
From: Woodcock, Janet [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7B0453354A9A427DB0A66A86C7A36F3D-JANET.WOODC]
Sent: 9/16/2021 9:07:38 AM
To: Marks, Peter [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dfbb2b5bd38445cb9c9adca3f72df53a-MarksP]
Subject: RE: [EXTERNAL] For VRBPAC Aug 17 meeting: COVID-19 VE findings from a US observational study of 5.6 M fully vaccinated individuals (2.9M with Moderna & 2.7M with Pfizer vaccines)

Great, thanks. jw

From: Marks, Peter <Peter.Marks@fda.hhs.gov>
Sent: Thursday, September 16, 2021 9:07 AM
To: Woodcock, Janet <Janet.Woodcock@fda.hhs.gov>; Tierney, Julia <Julia.Tierney@fda.hhs.gov>
Subject: RE: [EXTERNAL] For VRBPAC Aug 17 meeting: COVID-19 VE findings from a US observational study of 5.6 M fully vaccinated individuals (2.9M with Moderna & 2.7M with Pfizer vaccines)
Importance: High

Dear Janet,

We can discuss some of the details here live later on today when we speak.

Best Regards,
Peter

From: Woodcock, Janet <Janet.Woodcock@fda.hhs.gov>
Sent: Thursday, September 16, 2021 8:55 AM
To: Marks, Peter <Peter.Marks@fda.hhs.gov>; Tierney, Julia <Julia.Tierney@fda.hhs.gov>
Subject: RE: [EXTERNAL] For VRBPAC Aug 17 meeting: COVID-19 VE findings from a US observational study of 5.6 M fully vaccinated individuals (2.9M with Moderna & 2.7M with Pfizer vaccines)

Yes 3 weeks ago we could have put this in the AC. I suppose the ACIP will discuss. Actually Peter this is more worrisome than the other data we have in my opinion. jw

From: Marks, Peter <Peter.Marks@fda.hhs.gov>
Sent: Wednesday, September 15, 2021 8:26 PM
To: Woodcock, Janet <Janet.Woodcock@fda.hhs.gov>; Tierney, Julia <Julia.Tierney@fda.hhs.gov>
Subject: FW: [EXTERNAL] For VRBPAC Aug 17 meeting: COVID-19 VE findings from a US observational study of 5.6 M fully vaccinated individuals (2.9M with Moderna & 2.7M with Pfizer vaccines)

Dear Janet and Julie,

Well, it would have been nice to know DoD JAIC was conducting this prior to now. Also might have been nice for CDC to share the data. But better late than never.

As I said yesterday, the totality of the evidence is remarkably consistent.

Best Regards,
Peter

From: Bettina Experton <bexperton@humetrix.com>
Sent: Wednesday, September 15, 2021 7:24 PM

FDA-000001

To: Gruber, Marion <Marion.Gruber@fda.hhs.gov>; Krause, Philip <Philip.Krause@fda.hhs.gov>; Marks, Peter <Peter.Marks@fda.hhs.gov>

Subject: [EXTERNAL] For VRBPAC Aug 17 meeting: COVID-19 VE findings from a US observational study of 5.6 M fully vaccinated individuals (2.9M with Moderna & 2.7M with Pfizer vaccines)

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Dear Marion, Philip and Peter,

In preparation for Friday's VRBPAC meeting, please find attached our VE findings based on a US observational study of 5.6 M fully vaccinated individuals 65 and over (2.9M Moderna vaccinees and 2.7M Pfizer vaccinees). This study has been conducted by my company under contract with the DoD JAIC (Joint Artificial Intelligence Center) since March 2020, when we were tasked to analyze Medicare claim data to monitor, map and conduct Covid-19 predictive analytics for the military. For this project – called Project Salus – we defined a Medicare population cohort which includes today 20M individuals for whom we continue to receive 100M claim records from CMS weekly, and for whom we have prior medical history data going back to October 1, 2019.

Our observational study VE findings show a very significant decrease in VE against infection and hospitalization in the Delta phase of the pandemic for individuals vaccinated with either the Pfizer or Moderna vaccine for those 5-6 months post vaccination vs. those 3-4 months post vaccination.

I recognize that this information, which we brought to the CDC three weeks ago with weekly updates since, is coming to you on a very short notice prior to the upcoming VRBPAC meeting. Please feel free to contact us if you would like to further discuss or even present our summary findings on Friday.

With my best regards,

Bettina

Bettina Experton, M.D., M.P.H.
President & CEO

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CDC Briefing

Regarding Booster Doses of COVID-19 Vaccines

September 13, 2021

**Effectiveness of mRNA COVID-19 Vaccines
Against the Delta Variant
Among 6M Medicare Beneficiaries 65 Years and Older**



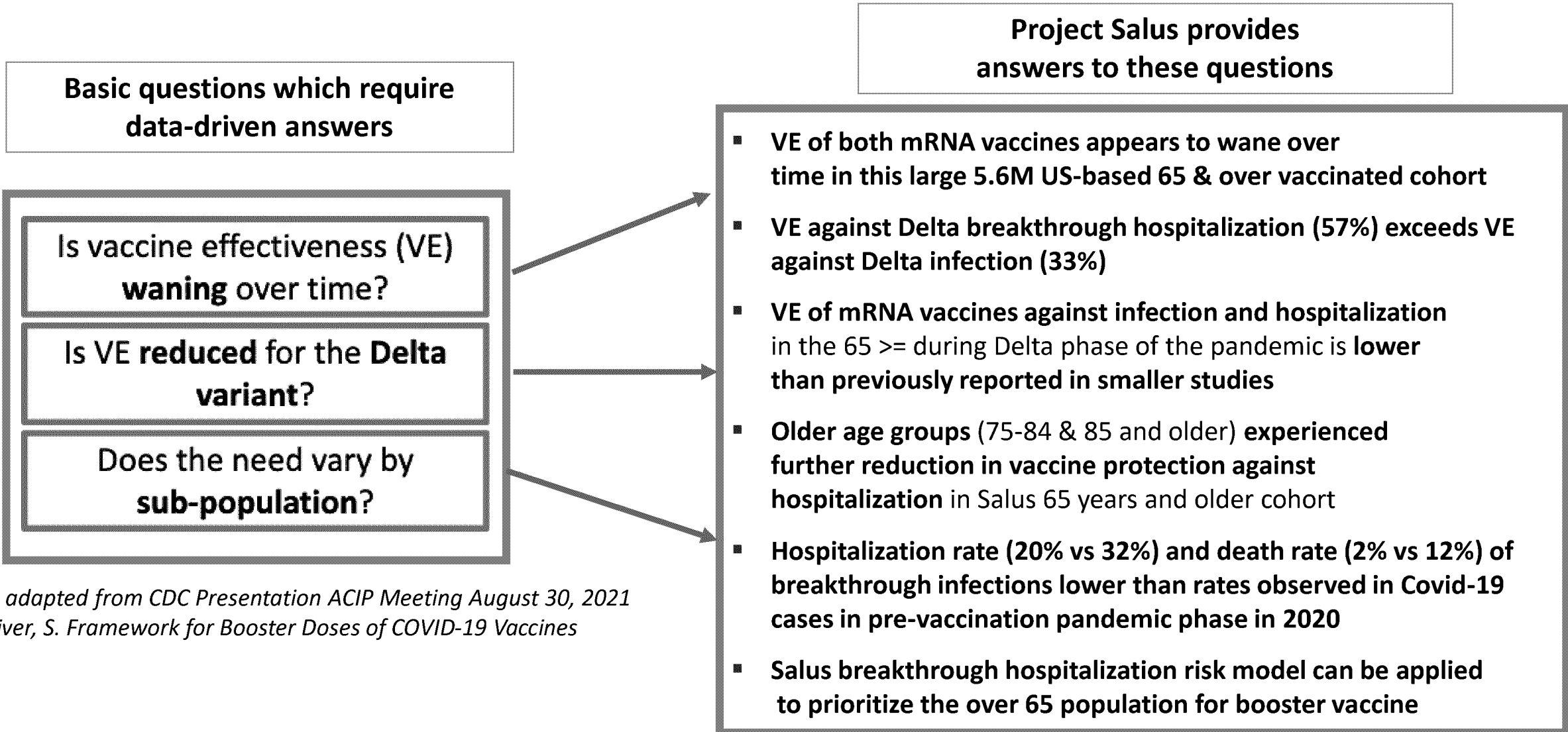
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Project Salus



Executive Summary

Key Findings



*Graphic adapted from CDC Presentation ACIP Meeting August 30, 2021
Oliver, S. Framework for Booster Doses of COVID-19 Vaccines*

VE Study Attributes

Cohort

20M Medicare beneficiaries nationwide with 16M individuals 65 years and older

Exposure

5.6M fully vaccinated with 2.7M Pfizer and 2.9M Moderna

Period of study

January- July 2021

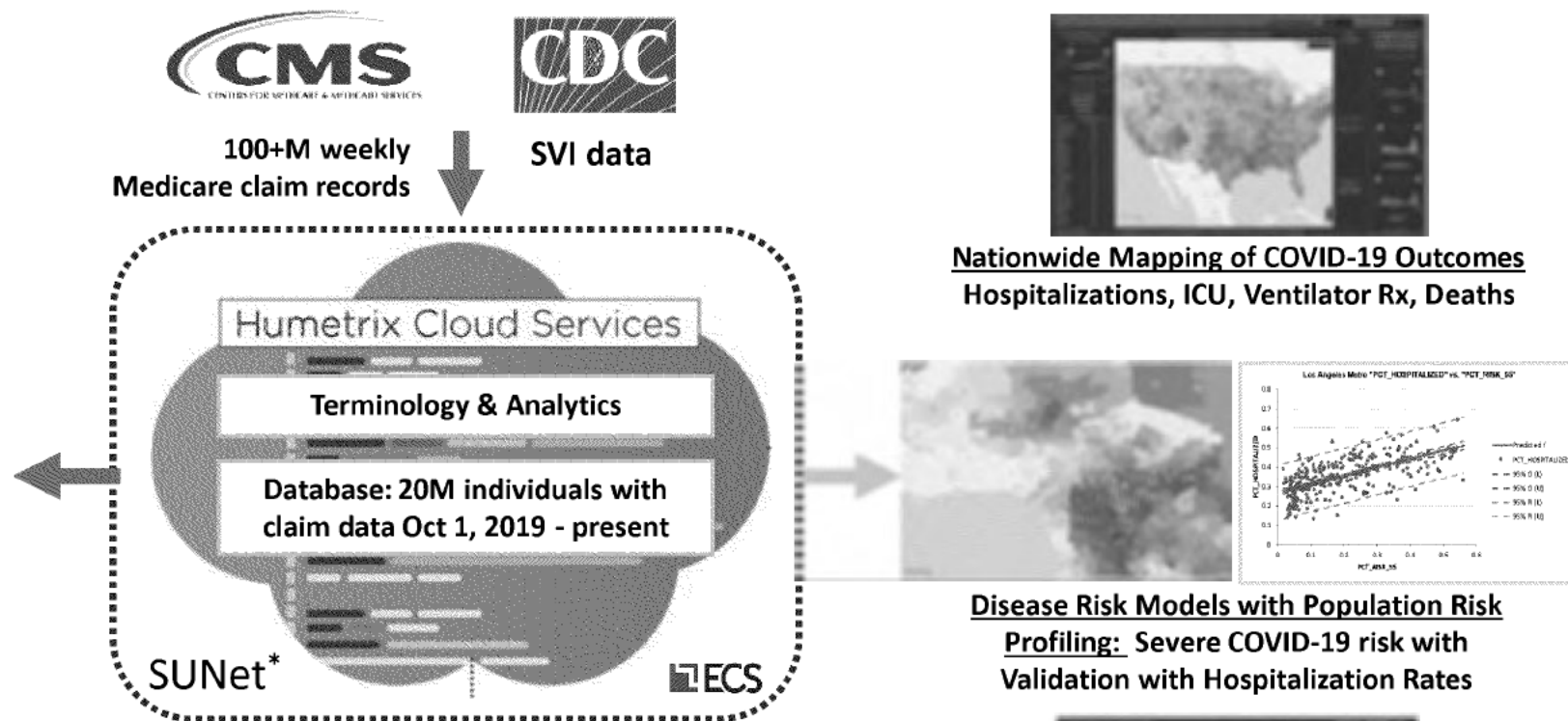
Breakthrough Key Metrics

133K Breakthrough cases

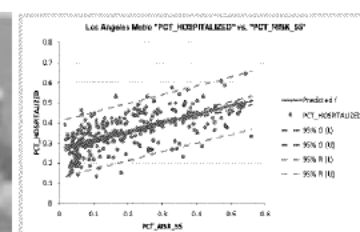
27K Breakthrough hospitalizations

8.3K requiring ICU admissions

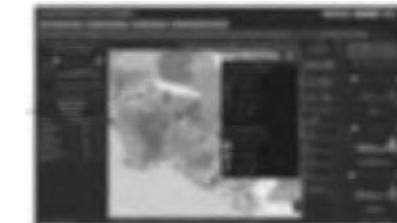
Other Platform Applications



Nationwide Mapping of COVID-19 Outcomes
Hospitalizations, ICU, Ventilator Rx, Deaths



Disease Risk Models with Population Risk Profiling: Severe COVID-19 risk with Validation with Hospitalization Rates



Vaccination Mapping overlaid on severe COVID-19 risk FDA-000005

Salus Breakthrough Analysis Methodology and Limitations

- **Breakthrough case definition:** new COVID-19 diagnosis (by COVID-19 ICD-10 code) occurring no earlier than 2-weeks post the second vaccine dose (see appendix for more details on case definition)
- **Breakthrough analysis methodology:** to estimate weekly breakthrough cases and hospitalizations we multiplied our Medicare claim-based weekly breakthrough case counts and hospitalization counts by the corresponding weekly ratio of the claims-based vaccination rate to the CDC vaccination rate to compensate for missing COVID-19 vaccination data from Medicare claim data (Medicare claims only provide ~45% of the published CDC vaccination rate in the 65 and over age group)
- **Breakthrough data limitations:**
 - Possible overestimation of breakthrough rates due to breakthroughs clinically defined with a COVID-19 diagnosis but not confirmed by PCR or antigen test (unavailable in claim data)
 - Possible overestimation of breakthrough rates due to assuming identical breakthrough rates between individuals with claim-based vaccination data and those lacking vaccination data in their claims
 - Overestimation of breakthrough rates would lead to underestimating vaccine VE against breakthrough infections and breakthrough hospitalizations

