

COVID shots incentivized by pharma

<https://lc.org/newsroom/details/042123-doctors-received-bonus-payments-to-administer-covid19-shots-2>

Doctors Received Bonus Payments to Administer COVID-19 Shots

Apr 21, 2023

The Biden administration and health insurers incentivized doctors and health care providers with bonus payments and reimbursements – much of it taxpayer dollars – to vaccinate large percentages of their Medicaid patients with the COVID-19 shots. The federal government also used taxpayer dollars to reimburse providers for administering the shot to the uninsured at twice and, in some cases, nearly three times the usual dollar amount than it normally does for traditional vaccines.

Documents reveal that the federal health insurance program Medicare, California’s Department of Health Care Services (DHCS), and the health insurance provider Anthem Blue Cross and Blue Shield Medicaid in Kentucky incentivized health care providers with direct financial gain to promote and administer the COVID-19 shot, particularly **to Medicaid beneficiaries in lower income and minority communities**. Medicaid is a joint federal and state program that helps people with limited income to cover medical costs.

According to California’s DHCS, \$350 million in incentive payments was devoted to injecting the state’s 14 million Medicaid beneficiaries with the COVID shot from September 2021 to February 2022. Out of the \$350 million, half came from federal taxpayer dollars and the other half came from California state taxpayers, the DHCS stated in a [press release](#). Specifically, **\$200 million went to paying out financial rewards to health care providers who met certain performance marks** raising the percentage of patients who had received the COVID-19 injection. To get paid under California’s [incentive payment structure](#), which weighted young people 12 to 25, people ages 50 to 64 with chronic conditions, and minorities higher than other demographics, doctors needed to boost the vaccination rates of these specific groups by upwards of 75 percent to achieve the biggest payouts. The pay structure was unclear as to how much money doctors would actually receive.

As for Medicare, a program for people 65 years or older, the Biden administration is reimbursing health care providers significantly more to administer COVID-19 injections than it does for established vaccines. Notably, the government spent \$2 billion when it [bought](#) 600 million COVID shots — enough to inject most of the U.S. population. Then it also funded the [“American Rescue Plan Act”](#) (ARPA) making the shot free for all Americans regardless of their health insurance status. Under the ARPA and the provider relief fund established by Congress, more emphasis and money has been put on the COVID shot than any other shot despite all the dangers.

For instance, before March 15, 2021, the Centers for Medicare & Medicaid Services (CMS) [reimbursed](#) providers \$28.93 for a single-dose vaccine, and \$16.94 for the first dose in a series of two. On March 15, 2021, those rates increased specifically for the COVID-19 shots to \$40 per dose, and for “in-home” administered doses the rate went as high as \$75.50 on August 12, 2021, according to the [Health Resources and Services Administration website](#).

In Kentucky, health insurance provider Anthem Blue Cross and Blue Shield Medicaid used the same strategy to reach low-income and minority communities. According to the provider’s [bulletin](#), Anthem told doctors they would “recognize your hard work by offering incentives for **helping patients make the choice to become vaccinated.**” The payments were incremental and included an initial and final payment based on injection dates. For patients injected before September 1, 2021, payments for doctors ranged from a **\$20 bonus per vaccinated person who injected 30 percent of their patients, to \$125 per vaccinated person for those who vaccinated 75 percent of their patients.** A final incentive payment was paid to doctors for newly injecting people after September 1, 2021, **at \$100 per person who injected 30 percent of their patients, to \$250 per vaccinated person for those who vaccinated 75 percent** of their patients. Since then, Anthem has changed the rate to a flat \$50 per newly injected patient.

Anthem’s Incentive program also included [guidance](#) to health care providers in how to “soft start” conversations to convince hesitant patients to take the shot. The guidance cautioned doctors not to question a hesitant patient’s information sources, and **implied those sources were not of “high quality” and that sources critical of the COVID-19 shot were “misinformation.”** Rather, the guidance told doctors to downplay side effects, to advise patients the shot “prevents infection” and that it “is proven safe for all.”

Dr. Peter McCullough, an internist, epidemiologist, and one of the most published cardiologists in America, with over 1,000 publications and 660 citations in the National Library of Medicine [has publicly stated](#) the COVID-19 mRNA injection is toxic, dangerous, and the cause

of sudden cardiac death in many. In fact, when Dr. McCullough began speaking out in 2021, he called the mRNA injections of spike protein among the most toxic substance ever injected into a human being.

He stated, “There now are 200 papers showing that myocarditis (from the COVID vaccine spike protein) causes heart damage...If a healthy person suddenly dies, and there’s no antecedent disease, it’s the vaccine until proven otherwise.”

Liberty Counsel Founder and Chairman Mat quote said, “Medical professionals are obligated to ‘do no harm,’ a key ethical rule in modern medicine. It is concerning to see doctors being financially compensated based on the vaccination rates of their patients. The COVID fiasco has caused many people to lose faith in hospitals and doctors. It will be a long time before that trust is restored, if indeed is even possible at this point. People have been injured and died as a result of the most expensive shot in history, and it was paid for with our taxpayer dollars. The entire medical system is in desperate need of reform.”

GOOD NEWS: Health Secretary RFK Jr. to End COVID Vaccine Recommendations for Children, Teens, and Pregnant Women

by [Jim Hoft](#) May. 16, 2025 8:15 am

Health and Human Services (HHS) Secretary Robert F.

HHS Secretary RFK Jr. Halts Biden Administration’s \$240 Million Contract for Oral COVID Vaccine

by [Cassandra MacDonald](#) Feb. 27, 2025 8:45 am

HHS Secretary Robert F. Kennedy Jr. has suspended a \$240 million contract for an oral COVID vaccine, prompting a critical review of pandemic preparedness under the Biden administration. This decision may reshape vaccine development strategies.

