

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.



Last Name Bryson First Name Ins MI

Date of birth 11/23/51 Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	MFR: Pfizer LOT: EL3302 EXP: 05-31-2021	<u>1/20/21</u> mm dd yy	<u>SGHS</u>
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

Reminder! Return for a second dose! ¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	<u>2/10/21</u> mm dd yy
Other Otra	mm / dd / yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite [espanol.cdc.gov/coronavirus/2019-ncov/index.html](https://www.espanol.cdc.gov/coronavirus/2019-ncov/index.html).

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov.

Patient progresses after being paralyzed

PROVIDED CONTENT

Like so many, Iris Bryson wanted to do what was best for her health. She decided to get the COVID-19 vaccination in January 2021. But unlike the majority of recipients, she had a very different result.

"I took the first COVID shot ... and two days later, I was in the hospital, paralyzed," Iris said, her speech noticeably impacted. "I spent a week in the hospital. My neurologist said it was from the shot, but other doctors wouldn't say that."

After the initial shock and devastation began to wear off, Iris committed to her recovery. She went from working full time, being able to do her own house and yard work, to being bed-bound. She began a physical therapy regime, though the battle was clearly going to be a fierce one.

After almost a year of traditional therapy, she was able to walk (with difficulty) with the use of a walker and she would have unpredictable muscle spasms in her legs causing her leg to bounce up with each step. While this was improvement, Iris was nowhere near her previous self.

But she refused to give up and in October 2021, she found her way to Heller Healthcare, located in Brunswick.

Dr. Jen Heller is a chiropractor who also has extensive experience with physical therapy and regenerative medicine, so this put her in a unique position to help Iris. And help was what she was desperately seeking.

"She presented very similar to a stroke, spinal cord, or severe spinal stenosis patient. Numbness, tingling, weakness, muscle atrophy, poor balance,



Rachel Stephens, left, has helped Iris Bryson with her rehabilitation at Heller Healthcare in Brunswick.

uncontrollable muscle spasms were just a few of her symptoms. Any type of patient that has any of these symptoms needs to be treated quickly — so seeing her a year out from the 'injury,' I knew that the recovery process would be more limited than a recent injury," Dr. Heller said.

After her initial treatment and physical therapy, previous providers had dismissively told Iris that her condition was as good as it was going to get. Considering that she could barely walk, it was an upsetting and heartbreaking assessment.

"They said, 'I'm sorry this happened. It's nice to meet you. Go take an aspirin and that's all you can do,'" Iris recalled.

That was unacceptable for the Heller Healthcare team.

Instead of giving up hope, Heller's team combined forces to see what could be done to help Iris. Heller's orthopedist and regenerative medi-

cine specialist, Dr. Rajen Naidoo, provided the detailed regenerative medicine protocol, while Dr. Heller designed a custom care plan which included practitioner assisted stretching, with rehabilitation therapist Rachel Stephens, as well as medical massage.

"We didn't know how far we would be able to get, but we knew we had to do something," Dr. Heller said. "Dr. Naidoo, who has clinics all over the world, said 'this is what we do,' and that's what we did."

"With any patient, especially Iris, we didn't 'treat' a labeled disease or condition. We don't do that, instead we treat and address the patient and their limitations. We test then we treat. Strength, pain, range of motion, numbness, poor balance, difficulty doing stairs, walking, or even normal activities of daily living... that's what we focused on with Iris, as well as any patient that comes in. By doing this, we were

able to see a path forward for her to get her life back" Heller said.

The plan called for multiple regenerative medicine injections at various points on Iris' body — targeting multiple joints and soft tissue. In addition, IV therapy was used for neurological healing, as well as chiropractic adjustments to activate the central nervous system. We also added balance work, exercise, massage and stretching.

"Iris is a champ. She does a lot of rehab to help turn those muscles and new cells back on and get them to finally work for her," Dr. Heller said.

And it's working. Within just a week, Iris saw remarkable improvements in neurological reflexes. Over time, she's continued to see miraculous progress.

"It was within the first couple of weeks," Iris said. "I could move more and I could move better. I had better balance."

