Fauci Phone Conversations Pregnancy and mRNA

DR. KIMBERLY BISS

IMA SENIOR FELLOW, OBSTETRICS AND GYNECOLOGY

8/11/2026

The Precautionary Principle

In the context of pregnancy, the **precautionary principle** states that if an action, medication, or exposure carries a plausible risk of harm to the developing fetus, preventive measures should be taken to avoid it, even if a direct cause-and-effect relationship has not yet been definitively proven.

Pregnancy and the Risk of In-Hospital Coronavirus Disease 2019 (COVID-19) Mortality

Beth L. Pineles, MD, PhD, Katherine E. Goodman, JD, PhD, Lisa Pineles, MA, Lyndsay M. O'Hara, PhD, MPH, Gita Nadimpalli, MD, MPH, Laurence S. Magder, PhD, Jonathan D. Baghdadi, MD, PhD, Jacqueline G. Parchem, MD, and Anthony D. Harris, MD, MPH

OBJECTIVE: To evaluate whether pregnancy is an independent risk factor for in-hospital mortality among patients of reproductive age hospitalized with coronavirus disease 2019 (COVID-19) viral pneumonia.

METHODS: We conducted a retrospective cohort study (April 2020–May 2021) of 23,574 female inpatients aged 15–45 years with an International Classification of Diseases, Tenth Revision, Clinical Modification diagnosis code for COVID-19 discharged from 749 U.S. hospitals in the Premier Healthcare Database. We used a viral pneumonia diagnosis to select for patients with symptomatic COVID-19. The associations between pregnancy and in-hospital mortality, intensive care unit (ICU) admission, and mechanical ventilation were analyzed using propensity score–matched conditional logistic regression. Models were matched for age, marital status, race and ethnicity, Elixhauser comorbidity score, payer, hospital number of beds, season of discharge, hospital region, obesity, hypertension, diabetes mellitus, chronic pulmonary disease, deficiency anemias, depression, hypothyroidism, and liver disease.

RESULTS: In-hospital mortality occurred in 1.1% of pregnant patients and 3.5% of nonpregnant patients hospitalized with COVID-19 and viral pneumonia (propensity score–matched odds ratio [OR] 0.39, 95% CI 0.25–0.63). The frequency of ICU admission for pregnant and nonpregnant patients was 22.0% and 17.7%, respectively (OR 1.34, 95% CI 1.15–1.55). Mechanical ventilation was used in 8.7% of both pregnant and nonpregnant patients (OR 1.05, 95% CI 0.86–1.29). Among patients who were admitted to an ICU, mortality was lower for pregnant compared with nonpregnant patients (OR 0.33, 95% CI 0.20–0.57), though mechanical ventilation rates were similar (35.7% vs 38.3%, OR 0.90, 95% CI 0.70–1.16). Among patients with mechanical ventilation, pregnant patients had a reduced risk of in-hospital mortality compared with nonpregnant patients (0.26, 95% CI 0.15–0.46).

CONCLUSION: Despite a higher frequency of ICU admission, in-hospital mortality was lower among pregnant patients compared with nonpregnant patients with

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Each author has confirmed compliance with the journal's requirements for authorship.

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Pineles Article Link

“This theoretically could be associated with miscarriage in the 1st trimester’

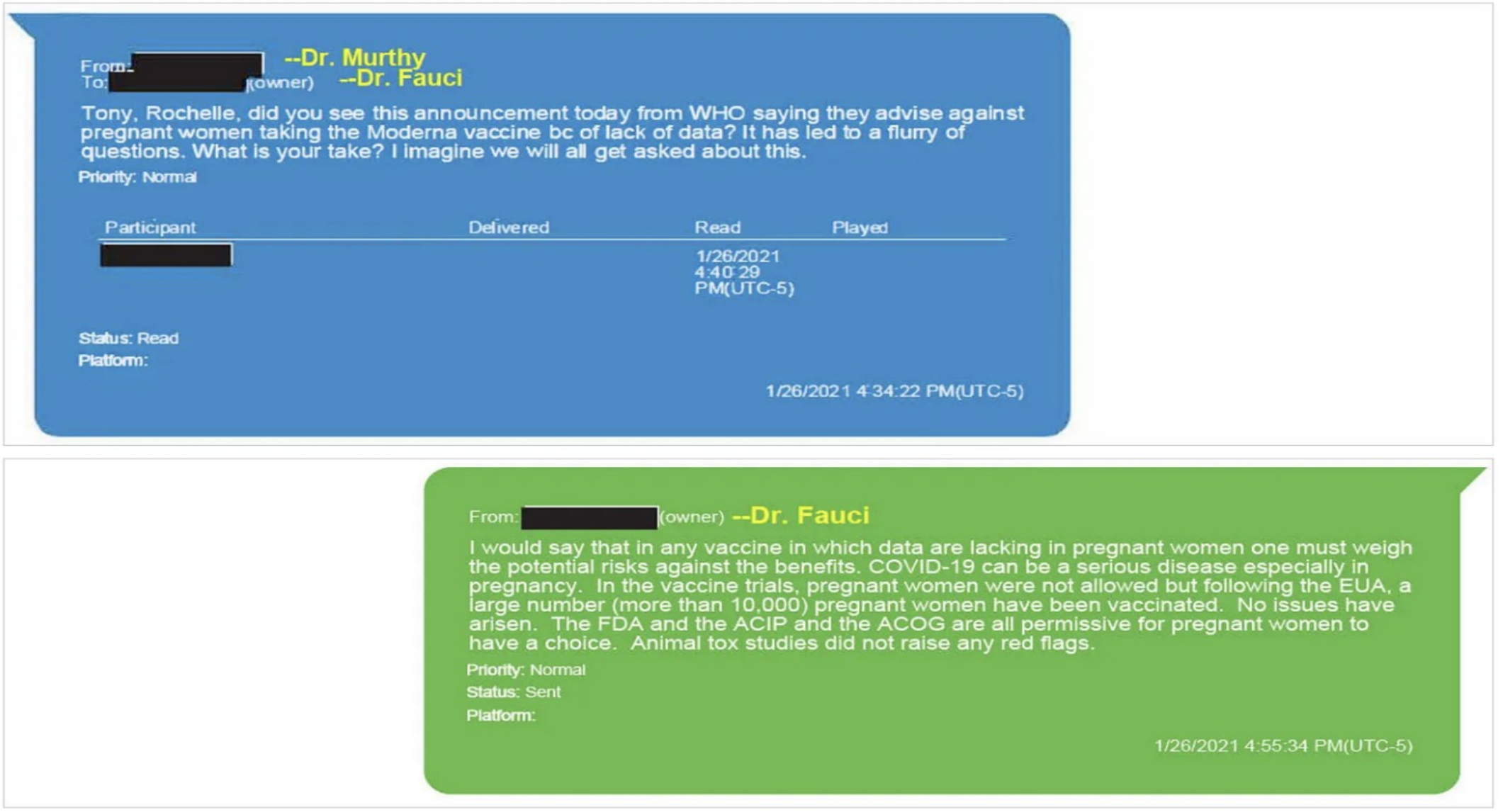
Anthony Fauci to Surgeon General Vivek Murthy and CDC Director Rochelle Walensky, 25 January 2021 — and Walensky's reply.

