Covid: The Military Operation that Never Stopped

2025

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The Goal: Inflict Maximum Harm in Plausibly Deniable Ways

- Decades of predictive programming of the masses for “pandemics” – either natural or GOF/bioterrorism initiated. All fiction. They don’t exist!
- Event 201 and approx. 20 other practice runs and planning/coordination exercises by the “Pandemic Preparedness” criminal cartel
- Systematic change of laws since 2005 to enable mass murder under guises of “public health” and avoid all liability
- DOD consortia for pandemic preparedness, capturing nearly all academic and private sector, including internationally
- Funding - $ billions ($ trillions since 2020) for “pandemic preparedness” including propaganda, spying, censorship, prosecution of dissent, lawfare, etc.

~ 0.0% of global annual mortality. Is this an existential threat?

Table 1: Events considered by G20 to be major outbreaks 2000 to 2020

YEAR	OUTBREAK	MORTALITY
2019	SARS-CoV-2	...
2018	Lassa	114
2017	Zika	362
2017	Ebola	3
2014	Chikungunya	0
2014	Ebola	11,325
2012	MERS	858
2010	Cholera	9,792
2009	H1N1 Influenza	163,000
2004	H1N1 Influenza	32
2003	SARS-CoV-1	774
2001	Enterovirus 71	26
2001	Nipah	54

Pseudo-Legal Structure of the Covid Crime

The State of War:
"Public Health Emergency" declaration suspends the Constitution, consolidates all power in the Executive branch (HHS)

The Weapons:
EUA Countermeasures funded by US DOD under Defense Production and Other Transaction Authority

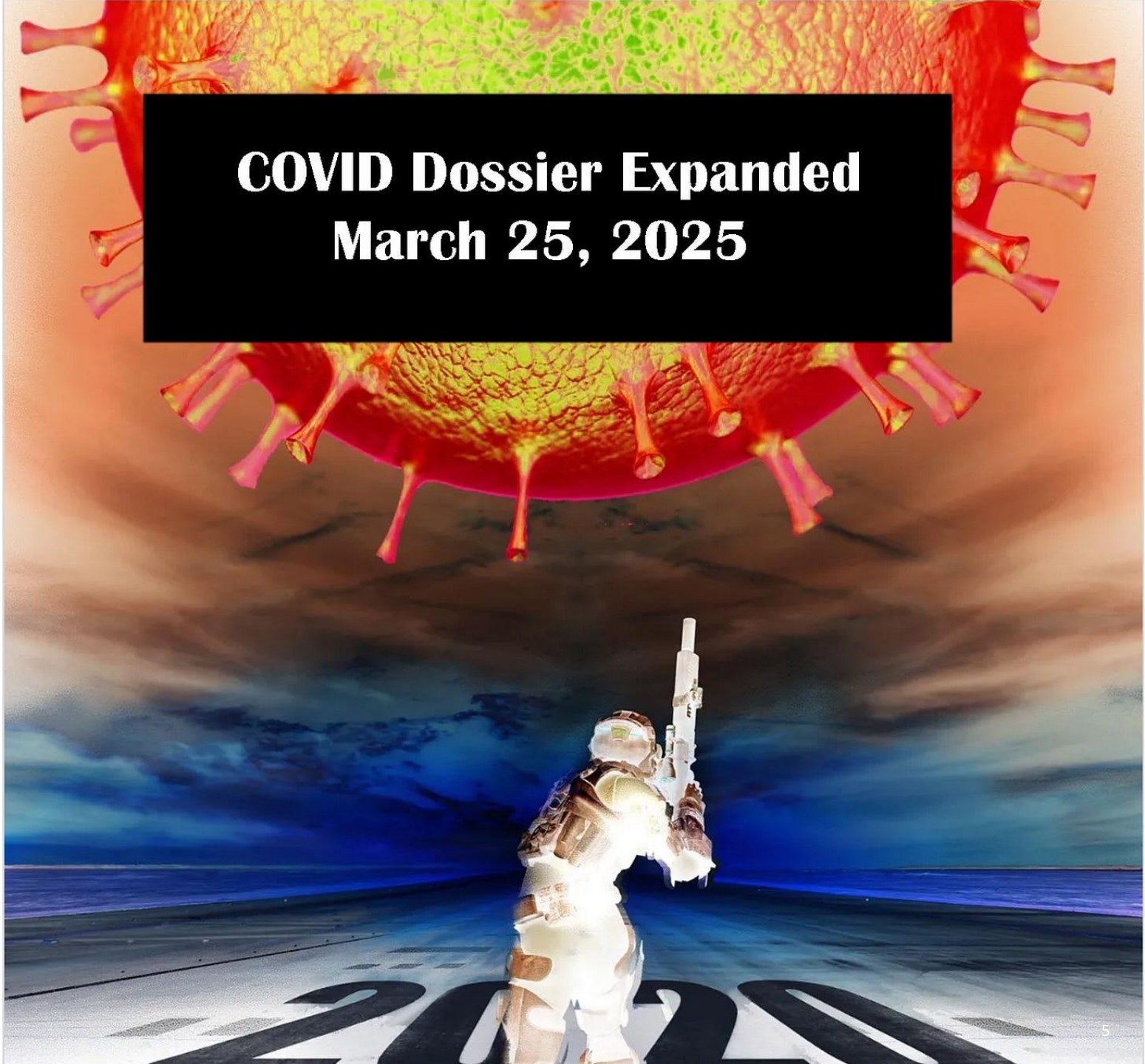
The Shield:
2005 PREP Act removes liability for "covered persons" using "covered countermeasures" on condition of following orders of "health" authorities = license to kill

Legal history research by Katherine Watt, "Bailiwick News" on Substack

“Pandemic”& Operation Warp Speed

Ongoing Military Program

Dossier published on sashalatypova.substack.com



February 4, 2020: Key events

1) Two declarations for CBRN (weapons of mass destruction) emergencies – EUA and PREP Act – made by the U.S. Secretary of Health and Human Services, were registered on this date:

- **PREP Act covid emergency declaration (made retroactive to Feb 4, 2020)**
- **EUA for covid countermeasures**

2) A pharmaceutical executive was caught on tape saying that the U.S. Department of Defense called to inform him "that the newly discovered Sars-2 virus posed a national security threat."