MORE INFO

If you have been told there's no other option and feel there's no hope — please come in for a FREE Consultation.

With a variety of personalized programs in place, our team stands ready to help.

To schedule an appointment, call 912-264-2744

Visit www.HellerHealthcare.com

Today, Iris is living a much fuller life than when she first walked through Heller's doors. Instead of a walker, she manages with a cane. She's resuming some yard work and recently pressure washed her porch.

"Now, the biggest thing is getting her off the cane, and walking on uneven surfaces outside. We are also working on her hands," Dr. Heller said.

"I'm so proud of Iris. She's an amazing human and she really puts in the work. When you work hard, you get to play hard again ... no matter if you don't think that there's a pathway or a light at the end of the tunnel. You don't know until you know. She trusted us and continues to," Heller said with a smile.

For Iris, that has transformed her world. The future is much brighter, with a clear direction, a plan — and most importantly hope.

"When I look back from where it started to now, there's a lot of improvement. I couldn't have done it without Dr. Heller and all the girls," Iris said. "I would recommend it to anyone. Give it a try. You don't know until you try."



Transverse myelitis 48 hours after the administration of an mRNA COVID 19 vaccine

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Medical College of Georgia, Augusta, GA, United States

ARTICLE INFO

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mRNA vaccine
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ABSTRACT

Background Vaccinations against SARS-CoV-2 have been a topic of political, social, and medical intrigue since the declaration of the COVID-19 pandemic in early 2020. The vaccine side effects have been relatively mild to date, with few observed systemic effects.

Case presentation A 69-year-old previously healthy female presented with symptoms of asymmetric bilateral lower and upper extremity weakness 2 days after vaccination with the Pfizer-BioNTech mRNA vaccine. MRI of the cervical spine revealed a non-compressive myelitis extending from C3-4 to T2-3. Common known causes of transverse myelitis were ruled out by diagnostic techniques.

Conclusions Transverse myelitis is a rare autoimmune disorder that has been shown to have a temporal association with vaccination in the past. With a progressively partisan societal view on vaccinations, it is important for clinicians to remain vigilant on documenting potential associations without encouraging fear of causation.

1. Introduction

Due to the 2019 Novel Coronavirus pandemic, a new class of vaccines has become a household name. The introduction of mRNA vaccines comes with the concept of an exceptionally safe vaccination method, as well as one that can be manufactured at a rapid pace (Pascolo, 2008). One vaccine, produced by Pfizer-BioNTech works by shuttling an mRNA molecule into cells which instructs the cells to create a spike protein present on the outside of the virus. The immune system then forms a response to the protein, leading to immunity (Pfizer, 2021). The Pfizer-BioNTech mRNA COVID-19 vaccine was shown to be 95% effective in preventing infection. In the safety report, the most common symptoms were localized arm soreness at the site of vaccination, fatigue and headache. To date there have been no reported significant neurological side effects (Polack et al., 2020). We present the first documented case of transverse myelitis temporally associated with an mRNA vaccine. Transverse myelitis is a rare immune mediated disorder of the spinal cord often causing autonomic, motor, and sensory deficits below the level of the spinal cord lesion. It is frequently associated with autoimmune disorders (Frohman and Wingerchuk, 2010), however there is an observed temporal association between vaccinations and transverse myelitis (Agmon-Levin et al., 2009).

2. Case report

Three days prior to admission, the patient, a 69-year-old Caucasian female, had received her first dose of the Pfizer-BioNTech CoVID-19

mRNA vaccine. Day 1 post-vaccination, the patient experienced mild aching at the site of the vaccination but had no difficulties with her typical exercise routine of a 2-mile walk. On the morning of day 2 post-vaccination, the patient began to experience nausea and one episode of vomiting. Later that day she experienced lower extremity weakness and incoordination, worse on the right side than the left. Day 3 post-vaccination, patient reported to the hospital after the sensation of weakness and paresthesia extended to her hands bilaterally. At the time of presentation, she was no longer ambulatory.