WAYNE ROOT: The Red Pilling of America: With RFK Jr. Confirmed at HHS, a Man with My Exact Views on Deadly Covid Vaccine, and the Crimes of Dr.

Fauci and Big Pharma is Now in Charge. Now Let's See If Anything Changes.

by [Assistant Editor](#) Feb. 13, 2025 1:30 pm

Wayne Allyn Root argues that Robert Kennedy Jr.'s appointment to HHS signals a pivotal moment for American health policy, challenging the narratives surrounding the Covid vaccine and the influence of Big Pharma.

FDA YANKS COVID SHOTS — Emergency Use Authorizations RESCINDED After Years of Tyranny, Mandates, and Lies

by [Jim Hoft](#) Aug. 27, 2025 2:40 pm

The Food and Drug Administration has officially rescinded the Emergency Use Authorizations (EUAs) for the COVID-19 vaccines, the authorizations that were used to justify medical mandates, lockdowns, and mass coercion under Joe Biden's failed regime.

U.S. Health Secretary RFK Jr. Fires Entire CDC Vaccine Advisory Panel in Stunning "Clean Sweep"

by [Jim Hoft](#) Jun. 9, 2025 6:20 pm

WAYNE ROOT: RFK Jr. is the Boldest & Most Important HHS Secretary in History. But When Will He Expose the Most Shocking & Deadly Scandal in History?

by [Assistant Editor](#) May. 7, 2025 12:40 pm

RFK Jr. is fantastic. A breath of fresh air. He is the boldest and most important HHS Secretary in history, and perhaps the most important Cabinet Secretary of our lifetimes.

Fired FDA Chief Is Now Out Trashing RFK Jr. and his Autism Study on the Fake News – Big Pharma Has Most to Lose

by [Jim Hoft](#) Apr. 15, 2025 7:30 am

Dr. Peter Marks, recently ousted from the FDA, is now publicly challenging Robert F. Kennedy Jr.'s controversial autism study, raising questions about the influence of Big Pharma amidst ongoing debates over vaccine safety.

RFK Jr. Leaves NewsNation Panel Speechless With One Brilliant Point on Measles

by [Vigilant Fox](#) May. 1, 2025 8:30 am

Spreading vs. Testing

Arizona Attorney General - Open Meeting Law Inquiry Letter April 5th , 2022,

To Whom it may concern,

Here is my response to the April 5th 2022, AG inquiry:

The Feb 23, 2023 document from the AG actually contains the issue. <https://www.merriam-webster.com/thesaurus/transmit>. #1 on the list is word I used, "spread". The first example has to do with illness. As I recall, Ms. Thompson, and Ms. English repeatedly said the issue at hand was "testing", which is not synonymous to "transmission". **Therefore, it was they who were talking about something off the agenda.**

transmit

verb

[Definition of *transmit*](#)

1

as in *to spread*

to cause (something) to pass from one to another sneezing and coughing can *transmit* disease

Synonyms & Similar Words

Relevance

- **spread**

- convey
- communicate
- disseminate
- propagate
- give
- impart
- transfer
- deliver
- conduct
- transfuse
- broadcast
- diffuse
- infect
- surrender
- turn over
- contaminate
- hand over
- hand on
- poison
- hand down

From: Crosby, Tom

Sent: Friday, February 24, 2023 12:10 PM

To: Mattix, Timothy <TMattix@cochise.az.gov>

Subject: RE: Arizona Attorney General - Open Meeting Law Inquiry Letter

Thanks Mr. Mattix,

I got it.

Tom Crosby

From: Mattix, Timothy <TMattix@cochise.az.gov>

Sent: Friday, February 24, 2023 11:08 AM

To: Crosby, Tom <TCrosby@cochise.az.gov>

Cc: Karwaczka, Richard <RKarwaczka@cochise.az.gov>; Gilman, Sharon <SGilman@cochise.az.gov>

Subject: Arizona Attorney General - Open Meeting Law Inquiry Letter

Supervisor Crosby,

We received the attached Inquiry Letter from the Arizona Attorney General. I will start compiling meeting recordings, agendas, and minutes in response.

Please submit your written response to the Inquiry Letter to me by close of business next Friday, March 3, to ensure I have enough time to compile and submit the entire response.

To ensure compliance with the Open Meeting Law, recipients of this message should not forward it to other Board of Supervisor members. Board Members may reply to this message, but they should not send a copy of the reply to other Board Members.

Tim Mattix

Clerk of the Board

Cochise County Board of Supervisors

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Retsef Levi Fires Back After Top CDC Officials Quit in Protest — Exposes What Really Happened Behind Closed Doors

by [Jim Hoft](#) Sep. 1, 2025 8:15 am

Several top CDC officials have abruptly resigned, denouncing Dr. Retsef Levi's leadership of the CDC's COVID-19 vaccine workgroup.

But in an exclusive sit-down with journalist Maryanne Demasi, Levi is finally revealing the ugly truth about what happened inside the agency's closed-door meetings.

Last week, the U.S. Centers for Disease Control and Prevention (CDC) appointed Retsef Levi, a member of its influential vaccine advisory panel, to lead the agency's Covid-19 workgroup.

According to [PharmaExec.com](#), Levi has long been a vocal critic of mRNA technology, warning that these vaccines, produced by Moderna and Pfizer, can cause **severe harm and even death, particularly in younger children.**

He has gone so far as to demand the immediate withdrawal of the mRNA-based Covid-19 shots.

The Food and Drug Administration has **officially rescinded the Emergency Use Authorizations (EUAs)** for the COVID-19 vaccine.

LEVI: “Well, the third example was the most shocking to me – emotionally shocking, I mean. The first two examples were intellectually shocking, but this one was different.