From the group chat on Dr. Fauci's government iPhone, released 10 August 2026 by Senators Ron Johnson and Rand Paul. Names highlighted in the original release.

RationalGround

WHO advised against it. Twenty-one minutes later: “no red flags.”

26 January 2021. The Surgeon General flags WHO's advisory against the Moderna vaccine in pregnancy; Fauci answers.

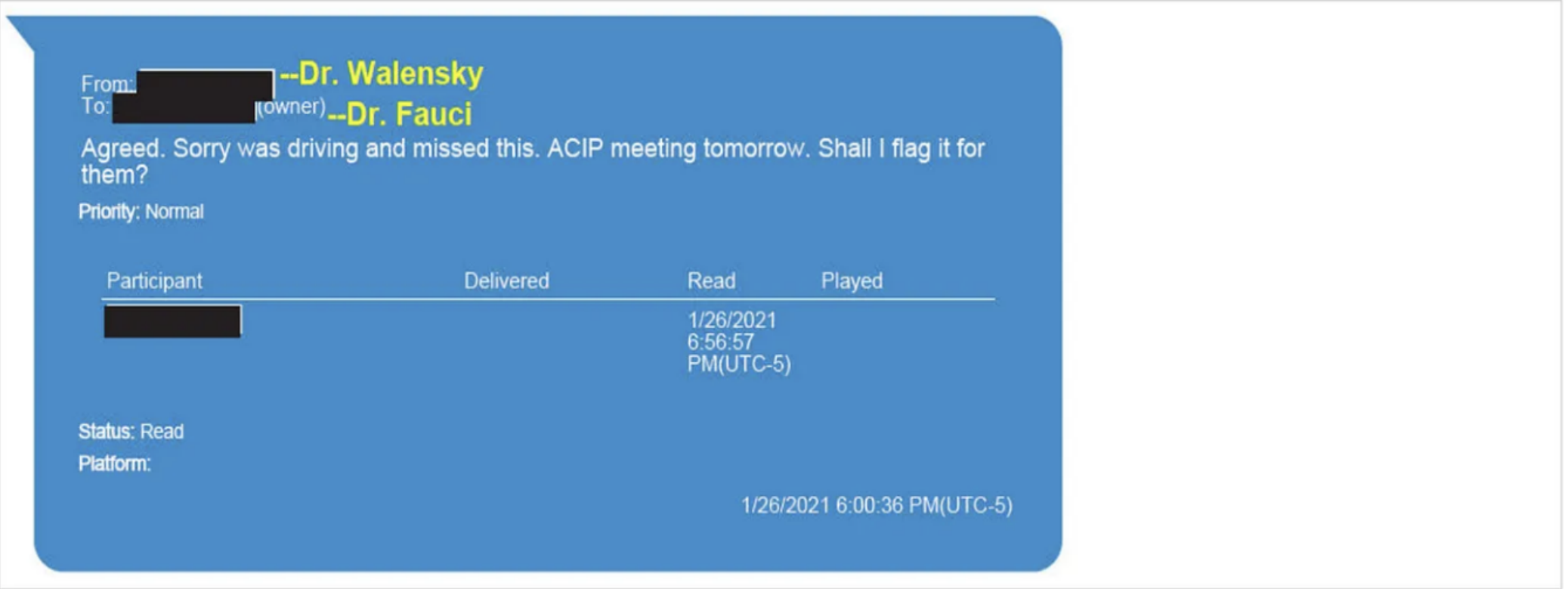


Top: Murthy to Fauci and Walensky, 4:34 PM. Bottom: Fauci's reply, 4:55 PM. Note that the same message concedes pregnant women “were not allowed” in the vaccine trials.

RationalGround

“Shall I flag it for them?”

Walensky offers to raise the miscarriage concern at the next ACIP meeting — five weeks before the NIH record shows the panel's answer was acetaminophen.



Rochelle Walensky to Fauci and Murthy, 26 January 2021, 6:00 PM.

RationalGround

February 8: the co-inventor writes

Nine days after the “no red flags” text — and five days after Fauci repeated the phrase on camera — Drew Weissman, co-inventor of the nucleoside-modified mRNA platform, emailed him directly:

> “using a dose 100-fold higher than current vaccines and given IV, **the mRNA-LNPs go to the placenta and fetus**, measured by translation of the mRNA and cause an immune response in the amniotic fluid. In non-pregnant female mice, **the uterus and ovaries take up mRNA-LNPs and translate the mRNA.** We are repeating these studies with human dose levels... and are waiting to release the findings until these studies are completed”

March 1: the version at human dose

Three weeks later Weissman came back, having run it the way the vaccine is actually given — human dose levels, intramuscular, in pregnant mice.

