active surveillance after COVID vaccination.
      - https://jamanetwork.com/journals/jama/fullarticle/2777417
  - VSD 2:1 with VAERS (i.e., rates of myocarditis)
    - ACIP Presentation slides
      - https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-23/03-COVID-Shimabukuro-508.pdf
    - Myocarditis rates derived from VAERS vs VSD (VSD demonstrates about 2x VAERS but CDC continues to use VAERS data for its risk-benefit calculations)
  - EMR / insurance 3-4x vs VAERS
    - VAERS rates
      - https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-23/03-COVID-Shimabukuro-508.pdf
    - Rates of Vaccine myocarditis from Insurance data (CDC and FDA's own documents)
      - FDA summary briefing for BLA approval
        i. "Analysis of VAERS data from passive surveillance indicated a reporting rate of 40 cases per 1 million second doses administered to males 18 to 24 years of age, while an FDA meta-analysis of four healthcare claims databases in CBER's Biologics Effectiveness and Safety System estimated a rate of 148 cases per 1 million males 18 to 25 years of age vaccinated with the 2-dose primary series."
        ii. https://www.fda.gov/media/155931/download
    - CDC MMWR on myocarditis
      - "This study used EHR data from 40 health care systems* participating in PCORnet, the National Patient-Centered Clinical Research Network (7), during January 1, 2021–January 31, 2022. "
      - https://www.cdc.gov/mmwr/volumes/71/wr/mm7114e1.htm
    - Approximate numbers for comparing myocarditis rates
      - VAERS 80 / million
      - VSD 150 / million
      - Insurance / hospital database 250-300 / million

- So, why does CDC continue to use VAERS data alone in its risk-benefit calculations?

- FL Recommends AGAINST mRNA Vx for 18-38-year-olds (84% increased risk of death). https://floridahealthcovid19.gov/wp-content/uploads/2022/10/20221007-guidance-mrna-covid19-vaccines-analysis.pdf
- Dr. Paul Offit recommends young healthy kids NOT get Booster
  - https://news.yahoo.com/young-healthy-people-may-not-need-bivalent-boosters-offit-155018744.html
- Israel study: increased cardiac arrest associated with Vx. https://www.nature.com/articles/s41598-022-10928-z
- Preprint from Japan (increased CV mortality with mRNA Vx). https://www.medrxiv.org/content/10.1101/2022.10.13.22281036v1.full.pdf
- Safety in toddlers (1 in 200 had severe adverse reactions)
  - https://twitter.com/FLSurgeonGen/status/1586327074578497536
  - https://www.nejm.org/doi/full/10.1056/NEJMoa2209367
- Australian government offering compensation for COVID Vx deaths. https://www.servicesaustralia.gov.au/deceased-covid-19-vaccine-recipient-payments-and-funeral-costs-you-can-claim-through-covid-19?context=55953
- Need for active longitudinal surveillance with control group. https://www.nature.com/articles/d41586-021-00880-9
  - "This kind of surveillance can detect signs of rare adverse events, but most systems are not designed to determine their exact cause, says Black. That is because they only contain data for events that have been reported, and lack a comparison group to track adverse events that occur in unvaccinated populations."
  - "A more complete understanding of vaccine safety could be garnered from active surveillance systems that collect adverse event data — both background rates and after a vaccine — from electronic health records without relying on people reporting them directly. For example, the US Centers for Disease Control and Prevention collects data from nine health-care organizations across the country in the Vaccine Safety Datalink. In the consensus report from the 2018 IABS meeting, researchers called for an international network of active surveillance systems, which would allow public-health agencies to share data more easily, and hopefully determine the causes of adverse reactions quickly and definitively."
- CDC caught in lies, withholding information, spreading misinformation?
  - https://www.theepochtimes.com/exclusive-cdc-officials-told-they-spread-misinformation-but-still-didnt-issue-correction-emails_4826960.html
- CDC / FDA withholding autopsy reports despite FOIA request by Epoch Times