Feb 4, 2020, the pharma companies in DOD consortium since 2017 received a phone call from the DOD to switch from “model influenza” to Sars2, because covid was designated “national security threat”.

Speaker 1:
Pascal Soirot, CEO

AstraZeneca

Speaker 2:
Mark Esser, VP

AstraZeneca

darpa.mil/about-us/d60-col-matthew-hepburn

DARPA DEFENSE ADVANCED RESEARCH PROJECTS AGENCY ABOUT US / OUR RESEAR

› Defense Advanced Research Projects Agency › COL Matthew Hepburn

COL Matthew Hepburn

Defense Advanced Research Projects Agency, Biological Technologies Office

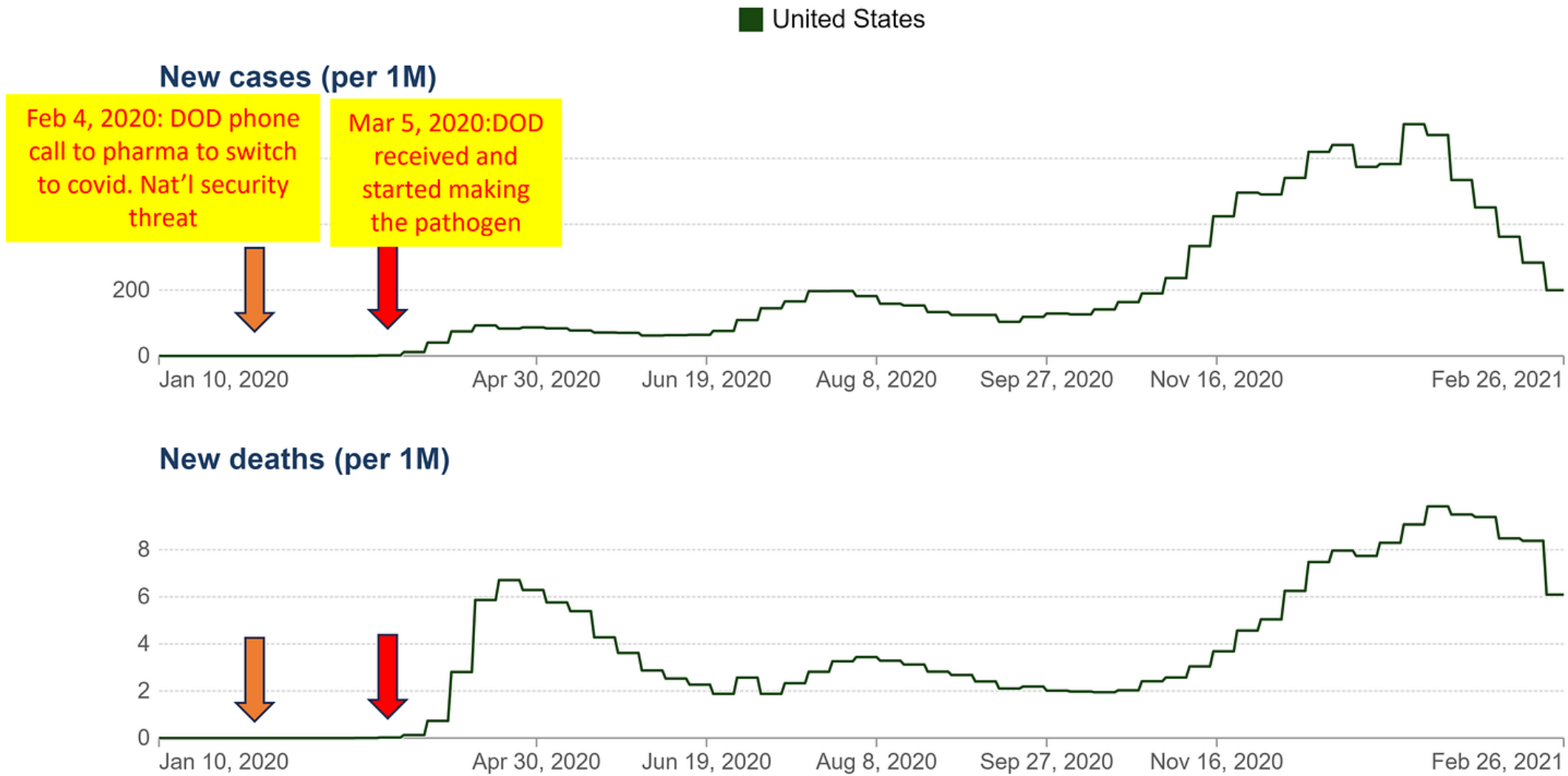
Audio of an internal meeting at Astra Zeneca, recorded at the end of 2020

