

Opening Statement of Chairman Ron Johnson
Permanent Subcommittee on Investigations
April 29, 2026

As submitted to the record:

In conjunction with this hearing, I am releasing an interim report titled, “Unmasked: How Biden Health Officials Purposely Turned a Blind Eye toward COVID-19 Vaccine Safety Signals.” I urge everyone tuning in to today’s hearing to read the full report to determine for yourself how the title is as accurate as it is incriminating.

To set the stage for what follows, let me remind everyone what Dr. David Morens, an advisor to Anthony Fauci who was recently charged with conspiracy and destruction of records, emailed to colleagues on how to evade Freedom of Information Act requests, “I learned from our foia lady here how to make emails disappear,” and how he wanted, “correspondence on sensitive issues be sent to me at my gmail address.”¹ Included in our report is additional evidence of how federal health officials avoided creating a paper trail to prevent transparency and public disclosure. In discussing how they’ve been warned of a major limitation of FDA’s data mining system, one senior FDA official wrote, “we should meet internally – many considerations not suited to email.”²

Other federal health officials appeared to have openly acknowledged that they were actively attempting to avoid transparency. A CDC official discussing the sharing of vaccine safety data stated, “I think because of the FOIAs we may have asked FDA to stop sending these weekly data mining outputs.”³ In spite of their concerted efforts to conceal what they knew, and when they knew it, the documents we have obtained, thanks to Secretary Kennedy’s responsiveness to my subpoena and his commitment to radical transparency, paint a clear picture of an obvious cover-up by federal health officials.

Our report shows how FDA officials were warned and fully aware of their safety surveillance system’s inability to adjust for a statistical phenomenon called “masking” which, according to medical researchers, occurs when “signals for a vaccine of interest are hidden by the presence of other reported vaccines.”⁴ Rather than use a newer, “state of the art” system that can adjust for masking, Biden health officials purposefully chose to employ the older system that concealed the signals for serious adverse events associated with the COVID injection.⁵ Throughout 2021, FDA

¹ Letter from Ron Johnson, Ranking Member, Permanent Subcomm. on Investigations, to Xavier Becerra, Secretary, Dep’t of Health and Human Services, Nov. 15, 2023; Department of Justice, Former Senior NIAID Official Indicted for Concealing Federal Records During COVID-19 Pandemic, April 28, 2026,

<https://www.justice.gov/opa/pr/former-senior-niaid-official-indicted-concealing-federal-records-during-covid-19-pandemic-0>; Christenson, Josh, NIH adviser David Morens can’t recall if he deleted COVID records, laughs off Fauci FOIA evasions, New York Post, May 22, 2024, <https://nypost.com/2024/05/22/us-news/explosive-emails-show-top-nih-adviser-deleted-records-used-secret-back-channels-to-help-fauci-ecohealth-evade-covid-transparency/>.

² PSI-HHS-000008251979.

³ PSI-HHS-000002480132.

⁴ Rave Harpaz et al., Signaling COVID-19 Vaccine Adverse Events, Drug Safety (2022), <https://link.springer.com/article/10.1007/s40264-022-01186-z>.

⁵ PSI-HHS-000002134656.

officials received multiple analyses from the “state of the art” system showing statistically significant safety signals for adverse events, but made a conscious decision to ignore the data.

On October 22, 2020, CDC’s Tom Shimabukuro touted VAERS by saying it can “rapidly detect safety signals and can detect rare adverse events.”⁶ But in an email a year later, when VAERS was reporting worldwide adverse events of 837,595 and 17,619 deaths, Dr. Shimabukuro stated, “it’s not a database that should be used for serious surveillance or research.”⁷

In reaction to the skyrocketing number of deaths and adverse events, other Biden Administration and federal health officials were also publicly denigrating VAERS with comments like, “falsified VAERS report,” “potentially misleading VAERS posts,” “frequently misused by anti-vaccine activists,” and “conspiracy theorists, science deniers, and anti-vaccine activists can fill out the form.”⁸

The federal health agencies had to be sued twice before a court finally forced them to disclose the results of the V-Safe system, an online self reporting safety surveillance system created specifically for the mRNA COVID injections.⁹ Here’s why they fought so hard to keep it from public view. Of the 10 million people who voluntarily provided information to V-Safe, 7.7% sought medical care for COVID injection adverse events and 25% lost time at work or couldn’t perform their daily routine following injection.¹⁰

Even though I wrote 21 letters requesting information on what the agencies were tracking and what they knew about adverse events, I didn’t need a sophisticated mathematical model to tell me the COVID injection was causing significant harm. The data depicted in these charts alone should have raised the alert level to DEFCON 1.

