

REFORM Pharma™

An initiative of Children's
Health Defense 

March 22, 2024

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Re: Pushing COVID-19 Vaccines on Pregnant Women: The Greatest Violation of Medical Ethics

Dear Dr. Hicks and Ms. Meegan,

On behalf of Reform Pharma, an initiative of Children's Health Defense (CHD), a non-profit organization devoted to children's health. Reform Pharma finds it highly concerning that **the American College of Obstetrics and Gynecologists (ACOG) continues to use its influence to push dangerous COVID-19 injections on pregnant women despite mounting scientific evidence of safety risks – including severe injury and death – to pregnant women as well as their fetuses, and newborns.** Yet, ACOG continues to promote COVID-19 injections as “safe and effective.”¹ ACOG should be ashamed for its profound failure to protect the most vulnerable portion of our population and its failure to follow the actual science. We demand that ACOG do the right thing: **stop the shots!**

ACOG holds itself out as the “premier professional membership organization for obstetricians and gynecologists,” producing practice guidelines, education materials, and initiatives to improve women's health.² While ACOG promotes itself as a medical organization representing more than 60,000 U.S. obstetricians and gynecologists, in reality, it functions primarily as a shell for the U.S. Department of Health and Human Services (HHS) and, in particular, the Centers for Disease Control and Prevention (CDC) – both lobbying arms for the pharmaceutical industry.³ On July 30, 2021, former ACOG President J. Martin Tucker, MD issued the following statement:

¹ “COVID-19 Vaccines: Answers From Ob-Gyns,” ACOG, updated Sept. 25, 2023, <https://bit.ly/3UQiaHF>.

² “About,” ACOG, accessed Feb. 16, 2024, <https://www.acog.org/about>.

³ “HHS Grants & Contracts,” HHS, accessed Feb. 16, 2024, <https://bit.ly/42WNPZS>; *see also*, “The Federal Response to COVID 19,” USASPENDING.gov, accessed Feb 16, 2024, <https://www.usaspending.gov/disaster/covid-19>; “CDC Awards \$3 Billion to Expand COVID-19 Vaccine Programs,” CDC, press release, Apr. 6, 2021, <https://bit.ly/3SHB517>; 31 U.S.C. § 6305, Ch. 63, Sub. V, <https://bit.ly/3I5gna4>; 2 C.F.R. § 200.300, Ch. II, Sub. A, <https://bit.ly/3I2htn1>; 31 U.S.C. § 6305, at 2264, n. 18 (2021), <https://bit.ly/42URjfb>; “U.S. Department of Health and Human Services Launches Nationwide Network of Trusted Voices to Encourage Vaccination in Next Phase of COVID-19 Public Education Campaign,” HHS, Apr. 1, 2021, <https://bit.ly/3uCy65C>; Lenzer, “Centers for Disease Control,” *BMJ*; Steven Hatfill, “The COVID Debacle: Merging Criminal Law and Medical Science for Accountability.” *Journal of American Physicians and Surgeons* 28, no. 4 (2023), <https://bit.ly/3TMEkK0>.

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ACOG encourages its members to enthusiastically recommend [COVID-19] vaccination to their patients. . . . [I]t is clear that pregnant people need to feel confident in the decision to choose vaccination, a strong recommendation from their obstetrician-gynecologist could make a meaningful difference for many pregnant people.”⁴

ACOG has deliberately exploited the sacrosanct doctor/patient relationship and used its authority and influence to coerce⁵ its member physicians into foisting an untested and experimental product on pregnant patients without disclosing that ACOG had only a few months prior entered into several cooperative agreements with HHS and CDC to push the COVID-19 vaccines.⁶

In exchange for over \$11 million in grant money, ACOG agreed to “disseminate and adopt” the CDC’s guidelines as well as “target and train” frontline personnel for better outreach. Indeed, ACOG’s receipt of these federal funds was contingent on ACOG’s full compliance with the CDC’s guidance in endorsing the COVID-19 vaccination in pregnancy despite the lack of safety data. If ACOG should waver or fail to toe the line, ACOG would be required to return all the grant money it had received. Rather than stay true to its mission of improving the health of women and continue to allow pregnant women the freedom to make their own decisions regarding COVID-19 vaccines as it had early during the pandemic, ACOG made a deal with the devil and willingly sacrificed the health of pregnant women and their unborn babies in exchange for money. With this backdoor deal, CDC made ACOG a puppet of the government and this exposes corruption at the highest levels.