March 5, 2020, Pentagon press event, Col Wendy Sammonds-Jackson

Daily new confirmed COVID-19 cases & deaths per million people, United States

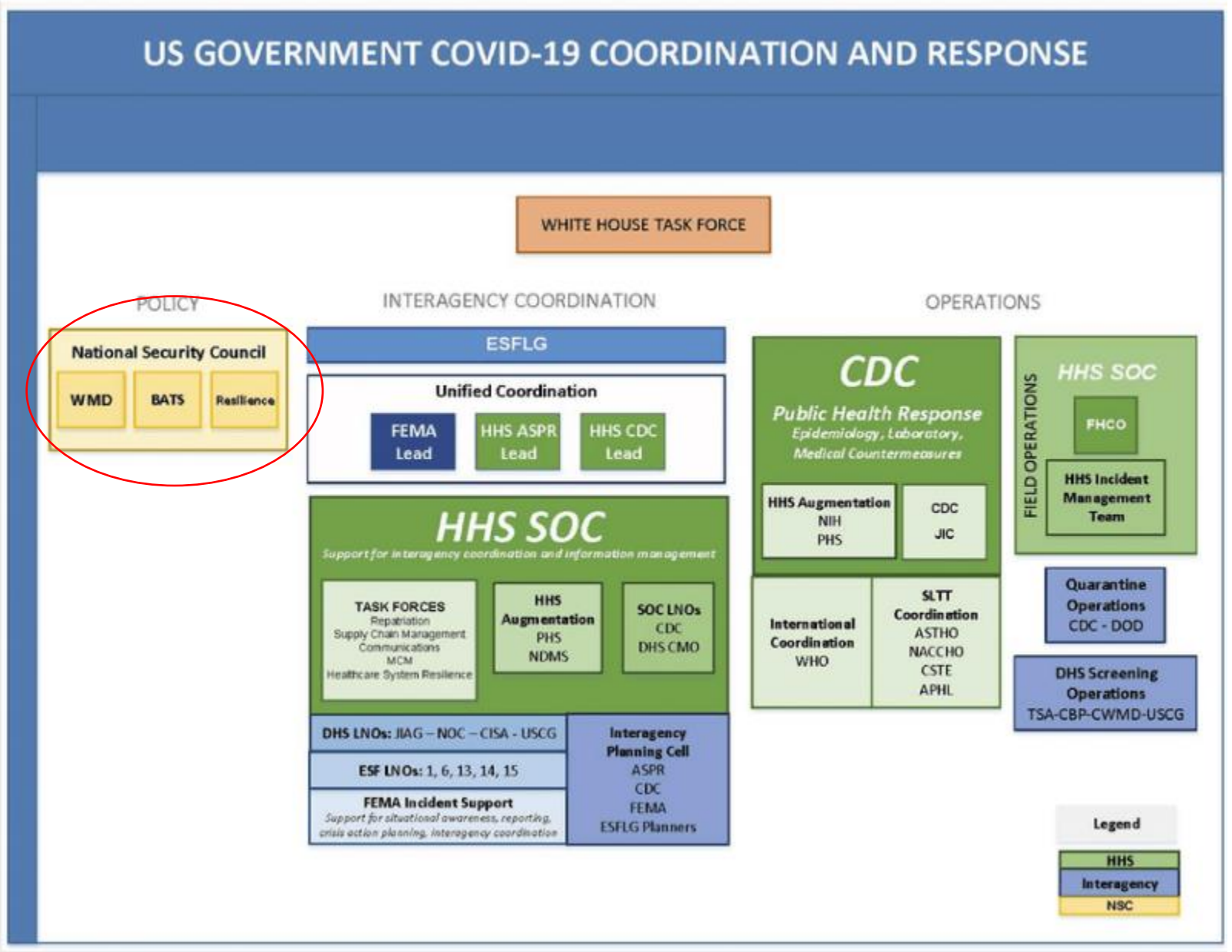
Our World in Data

7-day rolling average. Limited testing and challenges in the attribution of cause of death means the cases and deaths counts may not be accurate.



