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# INFANTICIDE: 4,739 Dead Babies in VAERS Following COVID-19 Shots Injected Into Pregnant and Child-Bearing Aged Women - Vaccine Impact

33-41 minutes

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The U.S. Government's *Vaccine Adverse Events Reporting System* (VAERS) now reports that there have been *at least* 4,739 fetal deaths reported following COVID-19 vaccines given to pregnant and child-bearing women. ([Source](#).)

I write "*at least*" because there is no demographic in VAERS that lists fetal deaths, and I had to develop a special search of the database to find as many as I could, but it is very likely that there are many more fetal deaths than the ones I found.

To find fetal deaths recorded in VAERS I tested several different searches on listed "symptoms" and then looked to see if the search results documented fetal deaths.

The following is the current list of “symptoms” in VAERS that reveals fetal deaths that I use:

Using this same search I performed on COVID-19 vaccines to find abortions, stillbirths, and ectopic pregnancies, I searched for all FDA approved non-COVID vaccines for the previous 30+ years, and I found 2,255 reported cases, or about **75 fetal deaths per year** following vaccines injected into pregnant women, pre-COVID. ([Source](#). Note that you have to subtract the COVID vaccines that were entered with wrong dates prior to December, 2020, when the COVID shots were given emergency use authorization.)

If we compare this yearly average of 75 fetal deaths following FDA approved vaccines for 30 years with the number of fetal deaths recorded in 2021 following the COVID-19 experimental shots, which is [3,863 fetal deaths](#) in a single year, that is an increase of over 5,000%.

There have been numerous doctors and nurses who have noticed this horrific increase in fetal deaths who have tried to warn the public throughout 2021 and 2022, and we have featured most of them here on *Health Impact News*.

Dr. Kimberly Biss in Florida went public to announce that not only are they seeing an increase in miscarriages

following COVID-19 vaccines, but also an increase in infertility and cervical cancer.

An alleged leaked email from a “managing nurse” from a hospital in Fresno, California, stated that there has been an increase in stillbirths following the COVID-19 vaccines, and that this trend is expected to continue according to Epoch Times.

Dr. John Campbell reported on the increase in neonatal deaths in Scotland following COVID shots.

Dr. James Thorp, a board certified OBGYN and Maternal Fetal Medicine Physician with over 43 years of obstetrical experience, was interviewed by Dr. Drew Pinsky and stated that in the two years following the mRNA COVID vaccines he has seen an “off-the-charts” rise in sudden fetal death and adverse pregnancy outcomes, such as fetal malformation and even fetal cardiac arrest, among his patients.

A Toronto-area casket manufacturer reported that for the first time in his 30 years of manufacturing coffins, they had to order more coffins than usual for children in 2022, ordering them in bulk last year, as there had been such a dramatic increase in deaths among children.

Dr. Elizabeth Mumper stated *“For a first-trimester woman to get this injection, they have more of a chance of*

*having a miscarriage or stillbirth than if they were to actually take an abortifacient.”*

An [article we published in June of 2022](#) reported that birth rates around the world were dropping since the COVID-19 vaccines were mass distributed to the public:

In May of 2022, we published an article reporting that the FDA had data showing 82% – 97% of pregnant women injected with the Pfizer COVID-19 vaccine lost their babies before the FDA authorized the shots:

In February of 2022 we published a video of two young mothers who lost their babies after getting the COVID-19 vaccines, to put some faces on these cold statistics:

Here is one of the earlier reports we did on fetal deaths following COVID vaccines in October of 2021, and this video has been viewed by over 2 million people now:

## **FOIA Reveals Guilty Parties in Pushing COVID-19 Experimental Vaccines on Pregnant Women: HHS/CDC and the American College of Obstetricians and Gynecologists**





The public has been warned about how dangerous the COVID-19 shots are, especially for pregnant and child-bearing aged women.

But the U.S. Government has still not warned the public, and continues injecting pregnant women with these lethal shots.

Maggie Thorp JD and Jim Thorp MD have [just published an explosive report](#) that serves as a criminal indictment for those who have participated in this infanticide, with over 70 footnoted references.

## **FOIA Reveals Troubling Relationship between HHS/CDC & the American College of Obstetricians and Gynecologists**

by **Maggie Thorp JD and Jim Thorp MD**

[America Out Loud](#)

Excerpts:

Imagine this – you’ve just learned you are pregnant. Emotions flood over you. Regardless of any decisions you make concerning the pregnancy, one thing is certain – your life is forever changed in this moment.

