



## Summary & Guide To: The Control Group Pilot Study

### STATISTICAL EVALUATION OF HEALTH OUTCOMES FOR THE UNVACCINATED

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#### Introduction

In 2011, the U.S. Department of Health and Human Services commissioned a study to be conducted by Harvard-Pilgrim Healthcare with the objective of determining how accurately the U.S. Government's Vaccine Adverse Event Reporting System (the "VAERS") had been keeping an accounting of the vaccine injuries and deaths the American people were suffering. <sup>2</sup> The resulting report opens with the words "Vaccine adverse events are common [ ]". The report concludes that, "less than one percent (1%) of vaccine side-effects are ever reported".

This horrifying revelation was swiftly concealed and fully-censored by the media. This censorship continues to this day, and is buttressed by heavy search-engine and social media censorship. Obviously, the number of reported side-effects listed with the VAERS, including deaths, could only begin to approach accuracy *if* they were first multiplied by *at*

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<sup>2</sup> "Adverse events from vaccines are common but underreported, *with less than one percent* reported to the Food and Drug Administration (FDA). And: "New surveillance methods for drug and vaccine adverse effects are needed." (Emphasis added.) Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts) Performing Organization: Harvard Pilgrim Health Care, Inc. - Submitted to: The Agency for Healthcare Research and Quality (AHRQ) U.S. Department of Health and Human Services. At: <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf> NOTE: This study, exposing the 99% failure rate of the VAERS, was intentionally concealed from public view under the Obama administration, and nothing changed over at the FDA or the VAERS under his administration as a result of these findings.

least 100 times.<sup>3</sup> But even this correction would only expose some of what happens *shortly after* vaccination. Vaccines are engineered to *permanently* alter the human immune system, and yet our agencies have never even investigated the *long term* health effects.

The vaccine marketing-slogan “safe” has always depended upon the disproven adjective “rare” in reference to side-effects. In the American Restatement (Second) of Torts 402A (comment k) vaccines are formally classified as “unavoidably unsafe”.<sup>4</sup> But we are told vaccines are “safe”. Vaccines are not only *unsafe*, they are “unavoidably” so. And the injuries are common, a *minimum* of 100 times more common than the VAERS will report.

The fact our obscenely abusive laws currently protect the pharmaceutical industry from any consequences for this fraud, and from the injuries it *commonly* causes, does not alter the dictionary definition of the word fraud.<sup>5 6</sup> Few people suffer such severe cognitive dissonance that they would *still* believe vaccines are “safe” *once made aware* vaccines are “unavoidably *unsafe*” products that *commonly* injure, disable, and kill people.

### 1. *How could vaccines cause so many different health problems?*

Two imperative facts make the point: (1) the most common and deadly health conditions seen in Americans today are known to be caused by immune dysfunction, and/or immune-system-mediated chronic inflammation, including heart disease,<sup>7</sup> thyroid disorders,<sup>8</sup>

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<sup>3</sup> As of 2019, VAERS had captured 7,118 death reports within 30 days of vaccination. More than 79% of the reported deaths occurred *within hours* of vaccination, i.e., on the same day as vaccination. That’s at least 711,800 or more actual deaths, not counting those who succumbed more than 30 days after injection, and also not counting the *much larger* numbers of those who suffered hospitalization and/or permanent health injuries which *later* led to death, after lengthy and agonizing struggles for survival. Again, the 711,800 only represents a *minimum* number of those who died *within 30 days* after injection, 79% of which, succumbed *within hours* of injection. See Full Report for further detail on how the VAERS numbers are falsely presented in support of claims that vaccine injuries are “rare” in medical research papers making this false claim.

<sup>4</sup> SEE: Restatement (Second) of Torts 402A (comment k) “Unavoidably Unsafe Products”.

<sup>5</sup> Obscenely abusive” is used here, as enforcement of these laws are the textbook definition of crimes against humanity. See: The Nuremberg Code and the Helsinki Accord.

<sup>6</sup> Due to the passage of the 1986 National Childhood Vaccine Injury Act, nobody involved in the manufacture, sale, or distribution of vaccines, may be held accountable for the injuries and deaths caused by vaccines, no matter how fraudulent the slogans used to market them. See: H.R.5546 - National Childhood Vaccine Injury Act of 1986 – At: <https://www.congress.gov/bill/99th-congress/house-bill/5546>

<sup>7</sup> “Atherosclerosis (AT) was once considered to be a degenerative disease that was an inevitable consequence of aging. However, researchers in the last three decades have shown that AT is *not* degenerative or inevitable. It is an *autoimmune*-inflammatory disease associated with infectious and inflammatory factors, characterized by lipoproteins metabolism alteration that leads to immune system activation with the consequent proliferation of smooth-muscle cells, narrowing arteries and atheroma formation.” (Emphasis added.)

**Autoimmunity: From Bench to Bedside** [Internet]. **Chapter 38 - Cardiovascular involvement in autoimmune diseases** - Jenny Amaya-Amaya, Juan Camilo Sarmiento-Monroy, and Adriana Rojas-Villarraga. <https://www.ncbi.nlm.nih.gov/books/NBK459468/>

<sup>8</sup> “Graves’ disease is an immune system disorder that results in the overproduction of thyroid hormones (hyperthyroidism).” **Graves’ Disease**- Mayo Clinic - At: <https://www.mayoclinic.org/diseases-conditions/graves-disease/symptoms-causes/syc-20356240> And: The American Thyroid Association states that: “Autoimmune thyroid disease is relatively common. Anti-thyroid antibodies are present in up to 20% of the U.S. population.” And: “Autoimmune thyroiditis occurs when thyroid cells are damaged by the immune system. Many different organs and tissues can be affected by autoimmune disease, including the endocrine

diabetes,<sup>9</sup> kidney failure,<sup>10</sup> allergies, digestive disorders, eczema, asthma, brain and nervous system disorders, and many more, and; (2) the mechanisms by which vaccine adjuvants trigger and permanently-alter the immune system are *still* a mystery.<sup>11</sup> 99.74% of Americans were injected with vaccine adjuvants before we understood them. And we *still* don't understand them. We do know they "trigger" the immune system.

Most of the 'top' scientists in this field rely heavily upon pharma-funding so they all plead the 5<sup>th</sup> when it comes to explaining *what* has injured the immune systems of *most* Americans. They persist in pretending they've got "no idea" as they search for elusive genetic, race, or socioeconomic causes, i.e., anything *besides* vaccines to blame for all of these immune disorders. This farce keeps their benefactors very happy, but it requires an astounding number of scientifically obtuse "experts" and consistent fraud to sustain it.