COVID-19 Case Definitions

- **COVID-19 case definition:** COVID-19 ICD-10-CM code U071 found in any claim type. Date of diagnosis based on first claim with U071. Note: 29% have either a COVID-19 PCR or antigen test in a claim.
- **COVID-19 breakthrough infection definition:** COVID-19 diagnosis more than 2 weeks after second dose of mRNA vaccine or single dose of J&J vaccine with no COVID-19 ICD-10 code U071 between first and second dose of mRNA vaccine. Note: 36% of breakthrough cases have either a COVID-19 PCR or antigen test in a claim.
- **COVID-19 hospitalization definitions:** (1) Inpatient claim with primary admitting diagnosis ICD-10-C code U071 with data of admission within 14 days after COVID-19 diagnosis or date of discharge within 10 days of post hospitalization COVID-19 diagnosis OR (2) Carrier claim with ICD10 code U071 and place of service code = 21 and date of service either 14 days after COVID-19 diagnosis or 10 days before COVID-19 diagnosis.
- **COVID-19 associated death definitions:** (1) Inpatient claim patient discharge status code = 41 (expired in facility) OR (2) MBSF file Date of Death are within 60 days of COVID-19 diagnosis. 85% of COVID-19 deaths using this definition occurred within 30 days and 72% within 20 days of COVID-19 diagnosis

Key Breakthrough vs. Pre-Vaccination COVID-19 Metrics

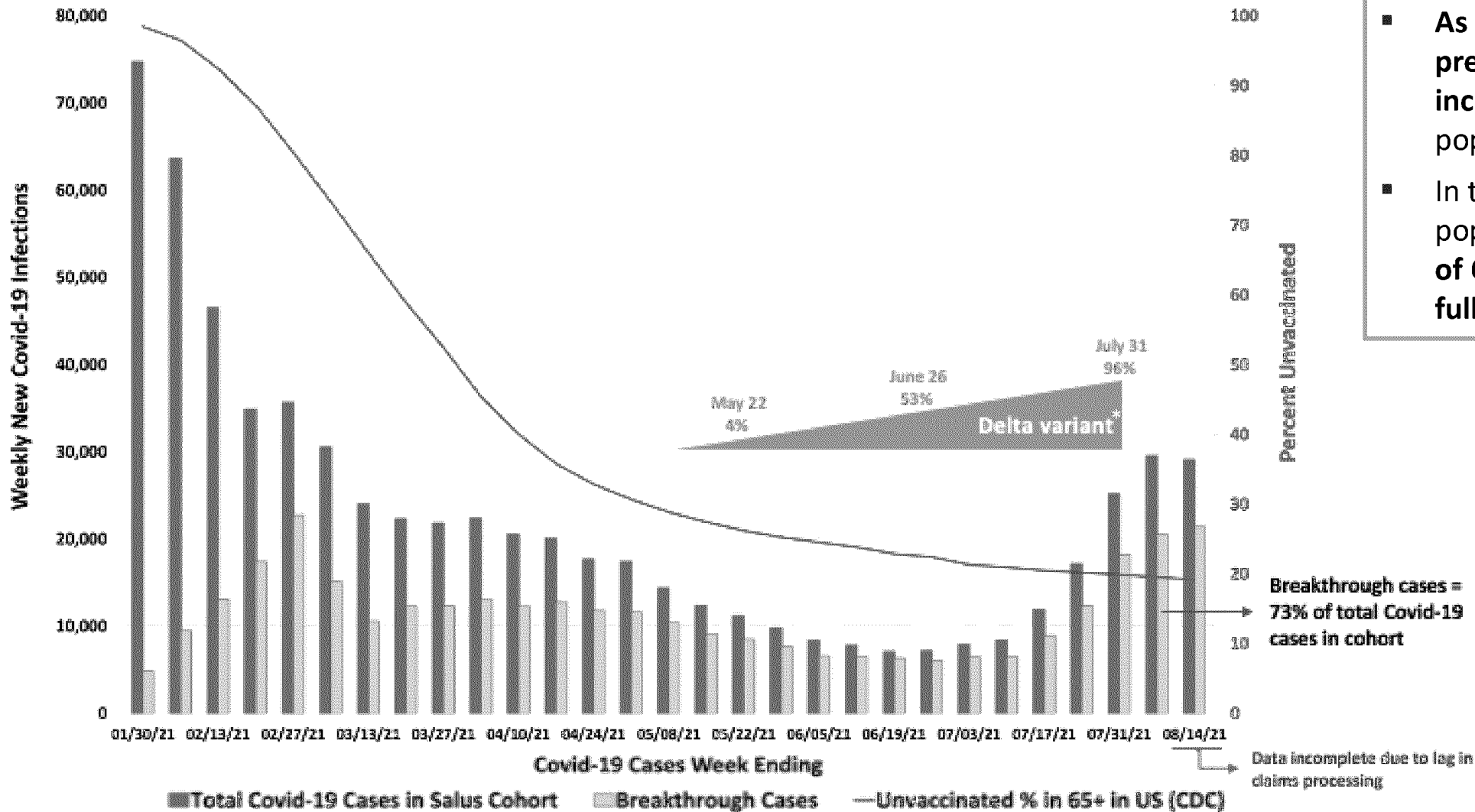
Among 5.6M fully vaccine immunized Salus cohort members aged 65 and older (2.7M Pfizer and 2.9M Moderna), as of August 6th, 2021:

- **2.3% cumulative breakthrough rate**
- **20% hospitalization rate** in breakthrough infections, reduced by one third of 32% hospitalization rate March – December 2020
- **34% breakthrough hospitalizations include ICU care**, equivalent to 32% ICU rate March – December 2020
- **2.2% death rate** in breakthrough infections, reduced six-fold from 12% death rate March – December 2020



Total & Breakthrough Cases in the 65 Years and Older Salus Cohort

Project Salus



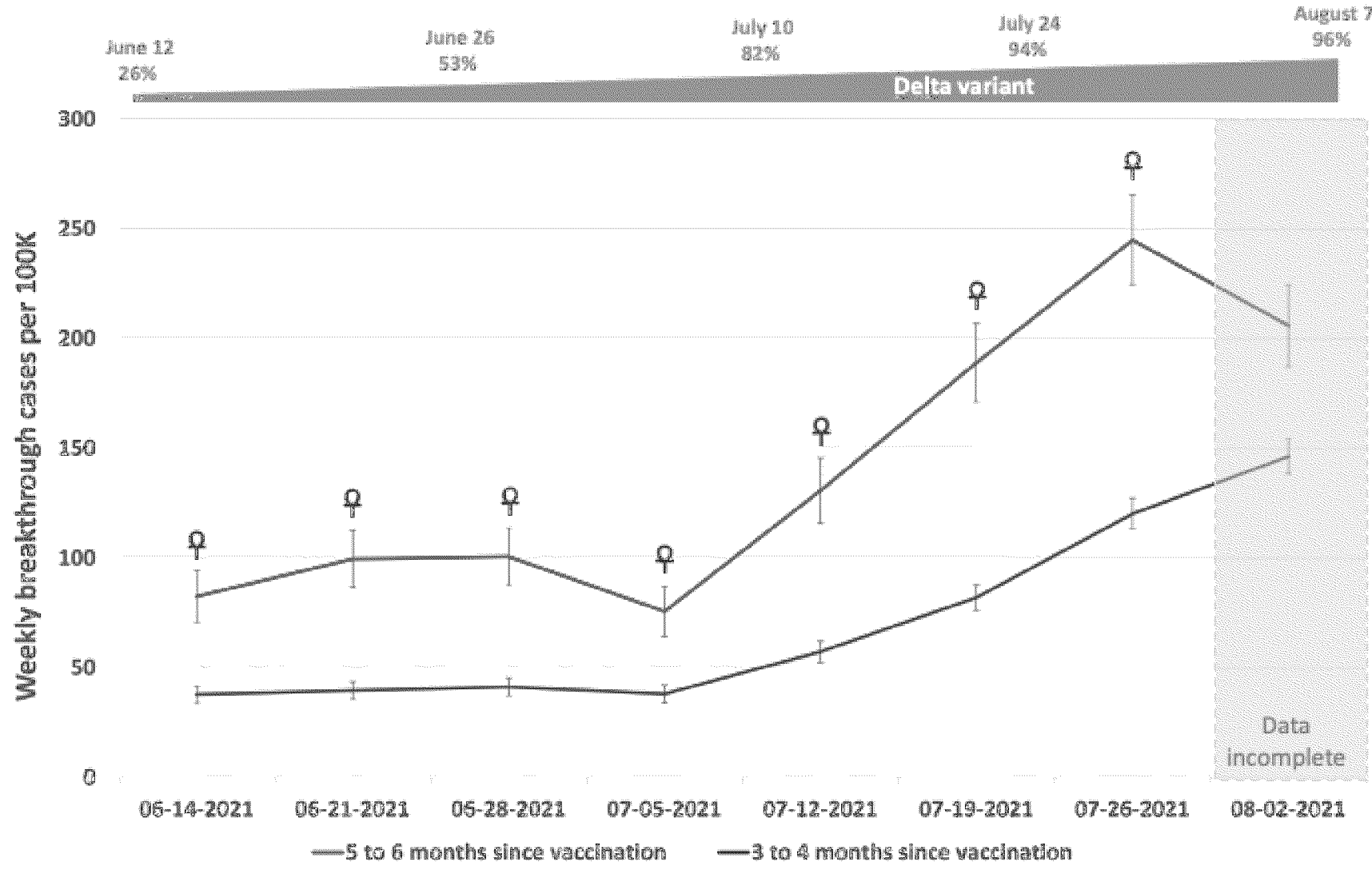
- As Delta variant became predominant, COVID-19 cases increased five-fold in the ≥ 65 population
- In this 80% vaccinated ≥ 65 population, an estimated **73%** of COVID-19 cases occurred in fully vaccinated individuals

Breakthrough cases = 73% of total Covid-19 cases in cohort

Data incomplete due to lag in claims processing

*CDC data: % of SARS-CoV-2 genomes sequenced

Is mRNA Vaccine Effectiveness Against Delta Breakthrough Infection Waning Over Time in 65 Years and Older Salus Cohort?



▪ Breakthrough infection rates 5-6 months post vaccination are twice as high as 3-4 months post vaccination

95% C.I.

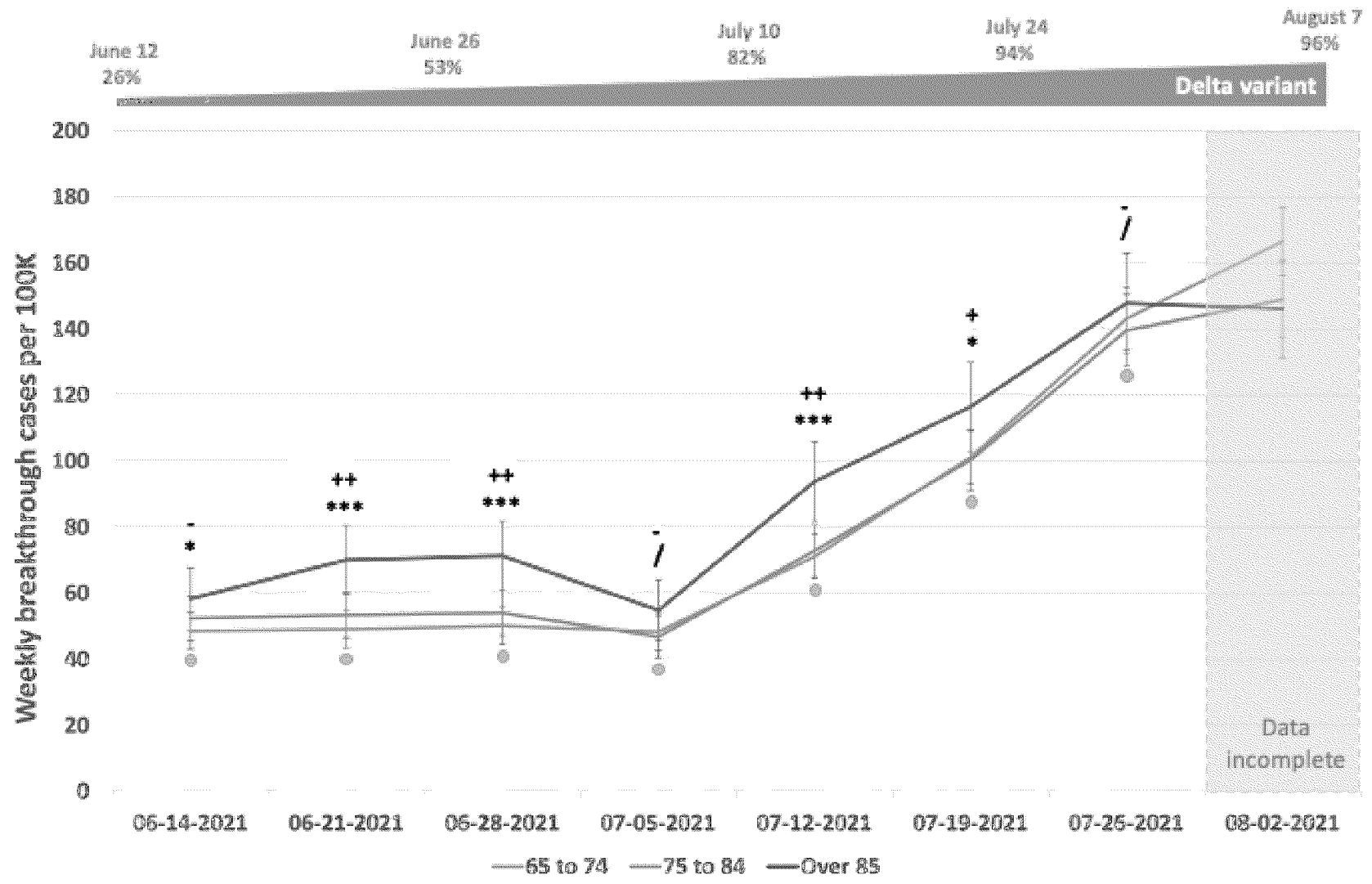
♀ Breakthrough infection rates 5-6 months since vaccination > 3-4 months since vaccination
P < 0.001

Age Distribution of Vaccinated Groups in the 65 Years and Older Cohort

Vaccinee Group		
5-6 months post vaccination		
age groups	65 to 74	24%
	75 to 84	33%
	85 & older	43%
3-4 months post vaccination		
age groups	65 to 74	51%
	75 to 84	35%
	85 & older	14%

▪ Could higher proportion of 85 years and older members in first vaccinated group explain reduced VE?

