# Parsing Through the VAERS Database
# A Special Interview With Jessica Rose, Ph.D.
## By Dr. Joseph Mercola

**Dr. Mercola:**

Welcome, everyone, this is Dr. Mercola, helping you take control of your health. And today we're going to dive deep into some of the reasons why these COVID jabs are likely not the best thing. And the way we do that is by examining the data. And we have a skilled expert. And in defining that, and the data I'm referring to is the VAERS (Vaccine Adverse Event Reporting System) database, which is probably one of the finest tools on the planet. Admittedly, it has its flaws and drawbacks, but there really are an entire world, not a better system to collect the data.

**Dr. Mercola:**

And we're going to be talking to Jessica Rose, who has an interesting panoply of amazing serendipities. And she has accumulated the skill set that is almost optimized for helping us understand what's going on. She is a computational biologist. I don't know what that means, but it sounds cool. And she has post-doc degrees in two of my absolute favorite fields. And if I had to get a Ph.D., I would get Ph.Ds. in these, is molecular biology and biochemistry. And then she also is a surfer. Even though she's a native Canadian, she caught the bug and actually did her postgraduate training in Israel, where she was able to apply that bug to surfing and was going to go to Australia to surf, but we know what happened. The COVID hit, and she could not go. So now she had to come up with something else. And she decided, "Well, I'm going to be a programmer, I'm going to code." So she picked an obscure program that actually I've never heard of until this. It's called R, which I think is words for statistics and graphics. And so she used that. And she said, I'm going to work on the VAERS database, and boy oh boy, she'd been working at it. And she's come up with the most amazing pieces of information that is out there. You are going to be deeply grateful for what she's done the last two years if you're listening this conversation. So with all that backstory, welcome, and thank you for joining us.

**Jessica Rose:**

Thanks so much. Well, I can go home now.

**Dr. Mercola:**

Yeah, right. You got a lot of work to do, my dear.

**Jessica Rose**:

I enjoyed listening to that. Thanks.

**Dr. Mercola**:

Yeah, well, I appreciate what you're doing. But the serendipity is really intriguing. I'm a big fan of serendipity. And usually, it occurs in people when they're in the zone, and their life just seems to flow to them and your serendipity with this is really extraordinary. It really is. I'm very impressed. So I guess, let me see, there's so many things that we can start on. But is there anything you'd like to expand on in the brief bio I mentioned?

**Jessica Rose**:

Um, no, I'll just introduce my cat. This is [inaudible 0:02:43]. Everybody already knows who he is because he appears in every single interview that I do, but no, I guess that that about sums it up. Yeah, I'm also very interested in sci-fi, you just mentioned that now.

**Dr. Mercola**:

Oh, yeah. So I love sci-fi. I mean, some of the best books I've ever read were sci-fi. I haven't read it for a long time, I've been mostly reading nonfiction. I would say 98.5% of the books I read are nonfiction. But especially good sci-fi. It's just, it's mind-blowing what it can do. Because there's no limit. I mean, you don't have to create an expensive set or graphics or anything, you can just create the illusion with words, which is amazing. But anyway, that's great for a background.

**Dr. Mercola**:

Now, I'm would like you to go into some of the amazing things you've been finding. There's so many. There's so many, I don't know, even begin to know where to start. Like, what I'll let you prioritize it. I mean, if you know I can give you some starters, but I think you know the data. So I'll let you hit like – actually, let's do this. I think the most impressive element of this is the staggering number of deaths. Oh wait, before we go there, we need we need to go into historical perspective of VAERS. And not many people know this. And you may not even be aware of this. But VAERS, which is short for Vaccine Adverse Effects Reporting System, is an outcome of the 1986 Act, where and I'm very good friends with Barbara Loe Fisher, who was the layperson representative in Congress, and this whole legislation was going on. So for those of you not familiar, the 1986 Act allowed the vaccine companies to have no immunity against prosecution or lose any liability.

**Dr. Mercola**:

So as a concession to that, Barb and a few of her friends pushed for this reporting to and part of it were vaccine adverse reactions reported previously. Sure, but there was no centralized database. And she and her friends wanted to make certain that this centralized reporting occurred. Not only occurred, but also that lay people, non-professionals could input their data into the system. So a lot of people don't know the story of that. So that 1986 act was obviously 35 years ago. But VAERS, it took them four years to create this database. So it didn't get launched until 1990. And interestingly, and perhaps you can discuss on this too, because I was talking to Barb about it this morning, I want to get my facts right. But if anyone's been listening about the VAERS, they know it's just an unbelievably complex – well it's complex, but it seems to be designed to put massive barriers to limit anyone into entering the data primarily because you have 30 minutes, a 30-minute time limit to enter the data. If that's not bad enough, I don't know. I've never done it, entered data on VAERS, but it just disappears and you lose all the data you entered. You got to start over from scratch.

**Jessica Rose**:

Yeah, per page.

**Dr. Mercola:**

Yeah. What I didn't know apart of this morning is that VAERS was not always like that. They, at some point, I'm going to find out hopefully, before we get this article published that what year they made those changes, clearly, it was a deliberate intent to make it extraordinarily challenging to input data into VAERS. So maybe you can comment on that. And then we'll, I'll add another element, we then we go on into what you found.

**Jessica Rose**:

Yeah, well, I didn't know that this wasn't – I mean, it makes sense to me, actually, you know, with the advent of computers, and they got better, and websites got better. And so it kind of makes sense that it would change. But I'd really like to know when, because that's an interesting question. It does take about a half an hour to file an adverse event report to VAERS, which is a long time. And it's a consecutive series of online pages, it's quite thorough. And if you don't complete each page in the time allotted, then you have to start again, which probably frustrates enough people that they don't start again, especially if you're, say, a GP (general practitioner) at the end of a 14-hour shift, and you have to enter 10 of these, for example. And so-

**Dr. Mercola:**

It’s so easily fixed, all you got to do is create a case report file, and they send you an automated email so that you can go back to that file and fill it in when you have time.

**Jessica Rose:**

Yes. They're very – VAERS, it's funny, because it probably is one of the best adverse event data collection systems in the world. But it's completely lamentable. I mean, it's antiquated, which is probably the main reason.

**Dr. Mercola:**

By design.

**Jessica Rose:**

Right. It's probably the main reason why it's got these imperfections and dysfunctions. It's also very people-oriented, like humans are actually entering the data. And with humans, there comes error. So you know, there are many, many problems with this system. But nonetheless, despite whatever anybody thinks about VAERS, it is acting probably, ironically, as a pharmacovigilance tool, which is what it was designed to be used for. That means that it's a way to detect safety signals that weren't detected during pre-market testing or clinical trials. So it is functioning that way. Because there are many, many safety signals being thrown out by the data in VAERS. Just for an example, everyone's heard of myocarditis now. Well, if you're awake, you've heard of myocarditis, which is one of the safety signals being thrown off in VAERS. And so we've learned that it happens in young people, more so in boys. We've learned a lot of things so if now's the right time, I can explain to you know, what's going on in VAERS, generally, that should alarm everybody and but if you want to ask me-

**Dr. Mercola**:

Yeah, I just want to make a comment on the discrepancy in the gender toxicity from this vaccine. It's because I got insights – I interviewed Steve Kirsch last week. And his research shows that for some reason, testosterone has a really important connection to COVID-19. It actually facilitates the entry of the spike protein into the cells. And it does this through an enzyme through actually activating this enzyme. And it's a long name. It's not a typical enzyme that does it. So if you block – actually, he, he got into this because he's really of course known for one of the position of FLCCC – Frontline COVID commission or something. I forget what the other C is. But anyway, he's one of those physicians along with Paul Marik. And one of the treatments for it is an androgen blocker, spironolactone, which is normally diuretic. So that seems to help. But this appears to be the discrepancy that we're seeing is due to this effect on the androgen's effect on the spike protein.