Once the immune system is triggered into action for attack, there's no tissue or system of the victim that is "immune" to *their own* immune system.<sup>12</sup> This stealthy and progressive method of destruction can take weeks, months, or even years, before the victim knows there's a problem. In most cases, the damage only becomes noticeable after the culprit is long gone. In the crime of arson, this outcome is achieved with a "delayed incendiary device". Its purpose is to provide an alibi for the culprit when the fire later begins to rage.

Picture here, a Big Pharma executive ("Mr. V") on an exotic island sipping a drink with an umbrella in it, while suburban working parents try to cope with the fact their child has been deprived of most things that make life worth living. Maybe their child is sick all of the time, or will never talk, or walk, or never know what it is to fall in love. Or maybe their child will not live much longer. And their pediatrician will only profit from endlessly dispensing more and more expensive drugs and "treatments", but never a cure, while telling the parents it must be "genetic". Even when the symptoms do appear *immediately after*

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glands, nerves, muscles, skin, blood cells, and the digestive system." At: <https://www.thyroid.org/patient-thyroid-information/what-are-thyroid-problems/q-and-a-autoimmune-thyroiditis/>

<sup>9</sup> "The immune system targets and ultimately destroys the beta cells, resulting in an absence of insulin and the subsequent diagnosis of diabetes. This autoimmune process is thought to smolder for years, and there are individuals at risk of developing diabetes who do not yet have the diagnosis." University of CA, San Francisco – Diabetes Education Online: **Autoimmunity** – At: <https://dte.ucsf.edu/types-of-diabetes/type1/understanding-type-1-diabetes/autoimmunity/>

<sup>10</sup> **Autoimmune attack underlying kidney failure** – Science Daily - Science News- March 16<sup>th</sup>, 2016: "Interstitial nephritis, a common cause of kidney failure, has a complex and largely unknown pathogenesis. In a new published paper in *The Journal of the American Society of Nephrology (JASN)*, a team of researchers led from Karolinska Institutet shows how interstitial nephritis can develop from an *autoimmune attack* on the kidney's collecting duct." AT: <https://www.sciencedaily.com/releases/2016/03/160316194409.htm>

<sup>11</sup> "Despite their critical role in vaccines, adjuvant mechanism of action remains poorly understood, which is a barrier to the development of new, safe and effective vaccines." **Recent advances in experimental polyphosphazene adjuvants and their mechanisms of action** - October 2018 *Cell and Tissue Research* - 374(2) DOI: [10.1007/s00441-018-2929-4](https://doi.org/10.1007/s00441-018-2929-4) Authors: Royford Magiri, George Mutwiri, Heather Wilson [https://www.researchgate.net/publication/328148100\\_Recent\\_advances\\_in\\_experimental\\_polyphosphazene\\_adjuvants\\_and\\_their\\_mechanisms\\_of\\_action](https://www.researchgate.net/publication/328148100_Recent_advances_in_experimental_polyphosphazene_adjuvants_and_their_mechanisms_of_action)

<sup>12</sup> Ground up aborted human fetuses (as well as "immortal" human cancer tumor cells) are common in vaccines, in combination with immune-system triggering adjuvants, which logic tells us could 'train' the immune system to attack any number of human tissues, as well as the targeted infectious agents.

vaccination, the parents will be told it's just a "coincidence", or they've passed-on "bad genes", and *this* is the reason their child is suffering *or is now dead*.

## 2. *In Search of the Null Hypothesis*

In statistical evaluations researchers begin with a null hypothesis. Much like the presumption of innocence for a person on trial for murder, the scientific method requires that the researcher presume their own suspicion (alternative hypothesis) is incorrect, *until* the evidence definitively proves the null hypothesis (innocence) to be wrong.

Our suspect here, "Mr. V", has *already* openly-admitted before the jury that he *does* "sometimes" injure and kill people. Because of his admission, our government has formally classified Mr. V as "unavoidably unsafe". It would be antithetical to the scientific method to presume vaccines are safe. Mr. V is already guilty of causing great bodily-injury and death. The vaccine inserts also admit to this, explaining that these outcomes, *including death*, have been "observed" with injection of this class of product. But "don't worry" we are told, because it's "rare", which is what the false "safe" slogan is *entirely* premised upon. The slogan "rare" is not an objective *numerical* identification of a frequency for use in any risk/benefit equation. "Science" requires math. Math requires numbers.

Mr. V says he cannot protect the "herd" from germs *without* "some" human sacrifices. And our government finds an accounting system that fails over 99% of the time to be an acceptable "scientific" method for "tracking" the number of Mr. V's sacrifices. Our government demands we surrender our children to Mr. V at the risk of having them confiscated by the state if we refuse. Mr. V's distributors (doctors, nurses, & pharmacists) urge all adults, including all *pregnant* women, to get *frequent* injections, claiming we'll "die" if we refuse. Mr. V claims he's "safe" *because* he only "rarely" injures or kills us.

Our government dutifully supplies these human sacrifices so nonchalantly that it's satisfied with a 99% incorrect accounting of Mr. V's victims. In this risk-benefit equation human lives have so little value that we dare not raise the question: "How *many* victims?" And if one does dare to ask, they're called "anti-science" and "crazy anti-vaxxers". Until now, the risk-side of the scale remained empty with no ratio evaluation *possible*. Vaccine risks are just "worth it". We are told we must "trust" the *lack* of science, (lack of accounting & math). And this *lack* of accounting (99% incorrect), this refusal to *do* the accounting, is the *only* support for Pharma's "rare" characterization of the risks. We are told our unavoidably-unsafe killer does so much 'good' in the community that it's rude to ask *how many* victims he's already accumulated, or what's become of them.

How does one characterize as 'rare', something that's never been *counted*? Try presenting numbers to the IRS from an accounting system that fails over 99% of the time. You would go to jail if you did this. But then, it's imperative to keep a perfect accounting when it comes to *money*. Human suffering and death are of zero value when vaccines are the cause. The costs (in human suffering) for Mr. V's 'protection' equate to a blank check from our government. They're apparently so rich in this particular resource, that there's no need to even *ask* what the price is. This lends new meaning to the arrogant phase: "If you have to ask, you can't afford it." But 'we the people' truly *can't* afford Mr. V's 'protection'.