To protect its windfall, ACOG ensured that any trusted physicians who questioned the validity of the “safe and effective” mantra or attempted to obtain informed consent from their patients be severely admonished for failure to follow ACOG protocol. To make matters worse, if a pregnant woman refused the COVID-19 vaccine, ACOG instructed her doctor to note her hesitancy or refusal in her medical chart and ACOG further instructed her physician to harass her until she capitulated.⁷

⁴ “ACOG and SMFM Recommend COVID-19 Vaccination for Pregnant Individuals,” ACOG, Jul. 30, 2021, <https://bit.ly/3T4Q0aH>.

⁵ Dr. Drew, “OBGYN: mRNA Breaks "Golden Rule Of Pregnancy" w/ Dr. James Thorp & Dr. Kelly Victory – Ask Dr. Drew,” YouTube, Aug. 2, 2023, <https://bit.ly/3uQdMh7>.

*If a trusted physician member disagreed with ACOG’s position and dared to question or obtain fully informed consent, then that physician was reprimanded and silenced, or worse, fired by their employers.

⁶ “ACOG Grants 2021–2023; Spending by Prime Award,” USASPENDING.gov, accessed Feb. 16, 2024, <https://bit.ly/3wuNQYR>.

⁷ “COVID-19 Vaccines and Pregnancy: Conversation Guide – Key Recommendations and Messaging for Clinicians,” ACOG, accessed Feb. 16, 2024, <https://bit.ly/49OLicV>.

Scientific evidence shows that COVID-19 vaccines are NOT safe and effective, especially during pregnancy.⁸

Historically, clinical research trial protocols excluded pregnant women due to ethical considerations and the potential risk to a developing fetus. This cautious approach stems from the aftermath of tragic incidents where pregnant women were given untested medications that caused serious birth defects.⁹ In 1977, the U.S. Food and Drug Administration (“FDA”) issued a policy prohibiting Big Pharma from including pregnant women and women of childbearing age in clinical research studies.¹⁰ The FDA reasoned that early stages of these clinical trials were rarely beneficial and in certain situations could cause dangerous harm to a growing fetus. These early fears of the risks were justified because oftentimes, researchers exaggerated the benefits of the product while minimizing or failing to disclose the potential harms. Moreover, the Nuremberg Code declares that research subjects, particularly the most vulnerable, must be protected from medical exploitation.¹¹

Curiously, both Pfizer and Moderna took heed of these warnings, at least initially. According to internal documents from these COVID-19 vaccine manufacturers, pregnant women were purposefully excluded or released from initial vaccine trials, thus precluding all or nearly all safety or efficacy data for pregnant women.¹²

Instead, to support and promote the use of COVID-19 vaccines in pregnant women and those of childbearing age, scientists working for Pfizer¹³ conducted a reproductive toxicity study in 44 female rats.¹⁴ According to FDA documents, the nonclinical toxicology studies “showed no

⁸ James A. Thorp, Peter A. McCullough et al., “COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function,” *Preprints* (2022), doi: [10.20944/preprints202209.0430.v1](https://doi.org/10.20944/preprints202209.0430.v1); see also Alison Edelman, Blair G Darney et al., “Association Between Menstrual Cycle Length and Coronavirus Disease 2019 (COVID-19) Vaccination: A U.S. Cohort,” *Obstetrics and Gynecology* 139, no. 4 (2022): 481–489, doi: [10.1097/AOG.0000000000004695](https://doi.org/10.1097/AOG.0000000000004695); (demonstrating change in menstrual cycles length); Alison Edelman, Blair G Darney et al., “Association between Menstrual Cycle Length and COVID-19 Vaccination: Global, Retrospective Cohort Study of Prospectively Collected Data,” *The BMJ Medicine* 1, no. 1 (2022): e000297, doi: [10.1136/bmjmed-2022-000297](https://doi.org/10.1136/bmjmed-2022-000297); *confirming link between COVID-19 vaccination and increase in menstrual cycle length.