**Jessica Rose**:

Yep. I mentioned that when I when I show my slide of myocarditis, and-

**Dr. Mercola**:

Oh, you knew that? I didn't know that. What's the name of that enzyme?

**Jessica Rose**:

I know about the androgens. I can't remember the name of the-

**Dr. Mercola**:

Yeah, it's an obscure one, for sure. But anyway, alright, so yeah, why don't you go on and let us know what you found?

**Jessica Rose**:

All right, well, the most striking thing that anybody can do, and I implore everybody to do this. And by the way, the reason why I chose VAERS as a dataset to improve my R skills was because it's very accessible, you can just go to their website, and download the CSV files, you can play with it in Excel, or you can use R, whatever is compatible with the CSV file. There are three separate files that you can download for the domestic data set, which includes the patient data, the individual's data, the symptoms, or the adverse events that they reported. And it can be up to 15 different types. And the injection data, so like, what type what company, vax lot, all this stuff. So you can download these files, you can merge them so that as per VAERS ID, you have a lot more information. So you merge these three files so that you have maximum output. So that's what I did.

**Jessica Rose**:

And all you have to do is count the number of adverse events that have occurred in 2021. In the context of the COVID-19 products, you can exclude all the other vaccines to isolate the signal. And compare that number to the total number of adverse events reported in every single year going back 30 years. And there's absolutely zero comparison, the average number of adverse event reports for the past 10 years is 39,000. And that includes the Adverse Event Report data for all of the vaccines combined, there are a lot of them. This is hundreds and hundreds and hundreds of millions of products. So we're looking at about 39,000 total adverse events, as opposed to—

**Dr. Mercola**:

Per year? Per year?

**Jessica Rose**:

Per year. For the entire year, as opposed to 675,942 in the domestic dataset alone. And this does not include the underreporting factor, which we should talk about.

**Dr. Mercola**:

Oh, we definitely will. And it's important to note that we're recording this session, almost at the one year anniversary of the vaccine introduction. Yep, so the timing is perfect.

**Jessica Rose**:

Were very, very close. I keep saying, you know, when I say talk about this information, I'm like, "We're not finished 2021 yet. We made it." So yeah, this is the same trend. By the way. That's more than a 1,600% increase in reporting. We see the same trend when we isolate adverse events, standalone adverse events like death. There are over 10,000 deaths reported to VAERS now in the context of these products in the domestic dataset alone, not including the underreporting factor, and the previous 10 years, the average was 155 deaths for the entire year for all the products combined. This is over 6,000% increase in reporting for deaths.

**Jessica Rose**:

So the question I've been posing to the FDA (Food and Drug Administration), the CDC (Centers for Disease Control and Prevention) and whoever wants to listen to me, is what's the cutoff number? Because death, you know, you kind of think of that as being one of the most, the worst outcomes in terms of adverse events in the context of, say, a vaccine or a biological product. I think there are worse things than death personally. But most people think that's pretty bad. So that's why I always talk about death in this context, what's the cutoff number here? How many more people have to die in order for these products to be deemed unsafe? So that's basically all you have to do in VAERS. I mean, you can stop there, you don't have to look at anything else. But there's so much more.

**Dr. Mercola:**

We're going to get into that. So if you listen to Steve Kirsch, who I'm sure you're familiar with, because he's compiled some of the underreporting statistics that we'll go into in a moment. But he contends that, and I don't know what your evaluation is, but that the CDC does not acknowledge there are any deaths, they don't admit to one single death from the COVID jab.

**Jessica Rose:**

Nope. They are holding fast to their claim that not one of the adverse event reports of death in VAERS is because of the products. They're holding fast. There are GPs and medical doctors and nurse practitioners who are also spouting this garbage. It's not even statistically plausible to say that. Not one death out of the 10,000 something something were caused, it's not scientific to say that. So actually, I'm happy when people say that because it's really it's going to be really easy to disprove. I think I already have. But showing causation with epidemiological or biological data, data is notoriously difficult, you can do it.

**Dr. Mercola:**

Oh, right. I didn't realize it was statistically possible. But well, you know it, probably do.

**Jessica Rose**:

Yeah, you can use something called the Bradford Hill criteria, which is a set of 10 criteria that you should satisfy in order to show very strong evidence of causal relationship. And one of the most important of these is temporality, of course, because one thing has to come before the other. And the shorter the duration between those two, the higher the likelihood that there's a causative effect. So when you're talking about people, like percentages of people who died, having died within 24 hours of one of their jabs, let's say you're talking 50%. That's kind of suspicious to me. Yeah. I'm glad you laughed, because it is funny, and they completely deny the causal effect. And I mean, yeah, it's, it's-

**Dr. Mercola:**

Just a coincidence.

**Jessica Rose**:

Of course. It's just a coincidence. So yeah, Steve and I are good friends. And we we've been working very closely on all of this stuff for a long time. So, his underreporting factor is 41. And he estimated that based on a peer-reviewed publication, which estimated anaphylaxis numbers and so he used anaphylaxis as a proxy for death. So what I did – he got number, the number 41.

So what that means to anyone who doesn't understand is that all of these numbers that you hear me or Liz, sorry, the open VAERS numbers, when you hear us say these numbers, you have to multiply them by 41. If you want to go with Steve's estimate, or 31 in the case of mine. Mine is the most conservative estimate. And I, I basically just did it as a fun exercise.

**Jessica Rose**:

So I took Pfizer's phase three clinical trial data that they presented to the FDA. And there were over 18,000 participants in the drug, let's just call it the drug group for Pfizer, and the placebo groups and there were a certain percentage of individuals in each arm that succumb to what we call a severe adverse event, which includes death, hospitalization, visit to the ER, a life-threatening adverse event, disability or birth defect. So it was 0.7% of people in the drug arm succumb to a severe adverse event according to their data. So I used that rate, and I multiplied it by the number of people who had been injected with one shot of Pfizer on a certain date was August 10, I believe I published this in in a paper last June, I think? That number becomes your expected number of people based on how many people have been given one dose that would succumb to a severe adverse event based on their data. So you take that number, you divide it by the number of reports of severe adverse events, and there's, and you get a multiplication factor or an underreporting factor. So when you use that base dataset, the Pfizer phase three clinical trial data, you get 31.

**Jessica Rose**:

Ronald Kostoff has also published a paper in Toxicology Reports. And his estimate is 100, I believe. So whenever you're talking about the underreporting factor, I think people should talk about it in terms of a range, because each adverse event is going to have their own, like depth is not going to be reported in the same way as a cough, for example. So it's always going to be a range. So you use with discretion, use with caution. But acknowledge, like the CDC and the FDA are not doing that there is an underreporting factor, first of all, and perhaps you could also acknowledge that at least some of the deaths reported to VAERS are because of the injections. Those people, you know, not 100% of them would have died anyway. You know, that's not how life works.