At the outset of this particular trial it's already 'in-evidence' that these human sacrifices are *common*, and the "rare" slogan is a lie. This "slogan-science" we're told to "trust" is contradicted by the evidence. The Control Group numbers present *how* common these sacrifices are in plain numbers. A jury is free to assign their own slogans and adjectives to these numbers. Here, Mr. V cannot provide *numbers* when asked *how many* human sacrifices he's already taken in exchange for his 'protection', let alone tell us how many *more* sacrifices he intends to make. In deciding whether something is "worth it" one must first know the price to be paid.

"Whenever you can, count" – Sir Francis Galton

### **3. The Count: *How many entirely unvaccinated "controls" in the USA?***

Over 99.74% of Americans alive in 2020 had been exposed to vaccines. No matter the varying levels of exposure, well over 99% of Americans share this one commonality. This is the "exposure" group. Our National disease, disability, and death statistics enumerate the current condition of this vaccine-exposed "herd" and the accuracy thereof can be assumed at least 99% correct. These are the "cohorts" for the unvaccinated controls that are stratified to the appropriate age groups for comparison of health outcomes. The diseases found in our vaccinated "herd" evidence their chances of survival, *or lack thereof*. But what of the 0.26% who've managed to completely *avoid* Mr. V for their entire lives?

We are told that unvaccinated people contract *more* "vaccine-preventable" infections than the vaccine-exposed-herd, because the unvaccinated are not "immune". If vaccines are "worth the risks" the unvaccinated would suffer *higher* rates of health-injuries and have a lower chance of survival than the vaccinated herd. But this is not what the numbers, i.e., the evidence, shows us.

The Control Group is the 1<sup>st</sup> study to calculate the percentage of the American population that is entirely unvaccinated in the USA. In 2020 this "control group" (unexposed) stood at less than 0.26% of the population in all age groups combined.<sup>13 14</sup> Due to the fact this population of interest is finite and only represents a fraction of a percentage of the American population, it was not too difficult to achieve a robust sample rate with coverage

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<sup>13</sup> This survey sampled 48 states. See full report for factors and calibrations employed to arrive at the values disclosed herein. In an abundance of caution, the total size of the population of interest has been over-estimated. This produced reliability and confidence values for this study lower than that which would have been produced had the population of interest been further narrowed according to full application of trends established by the CDC, as well as declining rates of unvaccinated after 2016. These trends exposed much lower rates of total vaccine avoidance prior to 2001, along with a dramatically lower number of entirely unvaccinated after 2016, due to a plethora of new laws passed in the most populated American states, which discriminate against citizens based solely upon their vaccination status, denying them access to education, (both public and private) and limiting access to employment in various vital professional fields.

<sup>14</sup> Calibrations against the most recently published CDC data and year-of-birth regression and progression models for historical population levels, the total population of interest (unvaccinated post-birth) for this survey is calculated to have been at 832,521 during the survey period of 2019/2020 in all age groups combined. Both top and bottom rates in the models do not exceed actual observations during any given year, regardless of obvious trends which likely exceed those measured years, and which clearly further reduced the size of this population of interest.

across 95% of the American states.<sup>15</sup> This sample also includes smaller stratified subsets of those who, although they've avoided exposure to vaccines *post-birth*, they were exposed to the vitamin K-shot, and/or maternal vaccines.<sup>16</sup>

#### 4. **What do the “P-values” in the comparison graphs mean?**

A P-value is an expression of probability. In a murder trial, a probability factor will often be introduced to give evidence context and meaning. A probability (p-value) would answer the question, “What are the odds he *didn't* do it?” If there's only a 1 in 100K chance it *wasn't* him, (based upon forensic evidence as an example) this could disprove his alibi, placing him at the scene. If there's *also* motive and opportunity, the prosecutor has likely managed to eliminate any “reasonable doubts” against guilt.

The lower the p-value, the higher the probability that an observation is *not* due to chance alone, i.e., the observed outcome *is* associated with the exposure, or lack thereof. In this instance, if we begin our inquiry with the only “null hypothesis” available, we would take Mr. V's word, i.e., “I'm worth the risks”. But our agencies have categorically *refused* to count his victims. That's okay. The Control Group has counted Mr. V's victims.<sup>17</sup>

Only after conducting numerical comparisons (exposed vs. *true* scientific controls) can anyone evaluate the risks associated with exposure to vaccines. And only with these numbers in hand, can a “risk-to-benefit” ratio be evaluated. Such cannot be conducted merely with slogans that've already been *proven* false at the opening. This evaluation relies upon *numbers*. This portion of the “trial” is where the Control Group inquiry began:

PROSECUTOR: “How many Americans have you injected with germs and immune system-altering adjuvants in your attempt to protect them from germs?”

MR. V: “I'm proud to say, I've injected at least 99.74% of all Americans with germs and adjuvants. The government makes the children get injected. I'm safe though, because I only rarely maim or kill people with these injections. And if it weren't for me, more of them would be dead than the ones I've killed. You see, these germs are everywhere all of the time, and they're deadly. I protect people by injecting them with these germs and...Here's the deal; I'm an expert. You have to trust the experts and the science.”<sup>18</sup>

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<sup>15</sup> See full report on sample rates within age groups across geographic variables. NOTE: The sample rates for the population of interest here, far exceeds the sample rates typically seen in National health surveys commissioned by our public agencies. The confidence level on the interval reflects the accuracy one would expect with the robust sample, particularly with sampling from across 48 states.

<sup>16</sup> See full report for all details on exposure to vitamin K-shot, and/or maternal vaccines in the control group of post-birth unvaccinated and health outcomes. Sample rates remain the same for these smaller subsets, due to the fact each subset population of interest (with the specific exposures and non-exposures) is reduced by the percentage expressed in the values given, as a result of the findings herein. Or to put it another way, this dataset exposed the percentage of entirely unvaccinated (post-birth) population who have, or have not, been exposed to the K-shot or maternal vaccines.

<sup>17</sup> *Somebody* had to count them.

<sup>18</sup> The 99.74% vaccine-exposed “herd” is now very sick, heavily-drugged, and degrading at an *exponential* rate, both intellectually and physically. The trajectories for the diseases listed in the comparison charts show that

PROSECUTOR: "But have you ever *counted* the number of Americans your injections have maimed and killed?"

MR. V: "It's rare. Look at the VAERS numbers. It's right there. And I know this because I'm an expert. Haven't you seen my CV?"

PROSECUTOR: "We've already established that the VAERS numbers are *over 99% incorrect*. So again, where are the *numbers* you've characterized as rare?"