⁹ “NIH Inclusion Outreach Toolkit: How to Engage, Recruit, and Retain Women in Clinical Research; History of Women’s Participation in Clinical Research,” NIH, accessed Feb. 16, 2024, <https://bit.ly/43vzyU8>.

¹⁰ R B Merkatz, “Inclusion of Women in Clinical Trials: A Historical Overview of Scientific Ethical and Legal Issues,” *Journal of Obstetric, Gynecologic & Neonatal Nursing* 27, no. 1 (1998): 78–84, doi: [10.1111/j.1552-6909.1998.tb02594.x](https://doi.org/10.1111/j.1552-6909.1998.tb02594.x).

¹¹ “The Nuremberg Code,” Stanford University, accessed Feb. 16, 2024, <https://bit.ly/4bHzTXG>.

¹² “Pfizer-BioNTech COVID-19 vaccine (BNT162, PF-07302048),” FDA VRBPAC, briefing document, Dec. 10, 2020, <https://www.fda.gov/media/144246/download>; see also, “Moderna COVID-19 vaccine,” FDA VRBPAC, briefing document, Dec. 17, 2020, <https://www.fda.gov/media/144434/download>.

¹³ Lead author C.J. Bowman, Pfizer Worldwide Research, Development & Medical, Eastern Point Road, MS 8274-1260, Groton, CT06340, email address: christopherj.bowman@pfizer.com;

¹⁴ Christopher J Bowman et al., “Lack of Effects on Female Fertility and Prenatal and Postnatal Offspring Development in Rats with bnt162b2, a mRNA-Based COVID-19 Vaccine,” *Reproductive Toxicology* 103, (2021): 28–35, doi: [10.1016/j.reprotox.2021.05.007](https://doi.org/10.1016/j.reprotox.2021.05.007); see also, Mumin Alper Erdogan et al., “Prenatal Exposure to

significant safety issues to report.”¹⁵ Yet, scientists knew on or about December 16, 2020 that “the S1-subunit of the COVID-19 viral spike protein” could cross the blood brain barrier of mice and later be deposited in peripheral tissue, including the brain.¹⁶ Specifically, if the spike protein could pass the blood brain barrier, there is a high probability that it could also transfer through a pregnant woman's placenta and flow directly into the growing fetus.¹⁷ In addition, scientists knew by March 2021, that the spike protein could trigger severe lung damage in male mice.¹⁸ Furthermore, by August 2021, scientists knew that the COVID-19 vaccines could cause major liver and heart damage in mice.¹⁹

Despite mounting evidence that COVID-19 injections during pregnancy was not safe, on as April 21, 2021, the CDC’s Immunization Safety Office Director, Tom Shimabukuro, M.D., published an article in *The New England Journal of Medicine* entitled, “Preliminary Findings of mRNA COVID-19 Vaccine Safety in Pregnant Persons.”²⁰ This statistically flawed study relied on data from the CDC’s own V-safe pregnancy registry (“V-safe”) and the Vaccine Adverse Event Reporting System (VAERS) to study the safety of COVID-19 vaccines during pregnancy.²¹ According to the published results of this study, the study included 827 completed pregnancies, with a total of 712 live births (86.1%) and only 104 spontaneous abortions (12.6%), which the authors said is consistent with expected outcomes.²² However, the study failed to disclose that approximately 114 women were vaccinated during their first trimester, 13 women were vaccinated during the second trimester, and 700 of the pregnant participants were vaccinated during their third trimester. All 104 miscarriages occurred during the first or second trimesters. Failure to disclose the true incidence of spontaneous abortion is at best gross incompetence and at worse malfeasance. The true incidence of spontaneous abortion is alarming, ranging between

COVID-19 mRNA Vaccine BNT162b2 Induces Autism-Like Behaviors in Male Neonatal Rats: Insights into WNT and BDNF Signaling Perturbations,” *Neurochemical Research* (2024), doi: [10.1007/s11064-023-04089-2](https://doi.org/10.1007/s11064-023-04089-2).