- https://www.theepochtimes.com/exclusive-fda-withholding-autopsy-results-from-people-who-died-after-getting-covid-19-vaccines_4763765.html
- CDC Director Rochelle Walensky admits pandemic response mistakes
  - "pretty dramatic, pretty public mistakes"
  - https://www.ft.com/content/d482491f-ed0b-41fd-ab63-195cd195b082
- "The C.D.C. Isn't Publishing Large Portions of the Covid Data It Collects"
  - https://www.nytimes.com/2022/02/20/health/covid-cdc-data.html
- CDC site on V-Safe
  - https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html
- CDC V-safe data released pursuant to court order
  - https://www.prnewswire.com/news-releases/cdcs-covid-19-vaccine-v-safe-data-released-pursuant-to-court-order-301639584.html
  - https://www.foxnews.com/video/6313218294112
- ICAN's V-Safe data analysis (7.7% of 10M users required medical attention)
  - https://icandecide.org/v-safe-data/
- Duration of mRNA and Spike protein after injection
  - CDC originally (Oct 2021) stated "Our cells break down mRNA and get rid of it within a few days after vaccination" and that "Scientists estimate that the spike protein, like other proteins our bodies create, may stay in the body up to a few weeks."
    - https://web.archive.org/web/20211031174254/https:/www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html
  - July 2022 it was modified
    - https://web.archive.org/web/20220716011916/https:/www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html
  - But in Sept 2022 that section (both sentences above) was deleted without explanation
    - https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/how-they-work.html
  - Several studies demonstrate persistence of mRNA and / or spike protein longer than CDC's original (unsubstantiated) claims:
    - https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9
    - https://pubmed.ncbi.nlm.nih.gov/35884842/
    - https://academic.oup.com/cid/article/74/4/715/6279075
    - https://pubmed.ncbi.nlm.nih.gov/34654691/

Appendix 4
Vaccine Efficacy

90-95% effective (initial promise)

- https://www.cdc.gov/mmwr/volumes/70/wr/mm7018e1.htm
- https://www.cdc.gov/mmwr/volumes/71/wr/mm7112e1.htm

100% effective against severe disease (initial promise)

- https://twitter.com/pfizer/status/1377578737680711691?lang=en
- https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-confirm-high-efficacy-and-no-serious
- https://www.science.org/content/article/absolutely-remarkable-no-one-who-got-modernas-vaccine-trial-developed-severe-covid-19
- https://www.cdc.gov/mmwr/volumes/70/wr/mm7042e1.htm

Waning immunity

- https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e2.htm
- https://www.nejm.org/doi/pdf/10.1056/NEJMoa2119451?articleTools=true
- https://www.nejm.org/doi/full/10.1056/NEJMoa2115481
- https://www.nejm.org/doi/pdf/10.1056/NEJMoa2205011?articleTools=true
- https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01185-0/fulltext
- https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e2.htm?s_cid=mm7107e2_w
- https://www.nejm.org/doi/full/10.1056/NEJMoa2114228
- https://www.nejm.org/doi/pdf/10.1056/NEJMoa2210058?articleTools=true
- https://www.mdpi.com/1999-4915/14/8/1642
- https://www.frontiersin.org/articles/10.3389/fimmu.2022.919408/full
- https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795654
- "Three-dose monovalent mRNA VE against COVID-19 -associated hospitalization decreased with time since vaccination. Three-dose VE during BA.1/BA.2 and BA.4/BA.5 periods was 79% and 60%, respectively, during the initial 120 days after the third dose and decreased to 41% and 29%, respectively, after 120 days from vaccination." https://www.cdc.gov/mmwr/volumes/71/wr/mm7142a3.htm?s_cid=mm7142a3_w
- https://pubmed.ncbi.nlm.nih.gov/36322837/
    - "Our findings suggest the need to reconsider the value and strategies of vaccinating healthy children in the omicron era with the use of currently available vaccines"
    - "Among children, the overall effectiveness of the 10-µg primary vaccine series against infection with the omicron variant was 25.7% (95% confidence interval [CI], 10.0 to 38.6). Effectiveness was highest (49.6%;

95% CI, 28.5 to 64.5) right after receipt of the second dose but waned rapidly thereafter and was negligible after 3 months"