MR. V: "I'm too damned busy protecting people from deadly germs to bother with such *trivial* matters! How DARE YOU question me! You NUT! What are you, some sort of anti-science conspiracy theorist? Don't you *believe* in science? Where is your medical license? What would *you* know about any of this anyway? I already told you. I only *rarely* maim and kill the people I inject! And because it's rare, I'm safe."

PROSECUTOR: "So you have *not* counted the number of people you've maimed and killed? Is this the only branch of 'science' that *refuses* to rely on numbers and math?"

MR. V: "I'm an expert! And I'm telling you, my injections only *rarely* maim and kill people! And besides, if not for me, there wouldn't be anyone left to complain about what I do to them. You ignorant fool!"

PROSECUTOR: "Let the record reflect the defendant has answered 'no' to my question. He has *not* counted the number of Americans he has maimed and killed."

DEFENSE ATTORNEY "I object! My witness did *not* answer 'no' to that question. He clearly stated that he only *rarely* maims and kills people."

PROSECUTOR: "I did not ask if it was rare for him to maim and kill people. I asked if he had ever kept an accounting of the *number* of people he has maimed and killed."

A GOOD JUDGE: "The defendant has answered. He stated that he was too busy to count his victims and that he did not do so. The answer he gave was 'no'."

### **5. *How accurate is this survey?***

The Control Group 2019/2020 survey produced a robust sample rate for the population of interest, far exceeding the sample rates relied upon in most national survey studies

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this Nation has very few years left before collapse. (See full National Security Report and supporting graphs.) If this trend is not reversed within the next two years, this Nation may well face collapse by 2025, under the weight of massive work-force losses, exploding healthcare and related costs, continued plummeting birth rates, and loss of intellectual capacity. The democrat-planned illegal immigrant "replacement" population (who are expected to vote more treasonous CCP/Marxist loyalists into positions of power) will only *accelerate* the downfall of our Nation. And any new population would likewise swiftly become as ill as the one they were replacing in any case. If the Pharmaceutical Industry remains in control of public health policy in the USA and its territories, there is literally no hope for the future of America.

commissioned by our public health agencies.<sup>19</sup> The larger the sample, the higher the level of accuracy it is expected to produce. The method for evaluating the number that will need to be surveyed in order to produce a particular level of confidence that a margin of error (“MOE”) will likely not be exceeded, is to value the total population of interest against the sample that will be surveyed.<sup>20</sup> Based *solely* upon the sample rate of the finite population of interest, this survey produced a 99% confidence level that the MOE would not exceed 3.34%. The sample mean here, is based upon the percentage of those surveyed who reported at least 1 condition, at 5.97%.<sup>21</sup> With this simple calculation, the Control Group survey produced a 99% confidence level that the sample mean of 5.97% could vary by 0.199398%, (i.e., 3.34% of 5.97%) which is a MOE between 5.78% & 6.17%.<sup>22</sup>

### **6. ‘Expected’ Reliability vs. the Actual Dataset**

However, standing *alone*, the method described above is merely an estimate of *expected* accuracy.<sup>23</sup> Once a dataset has been compiled, it can then be analyzed to determine the extent to which confounders or errors have impacted that dataset.<sup>24 25</sup> For the Control Group this calculation produced a 99% confidence level that the population of interest has an interval value between (5.953 – 5.987), or ( $\pm 0.3\%$ ) from the sample mean.<sup>26</sup> That is to say, this survey produced a 99% confidence that the sample mean (for those surveyed who reported at least 1 condition) likely represents the unvaccinated population (post-birth) between the values of 5.95 & 5.99.<sup>27 28 29</sup> This outcome demonstrates the risk values delineated in the comparison graphs are an *extremely* close representation of what would be found if 100% of the unvaccinated population were surveyed.<sup>30</sup>

### **7. How do the P-values in the Comparison Graphs Work?**

The p-values (probability values) for the Control Group comparison-graphs are long, and can be expressed in exponents. For instance, in the graph showing the Comparisons for Chronic Conditions in Children under 18 years, the p-value is “1.18E - 83”. In a full expression, the odds against this difference in health outcomes between these two groups, *if vaccines are not the cause of these excess conditions*, are 1 in: 84,721,527,559,728,800,000,

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<sup>19</sup> See full report for breakdown of sample rates for CA, NY, the additional 46 states, and for all age groups and subsets, as compared to typical taxpayer-funded research.

<sup>20</sup> MOE with Finite Population Correction Factor =  $(z\text{-score})\sqrt{p(1-p)/n} \times \sqrt{(N-n)/(N-1)}$  Where: N = population, n = sample size, p = 0.5 (normal distribution) 3.34% - 99% - Z-Score = 2.576

<sup>21</sup> This sample mean value is based upon all those surveyed who reported at least 1 condition and includes those with exposure to the K-shot and/or maternal vaccines. For those under 18 years with no exposures, the total value for those reported with at least one condition is 2.25%.

<sup>22</sup> See the Full Report for survey-sample valuations.

<sup>23</sup> “Accuracy” being the degree to which the survey is assumed to represent the population not surveyed.

<sup>24</sup> Sample Standard Deviation is 0.2568.

<sup>25</sup> The sample standard deviation is calculated as  $s = \sqrt{\sigma^2}$ , where:  $\sigma^2 = (1/(n-1)) * \sum_{i=1}^n (x_i - \mu)^2$ ,  $\mu$  is the sample mean, n is the sample size and  $x_1, \dots, x_n$  are the n sample observations.

<sup>26</sup> Sample mean is based upon the percentage of those reporting at least 1 condition in all age groups.

<sup>27</sup> Rounded.

<sup>28</sup> With 99% confidence the population mean is between 5.95 and 5.99, based on 1482 samples. Margin of Error: 0.0169 (to more digits: 0.01689)

<sup>29</sup> The following formula was used for the confidence interval, ci:  $ci = \mu \pm Z_{\alpha/2} * (s/\sqrt{n}) * \sqrt{FPC}$

<sup>30</sup> The substantial sample rate and broad geographic coverage of the survey sample, across 48 states, are obvious factors contributing to a low standard deviation and stunningly slim margin of error for this dataset.





evidence against innocence) as 0.05 translates to a 5% probability the null (H<sub>0</sub>) is correct, meaning that there's only a 5% probability the observed results are a "coincidence".

At this significance level, (p-value 0.05) our FDA would reject the null hypothesis and accept the alternative, or "research hypothesis", *unless* of course, that particular research proved that vaccines are responsible for harm. In which case, the entire Pharma-Leviathan system, with all of its tentacles in our agencies, the media, big-tech, medical licensing boards, medical journals, etc., would *instantly* activate to silence the researcher while desperately destroying and/or corrupting the evidence he'd produced or examined, *including* the unexposed "controls", which is the *only* relevant scientific evidence left to us.

