

While hiding behind **LIABILITY IMMUNITY** (provided by Anthony Fauci, and the 2019 servility of President Donald Trump); it was in that context only that UMinn experts had a brief encounter with basic integrity :

“Again discussing”?!

“Potential role of the vaccine”?!

“Though it can’t be excluded”?!

“Contributing to some extent”?!

The following portion of the UMinn medical report was filed **prior** to the thromboembolism-based amputation horrors inflicted upon Mrs. Jummai Nache (Note their scurrying to **“the letter from the CDC”**) :

Assessment:

Jummai P Nache is a 50 year old female patient who is following up after a prolonged admission and continued rehab after MIS-A. Her clinical course has left her with life-changing physical disfigurement which is almost certainly going to need amputation.

Most of our visit was spent again discussing the potential role of the vaccine in this process. Dr. Fontana shared the letter from the CDC stating that this was MIS-A without clear involvement from the vaccine, though it can't (and likely never will be) excluded as contributing to some extent. Since the last visit, and separate from the laboratory evidence discussed with the CDC, I did have the PF4 antibody testing done on a blood sample saved from around the same day as her arterial thrombotic events. This testing was negative. Thrombotic Thrombocytopenic Syndrome (TTS, previously termed VITT as mentioned in my previous note) is the syndrome linked to the infrequent CSVT and other thrombotic events linked to Johnson and Johnson vaccines. While we do not have pathognomonic tests for this (or most other disorders), the PF-4 antibody testing is quite sensitive, so the absence of it is reassuring against that diagnosis. Greinacher et al. **Thrombotic Thrombocytopenia after ChAdOx1 nCov-19 Vaccination**, *NEJM* April 2021 <https://www.nejm.org/doi/full/10.1056/NEJMoa2104840>). The onset here was also a bit early, based on discussions I had with an expert on the topic at another institution in reviewing this case.

We spent 45 minutes reviewing what constitutes MIS-A versus other similar inflammatory or infectious states, how the vaccine could have hypothetically amplified an MIS-A that might have occurred anyway, but since we do not know why some are susceptible to MIS and not others, we cannot even say that for sure. My feeling is that they are still in the coping phases of this, and more will come with the amputations needed, so I am just trying to support Jummai and Phillip through this with as much evidence-based background to Jummai's events as I can. I will keep working with them to help provide ongoing feedback for their MIS- and clot-related questions.

The above (from Page 183 of 1164) is part of the 21 May 2021 entry by UMinn Dr. Alexander A. Boucher :

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