Fast forward to your first obstetrical appointment. Waiting

nervously to meet your ob-gyn doctor, you make a mental checklist of issues you want to discuss. You presume conversations you are about to have with your doctor will be confidential. You also presume the medical opinions your doctor is about to give will be transparent and honest, in the best interests of you and your baby, and based on your ob-gyn's independent medical judgment.

Spoiler alert: some conversations you will have with your ob-gyn have been pre-determined – namely, whether you should consent to take the COVID-19 “vaccine” while you are pregnant. [Should you refuse your ob-gyn's recommendation to take the COVID-19 shot, this will likely be recorded in your medical record, potentially shared with governmental officials, and you'll be asked again to comply in future appointments.](#)<sup>1</sup> In what amounts to the ultimate [patient betrayal](#), these pre-arranged COVID-19 “vaccine” discussions are not necessarily the product of your doctor's independent medical judgment and do not provide informed consent about the known and unknown risks of the shots to both mother and baby. Rather, these conversations are likely fashioned to push the HHS's/CDC's pro-COVID-19 “vaccine” narrative, in what seems to be an attempt to capture ob-gyn doctors and their patients across two

continents.

## **ACOG**

Meet the **American College of Obstetricians and Gynecologists** (ACOG). Founded in 1951, ACOG holds itself out as the “premier professional membership organization for obstetricians and gynecologists” and is the leading organization representing physicians and specialists in obstetrical care.<sup>2</sup> [ACOG](#) is entrenched across two continents – it has more than 60,000 members and is composed of 12 geographic districts made up of 98 sections spanning North, South, and Central America.<sup>3</sup>

## **HHS and COVID-19 Community Corps**

Next, meet the U.S. Department of Health and Human Services (HHS). On April 1, 2021, HHS formally announced the launch of a COVID-19 “vaccine” propaganda machine called *COVID-19 Community Corps* – [a vast marketing enterprise which exploited private entities and individuals](#) across the country to push the COVID-19 “vaccines.”<sup>4</sup> As part of the [COVID-19 Community Corps, HHS awarded billions of federal dollars to recruit what HHS referred to as “trusted community leaders”](#) who could push the “vaccines” within our most private relationships.<sup>5</sup> Much like modern-day

trojan horses, these [“trusted messengers”](#) would be unique in their ability to permeate all facets of private life.<sup>6</sup> As HHS explained on its *COVID-19 Community Corps* announcement page – a page which has [now been taken down](#) with even the original URL removed<sup>7</sup> – [“Research shows that, when making the decision to get vaccinated, people want to hear from people they trust, such as medical professionals, their own family and friends, and leaders in their community.”](#)<sup>8</sup> These HHS [“trusted messengers”](#) infiltrated every nook and cranny of our personal lives, in ways and areas that traditional advertising dollars simply couldn’t reach.

Along with many other influential nonprofit medical organizations, ACOG jumped on board as a [founding member of COVID-19 Community Corps](#)<sup>9</sup> – [ultimately receiving millions in HHS/CDC grant money](#)<sup>10</sup> and later recklessly endorsing COVID-19 vaccination in pregnancy, even though the clinical trials failed to include pregnant women.

And ACOG is not alone – of approximately 275 organizations listed by HHS as *COVID-19 Community Corps* founding members, 25 are health and medical organizations.<sup>11</sup> Other influential “founding member” medical organizations included [the American Medical](#)



[Association, American Nurses Association, American Medical Women Association, and the American Academy of Pediatrics](#)<sup>12</sup> – although women and children seem to be at higher risk for some types of COVID-19 “vaccine” injuries.

### ***HHS and COVID-19 Community Corps: Follow the “Communication Science”***

Essential to its strategy, HHS sought to identify trusted community leaders, enlist them to join its *COVID-19 Community Corps*, and then utilize these “trusted sources” to convince those around them to take the COVID-19 “vaccines.”<sup>13</sup> [According to a December 23, 2020 article published by CBS News](#), HHS ran “focus groups” to fine-tune its pro-“vaccine” message for what then HHS Deputy Assistant Sec. Weber referred to as “[the moveable middle](#).”<sup>14</sup> As then, Deputy Assistant Sec. Weber also reportedly noted, “[Communication science says you need a messenger who resonates as trusted](#).”<sup>15</sup>