- https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4224504
  - "but showed clear waning during the Omicron period, although VE estimates were substantially higher (above 80% to week 25, dropping to 40% by week 40) than against infection"
- https://pubmed.ncbi.nlm.nih.gov/35675841/
  - Key findings:
    - COVID mortality less than flu
    - No protection against hospitalizations
    - No protection against mortality
    - Vaccinated had increased risk of being on mechanical ventilation
- https://pubmed.ncbi.nlm.nih.gov/35675841/ ("By analyzing results of more than 460,000 individuals, we show that while recent vaccination reduces Omicron viral load, its effect wanes rapidly. In contrast, a significantly slower waning rate is demonstrated for recovered COVID-19 individuals.")
- Possible negative efficacy
  - https://www.medrxiv.org/content/10.1101/2022.09.30.22280573v1.full.pdf (preprint)
    - https://www.medrxiv.org/content/10.1101/2022.09.30.22280573v1
  - https://pubmed.ncbi.nlm.nih.gov/36151099/
    - This one takes some time to analyze
    - " For Omicron, the odds of infection were 1.10 (95%-CI: 1.00-1.21) times higher for unvaccinated, 2.38 (95%-CI: 2.23-2.54) times higher for fully vaccinated and 3.20 (95%-CI: 2.67-3.83) times higher for booster-vaccinated contacts compared to Delta. "
    - Note that for unvaccinated, Omicron and Delta were almost the same (1.1x higher). But for fully vaccinated Omicron was 2.38x higher, and for booster-vaccinated Omicron was 3.2x higher than Delta. So, prima facie it *appears* as if each successive vaccination dose made it worse for secondary attack rate during Omicron compared to Delta.
  - https://pubmed.ncbi.nlm.nih.gov/34384810/
    - Infection-enhancing antibodies have been detected in symptomatic Covid-19
    - Antibody dependent enhancement (ADE) is a potential concern for vaccines
    - Enhancing antibodies recognize both the Wuhan strain and delta variants
    - ADE of delta variants is a potential risk for current vaccines
    - Vaccine formulations lacking ADE epitope are suggested
- CDC Director Walensky: "too much optimism"

- "When the CNN feed came that it was 95% effective, the vaccine, so many of us wanted it to be helpful, so many of us wanted to say, 'Ok this is our ticket out.' So, I think we had perhaps too little caution and too much optimism for good things that came our way. I really do. I think all of us wanted this to be done. Nobody said waning, when, of these vaccines don't work. Oh well maybe they don't work at all, it'll wear off. Nobody said that if the next variant it doesn't, it's not as potent against the next variant.
- https://livestream.com/accounts/7945443/events/10161457/videos/229680766?fbclid=IwAR3qV7glhmwq9v9lnT3wPRp08oQ9rCcIoBFNaYZLfg4E2r3AdsEllHcLi84
- From July 2020:
  - https://www.sfchronicle.com/health/article/With-coronavirus-antibodies-fading-fast-focus-15414533.php
  - UCSF drops out of vaccine development due to rapidly waning antibodies

Appendix 5
Disparaging or Underestimating Natural Immunity

Disparaging natural immunity

- https://www.wsj.com/articles/the-high-cost-of-disparaging-natural-immunity-to-covid-vaccine-mandates-protests-fire-rehire-employment-11643214336
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect.html

No difference (i.e., natural immunity is equal or better than vaccine immunity)

- https://www.nejm.org/doi/full/10.1056/NEJMoa2118946
- https://www.nejm.org/doi/pdf/10.1056/NEJMoa2203965
- https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-022-02570-3
- Even WHO in 2021 stated natural immunity may be similar in protection. https://apps.who.int/iris/handle/10665/341241 ("To conclude, available tests and current knowledge do not tell us about the duration of immunity and protection against reinfection, but recent evidence suggests that natural infection may provide similar protection against symptomatic disease as vaccination, at least for the available follow up period")

Brownstone anthology of over 150 studies

- https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/

https://pubmed.ncbi.nlm.nih.gov/36224590/

- "In the 2020-2021 period indicate long-lasting and largely variant-transcending humoral immunity in the initial 20.5 months of the pandemic, in the absence of vaccination."

https://pubmed.ncbi.nlm.nih.gov/35549891/

- "Independently, we found no re-infection among those with prior COVID-19, contributing to 74,557 re-infection-free person-days, adding to the evidence base for the robustness of naturally acquired immunity."

APPENDIX 6
Unvaccinated dying at 11 times greater than fully vaccinated?