> "**We still have some concern over the data** and are talking to all of the appropriate people."

of ACIP. March 2: the record shows the panel's answer to that exact concern.

Take Tylenol.

April 21, 2021 — the Shimabukuro V-safe paper in NEJM reports a 12.6% spontaneous-abortion rate (104 of 827) and becomes the reassurance everyone cites. Worth knowing about that denominator: some 700 of those 827 women were vaccinated in the third trimester, past the window in which a spontaneous abortion under 20 weeks could be counted at all. The rate was computed against a group that largely could not have experienced the outcome being measured.

August 11, 2021 — CDC's Sascha Ellington: "We are not seeing a signal of safety concerns of the vaccine in pregnancy."

August 30, 2021 — Fauci: "there's no indication whatsoever that there's any increase of any adverse issues in a pregnant woman who was vaccinated."

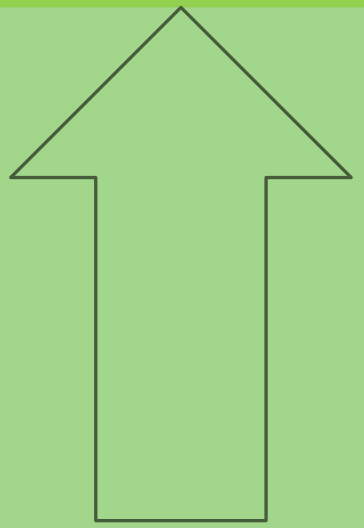
September 29, 2021 — Walensky issues a health alert. CDC now "strongly recommends" vaccination before or during pregnancy.

February 1, 2022 — Murthy, the man who asked the original question thirteen months earlier: “It’s all the more important for you to get vaccinated if you are pregnant or if you are trying to become pregnant… **anytime during your pregnancy is actually fine.**“

TIME LINE For Use of mRNA Injections in Pregnant Women

- **12/11/2020** EUA granted based on Pfizer trial BNT162b2 results
- TRIAL -- Published NEJM **12/31/2020**
  - 43448 Participants randomized to mRNA or placebo
    - 18198 mRNA arm – 8 C19 infection – Risk = 0.04%
    - 18325 placebo arm – 162 C19 infection – Risk 0.88%
    - "95% efficacy" was **RRR**
    - **ARR** was 0.84% (0.88-0.04); not reported as FDA requires
      - Reduction in MINOR symptoms was 0.84%
      - SEVERE symptoms reduced by 0.037% (never defined in the trial)
    - 119 people needed to be vaccinated to prevent a sore throat in 1 person
    - 2711 people needed to be vaccinated to prevent one severe case
- All participants in placebo arm were supposed to be followed for two years
  - Due to ethical reasons **all** provided with the vaccine
  - "This report does not address the prevention of Covid-19 in other populations, such as younger adolescents, children, and *pregnant* women." PREGNANT WOMEN NOT ENROLLED IN TRIALS"
- Whistleblower stated many in the mRNA arm developed symptoms of C19 but were not tested for it
- Six months after the trial more participants died in the mRNA arm
- Peer reviewed re-analysis of the trial data showed that one was more likely to suffer a severe AE if vaccinated than to be hospitalized for C19

144 pregnancies
17 miscarriages
12% miscarriage rate



TIME LINE For Use of mRNA Injections in Pregnant Women

- **12/31/2020** ACOG guidance: defer to ACIP's (Advisory Committee on Immunization Practices) guidelines (link to ACIP) -- First Responders in group 1
- **2/28/2021** Post marketing data (FOIA required to access) (post marketing link)
  - 12/1/2020 – 2/28/2021
    - 126,212,580 doses with 42,086 AEs and 1223 deaths
    - 270 pregnancy cases (238 cases with no outcome provide
    - 26/32 miscarried = 81%
    - *If the remaining 238 had not miscarried = 9.6% miscarriage rate (normal 5-6%)*

These are reported AEs; there were thousands of pregnant women injected.

- **4/16/2021** CDC Director Rochelle Walensky MD MPH and Eric Rubin PhD (NEJM audio link)
  - "Safe and effective in pregnant women"
- **4/2021** ACOG received 11 million dollars to market injections (FOIA'ed information)
- **4/2021** – NEJM Shimabukuro article VSAFE cohort 827 women
  - Safe, miscarriage rates 13% "normal" – actual > 82% (denominator should be 127)

104/1132
9.2%

- **7/30/2021** Official SMFM/ACOG statement (same today)
  - Vaccinate all women "thinking of getting pregnant, pregnant, or breast feeding."
- **8/2021** Comirnaty (Pfizer) (First to receive FDA approval) package insert states:
  - "[a]vailable data on COMIRNATY administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy"

“There is no evidence of adverse fetal effects from vaccinating pregnant women with mRNA-derived vaccines, inactivated virus vaccines, bacterial vaccines, or toxoids. Real-world data continue to demonstrate the safety and efficacy of such use.”

ACOG Committee Statement Number 26
(Replaces Committee Opinion No. 741, June 2018; and Practice Advisory: Maternal Immunization, October 2022)