Patient's prior medical history was remarkable for surgically treated cervical cancer, hypothyroidism, hyperlipidemia, restless leg syndrome, and right leg sciatica. Home medications include carbidopa-levodopa, fenofibrate, fluoxetine, and levothyroxine. Patient is a never-smoker and denies alcohol use. She had no known autoimmune diagnoses in herself or in her family. She had received no other vaccinations within the last month and denied any recent viral illnesses including COVID-19.

Patient was afebrile on admission. Clinical examination revealed bilaterally weakened grip strength and finger extension, as well as diffusely weakened lower extremities. Reflexes were noted to be slightly exaggerated, raising clinical suspicion for an upper motor lesion. The remainder of the neurological and general exam was normal.

An MRI of the brain and cervical spine was ordered on hospital day 1. The brain MRI revealed no acute intracranial process and no T2 hyperintensities.

MRI of the cervical spine revealed extensive T2 signal abnormalities seen particularly in the anterior aspect, as well as the mid-cord extending from C3-4 down to T2-3, consistent with acute transverse myelitis.

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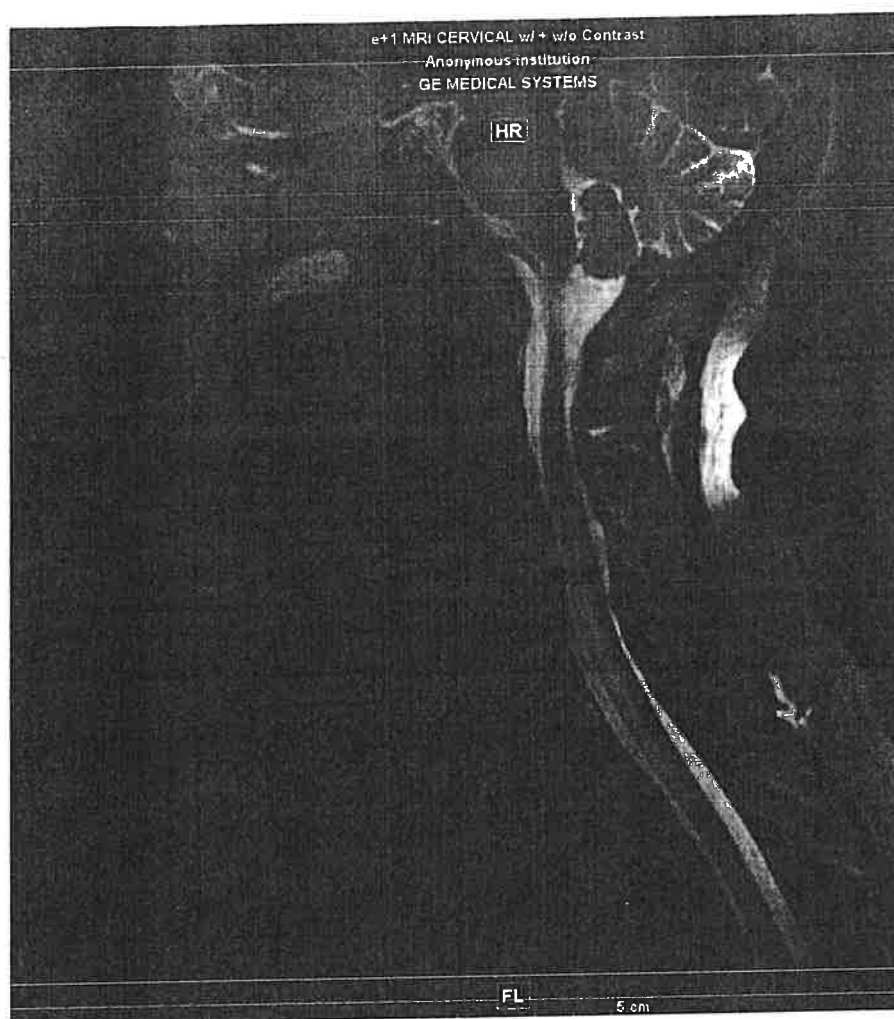


Fig. 1. MRI of cervical spine revealing extensive T2 hyperintensities extending from C3-4 to T2-3.