Data source: WHO COVID-19 Dashboard

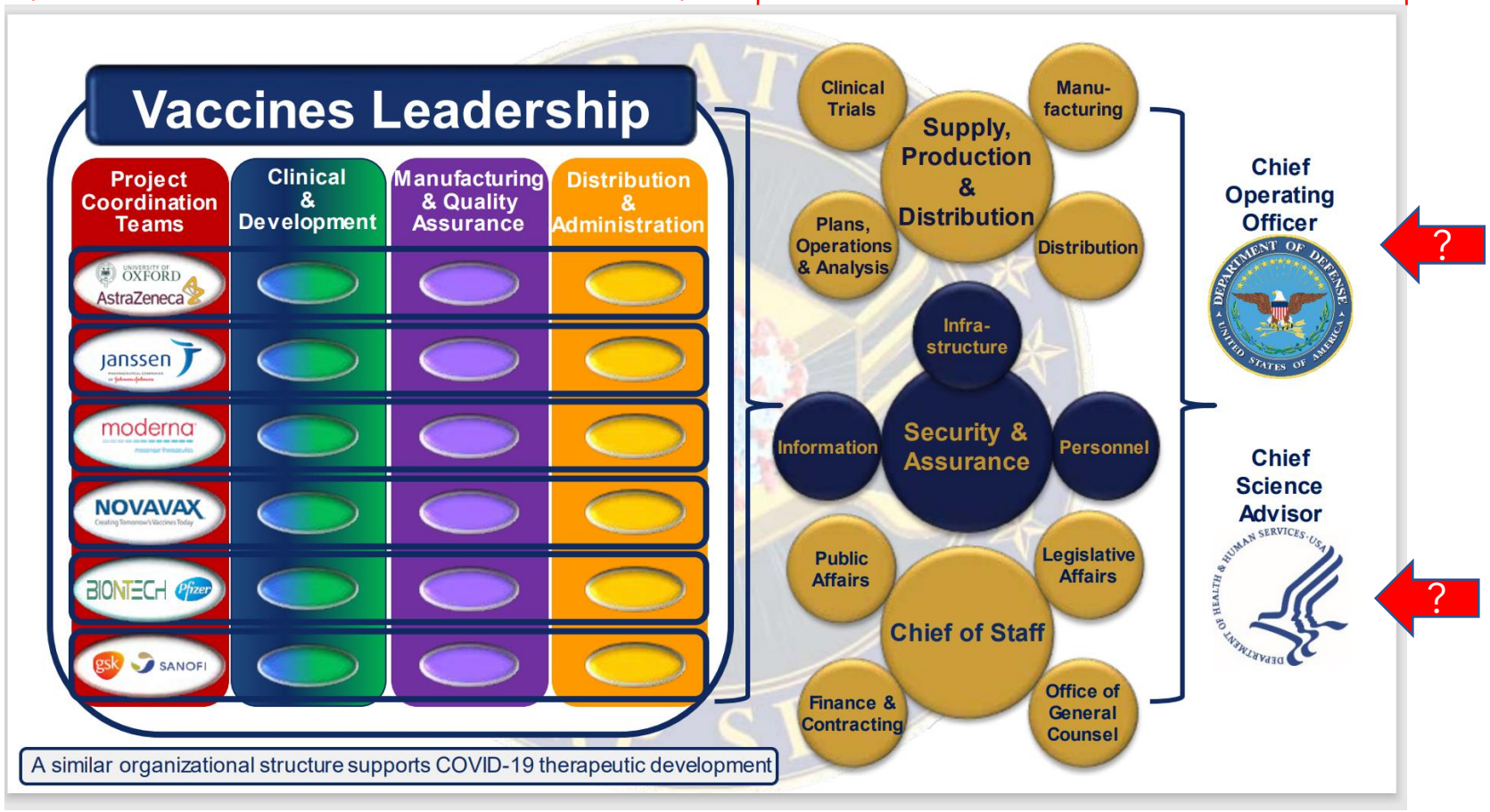
Decisional Role



Pandemic response org chart, from p. 9 of ***Pandemic Crisis Action Plan- Adapted, 2020 (PanCAP-A)***, showing the NSC solely responsible for Covid policy

Not in charge: Pharma companies ($$$$)

In charge: NSC, DOD, BARDA



by KEI. ***Linked herein is a comprehensive list of all US government COVID-19-related contracts obtained by KEI via FOIA.***

- **Advanced Technology International (ATI) – Underlying contract to execute MCDC and COVID-19 contracts on behalf of the federal government**.
  - DoD-ATI Other Transaction Authority Agreement W15QKN1691002-P00085. April 8, 2016.
  - DoD-ATI Other Transaction Authority Agreement W15QKN1691002-P00085. April 8, 2016. (Version obtained November 30, 2020 from HHS FOIA Reading Room)
- **Aerpio – respiratory condition treatment**.
  - DOD-Aerpio Statement of Work W81XWH1590001.
  - DOD-Aerpio Project Approval Letter W81XWH1590001. July 28, 2020.
- **Altimmune – therapeutic.**
  - DoD-Altimmune Project Approval Letter W81XWH159001. June 17, 2020.
  - DoD-Altimmune Statement of Work W81XWH159001.
  - DoD-Altimmune Revised Project Approval Letter (3) W81XWH159001. February 3, 2021.
  - DoD-Altimmune Revised Project Approval Letter (2) W81XWH159001. December 15, 2020.
- **America's Blood Center – convalescent plasma**.
  - HHS/ASPR/BARDA-America's Blood Center Contract 75A50120000094 (includes Mods 1-8). April 17, 2020.
  - DOD-America's Blood Centers Contract W911QY2190006. October 30, 2020.
- **ANP Technologies – diagnostics.**
  - DoD-ANP Technologies Contract W911QY20D0019 (includes Mods 1-3). May 29, 2020.
  - DOD-ANP Technologies Supply Order W911QY20D0019 (includes Mods 1-3). June 2, 2020.
  - DOD-ANP Technologies Supply Order W911QY20P0141 (includes Mod 1). April 17, 2020.
- **AstraZeneca – vaccine.**
  - HHS/ASPR/BARDA-AstraZeneca Advanced Agreement to Other Transaction Authority Agreement 75A501-20-C-00114. May 20, 2020.
  - HHS/ASPR/BARDA-AstraZeneca Modification of OTA Agreement 75A501-20-C-00114 MODP00001. July 31, 2020.
- **AstraZeneca – vaccine.**
  - DoD-AstraZeneca Other Transaction Authority Agreement W15QKN2191003. October 28, 2020.
- **AstraZeneca – prophylactic monoclonal antibody.**
  - DOD-AstraZeneca Contract W911QY2190001 (includes Mods 1, 2, 3, and 5). October 9, 2020.
- **AstraZeneca – therapeutic.**
  - DoD-AstraZeneca Contract W911QY20C0119 (includes Mod 1). September 30, 2020.
  - DoD-AstraZeneca Contract W911QY20C0119 (includes Mod 1). September 30, 2020. (Version obtained by FOIA)
- **Atlantic Diving Supply – no-contact thermometers**.
  - DOD-Atlantic Diving Supply Contract W911QY18D0019. September 16, 2020.
- **Beckman Coulter – diagnostic-related.**
  - HHS/ASPR/BARDA-Beckman Coulter Contract 75A50119C00078. September 30, 2019.
  - HHS/ASPR/BARDA-Beckman Coulter Contract 75A50119C00078-P00001. May 15, 2020.
  - HHS/ASPR/BARDA-Beckman Coulter Contract 75A50120C00189. September 28, 2020.
- **Biofire Defense – diagnostics.**
  - DoD-Biofire Defense Supply Order W911QY13D0080 Contract W911QY20F0271. April 24, 2020.
  - DoD-Biofire Defense Supply Order W911QY13D0080 Contract W911QY20F0171 (includes Mods 1-2). May 23, 2020.
  - DOD-Biofire Defense Supply Order W911QY20F0196 and W911QY20F0165 Contract W911QY13D0080 (includes Mod 1 of W911QY20F0196). April 17, 2020.
- **BCG Federal Corp – COVID-19-related support services.**

- All contracts originate from DOD via Advanced Technology International "management company", not directly with government.