Pfizer RAT Biodistribution of Lipidnanoparticles

Report Number: 185350

Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)							% of Administered Dose (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	--	--	--	--	--	--	--
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37	--	--	--	--	--	--	--
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192	--	--	--	--	--	--	--
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3	0.001	0.009	0.008	0.016	0.025	0.037	0.095
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599	0.003	0.007	0.014	0.015	0.015	0.011	0.019
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694	0.000	0.001	0.001	0.001	0.000	0.000	0.001
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170	0.001	0.001	0.002	0.003	0.003	0.004	0.003
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264	0.003	0.007	0.008	0.008	0.005	0.006	0.009
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253	--	--	--	--	--	--	--
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47	0.024	0.130	0.319	0.543	0.776	0.906	0.835
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112	0.001	0.002	0.002	0.003	0.001	0.001	0.001
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4	0.013	0.093	0.325	0.385	0.982	0.821	1.03
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215	0.006	0.019	0.034	0.030	0.040	0.037	0.039
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320	0.007	0.010	0.017	0.030	0.034	0.074	0.074
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331	0.004	0.007	0.010	0.012	0.008	0.007	0.008
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00	0.000	0.001	0.001	0.001	0.001	0.001	0.001
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456	0.002	0.011	0.015	0.008	0.016	0.018	0.022
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420	--	--	--	--	--	--	--
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805	--	--	--	--	--	--	--
Blood:Plasma ratio[a]	0.815	0.515	0.550	0.510	0.555	0.530	0.540	--	--	--	--	--	--	--

Effects on Sperm:

Multicenter Study > Andrology. 2022 Sep;10(6):1016-1022. doi: 10.1111/andr.13209.
Epub 2022 Jun 27.

Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors

Itai Gat [1 2 3], Alon Kedem [2 3 4], Michal Dviri [5], Ana Umanski [1], Matan Levi [4], Ariel Hourvitz [2 3], Micha Baum [3 6]

Affiliations + expand

PMID: 35713410 PMCID: PMC9350322 DOI: 10.1111/andr.13209

- Andrology Unit at Shamir Medical Center in Tzrifin, Isreal
- Sperm concentration decreased by 15.4% 75-125 days after vaccination
- Total Motile Sperm count decreased by 22.1% 75-125 days after vaccination

My Data Presented to Member of Congress 11/2023

UNACCEPTABLE JESSICA

Real time obstetrician/ gynecologist's data on new patients and miscarriages for 2021 and 2022 (and now 2020 for baseline)

Direct from the horse's mouth...

JESSICA ROSE
NOV 18, 2022 AT 9:02 AM

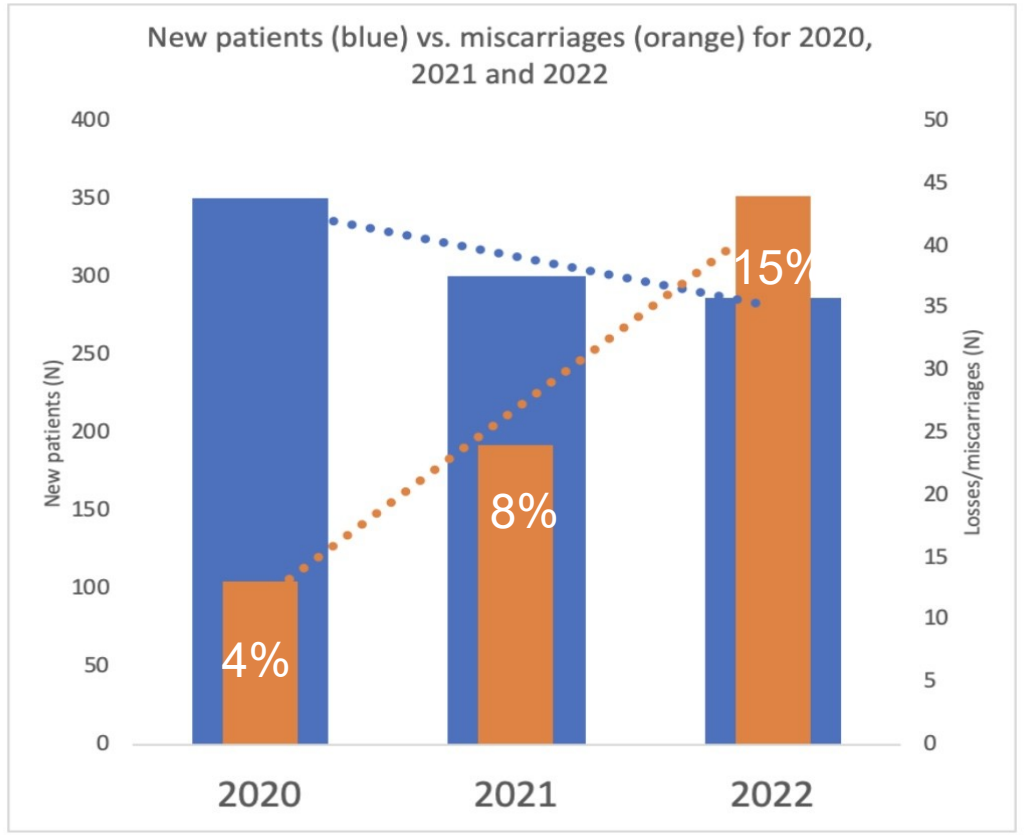


Figure i: New patients versus miscarriages for 2020, 2021 and 2022.

Rose Substack Link

Pregnancy

> Am J Obstet Gynecol. 2024 Jan 31:S0002-9378(24)00063-2.
doi: 10.1016/j.ajog.2024.01.022. Online ahead of print.

"Transplacental Transmission of the COVID-19 Vaccine mRNA: Evidence from Placental, Maternal and Cord Blood Analyses Post-Vaccination"

Xinhua Lin [1], Bishoy Botros [1], Monica Hanna [2], Ellen Gurzenda [1], Claudia Manzano De Mejia [1], Martin Chavez [3], Nazeeh Hanna [4]

Affiliations + expand

PMID: 38307473
DOI: 10.1016/j.ajog.2024.01.022

Pregnancy

Molecular Therapy
Nucleic Acids
Original Article

mRNA-1273 is placenta-permeable and immunogenic in the fetus

Jeng-Chang Chen,[1,2] Mei-Hua Hsu,[3,4] Rei-Lin Kuo,[5,6,7] Li-Ting Wang,[6] Ming-Ling Kuo,[7,8] Li-Yun Tseng,[9] Hsueh-Ling Chang,[9] and Cheng-Hsun Chiu[3,4]

