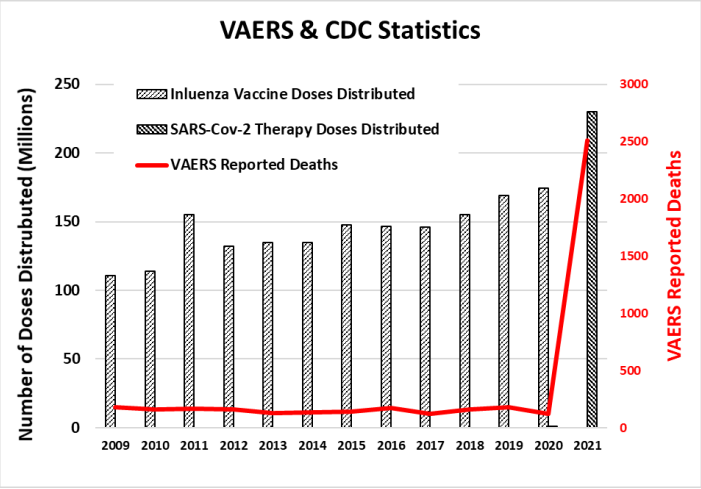
April 29, 2021

To the Secretary of Health, Members of the Department of Health, Board of Health and Vaccine Advisory Committee, Legislative Members and Other Parties,

I sent an email to each of you 13 days ago, hoping to receive information or insight into your decision-making process with regards to the unusually high level of reported deaths and adverse events associated with the EUA (actually, phase III clinical trial) administration of the Pfizer/BioNtech, Moderna and J&J (Janssen) therapies in Washington state. As a taxpayer, Ph.D. trained scientist and citizen of the state of Washington, I was expecting to receive at least a courtesy letter with regards to the email that was sent on April 16.

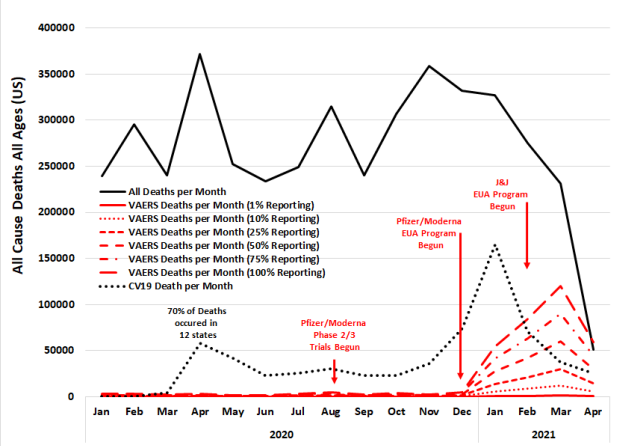
In my email I pointed out the fact that VAERS system is a reporting system for the medical and non-medical members of the US population. This system is known to underreport vaccine associated deaths and adverse events stemming from vaccines and other therapies, but it serves as a sentinel program to signal a potential problem with a vaccine. I remain concerned that you, as the Secretary of State, and the members of the various branches of the Department of Health, continue to affirm that the current clinical trial of these vaccines has a low-risk of death and/or adverse events, with a great deal of evidence showing this not to be the case. The evidence continues to mount that the position of "safe and effective", held by the Secretary of Health and the member of the Department of Health, is not a supportable position.