Full list available at https://www.keionline.org/covid-contracts

Same Pattern in Every Country Profiled in the Covid Dossier

- Not a public health event!
  - CBRN laws invoked world-wide for a decade now (until 2029)
  - Health agencies excluded from decisions while military/intelligence agencies in charge of public communications/propaganda/censorship
- Nonsensical policies vis-à-vis “public health/epidemic management”:
  - Driving maximum fear and panic via media and censorship, lockdowns, mask mandates, isolation of the elderly, misery until vaccine, etc.
  - National/international focus instead of using local data to make decisions:
    - Focus on [fake] news in China and other far away/unverifiable locations, disregard local data showing no real morbidity/mortality
- Military in charge of vaccine funding, supply chain, manufacturing, distribution worldwide
- National security/military laws invoked in all countries
- Lockstep policies in all countries

All covid vaccines/drugs/tests, etc. are EUA Countermeasures

Excluded from all pharmaceutical regulation or manufacturer's liability

EUA Countermeasures Summary

- In US, Covid-19 injections marketed as "vaccines" reached commercial market as "EUA countermeasures under Public Health Emergency".
- Based on EUA status, they cannot be used as investigational products (21USC 360bbb), no IRB, no informed consent rules apply, and not subject to the US FDA evidentiary standards for safety and efficacy. Only “maybe effective” criterion and declarations of “circumstances that justify” apply.
- Despite being described as “investigational products” in Pfizer’s SEC reports, they cannot meet the standards for properly regulated pharmaceuticals or biomedical research products.
- Absence of true and enforceable consumer safeguards in relation to these products makes them potential poisons with no lawful mechanisms to rectify the harm while they remain in circulation.

FDA's Normal Regulatory Pathways for Market Approval

FDA Approved Marketed Drug:

- Labeling
- Marketing/Advertisement
- Packaging
- Distribution
- Traceability
- cGMP compliance
- Recalls & other enforcement

Investigational Drug (under IND exemption):

- Clinical trial program
- Investigational human subject safety
- cGMP compliance
- Evidentiary data for safety and efficacy review
- Risk/benefit assessment
- Labeling claims

"Expanded Access Use" Product (21CFR 312.300):

- Has "emergency use" language
- Sometimes referred to as "EAU" or "EUA"
- ONLY if no alternatives exist
- NO ability to mandate use
- Temporary authorization (typically 1 year)
- Requires compliance with investigational drug use regulations, requires IRB and informed consent
- EAU and full approval cannot co-exist for same product

HHS-Declared Emergency!

"EUA Countermeasure under PHE" § 564 of FD&C Act

Investigational New Drug regulations do not apply!

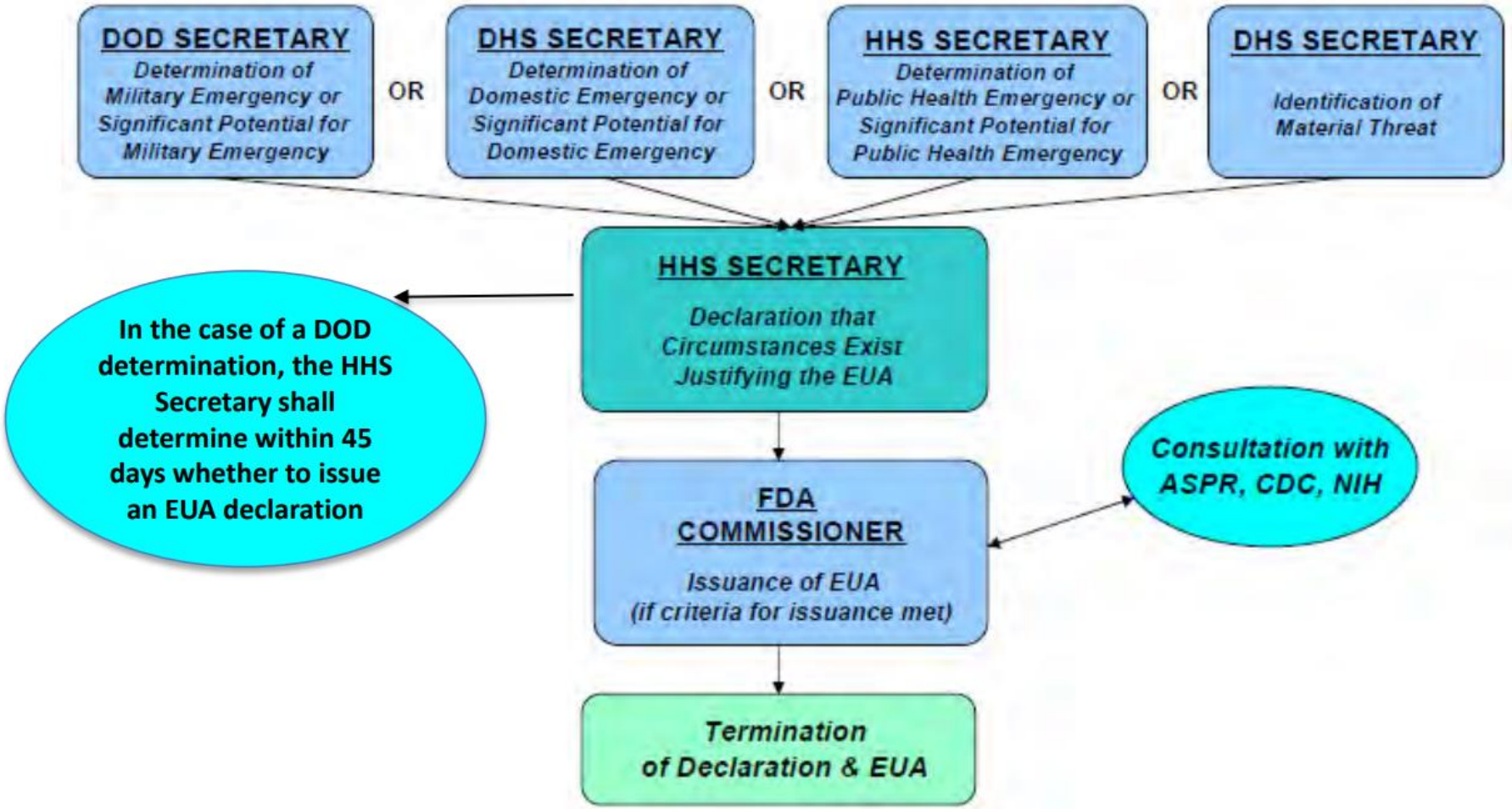
No IRB, no informed consent required

"Maybe effective" opinion of HHS is the only applicable criterion for commercial deployment

Clinical trial data is not required = when fraud is proven it's not material for FDA's decision!