It was their unwillingness to examine the issue of vaccine injuries. To me, recognising vaccine injuries and vaccine-injured people is a foundational component of any successful vaccine program.

You need to care for the people that trusted your system and were unfortunately injured as a result. We have seen a lot of gaslighting, and leaving the vaccine injured out to dry.

I want that to change with this Covid immunisation workgroup and more generally as part of the ACIP work.

We have recruited to the workgroup several highly qualified physicians with great experience who have taken care of 1000s of vaccine-injured people and long Covid patients, and we’re going to use their experience.

We’ll ask them to help us formulate recommendations about how to improve diagnosis, provide recognition for these patients, and support more research into potential treatments. To me, it’s a moral obligation. And the fact that these leaders argued about that was emotionally shocking, if I’m being honest.

Big Pharma trick

Joe Hoft

<https://joehoft.com/president-trump-demands-big-pharma-show-their-covid-vaccine-results-to-the-cdc-and-the-public/>

Humanspective

@Humanspective

Robert F Kennedy: "It's a trick". One of the "little tricks" Big Pharma worked together with the government on. Put any negative effects people had from mRNA 'vaccines' into the "unvaccinated" group. This hid vaccine injuries, deaths and gave the appearance the unvaccinated were getting sick and dying more. "The official data do not count you as vaccinated until 2 weeks after the second shot" "The deaths that happened during that first 6 weeks are attributed to unvaccinated people [so] it's a trick, it's statistical trick" They do this "little trick" on other traditional vaccines as well.

VAXX's Rand Paul Hepatitis

<https://www.thegatewaypundit.com/2025/09/sen-rand-paul-shuts-down-ex-cdc-official/>

This article originally appeared on [vigilantfox.com](https://www.vigilantfox.com) and was republished with permission.

The man on the right is the CDC's former immunization chief.

He quit his job over RFK Jr. — and now he's on a media tour attacking him.

But Rand Paul just put him in his place with three simple sentences.

And it all started when the "scientist" on the right made a hysterical warning about the very first vaccine given to infants.

Meet Dr. Demetre Daskalakis.

He was the CDC's director of immunizations until the Trump administration, with RFK Jr. leading HHS, fired CDC Director Susan Monarez after disagreements with Kennedy over vaccine policy.

Dr. Daskalakis immediately resigned. In his fiery resignation letter, he claimed that political interference was undermining science and endangering the public, warning, "**Their desire to please a political base will result in death and disability of vulnerable children and adults.**"

Since then, he's been making media rounds, seizing every opportunity to attack RFK Jr.

For context, the hepatitis B vaccine was **moved to the childhood schedule in 1991** after it failed to receive uptake among the targeted

risk group, specifically, intravenous drug users and those who participate in risky sex.

Children engage in neither, and the hepatitis B vaccine provides protection for only about **6 to 7 years** (estimates vary), raising serious questions about why this particular shot is pushed on children at birth.

The Forgotten Side of Medicine

The hepatitis B vaccine is routinely given at birth, and then twice more very early in life. This is nonsensical for two reasons. First, at the time of birth, infants lack an immune system that can mount a proper antibody response to the vaccine. Second, hepatitis B is spread by blood-to-blood contact (e.g., sharing heroin needles or having unprotected sex), both things are very unlikely to happen in early childhood. This is important because the hepatitis B vaccine typically only lasts for around 6-7 years (estimates vary). The best explanation I have seen for why the vaccine is given immediately following birth (despite being completely unjustifiable) is that it habituates parents to come in for regular well-child vaccination visits starting at two months of age.

People have been scratching their heads about this hepatitis B vaccination recommendation for decades. The only viable way a child can contract hepatitis B is if the mother is infected; otherwise, their risk is virtually zero.

Expectant mothers are tested for hepatitis B during pregnancy, and as long as they test negative, the disease poses no risk to the baby.

Again, the shot only lasts about 6 to 7 years and almost always wears off by the time infants become teenagers, so there is no plausible benefit to giving a baby the hepatitis B shot when the mother isn't infected.

After Dr. Demetre Daskalakis's stark warning about the hepatitis B shot on ABC, Senator Rand Paul — a physician himself — fired back with a sharp rebuttal that cut him down in just a few sentences.

On X, **Sen. Paul wrote:**

“No medical reason to give newborns Hep B vaccine if mother is not infected. All mothers who deliver in a hospital are tested. This ‘scientist’s’ fetish for vaccines [is] **NOT supported by the data.**”

.....

Dr. Robert Malone : Resignations as Cover-Up for Looming COVID Vaccine Safety Scandal

Also from Gateway Pundit. Jim Hoft

The crumbling facade at the CDC is finally collapsing—and it took one of the world’s most credentialed voices in medicine to pull the curtain back.

Malone posted bluntly on X about the wave of resignations rocking the CDC:

“The real reason for the recent CDC resignations is that the ACIP Subcommittee on COVID 19 vaccines got approval to investigate the safety and efficacy of COVID vaccines, and they knew the gig was up, the truth was about to come out, and they would have to account for their actions. All you need to do is read the recently approved “terms of reference” for that subcommittee and it all becomes clear.”

