

SB 0431 FWA  
Andre Cherry  
164 West Maplewood Avenue, Philadelphia, 19144

To the Chair and members of the Senate Finance Committee,

My name is Andre Cherry. Last year, I gave testimony in favor of the amended Vaccination by Choice Act to protect government employees and college students from the draconian and scientifically unfounded COVID-19 vaccination mandates. Now, I come to you as a concerned citizen in favor of the 2024 Home of the Brave Act as amended by Senator Ready.

For almost a thousand days, I have been battling my own adverse reaction to the shots, dealing with debilitating and constantly evolving symptoms that erode my quality of life and rob me of my independence. These symptoms include ballismus, flaccid paralysis, tremors, vocalizations, lethargy, and tactile sensitivity (see Figures 1-3). My condition affects every muscle of my body, afflicts me at random, and my symptoms can be triggered by repetitive motion or labor, among other things. My disability poses a great deal of danger to myself and my loved ones, and because of this, I require constant at-home care and supervision.

I reported my case to VAERS twice because my doctors would not, despite my worsening symptoms, and I have yet to hear from the CACP even though I reported my case within a year of the onset of my injury. One could say the same of the majority of the vaccine-injured, many of whom lost their health and even their lives because they complied with mandates imposed on them by their employers and their government, forcing them to choose between their health and their ability to provide for themselves and their families.

As someone who is totally disabled as a result of COVID vaccine injury, I can attest to this fact: Injuries inflicted by the COVID shot, once recognized - if at all - are serious, often debilitating, and always difficult and costly to treat. Medicines, treatments, and other care protocols used by the injured at the recommendation of organizations such as the FLCCC can cost hundreds of dollars per month; emergency room visits, long-term hospitalizations, appointments with specialists, and acquiring scans, bloodwork, or naturopathic treatments combine into a hefty sum, which is financially devastating for those who are vaccine-injured and can no longer work. The continual insistence by our government leaders that the COVID vaccine is safe and effective has also cost many of the COVID vaccine-injured the trust and support of their families and loved ones, compounding their physical affliction with deep emotional damage and even greater financial burden as they seek advocacy, acknowledgment, and treatment alone.

In a tenth of VAERS' three-decade history, reports of deaths resulting from the COVID shots have surpassed all other deaths reported from all other types of vaccines combined since the implementation of the system (see Figure 4). Despite these staggering numbers, censorship and lack of public or professional awareness suggest that COVID vaccine-induced fatalities and injuries are underreported, as many doctors and public figures dismiss any association between the shots and the maladies that afflict many who have taken them. This has also been detrimental to the efforts of the injured and bereaved in pursuit of compensation.

This was made clear on February 15th, 2024, when Congresswoman Marjorie Taylor Greene, a member of the Select Subcommittee on the Coronavirus Pandemic, using information from the Congressional Research Service, stated that as of January 1st, 2024, only 11 people

have been compensated by CACP, and of the over 10,000 injured that applied for compensation from the program, only 40 claims were determined eligible. Even more damning is the fact that the 11 who were compensated received an average of \$3,700, whereas recipients of VICP compensation have received an average of \$490,000 over the past 35 years.

The pursuit of compensation by the COVID vaccine-injured is further upset by the strict deadline of 12 months to file a claim with the CACP. While an entire year may seem reasonable on paper, the aforementioned censorship and general unawareness of COVID vaccine injury can cause many who have been injured to be led to believe their new, strange, and debilitating symptoms may have a different origin than the shots, which would naturally delay their ability to file for CACP compensation, in some cases, until it is too late.

I mention VAERS, CACP, and VICP data because it has become abundantly clear that the federal government is failing American citizens who are suffering from adverse reactions to the COVID-19 shots or have lost loved ones who took the shots. In October of 2023, I worked with the organization React19 to convince the House of Representatives to reform and modernize the compensation programs available to American citizens (See Figure 5), but unfortunately, our efforts were largely unsuccessful.

So, I turn to this committee in hopes that you will do for your local constituents what D.C. will not: show compassion for the COVID vaccine-injured and bereaved and compensate them for the damages they have endured under the directives and/or mandates of their government and employers. Please vote for the Home of the Brave Act favorably with the amendment, and live up to the name of the bill, and the lyrics of our nation's anthem.

## Appendix

Ballismus is a severe movement disorder that is characterized by spontaneous involuntary movements, muscular weakness and incoordination of movements of the proximal extremities. It is mostly caused by neurodegenerative, vascular, toxic metabolic, infectious or immunological process affecting the basal ganglia.



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Ballismus, to Treat or not to Treat?