Disc disease was noted, however there was no evidence of spinal cord compression (Figure 1).

CSF studies revealed a normal nucleated cell count, protein, and glucose. MS profile revealed 2 oligoclonal bands in the CSF with 2 matching bands in the serum. Screening the CSF for VDRL, HSV, and Lyme yielded no results. Neuromyelitis optica and myelin oligodendrocyte glycoprotein IgG by cell-based assay were negative.

The following labs were also negative or normal: TSH, folate, SPEP, UPEP, ESR, ANA, HIV, rheumatoid factor, RPR, hepatitis screening, adenovirus antibody, ACE, dsDNA, ANCA, CMV, copper, EBV, zoster, West-Nile virus, enterovirus, HTLV, Sjogren's, vitamin E, anti Hu, anti CV2, anti amphiphysin.

Serum was positive for Coxsackie B5 with titers of 1:8, and Coxsackie B6 with titers of 1:16. Patient reported no history of rash or viral prodrome. These results were discussed with infectious disease and the low titers were deemed to be clinically insignificant.

Patient was treated with 5 days of 1 gram per day of IV methylprednisolone and aggressive physical and occupational therapy. She was discharged home with outpatient physical and occupational therapy. After leaving the hospital she had slow continuous improvement in function. At two-week follow-up outpatient, patient still had residual weakness worse on right side, as well as increased tone in her lower extremities. She required the use of a walker and stated she had been experiencing some urinary urgency and incontinence. She attests to gradual daily improvement. After thoughtful discussion with her treating physicians, the patient decided to forgo her second dose of the COVID 19 mRNA vaccine.

3. Discussion

There has been a recent spotlight on transverse myelitis. An association with a post-inflammatory state of CoVID-19 pneumonia has been noted in recent literature (Chow et al., 2020; Munz et al., 2020). Three reported cases of transverse myelitis were noted in trials for AstraZeneca's ChAdOx1 nCoV-19 vaccine, with two being ruled unrelated, and one being considered a possible relationship by an independent panel of neurological experts (Voysey et al., 2021). The presented case in which the only remarkable factor is recent vaccination could be accounted for by the background rate of idiopathic transverse myelitis, which has been shown to have an incidence rate between one and four new cases per million people per year (Bhat et al., 2010). However, one proposed mechanism of autoimmunity in relation to mRNA vaccines could be molecular mimicry, where cross reactivity with a structurally similar host protein could cause an acute autoimmune reaction (Agmon-Levin et al., 2009; Rojas et al., 2018). mRNA vaccines are a novel approach to vaccinations and have shown to be efficacious and safe (Baden et al., 2021; Polack et al., 2020). Pfizer-BioNTech's vaccine safety report showed no suspected cases of transverse myelitis in 43,252 participants (Polack et al., 2020). At the time of writing this report, there have been 277,196,174 doses of mRNA vaccinations in the US (155,394,989 Pfizer-BioNTech and 121,801,185 Moderna) (The University of Alabama at Birmingham, 2021), and there are presently no documented cases of transverse myelitis or other autoimmune disorders in relation to the vaccine.

We have presented what we believe to be the first case of transverse myelitis following administration of the Pfizer-BioNTech mRNA vaccine. Common causes of transverse myelitis including multiple sclerosis, NMO, MOG, enteroviruses, and a variety of systemic inflammatory diseases were ruled out by various laboratory tests. The case should be interpreted as an association, rather than a causation, but the temporal relationship should inspire vigilance in reporting future cases.

Neither author has any conflict of interest or funding to report.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.nerep.2021.100019.

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To Whom it May Concern:

Date of Covid-19 Vaccination: Jan 20,2021 @ 10:15 am

Product MFR: PFIZER, Lot: EL3302

EXP: 05-31-2021

Healthcare Professional or Clinic Site:

Southeast Georgia Health Systems – Hospital

Sequence of Events:

Thursday, Jan 21,2021: Early morning sharp pain between shoulder blades. Dressed for work, pain subsides, walked with co-worker at lunch break as usual.