**Dr. Mercola**:

Yeah. So I believe that when you publish your paper and you did the calculations, you weren't – because it was on the Pfizer trial, clinical trials, right, that you publish the data? So I'm sure you're familiar with a whistleblower now from the Pfizer trials, right? That report made her story to the British Medical Journal, and Peter Doshi published it and, you know, really expose the underlying belly of the beast, where she just outlined all these problems with these subcontractors that Pfizer hired to actually perform the trials. I mean, that from the receptionist

doing injections that weren't trained to having just blatant violations of OSHA (Occupational Safety and Health Administration) guidelines. And most importantly, not a good follow-up, certainly no informed consent, virtually no informed consent, but not even if they had an adverse risk response. That the reporting system they used wasn't designed to capture all the all of the good ones. I mean, I don't even know if death was in part of that one. So it was just a just panoply of major concerns or complications. So with that going on, if that was – if you use the Pfizer data, it's clear that it was even worse than the 31 times.

**Jessica Rose**:

Yep. Yeah, exactly. It's a very good point. I think if people actually knew the reality of what was going on, they would just decide very quickly, right now, never to go near these things. Again. This isn't hearsay people. And it's not conjecture. The clinical trials are garbage. And there's no safety data. I'm not just saying these words. And it's very reflective in all of these adverse event data collection systems all over the world. They're all saying the same thing, the Eudra, Yellow Card, us, Australia, SA VAERS, well, by us, I mean, the U.S. They're all saying the same thing. As an example, myocarditis in young boys, you know, it's, it's not something that you can ignore. And there's a reason why this is happening. It's because they're not safe. So yeah.

**Dr. Mercola:**

That's for sure. So one of the other flaws, I mean, glad you confirmed what Steve told me, and I didn't have time to verify it, that the CDC is absolutely denying there are any zero deaths associated with this vaccine, the COVID jab. So what's even more egregious, from my perspective? Well, that's pretty bad, is the fact the fact that there's just no question that – I mean, even using their data, you for every one person that supposedly a death is prevented, which I dispute but if you accept their data is valid, then you're going to kill four or five other people. Clearly, the overall mortality rate for those who've been jabbed has gone up significantly. I think the Israel data where you're at is like 13x, compared to those who are unvaxxed, is an increase in mortality rates. But the CDC had the audacity to publish a paper saying that you have a radically reduced all-cause of death. In fact, it was decreased by like, I think a third at which is such an extraordinary statement because in some age groups, that would mean that all causes of death were eliminated, including accidents. So, magic pill, yeah, would protect you.

**Jessica Rose:**

Yeah, it elevates you to a new type of existence where nothing can hurt you anymore. It's magic. That's what that means, people.

**Dr. Mercola:**

Yeah, if this is the only explanation, that's the only explanation, because it's so – it's not based in reality. What's shocking is that they think they can get away with it, but they are, they are the most part.

**Jessica Rose:**

The authorities are – the white coat concept is, it's very real. You put a white coat and a stethoscope on someone and they can they can, you know, dictate what is going on. But what I don't get is the ratio of doctors and researchers and physicians and nurse practitioners and I don't know the actual numbers. So I'm making an assumption that there are fewer, who are saying, "Oh, hold on a minute. Something doesn't seem right here." Because I started doing that way over a year. It's almost two years ago. I've been going, "Wait a minute now." I mean, I'm in the testing zone. So it was easier to see early. But well.

**Dr. Mercola**:

You did before Steve Kirsch Steve Kirsch was still a believer, like, as May or June of this year.

**Jessica Rose:**

Yeah. Well, yeah. He has a really, really amazing story. He actually made a video about it. And I was, I mean, I know the story, but it was it was touching to see him convey it because, yeah, he has firsthand experience from both sides. He is injected, his family's injected. And then he's done this 180 [degrees]. So he's a perfect example of the whole process going from A to Z of, you know, being here and then being here, which I think is important for people to see, because everyone's facing this cognitive dissonance wall because none of this seems possible. Because it's so crazy. But it's happening. I mean, people lie but data don't. The numbers don't lie. You can't deny that it's crazy. They are denying it, but you can't. You can't do that-

**Dr. Mercola** 27:36

They can make a dystopian, Orwellian doublespeak. So, ultimately dystopian, but it's Orwellian doublespeak what I was trying to say, which is the exact opposite of what the truth is, and they can get away with it. That's what they've been doing. It's a stretch it's working so far. But I want to you know, this is based on the data that's in VAERS. So I want you to explain in some detail, this concept of the missing VAERS IDs, which strongly suggest that the data is even worse than the numbers you quoted. I mean, even with the underreporting, because these appear to be cases that are deleted. So can you go explain that?

**Jessica Rose**:

Yeah, so it's not an appearance, it's a reality. This is in my paper. I currently it's what sparked my pharmacovigilance paper, I wrote a paper that was like a critical appraisal of the pharmacovigilance-ness of VAERS. And so that's a component of this, this missing data. There were some videos going around a while ago, saying there were like hundreds of thousands of reports gone missing. And I was like, "What?" So I wanted to look at this from the way I was analyzing the data to confirm or deny this. And to find out just how many VAERS reports were going missing every week, because every week, the VAERS dataset is updated. And you have to download it every week. And I have been doing this from January. So I have all of it. Because the data is overwritten every week. So if you miss out on an update, you lost all this data, which means that you might lose some people, which is really shocking. So as a part of the vetting process, because – wow, there's so much for me to talk about here.

**Dr. Mercola:**

Go for it.

**Jessica Rose**:

Okay, [crosstalk 0:29:32] number of adverse event reports being made. And there's a proportion of them getting filed into VAERS, and there's another proportion of them that are staying in VAERS that aren't getting removed. So you can have duplications of VAERS reports because a GP and a family member can both file VAERS reports. So there are people whose job it is to make sure that these duplicates are combined and then only one VAERS ID is, is put into the frontend file. So there are pertinent reasons why a VAERS ID might disappear. It didn't actually disappear, it just got changed to a different ID. And you can cross-reference these to find out which IDs are actually deleted for real, and which ones were just changed to a number. And by the way, that is so messed up all on its own, because there's no tracking system. You cannot track and trace a VAERS ID, which is a person, by the way, who took the time and suffered an adverse reaction after trusting their government. There's no way to determine if it was this, and then it got changed to this, except if you do it by eye, which is what I did for the deaths, which was horrifying, painful, but whatever.

**Dr. Mercola**:

And you have you essentially have all the data if you've been recording since January, it was only a few in December, right?

**Jessica Rose:**

Yep, I have it all. And so there are, to answer your question, there are missing data. And so I stopped counting the missing data per week, I have a little algorithm that can find out but it takes

a little while to run. So because I have all this other stuff on the go, I stopped like doing this weekly update. But when I wrote the paper. So on the subject of that, the way, the way that I was determining if entries, if VAERS IDs, if people were disappearing, was by subtracting the – just finding out which VAERS IDs didn't show up in the next update, because you would assume that every single VAERS ID that got into the system that was fed would stay in the system. And so the next update would have that data set and a little more, but that's not how it works.