The focus was on finding people with not just local, but also uniquely *interpersonal* influence. As [Harvard public health professor Jay Winsten](#),<sup>16</sup> who has advised previous administrations, [reportedly explained to CBS News in its December 2020 article](#), “You want to go for

the low-hanging fruit, those that are easiest to pick and harvest.”<sup>17</sup> Noting that the focus should be on finding locally influential people to push the vaccines, Winsten added, “People trust their own doctors, their own nurses, their own pastors, their own social networks. That’s very, very different from a distant figure.”<sup>18</sup>

Indeed, the effort *was* very different from using a distant figure. The marketing methods utilized by HHS to push the COVID-19 “vaccines” – including the creation of *COVID-19 Community Corps* – were so vastly different from any other HHS propaganda effort that an [article was published in the \*Journal of Health Communication\* in April of 2022 detailing the process.](#)<sup>19</sup> Featuring now-retired HHS Deputy Assistant Sec. Mark Weber as lead author, the article confirms that HHS did, in fact, target interpersonal relationships.<sup>20</sup>

As [Weber and his co-authors explain](#): “Market research impacted every element of the Campaign from the beginning – from overall strategy to early paid advertising, social media postings, and other mass communication strategies. **The need for *interpersonal interactions* with physicians, ministers, family, and community members was clear from the initial market research conducted in the fall of 2020.** While the first phase of the Campaign initially focused on mass

media messages, it shifted to more of a trusted messenger, and community orientation, with outreach focused at the community level.”<sup>21</sup>

Weber’s and his colleagues’ “vaccine” marketing efforts were so successful that, after retiring from HHS, Weber apparently formed his own private company aimed at [“Achieving bold goals at the Federal Level”](#)<sup>22</sup> – in typical revolving door fashion.

According to Weber and his co-authors, the HHS campaign to push the COVID-19 “vaccines” entered its third phase in 2022 and has evolved into a highly targeted approach using both paid and “earned” media strategies.

As explained in the article, the HHS campaign: “Focuses more on precision marketing to identify subgroups with vaccine hesitancy, working directly with communities and using trusted messengers in those communities **to deliver messages without the Federal government being directly involved (even though the information may come from a Federal source).**”<sup>23</sup>

Notably, the article neglects to fully explain – or even recognize – that what HHS engaged in is both deceptive and unethical. This is because HHS used persons and methods targeting trust within interpersonal relationships

to push messages that the “vaccines” were safe and effective – but often, government involvement behind the messaging was not fully disclosed. In some instances, [as reported by ABC News in a page now removed from the internet, government organizations recruited and paid influential individuals to offer opinions about the safety and/or efficacy of the “vaccines”](#) – as if these were their own independent opinions.<sup>24</sup>

### ***Near-Perfect Trojan Horses? “Communication Science” Means Access and Influence***

Regarding the issue of “trust,” – a pregnant patient’s relationship with her ob-gyn is arguably one of the most intimate and sacred physician-patient relationships in all of medicine. This is not without reason – [as one patient and writer notes](#), “They’re right next to you for the most momentous occasion of your life.”<sup>25</sup> Pregnant mothers trust their ob-gyn doctor with the most intimate and sensitive information about their own bodies, their sex lives, and, if pregnant, about the new life growing inside of them. Their ob-gyn is one of the first persons to actually see a mother’s newborn baby, whether reading prenatal images during the pregnancy or during the birthing and delivery process. [Some individuals have even reported](#) the development of a non-romantic affection for their ob-gyn that rivals that of the baby’s

father in some ways, due to the “complete vulnerability” many women reportedly experience with their gynecological and pregnancy specialists.<sup>26</sup> In sum, government capture of ACOG would provide access to and influence over near-perfect “trojan horses” to market the CDC’s pro-vaccine message.

### **The Ob-Gyn “Trojan Horse”**

As for ob-gyn doctors, ACOG’s 60,000 members span two continents, providing tremendous opportunity for *access* to those who could potentially become “trusted messengers.” In addition, ACOG’s 60,000 members steward one of the most trusted and intimate physician-patient relationships in all of medicine, thus providing tremendous opportunity for wielding *influence* over the vaccine-hesitant.

### **The Patient “Trojan Horse”**

As for ob-gyn patients, women have been referred to as “A Brand’s Powerhouse.”<sup>27</sup> This is not without good reason: marketing studies have shown that [women reportedly make a full 90% of all healthcare decisions about their household](#).<sup>28</sup> Convincing women to take the COVID-19 shots was almost a guarantee that they would become pro-COVID-19 “vaccine” messengers within their own families.