Who are the unvaccinated

- https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7034e5-H.pdf ("unvaccinated <14 (less than 14) days receipt of the first dose of a 2-dose series or 1 dose of the single-dose vaccine or if no vaccination registry data were available.)

Unvaccinated 17x more likely to be hospitalized

- https://twitter.com/cdcdirector/status/1440024215818756096
- https://twitter.com/cdcgov/status/1441115218562535432
- https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2796235

Unvaccinated 10x more likely to be hospitalized during Omicron

- https://www.medpagetoday.com/infectiousdisease/covid19vaccine/100596
- https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2796235

Washington Post Analysis (58% of all COVID deaths are now amongst the vaccinated)

- https://www.business-standard.com/article/international/vaccinated-people-now-make-majority-of-covid-deaths-in-us-report-122112400391_1.html
- https://www.washingtonpost.com/politics/2022/11/23/vaccinated-people-now-make-up-majority-covid-deaths/

CDC Data: Nearly 90% of all COVID deaths are now amongst those over 65 years old (highest ever throughout the pandemic). Washington Post Analysis

- https://twitter.com/washingtonpost/status/1597311932985667584?s=20&t=1dBFziP699CXIohv-O1rAA
- https://www.washingtonpost.com/health/2022/11/28/covid-who-is-dying/

APPENDIX 7
Examples of changes to the scientific consensus

- Aspirin is no longer recommended for primary prevention of heart attacks due to emerging evidence of increased risk of gastrointestinal hemorrhage (still recommended for secondary prevention)
  - https://connect.uclahealth.org/2022/04/26/daily-aspirin-no-longer-recommended-to-prevent-heart-disease/
  - https://www.webmd.com/heart-disease/news/20220427/aspirin-no-longer-recommended-prevent-heart-attack-stroke
  - https://www.bmj.com/content/375/bmj.n2521
- Several medications have been recalled in recent years due to concerns of carcinogenic effects not previously known
  - Ranitidine withdrawn from market
    - https://www.fda.gov/news-events/press-announcements/fda-requests-removal-all-ranitidine-products-zantac-market
    - https://journals.lww.com/ajnonline/Abstract/2020/08000/Ranitidine_Withdrawn_From_the_Market.16.aspx
  - ARB's recalled from market (ARB's are common BP medications)
    - https://www.fda.gov/drugs/drug-safety-and-availability/recalls-angiotensin-ii-receptor-blockers-arbs-including-valsartan-losartan-and-irbesartan
  - FDA's own list of recalls (371 entries)
    - https://www.fda.gov/drugs/drug-safety-and-availability/drug-recalls
- RotaShield vaccine was pulled from market in 1999 (association with fatal intussusception)
  - https://www.cdc.gov/vaccines/vpd-vac/rotavirus/vac-rotashield-historical.htm
  - https://www.reuters.com/article/rotavirus-vaccine/update-3-glaxos-rotavirus-vaccine-use-suspended-us-idUSN2221966720100322
  - https://www.wsj.com/articles/SB940801692891105660
- Swine flu vaccine halted
  - https://www.bbc.com/future/article/20200918-the-fiasco-of-the-us-swine-flu-affair-of-1976
  - https://www.history.com/news/swine-flu-rush-vaccine-election-year-1976
  - https://www.nytimes.com/1976/10/13/archives/swine-flu-progrram-is-halted-in-9-states-as-3-die-after-shots.html
  - https://www.latimes.com/archives/la-xpm-2009-apr-27-sci-swine-history27-story.html
- Recent published data confirms the benefits of statin medications in preventing heart disease may have been over stated

- https://www.healio.com/news/cardiology/20220314/metaanalysis-questions-strength-of-ties-between-statininduced-ldl-lowering-cv-outcomes
- https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2790055
  - "The study results suggest that the absolute benefits of statins are modest, may not be strongly mediated through the degree of LDL-C reduction, and should be communicated to patients as part of informed clinical decision-making as well as to inform clinical guidelines and policy."