Figure 1

## A rare cause of acute flaccid paralysis: Human coronaviruses

[Cokyaman Turgay](#), [Tekin Emine](#), [Koken Ozlem](#),<sup>1</sup> [S. Paksu Muhammet](#),<sup>1</sup> and [A. Tasdemir Haydar](#)

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### Abstract

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Acute flaccid paralysis (AFP) is a life-threatening clinical entity characterized by weakness in the whole body muscles often accompanied by respiratory and bulbar paralysis. The most common cause is Gullian–Barre syndrome, but infections, spinal cord diseases, neuromuscular diseases such as myasthenia gravis, drugs and toxins, periodic hypokalemic paralysis, electrolyte disturbances, and botulism should be considered as in the differential diagnosis. Human coronaviruses (HCoVs) cause common cold, upper and lower respiratory tract disease, but in the literature presentation with the lower respiratory tract infection and AFP has not been reported previously. In this study, pediatric case admitted with lower respiratory tract infection and AFP, who detected for HCoV 229E and OC43 co-infection by the real-time polymerase chain reaction, has been reported for the first time.

### **Figure 2**

# Overview

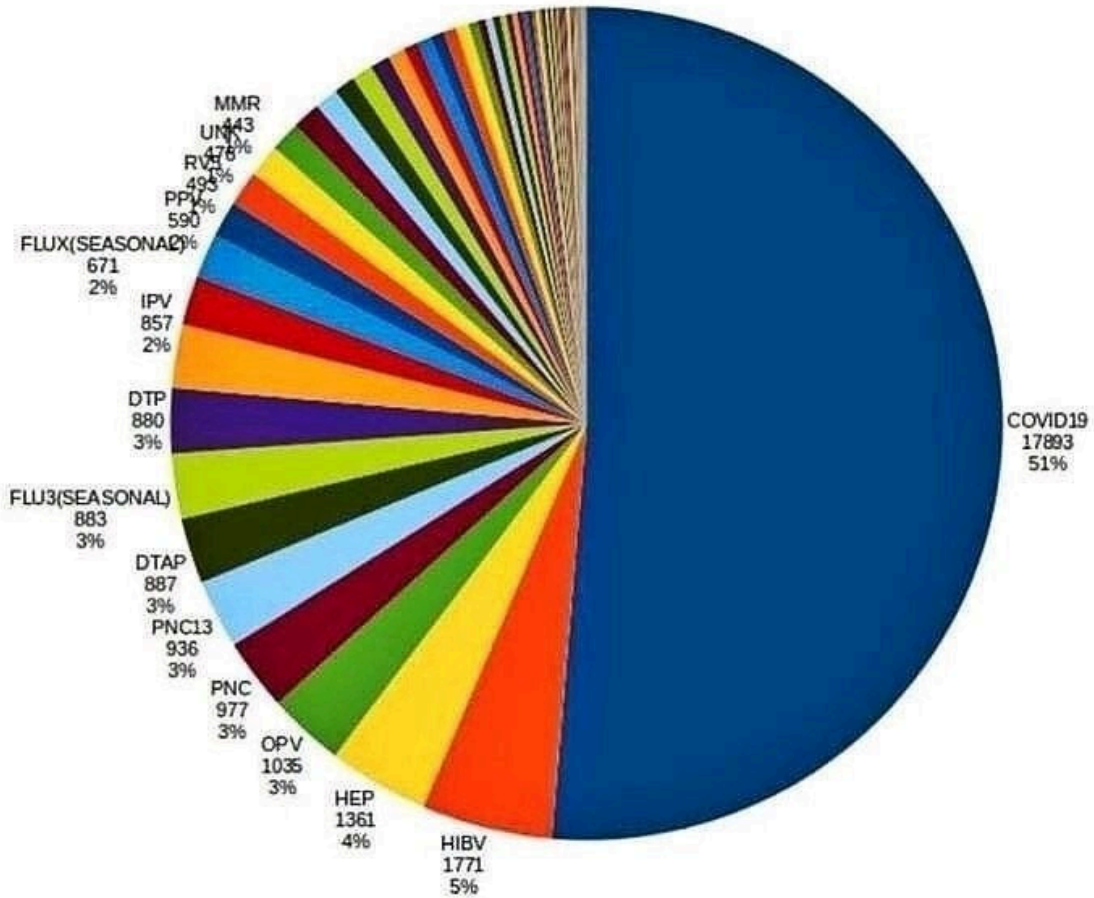
Essential tremor is a nervous system condition, also known as a neurological condition, that causes involuntary and rhythmic shaking. It can affect almost any part of the body, but the trembling occurs most often in the hands, especially when doing simple tasks, such as drinking from a glass or tying shoelaces.