Friday, Jan 22,2021: Dressed for work, became nauseous and vomited. Stayed home from work and slept most of the day. Hands tingled and numb, legs were weak.

Saturday, Jan ,2021: Conditions worsened, lost use of hands and legs. Called doctor, she sent us to emergency room. Paralysis from the neck down.

Current Status:

As of Tuesday, March 23,2021

- Seven (7) seizures between March 8 and March 18,2021
- Can walk with a rollator and an assistant
- Legs are weak and give way
- Hands have limited to no grip and limited use

We have delayed signing up for social security until age 70 for maximum amount. I plan to continue -

Thank you for your consideration of this matter. Any help is greatly appreciated.

Sincerely,

Larry L Bryson (Iris Husband)

701 Cedar Street St Simons Island, GA 31522

912-222-5131



COUNTERMEASURES INJURY COMPENSATION PROGRAM REQUEST FOR BENEFITS FORM

The Countermeasures Injury Compensation Program (CICP) provides certain medical and lost employment income benefits for individuals who were administered or used a covered countermeasure (such as 2009 H1N1 vaccine, Tamiflu®, Relenza®, and peramivir, mechanical ventilator, N-95 Filter Mask, anthrax vaccine, smallpox vaccine, etc.) and suffered a serious physical injury as a result. Individuals have one year from the date they were administered or used the covered countermeasure to submit a Request for Benefits Form (Request Form) in order to be considered for benefits. Although the CICP needs all the medical documentation that supports the injury in order to process the request, **requesters may submit only this Form in order to meet the filing deadline.** The CICP may also provide death benefits to certain survivors. The estate of a deceased individual may also qualify for certain medical and lost employment income benefits.

Read the instructions before completing this Request for Benefits Form.

SECTION A. INJURED COUNTERMEASURE RECIPIENT

Fill in information about the person who was administered or used a covered countermeasure and may have had a serious injury from the countermeasure.

First Name: Iris Middle Initial: E Last Name: Bryson

Date of Birth: 11/23/1951

Address: 701 Cedar Street

City: St. Simons Island State: GA Zip or Postal Code: 31522

Country (if other than the United States of America): _____

Telephone Number(s): 912-222-5131

Email address: larrylbryson@brysonarchitect.com

Type of countermeasure (e.g., 2009 H1N1 vaccine): COVID-19 Vaccination PFIZER, Lot: EL3302

Date(s) of the countermeasure administration or use that may have caused the injury: 01-20-2021

Geographic location in which the countermeasure was administered or used (e.g., city, State): Brunswick, GA

Continued on next page

Describe the purpose for receiving the countermeasure (e.g., "There was an outbreak in my community"):

COVID-19 outbreak

Who administered it? (e.g., doctor, hospital, clinic, local health department): SE GA Health Systems -Hospital

Date of onset of the injury: 01/22/2021

Describe the injury that may have resulted from the countermeasure:

Transverse Myelitis - Initially paralysis from the neck down

If you are the **injured countermeasure recipient**, go to Section E and sign this Request Form.

If you are a **survivor of a deceased injured countermeasure recipient** who may have died as a result of the countermeasure, go to Section B (Yellow).

If you are the **executor or administrator of the estate of a deceased injured countermeasure recipient**, regardless of the cause of death, go to Section C (Blue).

If you are the legal or **personal representative (including parent or guardian) of a person applying for Program benefits**, go to Section D (Orange).

SECTION B. SURVIVOR OF DECEASED INJURED COUNTERMEASURE RECIPIENT WHO MAY HAVE DIED AS A RESULT OF THE COVERED COUNTERMEASURE

All information in Section B refers only to the survivor(s) of the individual identified in Section A, who is/are requesting death benefits.

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip or Postal Code: _____

Country (if other than the United States of America): _____

Telephone Number(s): _____

Email address: _____

The date the injured countermeasure recipient identified in Section A died: _____

In order to be considered for Program benefits, a survivor must be in one of the categories described below. **Check the box that describes the person identified in Section B in relation to the individual identified in Section A.**

- ☐ Spouse
- ☐ Eligible child (described in the instructions)
- ☐ Dependent younger than the age of 18 (described in the instructions)
- ☐ Beneficiary named in most recently executed life insurance policy (and there are no survivors in the categories described above)
- ☐ Parent (and there are no survivors in the categories described above)
- ☐ Legal guardian of a deceased minor (and there are no survivors in the categories listed above)
- ☐ Adult child (and there are no survivors in the categories described above)

Check the first box below if the requester is a sole survivor or the second box if there are other survivors described above.