- Thalidomide
  - "Sixty years ago (2 December 1961) the sedative drug thalidomide was withdrawn from use in the UK. After being on the market for five years as a treatment for morning sickness in pregnant women, it had finally been established that the medicine was responsible for babies being born with underdeveloped arms and legs and other malformations."
    - https://www.understandinganimalresearch.org.uk/news/sixty-years-on-the-history-of-the-thalidomide-tragedy
  - US FDA Frances Oldham is now hailed for her bravery in refusing to approve thalidomide in the US
    - https://www.fda.gov/about-fda/fda-history-exhibits/frances-oldham-kelsey-medical-reviewer-famous-averting-public-health-tragedy
    - https://www.uchicagomedicine.org/forefront/biological-sciences-articles/courageous-physician-scientist-saved-the-us-from-a-birth-defects-catastrophe
    - https://www.washingtonpost.com/national/health-science/frances-oldham-kelsey-heroine-of-thalidomide-tragedy-dies-at-101/2015/08/07/ae57335e-c5da-11df-94e1-c5afa35a9e59_story.html
      a. "In the annals of modern medicine, it was a horror story of international scope: thousands of babies dead in the womb and at least 10,000 others in 46 countries born with severe deformities."
- Beta blockers were initially not recommended in heart failure but are now standard of care
  - https://pubmed.ncbi.nlm.nih.gov/31370960/
  - https://pubmed.ncbi.nlm.nih.gov/28874420/
- Clopidogrel was previously recommended for patients with STEMI (particular type of heart attack) but this indication was subsequently removed
  - https://www.hcplive.com/view/evolving-evidence-prompts-changes-in-treatment-paradigm-for-acs

Appendix 8
Countries with different vaccine recommendations

- Denmark (under 50 years old only if higher risk)
  - https://sst.dk/en/English/Corona-eng/Vaccination-against-covid-19
- UK
  - Seasonal booster only for >50 years old and higher risk
    - https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/
- Sweden
  - From Nov 1 onwards, only children with high risk
    - https://www.krisinformation.se/en/hazards-and-risks/disasters-and-incidents/2020/official-information-on-the-new-coronavirus/vaccination-against-covid-19/when-is-it-my-turn
- European Medicines Agency (EMA) recommends COVID-19 vaccine only for children with underlying medical conditions (not healthy children)
  - https://twitter.com/EMA_News/status/1585196429639036929

Countries that suspended Moderna mRNA COVID-19 vaccine for people under 30 years-old

- Germany, France, Denmark, Norway, Sweden, Finland
- https://www.bmj.com/content/375/bmj.n2477
- https://www.cnbc.com/2021/10/08/nordic-countries-are-restricting-the-use-of-modernas-covid-vaccine.html

Appendix 9
Covid-19 deaths and hospitalizations have been overestimated

- 40% of pediatric hospitalizations are 'with' COVID and not 'from' COVID (two California-based pediatric studies)
  - https://pubmed.ncbi.nlm.nih.gov/34011567/
  - https://pubmed.ncbi.nlm.nih.gov/34011566/
- NY: About 50% of people hospitalized 'with' COVID and not 'from' COVID
  - https://www.governor.ny.gov/news/governor-hochul-updates-new-yorkers-states-progress-combating-covid-19-131
  - https://www.healthline.com/health-news/the-difference-between-being-hospitalized-for-covid-and-with-covid
  - https://www.washingtonpost.com/outlook/2022/01/07/hospitalization-covid-statistics-incidental/
  - https://www.foxnews.com/health/almost-half-reported-ny-covid-19-hospitalizations-not-due-covid-19
  - https://www.beckershospitalreview.com/patient-safety-outcomes/hospitals-see-more-patients-with-covid-19-vs-for-covid-19.html
- Scotland: 36% hospitalized 'with' COVID (i.e., for other causes)
  - "Findings from this report concluded that 64% of patients were in hospital 'because of' COVID-19 during the period December 2021 to January 2022, as opposed to 'with' a Covid-19 diagnosis"
  - https://www.gov.scot/publications/coronavirus-covid-19-state-epidemic-04-february-2022/pages/4/
- New Study suggests almost half are hospitalized 'with' COVID
  - https://www.theatlantic.com/health/archive/2021/09/covid-hospitalization-numbers-can-be-misleading/620062/
- Orange County, CA 'with' COVID-19 increasing (many COVID-19 hospitalizations are not 'from COVID-19')
  - https://www.ocregister.com/2022/01/21/number-of-patients-hospitalized-with-covid-vs-for-covid-is-shifting/
- Median life expectancy in long term care facilities 5 months
  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2945440/
- Nursing home deaths after vaccination
  - https://pubmed.ncbi.nlm.nih.gov/34018389/

