

**IN THE UNITED STATES DISTRICT COURT FOR
THE NORTHERN DISTRICT OF ALABAMA
SOUTHERN DIVISION**

AMERICA’S FRONTLINE)
DOCTORS, et al,)
)
Plaintiffs,)
)
v.)
)
The UNITED STATES OF AMERICA,)
et al,)
)
Defendants.)

Case No. 2:21-cv-702-CLM

EXHIBIT 5

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

AMERICA'S FRONTLINE DOCTORS, INC.,
a 501C3 Organization; DR. DAVID CALDERWOOD, an
individual; JOSEPH MAKOWSKI, an individual; LYLE BLOOM,
an individual; ELLEN MILLEN, an individual; JODY SOBCZAK,
an individual; MICHAEL NELSON, an individual; and JOSEPH
LEAHY, an individual;

Plaintiffs,

vs.

the UNITED STATES OF AMERICA; JOSEPH R. BIDEN, JR., in
his official capacity as President of the United States; XAVIER
BECERRA, Secretary of the U.S. Department of Health and
Human Services, in his official capacity, DR. ANTHONY
FAUCI, Director of the National Institute of Allergies and
Infectious Diseases, in his official capacity, DR. JANET
WOODCOCK, Acting Commissioner of the Food and Drug
Administration, in her official capacity, U.S. DEPARTMENT
OF HEALTH AND HUMAN SERVICES; the FOOD AND DRUG
ADMINISTRATION; the CENTER FOR DISEASE CONTROL AND
PREVENTION; the NATIONAL INSTITUTE OF HEALTH; the
NATIONAL INSTITUTE OF ALLERGIES AND INFECTIOUS
DISEASES; and DOES I-X

Defendants.

Civil Action No.
2:21-cv-00702-CLM

**DECLARATION OF
Dr. Henry L. Ealy, III**

DECLARATION

I, Henry L. Ealy III, declare as follows.

1. I hold a Doctorate in Naturopathic Medicine, a Bachelor of Science in Mechanical Engineering, and I have worked professionally on the International Space Station project as both a lead database developer and data analyst.

2. I am the founder of the Energetic Health Institute and the lead researcher and author for the COVID Research Team.
3. The COVID Research Team collects, analyzes, and publishes our data analysis, investigative research, and key findings of this evolving crisis on a weekly basis. We began reporting on March 12, 2020, and have been consistent in our weekly research and publication since the inception of our work together in early 2020.
4. Our publications include 2 peer-reviewed investigational manuscripts [COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective](#) and the 444 page peer-reviewed position statement [COVID-19: Restoring Public Trust During A Public Health Crisis](#).
5. Based upon my professional experience and extensive knowledge of the published data and peer-reviewed research, I am uniquely qualified to provide expert testimony that I believe to be of the highest accuracy and integrity, and can also be independently verified.
6. I routinely collect, analyze, and publish data on the following topics:
 - Infective Spread Data Analysis - Cases, Deaths, Recoveries, Odds Of Dying - By Age
 - Data Source - <https://covid.cdc.gov/covid-data-tracker>

Infective Spread Data Analysis - Cases, Deaths, Recoveries, Odds Of Dying - By Age Data Source CDC COVID Data Tracker - Jan 21, 2020 to Jan 6, 2022						
Demographic	Cases ¹	Deaths ²	% Of Deaths	Recoveries ³	Recovery Rate	Odds Of Dying
Age 0 to 4	1,261,771	344	0.05%	1,173,469	99.97%	1 in 3,667
Age 5 to 11	2,714,042	225	0.03%	2,524,621	99.99%	1 in 12,062
Age 12 to 17	3,240,519	504	0.07%	3,014,119	99.98%	1 in 6,429
Total 0 to 17	7,216,332	1,073	0.15%	6,712,209	99.99%	1 in 6,725
Age 18 to 29	9,833,119	5,304	0.75%	9,142,349	99.95%	1 in 1,853
Age 30 to 39	7,635,200	12,362	1.74%	7,090,589	99.84%	1 in 617
Age 40 to 49	6,542,670	28,002	3.95%	6,058,579	99.57%	1 in 233
Total 18 to 49	24,010,989	45,668	6.45%	22,291,517	99.81%	1 in 525
Age 50 to 64	8,551,286	123,637	17.45%	7,831,539	98.55%	1 in 69
Age 65 to 74	3,147,783	156,062	22.03%	2,772,289	95.04%	1 in 20
Age 75 to 84	1,573,840	184,563	26.05%	1,279,565	88.27%	1 in 9
Age 85+	822,954	197,540	27.88%	568,046	76.00%	1 in 4
Total 50 & Over	14,095,863	661,802	93.40%	12,451,439	95.30%	1 in 21
Total	45,323,184	708,543	100.00%	41,455,165	98.44%	1 in 64

Data Source Cases, Fatalities, People Inoculated - NVSS Published By CDC - <https://covid.cdc.gov/covid-data-tracker>

1 - Data Published from Jan 21, 2020 to Jan 6, 2022 (716 Days). Typically Data Collection is Reset Every Jan 1st. That Has Not Happened For COVID Data