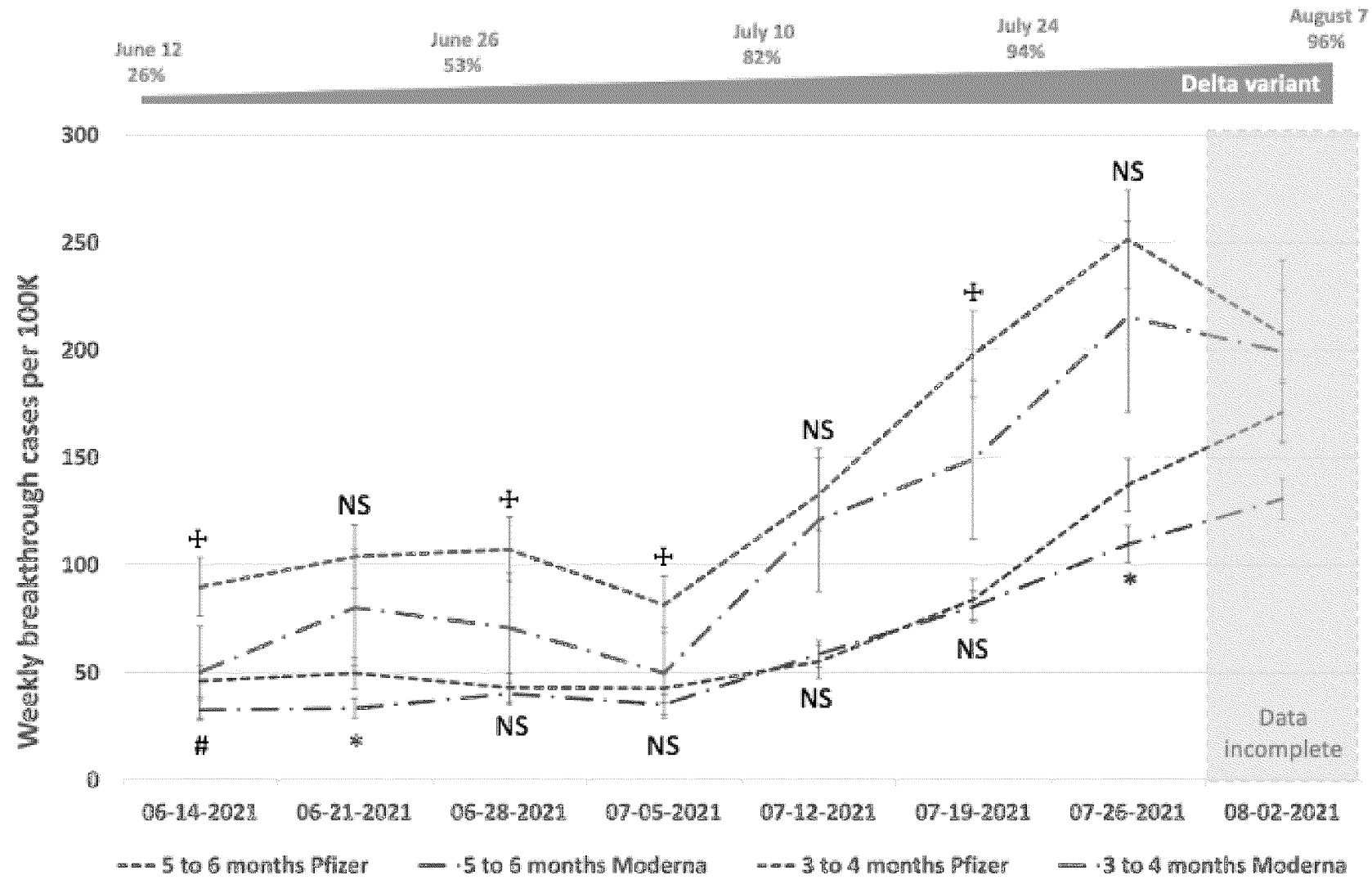
Does Age Affect Vaccine Effectiveness Against Breakthrough Infections in the 65 Years and Older Cohort?



- **Age has a minor contribution to the reduced vaccine protection** seen in the group vaccinated 5-6 months ago
- **As Delta variant became dominant**, the modest age differences in breakthrough rates diminish

	Over 85 > 75 to 84	Over 85 > 65 to 74	75 to 84 > 65 to 74
P < 0.001	none	***	none
P < 0.01	++	none	none
P < 0.05	+	*	none
P > 0.05	-	/	●

Are There Differences in Waning Effectiveness Between Pfizer-BioNTech and Moderna Vaccines in the 65 Years and Older Cohort ?

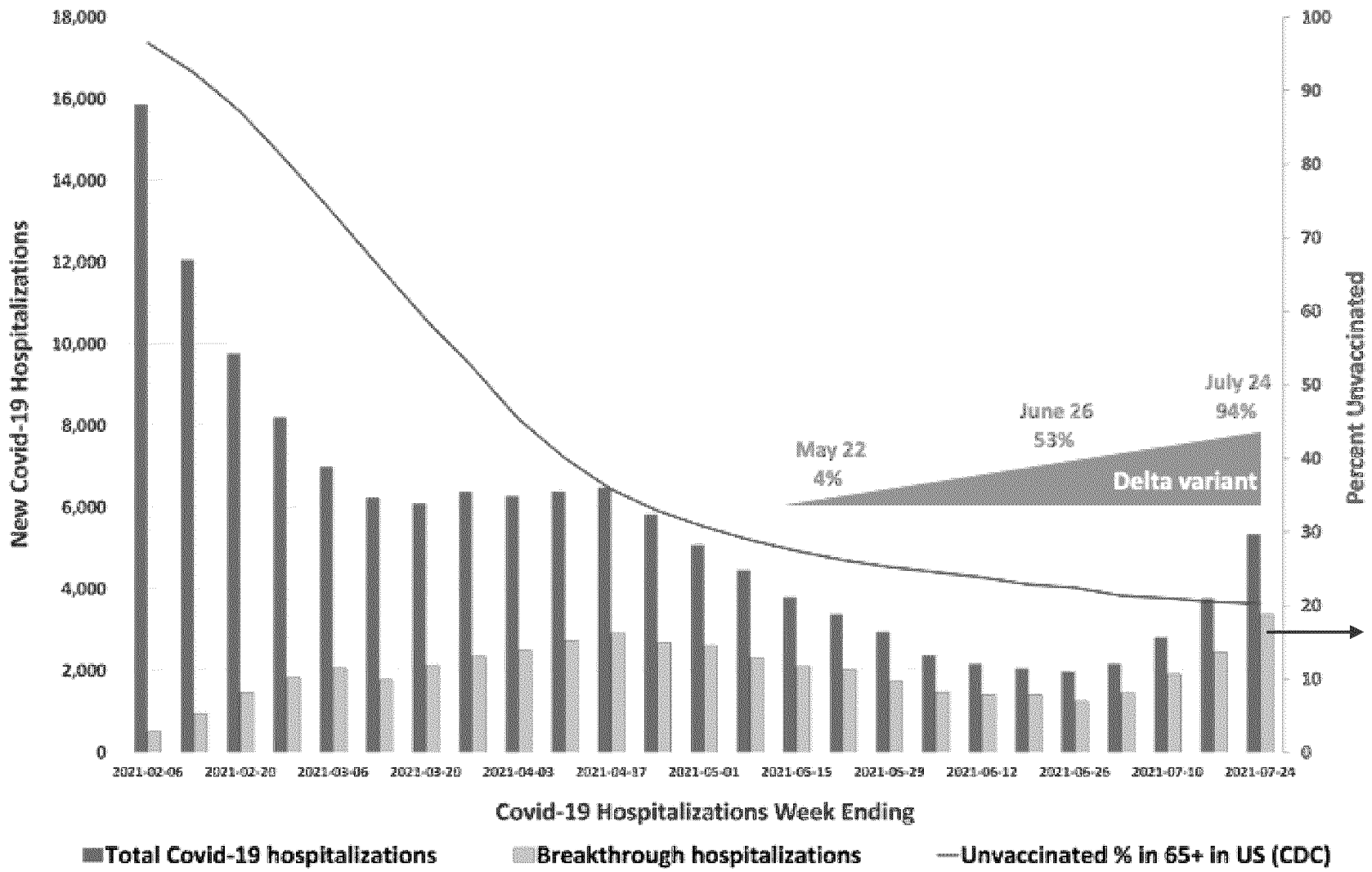


▪ **Waning immunity are seen with both Pfizer-BioNTech and Moderna vaccines during Delta phase of the pandemic**

- 95% C.I.
- * Breakthrough infection rate Pfizer-BioNTech > Moderna P < 0.001
- # Breakthrough infection rate Pfizer-BioNTech > Moderna P < 0.01
- † Breakthrough infection rate Pfizer-BioNTech > Moderna P < 0.05
- NS Breakthrough infection rate Pfizer-BioNTech > Moderna P > 0.05



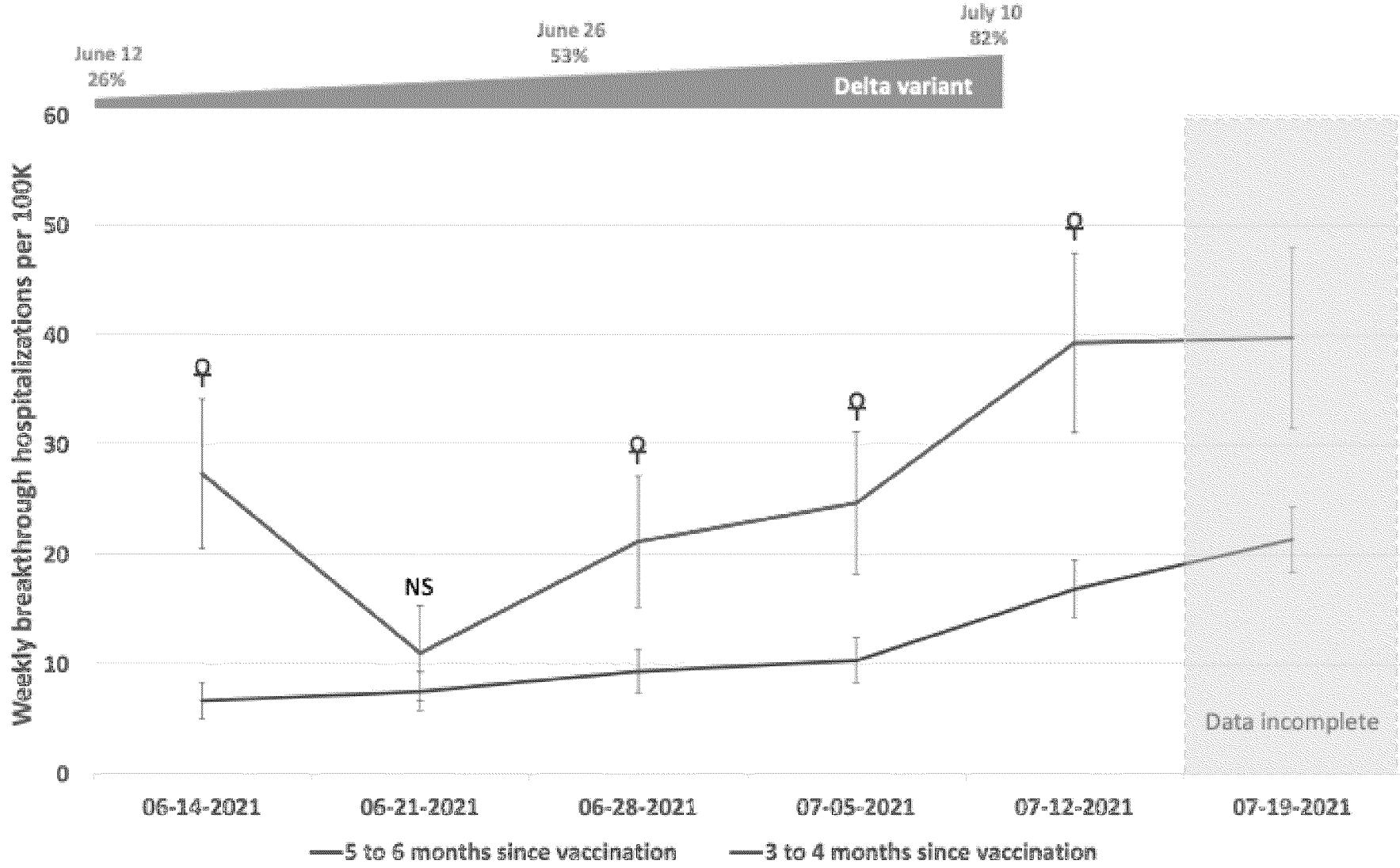
Total & Breakthrough Hospitalizations in the 65 Years and Older Cohort



- As Delta variant surged to over 50% in June, COVID-19 hospitalizations more than doubled, reversing the prior trend of decreasing hospitalizations since April
- In this 80% vaccinated 65+ population, an estimated 63% of COVID-19 hospitalizations occurred in fully vaccinated individuals in the week of July 24th

63% of COVID-19 hospitalizations are in vaccinated individuals

Is Vaccine Protection Against Breakthrough Hospitalization Waning Over Time in the 65 Years and Older Cohort?

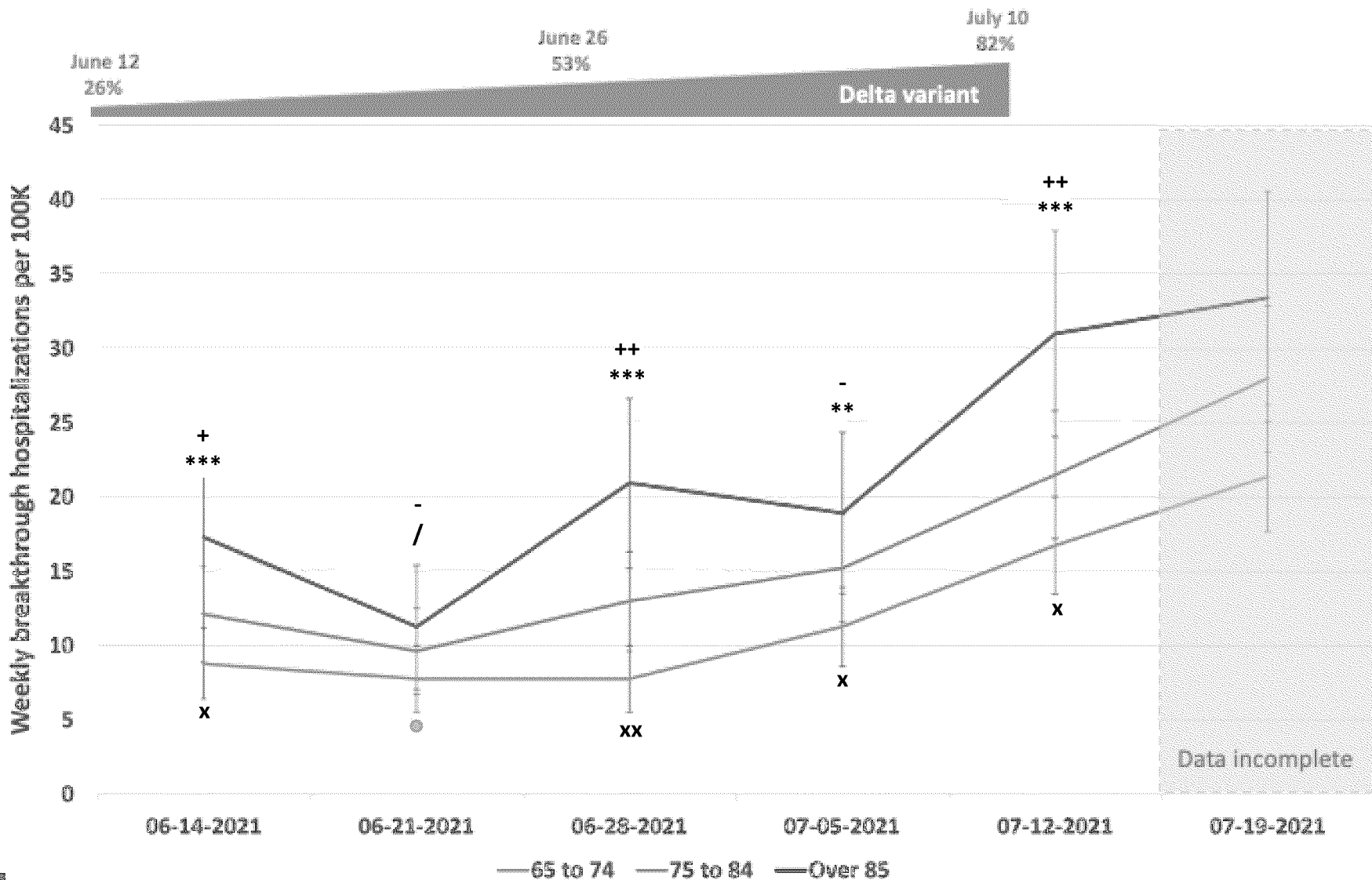


▪ **VE against breakthrough hospitalization is significantly lower 5-6 months post vaccination than 3-4 months post vaccination**