**Jessica Rose:**

There are removals every single week, and they're not explained. There's no explanation for these. So the first thing I did when I found this, it was over 1,000, was I checked, "Is there a high proportion of these deleted reports that are deaths?" And you know, it was something like — what was it I don't even remember — it wasn't anything overly suspicious. It was something like 18%. And then I checked severe adverse events. And then I checked children, because this is a big one that's happening now. A lot of babies going missing in VAERS, they shouldn't be there, which is probably why they're being removed. But I don't know, I can only tell you what I'm seeing. So there wasn't anything overtly suspicious about the nature of the IDs. But that's not even the point.

**Jessica Rose:**

These are people that trusted in these products, and the people who are telling them they were safe and effective. They were healthy. They went out and got the shots. Some of them, you know, suffered an adverse event, some of them died. And these reports got filed to VAERS. And then they got removed. That's atrocious. I'm not speculating here, either. This is what is happening. You know, that's why I published it, because it's like, none of those people have a voice now. They went through this horrifying experience, which no human should be going through. And then they got disappeared. I mean, that's – I don't even know what the word for that is. It's appalling.

**Dr. Mercola**:

It's criminal. It's criminal offense, they should be locked up forever, whoever decided to do this. So what was the number again? Was it 1,000 for the whole year that were excluded?

**Jessica Rose**:

You mean, the number of missing entry? Yeah. Missing? There's Yeah. Oh, gosh.

**Dr. Mercola**:

Was it 1,000 per week, 1,000 per month? I don't know.

**Jessica Rose**:

Actually, it varied per week. It peaked at like 110 missing entries per week, but-

**Dr. Mercola**:

Okay. So it could be it could be up to 4,000 or 5,000.

**Jessica Rose**:

Yeah, it probably is by now. So sometimes it was 50. But there was a study like kind of, you know, stepwise increase. But you know what, your piquing my interest. I'm going to go check that out when I have some time later on. But something that I wanted to mention because everyone's starting to put this crap into little people now, the 5-to-11-year-olds, I actually spoke at this FDA hearing, in an attempt to, Steve did to convince these jury members why it's a very bad idea. Yeah, not only bad idea, but a pointless thing to do because the kids aren't affected by COVID. But you know, the fact that these things are causing so many adverse events in adults, I mean, what's going to happen in children and you keep reducing the age and now you're putting in the people who haven't even gone through puberty, they haven't finished developing immune system, neurological system, cardiovascular system. They're not finished yet. Like, you know. So, um-

**Dr. Mercola:**

Your and Steve's testimony was so compelling that the FDA unanimously approved it.

**Jessica Rose:**

Honestly, it was one abstention. And the rest of them just said, “Oh, it's perfectly safe after what I heard.” Yeah, exactly.

**Dr. Mercola:**

That's talking about going into jail. Those guys on almost every single one. Well, they all had massive conflicts of interest. They're all tied to Pharma.

**Jessica Rose:**

Of course, well, buddy there who said that we're not going to know how they are until we put them into people. I mean, this guy's the editor-in-chief of the New England Journal of Medicine.

**Dr. Mercola**:

They used to have a good editor, Marcia Angell was really phenomenal when she wrote a whole book exposing the corruption in the industry.

**Jessica Rose:**

Where did she go?

**Dr. Mercola:**

Yeah,  don't know where she what she's doing now. But her book is pretty good. Marcia, Marcia Angell. Anyway, get back to the kids, because this is just beyond contemptible. And I definitely want you to go into the kids that have been accidentally given the jab, too, because that's, that's another part of the story. But let's go on to the 5- to 11-year olds.

**Jessica Rose**:

Yeah. So this is all the same story. It's one slide that I presented, and it contains all of the information you just mentioned. So there were two groups of children that I presented for the 5-to-11 and the 0-to-18, which, which is what they call a pediatric subject, very, very cold pediatric subject. So within the 0- to 18-year old age group, the number of VAERS reports at the time that I gave that testimony was, oh, I'm going to take a guess don't quote me on this, it was something like 5,570 reports where the metric code, which is the name that they give the adverse event that's reported, was product given to a patient of inappropriate age. This was the most frequently occurring adverse event type for children that young, okay? For young children.

**Jessica Rose**:

And I thought to myself, “Wait a minute. This doesn't add up.” Like, why are there so many reports of giving kids that are too young, depending on their, you know, in relation to their own definition? Like, you know, the first it was like, you know, let's, let's put it into everyone over 12. And then they lower the age bracket, like I said, from 5 to 11. So there were so-called medical professionals injecting children without confirming their age. And then those children suffered adverse reactions in the thousands, or in the tens of thousands. And this doesn't include

the underreporting factor. And some of them died. In the 5 to 11 age group, two of them died. One was 11. One was 13. So they had been in – this was before the young kid rollout. So these people had been these little children had been injected, and died. And the maximum timeframe between the death and the injection in one of the kids was five days. The other one was one day. So this was in close, temporal proximity. Now, the part that's more disturbing than that is that 30 – I'm going on memory now from my slide — there were, at the time that I presented that data, there were — gosh, I'm trying to — something like 60 children had died between the ages of 0 and 18. Listen to this, and 38% of those children were under 2. And now when I updated that slide, because I upgraded my slides every week. That percentage went down to 30% of the total number and I'm like, "Wait now, that was 38% last week. What happened to them?"

**Dr. Mercola**:

Missing VAERS reports, IDs.

**Jessica Rose**:

There are these enormous inconsistencies in the data. And another one. The myocarditis reports like every week, I have about 100 different files, which contain algorithms that run code for specific things like I have a kid's file, I have a cancer file, I have a prion disease file anyway, so I run them all with the updated data. Myocarditis is one of them. And there was this big chunk of data for the 50- to 75-year-olds pretending to myocarditis reports last week, and this week, it's one-half. And it's staggeringly obvious that something's very different in the data, the number went up, the absolute number of reports went up. But it seems to have shifted somehow. And the thing is, there could be a reasonable explanation, there could be a plausible explanation. But the fact that there's no reference at all to how this data is being shifted around, and there's no record, and there's no — there's nothing. So we as the public, and this is for us, we, as the public have no idea what's actually going on, all we can say with absolute certainty is that something is going on.

**Dr. Mercola:**

Yeah, there's no question. It's just reprehensible it's being done. The issue, though, as you so accurately described, is they're manipulating the statistics. And it's almost predictable that this, this type of tool should never have been allowed. But yet, they capitulated and surrendered and provided it but gradually through the years, they've been corrupting it and essentially making it less and less helpful and meaningful. And it seems the trajectory may be to not even make it available. Not even make it available unless there's some authorized government agency. They're the only one that can enter the data, the only ones. This is the golden age, you can at least peek at the data. In the future, you won't be able to.

**Jessica Rose:**

Yeah, exactly. Every week, I'm like, thank God, there's data because once VAERS stops rolling in I have nothing to do anymore. But I'm waiting for that. I'm like, pretty soon, they're not going to make it publicly available.

**Dr. Mercola:**

Yeah, I think it's almost inevitable. This, this is sore — even with the VAERS database, they're denying that information, you know, data is right in front of your face, all you have to do is look at it. Imagine what they control that stream of information.