You can read the approved document here-

<https://t.co/609FgmKgbo>

Cause Unknown: The Epidemic of Sudden Deaths

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

December 11, 2022

STORY AT-A-GLANCE

- › In his new book, “Cause Unknown: The Epidemic of Sudden Death in 2021 and 2022,” former BlackRock fund manager Edward Dowd details data showing the COVID shots are a crime against humanity
- › Insurance industry research in 2016 concluded that group life policyholders die at one-third the rate of the general U.S. population, so they're the healthiest among us. Group life policyholders are those employed with Fortune 500 companies, who tend to be younger and well-educated
- › In 2020, the general U.S. population had higher excess mortality than group life holders, but in 2021, that flipped. Ages 25 through 64 of the group life policyholders suddenly experienced 40% excess mortality, compared to 32% in the general population. In short, a far healthier subset of the population suddenly died at a higher rate than the general population
- › American disability statistics are equally revealing. In the five years before COVID, the monthly disability rate was between 29 million and 30 million. After the COVID jabs, the disability trend changed dramatically. As of September 2022, there were 33.2 million disabled Americans – an extra 3.2 million to 4.2 million – a three standard deviation rate of change since May 2021
- › Since May 2021, the overall U.S. population has experienced an 11% increase in disabilities, while the employed – which is about 98 million out of a total population of about 320 million – experienced 26% increased rate of disability. So, something was introduced into the workforce that caused working age people to die

In this video, I interview repeat guest Edward (Ed) Dowd, a former analyst and fund manager with BlackRock, the largest asset manager in the world. With more than \$10 trillion in assets, BlackRock wields greater financial power than any country in the world with the exception of the U.S. and China.

Dowd has a knack for seeing trends, and was able to grow the assets he managed during his time at BlackRock from \$2 billion to \$14 billion. Ten years ago, he left BlackRock, moved to Maui and became an entrepreneur. More recently, he's come out as a whistleblower against the COVID shots and Big Pharma corruption.

In our [last interview](#), we discussed the mathematical certainty of a financial collapse, and how COVID provided a convenient smoke screen to hide this reality.

Data Reveals Crimes Against Humanity

Dowd has now published a book, "[Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022](#)," in which he details the data showing the shots are a crime against humanity.

"When this product [the COVID shots] came to market, I was very suspicious because I know a lot about health care," Dowd says. "I was on Wall Street and I used to analyze health care stocks. I knew that normal vaccines took seven to 10 years to prove effectiveness and safety.

This was an experimental vaccine, a nontraditional gene therapy that had never been tested on humans. I read the literature on the animal tests and they were an abomination. Then, this thing was approved in 28 days. They got rid of the control group. I knew it was Operation Warp Speed, so I was highly suspicious of this whole thing from the get-go.

Then in early 2021, I started hearing anecdotes that people were getting sick and/or injured, or died, from distant friends and relatives. I started reading about sudden athlete deaths, [and] suspected the vaccine right away. I didn't

have the data that I have now, but I said to myself, 'You know, I'm going to look at insurance company results, funeral home results.'

That eventually led to excess mortality statistics ... I'm known as 'the excess mortality guy' right now. What I've learned through my own personal experience is that Pharma is, on the whole, mostly fraudulent. Most drugs that have been approved by the FDA [U.S. Food and Drug Administration] aren't really all that safe and effective.

They have to recall so many drugs every year. The FDA has been wholly captured by the pharma industry. Seventy to 75% of the drug approval pharma arm of the FDA comes from pharma fees, directly from the companies, so this has been corrupted for a long time.

It's now exposed primarily because [the COVID shot] is [injuring and killing] such a large amount of people. It's hard to hide this one ... This fraud is unveiled and out there for people to see, but it's only in the echo chamber. Mainstream media is still beholden to Big Pharma because of all the ad spend and the government policymakers ... [who] want this to go away.

There's a giant cover-up going on as far as I'm concerned. The data that I'm going to talk about today is there for the global health authorities to see. They see what I see, and at this point it's negligence, malfeasance, a cover-up and a crime.

That's why I'm here, because I don't believe anybody has a right to tell me what to do with my body, and I can't believe this actually happened. The numbers I'm going to reveal to you are now a national security concern."

Group Life Insurance Statistics Tell a Curious Story

Dowd's concerns are based on a variety of statistics, including but not limited to government mortality and disability data, as well as data from private insurance

companies, such as group life insurance data. As explained by Dowd, group life policies are policies given to large Fortune 500 corporations and mid-sized companies.

Basically, when you start to work at one of these companies, you sign onto a policy from Day 1 that includes a health care plan and life insurance plan (death benefit), which is typically one or two times your annual salary. The only way you can get a claim on these policies is if you die while employed. If you quit or get fired, you don't get this claim.

Group life insurance is a lucrative business for insurance companies because the death rates have historically been highly predictable. In the U.S., the available civilian labor force is about 164 million people in total. Of those, 98 million are actually employed, and of those 98 million, only small subset actually has group life insurance.

"These people are a tiny subset of the 98 million because these are the workers at the best corporations with access to the best health care. They're highly educated and employed, and you have to have some measure of health to be employed.

The industry did research in 2016 to determine how healthy this population is compared to the general U.S. population ... This report said that in any given year, the group life policyholders die at one-third the rate of the general U.S. population. They experience a third the mortality rate of the general U.S. population, so they're healthy.

What happened in 2021 to this group? Well, let's talk about what happened in 2020. COVID affected everybody, and the general U.S. population experienced more excess mortality from COVID pre-vaccine than the group life holders, so that relationship helped. Well, in 2021 that flipped. Ages 25 through 64 of the group life policyholders, as reported by the Society of Actuaries, experienced 40% excess mortality.

The general U.S. population in 2021 experienced 32% excess mortality. This is year two of the pandemic with miracle vaccines. Isn't that interesting? A much

healthier subset of the population died at a higher rate than the general population."

Disability Stats Reveal Jobs Are a National Security Concern

American disability statistics are equally revealing. Every month, the U.S. Bureau of Labor Statistics conducts surveys on disability. In the five years before COVID, the monthly disability rate was between 29 million and 30 million. Those are absolute numbers.