- 95% C.I.
- ♀ Breakthrough hospitalization rate for 5-6 months since vaccination > 3-4 months P < 0.001
- NS Breakthrough hospitalization rate for 5-6 months since vaccination > 3-4 months P > 0.05



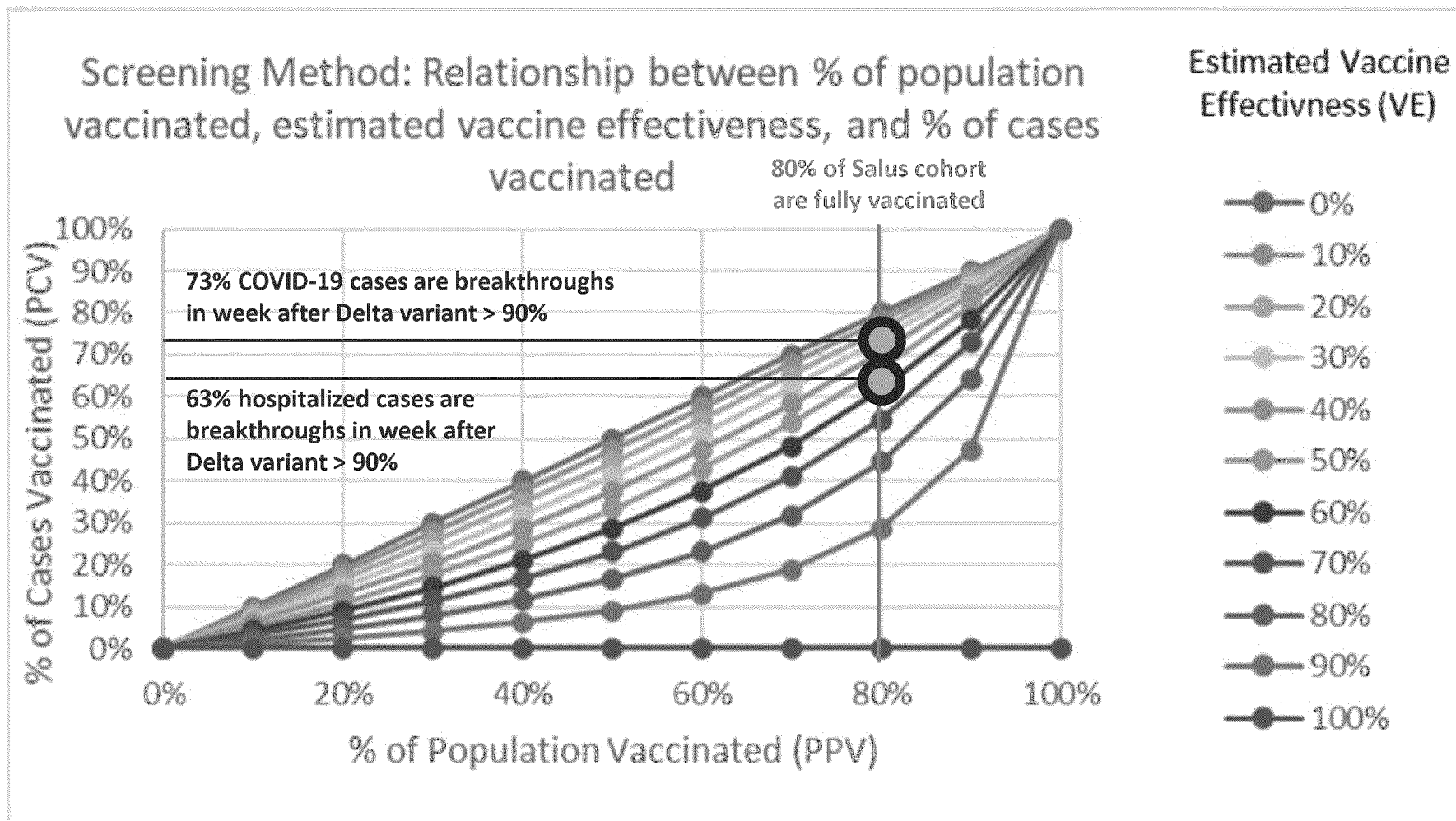
Are there Age Differences in Vaccine Protection Against Breakthrough Hospitalizations in the 65 Years and Older Cohort?



Older age associated with increased breakthrough hospitalization rates

	Over 85 > 75 to 84	Over 85 > 65 to 74	75 to 84 > 65 to 74
P < 0.001	none	***	none
P < 0.01	++	**	xx
P < 0.05	+	none	x
P > 0.05	-	/	●

What is the Vaccine Effectiveness Against the Delta Variant in the Salus Cohort? – Using the CDC Screening Approach



- 33% calculated VE against infection

- 57% calculated VE against hospitalization

VE Screening method

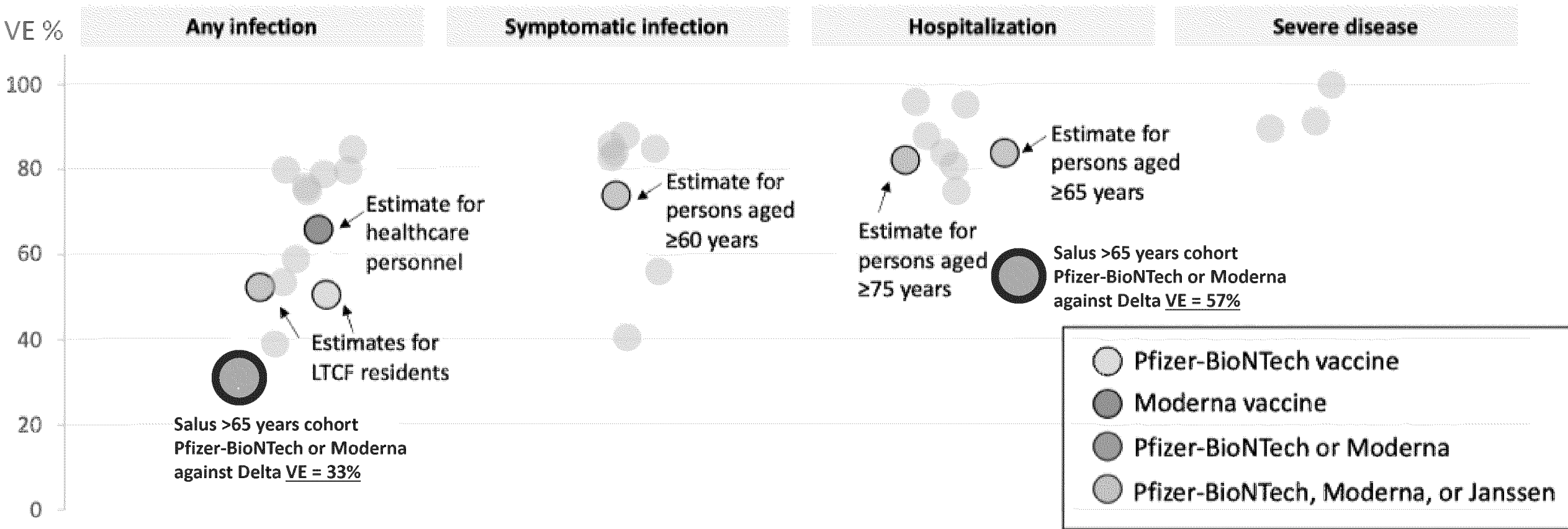
$$VE = 1 - [(PCV / (1 - PCV)) * ((1 - PPV) / PPV)]$$

PCV = proportion cases vaccinated
 PPV = proportion population vaccinated

Graphic adapted from CDC Presentation July 30, 2021

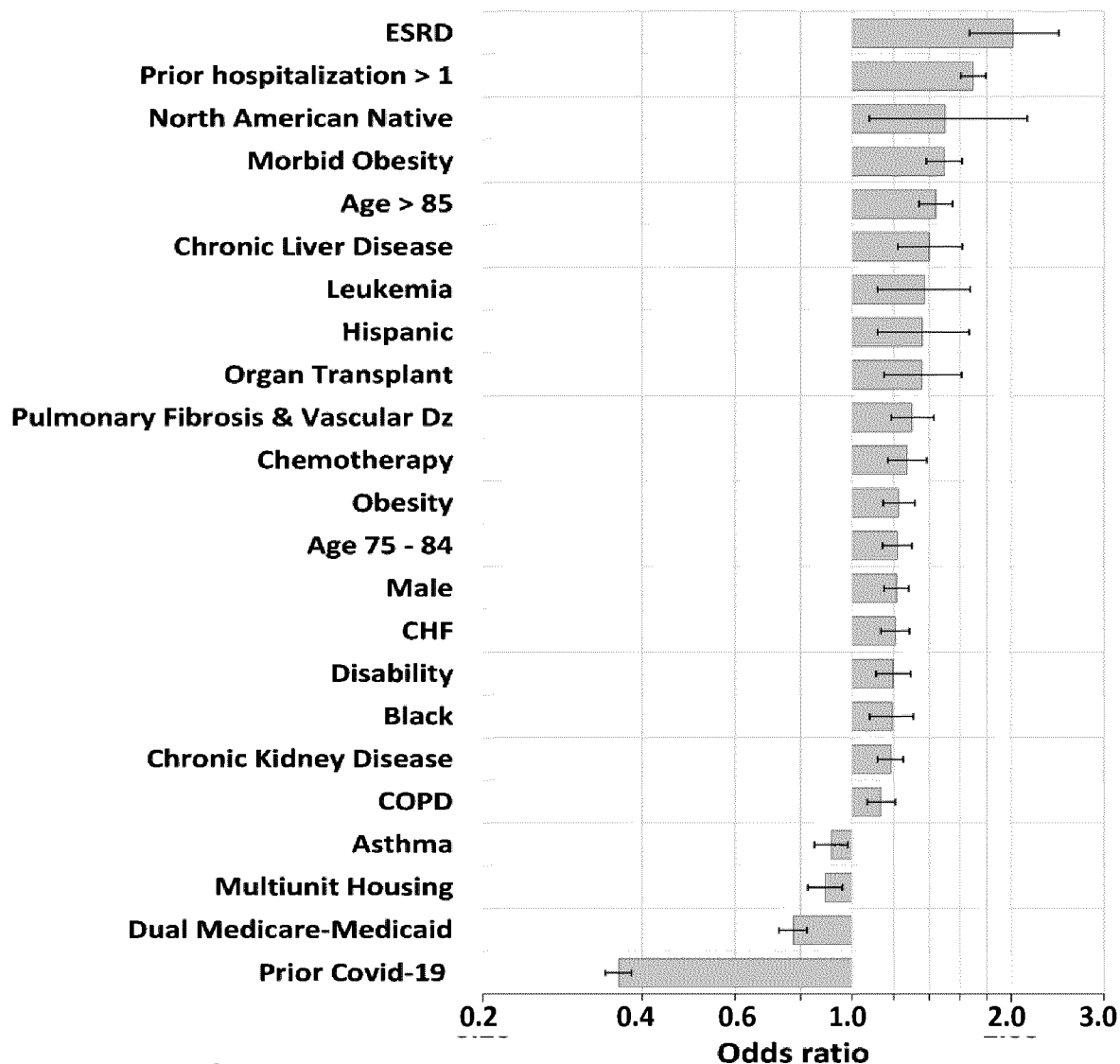
Improving communication around vaccine breakthrough and vaccine effectiveness

How Does mRNA Vaccine Effectiveness in 65+ Salus Cohort with 5.6M Vaccinees Compared to Published Estimates?



- VE of both mRNA vaccines in this 65+ cohort is lower than previously reported in smaller study sizes for both COVID-19 infection and hospitalization
- VE for mRNA vaccines is higher against hospitalization than against infection

Risk Model for Breakthrough Hospitalization

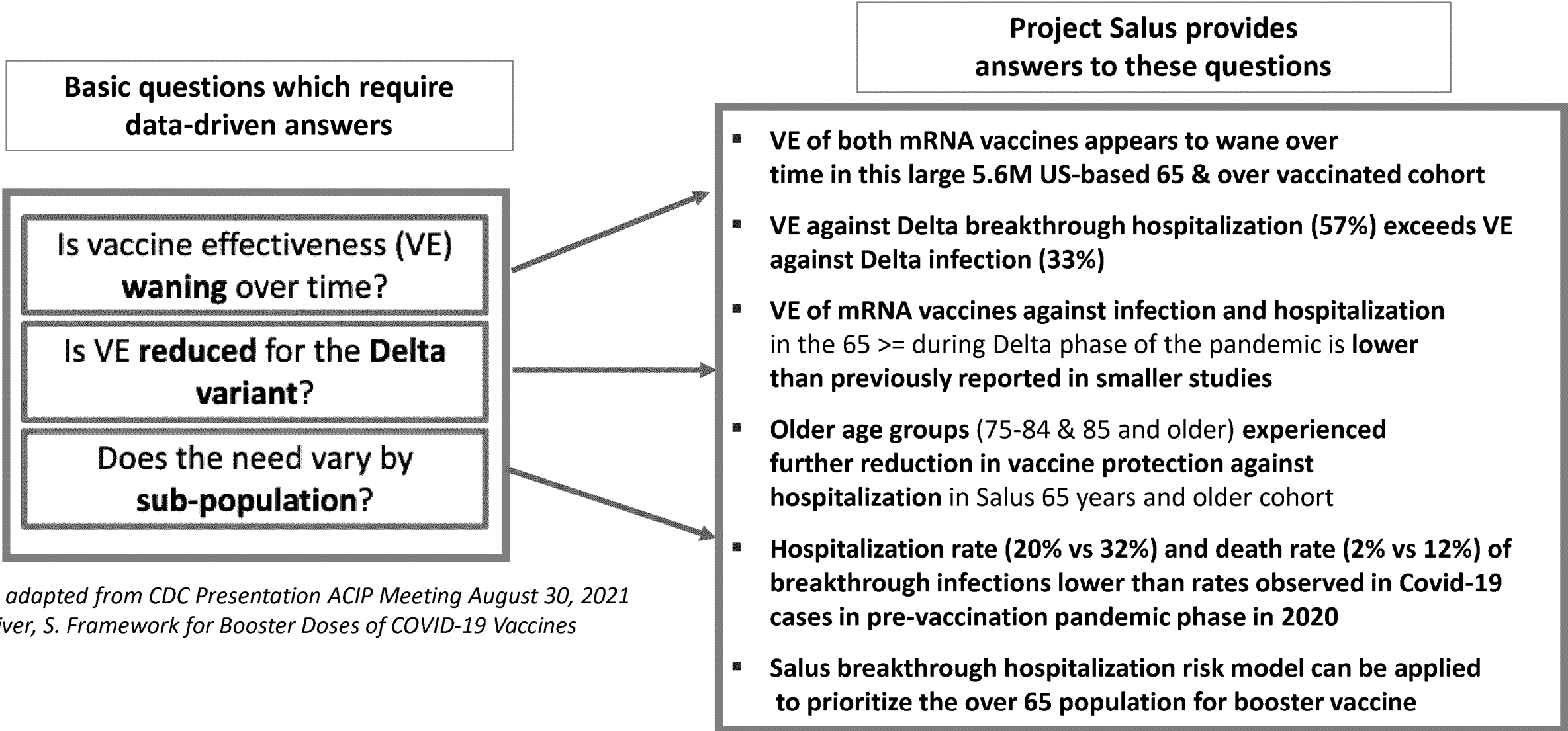


- **Prior COVID-19 infection has a major protective effect against breakthrough hospitalization**
- **Risk of breakthrough hospitalization increases with time elapsed since mRNA vaccination with odds ratio increasing to 2.5 at 6 months post vaccination**
- **There is a step up in risk in the 75-84 and again in the over 85 age categories compared to the 65-74 category**
- **Risk model can be used to stratify the over 65 population to best select those in most need of booster vaccine dose**