**10. The P-values from the Control Group dataset comparisons exponentially surpass the most stringent standards of scientific proof relied upon in any scientific field today.**

In medical science, p-values of 0.05 are generally considered enough to make the case that the research has proven its point, i.e., that a drug is "effective" or, if applied to prove a negative relationship, that a drug is "safe". The lower this value, for instance, a p-value of 0.005, the stronger the evidence. *Murder convictions* obtained with forensic evidence are more than possible with odds of 1 in 100,000 against innocence.<sup>33</sup> There is no reason the standard of proof required to prevent mass-casualties should be *more* rigorous than is required to sentence a person to death for murder. But even if that standard must be *exponentially* higher, that's okay. The Control Group data has surpassed *any* identifiable standard of statistical proof in existence today by a wide margin.

**11. "What's the highest p-value "threshold" standard of proof in use today?"**

CERN, the largest particle physics lab in the world, relies upon a threshold for "evidence of a particle," of  $p = 0.003$ , with the standard for "discovery" at  $p = 0.0000003$  to prove the existence of invisible particles.<sup>34 35</sup> *Please*, compare these values to the p-values evidenced by the Control Group study. Also compare CERN's threshold standard of proof to the p-value of 0.05, which is considered adequate for the FDA to approve a new vaccine that will be marketed as both "effective" and "safe" in the USA. And this FDA approval comes with *full knowledge* that the foundation upon which pharma-researchers engineer their vaccine

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<sup>33</sup> See: REPORT TO THE PRESIDENT Forensic Science in Criminal Courts: Ensuring Scientific Validity of Feature-Comparison Methods – September 2016, Executive Office of the President President's Council of Advisors on Science and Technology - At: [https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/PCAST/pcast\\_forensic\\_science\\_report\\_final.pdf](https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/PCAST/pcast_forensic_science_report_final.pdf)

<sup>34</sup> In this context, an "invisible" or "theoretical" particle is one that requires billions of dollars-worth of equipment before one can *attempt* to begin any serious investigation into whether it exists. **The Role of Statistics in Discovery of the Higgs Boson Particle** – Statistics Section, Imperial college of London – David van Dyk - At: <https://wwwf.imperial.ac.uk/~dvandyk/Research/14-reviews-higgs.pdf>

<sup>35</sup> "5-Sigma What's That?" Scientific America - <https://blogs.scientificamerican.com/observations/five-sigmawhats-that/> Also see: **Statistical Inference/Reasoning** - AEC-LHEP University at Bern – July, 19<sup>th</sup>, 2019 – At: <https://indico.cern.ch/event/508168/contributions/2028747/attachments/1307803/1962991/Statistical-Reasoning-HASCO16.pdf>

studies is the *wholesale rejection* of the most fundamental scientific method, i.e., they don't use truly *unexposed* "control" subjects for outcome comparisons.<sup>36 37</sup>

At CERN, it is assumed that high-energy physics requires much lower p-values (higher standard or proof) than in medicine, where *only* human lives are at stake. Again, the Control Group dataset provides an *exponentially higher* standard of proof than CERN requires to prove the existence of theoretical particles. Additionally, the Control Group produced an extremely reliable dataset exposing the numerical risk values on already *observed* data. A 48% rate of heart disease is an *observed* outcome in the 99.74% vaccine-exposed population. These health outcomes are not theoretical. Nor are those in the unvaccinated population.

In sum, the Control Group p-values *far* exceed the threshold standards of proof relied upon by: (1) the FDA for drug approvals; (2) forensics used to convict people of murder, and *even*; (3) CERN's standards for proving the existence of theoretical particles.

### **12. How should the risk-value comparison graphs be interpreted?**

The National published disease rates are the most accurate numerical barometers available for numerically quantifying the health outcomes observed in the 99.74% vaccine-exposed "herd", no matter the varying levels of vaccine exposure within this population. These risk-value percentages speak for themselves. Obviously, the higher one's level of exposure to an "unavoidably unsafe" class of product, the higher the risk for that individual.

### **13. What about the conditions showing a "0%" risk in the unvaccinated?**

Diabetes is currently at close to 10% *in our 99.74% vaccine-exposed population*.<sup>38</sup> In many instances, such as with diabetes, this survey produced zero reports of that particular

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<sup>36</sup> **When the Alpha is the Omega: P-Values, "Substantial Evidence," and the 0.05 Standard at FDA - Food Drug Law J.** Author manuscript; available in PMC 2018 Oct 3. Published in final edited form as: Food Drug Law J. 2017; 72(4): 595-635. PMCID: PMC6169785 - NIHMSID: NIHMS987338 - PMID: [30294197](https://pubmed.ncbi.nlm.nih.gov/30294197/) AT: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6169785/>

<sup>37</sup> Vaccine "safety" testing is conducted with "control" subjects who are exposed to biologically-active "placebos", including other vaccines, and/or aluminum adjuvants. These *exposed* subjects are then fraudulently referred to as "controls". Only the differences *between* the "treated" and the fake "controls" are attributed to the new vaccine being tested for approval. Therefore, if 100 subjects are split 50/50, and 4 subjects from each group of 50 dies, *none* of the deaths will be attributed to the new vaccine being tested and it will be declared "safe". This routine industry-con supplements the "placebo" with biologically-active ingredients that are *known* to be at least as dangerous as the ingredients in the new vaccine being tested. Yes, this is how it's done. And in the USA, it's all "legal", no matter how criminal the behavior. This state of affairs came about with Pharma outright purchasing the votes of our treasonous legislators who pass the laws which govern their industry. See the list of "excipients" that FDA considers to be "inactive" and that can be injected into "controls" at: <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

<sup>38</sup> "Type 1 diabetes is an autoimmune disease. The pancreas can't make insulin because the immune system attacks it and destroys the cells that produce insulin. Kids and teens with type 1 diabetes are at risk for other autoimmune problems, but these aren't actually *caused* by the diabetes." <https://kidshealth.org/en/parents/other-diseases.html> Although the cohort age-group for diabetes was limited to those surveyed who were 18 and older, there were exactly zero reports of diabetes *at any age* in the unvaccinated surveyed.