After the COVID jobs, starting in May 2021, the disability trend changed dramatically. As of September 2022, there were 33.2 million disabled Americans. That's an extra 3.2 million or 4.2 million, depending on whether you're using the 29 million or 30 million baseline. That's a three standard deviation rate of change since May 2021.

A three standard deviation means that the chance of this happening is 0.03%, so something happened around May 2021 that was highly unusual. Since then, the overall U.S. population has experienced an 11% rate of increase in disabilities, while the employed – which is about 98 million out of a total population of about 320 million – experienced 26% increased rate of disability.

"So, we have two different databases suggesting the same thing," Dowd says. "It was detrimental to your health to be employed in 2021 and 2022 ... Something is happening to the most able-bodied amongst us, college students, those employed, those in the military, the frontline workers ..."

Those who are employed are getting disabled faster than the general U.S. population. That shouldn't happen. The employed amongst us are healthier, generally speaking ... If you have a job, you tend to be able to show up at work. Basically, the bottom line is this. The only explanation for this that I can see is mandates for experimental biological inoculations ...

One of my whistleblowers from the insurance [industry] told me that as of August 2022, the millennial cohort of the group life holders is still experiencing

36% excess mortality.

People in Fortune 500 companies are dying at a much more excessive rate than those who are not employed there, so this has implications for years to come. It's a national security concern as far as I can tell ... We seem to have poisoned the most able-bodied amongst us through [COVID jab] mandates."

The same trends are seen in Europe. Excess mortality amongst the young has gone up. In the first year of the pandemic, old people died. In the second year, it suddenly shifted to younger working folks.

A Disaster in the Making

For now, the excess mortality trend in the U.S. has leveled out between 15% to 20% for the general population. In the U.K. and Europe, the excess mortality trend in the general population is between 10% and 20%. Meanwhile, American millennials in the workforce with group life policies have an excess death rate of 36% as of August 2022.

As noted by Dowd, if you're employed at a Fortune 500 company that mandate boosters, it makes sense that your excess mortality will be higher than the general population if the shots are harming people.

Many in the general population are too young to take the shots, are self-employed, work for small companies that aren't obliged to mandate shots, or are retired. In short, the general population has had greater choice when it comes to taking the shots or not. If these trends continue at this same rate, it's an absolute disaster for our economy and society at large.

"The CEO of OneAmerica, Scott Davison, said a 10% rise in excess mortality amongst younger-age working people is a three standard deviation event, or a once in a 200-year flood. That's just 10%. He said the 40% they saw in 2021 was just unfathomable. They couldn't even calculate what that meant.

We're above 10%, so we're well above the three standard deviation event. What we don't know is the long-term trends. Anecdotally, one young woman I know, [aged] 30, got it in December 2021.

She's presenting with heart issues now, in the month of October [2022]. She's got a heart rate beat per minute of 30, so she's got problems. I'm hearing about lots and lots of heart issues in my millennial friends' circles that have presented themselves well after the shot."

As detailed in "[Is Long-COVID the Elephant in the Room?](#)" recent research¹ from Switzerland found the rate of subclinical myocarditis is hundreds of times more common than clinical myocarditis. In fact, 100% of those who got the jab suffered some level of heart injury, even if they were asymptomatic, as they all had elevated troponin levels (an indicator of or biomarker for heart damage).

Stock Trading as an Analogy for COVID Jab Uptake

The good news is that the uptake of the latest bivalent boosters is only 10%, which means 90% of those eligible for it have not gotten it. Hopefully, this is a sign of sanity returning. However, many remain stuck in the pro-mandate box for the simple reason that their egos are wrapped up in it.

Many didn't take and push the shots for personal health reasons. As noted by Dowd, "They did it for virtue signaling tribal reasons, and they wanted to feel superior to other people." To break the spell, they must come to the realization that they were duped, they were fooled, and that's painful.

"If you buy a stock and your investment thesis is proven wrong, what you should do is pull a 180 and sell the stock, because you're wrong. What I found, even with some of the greatest investors, is that if their ego was attached to it, they would ignore clear evidence that the thesis was compromised. Sometimes fraud would even be involved in some of these companies, but they would continue to buy the stock all the way down.

That's an analogy for what taking boosters is at this point – taking boosters for a product that doesn't work at all, doesn't prevent COVID nor transmission. Let's say you think it's safe and effective. But now there are serious safety concerns that are proven, so it's literally your ego that's going to kill you. We call that 'dumb money' on Wall Street, so think of this like a trade.

You either long [i.e., take a long position on] the vaccine or short the vaccine. Those of us who didn't take it are short. Those who are long have an opportunity to pull a 180 on this and not get boosters. That would be the equivalent of selling stock.

Those who continue to get boosters are getting longer as more and more evidence [against the COVID shots] rolls out. [Editor's note: In stock trading, a long position is held with the expectation that the stock will rise in value in the future. If the value goes down, you lose money.]

This is the greatest asymmetric information gap I've ever seen in my lifetime, and it's due to a whole host of factors – media blackouts, government corruption, regulator corruption and ego, people's individual ego. This is the greatest trade of my lifetime and, what side of the trade do you want to be on?

My hope is to convince people to cut their losses and stop taking this thing and then look at ways to heal the damage that's been done. The good news is there does seem to be people working on protocols to at least mitigate and hopefully reverse some of the damage."

Impacts on US Infrastructure

If excess mortality and disability rates remain catastrophically elevated, the impacts on our infrastructure will be severe. Dowd estimates 2 million to 3 million Americans have already been disabled by the shots. Officially, the unemployment rate is 3%, but if you add in the excess disabilities, you find that the real unemployment rate is actually around 6%.

"Why is that important? We have 3% unemployment yet we have help wanted signs everywhere. Well, the reason you have help wanted signs is because people who used to be able to work, able-bodied Americans, are no longer able to work, so it's creating shortages.