☐ To the best of my knowledge, there are no other survivors who may be eligible for a CICP death benefit payment; or

☐ There are other survivors who may be eligible for a CICP death benefits payment. I am providing their names and their relationship to the person we survived. If this box is checked, list survivors. Use additional sheet(s), if necessary. (Eligible survivor categories are listed above.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Go to **Section C (Blue)** if you are also the executor or the administrator of the estate.

Go to **Section D (Orange)** if there is a legal or personal representative; **otherwise**, go to **Section E** to sign this Request Form.

SECTION C. EXECUTOR OR ADMINISTRATOR OF THE ESTATE OF A DECEASED INJURED COUNTERMEASURE RECIPIENT

The Program may provide medical and/or lost employment income benefits to the estate of a deceased individual described in Section A, regardless of the cause of death. All information requested in Section C refers to the executor or administrator of the estate only.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip or Postal Code: _____

Country (if other than the United States of America): _____

Telephone Number(s): _____

Email address: _____

Go to **Section D (Orange)** if there is a legal or personal representative; **otherwise**, go to **Section E** to sign this Request Form.

SECTION D. LEGAL OR PERSONAL REPRESENTATIVE (including parent or guardian)

If you are the legal or personal representative of a minor or adult who does not have legal capacity to receive payments, complete Section D. Otherwise, a person requesting benefits does not need to have a legal or personal representative, but may choose to do so. All communications will generally be conducted with the representative, if one is identified. The CICP reserves the right to communicate with the requester if necessary.

The CICP will not pay or reimburse any fees or costs incurred by using a representative.

All Information in Section D refers to the legal or personal representative.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip or Postal Code: _____

Country (if other than the United States of America): _____

Telephone Number(s): _____

Email address: _____

Relationship to the person applying for Program benefits (e.g., parent, lawyer): _____

Is the person you are representing a minor or an adult who does not have the legal capacity to receive payments?

☐ Yes

☐ No

Go to **Section E** to sign this Request Form.

SECTION E. SIGNATURE

To be signed by the requester who is: (a) the injured countermeasure recipient identified in Section A; or (b) the survivor identified in Section B; or (c) the executor or administrator of the estate identified in Section C. If the requester does not have the legal capacity to receive a Program payment, then the personal or legal representative identified in Section D must sign on his or her behalf.

By signing this Form:

1) I hereby certify that the information provided in this Request Form is true and accurate to the best of my knowledge. Further, I understand that false statements or claims made in connection with this Request Form, including subsequent information and documentation submitted in connection with this Request Form, may result in fines, imprisonment and/or any other remedy, including civil remedies, available by law to the United States.

2) I will provide updated information (including, but not limited to medical records, employment income records, and change of address) until the Program has made its final decision.

3) (Check one):

☒ I have the legal capacity to receive Program payments; or

☐ I represent someone who does not have the legal capacity to receive Program payments and I am signing below.

Name (Print clearly): Iris E Bryson

Signature: 

Date: 3.23.2021



March 18, 2022

Iris E. Bryson
701 Cedar Street
St. Simons Island, GA 31522

Case Number: CICP2103230009

Dear Iris Bryson:

This letter is to inform you that there is insufficient documentation in the Request for Benefits Package (Request Package) that you filed with the U.S. Department of Health and Human Services' (HHS) Countermeasures Injury Compensation Program (CICP or the Program) for the Program to make a determination concerning your eligibility for CICP benefits. *See* 42 C.F.R. §110.71. You must inform the CICP **within 60 calendar days** from the date of this letter of your intentions to submit the necessary documentation, identified below. If insufficient documentation is submitted in response to this letter, the CICP may disapprove the Request for Benefits. 42 C.F.R. § 110.71.