¹⁵ “Emergency Use Authorization (EUA) for an Unapproved Product Review Memorandum: Application Number 27034,” Pfizer, Inc., Nov. 20, 2020, <https://bit.ly/4bJNkqg>; see also, “Emergency Use Authorization (EUA) for an Unapproved Product Review Memorandum; Application Number 27073,” ModernaTX, Inc., Nov. 30, 2020, <https://bit.ly/3uE2fkS>; “Emergency Use Authorization (EUA) for an Unapproved Product Review Memorandum; Application Number 27073,” Janssen Biotech, Inc., Feb. 4, 2021, <https://bit.ly/3PbL15J>.

¹⁶ Elizabeth M Rhea et al., “The S1 Protein of Sars-Cov-2 Crosses the Blood–Brain Barrier in Mice,” *Nature Neuroscience* 24, no. 3 (2021): 368–378, doi: [10.1038/s41593-020-00771-8](https://doi.org/10.1038/s41593-020-00771-8).

¹⁷ *id.*

¹⁸ Xiaoling Cao et al., “Spike Protein of Sars-Cov-2 Activates Macrophages and Contributes to Induction of Acute Lung Inflammation in Male Mice,” *The FASEB Journal* 35, no. 9 (2021), doi: [10.1096/fj.202002742RR](https://doi.org/10.1096/fj.202002742RR).

¹⁹ Can Li et al., “Intravenous Injection of Coronavirus Disease 2019 (COVID-19) mRNA Vaccine Can Induce Acute Myopericarditis in Mouse Model,” *Clinical Infectious Diseases* 74, no. 11 (2021): 1933–1950, doi: [10.1093/cid/ciab707](https://doi.org/10.1093/cid/ciab707); see also, Kirk U. Knowlton, “Insights From a Murine Model of Coronavirus Disease 2019 (COVID-19) mRNA Vaccination-Induced Myopericarditis: Could Accidental Intravenous Vaccine Injection Induce Myopericarditis?” *Clinical Infectious Diseases* 74, no. 11 (2022): 1951–1952, doi: [10.1093/cid/ciab741](https://doi.org/10.1093/cid/ciab741).

²⁰ Tom T Shimabukuro et al., “Preliminary Findings of mRNA COVID-19 Vaccine Safety in Pregnant Persons,” *New England Journal of Medicine* 384, no. 24 (2021): 2273–2282, doi: [10.1056/NEJMoa2104983](https://doi.org/10.1056/NEJMoa2104983).

²¹ *id.*

²² Laura E. Riley, “mRNA COVID-19 Vaccines in Pregnant Women,” *New England Journal of Medicine* 384, no. 24 (2021): 2342–2343, doi: [10.1056/NEJMe2107070](https://doi.org/10.1056/NEJMe2107070).

82% (104/127) to 91% (104/114).²³ The appropriate analysis here – versus the deceptive study conclusions screams: **STOP THE SHOTS!**

On January 10, 2024, the journal *Neurochemical Research* published a study titled, “Prenatal Exposure to COVID-19 mRNA Vaccine BNT162b2 Induces Autism-Like Behaviors in Male Neonatal Rats: Insights into WNT and BDNF Signaling Perturbations.” In that study, scientists conducted behavioral and other tests on rats following COVID-19 vaccination.²⁴ The study concluded that, “the COVID-19 mRNA vaccine seems to induce autism-like behaviors in male rats”²⁵ Most notably, the researchers observed a marked reduction in the male rats’ social interactions with unfamiliar rats as well as repetitive patterns of behavior, reduced coordination, lack of agility, and impaired motor skills. The researchers noted that these concerns indicate serious neurodegenerative development and underscored the need for more extensive long-term studies.

Nevertheless, rather than follow the science and proceed cautiously with vulnerable groups such as pregnant women, ACOG chose to actively ignore the safety risks and instead continues to endorse and encourage dangerous and completely unnecessary COVID-19 vaccines on the most vulnerable population without knowing the potential harms that are sure to implicate future generations.

COVID-19 vaccine shedding is real and can be particularly harmful to breastfeeding babies.