Co-exists with declared "fully FDA approved" versions.

Summary of Process for EUA Issuance



https://public4.pagefreezer.com/browse/FDA/15-09-2022T08:43/https://www.fda.gov//media/154536/download

With respect to whether or not the typical cGMP regulations in manufacturing apply to COVID shots:

- https://uscode.house.gov/view.xhtml?req=(title:21%20section:360bbb-3a%20edition:prelim)

(c) Current good manufacturing practice

(1) In general

The Secretary may, when the circumstances of a domestic, military, or public health emergency or material threat described in subsection (a)(1)(C) so warrant, authorize, with respect to an eligible product, deviations from current good manufacturing practice requirements otherwise applicable to the manufacture, processing, packing, or holding of products subject to regulation under this chapter, including requirements under section 351 or 360j(f)(1) of this title or applicable conditions prescribed with respect to the eligible product by an order under section 360j(f)(2) of this title.

(2) Effect

Notwithstanding any other provision of this chapter or the Public Health Service Act [42 U.S.C. 201 et seq.], an eligible product shall not be considered an unapproved product (as defined in section 360bbb–3(a)(2)(A) of this title) and **shall not be deemed adulterated or misbranded** under this chapter because, with respect to such product, the Secretary has authorized deviations from current good manufacturing practices under paragraph (1).

=**There are no required standards for quality-control in manufacturing; no inspections of manufacturing procedures; no prohibition on wide variability among lots; no prohibition on adulteration; and no required compliance with Current Good Manufacturing Practices. EUA products, even though unregulated and non-standardized, "shall not be deemed adulterated or misbranded." 21 USC 360bbb-3a(c). 2013.**

FOOD AND DRUG ADMINISTRATION (FDA) Center for Biologics Evaluation and Research (CBER) 161st Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting, Transcript, October 22, 2020.

"Expanded Access Use" vs. Non-investigational EUA Pathway

- P201/408 of transcript:

- *"DR. KURILLA: And then for Doran [FINK], did you consider at all the possibility of an expanded access protocol for those specific groups that you would issue the indication for the EUA instead of an EUA?*
- *P203 Dr. FINK: Yeah. So to answer your question about an expanded access protocol, that is another regulatory mechanism for providing access to investigational vaccine. I think if we were to consider an expanded access protocol of the same size and scope as what is being considered for an Emergency Use Authorization, then the benefit/risk considerations and the data to inform those benefit/risk considerations and allow that type of use would be highly similar. The differences between expanded access use and Emergency Use Authorization are that expanded access use is done -- or is carried out under FDA's investigational new drug regulations. So among many other things, those regulations require use of an institutional review board and also obtaining informed consent from recipients of the investigational vaccine according to regulations for clinical investigations -- research use of investigational vaccines. And so operationally speaking, an expanded access protocol would add some complexity, and that is why Emergency Use Authorization is being considered primarily as the mechanism for addressing the public health emergency that has been declared."*

"Vaccine BLA Approval" is based on non-investigational use of a drug – a deception

- Vaccines ordered as "prototypes" and "demonstrations" (i.e. fakes) in DOD contracts
- Clinical trials were not ordered by DOD/HHS - not legally possible for EUA countermeasures under PHE
- cGxP compliance is not possible to enforce due to the EUA countermeasure status and PREP Act
- This means people were deceived into an illegal medical experiment with no informed consent

Synthetic PREP Act for EU and other countries

Bait-and-switch: Military/state/intel officials lying to the public and other parts of the government about regulatory and liability status of the “military countermeasures”.

Art 5(2) vs CMA Reg Pathway

From: Boone Hilde <Hilde.Boone@ema.europa.eu>
Sent: Thursday, November 12, 2020 3:57 PM
To: SOLOMON Olga (SANTE) <Olga.Solomon@ec.europa.eu>; SCHMIDT Florian (SANTE) <Florian.SCHMIDT@ec.europa.eu>
Cc: GIRARD Thomas (EMA) <Thomas.Girard@ema.europa.eu>; CAVALERI Marco (EMA) <Marco.Cavaleri@ema.europa.eu>; WATHION Noel (EMA) <Noel.Wathion@ema.europa.eu>
Subject: Art 5(2) vs CMA

Dear Olga & Florian

Just a heads-up: we just finished the TC between the Commissioner and ECDC/EMA in which the Commissioner asked questions about the expected approval of the Pfizer vaccine, and timing of FDA vs EU approval. So, automatically the issue of national Art 5(2) vs CMA came up, which Noel explained in detail and also how we plan to further discuss it with the NCAs next week and in HMA. Guido also suggested to consider raising it with the Health Ministers at EPSCO.

Sandra and Giorgios said that they would further discuss also within SANTE, so, hence my email to you.

(Andrzej was also present)

Also of note:
The Commissioner said that, since EC made a commitment to the MSs and EP that the vaccines will be available to all MSs at the same time – and that therefore it will be important that MSs will not be 'forced' to use that national route due to "delays" in the formal approval procedure.

She also said that she will be prepared to call relevant health ministers personally to avoid the use of Art 5(2).

Best regards,

Hilde

Difference in liability for EU Emergency Use vs Conditional Marketing Authorization (CMA)

Under an EU Conditional Marketing Authoris keting authorisation. The marketing authorisat e use. The CMA is valid for a one-year period, c and liability for its holder as per that of a standard marketing of a CMA has specific obligations such as to complete or conduct new udies within a defined time period in order to confirm that the benefit/risk balance remains positive.

Member states DELEGATE the approval, oversight and enforcement to EU, under promise that CMA is a "stronger" liability mechanism

In the case of an Emergency Use Authorisation to temporarily authorise the distribution as an unauthorised product (Art. 5(2) of Directive 2001/83), EU legislation requires Member States to remove administrative and civil liability from the manufacturer and marketing authorisation holder, when this emergency use is recommended or required by the Member State.