- mRNA-1273 injected into pregnant mice
- Crossed placenta within one hour
- In fetal circulation for 4-6 hours then started to wane
- Both IgM ((this cannot be maternal) and IgG to spike found in fetuses
- Higher doses of mRNA resulted in higher levels of mRNA in circulation and higher levels of Ab

RESEARCH ARTICLE

Are COVID-19 Vaccines in Pregnancy as Safe and Effective as the Medical Industrial Complex Claim? Part I

JAMES A. THORP * ALBERT BENAVIDES MAGGIE M. THORP DANIEL C. MCDYER KIMBERLY O. BISS JULIE A. THREET PETER A. MCCULLOUGH

PEER REVIEWED, CLINICAL RESEARCH, SCIENCE 02/08/2025 v6.2019-2025

Adverse Event (AE)	C19 Vaccines over 40 Months vs Influenza Vaccines over 412 Months	C19 Vaccines over 40 Months vs All Other Vaccines over 412 Months
Miscarriage 3494/315/936	PRR 114 95% CI: 81-161 p<0.0001, z statistic 27.0	PRR 38.4 95% CI: 27-53.6 p<0.0001, z statistic 21.5
Stillbirth 477/68/175	PRR 72.3 95% CI: 47.8 – 109 p<0.0001, z statistic 20.4	PRR 28.1 95% CI: 19.4 – 40.6 p<0.0001, z statistic 13.0
Insufficient Breast Milk 10/0/0	Significantly increased in Covid-19 vs Influenza Vaccines Fishers Exact p < 0.000001 Chi-square 84.0	Significantly increased in Covid-19 vs All Other Vaccines Fishers Exact p < 0.00001 Chi-square 84.0

Effects on Ovaries

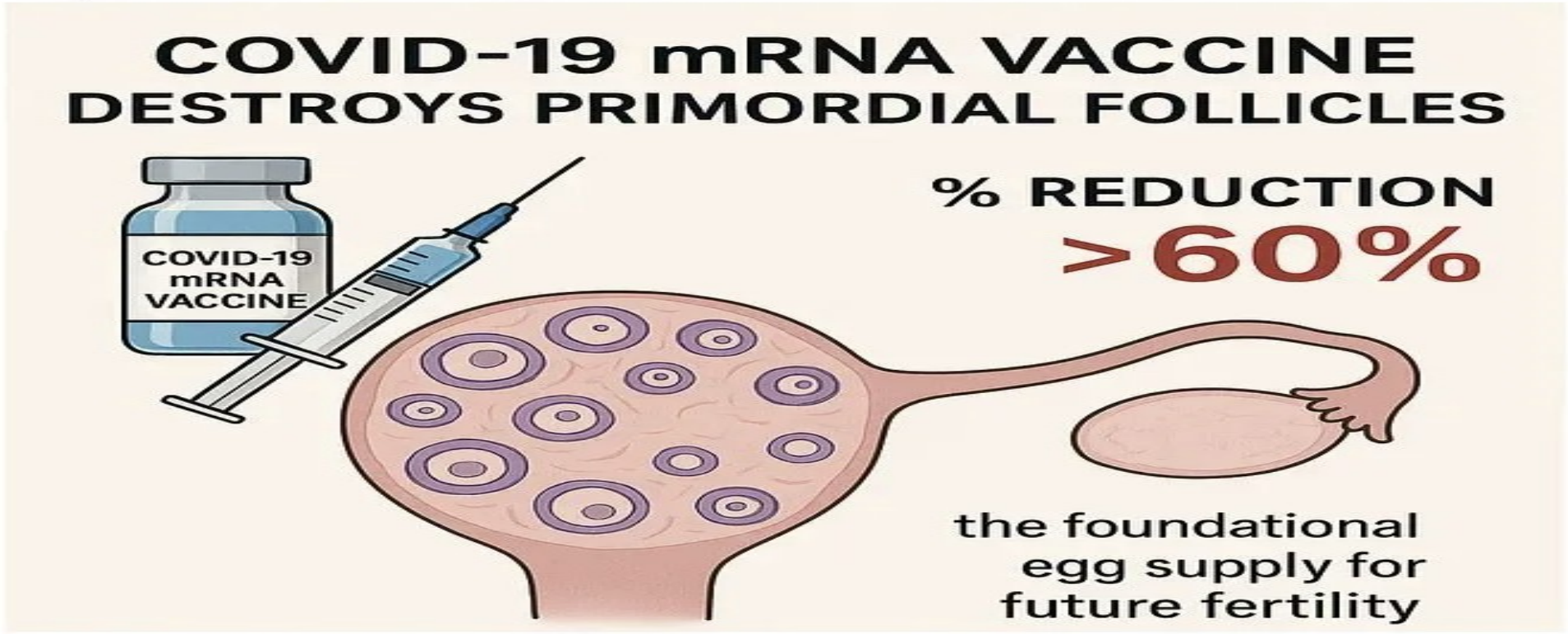
vaccines

MDPI

Article

Impact of mRNA and Inactivated COVID-19 Vaccines on Ovarian Reserve

Enes Karaman [1,*], Adem Yavuz [2], Erol Karakas [3], Esra Balcioglu [4], Busra Karaca [5], Hande Nur Doganay [6], Koray Gorkem Sacinti [7] and Orhan Yildiz [8]



https://pmc.ncbi.nlm.nih.gov/articles/PMC12031016/ March 2025

https://www.thefocalpoints.com/p/breaking-us-fertility-rate-collapses

Effects on fertility

Int J Risk Saf Med. 2025 Jun 19;36(4):302–306. doi: 10.1177/09246479251353384

Rates of successful conceptions according to COVID-19 vaccination status: Data from the Czech Republic