condition. This “0.0%” is *not* intended to imply there is absolutely *zero* risk of diabetes (or other condition for which there were zero reports) in the entirely unvaccinated population. Nor is it intended to imply vaccines are the *only* possible cause of diabetes. Rather, it exposes the fact that the *rate* of diabetes in the *unexposed* controls is infinitesimal, i.e., the risk value is so close to 0%, that it was too low to have been picked up, even in this robust sample. The obvious conclusion is that, *had* we surveyed 100% of the unvaccinated, the percentage of unvaccinated people with diabetes would likely fall *well below* 0.10%. The p-values expose the odds of surveying the number of unvaccinated surveyed *without* diabetes in a Nation where 10% are suffering diabetes, (or other condition where there were zero reports) if vaccines are *not* causing this condition.<sup>39 40</sup>

#### 14. **Marketing Slogans**

The standard vaccine marketing-slogans, i.e., “safe” which is sloppily propped up by “worth the risks”, remain *numerically* unsubstantiated by our health authorities who constantly promote vaccines with these slogans.<sup>41</sup> The “worth the *risk*” slogan *contradicts* the dictionary definition of the word “safe”.<sup>42</sup> Known-frauds are incapable of supplying a foundational premise, or “null hypothesis” for any subject of investigation, and would be an extremely unsound scientific approach. The 2011 Harvard-Pilgrim study of VAERS confirmed that immediate vaccine side-effects, (including hospitalization) are *common*. Unlike the VAERS study however, the Control Group study captured health data on *long-term* health outcomes associated with a *lack* of vaccine exposure, which made it possible to numerically quantify the increased risk in those with exposure. “*Extremely common*”, is the appropriate characterization for the frequency of harms caused by vaccines.<sup>43</sup>

When the risks are expressed *numerically*, rather than with outrageously false slogans, it alters one’s perception of the “worth it” slogan. When facing a 60% chance of chronic health problems, including a 48% risk of heart disease and a host of other disabling and deadly conditions after the age of 18, as one’s *personal* ‘sacrifice’ for the purported ‘common-good’ of vaccination, one would likely prefer the *modern* risks of measles and

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<sup>39</sup> Think of some of these p-values as expressing better odds you, your entire family, and everyone you know, would *all* win the jackpot-super-lottery *tomorrow*, than the possibility vaccines are *not* the primary cause of the disparity in health outcomes between these exposure groups.

<sup>40</sup> Although the cohort age-group for diabetes was limited to those surveyed who were 18 and older, there were exactly zero reports of diabetes at any age in the unvaccinated surveyed.

<sup>41</sup> Subjective characterizations, no matter how “expertly” given, are not mathematical and do not qualify as evidence of anything. They are mere opinions. “Unsubstantiated numerically” means that the overall risks of vaccination had not, previous to this research, been calculated as between the exposed vs. unexposed (true controls) in any Nationwide data-base.

<sup>42</sup> “SAFE”- Adjective- Free from harm or **risk**: **UNHURT** – secure from threat of danger, harm, or loss - Merriam-Webster- (Emphasis added.) <https://www.merriam-webster.com/dictionary/safe#:~:text=Definition%20of%20safe%20%28Entry%201%20of%20%29%201.secu%20from%20threat%20of%20danger%2C%20harm%2C%20or%20loss>

<sup>43</sup> It is known that chronic conditions lower survival-rates. In other words, the increase in chronic conditions are not “mild” or acceptable side-effects. They are *deadly* side-effects. See: **Multiple Chronic Conditions and Life Expectancy** – American Public Health Association - The Official Journal of the Medical Care Section - At: [https://journals.lww.com/lww-medicalcare/Abstract/2014/08000/Multiple\\_Chronic\\_Conditions\\_and\\_Life\\_Expectancy\\_\\_A.3.aspx#:~:text=Lif%20expectancy%20decreases%20with%20each,and%2017.6%20fewer%20years%2C%20respectively.](https://journals.lww.com/lww-medicalcare/Abstract/2014/08000/Multiple_Chronic_Conditions_and_Life_Expectancy__A.3.aspx#:~:text=Lif%20expectancy%20decreases%20with%20each,and%2017.6%20fewer%20years%2C%20respectively.)

many other common temporary infections. Fraudulent slogans are the only effective method of obtaining voluntary compliance with the dictates of Pharma.<sup>44</sup>

Mr. V, our so-called “protector”, seriously injures *most* Americans he injects. Even though most of these injuries are not apparent *immediately after* injection, the accounting exposes the fact Mr. V *often* slaughters the people he claims to be protecting. The prevalence of permanently-debilitating and deadly chronic health conditions (known to severely *lower* survival rates) suffered by the vaccinated “herd” is now poised to collapse our National economy in just a few short years. This *outcome* does not protect “public health”. It represents the most serious *threat* our Nation and its people have ever faced.

And the only defense Mr. V can come up with is; “Even though I’ve never bothered to count my victims, you must trust me. I’m the expert. Sure I kill ‘some’ people. It’s unavoidable. But trust my ‘science’ on the risks, which is comprised of nothing more than my ‘expert opinion’ that it’s ‘rare’ for me to injure and kill people.”<sup>45 46</sup>

When compared to the National statistics, the data supplied by the Control Group establish a numerical value from which *to* evaluate the risk-to-benefit ratio.<sup>47</sup> Since Mr. V can’t be bothered, we counted his victims for him. Again, only after *the price* is known, can one determine whether it’s “worth it”.

### 15. **Risks with Exposure to K-shot and/or Maternal Vaccines**

The addition of the K-shot inquiry in the survey allowed for numerical valuations of the risks associated with exposure to a powerful immune system-altering vaccine adjuvant, i.e., aluminum, that’s included in this “vitamin” injection. The maternal vaccine exposure question was also asked for obvious reasons. Vaccines had never before been evaluated/tested/studied directly against *true* controls for their potential to effect the

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<sup>44</sup> And when the fraudulent slogans begin to fail, pharma bribes legislators to mandate their products.

<sup>45</sup> Multiple chronic health conditions are *understood* to produce severely reduced survival rates, this is why they are referred to as “co-**morbidities**”. See the full report for deaths/survival rates as applied.

<sup>46</sup> The NVIC states: “Vaccination is a medical procedure which carries a risk of injury or death. As a parent, it is your responsibility to become educated about the benefits and risks of vaccines in order to make the most informed, responsible vaccination decisions.” This was clearly written before passage of myriad new laws, regulations, and policies, which removed the “decision” from the parents and their doctors, (and even from many adults) as our legislators treasonously began authorizing vaccine-makers to choose for us. Regardless, the NVIC’s instructions regarding “risks and benefits” is *impossible* to follow without the risk-values expressed in numbers. After these parents are told they’re “crazy” if they don’t “trust the science”, (the lie that vaccines are “safe”) and their child is injured, they show up at this court to be told it’s *their* fault, because it was their “responsibility to become educated” before “deciding” to have their child vaccinated in this Nation where the choice generally *no longer belongs to the parents*. The victim is blamed.