Note: Previously, CMA approach in EU was used only for oncology drugs

https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/questions-and-answers-covid-19-vaccination-eu_en#authorisation

Pfizer Manufacturing Supply Agreements:

- Purchasers must “indemnify, defend and hold harmless Pfizer … from and against any and all suits, claims, actions, demands, losses, damages, liabilities, settlements, penalties, fines, costs and expenses … arising out of, relating to, or resulting from the Vaccine.”

Trump 2.0 & MAHA

Are we winning yet?

MAHA policy moves to date:

- September 2024: MAHA policy, authored by Calley Means (and/or Grady Means):
  - Anything But Vaccines! (ABV) – dilute, drown in irrelevant issues and distract attention from vaccines as main cause of chronic illness and childhood mortality worldwide
- First 5 months of Trump 2.0:
  - PREP Act declaration extended to 2029 by Biden Admin remains in place
  - MAHA commission report – written by AI with fake citations, practically nothing about vaccines, much less mRNA, distractions into minor issues like food dyes, admits that HHS must help defend vax manufacturers from liability
  - “New” FDA covid shot policy was developed under Biden Admin in 2022-2023
  - mNexspike by Moderna approved without placebo or long-term safety testing
  - Self-amplifying mRNA by Arcturus approved in EU and Japan, will be approved in US this year
  - Additional covid shots in dev, fast tracked – inhaled and oral versions
  - $500M from HHS for “universal flu vax”
  - FDA Commissioner Makary embarking on a “listening tour” of pharma companies – not interested in hearing from mRNA or hospital murder victims!
  - Deborah Birx and General Perna are now on the board of Palantir, awarded ~$1 billion for military and civilian digital control grid, targeting individual citizens with military precision.

The NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

An Evidence-Based Approach to Covid-19 Vaccination

Authors: Vinay Prasad, M.D., M.P.H., and Martin A. Makary, M.D., M.P.H. Author Info & Affiliations

CDC 2025 List of Underlying Medical Conditions That Increase a Person's Risk of Severe Covid-19

- Asthma
- Cancer
  - Hematologic malignancies
- Cerebrovascular disease
- Chronic kidney disease*
  - People receiving dialysis
- Chronic lung diseases limited to the following:
  - Bronchiectasis
  - COPD (chronic obstructive pulmonary disease)
  - Interstitial lung disease
  - Pulmonary embolism
  - Pulmonary hypertension
- Chronic liver diseases limited to the following:
  - Cirrhosis
  - Nonalcoholic fatty liver disease
  - Alcoholic liver disease
  - Autoimmune hepatitis
- Cystic fibrosis
- Diabetes mellitus, type 1
- Diabetes mellitus, type 2*
- Gestational diabetes
- Disabilities‡, including Down's syndrome
- Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
- HIV (human immunodeficiency virus)
- Mental health conditions limited to the following:
  - Mood disorders, including depression
  - Schizophrenia spectrum disorders
- Neurologic conditions limited to dementia‡ and Parkinson's disease
- Obesity (BMI ≥30 or ≥95th percentile in children)
- Physical inactivity
- Pregnancy and recent pregnancy
- Primary immunodeficiencies
- Smoking, current and former
- Solid-organ or blood stem-cell transplantation
- Tuberculosis
- Use of corticosteroids or other immunosuppressive medications

* Indicates presence of evidence for pregnant and nonpregnant women.
‡ Underlying conditions for which there is evidence in pediatric patients.

Figure 2. Underlying Medical Conditions That Increase Risk of Severe Covid-19.
Source: Centers for Disease Control and Prevention.

Immunologic End Point

Age 65+ yr

work: On the basis of immunogenicity — proof that a vaccine can generate antibody titers in people — the FDA anticipates that it will be able to make favorable benefit–risk findings for adults over the age of 65 years and for all persons above the age of 6 months with one or more risk factors that put them at high risk for severe Covid-19 outcomes, as described by the CDC (Fig. 2). For

Age <65 yr with at least one risk factor for severe Covid-19

Estimated 33% of total U.S. population (>100 million) will be eligible for vaccination

FDA-Recommended Postmarketing Randomized, Placebo-Controlled Trials

Age 50–64 yr without risk factors for severe Covid-19

Estimated 18% of total U.S. population (61.2 million) will be eligible for postmarketing trials

Sponsor-Driven Randomized, Placebo-Controlled Trials

Any age (6 mo to 64 yr) without risk factors for severe Covid-19

Figure 3. New FDA Regulatory Framework for Covid-19 Vaccination.

ALL pregnant women!

- Antibody test in mice only
- No safety or efficacy testing at all!
- Antibody tests were positive for all on market mRNA/DNA shots
- Enhanced covid illness
- Killed ~600K Americans
- Injured millions
- 80% miscarriage rate, ~300% increase in stillbirth rate, was never approved in pregnancy

Cannot be done in time for "new variant" selection and will not be enforced by the FDA

Subjects excluded from clinical trials of all covid shots

clinicaltrials.gov

Key Exclusion Criteria:

Participants meeting any of the following criteria at the Screening Visit (Day 0) or at Day 1, unless noted otherwise, will be excluded from the study:

1. Pregnant or breastfeeding.
2. Is acutely ill or febrile 24 hours prior to or at the Screening Visit (Day 0). Fever is defined as a body temperature ≥38.0°Celsius/100.4°Fahrenheit. Participants meeting this criterion may be rescheduled within the relevant window periods. Afebrile participants with minor illnesses can be enrolled at the discretion of the investigator.
3. Current treatment with investigational agents for prophylaxis against COVID-19.
4. Has a medical, psychiatric, or occupational condition that may pose additional risk as a result of participation, or that could interfere with safety assessments or interpretation of results according to the investigator's judgment.
5. Is a healthcare worker or a member of an emergency response team.
6. Current use of any inhaled substance (for example, tobacco or cannabis smoke, nicotine vapors).
7. History of chronic smoking (≥1 cigarette a day) within 1 year of the Screening Visit (Day 0).
8. History of illegal substance use or alcohol abuse within