Essential tremor is usually not a dangerous condition, but it typically worsens over time and can be severe in some people. Other conditions don't cause essential tremor, although essential tremor is sometimes confused with Parkinson's disease.

Essential tremor can occur at any age but is most common in people age 40 and older.

**Figure 3**

VAERS Reported Deaths by Vaccine Type (1988-2021)



- |                   |                   |              |                   |                   |                   |          |
|-------------------|-------------------|--------------|-------------------|-------------------|-------------------|----------|
| ■ COVID19         | ■ HIBV            | ■ HEP        | ■ OPV             | ■ PNC             | ■ PNC13           | ■ DTAP   |
| ■ FLU3(SEASONAL)  | ■ DTP             | ■ IPV        | ■ FLUX(SEASONAL)  | ■ PPV             | ■ RV3             | ■ UNK    |
| ■ MMR             | ■ DTAPHEPBIP      | ■ HPV4       | ■ DTAPPVHB        | ■ RV1             | ■ VARZOS          | ■ DTPHE  |
| ■ 6VAX-F          | ■ HBHEPB          | ■ VARCEL     | ■ RAB             | ■ FLU4(SEASONAL)  | ■ HPVX            | ■ HEPA   |
| ■ BCG             | ■ MEN             | ■ TDAP       | ■ FLU(H1N1)       | ■ FLUA3(SEASONAL) | ■ RVX             | ■ MNQ    |
| ■ MENB            | ■ YF              | ■ FLUX(H1N1) | ■ DTPHEP          | ■ HPV2            | ■ TD              | ■ DTAPPV |
| ■ HPV3            | ■ MEA             | ■ TYP        | ■ ANTH            | ■ DTPPV           | ■ MMRV            | ■ HEPAB  |
| ■ TTQX            | ■ PNC10           | ■ DT         | ■ FLUN3(SEASONAL) | ■ SMALL           | ■ FLUN4(SEASONAL) | ■ DTAPH  |
| ■ FLUC4(SEASONAL) | ■ RV              | ■ HBPV       | ■ FLUN(H1N1)      | ■ LYME            | ■ MENHB           | ■ PER    |
| ■ DTPHI           | ■ DTPV            | ■ MU         | ■ JEV             | ■ MNC             | ■ FLUR4(SEASONAL) | ■ DTPPHB |
| ■ FLUA4(SEASONAL) | ■ FLUC3(SEASONAL) | ■ JEVX       | ■ MM              | ■ MER             | ■ PLAGUE          | ■ TDAPPV |
| ■ TBE             | ■ CEE             | ■ CHOL       | ■ JEV1            | ■ RUB             | ■ ADEN_4_7        | ■ DTCX   |
| ■ DPP             | ■ EBZR            |              |                   |                   |                   |          |

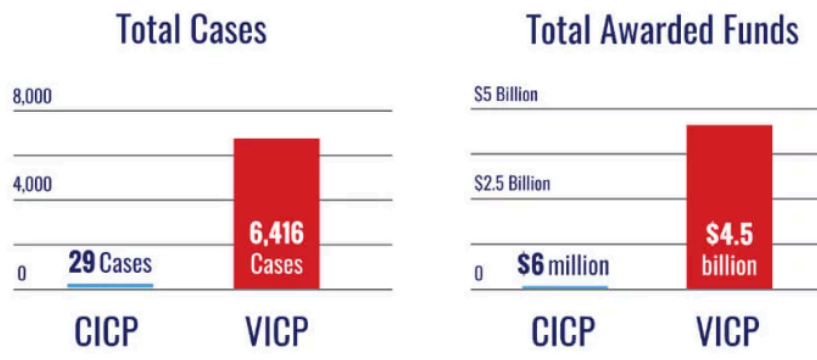
Figure 4

# Did You Know... the drug companies CANNOT be sued for vaccine injuries?

The COVID-19 vaccine injured are currently forced to lodge claims for financial recovery with the inefficient and inadequate *Countermeasures Injury Compensation Program (CICP)* rather than the *Vaccine Injury Compensation Program (VICP)* – the program available for those injured by vaccines such as MMR and flu.

Astonishingly, the *current rejection rate for CICP claims is 97%*. As such, the CICP has *only compensated four injured individuals* in the entire United States - with combined awards totaling less than \$10,000. To be blunt, these statistics are simply unacceptable.

**Total claims awarded in the lifetime of the programs**



**Figure 5**