2 - Deaths May Include Some People Who Died Due To Experimental COVID Inoculation As Well As Some People Who Were Incorrectly Categorized As A COVID Death

3 - Recoveries Are Calculated By Subtracting An Age Demographic Estimate Of New Cases Over The Previous 5 Days, The Number Of Hospitalizations & The Number Of Deaths From Total Published Cases

- Vaccine Breakthrough Data Analysis
- Data Source – All State Public Health Departments Currently Publishing Data
- **Please See Attached December 2021 Full Analysis with Citations**

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Vaccine Breakthrough Data Collected On December 23, 2021 (Utah Collected On December 28, 2021)										
State, Agency or Corporation	Breakthrough Cases	Prior Month	% Monthly Increase	Breakthrough Hospitalizations	Prior Month	% Monthly Increase	Breakthrough Deaths	Prior Month	% Monthly Increase	Notes
CDC	10,162	10,162	0.0%	30,270	30,270	0.0%	10,857	10,857	0.0%	The CDC Stopped Reporting Vaccine Breakthrough Cases On April 19, 2021. Reporting Vaccine Breakthrough Hospitalizations & Deaths On April 19, 2021. Breakthrough Case Is Defined As A Case Where The Person Has Received At Least One Dose Of A COVID-19 Vaccine In The Series, There Have Been At Least 14-Days Since The Last Dose, And There Is A Positive PCR Test With A Cycle Threshold B Standard For A Confirmed Case Of Infection Is A PCR Test With A Cycle Threshold B Standard For A Confirmed Case Of Infection Is A PCR Test With A Cycle Threshold B Standard For A Confirmed Case Of Infection Is A PCR Test With A Cycle Threshold B Standard For A Confirmed Case Of Infection Is A PCR Test With A Cycle Threshold B Standard For A Confirmed Case Of Infection Is A PCR Test With A Cycle Threshold B Standard For A Confirmed Case Of Infection Is A PCR Test With A Cycle Threshold B Standard For A Confirmed Case Of Infection Is A PCR Test With A Cycle Threshold B Standard For A Confirmed Case Of Infection Is A PCR Test With A Cycle Threshold B Standard For A Confirmed Case Of Infection Is A PCR Test With A Cycle Threshold B Standard For A Confirmed 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- Vaccine Adverse Events Reporting System (VAERS) Data Analysis
- Data Source - <https://wonder.cdc.gov/vaers.html>

VAERS DATA UPDATE FOR EXPERIMENTAL COVID INOCULATIONS							
Data Source CDC Wonder - Dec 13, 2020 to Dec 31, 2021							
Demographic	Injuries Reported	Myocarditis or Pericarditis	Hospitalizations	Life Threatening	Permanently Injured	All Deaths	Deaths within 48 Hours
Age < 6 Months	134	3	19	6	3	2	1
Age 6 to 11 Months	66	1	7	1	3	0	0
Age 1 to 2	92	0	5	2	4	2	2
Age 3 to 5	739	1	21	1	6	1	0
Age 6 to 17	34,803	1,142	2,442	444	260	66	16
Age 18 to 29	98,809	2,890	7,212	1,497	2,404	246	97
Age 30 to 39	132,106	2,035	7,919	2,196	3,964	381	130
Age 40 to 49	130,335	1,717	8,617	2,664	4,348	558	198
Age 50 to 59	131,962	1,613	10,530	2,933	4,261	1,164	405
Age 60 to 64	61,777	662	5,812	1,490	1,816	999	331
Age 65 to 79	142,149	1,380	19,116	3,840	3,670	4,643	1,444
Age 80+	41,452	231	11,300	1,658	1,195	5,203	1,823
Unknown Age	242,577	12,338	40,303	7,611	14,824	8,117	1,998
Total	1,017,001	24,013	113,303	24,343	36,758	21,382	6,445

Data Source VAERS Published By CDC - <https://wonder.cdc.gov/>

1 - Data Published From Dec 13, 2020 to Dec 17, 2021 (570 Days)

- The Vaccine Adverse Events Reporting System (VAERS) has a one-week delay in data publishing.
- What this means is that for data made available to the public on January 7, 2022, the data being published only totals through what is known on December 31, 2021.
- Additionally, we do not know if data backlogs exist. So, the data available is incomplete.

10. For data released on January 7, 2022, but collected through December 31, 2021, we know the following:

- Based upon my independent analysis of the data provided, at least 21,382 deaths have occurred in the United States directly attributed to the experimental COVID inoculations.
- Additionally, at least 6,445 of the 21,382 deaths have occurred within 48 hours of inoculation, which is a safety signal that suggests definitive causation in these cases.
- Finally, when analyzing the data available in VAERS it is very concerning that a significant percentages of deaths (38.0%) are entered with an 'Unknown Age'.

11. This is significant because under Emergency Use Authorization, medical providers are required by law to report all adverse events, including death, to VAERS, so the vast majority of these records are entered by medical providers.