There's also not complete disability. Some people are sucking it up and dragging their ass to work, but they're also missing days. A lot of people are calling in and missing days ... I can also talk about what I'm seeing with supply chain with automobiles. My car was hit July 14th [2022]. My left headlight panel was destroyed and the radiator was damaged.

It took 10 days to get a police report because my police department has staff shortages. Then, I called around and there are shortages of parts all across the globe and the body shops are backed up. I couldn't even get a tow to a body shop until November, so I couldn't get an estimate to give to my insurance company. I had to do a photo estimate.

It took them about a month to get back to me, and then when I put in [a claim for] the repairs, my insurance company said, 'We're going to junk your car. It's a total loss. We'll cut you a check.' Now, the reason they did that was because they're making money off my junk car.

They're going to sell the parts, [which is why] they gave me more money than the Blue Book value ... This is kind of the glacial beginning, what I call the 'glacial Mad Max' scenario.

Goods and services that we used to take for granted are going to start to disappear. Uber Eats, that's going to go the way of the dodo bird. There's just not going to be enough people to fill these jobs and it's going to become increasingly more difficult to get things. Supply chains are already broken. They're going to become more broken with less people on the margin.

Remember, supply chains are all done just-in-time. That was a big thing when I was on Wall Street. 'Just-in-time supply chain, super-efficient.' Well, just-in-time

was algorithmically designed to use the least amount of people. Now, you just need a couple of people to call in sick or disappear, and everything gets backed up. So, this is beginning.

I think it's going to get worse and worse. What I'm hearing about the medium-term impacts scare me. Because of the uptake in boosters has lessened, we should have seen excess mortality start to drop into single digits. But it's not.

It's still running [high], and I suspect when the numbers are in from the flu season this winter, excess mortality will trend up again because people's immune systems are compromised. Illnesses that would have been easy to withstand are going to knock some people out."

Life Expectancy Has Plummeted

At the end of August 2022, we also discovered that life expectancy in the U.S. dropped precipitously during 2020 and 2021,² which further supports the hypothesis that the shots are prematurely killing people.

As I was preparing for my interview with Ed, I realized I wanted to discuss the worst decrease in life expectancy in the U.S. in over 100 years with him, as he had not discussed it in his book. I used a few of the non-Google search engines and could not find it at all. Then I realized I saved a copy of the story in one of my PowerPoint lectures (see below):

U.S. Life Expectancy Falls Again in 'Historic' Setback

The decline during the pandemic is the sharpest in nearly 100 years, hitting Native American and Alaska Native communities particularly hard.



By [Roni Caryn Rabin](#)

Aug. 31, 2022

The average life expectancy of Americans fell precipitously in 2020 and 2021, the sharpest two-year decline in nearly 100 years and a stark reminder of the toll exacted on the nation by the continuing coronavirus pandemic.

If I had not saved this screenshot and not had the precise headline to search for I would likely have never found the article.

In 2019, the average life span of Americans of all ethnicities was nearly 79 years. By the end of 2021, life expectancy had dropped to 76 — a loss of nearly three years. Typically, a drop in life expectancy by a mere month or two is a big deal, so a three-year loss is a sign that something catastrophic has occurred.

It's also rather incriminating that The New York Times article³ that reported this historical decline in life expectancy was quickly deleted, as were all reposts. To me, the decrease in life expectancy is prima facie evidence that the COVID shots are a dangerous fraud. Probably, the article was scrubbed to protect the pro-jab narrative.

This is a classic illustration of what the global cabal is doing, and I discussed it in great depth with an upcoming interview with Whitney Webb. It is clear this censorship and removal of important information will only worsen with time. So if you value a video or

article it would be really helpful to download it to your personal drives as it very well may be gone the next time you go to look for it.

More Information

To learn more, be sure to pick up a copy of Dowd's book, "[Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022](#)." To stay abreast on Dowd's ongoing work, you can also [follow him on GETTR](#).

"I'm not a scientist. I'm not a doctor. I'm a financial capital markets expert," Dowd notes. "What do we do in financial capital markets? We accumulate information edges over other people to make decisions on asset classes, to make money before everybody else sees the trend change. That's how you make money.

I live in the world between perception, reality and timing of that switch from perception to reality. Right now, the perception by 90% of the population seems to be that the COVID shot is a safe and effective and I'm crazy. Well, my data suggests that I'm not crazy. Not only am I not crazy, you're so wrong it's going to be detrimental to your health.

The book is a journey through how I think. I present the theory of the case. It's simple deductive reasoning. You don't have to believe me, but you have to ask this question: 'If 2020 was so exciting to the media and the health officials that counted all the deaths with such glee, why are they not talking about the excessive death rates we're now seeing globally, especially amongst the younger age working folks and the employed folks?'

There seems to be crickets on that, so you have to ask yourself, 'If that's not a national security concern and a national health crisis, then what is?' Why the silence? Well, prima facie evidence of a cover-up is my thesis ... Look at my book as a stock thesis. It's my investment case on why I would pitch a stock to you ... I'm just pitching you a trade.

Get out of the vaccine. Stop taking them. You're on the wrong side of the trade, and if you don't listen to me, instead of losing money, you're probably going to lose your health and/or life."

A Red Pill for Christmas

A great feature of "[Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022](#)" is that it's not going to overwhelm you with complex statistical analysis. It's a simple read with lots of pictures and graphs. It also includes QR codes to references so you can rapidly confirm them.

"Everything I sourced," Dowd says. "It's a powerful book. It's a book that I hope changes the marginal mind ... I think it makes a great Christmas gift for the family member who doesn't see the reality we see and, again, it's coming from a Wall Street guy, laid out as an investment thesis. You can disagree, but all the stuff that I put in the book is sourced and the data is the data ...