Under normal circumstances, breast milk provides many positive health benefits to an infant, including proper nutrients and maternal antibodies that provide passive immunity to various infections.²⁶ However, the opposite is true for infants born to mothers who received the COVID-19 injection during pregnancy and/or while lactating.²⁷ In November 2021, the journal of *Science, Public Health Policy, and the Law* published an article which has since been withdrawn for reasons unknown entitled, “Spontaneous abortions and policies on COVID-19 mRNA vaccine use during pregnancy.”²⁸ Here, the scientists critiqued the aforementioned article written by the CDC’s Immunization Safety Office Director, Tom Shimabukuro, M.D., promoting

²³ *supra* note 20.

²⁴ Erdogan et al., “Prenatal Exposure,” *Neurochemical Research*, doi: [10.1007/s11064-023-04089-2](https://doi.org/10.1007/s11064-023-04089-2).

²⁵ *id.*

²⁶ Grace Pakilaran et al., “Family Support on Exclusive Breastfeeding in Babies Aged 0-6 Months in Indonesia: Literature Review,” *Nursing and Health Sciences Journal* 2 (2022): 104–107 doi: [10.53713/nhs.v2i2.53](https://doi.org/10.53713/nhs.v2i2.53).

²⁷ Maggie Thorp JD, Jim Thorp MD, “Experimental, Untested Genetic Biotechnology Administered in Pregnancy: An Egregious Breach of Bioethics,” *America Out Loud News*, Nov. 12, 2022, <https://bit.ly/3uRVr3q>; *see also*, Ma’mom M. Hatmal et al., “Immunomodulatory Properties of Human Breast Milk: MicroRNA Contents and Potential Epigenetic Effects,” *Biomedicines* 10, no. 6 (2022): 1219, doi: [10.3390/biomedicines10061219](https://doi.org/10.3390/biomedicines10061219).

²⁸ Aleisha R Brock and Simon Thornley, “Spontaneous Abortions and Policies on COVID-19 mRNA Vaccine Use During Pregnancy,” *Science Public Health Policy & Law*, 4 (2021): 130–143, <https://bit.ly/48jgdqj>. Many critical thinking medical experts know that the mainstream medical journals have been infiltrated and corrupted by Big Pharma money, power, and influence.

the use of COVID-19 vaccines in pregnancy and breastfeeding women. These authors reviewed the data presented and found it highly misleading and questionable at best. They also reanalyzed both the CDC's VAERS as well as the V-safe registry data²⁹ from December 14, 2020, through February 28, 2021, and cautioned that documented cases reported on both sites indicate that recently vaccinated mothers can and do shed the COVID-19 mRNA vaccine and spike protein into breastmilk, causing potentially serious adverse reactions to the nursing infant, including blood clots, anaphylactic shock, and even death.³⁰ As a result of their findings, the authors demanded for the immediate withdrawal of the COVID-19 vaccines in pregnant and breastfeeding mothers until proper long term safety studies could be conducted.

On September 19, 2023, the *Lancet* published a study titled, "Biodistribution of mRNA COVID-19 vaccines in Human Breast Milk." In that study, scientists found, "the COVID-19 mRNA is not confined to the injection site but spreads systemically and is packaged into breast milk . . ." ³¹ In other words, the risks of COVID-19 vaccine shedding is real.³² To make matters worse, Pfizer knew as early as April 20, 2021, but tried to hide its data.³³ In a confidential document entitled, "Pregnancy and Lactation Cumulative Review," Pfizer had been tracking the serious adverse events of babies breastfeeding from mothers who had received the COVID-19 vaccine after giving birth and according to various reports, Pfizer had documented cases of breastfeeding babies who had suffered serious adverse events such as facial paralysis, strokes, convulsions, and respiratory failure.³⁴ However, rather than exercise precautionary measures to protect vulnerable infants from the harmful effects of the COVID-19 vaccine shedding, Big Pharma ignored the mounting clinical evidence and instead, insisted that the COVID-19 injections were safe and effective when nothing could be further from the truth.

²⁹ "What is v-safe?" CDC Stacks, Dec. 12, 2020, <https://stacks.cdc.gov/view/cdc/101588>; see also, "V-safe," CDC, accessed Feb. 25, 2024, <https://bit.ly/3T0kwB0>.

³⁰ *supra* note 20; see also, Peter McCullough, "Lack of Compelling Safety data for mRNA COVID Vaccines in Pregnant Women," *TrialSite*, Jul. 30, 2021, <https://bit.ly/42TatST>.