Vibeke Manniche [1,✉], Tomáš Fürst [2], Max Schmeling [3], Jonathan D Gilthorpe [4], Peter Riis Hansen [5,6]

https://pmc.ncbi.nlm.nih.gov/articles/PMC12552754/ June 19, 2025

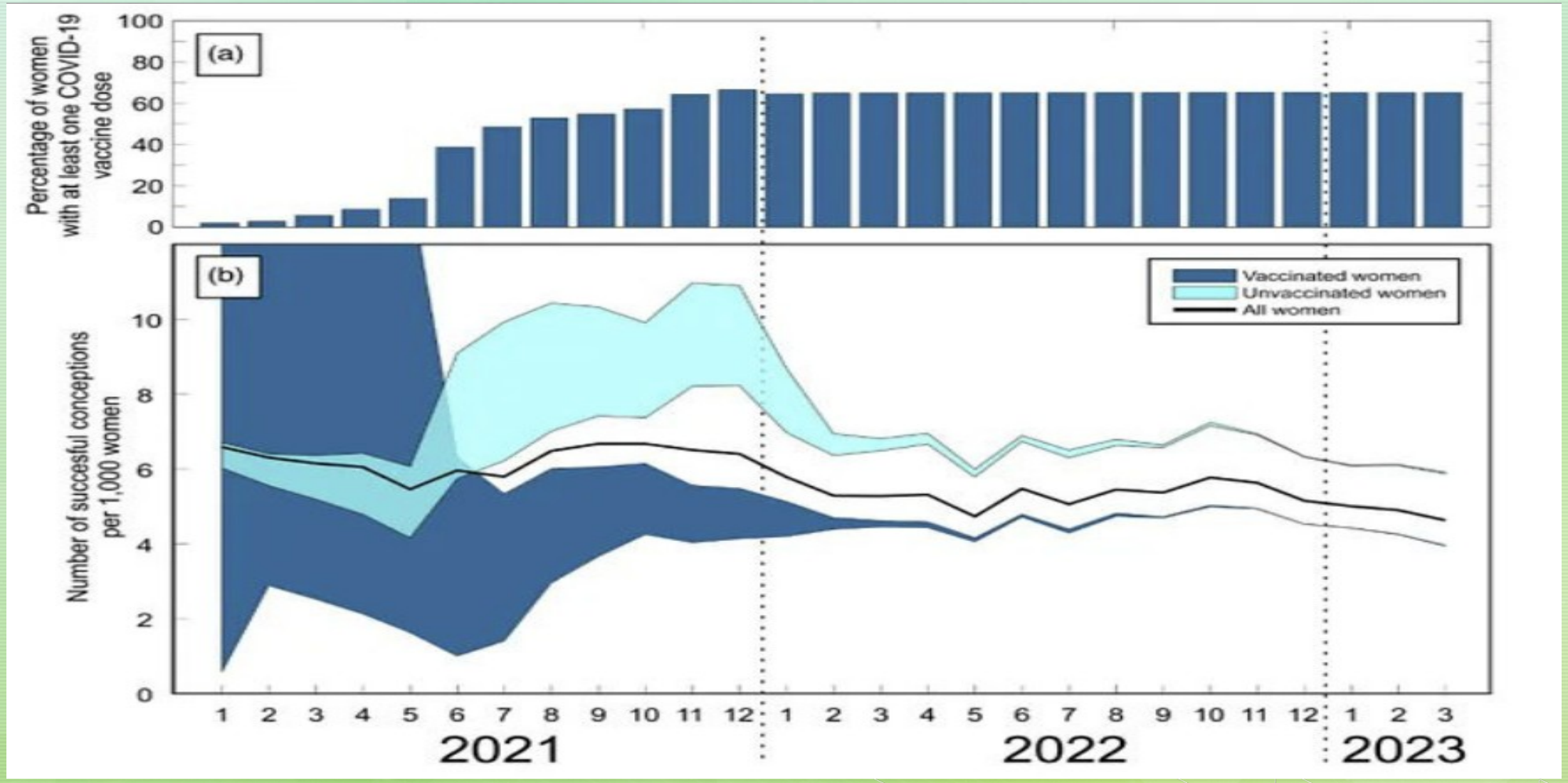


Figure 1. (a) Histogram showing the percentage of women in the Czech Republic aged 18–39 years who were vaccinated with at least one dose of a COVID-19 vaccine by the end of the respective month (January-December = 1–12 on the abscissa). (b) Estimates of the number of successful conceptions (SCs) per 1000 women aged 18–39 years according to preconception COVID-19 vaccination status, and SC rates for all these women, respectively. The blue-shaded areas in Figure 1(b) show the intervals between the lower and upper bounds for estimates of actual SC rates for women vaccinated (dark blue) and unvaccinated (light blue) before SC. The large initial divergence between the lower and upper bounds for estimated SC rates for vaccinated women was due to the small sample size, as indicated in Figure 1(a).