Logistic Regression Model performance:
AUROC 0.73, balanced accuracy 0.67

Executive Summary

Key Findings



*Graphic adapted from CDC Presentation ACIP Meeting August 30, 2021
Oliver, S. Framework for Booster Doses of COVID-19 Vaccines*

From: HBW Insight [alert@mail.pharmaintelligence.informa.com]
Sent: 10/28/2021 7:00:45 AM
To: Woodcock, Janet [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7b0453354a9a427db0a66a86c7a36f3d-Janet.Woodc]
Subject: [EXTERNAL] HBW Insight | Today's News & Analysis

Daily Newsletter

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28 Oct 2021

TODAY'S NEWS & ANALYSIS

In AstraZeneca-Sponsored Study, Digital App Corrects OTC Statin Self-Selection Problem

Using web app for self-selection was successful with more than 95% concordance for the primary endpoint comparing results obtained by participants and independent clinical assessments, say researchers led by cardiologist and consumer health innovation advocate Steven Nissen. [Read More](#)

Clinical-verified outcome	Technology-Assisted Self-Selection by Participant			Total
	"OK to use"	"Ask a doctor"	"Not right for you"	
"OK to use"	23,083	2,000	14,018	39
"Ask a doctor"	0	0	1,022	1
"Not right for you"	1,015	0	407,996	469
Total	24	2	422	508

GSK Raises Product Prices in US And Europe As Costs Rise

GSK revealed price increases in the US, Europe and China as it posted Q3 sales up high single-digits, with gains in key categories such as pain relief and vitamins, minerals and supplements. [Read More](#)

Supply Chain Disrupts USANA's Launches

USANA reports some Active Nutrition supplement line extensions could be delayed to early 2022 due to pandemic-related disruptions, but it reaffirms its full-year sales and diluted EPS projections. [Read More](#)

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Appetite In Congress For Adding Supplements To Pre-tax Savings Grows By Another House Bill

Reps. Brendan Boyle and Darin LaHood introduce Dietary Supplement Tax Fairness Act to amend Internal Revenue Code to include some supplement products as qualified medical expenses. [Read More](#)

Cosmetic And Personal Care Trademark Review 26 October, 2021

Personal care and cosmetic product trademark filings compiled from the Official Gazette of the US Patent and Trademark Office, Class 3. [Read More](#)

Salus Adds Two Floradix Lines In The UK, Including Immunity Booster

Salus Haus has expanded its popular Floradix range with an immunity boosting liquid supplement and a children's version of its flagship Floradix Liquid product. [Read More](#)

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From: Deborah Gates (b) (6)
Sent: 10/23/2021 8:11:57 PM
To: Woodcock, Janet [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7b0453354a9a427db0a66a86c7a36f3d-Janet.Woodc]; Marks, Peter [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dfbb2b5bd38445cb9c9adca3f72df53a-MarksP]; asmonto@umich.edu; paula.annunziato@merck.com; acohn@cdc.gov; hgans@stanford.edu; Kurilla, Michael G (NIH) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa2de9594d594ed9b76b935545c26754-HHS-michael]; cmeissner@tuftsmedicalcenter.org; offit@chop.edu; spergam@fredhutch.org; fullerao@umich.edu; officeofthepresident@mmc.edu; JYLee@uams.edu [JYLee@uams.edu]; ofer.levy@childrens.harvard.edu; psm9@pitt.edu; mrn8d@virginia.edu; stanley-perlman@uiowa.edu; Jportnoy@cmh.edu; erubin@nejm.org; mhsawyer@ucsd.edu; Wharton, Melinda (CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=20ac94633baa479e8282a619f083bbfb-HHS-mew2-cd]
Subject: [EXTERNAL] Concerning the Pfizer's EUA application for children ages 5 to 11

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Hi, my name is Deborah Gates. I'm emailing to urge you to vote No on Pfizer's EUA application for children ages 5 to 11. Pfizer has **not** demonstrated any health benefits for children and the potential harms are enormous. Thank you honoring your Hippocratic Oath and the Nuremberg Code by voting No. Below I have videos of doctors who speak on the shots, and I have tons more! All people should have say so over their own bodies and the bodies of their children. It is our God given right to do so! These shots are dangerous and more and more people are realizing it. People shall remember all who were a part of pushing these dangerous shots too! I urge you to watch the videos and do the right thing and vote NO against them.

Here are some who can speak better than I:

<https://rumble.com/vo00ij-ask-dr.-jane-covid-pcr-tests-vaxx-detox-poisoning-and-criminal-proof.html>

<https://rumble.com/vnzy9f-shocking-dr.-carrie-madej-releases-first-look-at-pfizer-vial-contents.html?fbclid=IwAR2GRB4pnc2uI4MxquIN5iy1YAEhjoK3mEBLKxvp6Ea8b5Uzm2Vsua2gG0>

<https://www.bitchute.com/video/nR00WQlyXeky/>

https://www.facebook.com/messenger_media/?thread_id=806440022&attachment_id=4251881644940196&message_id=mid.%24cAABa80e0ytuC2W3jpF8gCiYiDMY

https://rumble.com/vnpdbt-hhs-senior-covid-advisor-makes-vaxx-plea-to-president-trump.html?mref=6zof&mrefc=3&fbclid=IwAR3ASpPji-FxfL1W7dY3MDmRXJAat8qpWwSXIKbA37E6_t6tCbXsh8Nt_74

https://brandnewtube.com/watch/dr-carrie-madej-with-clay-clark-thrivetime-show-why-is-rna-modifying-transhumanism-nano-technol_rnkhf3ciorvbulx.html?lang=dutch

<https://rumble.com/vnslor-jab-scientist-discovers-hatching-eggs-parasites-birthed-after-injection.html?fbclid=IwAR0JajL-RFNj-hzCnXlaLQL5yjGMRwDZ5D3kZVxZba2tAGHjc4tb6M0Loko>

<https://rumble.com/vnslor-jab-scientist-discovers-hatching-eggs-parasites-birthed-after-injection.html?fbclid=IwAR0JajL-RFNj-hzCnXlaLQL5yjGMRwDZ5D3kZVxZba2tAGHjc4tb6M0Loko>

<https://rumble.com/vnps9l-special-broadcast-dr.-robert-malone-on-his-mrna-creation.html?fbclid=IwAR1zbmepTQklv4QWXBrjX5iM-4ReA7yhDJTLWT3yLBWSRemrDUI9BxxkGU8>

<https://www.brighteon.com/3d2299e3-b420-446f-a8d1-7f3e10b80df0>

<https://rumble.com/vn4k6f-christiane-northrup.html?fbclid=IwAR1b6j9pgKvYQjecUQgK4Gd0h-xkLOGx4MkiP4RQ5BO1qvvs14mPZlqzuHc>

<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html?fbclid=IwAR25gpC14Ae5g6-VXsCALt5sllCX0i8QptJe1VCUfkm3H5UUs1alpGg5xiY>

<https://www.stopworldcontrol.com/report/>

https://rumble.com/vnm1cn-receipts-patent-proves-vaxx-is-obedience-training-platform.html?fbclid=IwAR0jW_DH1vqQ6gmWoB1ETZ3IW6Yey8tWUGgyG8gaFCoNdTWi35YS--CxPgw

https://rumble.com/vnhgap-receipts-dod-joint-artificial-intelligence-center-monitoring-vaxx-deaths.html?fbclid=IwAR1AMspLDsatAl-91PhgYX3M9khPIQEu-2fRSqcsMvR173u2tAl_IBw4CGM

https://odysee.com/@wonderingwhatif:b/Zandre-and-Riekie---Blood-conversation:c?fbclid=IwAR2Jgw_a7W2qA5SWsyTWjb1ha9EJXbgXbPkUojWSzYR6yJg4Z5qqsffy6jo

<https://www.bitchute.com/video/j3ABQ1n1Z7od/?fbclid=IwAR3dOVlsCk1I3DYelxzT71py3xTtWV1y6uVEPx5Lk2yH-EkofeAyw3d5SKA>

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From: Kurt Wallace (b) (6)
Sent: 10/25/2021 10:50:18 PM
To: Woodcock, Janet [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7b0453354a9a427db0a66a86c7a36f3d-Janet.Woodc]
Subject: [EXTERNAL] FDA-2021-N-1088-0001 Vaccines and Related Biological Products Advisory Committee; Notice of Meeting; Establishment of a Public Docket
Attachments: Covid vaccinations for children should be rejected for the following reasons.docx

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Janet Woodcock
Acting FDA Commissioner
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phone: (301) 796-5400
fax: (301) 847-8752
Janet.Woodcock@fda.hhs.gov

Ms. Woodcock,

I appreciate your role in the FDA.

The attached file shows evidence why the FDA should not approve or authorize any Covid injections for children.

All the best,

Kurt Wallace
IHFA, SE Asia

Covid vaccinations for children as well as adults should be rejected for the following reasons:

- 1) The Nuremberg Code prohibits human experimentation as is currently being carried out by the CDC, FDA, AstraZeneca, Pfizer, Moderna, Johnson and Johnson, CDC Foundation, NIH, American Medical Association, Hospitals, Universities, Public Health Officials, Federal, State, and Local Governments and School districts. The Penalty for violations of the Nuremberg Code is a Capital Offense. Even if the US Supreme Court ruled that an entity may conduct these experiments, the FDA would not be exempt from criminal tribunal for crimes against humanity and genocide for violations of the Nuremberg Code. Historically, violators of the Nuremberg Code have been tried extraterritorially and executed. For this reason alone, the FDA should recall all EUA approval for COVID vaccines, cease all injections with COVID products, eliminate swabbing, eliminate masking and recall any and all COVID products mislabeled as vaccines as well as EUA treatment drug REMDESIVIR.
<https://www.sott.net/article/452790-Standing-up-1000-lawyers-and-10000-doctors-have-filed-a-lawsuit-for-violations-of-the-Nuremberg-Code>
- 2) The risks of the vaccines outweigh the benefits of less risky alternatives. News media use fake fact checkers to create false narratives which understate risk of injury and death and ignore the financial conflicts of interest and silence alternative viewpoints.
- 3) Children before puberty do not have significant levels of PLA2 making them less susceptible to the COVID inflammatory response, whereas a 65 year old who has taken the flu shot has many times higher levels of PLA2. [[HYPERLINK "https://www.greatplainslaboratory.com/pla2-coronavirus"](https://www.greatplainslaboratory.com/pla2-coronavirus)]
- 4) Children are more not than likely to get a COVID infection and if they do, they are unlikely to die or be injured.
- 5) CDP Choline is prophylactic in elderly populations to reduce cytokine storms, reducing the risk to children by reducing infection sources in elderly.
- 6) A child's immune system can be strengthened through proper diet, Zinc, Vitamin D supplementation and Vitamin C supplementation, which pose no risk to the children who can develop natural immunity to COVID. These preventative therapies have been rejected by Public Health authorities, instead opting for risky 'vaccines' in adults. The officials have rejected Ivermectin; however, Children's cough medicine is more harmful than Ivermectin due to overdoses of children's cough medicine in the USA each year.