⁶ Failure to Warn Interim Report, Footnote 210, <https://www.hsgac.senate.gov/wp-content/uploads/2025.05.21-PSI-Majority-Staff-Interim-Report-Failure-to-Warn.pdf>; Tom Shimabukuro, Presentation before the Vaccines and Related Biological Products Advisory, Oct. 22, 2020, transcript available at <https://www.fda.gov/media/143982/download> at 94.

⁷ PSI-HHS-000007122821.

⁸ Document Release: https://aflegal.org/wp-content/uploads/2024/08/America-First-Legal_CDC-Censorship_Release1.pdf at 38; Offit, Paul, Labels Matter: VAERS, Jan. 8, 2024, <https://pauloffit.substack.com/p/labels-matter-vaers>.

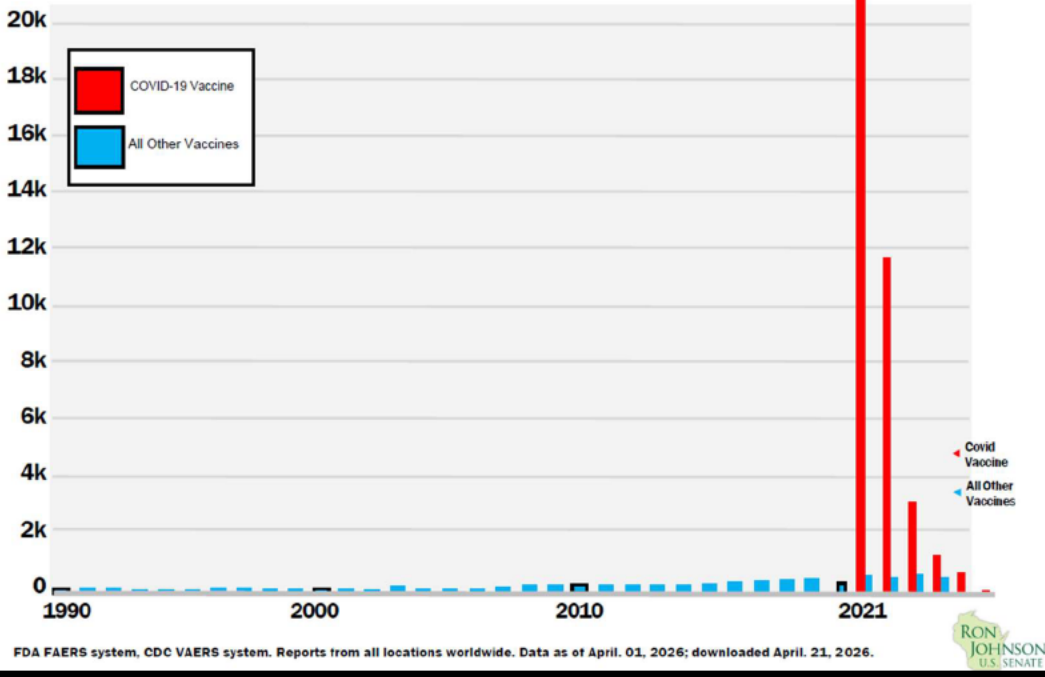
⁹ Dumais, John-Michael, Federal Judge Orders CDC to Release V-safe Texts Detailing COVID Vaccine Injuries, The Defender, Jan. 16, 2024, <https://childrenshealthdefense.org/defender/federal-judge-cdc-release-v-safe-texts-covid-vaccine-injuries/>; Jevradakis, Michael, CDC Has 4 Days to Release Data on COVID Vaccine Injuries Collected via V-safe App, Court Rules, The Defender, Sept. 26, 2022, <https://childrenshealthdefense.org/defender/cdc-data-covid-vaccine-injuries-vsaf-app/>.

¹⁰ Dominique, Nicole, 25% Of People Who Received Covid-19 Vaccination Missed Work Or Reported A "Serious Event" Affecting Their Normal Life Functions, According To CDC Data , Oct. 5, 2022, <https://www.eviemagazine.com/post/25-percent-people-received-covid-19-vaccination-missed-work-serious-event-cdc>.

VACCINE RELATED DEATHS

FOR ALL VACCINES AS OF APRIL 21, 2026.

WORLDWIDE.