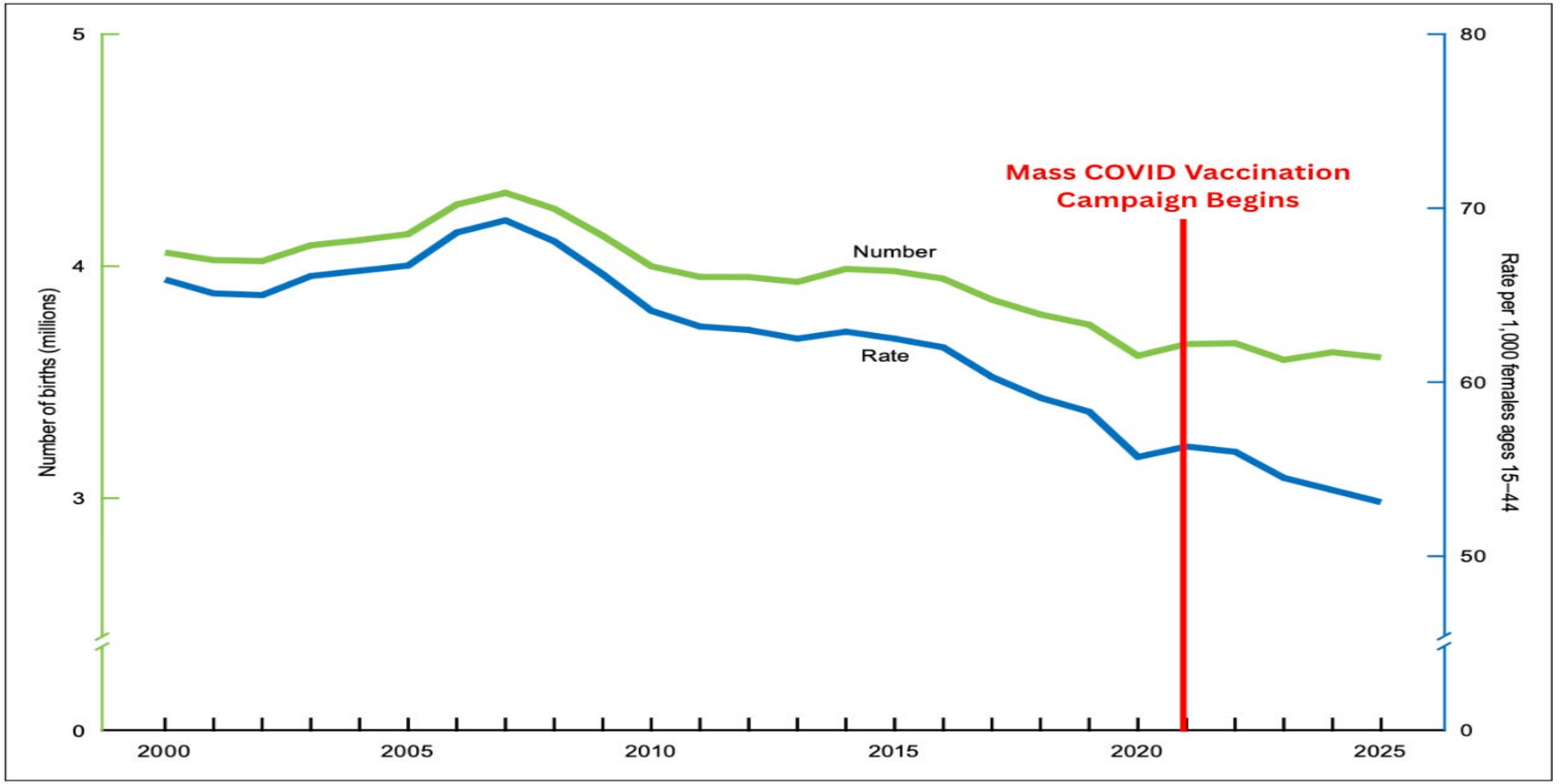
NVSS National Vital Statistics System

Vital Statistics Rapid Release

Report No. 43 ■ April 2026

Births: Provisional Data for 2025

Figure 1. Number of live births and general fertility rate: United States, final 2000–2024 and provisional 2025



SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

RATE→
53.1 births / 1K

Births→3.61m

23% drop since 2007

5.7% drop since 2021

In US deaths are now exceeding births

https://www.thefocalpoints.com/p/breaking-us-fertility-rate-collapses

Effects on the Babies (US)