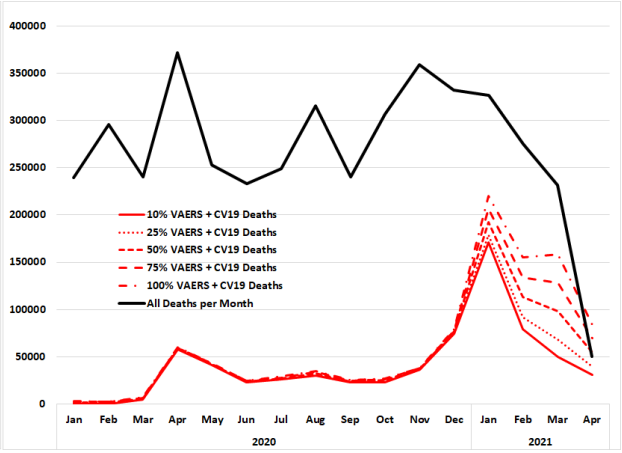


For the last 11 years, over 100 million doses of influenza vaccines have been distributed annually, with death rates reported by VAERS at a steady state (~ 120 deaths per year). Yet, with well over 200 million doses of Pfizer, Moderna and J&J (cumulatively) distributed in the US, we have not seen a doubling of reported deaths, but a 20X increase in reported deaths. This 20X increase cannot be accounted by the introduction of a non-COVID19 therapy (over 90% of the deaths are associated with the EUA programs), but by the very program that the Secretary of Health and the Department of Health continue to describe as "safe and effective". How this can be missed and not cause concern is truly beyond me.

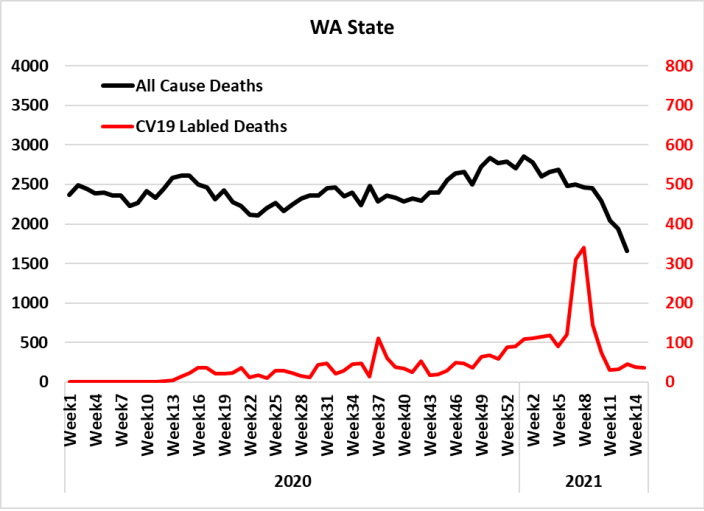
As we speak, the VAERS system is on track to report a similar or higher number of deaths in April as in March. The timing of the increase in deaths is temporally correlated with the rollout of the EUA COVID19 therapy program, with an increase in reported VEARS deaths (see the left graph directly below, red lines) occurring after the national COVID19 labeled deaths (see the left graph directly below, dotted black line) are on the decline.

Knowing that the VAERS system underreports deaths by a significant factor (from 10x to 100x lower actual deaths from vaccines), we can assume a simple model of adjustments that accounts for the underreporting. The increased and prolonged tail of all-cause mortality (black line, right graph below) indicates that a potentially higher number of COVID19 EUA deaths are contributing in a significant manner to all cause deaths. When VAERS deaths and COVID19 labeled deaths are combined by month (red lines, right graph below), we see that the data points fit with the larger than normal all cause death reporting (black line) that is seen in the tail-end of 2020 thru 2021 and that a 25X to 50X multiplier in VAERS is not out of the realm of the possible for actual deaths from EUA therapy.





Given that the number of COVID19 death reported in WA state have remained one of the lowest in the United States, the sudden increase in the number of COVID19 labeled deaths in WA state, during the 5th to 11 weeks of 2021, should have raised serious alarm bells (see graph below). The previous weeks (2020: Week 49th thru 2021: Week 4) were an intensive time for ramping up of the COVID19 EUA program in WA State, with a constantly increasing number of COVID19 deaths prior to week 5 in 2021 (see red line below).