Excess deaths (especially cardiovascular deaths)

- https://pubmed.ncbi.nlm.nih.gov/36176195/
  - "The trend of mortality suggests that age and sex disparities have persisted even through the recent Omicron surge, with excess AMI-associated mortality being most pronounced in younger-aged adults"

- Norway raises concerns about jabs for elderly
  - https://www.bloomberg.com/news/articles/2021-01-16/norway-vaccine-fatalities-among-people-75-and-older-rise-to-29
- Nursing home deaths after vaccination
  - https://pubmed.ncbi.nlm.nih.gov/34018389/
- Recent preprint study from JAPAN
  - https://www.medrxiv.org/content/10.1101/2022.10.13.22281036v1.full.pdf
  - "Myocarditis mortality rate ratios (MMRRs) and their 95% confidence intervals (95% CIs) after receiving SARS-CoV-2 vaccine compared with that in the reference population (previous 3 years) were significantly higher not only in young adults (highest in the 30s with MMRR of 6.69) but also in the elderly."
- Florida now recommends against mRNA COVID-19 for young males due to increased mortality
  - https://floridahealthcovid19.gov/wp-content/uploads/2022/10/20221007-guidance-mrna-covid19-vaccines-doc.pdf
  - "This analysis found there is an 84% increase in the relative incidence of cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination" reports the updated Guidance for mRNA COVID-19 Vaccines (October 7, 2022).
- Israel: increased EMS calls for ACS and cardiac arrest associated with vaccination
  - https://pubmed.ncbi.nlm.nih.gov/35484304/
  - "the weekly emergency call counts were significantly associated with the rates of 1st and 2nd vaccine doses administered to this age group but were not with COVID-19 infection rates."

All Cause Mortality

- CDC data on mortality (cause of death) by age and year
  - https://data.cdc.gov/d/65mz-jvh5/visualization
- Society of Actuaries Research Institute Data
  - https://www.soa.org/4a368a/globalassets/assets/files/resources/research-report/2022/group-life-covid-19-mortality-03-2022-report.pdf
  - https://www.soa.org/research/research-institute/
- Younger adults dying at higher than expected rates
  - https://www.theepochtimes.com/adults-aged-35-44-died-at-twice-the-expected-rate-last-summer-life-insurance-data-suggests_4711510.html
  - https://www.theepochtimes.com/life-insurance-ceo-reveals-deaths-are-up-40-among-working-people-just-unheard-of-facts-matter_4567602.html

- Increase in all-cause mortality may be linked to vaccination
  - https://healthfeedback.org/what-can-explain-the-excess-mortality-in-the-u-s-and-europe-in-2022/

Exhibit A

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PROFESSIONAL EXPERIENCE (Medical)

2020 – present	Desert Care Network, JFK Memorial Hospital, Indio, CA Interventional Cardiologist and Medical Director
2018 – 2020	Bay Area Hospital, Coos Bay OR Medical Director, Ambulatory Services and Cardiac Rehab Interventional Cardiologist [complex PCI, mechanical atherectomy, mechanical support (IABP, Impella), EKOS, TEE, PVI including CLI, TTE, MPI, ILR]
2016 - 2018	Pueblo Cardiology Parkview Medical Center, Pueblo CO Interventional Cardiologist
2010 - 2012	Riverside County Regional Medical Center, Moreno Valley CA Loma Linda Internal Medicine Residency Program Internal Medicine Physician (Internal Medicine Faculty and Hospitalist)

EDUCATION

2015 – 2016	Henry Ford Hospital, Detroit MI Interventional Cardiology Fellow
2012 – 2015	Henry Ford Hospital, Detroit MI General Cardiology Fellow
2009 - 2010	Riverside County Regional Medical Center (affiliated with LLUMC) Chief Medical Resident
2006 - 2009	Loma Linda University Medical Center (LLUMC), Loma Linda CA Internal Medicine Resident
1999 – 2005	Kasturba Medical College, Manipal, India M.B., B.S., *First Class*
1997 – 1999	University of California, Berkeley, Berkeley CA B.A., South Asian Studies with Philosophy minor *magna cum laude* Departmental Honors, Golden Key Honor Society
1986 – 1990	California State Polytechnic University, Pomona CA Electrical and Computer Engineering major