7) All COVID vaccines and boosters should be recalled and banned due to the financial conflict of interest and fraud in the approval process and harm to the recipients and violation of bodily integrity;
<https://rightsfreedom.wordpress.com/2021/08/08/german-chief-pathologist-sounds-alarm-on-fatal-vaccine-injuries/> Certainly, no Covid shot should be given to children, and none should ever be mandated under any circumstance. [HYPERLINK "https://cdn.shopify.com/s/files/1/0565/7542/6731/files/The_Dangers_of_the_covid_19_Vaccine_Report_-_Updated"] According to July 19, 2021 Federal Court case against Health and Human Services, Civil Action No. 2:21-cv-00702-CLM, the court evidence shows that in the USA over 45,000 people have died within 3 days of getting injected with COVID vaccines which were promoted by CDC, HHS, and Public Health officials and universities and hospitals as 'safe and effective.' This number of deaths does not include those who died later of other Covid shot related diseases and conditions. The FDA knew of these injection-induced adverse outcomes in October 2020 but still gave Emergency Use Authorization for these harmful and dangerous injections. The inconsistency for occurrence of conditions can be explained by the differing levels of dosing components or placebo in the Covid vaccines as well as co-morbidities and unique health in each person. Despite CDC statements to the contrary, the following adverse events are not rare as CDC incorrectly asserts but are statistically significant for their frequent occurrence:

- Guillain-Barre Syndrome
- Acute disseminated encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune Disease
- [Adverse] pregnancy and birth outcomes
- Other acute demyelinating disease
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation Venous thromboembolism
- Arthritis and arthralgia/ joint pain
- Kawasaki disease
- Multi-system inflammatory Syndrome in Children
- Vaccine enhanced disease
- Death

The autopsies of vaccinated individuals show never before seen damage and metal fragments indicating that the vaccines promoted as safe and effective by CDC, NIH, FDA, Pfizer, and others are unsafe and cause fatal conditions. [[HYPERLINK "https://rumble.com/vn193f-never-before-seen-vaccine-victims-bodies-in-battle.html"](https://rumble.com/vn193f-never-before-seen-vaccine-victims-bodies-in-battle.html)] The vaccines themselves contain harmful and often deadly ingredients according to Pfizer's patents. Studies of all 4 manufacturers vaccines show harmful substances such as graphene oxide and polymers . See "Figure 1 If Viewed Under Bright Field Microscopy a Nanotube , Microtube and Cluster Bomb of Graphene Oxide in the Dried Coagulated Blood Cells or Blood Clot in Addition to Parasite Bulges Expressed in the Cross-linked Fibrin Monomers Indicating a Systemic Parasitological Infection" in the link [[HYPERLINK "https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines"](https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines)] . Pfizer Whistleblower Karen Kingston confirmed on September 18, 2021 the presence of toxic contents of Covid vaccines. According to patents such as US 11,107,588B2 these nanoparticles act as a programmable trackable interface using nanotechnology: [[HYPERLINK "https://patentimages.storage.googleapis.com/68/80/73/6a17a66e9ec8c5/US11107588.pdf"](https://patentimages.storage.googleapis.com/68/80/73/6a17a66e9ec8c5/US11107588.pdf)]

- 8) Public Health officials / Medical officials continued to use swabbing which contains neurotoxic and carcinogenic ethylene oxide despite the FDA issuing numerous recalls on the PCR testing and despite the PCR test values being corrupted by the CDC using cycle times of 28 for vaccinated and 45 for unvaccinated individuals. CDC allowed for hospitals to consider patients unvaccinated who died after the first shot, or who were admitted to the hospital prior to day 14 of the second shot, thus calling injected people injured by the Covid shot and admitted to the hospital as "unvaccinated". Some hospitals use a plastic swab which causes nasal bleeding, nasal sores, and nasal perforation. DNA is collected without the patients consent. Hospitals in Louisville KY report an increase in brain abscesses and cancer. [[HYPERLINK "https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7324311/"](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7324311/)] Meningitis is a known outcome of invasive swabbing causing more harm than a patient being exposed to naturally occurring Covid, particularly if the patient has already been exposed previously. [[HYPERLINK "https://principia-scientific.com/nasal-covid-swabs-with-nanoparticles-cause-brain-damage/"](https://principia-scientific.com/nasal-covid-swabs-with-nanoparticles-cause-brain-damage/)] The upper respiratory, dura, and meningitis connection is shown here. [[HYPERLINK "https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4931652/"](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4931652/)] An astute observer will make a connection with the risk posed by swabs which contain neurotoxins or nanoparticles.
- 9) Injections cause the infections. Direct Vietnam research shows the Vietnamese Covid deaths from January 2020 through July 2021 was less than 300 deaths in a country of 92 million people. In meetings to industry leaders, Oxford did not disclose its financial ties to AstraZeneca but promoted the Covid vaccines as the way to end the "pandemic." CDC, Oxford, WHO, UNICEF, Astra Zeneca, KPMG promoted the covid vaccines rollout as

a way to end the infections. They did not promote Vitamin D, Zinc, Vitamin C, Azithromycin, Hydroxychloroquine (days 1-3), or Ivermectin (day 4 ff) for cost effective and early treatment. Likewise, CDC, Oxford, and Pfizer in a mid-August 2021 meeting in Vietnam promoted the injections. CDC disregarded the fact that 45,000 people in the USA had died from COVID shots within 3 days of the injection. CDC also disregarded research on Ivermectin which has been FDA approved for safe use in humans for over 20 years as an anti-parasitic. Off label for Covid treatment using this FDA approved antiparasitic / antiviral drug has shown promise in India and other parts of the world including the USA and Germany; But, our own CDC ignored it and stated that people should get their information from experts like CDC, not Facebook. CDC failed to recognize that IVERMECTIN is on the NIH authorized list of drugs for treatment of COVID. The Covid "vaccine" Injection- induced 45,000 deaths figure comes from the Federal Court Case against Health and Human Services for understating the deaths due to the injections.

In the August 2021 meeting, CDC, Oxford, and Pfizer showed the number of deaths and infections in Vietnam pre-Covid injection roll out- approximately 300 dead due to COVID for the over year and a half, much less than the annual traffic fatalities. CDC, Oxford showed a graph of the injection roll-out followed by a similar graph 5 to 15 days later of infections with a rapid rise of infections an almost a 1:1 correspondence in shape to the rapid roll out of injections. This correspondence indicates that the COVID injections cause the Covid injection infections. The rapid increase in infections in Vietnam came directly after the rapid rollout of vaccines promoted by CDC, Oxford, KPMG, AstraZeneca, Pfizer. Within 6 weeks of the CDC/Oxford/Pfizer presentation in Vietnam, 15,000 people were dead. It was not because of COVID, it was because of the injection induced infections and the shedding of the pathogens induced by the COVID injections and the rapid death following injections. In short, it was genocide. The glaring errors in the FDA Covid EUA approval process were contributing factors to this genocide. The gross errors became evident because Vietnam was a special case of a country who had effectively managed the COVID spread, until foreign interference using false information by international and US governmental "experts" and rapid promotion of the pathogenic injections increased deaths. All are complicit in genocide. [HYPERLINK "<https://www.frontiersin.org/articles/10.3389/fimmu.2020.618402/full>"]

- 10) COVID injections in adults increase the risk of harm and death in infants. The pathogen shedding increases miscarriage in vaccinated women and deaths of nursing infants due to the shedding have been reported. The Covid vaccines are harmful to children and adults.
- 11) Antibody Dependent Enhancement (ADE) has been reported and break through cases have been reported indicating that the COVID vaccines are not effective in preventing the spread of COVID or harm by the Covid shot "vaccine". The use of the term 'vaccine' has been corrupted by FDA/CDC to blur the scientific and medical definitions of a virus

and vaccine. The definition of 'rare' should be formalized. When the Covid 'vaccine' kills more people in one year than all other vaccines combined in 30 years, then that is not 'rare'. [HYPERLINK "<https://www.naturalnews.com/2021-10-01-ai-powered-dod-data-analysis-program-project-salus-shows-ade-accelerating-fully-vaccinated.html>"]

- 12) American Medical Association has been promoting a dangerous narrative which harms adults and children preventing both from getting proper treatment, skewing infection outcomes, meaning that children are falsely being categorized at a risk for natural COVID. In truth, Children are at-risk of injection infections and harm by injections themselves as noted by an increase in myocarditis and death among injected children. [HYPERLINK "<https://www.ama-assn.org/system/files/2021-02/covid-19-vaccine-guide-english.pdf>"]

- 13) CDC falsely claims that Covid vaccines are safe for pregnant women, but the trials have not been completed, and their after market studies are being conducted to show the effects of injections causing harm to pregnant women. This information is in the FDA approval letter August 23. The FDA does not know the short-term or the long-term data. The short-term impact is that people are dying from the injection. There is sufficient information in VAERS to already to show that these COVID 'vaccines' already cause adverse birth outcomes. A study among healthcare workers in Vietnam shows viral loads for vaccinated 251x. [HYPERLINK "<https://purehealthmed.com/covid-19-info/vaccinated-viral-shedding/>"] The US Health Resources and Services Administration confirms that the Covid products are under the Countermeasures Injury Compensation Program. The required notifications of injury and death, alternative safer therapies, and voluntary consent have been ignored by health providers, clinics, injection stations, hospitals, public health officials and all entities mandating the Covid injection or testing; therefore, the FDA should not approve any COVID injection or swabbing or nasal spray for children since the entire system is out of compliance and out of control creating a public and national health hazard and danger to children and their families.

- 14) The FDA has failed to protect the American people from human experimentation and has failed to adequately provide proper safety studies without conflict of interest; therefore, the FDA should not approve any COVID vaccination for children and should not provide Emergency Use Authorization.

- 15) The FDA has not tested the contents of the vials of EUA vaccines as they are not required to follow Good Manufacturing Practices in EUA. During an investor presentation, Pfizer celebrated their gene therapy being labeled as a vaccine. These are not vaccines. These are gene products. Hospitals are mandating these harmful injections to adults, therefore, the FDA should not approve these for children for the same reasons. The FDA should withdraw the label of these as "vaccines."

16) The injections with spike proteins (Ralph Baric University of North Carolina has a patent) cause the body to generate spike proteins which themselves are pathogens. The spike protein causes the smooth walled capillary walls to become rough with spikes and causes micro clotting. The micro-clotting causes reduced oxygen transfer increasing lethargy in the injected individual and organ damage. Each subsequent injection increases the damage. Erectile dysfunction and enlarged testicles are also indicators of the micro clotting. Therefore, children should not be injected with these COVID pathogenic "vaccines."

17) The death from COVID infections are skewed creating false data on children and adult infections and deaths. Hospitals deny treatment, do not send patients home from the Emergency Department with proper care such as antibiotics/antivirals and oxygen, instead letting them get worse, return to the hospital and be admitted. If they are tested with the FDA withdrawn PCR test and test false positive for COVID without any other test run to rule out COVID such as flu or common cold, then they are admitted to the hospital COVID ward. Norton Brownsboro Hospital admitted a patient who had a seasonal condition. They injected her with REMDESIVIR, denied her of her inhaler, dehydrated her, denied her care because she was not vaccinated, her condition worsened. REMDESIVIR causes kidney failure and pulmonary edema and multisystem organ failure misdiagnosed as covid symptoms and it increases death by 50%. They placed her on a ventilator which causes ventilator induced pneumonia, gave her Vancomycin and Dexamethasone which also cause kidney failure, and she died on the ventilator of multisystem organ failure. She was murdered by the NIH/CDC hospital death protocol using the drugs the FDA had authorized for Emergency Use Authorization, but the hospital denied the NIH drug authorized for treatment of COVID and FDA fully approved as an anti-parasitic IVERMECTIN. IVERMECTIN has both anti-parasitic and anti-viral properties and has a treatment success rate of over 90% when used properly. The FDA was complicit in her murder through the hospital death protocols. Medicaid and Medicare and governmental programs provide substantial reimbursement to hospitals who follow the Death Protocol-- between \$200,000 to \$300,000 per death from Remdesivir-Ventilator-Vancomycin-Dexamethasone-Death listed as COVID death, despite never having been confirmed through differential diagnosis or properly treated.

CDC Foundation partner University of Kentucky is injecting children with deadly REMDESIVIR and also is denying them care, increasing harm and injury to children. [HYPERLINK "<https://www.cdcfoundation.org/partner-list/organizations>"] Most if not all of the animals died in the Covid studies which had been conducted, indicating the high deaths and injuries to humans . Therefore, the FDA should not approve a COVID vaccine for children until proper animal studies are conducted, followed by proper limited human trials.

REMSDESIVIR was already known to cause kidney failure, pulmonary edema, and death from the Ebola studies and for that reason was withdrawn from the Ebola studies. The FDA should never have approved REMSDESIVIR in light of the fact that IVERMECTIN was already on the FDA approved drug list for safety (anti-parasitic), and actual practice in off-label (anti-viral) use showed it effective for COVID. The FDA used one improperly run study which failed to show the benefits of Ivermectin. The poor study was done by the same entity used to send money to Wuhan ; Whereas, 30 high quality studies showed the effectiveness of Ivermectin in the treatment of COVID. During the summer 2021 in an international meeting in Vietnam on COVID, Oxford failed to properly investigate the use of Ivermectin and then used skewed data to say that it was not effective. This disinformation was parroted by CDC. Actual practice and other studies show that it is effective, the most recent being the success in India .

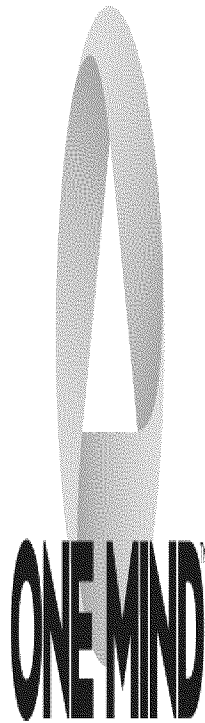
- 18) The testing of children using swabbing should be eliminated as part of an overall strategy for children' health, given that children are harmed by the swabbing and the testing gives 3 of 4 false positives in children, skewing the underlying basis for a covid vaccine in children: faulty testing.
- 19) The Children and Adult cases of natural covid injury are over inflated due to improper treatment protocols. The following protocols save lives and should be promoted. [HYPERLINK "<https://covid19criticalcare.com/covid-19-protocols/math-plus-protocol/>"] Therefore, the Covid 'vaccines' for children should not be approved or given EUA.

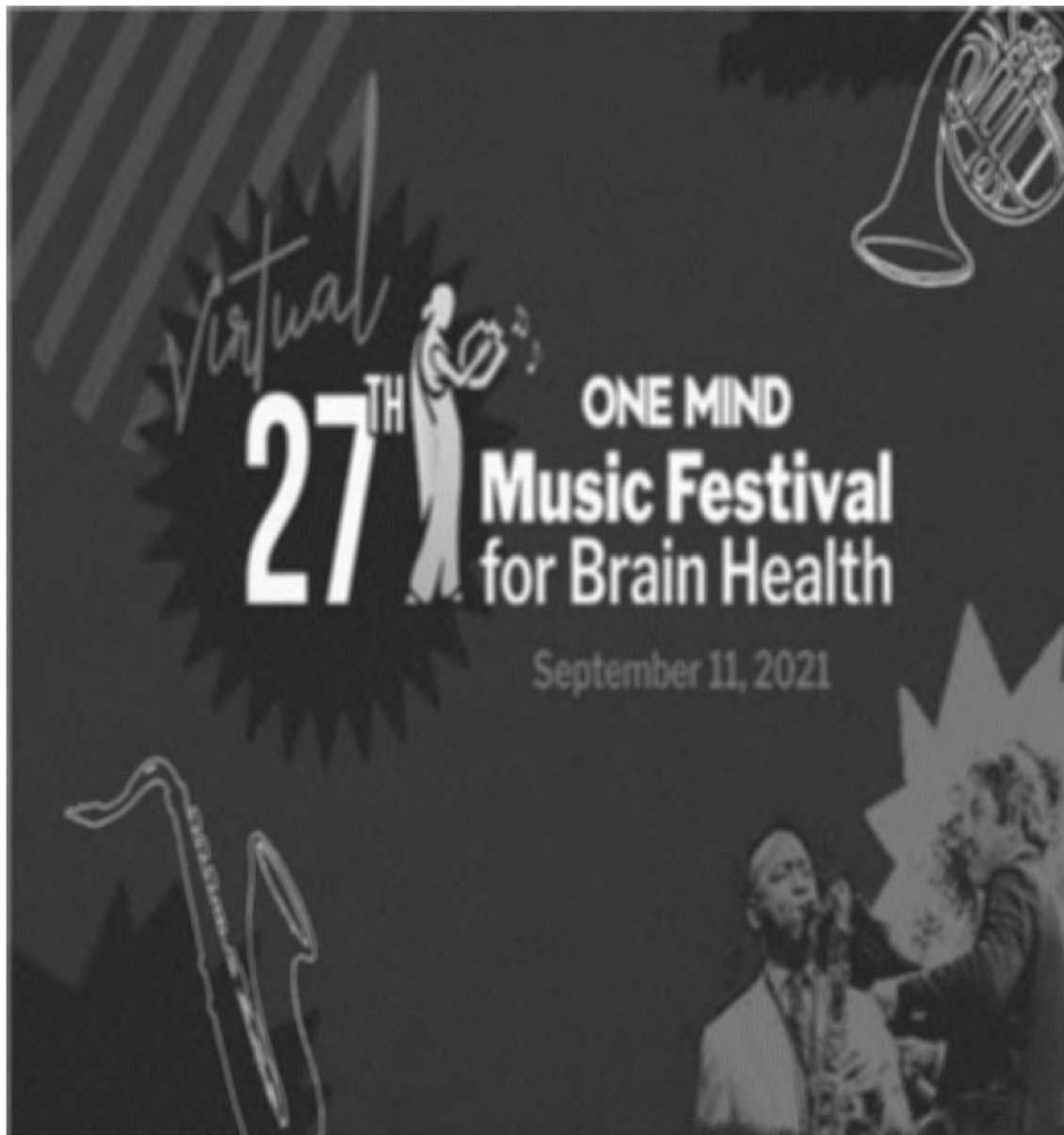
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Dine Out at Del Frisco's to Support Brain Health!