The PCR test that is used by the laboratories in WA state are designed to detect the RNA nucleotide fragments of the SARs-Cov-2 virus. Given that all three COVID19 therapies use the spike protein sequence in their RNA or ds DNA delivery platforms, the sudden increase in positive cases could be due to individuals that received the therapy, thus testing positive on the PCR test, but not actually having an actual viral infection. This is a strong possibility that cannot be dismissed without a rigorous review of the death certificates, medical history and laboratory tests of the dead individuals.

Either way, a sudden increase in SARs-Cov-2 labeled deaths is not an expected event, given the trajectory WA state has followed for well over a year, especially during one of the largest clinical trials in human history, using an experimental therapy designed against the SARs-Cov-2 virus.

The temporal coincidences of increased COVID19 therapy administration nation-wide, VAERS spikes in deaths correlated to COVID19 therapy administration nation-wide, and a sudden rise in COVID19 deaths in WA state that occur directly during and after EUA COVID19 therapy administration, are sufficient reason to pause all trials. As the Secretary of Health and as officers in the Department of Health in WA state, your first responsibility is to the health and safety of the citizens of the state of Washington. The continuation of the EUA COVID19 therapy program is now a potential public health hazard.

A review and follow up of individuals receiving the Pfizer/BioNtech, Moderna and J&J therapies must occur. Given that all individuals receiving the therapies were required, by law, to receive information about potential risks in their informed consent forms (see Clark County form: https://clark.wa.gov/sites/default/files/media/document/2021-03/COVID_Vaccine_TM_Informed_Consent-English.pdf), retrieving the forms and contacting them should be a straightforward affair. I note that I could not find an informed consent form for King county, on the DOH website.

Secretary Shah, members of the Department of Health, I task you with the following action items:

1. Halt all Pfizer/BioNtech, Moderna and J&J therapy administration. Regardless of what decision the CDC, Federal agencies or private companies tell you, there are too many red flags to continue with the program as it stands. You all serve the people of Washington state, not the Federal government or private businesses.
2. Begin a detailed review, starting with the collected informed consent forms, to track down all injected individuals to begin a realistic assessment of all deaths and adverse events in Washington state. You have the power to do so, regardless of Federal stance.
3. The recent discussion by the University of Washington, Washington State University and other universities, colleges and businesses to mandate a vaccine as a condition of entry or work is ILLEGAL under Federal, state and county law. The COVID19 therapies are experimental, not FDA market cleared. I am requiring your, Secretary Shah, to inform all businesses and institutions in the state of Washington the following:
    a. The Pfizer/BioNtech, Moderna and J&J injections are experimental therapies. They cannot be mandated for any person as a requirement of entry, employment or enjoyment or use of public accommodations. It is illegal to coerce or force anyone to take part in a clinical trial.
    b. Violation of informed consent law and the violation of bodily autonomy runs against the Nuremberg Code and the Helsinki Declaration. Legal remedies are not limited to State and Federal courts, but can be tried as Crimes Against Humanity.
4. Given the know problems of false positives with the SARs-Cov-2 PCR test, has the Department of Health tracked the Ct numbers that are used by the laboratories? In December 2020/January 2021 both the WHO and CDC recommended that the SARs-Cov-2 PCR test lower the Ct threshold from the recommended Ct numbers used earlier in the year.

    a. Have the laboratories used or run by the WA DOH reduced the Ct numbers on the PCR tests? If yes, when did the change in Ct numbers take place for each lab. If no, why not and by who's authorization.
5. Are the EUA COVID19 therapy programs complying with informed consent laws? Are all forms being collected and stored by DOH? These forms are critical medical and legal documents that provide protection to those that administer the shots, as well as the members of the Department of Health that oversee the program roll-out. Although manufacturers are protected from liability due to the side-effects of the therapies, those that administer or oversee the program may not be protected.

I expect a reply to my questions, as well as whether or not you will carry out all, some or none of the action items I have written. I expect a reply within a week of receiving this email and/or letter.

Very Respectfully,

Xavier A. Figueroa, Ph.D.