<sup>47</sup> Vaccine inserts generally come with instructive warnings for the prescribing physician, urging them to “carefully evaluate the risk-to-benefit ratio” *before* injecting their patient. However, this instruction has never once been followed by anyone, not ever. This instruction *could not have been* followed, because a “ratio” is a term of *math*. It requires *numbers* on both sides of an *equation*. The term “rare” (in reference to vaccine side-effects) is not a *number* from which a “ratio” can be established. Subjective adjectives cannot replace numbers in an equation. Attempting to replace numbers with outright false claims, bolstered only by “expert opinions” but zero data, is the *antithesis* of the scientific method, no matter how many PHDs are hired to supply a facade of validity to these mere slogans.

health outcomes of *unborn children*. If other such studies do exist, they are currently being concealed from public view. Likewise, prior to the Control Group study, no studies had been conducted to compare long-term health outcomes between those with exposure to the K-shot vs. *true* controls, i.e., those with zero exposure to the K-shots *or* vaccines.

**16. Why don't the percentages in the subsets add up to the total 'control' risk value?**

The total risk values expressed within the unvaccinated (post-birth) population includes those who *have* been exposed to the k-shot and/or maternal vaccines. However, the risk values specifically found within the k-shot & maternal vaccine exposure groups (subsets) are according to the risk-values *within* the particular exposure-group. Therefore, the subset risk values will not add up to the risk value for the *total* surveyed. <sup>48</sup>

**17. What about birth defects and maternal vaccines?** <sup>49 50</sup>

According to the CDC, the National average risk that an American will be born with one or more birth defects is a little over 3%. The CDC *also* reports that in 2018 approximately 50% of all pregnant women in the USA were exposed to the TDAP vaccine. Of note, is that this is the first study to collect health data on a group carrying a 100% rate of exposure to maternal vaccines for comparison against true controls. The Control Group dataset found a 6.12% risk of birth defects within the group reporting a 100% rate of exposure to maternal vaccines. This is *twice* the National average risk of being born with birth defects.

The birth defects reported in this smaller subset (100% rate of maternal vaccine exposure) include microcephaly and other forms of brain and nervous system disorders, major organ duplication, and other serious and/or disabling problems. If not for the approximately 50% of mothers who *still* resist the heavy pressures to submit to vaccines during pregnancy, the national average birth-defect rate in the USA would likely be well over 6% at this time.

Due to the stratification of this subset group, this study was also able to calculate the natural "background noise" risk of birth defects in those with *zero* exposure to maternal vaccines, i.e., what is the risk of birth defects from all other possible causes? The risk of birth defects for those with zero exposure to maternal vaccination came it at 0.29%. <sup>51</sup> Exposure to maternal vaccines, *standing alone*, increased the risk of birth defects by 2,010%, i.e., from 0.29% to 6.12%. <sup>52</sup>

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<sup>48</sup> The group with exposure to the K-shot and/or maternal vaccines is smaller, and the risks *within* this group are higher. For a full understanding of the risk values calculated for the different exposure groups, please see the full report.

<sup>49</sup> The graphs do not expose the risk factors within those with a 100% rate of exposure to maternal vaccines. Some information on this particular group is given here because the results were startling and of extremely urgent concern.

<sup>50</sup> For further detail on maternal vaccine exposures and birth defects, please see the full report.

<sup>51</sup> This 0.29% includes those who were injected with the K-shot at birth, some of which were sent home with "problems" the parents were informed were "genetic". Further stratification on this issue can bring additional clarity.

<sup>52</sup> When including the other less severe birth defects (in the group with 100% maternal vaccine exposure) this number is higher. For example, many exposed babies were reported "born" with severe skin conditions such as eczema, and other conditions, milder than microcephaly and major organ deformities. Only the more



Look at that again: *Within the group who reported a 100% rate of exposure to maternal vaccines, the risk of producing a baby with birth defects is twice the national average in a Nation where the CDC reports approximately 50% all pregnancies are vaccinated.*

### 18. ***“Hard Science” is one of looking back at reality...***

This is a retrospective observational epidemiological study of exposures and observed health *outcomes*. This research effort examined what has *already happened* to these populations, and *what* they were exposed to prior to those outcomes. No crystal-ball estimates or projections are relied upon in this study. This is a critical historical *accounting* that our public health agencies have *refused* to conduct, no matter how crucial, urgent, or *obvious* the need to do so has been. The Control Group data fills this gaping vacuum, i.e., this complete lack of accounting on the “risk” side of the risk/benefit ratio. These observations are of *tangible* scientific value, far exceeding the value of any “expert” slogans.

### 19. ***What are my risks?***

With an extremely high level of accuracy, this study established risk factors associated with vaccine exposure for the most common maladies Americans are *now* suffering. Obviously, the more often you inject “unavoidably unsafe” drugs, the higher your personal risk. For any one vaccine-exposed individual, the risks may be substantially higher, or lower, than what is expressed in the comparison graphs, depending upon that person’s current status, the specific injections taken, and/or how many exposures an individual has already had, i.e., their personal level of *cumulative* risk.

### 20. ***What does all of this mean?***

Any rational person should be able to determine what these numbers mean to them. But then, there is the oft-repeated argument that the only reason anyone is still “alive” to enjoy all of these fabulous vaccine side-effects is “cuz vaccines saved so many lives”. However, vaccines come with the very real risk of *immediate* death and these other wonderful “side-effects” *frequently* lead to agonizing and ultimately *fatal* conditions. And for many, these delightful ‘little side-effects’ are a fate *worse* than death.<sup>53 54</sup>

The system our Nation relies upon for vaccine “safety” numbers, the Vaccine Adverse Reporting System (“VAERS”) fails *over 99%* of the time, to count even the injuries that occur *shortly after* vaccination. And there’s no government system even *pretending* to count the long-term health injuries and consequent deaths. The VAERS exists to launder the injuries and deaths *so that* the money made off of them doesn’t need to be laundered.

### 21. ***“Aren’t the unvaccinated healthier because the vaccinated herd protects them?”***

No. There is *zero* evidence the vaccinated herd protects unvaccinated people from brain damage, heart disease, diabetes, asthma, *or anything else*. The vaccinated herd “asymptomatically” sheds, i.e., *spreads* the very same infectious agents they’ve been

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severe and obvious “birth defects” (and/or deformities) were included in the classification and calculation of birth defects within this subset group who had a 100% rate of pregnancy vaccine exposure.