**Jessica Rose:**

They also have a more complete version, they have all this extra demographic data that we don't get to see. So that's also weird. And I would love to, you know, I don't know if there's a way to FOIA (Freedom of Information Act) some of this data without actually learning who the people are. Because, you know-

**Dr. Mercola**:

You could try that. It'll take you 55 years to get the report.

**Jessica Rose:**

Right. Yeah.

**Dr. Mercola:**

Yeah. Just crazy. So I want you to talk to you about the female reproductive issues because that seem to be spiking too, especially if it's if it's the jabs given in the first trimester. There seems to be like 10,000 cases of miscarriage or spontaneous abortions, is called medically. I actually saw a video of a Canadian physician yesterday

**Jessica Rose:**

Dr. Daniel Nagase.

**Dr. Mercola:**

You know him, obviously he was named, and he reported 86 women in six months in Waterloo, Ontario, 86 women that normally see five to six per year in B.C. (British Columbia), saw 13 stillbirths in 24 hours, 13. And all of them were vaccinated. All these women were vaccinated.

**Jessica Rose:**

Yep. So I've been saying this for a long time. I'm sorry. I shouldn't say things like that. It's like "I'm calm. Yeah, like," that's not what I mean, when I say that. I mean, I, what I mean to say is, this has been pretty, not obvious but it's been seeable in VAERS for a very long time. I've been tracking what I call the female reproductive issues, and this is spontaneous abortions, and many other reproductive issues for females combined into a group. So I use keyword searches and something everyone should know as well. The one of the sneaky things about VAERS, it seems sneaky. When the reports started coming into theirs in the early months, there was only one metric code like I said, which is the word that describes the adverse event, the official word. So there was one for miscarriages and it was called "abortion spontaneous." And as the data started rolling in, that became "abortion spontaneous and abortion," and then it became those two plus "atopic pregnancy abortion," and then they change abortion and spontaneous words. Like, you know, and so now there are like, three, how many of those seven or eight different ways to say miscarriage in VAERS.

**Jessica Rose:**

So in addition to those, there's a dysmenorrhea, amenorrhea, uterine bleeding, ovarian cancer, there's all sorts of stuff going on in women, reemergence of endometriosis, all sorts of things that are going wrong with women's stuff. So I've been tracking this for a long time with a keen eye on the miscarriages. And we're up to now almost 12,000 reports. And again, not including the underreporting factor, and all those there are over, well, there's a large percentage of those that are the miscarriages so the signal for spontaneous abortions and various has been there the whole time. And so these confirmations are coming out left, right and center. More recently, there's been this Pfizer document released that says "confidential" on it, but like everyone has it now. So I guess it's not confidential anymore.

**Jessica Rose:**

And I discovered something in it today. That that is in perfect line with what that citizen mathematician found in that New England Journal of Medicine paper on the safety and the pregnancy thing where if you change the denominator, and you only, you know, look at women in their first and second trimesters, than the actual percentage of women who succumb to a spontaneous abortion was 82%, not 12%. So their own data, Pfizer's own data that I analyzed today, and I wrote a little Substack article on it, they did the same thing. They use the same

technique, they modified the denominator, and they made it look like they just took out data, they just took out people and they changed the denominator.

**Dr. Mercola:**

Manipulated it. Manipulated it.

**Jessica Rose:**

Yeah, and it looks like there's no safety signal. But when you actually read what they did, and understand what they did, then it turns out to be 69, instead of whatever they quoted, that succumb to a spontaneous abortion in that group. So it's the same kind of thing. And it's like, if I was a sneaky person, and I was in charge of trying to hide this stuff, these are the ways that I would try and do it. So I find it highly suspicious. And the fact that Daniel is telling the world what's going on in Canada right now in two of our provinces, and these are just the ones we're hearing about. Imagine the numbers, in reality, people. Like these, this is just what we're hearing about. And the fact that we're hearing it at all is remarkable because everything's being censored. So it's really scary when you think about it, if you if you multiply 700,000 by 41, or whatever underreporting factor, you want to use, my God, like, the rates of adverse events that people must be succumbing to, in reality, that must be really, really, really high. Absolutely not something-

**Dr. Mercola**:

It’s in the millions, clearly, millions.

**Jessica Rose**:

Yeah, of course, we haven't seen anything like this before. And there's a good reason for that everybody. This is brand new tech, and it wasn't safe. It wasn't safety tested. And I mean, clearly the efficacy data's is but yeah, I mean, that's a whole other show, talking about what these things actually are.

**Dr. Mercola**:

Yeah, so I'm curious, I believe, are the lot numbers indicated in the VAERS database?

**Jessica Rose**:

Yeah. But this is something I'm looking at with a keen eye. The vac slot data, okay, for those of you who don't know, each manufacturer, and there are three being distributed in the States, from Pfizer, Moderna and Janssen. Each one of these manufacturers creates lots of product, and they're given a vax lot number. And so this is something I looked at in back in January because I was like, there's definitely going to be some vax lots that are more detrimental than others. I just knew it. So well. The problem is, if you try and show this using VAERS data, you run into these big problems with the vax lot data entry. Of the total number of entries, I mean, there will help there's like, almost 700,000? I mean, I don't know the exact percentage of vax lots that are actually entered properly, but it's quite low.

**Jessica Rose**:

So the bottom line is because they're entered so badly. And I wrote a Substack article on this as well, it's funny what some people write in it, like, my dog didn't poop today. I mean, it's not that bad. But instead of a vax lot number, there's something weird, like and wild and not helpful at all. It's like, where's the actual vax lot number? You're supposed to enter that data? So my point is, it's very difficult to draw any conclusions using that the actual vax lot data. However, there are trends in certain vax lots per manufacturer, toward a higher association with the number of adverse events, and also the severity of the adverse events. So I'm looking at this now. It's possible. I mean, I don't know it depends where you want to go with this. But I think that it would be really interesting to find out if there's a way to do this. I don't think there is because of the minimal data, but if you could find out where, like the distribution pattern across the United States for these vax lots, that would that might actually show you something really interesting. So there's definitely – I know that this is a thing, but I don't it's really hard to show using VAERS data. I mean, maybe one of these days, I'll get really ambitious and try and clean this up the vax lot. But if you saw it, you would be like, there's no, there's no hope for this. That's the conclusion I came to a few times.

**Dr. Mercola**:

The reason I asked is there's articles on the internet that suggest that 5% of the lots are responsible for almost all the deaths.

**Jessica Rose:**

Yeah. So that's the kind of thing that I'm like, “Yeah, I don't know.” Because if you consider that only, like if you take Pfizer and you take the deaths imposed by Pfizer, associated with Pfizer, and you look at the actual data that you have, it's such a small sample size. And the difference between the vax lots causing the most adverse events, it's not very big. So again, there might be something to it. But I I'm very, very, very cautious about saying anything yet about this. I'm being super devil's advocate with the vax lot inclusions.

**Dr. Mercola**:

Do you think they could be manipulating the data? Like I mean, if they're deleting whole VAERS IDs, I mean, it's certainly reasonable-

**Jessica Rose**:

You mean writing in the vax lots bad on purpose?

**Dr. Mercola:**

No, no, maybe deleting the data of the lots. I mean, intentionally corrupting the data essentially. To confuse analysis.