DRUG ADVERSE EVENT COMPARISON

FDA AND CDC DATA: WORLDWIDE

	Adverse events	Deaths	Deaths/year
<i>In 30 years (1996-2026):</i> Ivermectin	4,998	510	17
<i>In 39 years (1987-2026):</i> HCQ	36,819	5,207	134
<i>In 36 years (1990-2026):</i> Flu vaccines	240,511	2,722	76
<i>In 57 years (1969-2026):</i> Dexamethasone	140,690	25,213	442
<i>In 57 years (1969-2026):</i> Acetaminophen	181,072	42,112	739
<i>In 66 months:</i> Remdesivir	10,638	2,745	499
<i>In 65 months:</i> COVID vaccines	1,675,590	39,077	7,210
Deaths on days 0, 1 or 2:		9,329	24%

FDA AEMS system, CDC VAERS system. Reports from all locations worldwide. Data as of March 27, 2026; downloaded April 27, 2026.



In spite of these shocking numbers, federal health officials continued to recommend the injection, claiming it is both safe and effective. By comparison, in 1976, after approximately 25 to 30 deaths and over 500 cases of Guillain-Barré syndrome, the swine flu vaccine was pulled from the market.¹¹ Biden federal health officials were clearly not as vigilant in reacting to what VAERS was showing.

For over four years, I have wondered how health officials could possibly ignore this overwhelming evidence of harm. Now I know. Our report details that on March 1, 2021, less than three months after the COVID injections received an Emergency Use Authorization, Peter Marks, the head of CBER, and officials reporting to him were warned by FDA's Dr. Ana Szarfman, an individual who these officials recognized as an expert in FDA's data mining, that the current system would mask safety signals for COVID injection adverse events.¹² Dr. Szarfman proposed a new method, invented by Dr. William DuMouchel, of Oracle, the inventor of the current algorithm, to uncover the hidden safety signals.¹³ On March 26, 2021, Dr. Szarfman sent Dr. DuMouchel's data analysis to senior FDA officials showing that the new analytical method found "49 examples of extreme masking" and uncovered approximately 25 statistically significant safety signals of adverse events associated with the COVID injection, including sudden cardiac death, Bell's palsy, and pulmonary infarction (see list below).¹⁴

¹¹ Roan, Shari, Swine flu 'debacle' of 1976 is recalled, LA Times, (April 27, 2009), <https://www.latimes.com/archives/la-xpm-2009-apr-27-sci-swine-history27-story.html#:~:text=%E2%80%9CThat%20raised%20the%20concern%20that,60%20million%20Americans%2C%20never%20unfolded.>

¹² PSI-HHS-000008257443.

¹³ Ana Szarfman et al., Pharmacovigilance in the 21st century: new systematic tools for an old problem, *Pharmacotherapy* (2004), <https://accpjournals.onlinelibrary.wiley.com/doi/epdf/10.1592/phco.24.13.1099.38090>.

¹⁴ PSI-HHS-000008263190-91; PSI-HHS-000008257443-45 (with attachment).