Moreover, if the COVID-19 “vaccines” were considered safe enough to administer to pregnant patients (and thereby trans-placentally to their unborn babies) – certainly they were safe enough for everyone. If HHS and CDC could pull off government capture of ACOG, and convince its ob-gyn members to push the shots on their patients, this would be a bonanza for reaching the “vaccine” hesitant – what HHS Deputy Assistant Sec. Mark Weber referred to as the [“moveable middle.”](#)<sup>29</sup>

### ***Cooperative Agreements – Government Capture of ACOG***

On February 1, 2021, ACOG was awarded the first of what would be three HHS/CDC [“Cooperative Agreement” grants made during the pandemic](#), in which ACOG would receive over \$11 million in grant money over coming years.<sup>30</sup> But there was a catch. As the name of the grants indicates – [documents obtained in a Freedom of Information Act \(FOIA\) request](#) show that ACOG’s receipt of COVID-19 grant money was conditioned on ACOG yielding substantial control over the projects which were to be funded by the grants to the CDC.<sup>31</sup> Receipt of the grant money was also contingent on ACOG’s full compliance with CDC guidance on COVID-19 infection and control.<sup>32</sup>

And on April 23, 2021, the CDC’s guidance on COVID-19 “vaccination” for pregnant individuals was made crystal clear. On that day, [CDC Director Dr. Rochelle Walensky announced at a White House COVID-19 briefing](#) that the CDC was now recommending all pregnant individuals should receive the COVID-19 “vaccine.”<sup>33</sup>

Perhaps unsurprisingly, following the lead of the CDC, on July 30, 2021, [ACOG, along with the Society for Maternal Fetal Medicine \(SMFM\), recklessly began endorsing COVID-19 vaccination in pregnancy,](#)<sup>34</sup> even though the clinical trials failed to include pregnant women.

Bound under the terms and conditions of these Cooperative Agreements grants (which ceded control to the CDC for programs involving COVID-19 grant funding), ACOG played right into the hands of the HHS’ strategy to enlist “trusted messengers” to push the COVID shots. As ACOG explains on its website, a pregnant patient’s ob-gyn had the potential for enormous influence: [“\[P\]regnant people need to feel confident in the decision to choose vaccination, and a strong recommendation from their obstetrician-gynecologist could make a meaningful difference for many pregnant people.”](#)<sup>35</sup> In this case, ACOG seems to say the quiet part out loud – a recommendation from an ob-gyn could be a game changer for convincing pregnant women to

take the COVID-19 “vaccines.” Here, the targets of the experimental “vaccine” campaign would be society’s most vulnerable – pregnant mothers and their unborn babies.

ACOG’s July 30, 2021, announcement strongly recommending COVID-19 “vaccination” in pregnancy was a sharp about-face from ACOG’s previous stance on the issue. Website archives show that for the months of the pandemic preceding July 30, 2021 (Dec. 2020 through July 21, 2021), ACOG’s official recommendation was to allow pregnant women the freedom to choose, stating throughout the first half of 2021: “In the interest of patient autonomy, ACOG recommends that pregnant individuals be free to make their own decision regarding COVID-19 vaccination.”<sup>36</sup> Yet, ACOG’s recommendation abruptly changed on July 30, 2021.<sup>37</sup> In place of patient autonomy, independent clinical judgment, and informed consent about the known and unknown risks of the COVID-19 “vaccines,” ACOG’s recommendations would now follow CDC’s guidance, announced by CDC director Walensky on April 23, 2021.

### ***The FOIA Request***

To learn more about COVID-19 funding received by ACOG during the pandemic, as well as who (and what) might have been behind ACOG’s about-face on July 30,



2021, I made a Freedom of Information Act (FOIA) request to HHS in 2022. My request was simple – it sought only to obtain documents involving the three \$11 million “Cooperative Agreement” grants HHS/CDC made to ACOG during the pandemic.<sup>38</sup> These grants were listed on a publicly accessible open data source for federal spending, [USASPENDING.gov](https://USASPENDING.gov).<sup>39</sup> My FOIA request struck gold – triggering 1400+ pages in government databases related to these three “Cooperative Agreements” awarded to ACOG. But my request also struck a nerve – approximately half of the information produced on those 1400+ pages of federal grants was redacted by HHS, ACOG, or both. Although specific program information and details about the grants have been redacted (based upon work-product, attorney-client, trade secret, and other privileges), the FOIA documents disclose the existence of the following grant programs between CDC and ACOG:

- “Engaging Women’s Health Care Providers for Effective COVID-19 Vaccine Conversations”<sup>40</sup>
- “Improving Ob/Gyn’s Ability to Support COVID-19 Vaccination, Mental Health, and Social Support”<sup>41</sup>
- An ERR- Emergency Resource Request Tool,” made by a “Requestor” from the CDC and needed by April 30,

2021 (before ACOG began recommending the COVID-19 vaccine for pregnant individuals), in which “ACOG will use the \$300,000 funding level to support its COVID-19 response efforts, targeting ob-gyns, other women’s health care practitioners, and the patients they serve.”<sup>42</sup>

- A grant in which communications giant [APCO Worldwide](#), a global public health communication vendor,<sup>43</sup> “will support three key initiatives within the COVID-19 scope,” including:
  - Support ACOG in developing a COVID-19 Earned and Social Media Communications Toolkit.<sup>44</sup>
  - Conduct “Virtual Training for Members” to promote the COVID-19 communications toolkit, including hosting one 1.5-hour live virtual training session for ACOG members to “be recorded so it can further be amplified and used by other members.”<sup>45</sup>
  - In partnership with ACOG, assist with producing and launching a COVID-19 podcast series, sharing information on the latest COVID-19 recommendation for ACOG members.<sup>46</sup>
- A grant in which ACOG will, by September 29, 2023
- “develop one COVID-19 tool kit for District Managers” and

- “launch a paid social media campaign targeting areas with low vaccination rates and high vaccination hesitancy.”<sup>47</sup>
- An ERR- Emergency Resource Request Tool,” made by a “Requestor” from the CDC and needed by March 11, 2022, which will “continue and expand upon work being done during Years 1 and 2 of this collaboration. In year 3, ACOG will focus on developing, maintaining, and promoting tools to combat misinformation on COVID-19, which has emerged as a significant barrier to the uptake of vaccination during pregnancy. ACOG will also assess which of their districts and sections are the most in need of additional education and outreach and focus their efforts on those communities.”<sup>48</sup>
- An ERR – Emergency Resource Request Tool, made by a “Requestor” from the CDC and needed by March 11, 2022, for a second PILOT project involving *both* the American Academy of Pediatrics and ACOG, which notes, “the ACOG-related activities between the two projects are complementary and not duplicative.”<sup>49</sup>

Even with the significant redactions, the FOIA documents revealed startling information. By the terms and conditions of the Cooperative Agreements, ACOG must fully comply with all existing and future guidance from the

HHS regarding the control and spread of COVID-19.<sup>50</sup>

Continue reading the full article at [America Out Loud](#).

### **About the Authors: Maggie Thorp JD and Jim Thorp MD**

**Maggie Thorp** is a commercial litigation attorney and legal writer-commentator whose law practice has involved both corporate bad faith and corporate fraud. She is licensed to practice law in both the State of Florida and State of Illinois, and has practiced in both the Northern and Middle U.S. District Courts of Florida, as well as before the U.S. Court of Appeals for the 11th Circuit. Most recently, she returned to academia to pursue a Master's Degree at Duke Divinity School just prior to the onset of the pandemic, obtaining her degree in 2022. In addition to the practice of law, Maggie currently writes about the ethical and legal implications of the modern medical-industrial complex, including the widespread corruption of US government and the censorship of free speech.

**Dr. Jim Thorp** is a Board-Certified Obstetrician Gynecologist and Maternal Fetal Medicine Physician with over 43 years of obstetrical experience. While serving as a clinician his entire career, he has also been active in clinical research, with approximately 200 publications. Dr.

Thorp has seen over 22,800 high-risk pregnancies in the past three years. He has served as a reviewer for major medical journals, has served on the Board of Directors for the Society of Maternal Fetal Medicine, and also served the American Board of Obstetrics & Gynecology. He served in the United States Air Force as an Obstetrician Gynecologist, having been awarded a Health Professions Scholarship for his medical school education. Dr. Thorp testified in the US Senate under the Bush administration in 2003 for his expertise in treating the fetus as a patient with in-utero therapies. Most recently, Dr. Thorp has focused his research efforts on the COVID-19 pandemic and published several peer-reviewed scientific publications documenting the dangers of the vaccine in women of reproductive age and in pregnancy. His publications demonstrate that the COVID-19 “vaccination” experiment has been one of the greatest disasters in the history of medicine.

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