12. "The reporting requirements for COVID-19 vaccines are the same for those authorized under emergency use or fully approved. Healthcare providers who administer COVID-19 vaccines are **required by law** to report the following to VAERS:

- Vaccine administration errors, whether or not associated with an adverse event (AE).
 - If the incorrect mRNA COVID-19 vaccine product was inadvertently administered for a second dose in a 2-dose series, VAERS reporting **is** required.
 - If a different product from the primary series is inadvertently administered for the additional or booster (third dose), VAERS reporting **is** required.
 - **VAERS reporting is not required for the following situations:**
 - If a mixed series is given intentionally (e.g., due to hypersensitivity to a vaccine ingredient)
 - Mixing and matching of booster doses (as of October 21, 2021, mixing and matching of booster doses is allowed)
- Serious AEs regardless of whether the reporter thinks the vaccine caused the AE. Serious AEs per FDA are defined as:
 - Death
 - A life-threatening AE
 - Inpatient hospitalization or prolongation of existing hospitalization
 - A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions
 - A congenital anomaly/birth defect

- An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above
- Cases of Multisystem Inflammatory Syndrome
- Cases of COVID-19 that result in hospitalization or death

<https://vaers.hhs.gov/reportevent.html>

13. If we reduce data analysis to the case reports available in VAERS, we can prove that at least 21,282 deaths have occurred in connection with administration of the experimental COVID inoculations.
14. However, it was known prior to COVID that less than 1% of actual vaccine related injuries were reported to VAERS by medical providers even though they are required to report by law all vaccine injuries.
15. “Adverse events from drugs and vaccines are common but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). **Likewise, fewer than 1% of vaccine adverse events are reported.**”
<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
16. While this is certainly a significant finding, it is difficult to reasonably conclude, from this alone, that less than 1% of experimental COVID inoculation injuries are being reported due to the legal requirement to report and additional pressure created by this unrelenting crisis.
17. Therefore, we are forced to seek additional analysis to determine what level of underreporting is currently taking place.
18. For that my research has taken me to two extremes of underreporting for analysis.
19. Looking at the potential high end of the extreme of underreporting for analysis, my research points to the Columbia University study published by Pantazatos and Seligmann.

20. "Comparing our estimate with the CDC-reported VFR (0.002%) suggests **VAERS deaths are underreported by a factor of 20**, consistent with known VAERS under-ascertainment bias."
- https://www.researchgate.net/publication/355581860_COVID_vaccination_and_age-stratified_all-cause_mortality_risk
21. Looking at the potential low end of the extreme of underreporting for analysis, my research points to a CMS whistleblower who has provided testimony under penalty of perjury to the United States District Court for the Northern District of Alabama. [Case 2:21-cv-00702-CLM].
22. "Over the last 20 years, she [Jane Doe] has developed over 100 distinct healthcare fraud detection algorithms for use in the public and private sectors. In her expert opinion, **VAERS under-reports deaths caused by the Vaccines by a conservative factor of at least 5.**"
23. As a result, this provided me a reasonable range with which to establish the extent of VAERS underreporting in order to better understand the likely scope of actual deaths related to the experimental COVID inoculations.
24. That range of underreporting is by a factor of 5 to 20 times.
25. Extrapolating the Columbia University study and the sworn testimony of Jane Doe whistleblower, who has 20 years of experience detecting healthcare fraud, it is reasonable to arrive at the following conclusions:
- Underreporting to VAERS is occurring.
 - Adjusting for underreporting could mean that VAERS deaths as of December 31, 2021 could be **as high as $21,382 \times 20 = 427,640$ deaths overall.**
 - Additionally, VAERS deaths within 48 hours post inoculation, as of December 31, 2021, could be **as high as $6,445 \times 20 = 128,900$ deaths within 48 hours** post experimental COVID inoculation.
 - Adjusting for underreporting could mean that VAERS deaths as of December 31, 2021 could be **as low as $21,382 \times 5 = 106,910$ deaths overall.**

- Additionally, VAERS deaths within 48 hours post inoculation, as of December 31, 2021, could be **as low as $6,445 \times 5 = 32,225$ deaths within 48 hours** post experimental COVID inoculation.

26. Further, I reviewed the **5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021** published by Pfizer, for the benefit of its Regulatory Agencies, among others, in which they review post adverse event data for their experimental COVID inoculation from its temporary emergency use authorization in December 2020 through February 28, 2021. In that brief timespan, Pfizer reported 1223 deaths and 9,400 unknown outcomes, along with 11,361 more who were “not recovered” at time of report.
27. Adjusting for underreporting, as above, means that the range of fatalities from the Pfizer injection alone was between 6,115 and 24,460. All fatalities occurred in less than 3 months and without factoring in fatalities from the other two manufacturers during the same time range.
28. Adjusting for underreporting, as above, means that the range of unknown outcomes from the Pfizer injection alone was between 47,000 and 188,000. All in less than 3 months and without factoring in unknown injuries from the other two manufacturers during the same time frame.

I declare under the penalty of perjury that the foregoing is true and correct to the best of my information, knowledge and belief.

Dated: January 07, 2022



HENRY L. EALY, III, N.D.
Founder, Energetic Health Institute
Lead Researcher & Author, COVID Research Team