In expanding the reach of this year's 27th Music Festival for Brain Health, we invite you to dine out on the evening of September 11th at one of the many participating Del Frisco's Double Eagle Steakhouses for a night of fun, friendship and music.

Joining some of the most passionate brain health advocates like

yourself, this option provides a highly impactful way for you to support One Mind and the critical brain health initiatives we lead.

Be sure to review the dinner menu and locations listed below.

[**Reserve Your Spot**](#)

Del Frisco's Wine & Jazz Supper Club Experience

Attending donors will dine together in the spacious private dining room of your Del Frisco's Double Eagle Steakhouse and be treated to a 4-course dinner paired with four Staglin Family Vineyard wines. Guests will share lively conversation and a night of fun while watching the streamed concert performance of Joey Calderazzo with Branford Marsalis.



DEL FRISCO'S STAGLIN WINE DINNER MENU

September 11th, 2021

Amuse Bouche/Passed Hors D Ouevres

BURRATA CHEESE

Honey Broiled Peach and Sous Vide Bacon Marmalade, Vanilla & Black
Pepper,
Chamomile Infused Sea Salt, Grilled Baguette Crostini
Staglin Family Vineyard "Salus" Napa Valley Chardonnay

First Course

SEABASS

Olive Oil & Yuzu Chateau Potatoes, Apricot & Ginger Chutney, Charred Lemon
Staglin Family Vineyard "Estate" Napa Valley Chardonnay

Second Course

ROASTED QUAIL

Orange & Honey Roasted Quail, Wild Wood Mushrooms, Carrot Toffee, Caper
& Olive Herb Oil

Staglin Family Vineyard "Salus" Napa Valley Cabernet Sauvignon

Third Course

PRIME RIBEYE

Herb Rubbed Classic Wet Aged Steak, Beet and Black Cherry Demi,
Nasturtium

Staglin Family Vineyard "Estate" Napa Valley Cabernet Sauvignon

Forth Course

BUTTER CAKE

Strawberries, Vanilla Bean Ice Cream



Select Your Location

The Streamed Concert Performance



Joey Calderazzo is one of the finest pianists of his generation who has traveled the road from child prodigy, to in-demand session musician, to elite member of the finest ensembles in jazz. He will perform with Branford Marsalis, the three-time Grammy Award winner saxophonist, for an intimate, yet rousing evening of magical jazz sure to impress.

[Learn More](#)

Select the Streamed Concert Only

Select the streamed concert only and enjoy the event in your own home or wherever you choose. Make your favorite meal, share a romantic evening, or host a watch party with friends while splitting the cost of the streamed concert.

Select the Streamed Concert



Registrants of both the Del Frisco's dinner and the streamed concert will each receive a bottle of wine from the vintners supporting the event.

Full event details at music-festival.org

Thank you for supporting brain health!

Garett Slettebak

Director of Marketing & Communications

One Mind

Please help accelerate brain health for all by donating to our non-profit.

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ATARC DailyBrief

September 13, 2021

ATARC NEWS

 **Advancing Artificial Intelligence and Data Analytics in the Federal Government Virtual Summit**
September 28, 2021, 10 AM-12:15 PM ET

FDA-000044

ATARC Zero Trust Lab

ATARC is thrilled to announce we have initiated the intake process for the ATARC Zero Trust Lab. The ATARC Zero Trust Lab is a unique collaboration experience between government and industry, which will showcase technical architectures, Original Equipment Manufacturer (OEM) hardware, and software solutions to address the Zero Trust use cases as defined by CISA. This automated, flexible demonstration platform will enable companies to share their innovative tools to help agencies with the concept of agile implementation, and further enhance the ability to evaluate true cost of ownership by providing transparency into product deployment processes and multi-cloud capabilities.

Any vendor that would like to be involved, please have one person from your company complete the ATARC Zero Trust Lab Intake Form by call of business on 9/17. [Sign up and learn more.](#)

GITEC Emerging Technology Virtual Awards 2021

ATARC is excited to announce the opening of nominations for its **GITEC Emerging Technology Awards 2021**. Nominations are **due by 11:59 PM on Monday, October 4, 2021**. [Submit Your GITEC Award Nominations Now!](#)

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Amplifying Citizen Services with AI

Learn how agencies are leveraging AI to optimize mission-critical systems. Federal innovation leader Ken Kato and MITRE Senior Principal/Software Architect & DevOps Strategic Advisor Tracy L. Bannon discuss real-life transformation stories, explain ground-breaking AI applications, and explore DoD Joint Artificial Intelligence Center's use of AI for disaster analysis, assessment and rescue.

[WATCH VIDEO](#)

Upcoming Events

September 15, 2021 — Transforming Agency Security Operations with Artificial Intelligence

Be sure to register for the Transforming Agency Security Operations with Artificial Intelligence webinar on Sept. 15, 2021, from 1:30-2:30 PM EDT. The battle against increasingly sophisticated and dangerous cyberattacks and threats is not an easy one. In order to keep up, agencies need to look forward and implement security operations that include Artificial Intelligence, integration and automation. How can public and private sector practitioners leverage the latest AI innovations to accelerate security analytics, identify and classify attack vectors, and enable advanced, enterprise threat protection? Sign up to learn the essentials about virtual security analytics, how they apply to your security and operational environments, and how they can be integrated to complement your existing staff and IT resources. [Register and learn more.](#)

September 16, 2021 — Modernizing Authentication Across Federal Government with Fast Identity Online

Make sure to attend the Modernizing Authentication Across Federal Government with Fast Identity Online (FIDO) Webinar on Sept. 16, 2021, from 1:30-2:30pm EDT. With new NIST 800-63 Digital Identity Guideline guidance on Fast Identity Online (FIDO) expected in 2022, what will Federal agencies need to start thinking about in terms of modernizing

authentication across internal and external applications and infrastructures? Join this webinar to hear expert discussion on the possible challenges of introducing FIDO into the Government, and best practices for Continuous Diagnostics and Mitigation (CDM) driven tracking and lifecycle management of FIDO tokens such as hardware security keys. [Register and learn more.](#)

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Webinars

ATARC's Webinar series discusses trending topics in the Federal IT world. Tune in on the following dates at 1:30 PM EST. [Learn more.](#)

September 12, 2021 — [Transforming Agency Security Operations with Artificial Intelligence](#)

September 16, 2021 — [Modernizing Authentication Across Federal Government with Fast Identity Online \(FIDO\)](#)

September 30, 2021 — [Building Cyber Resilience with Zero Trust Data Management Principles](#)

October 7, 2021 — [Making IT Service Management and Security Solutions More Effective](#)

October 28, 2021 — [Invest in Data Readiness, or Pay Later: The Ransomware Challenge](#)

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ATARC Updates

The Federal Mobility Group (FMG), established by the Federal CIO Council, believes that agencies and departments can use a combination of mobile security elements in the ecosystem to produce better outcomes for managing the risk of using mobile device assets to access agency resources while also protecting user privacy. Read the paper, An Overview of the Mobile Security Ecosystem authored by ATARC's Federal Mobility Metrics Working Group, which aims to increase federal agencies' knowledge and awareness of currently available mobile security features and tools to help reduce risk from using mobile devices. [Learn more.](#)

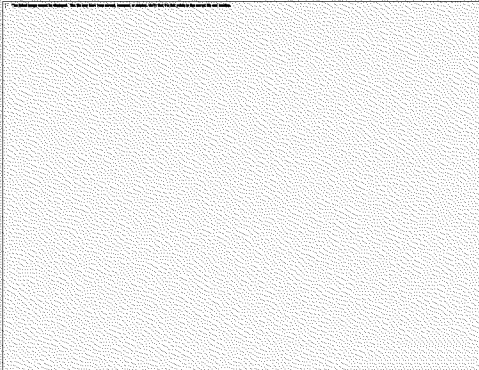
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Community Updates

2021 President's Cup Cybersecurity Competition

Who are the best cybersecurity professionals in the federal government? Register for CISA's 3rd annual President's Cup Cybersecurity Competition to find out! Any federal executive department or agency employee can participate, including uniformed service members. Participants can compete as an Individual, on a Team of up to five members, or both. Team competition starts Sept. 13, individual competition starts Sept. 27. [Find out more!](#)



Community Events

September 14, 2021 — [AI in Government featuring Kathleen Walch and Ron Schmelzer, Managing Partners and Principle Analysts at Cognilytica — 'Want to Be Competitive with AI? Do AI Right or Get Out.'](#)

September 15, 2021 — [Cloud Security Alliance DC Metro Area Webinar featuring Mark Warner, Customer Solutions Engineer, Red Canary — 'Getting to Secure DevOps'](#)

September 23, 2021 — [AI in Government featuring Kristin Saling, Chief Analytics Officer & Acting Dir., Army People Analytics for the Army Talent Management Task Force at the US Army — 'Critical Importance of Data: LTC Saling, Acting Dir, People Analytics, US Army'](#)

September 30, 2021 — [Data for AI featuring Kathleen Walch & Ron Schmelzer, Managing Partners & Principle Analysts at Cognilytica — 'We Know Why your AI Projects are Failing: You're Not Following Best Practices for Data and AI.'](#)

October 7, 2021 — [Data for AI featuring Gregory C Brown II, Vice President of Strategy and R&D, Advanced Technology Group at UPS and Laura Patel, Advanced Analytics Manager — 'How UPS makes Data Driven Decisions for AI Innovation'](#)

October 21, 2021 — ['The USPTO AI Innovation Journey with Scott Beliveau, Branch Chief of Advanced Analytics at the USPTO'](#)

October 21, 2021 — [AI in Government Connect and Network IN PERSON in DC at Proper 21 \(K St\), Washington, DC!](#)

FEATURED ARTICLE

Cyberattacks in the U.S. Federal Government: A Timeline Spanning 2018 - Early 2021

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In 2018, the U.S. was the country most severely affected by cybercrime in terms of financial loss. Industry experts estimate the U.S. government faced costs of over 13.7 billion U.S. dollars as a result of cyberattacks. In response to these damaging cyberattacks, data breaches, budget pressures, and public expectations, the federal government is changing how it addresses cybersecurity risks. Today, agencies are taking a proactive, passwordless approach to protecting critical network infrastructure and data.

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INDUSTRY NEWS

The state of the federal cloud

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In this ebook, Nextgov looks at major cloud computing efforts across the civilian and defense space.

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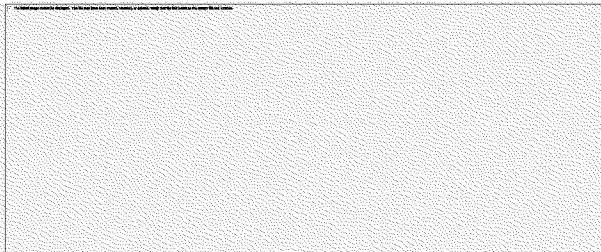
New zero trust, cloud directives: The next steps for Feds

MeriTalk

Now that the Office of Management and Budget and the Cybersecurity and Infrastructure Security Agency have released their new directives for Federal civilian agencies to move to zero trust security principles and expanded cloud adoption, what are some near-term steps that Federal IT and cybersecurity officials should think about as they get ready to put those directives into action?

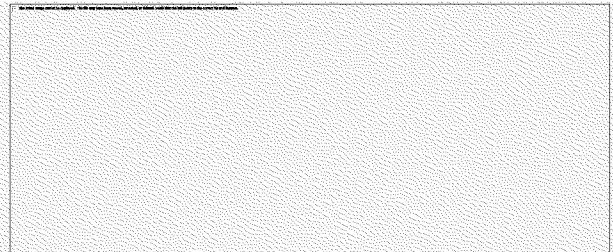
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Emerging tech is critical to supporting the future soldier, ARL officials say

MeriTalk

Tomorrow's troops will draw on biotechnology and brain-computer interfaces, augmented reality headsets and adaptive camouflage, and other tools barely dreamt of by today's soldiers.

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Government CIO

Data management and digital tools are driving FDA's efforts to respond to the next wave of COVID-19 demands.

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OMB preparing agencies for 3-year sprint to a new cyber standard

Federal News Network

The National Institute of Standards and Technology published its zero trust architecture special publication in August 2020. The Defense Department issued its zero trust reference architecture in April.

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IT Modernization is a long game

Federal News Network

Those working in government service are all too familiar with the policy shifts that come with each new administration. Such shifts often result in a redirection of priorities and investment. It's understandably fitting that the course of federal efforts reflects the will of the people who elected their leaders.

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Army researchers turn to DOD supercomputers to digitally twin gas turbine engine

Nextgov

Military researchers are set to use high performance supercomputing to develop the first physics-based virtual twin of an integrated gas turbine engine in a Defense Department-supported effort aligned with motor innovation.