MEDICAL LICENSURE AND BOARD CERTIFICATIONS

American Board of Internal Medicine: Interventional Cardiology: 10/2016
American Board of Internal Medicine: Cardiovascular Disease: 10/2015
National Board of Echocardiography: Adult echocardiography: 7/2015
American Board of Internal Medicine Certification: 8/2010

Medical Board of California: License A105189 exp: 6/2024
Oregon Medical Board: License MD 186631 exp: 12/2023
Colorado Medical Board: Dr.0056532 exp: 4/2024

OR DEA Registration Number: FV1088310 Exp: 5/2022
CA DEA Registration Number: FV8944616 Exp: 5/2022

ACLS Certification: Exp: 3/2024
BLS Certification: Exp: 3/2024

PUBLICATIONS

Verma S, Burkhoff D, O'neill WW. Avoiding hemodynamic collapse during high-risk percutaneous coronary intervention: Advanced hemodynamics of Impella support. Catheterization and Cardiovascular Interventions. 2017 Mar 1;89(4):672-5.

Krishnan, S., **Verma, S.**, Cheng, M., Krishnan, R. and Pai, R.G., 2015. Left Ventricular Septolateral Mechanical Delay Is Associated with Reduced Long-Term Survival in Systolic Heart Failure with Narrow QRS Duration: Nine-Year Outcome in 109 Patients. *Echocardiography*, *32*(10), pp.1515-1519.

Naqvi TZ, Rafique AM, **Verma S**, Peter CT. AV and VV Optimization Causes Incremental Improvement in Cardiac Output and Synchrony Post Cardiac Resynchronization Treatment. Circulation 2006; 114(18): E-.

Rafique AM, **Verma S**, Peter CT, Naqvi TZ. A novel method for Non-Invasive programming of Atrioventricular and Ventriculo-Ventricular delays of Cardiac Resynchronization Devices. Circulation 2006; 114(18): E-.

Naqvi TZ, Rafique AM, Swerdlow CD, **Verma S**, Siegel RJ, Tolstrup K, Kerwin WF, Goodman JS, Gallik D, Gang ES, Peter CT. Predictors of Reduction in Mitral Regurgitation in Patients Undergoing Cardiac Resynchronization Treatment. Heart. 2008 May; Epub ahead of print. Cited in PubMed; PMID: 18467354.

POSTERS AND PRESENTATIONS

"Does Visual Grading of Myocardial Perfusion During Standard Resting Contrast Echocardiography Predict Extent of ST Segment Resolution or Lack Thereof and Angiographic No Re-Flow in Patients Presenting With ST Elevation Myocardial Infarction?" **Verma S,** Kanasagara J, Frank J, Parikh S, Ananthasubramaniam K. Henry Ford Hospital. Presented at NASCI, Scientific Sessions, New Orleans LA, 2014

"Beta Blockers Confer a Survival Benefit in Patients with Myocardial Infarction". **Verma S**, Wells K, Peterson EL, Surjanhata B, Williams LK, Lanfear DE. Henry Ford Hospital. Presented at AHA Scientific Sessions, Dallas TX, 2013

"Left Ventricular Septolateral Delay Affects Survival Independent of QRS Duration in Patients With Systolic Heart Failure: Nine Year Outcome in 119 Patients." **Verma S**, Cheng M, Krishnan S, Krishnan R, Pai RG. Presented at AHA Scientific Sessions Orlando FL, 2011

PROFESSIONAL SOCIETY MEMBERSHIPS

Fellow of the American College of Cardiology

PROFESSIONAL EXPERIENCE (other)

1991 – 1997	Project Manager, Systems Integration Projects and Industrial Engineering Various companies in Silicon Valley CA
1987 – 1990	Department Manager Bank of America, Brea, CA

PERSONAL

Languages: English, Hindi, German

Hobbies: photography, hiking, classical music, audiophile

Citizenship: USA