What we don't do in the book is we don't get into the who and why. We don't want to assault someone's worldview, but the data's so compelling, we do say at the end of the book ... 'There's a cover-up going on and malfeasance.'

Jessica Rose, Ph.D., said in an interview with me, and I put her quote in the book, 'Some things are worse than death.' The most acute adverse reaction is death. But there are other ones that can make your life pretty miserable for a long, long time, and also make other people's lives miserable that have to take care of you.

When you think about labor statistics, if there's someone in the house that's disabled severely, the person who's not disabled loses work hours and work weeks taking care of that person, taking them to hospital visits, what have you.

Also, think about the hospital infrastructure that's going to be overwhelmed, especially with the health care workers who were mandated to take all these jobs. We're going to have a health care crisis, whether you know it or not.

It's coming, and you're not going to have access to health care ... That's why I think people need to look at holistic health themselves and get as healthy as possible right now ... Do what you can outside the medical system because soon it's not going to be there for you."

Sources and References

- ¹ [Daily Sceptic October 27, 2022](#)
- ^{2, 3} [New York Times August 31, 2022 \(Archived\)](#)



Cochise County Board of Supervisors

Public Programs...Personal Service
www.cochise.az.gov

Agenda Item Request Form

NOTE: This form and all attachments need to be received 11 days in advance of the meeting date to give Board staff time to enter into AgendaQuick and begin the routing/approval process. Agenda items will be routed to the impacted Department Director(s), Finance, Budget, and the County Attorney's Office for review.

If this request is for a new County-wide program or policy, a Work Session should first be scheduled for the Board to review the proposal in detail. Complete and submit the Work Session Request Form. If this request is for use of Community Enhancement Funds, complete and submit the Community Enhancement Fund Form.

Supervisor Name:

Agenda Item Text:

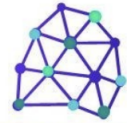
Background:

Department's Next Steps (if approved):

Impact of NOT Approving/Alternatives:

To BOS Staff: Document Disposition/Follow-Up:

Attachments:



The Autopsy Data Are In: What They Reveal About COVID-19 Vaccines and Public Health Oversight

James Lyons-Weiler^{1*}

Editorial

Two newly published peer-reviewed studies in *Science, Public Health Policy & the Law* provide critical forensic evidence that strengthens the link between COVID-19 vaccination and a range of fatal adverse events. The systematic review led by Hulscher et al. and the VAERS-based autopsy analysis by Rose together represent an important step forward in our effort to understand COVID-19 vaccine safety through post-mortem investigation. These studies highlight both the urgent need for greater transparency in pre-release and pre-approval vaccine safety science and the systemic failures that have hindered the collection of autopsy data in the COVID-19 era.

A Pattern in Post-Vaccination Deaths

The Hulscher et al. systematic review examined 325 autopsy cases from 44 published studies, finding that 73.9% of deaths were adjudicated by independent physicians as being directly caused by or significantly linked to COVID-19 vaccination. The leading causes of death included:

- Sudden cardiac death (35%)
- Pulmonary embolism (12.5%)
- Myocardial infarction (12%)

- Vaccine-induced immune thrombotic thrombocytopenia (VITT, 7.9%)
- Myocarditis (7.1%)
- Multisystem inflammatory syndrome (4.6%)
- Cerebral hemorrhage (3.8%)

Most deaths occurred within one to two weeks of vaccination, with the highest concentration in the first week. The temporal relationship between vaccination and fatal outcomes suggests an urgent need for deeper forensic investigation.

However, while the autopsies in Hulscher et al.'s study provide invaluable insight, they are only part of the picture. Rose's (2025) new analysis of VAERS autopsy data exposes an even larger issue: the dramatic decline in autopsy rates despite rising post-vaccine deaths.

The Vanishing Autopsies: What Rose's Study Reveals

If an increase in unexpected deaths follows the administration of a medical intervention, the logical response is to increase forensic investigations. Yet, Rose's analysis of VAERS autopsy data from 2021 to 2023 demonstrates the opposite:

- The absolute number of autopsy reports in VAERS increased by 1,714% compared to influenza vaccines.
- Paradoxically, the rate of autopsies per reported death declined by 77.6%.

This paradox suggests that while more post-vaccine deaths were reported, fewer autopsies were conducted to determine causality. The study further demonstrates that the majority of COVID-19 vaccine-associated autopsies linked the cause of death to cardiovascular events, including:

- Myocarditis (11%)
- Cardiac arrest (12%)
- Pulmonary embolism (16%)

Strikingly, when compared to influenza vaccines, VAERS data contained no cases of cardiac arrest or pulmonary embolism as a cause of death following influenza vaccination. This discrepancy further supports concerns over unique cardiovascular risks associated with COVID-19 vaccines.

Why the Decrease in Autopsy Rates?

Rose’s findings raise a pressing question: Why were fewer autopsies performed when they were needed most? The study points to several contributing factors:

- 1. Systematic discouragement of autopsies**—During the COVID-19 pandemic, medical institutions actively discouraged autopsies, citing concerns about viral transmission. This reluctance appears to have extended into the vaccine era, despite the clear need for forensic clarity.
- 2. Gaps in VAERS reporting**—While autopsies should be systematically recorded in VAERS for cases of post-vaccine mortality, many reports list only “death” with no additional details, limiting

their forensic utility.

3. Institutional reluctance to probe vaccine-related fatalities—Given the scale and urgency of the vaccine rollout, regulatory agencies may have been hesitant to conduct widespread forensic investigations that could raise public concerns.

This failure to perform and record autopsies represents a significant void in our understanding of vaccine safety. Had systematic forensic investigations been conducted from the outset, we might have better characterized these risks and taken steps to prevent unnecessary deaths.