**Jessica Rose:**

Yeah, well, yeah, I think that's definitely a possibility. But I think it's more likely that it's just accidental, because people are overworked. I mean-

**Dr. Mercola**:

The main question here that I hear is, and you would know, because you're analyzing this data, who enters this data, mostly? Is it professionals, the clinicians and the physicians, or is it the laypeople? The people have been damaged and hurt? Who's doing the most reporting?

**Jessica Rose**:

For the most part, it's the physicians. I think, 67% of the paper public? Yeah, yeah, by McLaughlin. He did this study on VAERS and the percentage of reports being filed by our professionals, to kind of dispel the myth that most of the VAERS reports are entered by like lizard people, and that they're fake. It's a criminal offense to enter VAERS data that's fake. And, and it would be very hard to do so because as we talked about in the beginning, takes a long time and you have to enter very, very specific data. So it wouldn't be easy to file a lot of fake reports. And there is a very heavy vetting process like they they've extra they've hired extra people to go through these. They had to because there's like hundreds of thousands of more reports than there ever have been in the past. So yeah, I think a lot of people's eyes and fingers are probably really, really tired. And I think that's where a lot of the bad field entries come from, to be honest.

**Dr. Mercola**:

Okay, it would make perfect sense. So you recently published or attempted to publish or did publish and once retracted your paper with Peter McCullough. Can you tell us about that journey?

**Jessica Rose**:

Yeah, well, do you have all night? Yeah, it's the saga of the poor myocarditis paper. Oh, dear. So yeah, we submitted it to Current Problems in Cardiology got accepted almost immediately peer-reviewed, editor-in-chief and I have back and forth everything's copacetic went up on the electronic version, went up via Elsevier, it got immortalized in PubMed. We went through the process of paying, we paid extra for the color figures, because the figures lose their meaning without color. And we signed the contract, everything was fine. And then one morning, about two weeks later, I think it was, I got two emails and a message on my tablet that said, "What happened to your paper?" And I'm like, and so yeah, I have I have the little, the tab open on my computer. And I refresh like, constantly because, like, when you publish a paper, for those of you who haven't done it, it's so exciting. And so you're like, you know, checking its progress. And, and it was being like, tracked by this thing called PlumX, because the social media world was going crazy over this paper, and I was like, "Ooh, 40,000 people." And so it was really exciting.

**Jessica Rose**:

And then so this morning, I clicked refresh. And sure enough, temporary removal was written beside the title. And I'm like, "What the hell is this?" I honestly didn't know. I'm above all things. I'm a little bit naive. So I thought, you know, well, you know, I'll just ask them what happened. Like maybe this is what they do before they give you the galley proofs. Isn't it cute? I am so Canadian. And so I emailed them, the editor-in-chief and the publisher, and I said, "Hey, what's with this?" And they didn't answer. And so I wrote them again. And I said, "Hey, I really wouldn't mind having an explanation. Because, you know, I'm hearing that this is — I sent it to everyone that I know, my super think tank email lists, like the heaviest hitters, and they were like, I asked them, like, "Is this normal?" And they're like, "No, what the hell?" So everyone told me the same thing. They're like, "Something's wrong here." So that's when I got a little bit more insistent. And I asked Peter, you know, "Do you know what this is?" He also got informed by a journalist, that the paper had been temporarily removed or taken down.

**Jessica Rose**:

And so I think it was later the next day from the publisher saying that they were reconsidering publishing because it had not been an invited paper. And Peter jumped on that immediately. He's like, "No, no, no, that's, that's not true." Here are some examples of that happening before.

Reinstate the paper, or we're going to sue for breach of contract. And so we didn't hear from them for a week. And then they wrote back. Pardon me, finally. And they said, “Yeah, we're not going to publish the paper, we decided not to.” Because they said it's written in their rules, their rulebook that at any point during the publication timeline, they can just not decide not publishing. So that's their prerogative. So they took it. And so yeah, now we're in the litigation phase, we've sent our letter of intent and we're waiting to hear. I got a weird email though, from them to approve the galley proofs for this paper. And I thought, “What is going on here?” And so I opened it up and I'm like, “What is this?”

**Jessica Rose**:

And of course I didn't I didn't say yes to anything because I don't know what's going on anymore in the world. So I sent it to Peter and I was like, “Did they like cave or something like what's going on here?” Like, “Should I should I go through with this?” And he's like, “Wow, this is really interesting.” And so he told me to open the file that they wanted me to approve that they're claiming were the galley proofs, but it was just, it was just the withdrawn you know, notification with like, if I had agreed, or if I had accepted them or approve them or whatever it would have meant that I would have been saying that we withdrew the paper of our own volition. So it was kind of like a trick.

**Dr. Mercola:**

A trap.

**Jessica Rose**:

Yeah. So Peter said that's a trap, don't fall for it, make it clear to them that we do not approve these galley proofs. So I, I hope I did you know, I can't say that two different ways. So yeah, it's the ongoing saga. And by the way, maybe the most important thing is that this paper had, it was on the myocarditis reports in VAERS and how the data is skewed to the younger age groups. And that most of the reporting in VAERS was in young boys, aged 15. And there was a sixfold difference in reporting following dose 2, which indicates dose response and causal effect. And a 19 times above background reporting rate for myocarditis in the age group 12 to 15 for the United States, so there's a lot of stuff in that paper that was really important. And it's great, because there's a lot of other papers coming out now that that are 100% supporting what we found, you know, just what we found, it's not debatable. So yeah, yeah.

**Jessica Rose**:

And you know what? They yanked this paper five days before that FDA meeting, for the 5-to-11-year old, so I think it was kind of I think that's not a coincidence, because I don't believe in

coincidences anyway. Because they would have, you know, informed people as to the potential risks in young people with myocarditis. So, of course, they don't want that, because they already bought 38 million doses for the 5- to 11-year olds that were ready to inject into people's arms. So yeah. Nothing of bored, yeah.

**Dr. Mercola**:

Thanks for sharing the story. I wasn't sure what the details were but Peter's published, I believe, about 600 studies. So he's a veteran in the field, that would seem to me that another option rather than suing them, although you can be doing concurrently, would be submitting to another journal. I mean, the papers already written, you might have to change the style and such, but, you know-

**Jessica Rose**:

Yeah, he and I both agree that there's something about this paper that is more than just the content, even though the content is important. If we managed to succeed, then I hope that this is going to set a precedent for other people, because there are so many people having trouble getting their work published now. You know, you have to put it on a preprint server, and then nobody, you know, it's not peer-viewed and, you know, so there are a lot of troubles going on with the censorship. And I just, I'm kind of hoping that it's going to, to give people a little encouragement, like, don't just republish somewhere else, don't just sit down and accept it and don't give up. This is wrong, and, you know, do the right thing, which is like, fight for what's right. And so, yeah, I'm being a bit too optimistic, I think, but never hurts.

**Dr. Mercola**:

Well, no, I think it's great that you know, just to let you know, to that reinforce the concept of censorship. It also extends to book publishing for the general population and thankfully, as we're talking, speaking now, Bobby Kennedy's book, "The Real Anthony Fauci," it's been really one of the best-selling books on Amazon for a few weeks now. But he would have never been able to get that book published with a traditional publisher and similarly my book wouldn't have been published, it was also number one on Amazon for a while, earlier this year. I wrote another book while in the process of writing those books, about linoleic acid, which is really I believe one of the most important contributors to chronic degenerative disease that's just firstly underappreciated.