<sup>53</sup> See: <https://www.childtrends.org/indicators/infant-child-and-teen-mortality>

<sup>54</sup> The public at large did not *request* this so-called “protection”. Our legislators were bribed to *force* it on us.

injected with. Pharma argues that the unvaccinated population has a higher rate of expressing symptoms of infection with “vaccine-preventable” agents than the vaccinated herd. But the unvaccinated population has *far superior* health outcomes and a far better chance of *survival* than the vaccine-exposed population. The argument that preventing (or preventing the outward expression of) these particular infections through vaccination improves health outcomes *or survival rates*, is an argument without *any* evidence. The evidence *severely* contradicts the argument. This worn-out pharma argument belongs in the trash-bin with the rest of their fraudulent slogans, like “safe”.

Again, unvaccinated people have higher rates of contracting (expressing symptoms) of vaccine-preventable infections than the vaccinated herd. However, it’s the *vaccinated* herd that’s the most injured, i.e., mentally and physically debilitated, sickly, *and dying*. The *unvaccinated* population is the healthiest with the best chance of *survival*.

## 22. **Questions we need to ask:**

1. Why is it that the infectious diseases which are *never* actually “eradicated” are primarily the ones for which there is a steady supply of *profitable* vaccines?
2. Why do infectious agents, for which no marketable vaccine is ever developed, seemingly tend to disappear on their own, never to return, unless or until a population’s access to nutrition, and/or clean water and sanitation is effected? <sup>55</sup>
3. Is there any evidence that cultivating mass quantities of intentionally-mutated, cross-species infectious agents for mass injections reduces the number of infectious agents the public will come in contact with and/or *become vulnerable to*? <sup>56</sup>

## CONCLUSION <sup>57</sup>

The unsubstantiated “rare” slogan is not based upon a dataset, i.e., *numbers*. Its purpose is to defraud the public out of their health and even their very lives, while *also* draining wallets on the expensive drugs that will surely come later, when the victims get *very* sick. <sup>58</sup>

When induced into playing this sacrificial game of Russian roulette for the purported “collective good”, Americans have the absolute right to know *how many* chambers are loaded. This *true* ‘Control Group’ study was conducted to fill this critical scientific void, i.e., to provide the *numbers* our agencies so actively resist the counting of. Surely this accounting will bring immediate allegations that this researcher is “anti-science” for not trusting pharma’s “safety science” which is premised solely upon a complete *lack* of accounting. Refusal to count their victims is Pharma’s *only* “scientific” evidence to support their ‘rare’ slogan, i.e., this lack of *any attempt to count them*, is what’s used to support their rare slogan. Wearing a blindfold during the act is not ‘evidence’ of innocence.

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<sup>55</sup> This is of course, *unless* there is a bioweapons lab in the vicinity of the population.

<sup>56</sup> The CDC reports that 94% of those who died “from CV-19” were already suffering an average of 2.6 comorbidities, i.e., existing health conditions.

<sup>57</sup> The Full Report is an exhaustive examination of the Control Group study, with complete details on the dataset, survey methods, modelling, sampling, equations, etc. Both the Full Report and the identity-redacted raw data, survey exemplars, and all other materials are available at [www.TheControlGroup.org](http://www.TheControlGroup.org)

<sup>58</sup> Obviously, a healthy population is a very bad business model for the pharma/medical industry.



Fraud in inducement is a crime. And discrimination based *solely* upon vaccination status, i.e., denying equal rights and privileges, is an even more sinister crime, engineered to confine those who distrust pharma's offerings to an 'unvaccinated *ghetto*'. Codified discrimination is the means by which Pharma extorts compliance with their dictates. Continuing down this path will most *assuredly* end this once-free Republic, and the trajectories of increasing disease and disability indicate this end is now perilously close.

At this time, the UN loudly complains the population isn't dropping fast enough to suit their urgent "sustainable development" goals.<sup>59 60</sup> The UN's subsidiaries, (WHO, UNIFEC, etc.) are heavily involved in vaccine distribution globally. It's an interesting set of contradicting objectives and activities for *one* organization.

There is no way to personally remain safe *without* taking action to protect the rest of humanity from Mr. V. Those who seek to reduce the population to "save the planet" (which not everyone agrees is required) already know, and history has *already* born out, that this is achieved whenever the super-powerful lift their boots off the people and allow them to *prosper*. Prosperity has *always* led to a sharp decline in the birth rate. It's the poor who never believe they have enough progeny.

This deceptive torment (Mr. V's agenda) is the *chosen* method of "saving the planet" *only* because the alternative would require a loss of established power and control. All who participate in this agenda *in any way* are culpable and will ultimately find *themselves* subjected to the very same hell they participated in the creation of. In fact, once it appears they've "done enough work" they'll suddenly find *they* are the primary targets, and there will be no one left to protect them. Surely, no one would want to in any case.<sup>61</sup>

Vaccine injury is not rare. 'Rare' is the *last* word any reasonable person would find fitting. But there are some *very* salty adjectives rational people would find perfectly appropriate.

Godspeed,

Joy Garner, founder of The Control Group <sup>62</sup>

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<sup>59</sup> <https://www.un.org/sustainabledevelopment/blog/2019/03/un-to-spotlight-linkages-between-population-and-efforts-to-achieve-sustainable-development-goals/#:~:text=The%20full%20implementation%20of%20the,around%209.7%20billion%20in%202050>

<sup>60</sup> "The full implementation of the 'Programme of Action' (full implementation of depopulation methods under the "Healthy People 2020" action plan) is critical for achieving the 2030 Agenda for Sustainable Development." **Fifty-second session of the United Nations Commission on Population and Development New York, 1-5 April 2019** – The UN's "Healthy People 2020" agenda, now being fully-implemented in the USA, demands, under their "Standing Orders" that ALL Americans, including pregnant women, be fully vaccinated with all available vaccines. Their goal was to have this completed by 2020. See: <https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/vaccination-programs-standing-orders>

<sup>61</sup> There's now a growing demand that *all* doctors, medical staff & pharmacist be *1<sup>st</sup> in line* for mandated CV-19 injections. But Pharma's retail distributors needn't worry. The 'experts' say vaccine injuries are "rare";-)

<sup>62</sup> Please see the Full Report for the Author's disclaimer, disclosure of interests, and all personal motivations.