The Urgent Need for Systematic Autopsy Studies

Both studies reinforce the critical importance of post-mortem analysis in assessing vaccine safety. Given the documented cardiovascular risks associated with mRNA-based vaccines, the absence of widespread forensic investigations is particularly concerning. Evidence continues to emerge that spike protein toxicity, lipid nanoparticle biodistribution, and immune dysregulation may contribute to post-vaccine fatal outcomes.

Historical precedent also demands a more proactive approach. Previous vaccines, including the 1976 swine flu vaccine (linked to Guillain-Barré Syndrome) and the 1998 Rotashield vaccine (linked to intussusception), were withdrawn in response to a fraction of the adverse event reports now associated with COVID-19 vaccination.

The lack of forensic scrutiny surrounding COVID-19 vaccine-related deaths is anomalous and inconsistent with past safety practices.

Conclusions: A Scientific and Ethical Imperative

The findings from Hulscher et al. and Rose collectively underscore a critical need for reform in vaccine safety monitoring and forensic investigation. Moving forward, the following actions are called for:

1. Deaths in clinical trials should not be ruled out causally for first-in-human exposures.
2. Autopsies should be mandatory for all sudden, unexplained deaths post-vaccination.
3. A forensic review of VAERS autopsy data should be conducted to fill existing knowledge gaps.
4. Independent oversight bodies must be established to ensure transparency in vaccine safety investigations.

If we are to uphold scientific integrity and public

trust, we must ensure that every post-vaccine death receives the level of scrutiny it warrants.

Science, Public Health Policy & the Law has provided a vital service in publishing these studies, which challenge prevailing narratives on vaccine safety. The question now is whether regulatory agencies and medical institutions will act on this evidence—or continue to look the other way.

References

- . Hulscher N, Alexander P E., Amerling R, Gessling H, Hodkinson R, Makis W et al. A Systematic Review Of Autopsy Findings In Deaths After COVID-19 Vaccination. *Science, Public Health Policy and the Law*. 2024 Nov 17; v5.2019-2024
- . Rose J. Reports Of Autopsies In VAERS And Associated Adverse Events Linked To Cause Of Death. *Science, Public Health Policy and the Law*. 2025 Feb 07; v6.2019-2025

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1. SPHPL: Editor-in-Chief, IPAK/IPAK-EDU, LLC.



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February 23, 2023

Via Email & By Certified Mail, Return Receipt Requested

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cc: Cochise County Attorney Brian McIntyre

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Re: Open Meeting Law and the Cochise County Board of Supervisors

Board Members:

The Office of the Attorney General has received multiple Open Meeting Law complaints regarding the Cochise County Board of Supervisors (the "Board"). The Attorney General is authorized to investigate alleged violations of and enforce Arizona's Open Meeting Law ("OML"). The complaints have been assigned to the Government Accountability Unit, and in particular the Open Meeting Law Enforcement Team ("OMLET").

This letter's purpose is to request information from you regarding the following allegations so that we may better assess this matter. Pursuant to A.R.S. § 38-431.06(C), please provide a written response to the following allegations.

Board Members' November 2022 Marra Lawsuit

The majority of the complaints concern actions in November 2022, alleging that Supervisors Tom Crosby and Peggy Judd, who together constituted a quorum of the Board, met privately, without providing public notice, discussed legal action, and ultimately filed a lawsuit purportedly in their official capacities against Elections Director Lisa Marra (Cochise County Superior Court, No. CV2022-00533). Supervisors Crosby and Judd apparently retained Mr. Bryan Blehm to represent them in their official capacities in this matter, and the complaints allege that they did so absent a public meeting. Some of the complaints also allege that, a few days later, Supervisors Crosby and Judd privately met again to withdraw the lawsuit.

Please provide a written response to these allegations. Along with your response, please include and preserve any relevant November 2022 executive session minutes and any available audio or video

recording of the same, as well as copies of any physical and/or electronic documents, including but not limited to email communications, text messages, and social media messages, in your possession, custody or control that are relevant or potentially relevant to the above allegations.

July 26 Supervisor Crosby Statements

One complaint alleges that in the Cochise County Flood Control District's July 26, 2022 meeting, concerning Agenda Item #4 (Amendment P00002 to Contract W9124J-15-2-0001, between US Army Environmental Command and the Cochise County Flood Control District in the amount of \$1,500,000, for the Bella Vista/Coyote Wash Stormwater Management Project), Supervisor Crosby discussed matters outside the noticed agenda topic, relating to the San Pedro Riparian National Conservation Area. Following several warnings from a Deputy County Attorney concerning a potential OML violation, the Chairman ultimately stated that she believed the comments overreached the noticed agenda item.

Please provide a written response to these allegations.

April 5 Supervisor Crosby Statements

One complaint alleges that in the April 5, 2022 Regular Board Meeting, concerning Agenda Item #13 (amendment to Intergovernmental Agreement IGA2021-055, Controlling SARS-CoV-2 Transmission, between the Arizona Department of Health Services (ADHS) and Cochise Health & Social Services), Supervisor Crosby asked questions ranging outside the noticed agenda topics, about unvaccinated people with natural immunity spreading COVID. Following warnings from a Deputy County Attorney and the County Administrator concerning a potential OML violation, Supervisor Crosby continued this line of questioning.

Please provide a written response to these allegations.

Please forward the information requested within twenty (20) days of receiving this letter. Any objections to or reasons for not complying with this request should be filed with the Attorney General's Office no later than the same deadline. A failure to timely respond to this letter may result in the finding of a violation(s) and the imposition of appropriate remedies.

Sincerely,



Robert J. Makar
Assistant Attorney General
Open Meeting Law Enforcement Team