**Dr. Mercola**:

And the reason I mentioned this is that I said "Okay, let me try book agent. I've published 17 books over there's almost every one was a best seller. As my last book was like, it was number

one in the U.S. So I had an agent and we submitted it to every single top leading publisher in the U.S. and got rejected by every one of them. Every one of them. With a history of 17 bestsellers is like they, you know, that's censorship on steroids. Fortunately, there are other publishers, I can get the book published. It's not an issue. But all the traditional publishers decided not to do.

**Jessica Rose** 1:05:05

Yeah, it's, it's, you're right, it's on. Everything's on steroids, like in the censorship realm and this bubble of weirdness, surrounded by the safety of this new lexicon. It's like so impenetrable, like something I'm realizing as I learn more about this, and talk to more people is the genuineness of the lack of knowledge. Like in people who are making decisions for everyone else. Like they literally don't know, the reality of the dangers, they don't know that there's no informed consent, they don't know that this is in line with violating the Nuremberg Code. You only have to look, but if you're not looking, and yeah, so in-

**Dr. Mercola**:

Speaking to that aspect that you only have to look, as we mentioned, the VAERS database is open to anyone who wants to look at it, but it's somewhat challenging and cumbersome for a non-professional to navigate through. So there's, there are two other entries into the data. One, I believe, is OpenVAERS, which is more directed towards people who don't have a computer background, or, you know, just a little more direct for lay public. And then there's MedAlert, which is really designed for people like yourself, who are researchers are trying to comb through the data. So I'm wondering if you have experience with those, and if you can comment on them.

**Jessica Rose**:

Yeah, I don't use MedAlert, except if I use the VAERS Wayback Machine, which is like, it's the Wayback Machine for VAERS, it's really cool. You can find out what they don't want you to know. And OpenVAERS is awesome. This is the brainchild of a good friend. And this is like the happy, fun version of VAERS, you don't have to do, you don't have to know anything about how to navigate, it's got pulldown menus, if you want to look at specific adverse events, it's got charts, It takes the VAERS data and it presents it to you, like in a visually pleasing way. I also do this I have a website. But it's not as, I would say, interactive. So all of this data that I'm processing, like I didn't want to just be sitting here in front of my computer like keeping this all to myself, I wanted every week for everyone who wants to see what's happening with the data, what's happening with deaths, emergency rooms, hospitals, female reproductive, like all these things I created this very long algorithm for and when it's finished running and updating, I upload it to my website in the form of pretty pictures. So yeah, I can give you the link.

**Dr. Mercola:**

Sure.

**Jessica Rose**:

I've had some good feedback on it. I'll just write it in the chat here. It's HTTPS, dot dot slash slash, I do not consent – with little hyphens in between – dot Netlify dot app (https://I-Do-Not-Consent.Netlify.app/). So it looks a bit weird. But that's because it's like the best way I could find to convert our code, put it on my GitHub and then make a website. I'm not a web developer. So-

**Dr. Mercola**:

Okay, I just got your chat message. So I will put it in the article. There's a hyphen between all the words, I-Do-Not-Consent.Netlify.app. Yeah. So that's, we'll look forward to reviewing that. But so how does that compare to the open VAERS?

**Jessica Rose**:

Oh, it's not as pretty. Yeah, so open VAERS. The another thing about open VAERS, is that Liz analyzes or presents the results from both the domestic dataset and the foreign dataset, which we haven't talked about yet. So when you download the VAERS data, you can go all the way to the bottom after 1990 and download what we call the foreign dataset. It's actually about as big as the domestic dataset. And I've heard two versions of what this comprises. I've heard that these are U.S. citizens living abroad filing VAERS reports and I've also heard that this is overflow from other reporting systems like the Yellow Card system, so there's so many field entries missing in this dataset and I don't know what it is. So I actually don't use it in my analysis. It's not like you have to, you have enough data points anyway, but Liz actually has a little toggle switch. So you can look at either one, which is really, really cool. Okay.

**Dr. Mercola**:

Perfect. And I just wanted to tie up some loose ends, one of the questions I wanted you to go over is the appearance of the resurgence of viral infections after the COVID jab, an activation of latent viral infections that have been present and sort of activated by the jab. So I wonder if you can comment on that.

**Jessica Rose**:

Yeah, so there are a bunch of papers that have come out that lend some ideas as to why this is happening. One of them says, or one of them makes the claim that CD8 T cell populations are becoming compromised. So for those of you who don't know, the acquired branch of the immune system, you have immune cell populations called CD4+ T cells and CD8+ T cells. So everyone's heard of HIV/AIDS. So, the idea there is that you, you have a virus that preferentially infects CD4+ T cells, which are the generals of the immune system, they kind of coordinate all the other cells to do their jobs. And so if you have a depletion in this type of cell, then the rest of the immune system kind of collapses, because they don't have their general telling them what to do. But the CD8+ T cells are the killer cells, these cells are in charge of killing virally infected cells. So they're very, very important in the, in the context of a viral infection.

**Jessica Rose:**

So one of these studies showed that in people post-injection, the gene profiles were very, very, very different for, for CD8+ T cells. So if we're talking about going beyond immune dysregulation, if we're talking about immune dysfunction, if we're talking about certain immune cells being depleted, that could be a possible reason why you're seeing a reemergence of a latent viral species, possibly. We're also seeing cancer resurgences. So there's another paper that came out that shows that there might be problems in the realm of double-stranded DNA repair. So there are two enzymes that have been reported to be impaired, that are very, very important in repairing double-stranded DNA breaks. And if you have an impairment of essential proteins that are meant to repair double-stranded DNA breaks, you have serious problems. So there are all sorts of things-

**Dr. Mercola** :

People don't know that double-stranded DNA breaks occur every day, it's just it's a small amount, but they nevertheless they're present. If you impair the repairing process, it's going to be a major problem for you.

**Jessica Rose**:

Yeah, one of those problems is proliferation of cells. So proliferation means like, you know, the cell population expands. So whenever you get a certain type of exposure to a virus, say a cold or a flu, and it, you know, it kind of gets the better of you and your acquired immune system kicks in, you get these swollen glands, right? So what that is, is actual populations of T cells expanding, it's kind of gross. So that's the proliferation. So if you have stunted proliferation, proliferative capacities, or if you have an impairment of that process, you don't have an immune system if it happens in T cell and B cell populations. And there's also evidence that that could be happening, but you know, yeah, so anyway, the whole idea that, you know, in addition to the hyper-inflammation that the spike protein seems to be inducing all over the body, wherever it is,

that there's this added thing of immune function impairment. That's really scary to me. And I don't know if that's happening only in certain people. It probably is. It's probably happening maybe in people who already have a preexisting condition. But nonetheless, this is something really, really, really scary that we need to investigate and absolutely another reason why these rollouts should stop right now. It's really — I mean, yeah, and we haven't even talked about prion diseases, my God.

**Dr. Mercola**:

Oh, yeah, that's definitely another – have you found evidence of that? The prion disease?