CDC 2025 List of Underlying Medical Condition That Increase a Person's Risk of Severe Covid-1

- Asthma
- Cancer
  - Hematologic malignancies
- Cerebrovascular disease
- Chronic kidney disease*
  - People receiving dialysis
- Chronic lung diseases limited to the following:
  - Bronchiectasis
  - COPD (chronic obstructive pulmonary disease)
  - Interstitial lung disease
  - Pulmonary embolism
  - Pulmonary hypertension
- Chronic liver diseases limited to the following:
  - Cirrhosis
  - Nonalcoholic fatty liver disease
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  - Autoimmune hepatitis
- Cystic fibrosis
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  - Mood disorders, including depression
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- Neurologic conditions limited to dementia‡ and Parkinson's disease
- Obesity (BMI ≥30 or ≥95th percentile in children)
- Physical inactivity
- Pregnancy and recent pregnancy
- Primary immunodeficiencies
- Smoking, current and former
- Solid-organ or blood stem-cell transplantation
- Tuberculosis
- Use of corticosteroids or other immunosuppressive medications

New FDA policy for covid shots recommended without ANY safety testing

clinicaltrials.gov

8. History of illegal substance use or alcohol abuse within the past 2 years. This exclusion does not apply to historical cannabis use that was formerly illegal in the participant's state but is legal at the time of Screening.
9. Known history of hypertension, or systolic blood pressure >150 millimeter of mercury (mmHg) in participants in Cohort 1 (≥18 to <55 years old) or systolic blood pressure >160 mmHg in participants in Cohort 2 (≥55 years old) at the Screening Visit (Day 0).
10. Known history of hypotension or systolic blood pressure <85 mmHg at the Screening Visit (Day 0).
11. Diabetes mellitus
12. Diagnosis of chronic pulmonary disease (for example, chronic obstructive pulmonary disease, asthma)
13. Chronic cardiovascular disease
14. Resides in a nursing home
15. Grade 1 or higher toxicity on clinical safety laboratory testing at the Screening Visit (Day 0)
16. Current or previous diagnosis of immunocompromising condition, immune-mediated disease, or other immunosuppressive condition.
17. Received systemic immunosuppressants or immune-modifying drugs for >14 days in total within 6 months prior to the Screening Visit (Day 0) (for corticosteroids ≥20 milligrams (mg)/day of prednisone equivalent). Topical tacrolimus is allowed if not used within 14 days prior to the Screening Visit (Day 0).

Subjects excluded from clinical trials of all covid shots

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clinicaltrials.gov

18. Anticipating the need for immunosuppressive treatment at any time during participation in the study.
19. Positive serology for hepatitis B virus surface antigen, hepatitis C virus antibody, or human immunodeficiency virus (HIV) type 1 or 2 antibodies identified at the Screening Visit (Day 0).
20. History of anaphylaxis, urticaria, or other significant AR requiring medical intervention after receipt of a vaccine.
21. Bleeding disorder considered a contraindication to IM injection or phlebotomy.
22. Diagnosis of malignancy within previous 10 years (excluding non-melanoma skin cancer).
23. Has received or plans to receive a licensed vaccine ≤28 days prior to the first injection (Day 1) or plans to receive a licensed vaccine within 28 days before or after any study injection. Licensed influenza vaccines may be received more than 14 days before or after any study injection.
24. Receipt of systemic immunoglobulins or blood products within 3 months prior to the Screening Visit (Day 0) or plans for receipt during the study.
25. Has donated ≥450 mL of blood products within 28 days prior to the Screening Visit (Day 0) or plans to donate blood products during the study.
26. Participated in an interventional clinical study (other than mRNA-1273 P301) within 28 days prior to the

CDC 2025 List of Underlying Medical Condition That Increase a Person's Risk of Severe Covid-1
Asthma
Cancer Hematologic malignancies
Cerebrovascular disease
Chronic kidney disease* People receiving dialysis
Chronic lung diseases limited to the following: Bronchiectasis COPD (chronic obstructive pulmonary disease) Interstitial lung disease Pulmonary embolism Pulmonary hypertension
Chronic liver diseases limited to the following: Cirrhosis Nonalcoholic fatty liver disease Alcoholic liver disease Autoimmune hepatitis
Cystic fibrosis
Diabetes mellitus, type 1
Diabetes mellitus, type 2*
Gestational diabetes
Disabilities‡, including Down's syndrome
Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
HIV (human immunodeficiency virus)
Mental health conditions limited to the following: Mood disorders, including depression Schizophrenia spectrum disorders
Neurologic conditions limited to dementia‡ and Parkinson's disease
Obesity (BMI ≥30 or ≥95th percentile in children)
Physical inactivity
Pregnancy and recent pregnancy
Primary immunodeficiencies
Smoking, current and former
Solid-organ or blood stem-cell transplantation
Tuberculosis
Use of corticosteroids or other immunosuppressive medications

New FDA policy for covid shots recommended without ANY safety testing

CDC updated recommendation for covid mRNA shots

- Medically nonsensical and deliberately harmful recommendations:
  - Recommended to “vulnerable”, defined as “moderately immunocompromised” – at least 75% of the US population qualifies.
  - No evidence that mRNA shots are beneficial for anyone with compromised immune system
  - Warnings for myocarditis -> shot recommended to people with CV disease!
  - Evidence that smokers are at a lower risk of covid -> smokers are categorized as “vulnerable”
  - Covid shots labeled as “unknown risk in pregnancy, not labeled for use in pregnancy”, clear reproductive harm extensively documented -> recommendation for all pregnant and breastfeeding women!
  - mRNA clearly associated with cancer -> recommended to cancer patients!
- Huge financial incentives from HHS to inject every patient at every health encounter:
  - No mention of changing or dismantling the financial and administrative policies that force all vaccines and mRNA vaccines on population