³¹ Hanna Nazeeh et al., "Biodistribution of mRNA COVID-19 Vaccines in Human Breast Milk," *EBioMedicine* 96 (2023): 104800, doi: [10.1016/j.ebiom.2023](https://doi.org/10.1016/j.ebiom.2023).

³² Hanna Nazeeh et al., "Detection of Messenger RNA COVID-19 Vaccines in Human Breast Milk." *JAMA Pediatrics* 176, no. 12 (2022): 1268–1270, doi: [10.1001/jamapediatrics.2022.3581](https://doi.org/10.1001/jamapediatrics.2022.3581).

³³ "Pregnancy and Lactation Cumulative Review | FDA-CBER-2021-5683-077945," Public Health and Medical Professionals for Transparency, confidential report, Apr. 1, 2021, <https://bit.ly/3UOuOhE>; see also, "VAERS ID: 1124474 | Vaccinated, Mar. 20, 2021," Open VAERS, Entered Mar. 22, 2022, <https://bit.ly/3uSY4ls>.

³⁴ Jia Ming Low et al., "Codominant IgG and IgA Expression With Minimal Vaccine mRNA in Milk of BNT162b2 Vaccinees," *NPJ vaccines* 6, no. 1 (2021): 105, doi: [10.1038/s41541-021-00370-z](https://doi.org/10.1038/s41541-021-00370-z); see also, Yarden Golan et al., "COVID-19 mRNA Vaccination in Lactation: Assessment of Adverse Events and Vaccine Related Antibodies in Mother-Infant Dyads," *Frontiers in immunology* 12, no. 777103 (2021), doi: [10.3389/fimmu.2021.777103](https://doi.org/10.3389/fimmu.2021.777103); "Periodic Safety Update Report #1 for Active Substance: COVID-19 mRNA vaccine (nucleoside modified) (BNT162b2)," Aug. 19, 2021, confidential, *TKP.ap*, <https://bit.ly/3OVbmoh>; Pierre Kory, MD, MPA, "mRNA Vaccine Shedding Of Spike Protein: State Of the Scientific and Clinical Evidence," *Pierre Kory's Medical Musings*, Feb. 20, 2024, <https://bit.ly/319Bubf>; Hélène Banoun, "Current State of Knowledge on the Excretion of mRNA and Spike Produced by Anti-COVID-19 mRNA Vaccines; Possibility of Contamination of the Entourage of Those Vaccinated by These Products," *Infectious Diseases Research* 3, no. 4 (2022): 22, doi: [10.53388/IDR20221125022](https://doi.org/10.53388/IDR20221125022).

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Indeed, the safety of COVID-19 vaccines is a serious concern for all of humanity.

On January 24, 2024, a group of independent scientists published a stunning peer-reviewed paper which has since been retracted for reasons unknown but pending appeal,³⁵ calling for a “global moratorium” on all COVID-19 vaccines.³⁶ In the article titled, “COVID-19 mRNA Vaccines: Lessons Learned from the Registrational Trials and Global Vaccination Campaign” published in the medical science journal *Cureus*, the authors outlined their exhaustive review and reanalysis of the Pfizer and Moderna COVID-19 clinical trial data and discovered a significant underreporting of severe adverse events such as cardiac events, neurological disorders, cancer, reproductive issues, autoimmune disorders, and even death. These researchers found that the clinical trials failed to follow previously established scientific standards, such as proper safety and toxicology testing and instead, were rushed due to financial and political incentives. Furthermore, the authors criticized that the COVID-19 mRNA products are gene therapy products, not vaccines and have never been safe or effective. Consequently, these scientists demand that the federal agencies take these dangerous products off the market and immediately **stop the shots!**

Moreover, ACOG should not ignore that the CDC released data on February 23, 2024, showing that there have been a total of **1,630,913 adverse reports**, including **37,321 deaths**³⁷ for all age groups following vaccination for COVID-19 according to the CDC’s Vaccine Adverse Event Reporting System (“VAERS”), the primary government-funded system for reporting adverse reactions for vaccines licensed in the U.S.