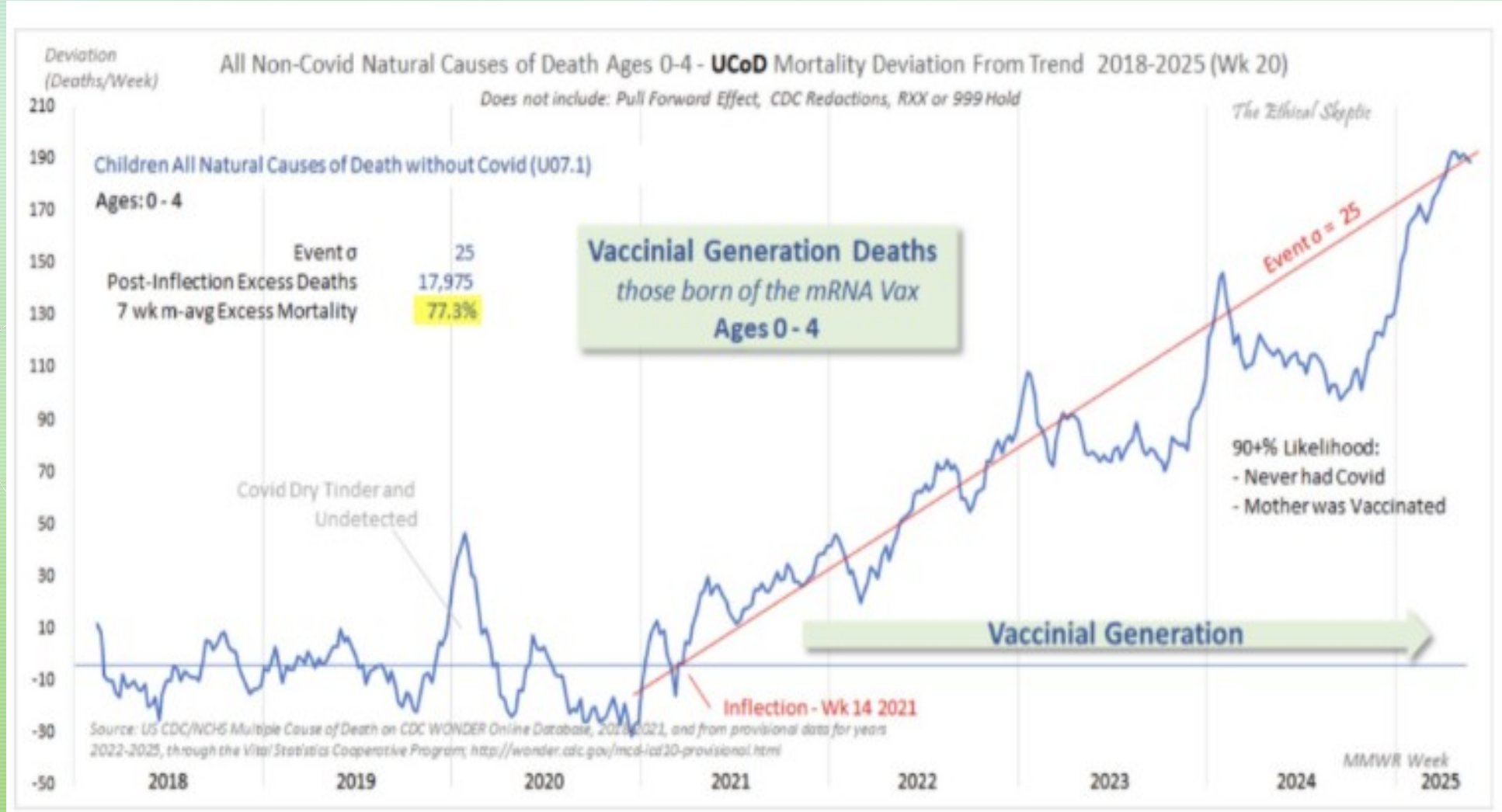


Chart 2 – All Natural Causes of Death in Ages 0 to 4 (born to vaccinated-at-any-time Mothers) – a total of 17,975 excess deaths have occurred in this cohort, representing a 77.3% deviation from the legacy trend in this class of mortality. Unlike the narrower infant categories shown in Chart 1, this chart captures all births occurring after the mRNA vaccination rollout. Wonder UCoD query exclusion inside all natural causes of death is shown in this image.

https://www.thefocalpoints.com/p/breaking-study-infant-mortality-surged

Effects on the Babies (Philippines)

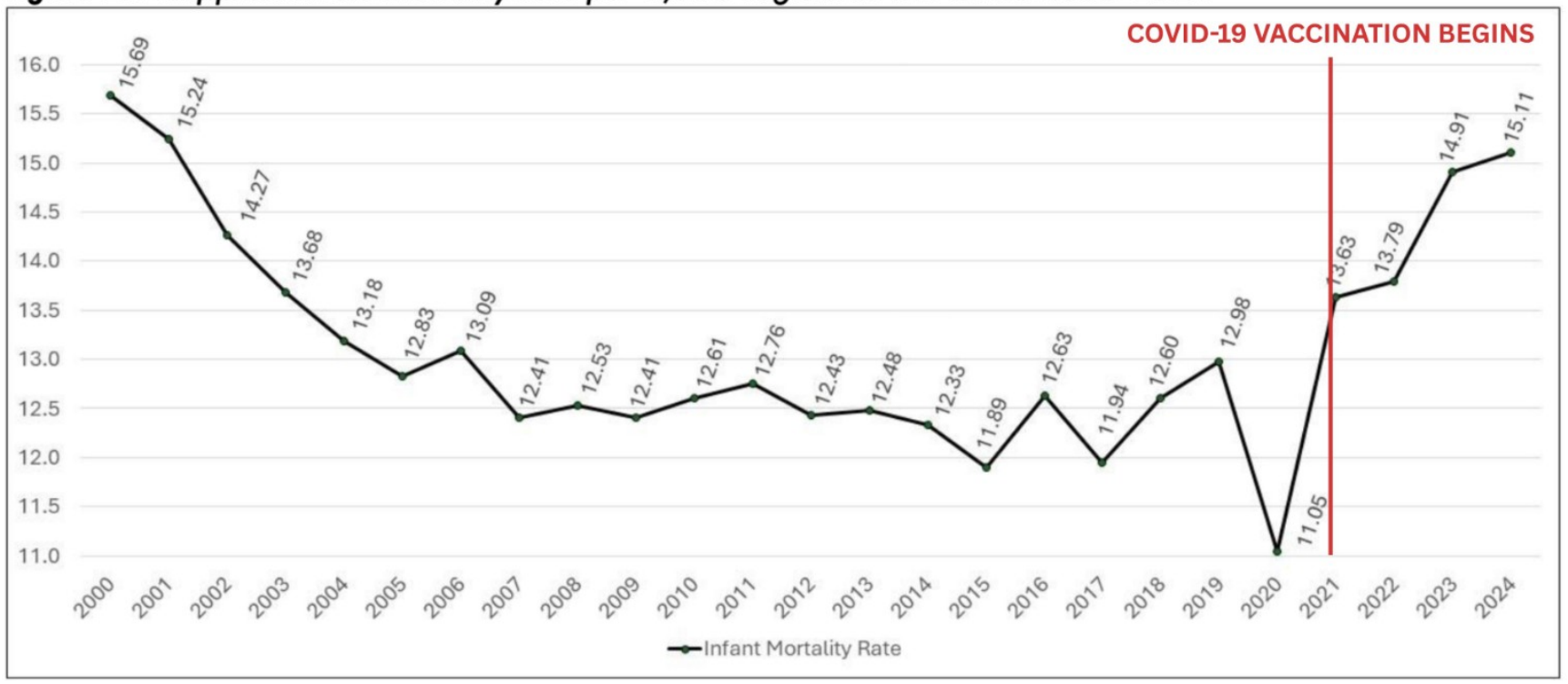
THE EUROPEAN SOCIETY OF MEDICINE
Medical Research Archives, Volume 14 Issue 4

RESEARCH ARTICLE

Global Implications of Vaccination and Rising Infant Mortality in the Philippines

Sally A. Clark BSc BOccThy [a], Claire Rogers MSPAS PA-C [b], Mila Radetich[c], Nicolas Hulscher MPH [d], Kirstin Cosgrove BM CCRA [e], Breanne Craven MSPAS PA-C [f], M. Nathaniel Mead MSc PhD [g], James A Thorp, MD [h]

Figure 2. *Philippines infant mortality rate per 1,000 registered live births 2000-2024*



https://esmed.org/MRA/mra/article/view/7457

https://www.thefocalpoints.com/p/breaking-study-infant-mortality-surged