**Jessica Rose:**

There's another case of Creutzfeldt-Jakob reported to VAERS this week. That makes seven. And that doesn't sound like a lot. But credit-

**Dr. Mercola**:

Seven times 31 at a minimum, maybe 50 or more.

**Jessica Rose**:

Exactly, and it's exceedingly rare. So yeah, it's very, very, very, very concerning. For those of you who don't know what a prion disease is, this isn't something that there's a solution for – it kills you. It's like if it gets into you, and you start getting like proteins folded bad, you're dead. Like, it's sorry to be like, you know, saying it like that, but it's, it's very, very, very, very serious. And the fact that there are any cases of Creutzfeldt-Jakob reported in temporal proximity to these injections at all. I mean, maybe they represent the background cases. And they just happen to be filing them to VAERS, I don't know. But it's, again, it's another point of like exceeding relevance, exceedingly important relevance that needs to be explored. Because even if the remote possibility that something, that there's a causal link between these products and prion diseases, mode possibility needs to be explored, because, wow, that would be so disastrous.

**Dr. Mercola** 1:16:47

Yeah, it's an addition to what everything else is doing. So you had mentioned that, obviously, all the deaths caused, but there are diseases worse than deaths or conditions worse than death. And I'm wondering if you could expand on that, what is your perception of something that could happen that's worse than death? Because I imagine because death in many cases can be instantaneous, like a heart attack or stroke, it's relatively minimal amount of long-term suffering.

So what are the other ones? What are the options that exceed worse than death? Its setting and the numbers of people who are in that scenario right now.

**Jessica Rose** 1:17:25

So this is a very personal thing that not very many people feel like I do, although I have heard a couple say it. I'm an athlete, I'm a prolonged boarder, and I'm very active, without this, you know, vessel. I know that I'm more than the vessel, I know that I'm a soul. But without this vessel in this reality, in this 3D reality that I'm interacting with everybody with, I personally, and I hope this doesn't make anyone feel bad, but I personally would rather die than not have the use of my body. Not everyone feels that way. But that's what I'm talking about. There are many, many people who have been maimed by these things. Maddie de Garay always comes into my mind when I think about this. This is a little girl who was 12, she volunteered for the Pfizer clinical trial. And within a short time after her second injection, she was confined to a wheelchair and has a feeding tube and is in constant pain. This little girl was also quite athletic. And this, this isn't something that's going to wear off. She still has a long life. And she's probably, you know, she's going to be having a fulfilling life. But this is not something that's that I haven't seen before either.

**Jessica Rose:**

There's a movie that came out in Israel, a wonderful woman and a team of people called "Testimonies," I think "Vax Testimonies." And quite a large group of people from here giving their firsthand accounts of their adverse event experiences. And there's more than one person in a wheelchair, young people. One of them said, you know, he's waiting for the third stroke to come and finish him off. And he said it almost as if he was saying, "I hope it happens sooner than later." He's less than 50, confined to a wheelchair and yeah. And I mean, for some women. The experience of losing a child is probably something that many women don't get over. Unless you get special counsel. I imagine that's something that can really, really have a devastating effect on your life. So that's kind of what I mean by there are things worse than death. There's mental suffering. And if you're – I'm getting pretty, pretty dark and deep right now. But there, there are so many reports of neurological disorders. And this includes like resurgence of multiple sclerosis, spinal disorders, brain disorders, brain bleeds, paralysis, like there's hundreds of thousands of these reported to VAERS now. So yeah, it's-

**Dr. Mercola**:

That's the reports, that's not the actual numbers. Just to emphasize. So it's millions.

**Jessica Rose**:

It’s the tip of the iceberg, as Peter always says, it really is.

**Dr. Mercola**:

So, well, deep appreciation for all the work you're doing. I'm wondering, do you have any goals in this area? I mean, what do you hope to achieve in the next few months or years? Or what is what’s on your wish list?

**Jessica Rose**:

I want all the tyrants to give it up. So that we can all say, we actually are going back to life. This could all end tomorrow. Really, that's how I feel. So that I can go to Australia and live in [inaudible 01:21:37] and surf.

**Dr. Mercola:**

Okay, that's a good goal. So I’m curious too, I mean, you live in Israel. Are there lockdowns there? Are they forcing – are their mandates? Have you been jabbed or what's the story?

**Jessica Rose**:

Yeah, maybe I shouldn't say that. Because then they'll come after me. Yeah, so it's a weird thing here. It's like, there's, there's no, no. In a large proportion of the population, there's zero resistance because they don't see a problem. And that's, that's a dynamic situation, because most of them who got the first and second jobs, because they don't know any better, they went and ran out and got the third. So the compliance level is very high here. But it's changing, like I said. A lot of people are starting to say, “Well, what another one?” you know, like, “What?” And when they started, you know, moving in on the kids, there's a larger proportion of people who are saying, “Hell no, you're not putting, you know, whatever, to my kids.”

**Jessica Rose**:

So it's an interesting thing. I mean, I personally haven't been able to go to a restaurant for like, well over a year, because you can't go to anything like, you know, if you're not injected here, by the new definition, the updated moving-the-goalposts definition, then you can't participate in society. That's basically how it is but Israel and Israelis kind of like, no matter what the rules are, they always kind of find a way to do things the way that they want, which is like the way that they always have. So it's an interesting dynamic here. My life hasn't changed per se, like I'm a weird person anyway, like I'm very, very happy spending half of my time you know, analyzing data or doing experiments and then the other half being physical and artistic.

**Dr. Mercola**:

Can you go to the beach and board?

**Jessica Rose:**

Yeah, I surfed today. It was really fun.

**Dr. Mercola:**

So there's no police on the beach checking? They don't check your vax passport?

**Jessica Rose:**

There were – like there was a ban. It's like I can't even believe they outlawed going to the beach. And so like the surfing community is like, you know, most of them are as hardcore as I am. Because if you're a surfer, it's not a hobby. It's a lifestyle. If you don't do it, you're kind of devastated. And so we would have to go — Like the guys, the cops, the guards, they only started working at 7 in the morning. So you would have to get in a session starting in the dark. Men get your ass out of there, lest to be ticketed, but like you know, even the people I know who got ticketed, they didn't have to pay them. None of it was enforced. And so I actually made a video on YouTube that says, I don't know – it's about the lockdowns I give this little speech in front of one of my surf breaks. But yeah, we've had some real ridiculousness. Don't get me wrong, but like, it seems to have waned because of the compliance level. Now, I don't know what's going to happen with the moronic variant, you know that the acronym for Omicron is [crosstalk 01:25:15]. Yeah, that's really funny. Hey, and of course they call it the Xi variant.

**Dr. Mercola**:

Diplomatically impolite. So, all right, well, that's good. I can't thank you enough for all that you're doing. And we'll continue to do and hope you can continue to enjoy your surfing out there. And I'm glad you're not as impaired by the vaccine mandates in Israel. So that's good. Life can go on for sure.

**Jessica Rose:**

But I'm just gonna punch my way through and run away from people. So that tactic has worked. I'm just going to keep doing.

**Dr. Mercola**:

All right. All right. Well, you keep up the good work, Jessica.

**Jessica Rose**:

It's been my pleasure. Thanks so much for having me in. Anytime you want to catch up I'm, I'll make myself available.

**Dr. Mercola**:

All right. Well, thanks so much for that.