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




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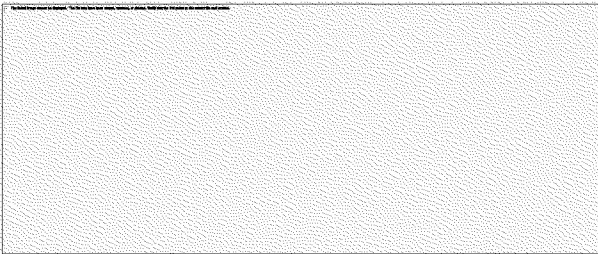
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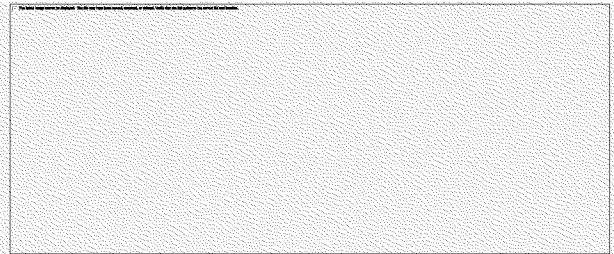
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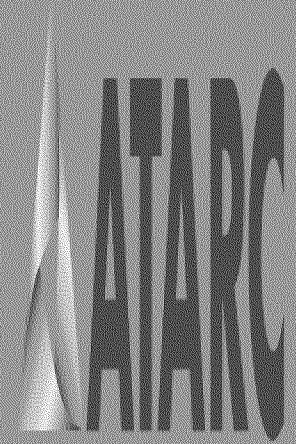


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




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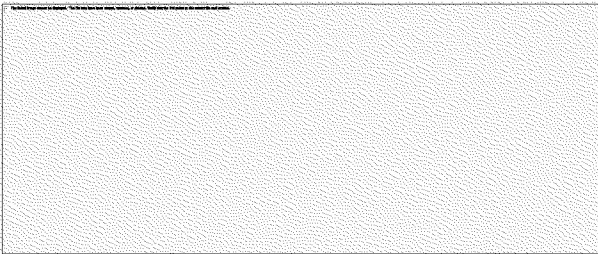
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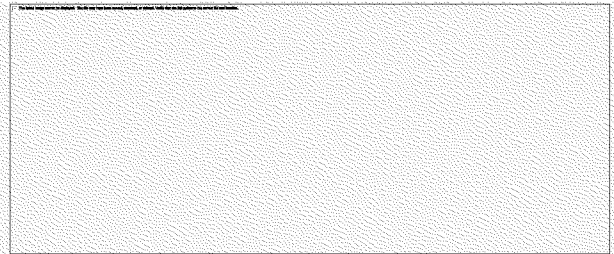
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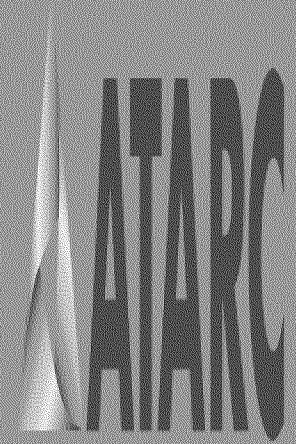


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ATARC Zero Trust Lab Presentations

ATARC has solidified the Performers and launched the Zero Trust Lab. The Zero Trust Lab is the state-of-the-art environment that offers testing facilities to government agencies, academic research and industry alike. This groundbreaking concept provides a physical and virtual testing facility which will provide Federal agencies with the

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opportunity to build, test, and evaluate new Zero Trust Architectures within their systems. Join ATARC's Performers as they walk through their evaluations and concepts at the Zero Trust Lab Performer presentations, starting October 8th. Contact Working Group Program Manager, Kiersten Patton at kpatton@atarc.org to be added to this presentation.

View the entire ATARC Zero Trust Lab Release [HERE](#).

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Upcoming Events

September 28, 2021

Join us for the **Advancing Artificial Intelligence and Data Analytics In The Federal Government on September 28, 2021, from 10:00 AM - 1:00 PM EDT**. How are topic experts advancing artificial intelligence and data analytics throughout the Federal government? During this event, topic experts will discuss different challenges in regard to advancing artificial intelligence (AI) and data analytics in the Federal Government. Expect to learn more about implementing the Federal Data Strategy within the Federal Government, leveraging artificial intelligence and data analytics for emerging technologies, and safety and reliability of operations for AI Drone usage in the Federal Government. [Learn more.](#)

September 30, 2021

Sign up for ATARC's **Building Cyber Resilience with Zero Trust Data Management Principles on September 30, 2021, from 1:30 PM - 2:30 PM EDT**. Zero Trust Data Management is more than the latest buzzword. With the new Executive Order on Improving the Nation's Cybersecurity, coupled with Federal agencies creating data at breakneck speeds and an unprecedented growth in ransomware attacks – Federal leaders need to better understand, easily share and protect their data by staying ahead of cyber adversaries is a top priority. How can Federal agencies use Zero Trust to build cyber resilience? [Learn how.](#)

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Community Events

September 28-29 — [Fed Supernova Hybrid Two-Day Event](#), Learn how entrepreneurs, government, and industry can work together to ignite more value for everyone — [Get Tickets Now!](#)

September 30, 2021 — [Data for AI](#) featuring Kathleen Walch & Ron Schmelzer, Managing Partners & Principle Analysts at Cognilytica — ['We Know Why your AI Projects are Failing: You're Not Following Best Practices for Data and AI.'](#)

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INDUSTRY NEWS

CISA releases draft guidance for agencies' transition to IPv6





Nextgov

Federal agencies are on the clock to transition networks and systems to using Internet Protocol version 6, and the Trusted Internet Connection program office released draft guidance to help them make the move securely.

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-  [The Transition to TIC 3.0: Ensuring Agency Readiness for Network Modernization](#)

FY2022 NDAA provision would create permanent UFO office at DoD

MeriTalk

The fiscal year 2022 National Defense Authorization Act (NDAA) will be brought to the House floor for continued consideration and an eventual vote this afternoon, according to Majority Speaker Steny Hoyer, D-Md. A lesser-known provision of the bill would create a new office at the Department of Defense (DoD) dedicated to studying unidentified aerial phenomena.

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Fed CISO DeRusha updates Sens. on status of TMF funding, first round of awards coming soon

MeriTalk

The Technology Modernization Fund (TMF) got a \$1 billion boost in March's American Rescue Plan, and the TMF board saw a massive influx of TMF requests that it has been working on adjudicating. At a Senate Homeland Security and Governmental Affairs hearing today, Federal chief information security officer (CISO) Chris DeRusha updated senators on the status of that extra TMF funding.

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FEATURED ARTICLE

Cyberattacks in the U.S. Federal Government: A Timeline Spanning 2018 - Early 2021

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In 2018, the U.S. was the country most severely affected by cybercrime in terms of financial loss. Industry experts estimate the U.S. government faced costs of over 13.7 billion U.S. dollars as a result of cyberattacks. In response to these damaging cyberattacks, data breaches, budget pressures, and public expectations, the federal government is changing how it addresses cybersecurity risks. Today, agencies are taking a proactive,

passwordless approach to protecting critical network infrastructure and data.

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Senators call for new measures to validate online comments on agency proposals

FedScoop

Two senators have called for further efforts to validate the identities of commenters on rules proposed by agencies, based on the results of a new Government Accountability Office survey released recently.

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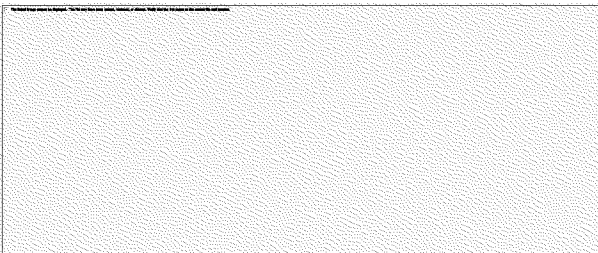
Biden cybersecurity leaders back incident reporting legislation as 'absolutely critical'

Federal News Network

Senior Biden administration officials are backing congressional efforts to enact new cyber incident reporting requirements for critical infrastructure operators and other companies, as well as other efforts to further entrench the Cybersecurity and Infrastructure Security Agency at the center of the civilian executive branch's digital security apparatus.

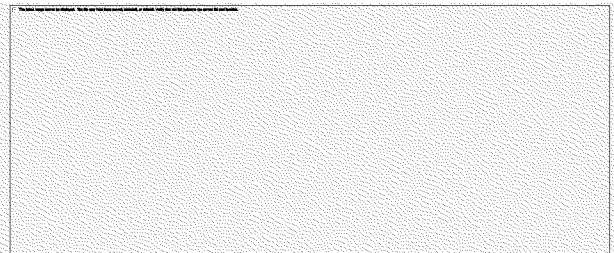
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As mission readiness rates continue to drop and equipment continues to age, the Department of Defense (DoD) must continue to evolve its MRO processes to maintain global superiority in support of National Military Objectives. This involves managing projects, parts, inventory, logistics, and installation activities carried out by our warfighters, civilians, and contractors who need to

have the right knowledge, at the right time and location, and the right materials. To learn more about how to get started on building the system of action to support more efficient and effective MRO activity, contact us today at MRO@servicenow.com.

[LEARN MORE](#)

House NDAA includes permanent UFO-studying office within Pentagon

Nextgov

Tucked into the House of Representatives' lengthy fiscal 2022 National Defense Authorization Act proposal lawmakers passed recently is a provision to form a permanent office under the Defense secretary, where officials would investigate government- and military-provided reports of unexplained sights in the sky.

[READ MORE](#)

Federal CDOs seek further guidance from OMB on Federal Data Strategy reporting requirements

FedScoop

Chief data officers across federal agencies are seeking additional clarity from the Office of Management and Budget (OMB) on data reporting requirements within the Federal Data Strategy, according to a new report.

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ATARC DailyBrief

September 20, 2021

ATARC NEWS

 **ATARC** Advancing Artificial Intelligence and Data Analytics in
the Federal Government Virtual Summit
September 28, 2021, 10 AM-12:15 PM ET

FDA-000076

GITEC Emerging Technology Virtual Awards 2021

ATARC is excited to announce the opening of nominations for its **GITEC Emerging Technology Awards 2021**. Nominations are **due by 11:59 PM on Monday, October 4, 2021**.

[Submit Your GITEC Award Nominations Now!](#)

Upcoming Events

September 23, 2021 — Hear From the Authors: Federal Zero Trust Strategy and Maturity Model

Be sure to register for the Hear From the Authors: Federal Zero Trust Strategy and Maturity Model Webinar, on September 23, 2021, from 1:30 PM-2:30 PM EDT. Expect to hear conversations focusing on the recent Executive Order 14028, "Improving the Nation's Cybersecurity," and how it triggered the creation of three documents, critical to helping agencies to adopt zero trust cybersecurity principles and adjust their network architectures accordingly. As the Federal Government continues to transition to the cloud, Cloud Security Technical Reference Architecture (TRA) aims to guide agencies in their considerations for shared services, cloud migration, and cloud security posture management. This collaborative, multi-agency effort provides agencies with guidance on the shared risk model for cloud service adoption (authored by FedRAMP), how to build a cloud environment (authored by USDS), and how to monitor such an environment through robust cloud security posture management (authored by CISA). [Register and learn more.](#)

SPONSORED VIDEO

Amplifying Citizen Services with AI

Learn how agencies are leveraging AI to optimize mission-critical systems. Federal innovation leader Ken Kato and MITRE Senior Principal/Software Architect & DevOps Strategic Advisor Tracy L. Bannon discuss real-life transformation stories, explain ground-breaking AI applications, and explore DoD Joint Artificial Intelligence Center's use of AI for disaster analysis, assessment and rescue.

WATCH VIDEO

Webinars

ATARC's Webinar series discusses trending topics in the Federal IT world. Tune in on the following dates at 1:30 PM EST. [Learn more.](#)

September 23, 2021 — [Hear From the Authors: Federal Zero Trust Strategy and Maturity Model](#)

September 30, 2021 — [Building Cyber Resilience with Zero Trust Data Management Principles](#)

October 5, 2021 — [Why Operational Technology and IT Management is Critical to Security](#)

October 7, 2021 — [Making IT Service Management and Security Solutions More Effective](#)

October 28, 2021— [Invest in Data Readiness, or Pay Later: The Ransomware Challenge](#)

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Be sure to read the White Paper: Accelerating Endpoint Detection & Response in Government, from Summary of Roundtable, hosted by ATARC. In order to help agency leaders understand how they can contend with the shifting threat landscape and new Administration priorities, ATARC held a roundtable discussion devoted to highlighting how Federal Agencies can accelerate the deployment of EDR technologies and policies. [Learn more.](#)

View all of ATARC's past digital content on the ATARC YouTube Channel. Webinars, summits, podcasts, and other virtual event recordings are now conveniently accessible in one place. Join us on this platform to hear thought leaders discuss their area of expertise with fellow IT experts. Don't forget to like, follow, and subscribe to keep up to date with all of ATARC's fast-moving, digital content around Federal IT trending topics. [View the page here.](#)

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Community Events

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INDUSTRY NEWS

GSA working on creating cloud marketplace, releasing RFI shortly

MeriTalk

The General Services Administration is working on setting up a Cloud Marketplace for Federal agencies, with the first phase of the project coming in fiscal year 2022 and a request for information also being worked on, a GSA official said.

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Federal agencies transitioning to electronic records, what to expect in 2022

Government CIO Media

Agencies must meet new electronic record targets in 2022, as part of a move to a "paperless government."

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The next generation of soldiers will be software engineers

Government CIO Media

The Defense Department wants the next generation of soldiers to be more than warfighters: DOD wants them to be software engineers who can manage warfighting technology applications on the battlefield to meet mission demands.

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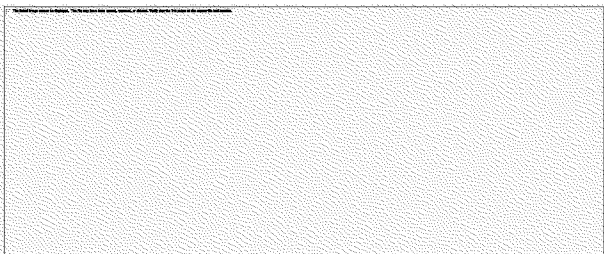
Watchdog: CISA needs to update plans to protect critical infrastructure

Nextgov

The Cybersecurity and Infrastructure Security Agency is behind on updating a plan to protect national infrastructure that was last issued eight years ago and has generally mismanaged the security of the nation's dams, according to the Department of Homeland Security inspector general.

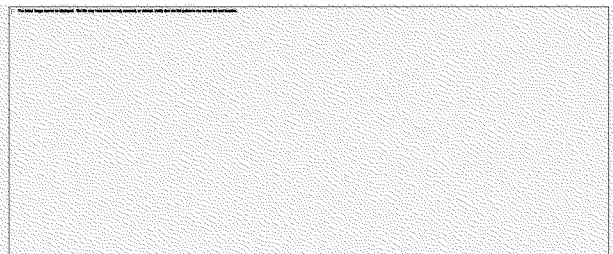
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Biden launches trilateral Indo-Pacific partnership to fuse cyber capabilities

Nextgov

A new security arrangement between the U.S., the United Kingdom and Australia will focus on advancing cyber and other emerging technology with military capabilities.

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Air Force, Navy set to gain new supercomputers in \$68M deal

Nextgov

The Defense Department awarded California-based Penguin Computing two contracts worth a combined \$68 million to provide two high-performance supercomputers and associated capabilities to the Navy and Air Force.

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Bipartisan infrastructure framework can't forget cybersecurity

Federal News Network

Cybersecurity is one our most critical challenges — ranging from the safety and security of personal devices to the electric grid. Keeping cyber defense at the core of infrastructure modernization programs is key to ensuring that our nation's information remains protected from potential hackers.

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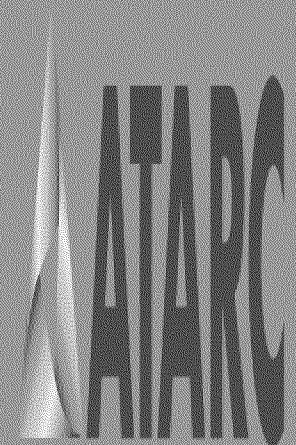
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