Included in the list of adverse events are the following: myocarditis, pericarditis, seizures, convulsions, stroke, heart attack, blood clots, anaphylaxis, narcolepsy, encephalitis, transverse myelitis, Guillain-Barré Syndrome, autoimmune disease, arthritis, Kawasaki disease, systemic

³⁵ Sergio Sismondo, “Epistemic Corruption, the Pharmaceutical Industry, and the Body of Medical Science,” *Frontiers in Research Metrics and Analysis* 6, no. 614013 (2021), doi: [10.3389/frma.2021.614013](https://doi.org/10.3389/frma.2021.614013); see also, Patricia J. García, “Corruption in Global Health: The Open Secret,” *The Lancet* 394, no. 10214 (2019): 2119–2124, doi: [10.1016/S0140-6736\(19\)32527-9](https://doi.org/10.1016/S0140-6736(19)32527-9); Jon Jureidini and Leemon B. McHenry, “The illusion of Evidence Based Medicine,” *BMJ* 376, no. o702 (2022), doi: [10.1136/bmj.o702](https://doi.org/10.1136/bmj.o702); “Medical Journals Complicit in Corruption of Medicine,” *Alliance for Human Research Protection*, accessed Mar. 21, 2024, <https://bit.ly/3INfMdp>; John Abramson, “Big Pharma Is Hijacking the Information Doctors Need Most,” *Time*, Apr. 28, 2022, <https://bit.ly/3x85bqX>.

³⁶ *supra* note 8

³⁷ “VAERS Summary for COVID-19 Vaccines through 1/26/2024,” VAERS Analysis, Feb. 23, 2024 <https://bit.ly/3uVHRfj>.

inflammation, as well as birth defects post vaccination.³⁸ Each of these adverse events can in and of itself be debilitating and even life-threatening.³⁹ Further, it is well documented that fewer than 1% of all adverse events are actually ever reported to the CDC's VAERS.⁴⁰ This means that the number of those individuals who have been injured or have died following COVID-19 injections is several magnitudes greater than what is reported in VAERS. Tragically and inexcusably, the government appears to have failed to investigate many of these reported injuries, despite its legal obligation to do so. It is bad enough that ACOG receives tremendous funding from the CDC and HHS⁴¹, but for ACOG to intimidate and impose dangerous and unnecessary COVID-19 "vaccines" on pregnant women – given the serious issues surrounding their safety and effectiveness is yet another level of manipulation.

The pandemic is over.⁴²

After 3 years, the federal COVID-19 Public Health Emergency officially ended on May 11, 2023. As shown above, the science demonstrates that COVID-19 "vaccines" do not stop infection or transmission. We also know from years of research that natural immunity is better than vaccination. The only explanation for ACOG continuing to push this poison on pregnant

³⁸ Ian Kracalik PhD MPH, "Myocarditis Outcomes Following mRNA COVID-19 Vaccination," CDC ACIP, Feb. 4, 2022, <https://bit.ly/3lbgocq>; see also, Gilbert T. Chua et al., "Epidemiology of Acute Myocarditis/Pericarditis in Hong Kong Adolescents Following Comirnaty Vaccination," *Clinical Infectious Diseases*, 75, no. 4 (2022): 673-681, doi: [10.1093/cid/ciab989](https://doi.org/10.1093/cid/ciab989); Katie A. Sharff et al., "Risk of Myopericarditis Following Covid-19 mRNA Vaccination In a Large Integrated Health System: A Comparison of Completeness and Timeliness of Two Methods," *Pharmacoepidemiology & Drug Safety* 31, no. 8 (2022): 921-925, doi: [10.1002/pds.5439](https://doi.org/10.1002/pds.5439).

³⁹ Joseph Fraiman, et al., "Serious Adverse Events of Special Interest Following mRNA COVID-19 Vaccination In Randomized Trials In Adults," *Vaccine* 40, no. 40 (2022): 5798-5805, doi: [10.1016/j.vaccine.2022.08.036](https://doi.org/10.1016/j.vaccine.2022.08.036); "VAERS Summary for COVID-19 Vaccines through 1/26/2024," VAERS Analysis, Jan. 26, 2024, <https://bit.ly/3OY9pra>; "VAERS Data Sets," VAERS, updated Jan. 5, 2024, <https://vaers.hhs.gov/data/datasets.html>; "Died Suddenly? More Than 1-in-4 Think Someone They Know Died from COVID-19 Vaccines," *Rasmussen Reports*, Jan. 2, 2023, <https://bit.ly/3Lhg4eh>.