Documentation Received

The CICP has received the following documents pertaining to your claim for CICP benefits:

- Medical records from Advanced Rehabilitation Therapy
- Medical records from Dr. Shelton
- Medical records from Kindred at Home
- Medical records from SGPA Primary Care
- Medical records from Southeast Georgia Health System

Documentation Required But Not Yet Received

- All medical records from neurology follow up visits, to date, that relate to your claimed injury; including records from your referral to the Mayo clinic

Please have these records or documentation sent directly to the CICP at the following address:



Health Resources and Services Administration
Countermeasures Injury Compensation Program
5600 Fishers Lane, 8N146B

Rockville, MD 20857

If you are unable to provide the required additional documentation, you may provide a written explanation of the reason(s) that the requested documentation is unavailable and the efforts you have made to obtain the documentation. 42 C.F.R. §§110.50(c);110.71. The CICP may accept such a statement in place of the required documentation or disapprove the Request for Benefits due to insufficient documentation.

Other Documentation

In addition to the required documentation that you must submit, identified above, you also may submit additional documentation that you believe will support your Request Package. This may include additional medical documentation or scientific evidence in order to establish that an injury was caused by a covered countermeasure.¹ Letters from treating physicians may be submitted as additional evidence but may not substitute for the required medical documentation. 42 C.F.R. §110.50(b).

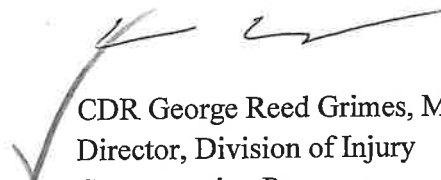
Please note that if you disagree with the CICP's eligibility determination and you request a reconsideration of the determination by an independent panel, the panel cannot review any new documentation that was not previously submitted to the Program. 42 C.F.R. §110.90(a).

If you have questions, please call 1-855-266-2427 or 301-443-9350, email CICP@HRSA.gov, or mail them to the following address:

www.hrsa

Health Resources and Services Administration
Countermeasures Injury Compensation Program
5600 Fishers Lane, 8N146B
Rockville, MD 20857

Sincerely,



CDR George Reed Grimes, MD, MPH
Director, Division of Injury
Compensation Programs

¹ To establish causation, a requester must demonstrate that the covered injury occurred as a direct result of the administration or use of a covered countermeasure based on compelling, reliable, valid, medical and scientific evidence. 42 C.F.R. §110.20(c).

Home Copy

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Larry L. Bryson

Office (912) 638-6745

Architect

Res.: (912) 638-7984

IB LB
COPY

April 28, 2022

Health Resources and Services Administration
Countermeasure Injury Compensation Program
5600 Fisher Lane, 8N146B
Rockville, MD 20857

Re: Iris E. Bryson
701 Cedar Street
St. Simons Island, GA 31522
(912) 222-5131 Cell Phone

Case Number: C1CP2103230009

CDR George Reed Grimes, MD, MPH
Director, Division of Injury
Compensation Program

Dear Dr. Grimes,

Attached please find "thumb drive file" received from Heller Healthcare, Integrated Healthcare Clinic specializing in regenerative and functional medicine, 208 Scranton Connector, Suite 120, Brunswick, GA 31525.

Dr. Jennifer Heller, D.C. PTA

This contains Iris E. Bryson's treatment records from first visit of October 11, 2021 to present. The progress Iris E. Bryson has achieved has been the result of Dr. Jennifer Heller and Heller Healthcare.

Should you prefer a paper copy or other please advise.

Sincerely,

Larry L. Bryson (Husband to Iris E. Bryson)

Architect

Res.: (912) 638-7984

April 21, 2022

Health Resources and Services Administration
Countermeasures Injury Compensation Program
5600 Fishers Lane, 8N146B

Re: Iris E. Bryson
701 Cedar Street
St. Simons Island, GA 3522

Case Number: CICP2103230009

CDR George Reed Grimes, MD, MPH
Director, Division of Injury
Compensation Program

Dear Dr. Grimes,

The Mayo Clinic referral you referenced was not Iris' general physicians' referral, but a request I made of her, Lisia Sullins FNP-C, Southeast Georgia Physicians Associates-Primary Care.