Vaccine Type + Manufacturer	Event: PT plus SMQ	ER05	EB05
COVID19 (Custom Term)	Bell's palsy	3.66	0.537
COVID19 (Custom Term)	Paraesthesia ear	2.84	0.624
COVID19 (Custom Term)	Bradykinesia	3.079	0.507
COVID19 (Custom Term)	Product substitution	2.295	0.482
COVID19 (Custom Term)	Sinus rhythm	2.984	0.586
COVID19 (Custom Term)	COVID-19 immunisation	2.65	0.531
COVID19 (Custom Term)	Cardiac telemetry abnormal	1.728	0.454
COVID19 (Custom Term)	AST/ALT ratio abnormal	1.728	0.45
COVID19 (Custom Term)	Diaphragmatic spasm	1.728	0.449
COVID19 (Custom Term)	Mastoid disorder	1.728	0.449
COVID19 (Custom Term)	Cholecystitis acute	2.144	0.481
COVID19 (Custom Term)	Blood pressure systolic	2.949	0.658
COVID19 (Custom Term)	Ejection fraction	2.963	0.575
COVID19 (Custom Term)	SARS-CoV-1 test	2.068	0.491
COVID19 (Custom Term)	Cardiac failure chronic	2.068	0.486
COVID19 (Custom Term)	Acute left ventricular failure	2.278	0.506
COVID19 (Custom Term)	Agonal rhythm	2.032	0.482
COVID19 (Custom Term)	Hypomagnesaemia	2.469	0.528
COVID19 (Custom Term)	Pulmonary infarction	2.593	0.551
COVID19 (Custom Term)	Cerebral artery occlusion	2.227	0.509
COVID19 (Custom Term)	Diastolic dysfunction	2.126	0.509
COVID19 (Custom Term)	Cardiac telemetry normal	2.504	0.624
COVID19 (Custom Term)	Aortic stenosis	2.141	0.509
COVID19 (Custom Term)	Sudden cardiac death	2.258	0.536
COVID19 (Custom Term)	Hypertensive emergency	2.168	0.592
COVID19 (Custom Term)	May-Thurner syndrome	1.974	0.508
COVID19 (Custom Term)	Infusion	1.774	0.486
COVID19 (Custom Term)	Aortic aneurysm rupture	1.76	0.482
COVID19 (Custom Term)	Thalamic infarction	1.756	0.482
COVID19 (Custom Term)	Drainage	2.263	0.686
COVID19 (Custom Term)	Percutaneous coronary intervention	1.722	0.481
COVID19 (Custom Term)	Basal ganglia stroke	2.061	0.525
COVID19 (Custom Term)	Embolic stroke	1.881	0.532
COVID19 (Custom Term)	Cardiac assistance device user	1.861	0.56
COVID19 (Custom Term)	Magnetic resonance imaging heart	1.573	0.627
COVID19 (Custom Term)	Brain natriuretic peptide increased	1.671	0.809
COVID19 (Custom Term)	Ischaemic stroke	1.496	0.696
COVID19 (Custom Term)	COVID-19 pneumonia	1.73	0.855
COVID19 (Custom Term)	Dementia	1.414	0.676
COVID19 (Custom Term)	Acute myocardial infarction	1.639	0.816
COVID19 (Custom Term)	Pneumonia aspiration	1.33	0.629
COVID19_MODERNA	Electrocardiogram ST segment elevation	1.808	0.859
COVID19_MODERNA	Product administered to patient of inappropriate age	1.704	0.994
COVID19_PFIZER/BIONTECH	Asymptomatic COVID-19	5.584	0.911
COVID19_PFIZER/BIONTECH	Cardiac telemetry abnormal	2.186	0.565
COVID19_PFIZER/BIONTECH	Blood pressure systolic	2.649	0.859
COVID19_PFIZER/BIONTECH	Brain natriuretic peptide increased	1.891	0.924
COVID19_PFIZER/BIONTECH	Acute myocardial infarction	1.844	0.927
COVID19_PFIZER/BIONTECH	COVID-19 pneumonia	1.731	0.831

Our report goes on to detail how federal officials refused to acknowledge these revelations, or take action to warn the public. Instead, senior FDA officials repeatedly tried to stop Dr. Szarfman from continuing her work or communicating her findings outside of FDA.¹⁵ In September 2021, Dr. Marks informed Dr. Patrizia Cavazzoni, the then-Director of CDER, that Dr. Szarfman, who was a CDER employee, “has been asked to cease and desist” conducting her data analyses.¹⁶ Dr. Marks complained that Dr. Szarfman’s work had “become a major distraction” and that her efforts could “create erroneous conflicts that feed in to anti-vaccination rhetoric.”¹⁷

Dr. Peter Stein, the then-Director of CDER’s Office of New Drugs, reported to Dr. Marks that his office had “made it clear” to Dr. Szarfman “that she should not be discussing or providing internal analyses externally, and needs to focus on her assigned work.”¹⁸ Dr. Szarfman, who retired from the FDA in 2025 after more than 35 years of service, told PSI staff in a recent interview that she believed her FDA colleagues saw her as a “pest” and “persona non grata” because she was raising concerns about masking.

Our witnesses today are medical researchers and experts in scientific data collection. They will help clarify the masking issue and describe why this cover up was so egregious. I want to thank them for the time and effort they have put into their testimony. I also want to again thank Secretary Kennedy for his commitment to radical transparency and for promising to make the HHS personnel with knowledge of these events available for interviews with the Subcommittee.

¹⁵ PSI-HHS-000002213752-53; PSICOVID_00017246; PSI-HHS-000008251530; PSI-HHS-000008251912-13; PSI-HHS-000001195617-19; PSI_HHS-000008253450-51; PSI-HHS-000001175745-47; PSI-HHS-000001148712-14.

¹⁶ PSI-HHS-000002213753.

¹⁷ *Id.*

¹⁸ PSI-HHS-000002213752-53.