⁴⁰ Ross Lazarus et al., "Electronic Support for Public Health-Vaccine Adverse Event Reporting System (ESP:VAERS)," Harvard Pilgrim Health Care, Inc., R18 HS 017045, submitted to the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services (2010), <https://bit.ly/3GOOHW7>.

⁴¹ "HHS Grants & Contracts," HHS, accessed Feb. 26, 2024, <https://bit.ly/42WNPZS>; see also, "The Federal Response to COVID 19," USASPENDING.gov, accessed Feb. 18, 2024, <https://www.usaspending.gov/disaster/covid-19>; "CDC Awards \$3 Billion to Expand COVID-19 Vaccine Programs," CDC, press release, Apr. 6, 2021, <https://bit.ly/3SHB517>; 31 USC § 6305, Ch. 63, Sub. V," <https://bit.ly/315gna4>; 2 C.F.R. § 200.300, <https://bit.ly/3I2html>; 31 U.S.C., § 6305 at 2264, n. 18 (2021), <https://bit.ly/42URjfb>; "U.S. Department of Health and Human Services Launches Nationwide Network of Trusted Voices to Encourage Vaccination in Next Phase of COVID-19 Public Education Campaign," HHS, press release, Apr. 1, 2021, <https://bit.ly/3uCy65C>; Jeanne Lenzer, "Centers for Disease Control and Prevention: Protecting the Private Good?" *The BMJ* 350 (2015), doi: [10.1136/bmj.h2362](https://doi.org/10.1136/bmj.h2362); Hatfill, "The COVID Debacle," *Journal of American Physicians and Surgeons* 28, no. 4.

⁴² "Fact Sheet: End of the COVID-19 Public Health Emergency," HHS, press release, May 9, 2023, <https://bit.ly/49jVV1c>; "End of the Federal COVID-19 Public Health Emergency (PHE) Declaration," CDC, updated Sep. 12, 2023, <https://bit.ly/3IneS72>.

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women and their unborn children is that the organization is “bought off.” ACOG has not followed scientific inquiry nor member input when imposing its “recommendation” that pregnant women get the COVID-19 shot. Instead, ACOG leadership is using its position as the largest and most influential professional association for obstetricians and gynecologists to coerce and push COVID-19 “vaccinations” on anyone within its sphere of influence, specifically pregnant women. ACOG claims to be dedicated to improving women’s health, but it actually does the opposite and is flexing its influence from the top-down to impose its will in exchange for money.

It's time for ACOG to reconcile and admit its mistake.

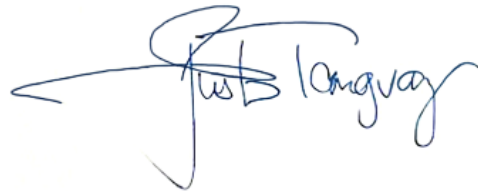
Reform Pharma is committed to addressing wrongdoing and exposing corruption in connection with COVID-19, including with respect to vaccines. In the near future, we anticipate that there will be a full inquiry into ACOG’s role in COVID-19 policies, procedures, and recommendations. Key questions that will be asked are how much ACOG executives and leadership knew, when they knew, and why they did nothing to stop the harm. Clearly, ACOG is exploiting its authority and influence. Those pregnant women who took the COVID-19 “vaccine” did so based upon their trust in their physicians' recommendations. However, once the truth is exposed and the government’s capture of ACOG is made public, ACOG will have sealed its own fate and in the process, destroyed the public’s trust. Wrongdoers will be held accountable.

In closing, our team demands that ACOG stop intimidating and misleading both physicians and pregnant women. The critical information and evidence needed for ACOG to make the right decision - albeit belatedly - is contained in this letter. We urge you to carefully review the copious citations contained herein. It is imperative that ACOG take proper action now to prevent needless further injury and death, as it is under a legal, ethical, and moral obligation to **stop the shots!**

Sincerely,



Kim Mack Rosenberg, Esq.
General Counsel



Justine Tanguay, Esq.
Director of Campaign & Research