I felt there had to be more medical treatment available to transverse myelitis patients than Iris was receiving, I was apparently wrong. I found Dr. Alfonso Sebastian S. Lopez Chiriboga, M.D. through an internet search for physicians treating transverse myelitis. I have attached his bio for your use; Dr. Chiriboga is a very pleasant, caring physician with a bright future, as you can see from his bio, he is young, highly educated but has only practiced for a limited number of years, only two at the time of our first meeting. Dr. Chiriboga was up front with us, advising he is not involved in any study groups of transverse myelitis or the impact the covid vaccine may have on transverse myelitis, although he stated he has seen (not read) articles related to same. We found this to be disappointing. On our fourth and final visit to Mayo, Dr. Chiriboga released Iris with the following comment "we want to encourage you, the treatment you are receiving from Dr. Trefts, her staff and the Brunswick SGHS Campus is the identical treatment we would have provided you here at the Mayo Clinic. The only additional recommendation we suggest is that Iris add an 81 mg aspirin to her daily regime." Iris was and had been taking an 81 mg aspirin for some time.

A paper copy of Iris' Mayo files are included, additionally if you wish direct access to her files, you may find them at :

account.mayoclinic.org

username ID – Iris Elaine

password – lbryson29

Patient ID NO. 07648031

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Iris E. Bryson

701 Cedar Street

St. Simons Island, GA. 31522

Case Number: CICP2103230009

To assist Iris with incontinence, bladder and kidney issues as a result of the vaccine/transverse myelitis issues, her physicians, Lisia Sullins FNP-C referred her to Dr. Barry Schlafstein, obstetrician-gynecologist, St. Joseph's/Candler Physician Network, Savannah, Georgia. A request for those records to be sent directly to you has been made, see attached request form sent April 4, 2022.

Dr. Barry Schlafstein, referred Iris to Dr. Ruth Ann Mazo, MD Urological Associates of Savannah, P.C. A request for those records to be sent directly to you has been made, see attached copy of request sent April 4, 2022.

Personal Observation of Iris status /progress.

1. Progress is at a slow pace; at times we feel she has reached a plateau.
2. We are Blessed, her mind and overall attitude is good.
3. She has full range and motion of her arms and can walk with a rollator walker, although dangerous as she has limited use of her hands.
4. Right hand has no grip, fingers do not move, limited to no use.
5. Left hand little finger is curling onto palm, two center fingers have 70-80% full motion and index finger is frozen straight. Iris can grip with the two functioning fingers and thumb; grip is not ideal but functional.
6. Left leg has full range of motion and is getting stronger.
7. Right leg is weak, spasmic at times and involuntary movement throughout the day.
8. Post event, Iris is incontinent, and the condition has not improved. As you will see from her medical records, there is concern about her bladder pressures. On average her adult diaper is changed 8 to 10 times per day and nighttime protective bedding pads are employed for leakage at nights.
9. There is no intimacy due to the paralysis and loss of physical sensations.

We remain hopeful for a full recovery but at 15 months into this nightmare we are realistic that a full recovery may not be in our future. With limited use of her hands and the inability to stand without holding on to something there are many routine daily tasks that Iris cannot perform such as bathing, dressing, preparing meals, laundry, cleaning, taking care of her three beloved dogs, gardening, driving or even being alone for more than two to four hours at a time throughout the day.

I'm prepared to provide our out-of-pocket costs to date for your review when you deem appropriate, at present they approach \$100,000. As time progresses, (I am 70 years of age) I see a future time when I will need help with Iris as my health declines, not only maintaining Iris' personal hygiene but possibly house cleaning and food preparation.

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Iris E. Bryson

701 Cedar Street

St. Simons Island, GA. 31522

Case Number: C1CP2103230009

Thank you for assisting us though this most difficult time.

Sincerely,

Larry L. Bryson_____

Iris E. Bryson_____

PLEASE SEE ATTACHMENTS: