

What They Did to the Children

David Bell, Hugh McCarthy | Brownstone Institute
August 9th 2023

“Children were forgotten by policymakers during Covid lockdowns.”

What is most concerning is that three years in, we are not just ignoring what we did, but are planning to expand and institutionalize these practices.

Children, as any parent knows, are not small adults. Their brain is growing and being acutely shaped by their environment and experience. Social skills and values are learned from those around them, with teamwork, risk-management, personal boundaries, and tolerance being learned through play with other children. Their immune system is imprinting environmental contact into a set of responses that will shape health in later life. Their bodies grow physically and become adept at physical skills. They learn both trust and mistrust through interaction with adults.

This rapid physical and psychological growth makes children highly vulnerable to harm. Withdrawal of close contact with trusted adults and enforced distancing has large emotional and physical impacts, in common with other primates. Lack of experience also leaves them vulnerable to manipulation by adults who are pushing certain attitudes or beliefs – often called ‘grooming.’ For these reasons, our forebears put specific protections and norms of behavior in place that elevated the needs of children above adults.

However, protecting children did not involve enclosing them in a padded cell – policy-makers knew this to be harmful to psychological and physical development. It involved allowing children to explore their environment and society, whilst taking measures to shield them from malfeasance, including from those who would harm them directly or through ignorance or neglect.

The act of imposing risks on children for the perceived benefit of adults was therefore considered one of the worst crimes. The most cowardly use of ‘human shields.’

Article 3 of the UN Convention on the Rights of the Child places children at the center of public decision-making: “In all actions concerning children... the best interests of the child shall be a primary consideration.”

When we are complicit in acts that we know are wrong, we naturally look for ways to avoid acknowledging our part in it or excuse the actions as being ‘for a greater good.’ But lying to ourselves is not a good way to correct a wrong. As we have seen in other acts of institutional child abuse, it allows the abuse to fester and expand. It advances the interests and safety of the perpetrators over that of the victims.

Covid as a means for targeting children

In early 2020, a virus outbreak was noted in Wuhan, China. It was soon clear that this relatively novel coronavirus overwhelmingly targeted the sick and elderly, particularly those on unhealthy Western diets. The Diamond Princess incident showed, however, that even among the elderly the vast majority would survive the illness (Covid-19), with many not even becoming ill.

In response, Western public health institutions, politicians, and media turned on children. **Society implemented policies never seen before**; a whole-of-society approach that was expected to increase poverty and inequality, particularly targeting lower-income people, and disrupt childhood development. It included restrictions on children’s play, education, and communication, and used psychological manipulation to convince them that they were a threat to their parents, teachers, and grandparents. Policies such as isolation and travel restriction, normally applied to criminals, were applied to whole populations.

The novel public health response was designed by a small but influential group of very wealthy people, often called philanthropists, and international institutions which they have funded and co-opted over the past decade. These same people would go on to be greatly enriched through the ensuing response. Encouraged by these same but now even wealthier people governments are now working to entrench these responses to build a poorer, less free and more unequal world into which all children will grow.

Whilst rarely discussed in public spaces, strategies of targeting and sacrificing children for the gratification of adults are not new. However, it is a practice that normally elicits disgust. We can now understand better, having been part of it, how such actions can creep into a society and become integral to its character. People find it easy to condemn the past, whilst excusing the present; asking reparations for past slavery whilst advocating for cheaper batteries produced through current child slavery, or condemning past institutionalized child abuse whilst condoning it when it happens within their own institutions. Dietrich Bonhoeffer was not asking us to look to the past, but to the present. The most mature society is one that can face itself, calmly and with its eyes open.

The abandonment of evidence

Aerosolized respiratory viruses, such as coronaviruses, spread in tiny airborne particles over long distances and are not interrupted by cloth face coverings or surgical masks. This has been long-established and has been confirmed again by the US CDC in a meta-analysis of influenza studies published in May 2020.

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The SARS-CoV-2 virus was somewhat unusual (though not unique) in its targeting of a cell receptor in the lining of the respiratory tract, ACE-2 receptors; to enter and infect cells. These are expressed less in children, meaning children are intrinsically less likely to be severely infected or transmit large viral loads to others. This explains the study outcomes early in the Covid-19 epidemic that demonstrated very low transmission from children to school teachers, and adults living with children having a lower-than-average risk. It explains why Sweden, following former evidence-based recommendations from the World Health Organization (WHO), kept schools open with no ill effects on health. Armed with this knowledge, we (as a society) closed schools and forced children to cover their faces, reducing their educational potential and impairing their development. Knowing that school closures would disproportionately harm low-income children with poorer computer access and home study environments, we ensured that the children of the wealthy would widen their advantage for the next generation. In low-income countries, these school closures worked as expected, increasing child labour and condemning up to 10 million additional girls to child to child marriage and nightly rape.

Abusing children at home

For many, school provides the only stable and secure part of their lives, providing the vital pastoral and counselling work which identifies and supports children in crisis. When pupils are out of school the most vulnerable are the most affected, teachers can't pick up the early warning signs of abuse or neglect, and children have no one they can tell. For children with special needs, essential access to multi-agency support frequently ceased.

Sport and extracurricular activities are important in children's lives. Events such as school plays, school trips, choirs, and the first and last days at school mark out their lives and are vital for their social development. Friendships are crucial for their emotional development, particularly during the crucial stages of growth – childhood, adolescence and young adulthood – and especially when there are vulnerabilities or special needs, children need access to family, friends, services, and support.

The result of this neglect, as highlighted by a recent a UCL study on the outcomes of UK government restrictions on children in 2020-2022, was nothing short of a disaster:

"The impact of the pandemic will have detrimental consequences for children and young people in the short and long-term, with many not yet visible, it will have continuing consequences for their future in terms of professional life trajectories, healthy lifestyles, mental well-being, educational opportunities, self-confidence and more besides."

As the study finds:

"Children were forgotten by policymakers during Covid lockdowns."

Infants, children, and teenagers endured numerous lockdowns during their most formative years, despite accounting for a diminutive proportion of Covid hospitalisations and deaths. The UCL study found that politicians did not consider children and young people a "priority group" when English lockdowns were enforced. Infants born into the Covid restrictions have marked delays in brain and thought development. Education is provided to children as it benefits their educational and psychological development, provides a safe and protective environment, and is a way of improving equality. So it was to be expected that when schools closed there would be development losses in very young children, reduced education attainment throughout the age profile, mental health issues, and a rising tide of abuse.

In the UK, 840 million school days were lost to the class of 2021 and nearly two million of England's nine million pupils are still failing to attend school regularly. As early as November 2020, Ofsted, the body which inspects and reports on schools in England, reported that the majority of children were going backwards educationally. Regression was found in communication skills, physical development, and independence. These impacts are seen across Europe, and are likely to be lifelong. Despite this, the policies continued.

In the United States, school closures affected an estimated 24.2 million US schoolchildren absent from school (1.6 billion worldwide) and the educative deterioration there is particularly clear. Schoolchildren have fallen behind in their learning by almost a year according to the latest assessments from the National Assessment of Education Progress (NAEP). About a third of the students didn't reach the lowest reading benchmark and maths saw the steepest decline in history. As poorer students will have less access to the internet and support for remote learning, school closures also widen racial and ethnic inequalities.

And when schools did reopen in the UK a damaging and restrictive set of regulations were introduced wearing masks, testing, bubbles, playground restrictions, and static timetables. Post-primary children were spending all day in the same room, masked for 9 hours per day if they used public transport to get to school. Isolation and quarantining led to continual absences. Teachers trained to know this approach was harmful continued to implement it.

The recent Ofsted report from Spring 2022 highlighted the damaging effects of the restrictions on the development of young children and should have been enough to set alarm bells ringing as it recorded:

- Delays in babies' physical development
- A generation of babies struggling to crawl and communicate
- Babies suffering delays in learning to walk
- Delays in speech and language (noted to be partly attributable to imposition of facemasks).

This latter has also been noted by practitioners such as the Head of the Speech and Language unit in N. Ireland:

"A growing number of young children are experiencing significant communication problems following the lockdowns and some who can't talk at all, they grunt or they point at things they want and who don't know how to speak to the other children."

A study by Irish researchers found that babies born during March to May 2020, when Ireland was locked down, were less likely to be able to say at least one definitive word, point, or wave goodbye at 12 months old. A further study published in *Nature* found children aged 3 months – 3 years scored almost two standard deviations lower in a proxy measurement of development similar to IQ. With 90 percent of brain development taking place in the first five years of life, this has been tragic. Many children in this age group are now starting school far behind, biting and hitting, overwhelmed around large groups and unable to settle and learn with the social and educational skills of a child two years younger.

From a mental health viewpoint, **we as a society attacked the mental health of children**, following policies we knew were harmful and even designed to stoke fear; a direct form of abuse. Children were shut away in their bedrooms, isolated from friends, told they were a danger to others and that non-compliance may kill granny. An agenda of fear was imposed on them.

In the UK there are an astonishing one million children awaiting mental health support, whilst more than 400,000 children and young people a month are being treated for mental health problems – the highest number on record. More than a third of young people said they feel their life is spiraling out of control and more than 60 percent of 16-25-year-olds said they were scared about their generation's future, 80 percent of young people reporting a deterioration in their emotional well-being.

As early as autumn 2020, UK's Ofsted had identified:

- A 42 percent in self-harm and eating disorders
- An 'explosion' of children with disabling tic disorders
- Record numbers of children being prescribed antidepressants
- Increases in self-harm

In addition, **five times more children and young people committed suicide than died of COVID-19 during the first year of the pandemic in the UK. In the US, CDC reported that emergency department visits were 50.6 percent higher among girls aged 12–17 due to suicide attempts. From early 2020, it was known that children were barely affected by the virus, having a 99.9987 percent survival chance, while they were not a danger to others.**

Abusing children far away

Numbers are not people, so when we discuss dead or harmed children in large numbers, it can be difficult to understand the real impact. This allows us to gloss over the impact. However, UNICEF tells us that almost a quarter of a million children were killed by the lockdowns in 2020 in South Asia alone. That is 228,000, each with a mother and father, probably brothers or sisters.

Most additional child lockdown deaths will have been particularly unpleasant, as malnutrition and infections are hard ways to die. These deaths were anticipated by the WHO and the public health community in general. They would have lived without the lockdowns, as (so) they were 'added' deaths.

The WHO estimates about 60,000 additional children are dying each year since 2020 from malaria. Many more are dying from tuberculosis and other childhood illnesses. With about a billion additional people in severe food deprivation (near starvation), there will probably be some millions more hard, painful deaths to come. It is hard to watch a child dying. But someone like us, often a parent, watched and suffered through each of these deaths.

While many in the public health and 'humanitarian' industries tell tales about stopping a global pandemic, those watching these deaths knew they were unnecessary. They knew that these children had been betrayed. Some perhaps can still claim ignorance, as the Western media has found discussion of these realities awkward. **Their main private sponsors are profiting from the programs causing these deaths, as others once benefitted from the abuse and killing to secure cheap rubber of the Belgian Congo or the mining of rare metals in Africa today.** Exposing mass child deaths-for-profit will not please the investment houses that own both media and media's Pharma sponsors. But deaths are the same whether the media covers it or not.

Why we did this

There is no simple answer as to why society reversed its norms of behavior and pretended, en masse, that lies were truth and truth was a lie. Nor a simple answer as to why child welfare came to be considered dispensable, and children a threat to others. Those who orchestrated the closing of schools knew that it would increase long-term poverty and, therefore, poor health. They knew of the inevitability of increased child labour, child brides, starvation, and death. This is why we run clinics, support food programs, and try to educate children.

None of the harms from the Covid response were at all unexpected. The children of the wealthy benefitted, whilst the children of the less well-off were disproportionately harmed. This is the way society has worked historically – we just fooled ourselves that we had developed something better.

What is most concerning is that three years in, we are not just ignoring what we did, but are planning to expand and institutionalize these practices. Those who gained most financially from Covid-19, who backed this society-wide attack on the most vulnerable, wish this to be a permanent feature of life. There is no serious enquiry into the harms of the global response because these were expected, and those in charge have profited from them.

The desired reset was achieved; we have reset our expectations regarding truth, decency, and the care of children. In an amoral world the happiness, the health, and the life of a child only carries the importance we are told to attach to it. To change that, we would have to stand against the tide. History will remember those who did and those who did not.

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Doctors Were Bribed to Promote COVID-19 Jobs

Dmytro "Henry" Aleksandrov August 10, 2023

(Dmytro "Henry" Aleksandrov, Headline USA) It was recently discovered that doctors were bought off by Big Pharma and its insurance industry gunnels to administer the COVID-19 vaccine, turning the jab business into big business with major monetary gains.

Rep. Thomas Massie, R-Ky., shared a graphic from Anthem Medical, an arm of health insurance company Blue Cross Blue Shield, that revealed that doctors were financially incentivized to give the COVID-19 vaccine to their patients.

The document titled "COVID-19 Vaccine Provider Incentive Program" that was shared by Massie was published in 2021.

The document that was addressed to physicians in Kentucky who regularly treat patients claimed that receiving the COVID-19 vaccine was "one of the best and safest ways people can protect themselves and their families against the virus."

"As a participating practice in the COVID-19 Provider Vaccine Incentive program, we recognize your hard work by offering incentives for helping patients make the choice to become vaccinated," the document stated.

In addition to that, the COVID-19 Provider Vaccine Incentive program is open to primary care providers in the state of Kentucky who have an Anthem Blue Cross and Blue Shield Medicaid panel size of 25 or more members.

"If your practice meets the below thresholds for vaccination with at least one dose by September 1, 2021, you will receive the initial incentive payment," the document said.

The payments were based on the following rates: \$20 bonus per vaccinated Anthem member if 30% are vaccinated; \$45 bonus per vaccinated member if 40% are vaccinated; \$70 bonus per vaccinated member if 50% are vaccinated; \$100 bonus per vaccinated member if 60% are vaccinated; and \$125 bonus per vaccinated member if 75% are vaccinated.

"The final incentive payment is calculated based on members who are newly vaccinated between September 1, 2021, and December 31, 2021," according to the document.

The graphic then added another payout scale for those doctors who chased the vax loot: \$100 bonus per member if 30% are vaccinated; \$150 bonus per member if 40% are vaccinated; \$175 per member if 50% are vaccinated; \$200 bonus per member if 60% are vaccinated; and \$250 bonus per member if 75% are vaccinated.

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J.D. Rucker Aug. 10, 2023

Following the rollout of the Covid-19 "vaccines," there was a hardcore push by people in authority to get as many men, women, and children jabbed as many times as possible. Politicians and bureaucrats made threats and restricted those who refused. Journalists gaslit us. Celebrities ridiculed us. It has only been in the last few months that the pressure campaign has let up a bit, but it's still there in the background.

While most Americans have a healthy distrust for politicians, corporate media, and Hollywood stars, a strong majority of people got jabbed anyway for one huge reason: Most doctors were on board with the mass-vaccination program. Many might laugh when Bill de Blasio or Sean Hannity advise us to get jabbed, but with so many doctors echoing the sentiment, millions if not tens of millions dismissed their better judgment based on recommendations from medical professionals.

Studies and strong data points demonstrating the jabs were neither safe nor effective started coming out mere weeks after the rollout, so why did it take most doctors so long to get clued in? A recently surfaced copy of Kentucky Anthem Medical's "Covid-19 Vaccine Provider Incentive Program" may offer the obvious answer:



Anthem Blue Cross and Blue Shield Medicaid

COVID-19 Vaccine Provider Incentive program

Getting vaccinated against COVID-19 is one of the best and safest ways people can protect themselves and their families against the virus. As a participating practice in the COVID-19 Provider Vaccine Incentive program, we recognize your hard work by offering incentives for helping patients make the choice to become vaccinated.

Eligibility
The COVID-19 Vaccine Provider Incentive program is open to you if you are a participating Kentucky primary care provider with an Anthem Blue Cross and Blue Shield Medicaid (Anthem) panel size of 25 or more members. All Anthem members identified as receiving COVID-19 vaccination services are included in the methodology. Vaccine results will be determined by a COVID-19 vaccine claim or by confirmation from the Kentucky Vaccine Registry.

The results will be calculated for two time periods:

- September 1, 2021 – Initial incentive payment
- December 31, 2021 – Final incentive payment

How you can qualify for a bonus
If your practice meets the below thresholds for vaccination with at least one dose by September 1, 2021, you will receive the initial incentive payment based on the following rates:

- 30% Anthem members vaccinated – \$20 bonus per vaccinated member
- 40% Anthem members vaccinated – \$45 bonus per vaccinated member
- 50% Anthem members vaccinated – \$70 bonus per vaccinated member
- 60% Anthem members vaccinated – \$100 bonus per vaccinated member
- 75% Anthem members vaccinated – \$125 bonus per vaccinated member

The final incentive payment is calculated based on members who are newly vaccinated between September 1, 2021 and December 31, 2021 (see the *Appendix* for calculation examples). If your practice meets the below thresholds for vaccination with at least one dose by December 1, 2021, you will receive the final incentive payment based on the following rates:

- 30% Anthem members vaccinated – \$100 bonus per newly vaccinated member
- 40% Anthem members vaccinated – \$150 bonus per newly vaccinated member
- 50% Anthem members vaccinated – \$175 bonus per newly vaccinated member
- 60% Anthem members vaccinated – \$200 bonus per newly vaccinated member
- 75% Anthem members vaccinated – \$250 bonus per newly vaccinated member

<https://providers.anthem.com/ky>

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They say money can't buy you love, but it can buy silence, compliance, and loyalty. Look at those numbers.

We have always known why the mega-hospitals and medical organizations got on board with massive payments from Big Pharma, but now it's easy to understand why doctors in smaller practices played ball as well. The threshold to qualify for incentives was one injection. That's it. These are awfully big payouts for doctors to do a 90-second procedure. And lest we forget, these are the incentives from the insurance company, not Big Pharma... unless you realize that the insurance companies and Big Pharma have been in bed with each other since Obamacare was launched.

Don't Forget Fauci

With all of these shenanigans happening between doctors, Big Pharma, and the insurance companies, surely the medical watchdogs and corruption bloodhounds in our government can see the conspiracies and shut them down, right? If you believe that, you probably still get your news from MSNBC or Fox News.

As most of our brilliant readers know, government officials are in on it as well. Sometimes, they're the orchestrators of the evil plans. Other times, they're just the lapdogs of Big Pharma and the Globalist Elite Cabal. With Covid-19, the rise of Pandemic Panic Theater can be traced back to two men: Anthony Fauci and Francis Collins.

Both of the longtime directors of the National Institutes of Health and its National Institute of Allergy and Infectious Diseases are now conveniently retired to live off the spoils of their taxpayer-funded reigns of terror, but even their inflated salaries were minuscule compared to how much they were paid by the companies they were supposed to be regulating. A watchdog group recently dropped a bombshell about the Fauci-Collins con job.

According to Just The News:

Transparency watchdog OpenTheBooks.com on Wednesday published more than 1,500 pages of unredacted records identifying which companies paid which NIH scientists for which inventions and when, following a mostly successful Freedom of Information Act battle with NIH.

The 56,000 transactions add up to more than \$325 million, according to OpenTheBooks, though the individual amounts for each payment and corresponding license are not listed in the records.

Fauci received 37 payments from three companies between 2010-2021: 15 from Santa Cruz Biotechnology, which creates products for medical research including antibodies and made the fifth-most payments in the royalty database; 14 from Ancestry.com, which produces immunology tolls; and eight from Chiron Corp., acquired by Novartis in 2006.

Novartis has received \$17 million in NIH contract payments and \$15 million in NIH grants since the acquisition. Fauci's NIAID contracted with Chiron in 2004 to help develop an avian influenza vaccine. He was the highest-paid federal employee when Fauci retired at year's end, with a \$480,000 salary in 2022.

Collins, the NIH director who stepped down at the end of 2021 and then served as President Joe Biden's COVID-19 czar, received 21 payments from four companies between 2010-2018, led by 12 from genetic research firm GeneDx, which has received \$5 million in federal contract payments mostly from NIH since 2008.

Four payments to Collins came from Quest Diagnostics' Specialty Laboratories, which provides biological testing services; four from Ionis Pharmaceuticals, originally named ISIS, known for RNA-targeted therapeutics; and one from Progeria Research Foundation, a nonprofit specializing in research for the congenital disorder.

OpenTheBooks said obtaining the names and license numbers for each payment, which NIH redacted before a court ordered that information made public, were crucial for "scrutinizing these records for potential conflicts of interest or public health risks."

It will help determine whether Fauci was truthful when he told Sen. Rand Paul (R-Ky.) at a hearing last year that "I doubt" Fauci received any royalties from any entity that received NIAID money overseen by Fauci, OpenTheBooks said.

As much as I like Senator Paul, I do not have high hopes that he'll be able to hold anyone accountable. Fauci and Collins are Mafiosos in the globalist crime syndicate. They're made men, protected from scrutiny and immune to justice. Being high-ranking minions of Satan has advantages... at least in this life.

Keep all of this in mind and spread the word to friends and family. They need to know about the incentives, kickbacks, and corruption that drove Pandemic Panic Theater because another round is likely just around the corner.

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UNLOCKED: THE INTELLIGENT AND BRAVE HAVE BEEN WAITING FOR THIS WEAPON

Karen Kingston July 5, 2023

When you know your opponent's next move, you go on the offense and strike your opponent down before they make their next attack.

We've all been struggling with how to stop this hostile medical takeover of our nation, our communities, and our children. Like many of you, I'm exhausted from listening to the barrage of defensive strategies and futile tactics that have enabled innocent adults and children to continue to become disabled, diseased, and sometimes killed by being injected with engineered COVID-19 mRNA nanoparticle injections, aka 'vaccines.'

Readers of the Kingston Report are well-educated on the evidence that the COVID-19 injections meet *none* of the scientific and clinical criteria of a vaccine, but perfectly match the scientific and biological outcomes criteria of a bioweapon.

My nickname in the industry was 'the cleaner' because I turned around impossible situations and often took out the 'giant', aka Pfizer. In the pharma/device industry, when you know your opponent's next move, you don't plan a defensive hide-out strategy; you go on the offense and strike your opponent down before they make their next attack. Continually planning on how to defend yourself is a clear path to defeat.

IF WE DON'T STOP THE USE OF MRNA NANOPARTICLE TECHNOLOGIES NOW, OUR FAMILY LINEAGE WILL END WITH THOSE WHO ARE ALIVE TODAY OR BORN IN THE NEXT 5 YEARS.

You can't win a war if don't know what weapons are being used against you. The weapons causing the greatest amount of harm to American adults and children **today** are engineered nanoparticles, specifically COVID-19 nanoparticle injections that government agencies refer to as 'vaccines.'

We know the World Health Organization plans on deploying another PHEIC (public health emergency of international concern) and mandating the deployment and administration of nanoparticle bioweapon injections into the arms of billions of global civilians.

As Americans, what do we do?! How do we stop this ongoing criminal experimentation disabling our friends and family and destroying of our posterity?

The answer is simple. It's not easy, but it's simple. Remove the weapons from our communities. Empower and mobilize law enforcement to remove the COVID-19 nanoparticle injections from your county starting with this DEMAND letter. Every law enforcement authority across America has the authority to remove the COVID-19 nanoparticle injections from every community.

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The following DEMAND letter, combined with affidavits and/or testimonies from victims can be used to seize the shots in the state of Florida. The letter and cited references can stand up in any court of law. I am making this letter available to paid Kingston Report subscribers as I value your experience, intelligence and insights. The final version will be made publicly available for free in the next few weeks.

I am thankful for Scott, Nick, Joe, Jon, and Richard for their dedicated efforts and support in moving this strategy forward.

DEMAND: IMMEDIATELY STOP DISTRIBUTION, ACCESS AND ADMINISTRATION OF COVID-19 MRNA NANOPARTICLE INJECTIONS ACROSS ALL NAMETHECOUNTY VACCINATION FACILITIES AND SEIZE INVENTORY

Attention: Sheriff John Smith, Deputy Sheriff Jane Doe

CC: (list friends, church members, family, mediam and attorneys who have given permission)

It is well-established that the FDA clinical trials for the 'COVID-19 vaccines' (hereafter referred to as 'COVID-19 nanoparticle injections' or 'mRNA nanoparticle injections' or 'COVID-19 injections') were **not** designed to clinically and statistically demonstrate that the COVID-19 nanoparticle injections prevent infection, **prevent transmission, or protect against disease, hospitalizations, and death.**¹⁻⁷

FDA clinical trials, US government data, and real-world evidence have demonstrated that mRNA nanoparticle injections cause clinically significant increases in mild-to-moderate disease, serious diseases, disabilities, hospitalizations, and death within days, weeks and/or months of receiving COVID-19 mRNA nanoparticle injections in formerly healthy infants, children, and adults.^{2,4,6-13,79-81}

The COVID-19 mRNA nanoparticle injections were administered to civilian adults and children through unlawful human experimentation, specifically whereas the clinical safety risks were known by the FDA to outweigh any potential clinical benefits and the COVID-19 injections were administered **without** informed consent regarding; the composition and variability of the COVID-19 nanoparticle injections' vials, the gene-editing mechanism of action of COVID-19 nanoparticle technologies, and the known harmful, permanently disabling and/or sometimes deadly clinical outcomes of being injected with engineered COVID-19 nanoparticle technologies.^{2,4,9,14-55,82}

This DEMAND is sent to the attention of "Sheriff John Doe and Deputay Sheriff Jane Smith," who are hereafter referred to individually and collectively as "COUNTY LAW ENFORCEMENT."

WHEREAS the 'COVID-19 vaccines' contain engineered nanoparticle technologies per the manufacturer's product labeling, FDA submissions, US military contracts, peer-reviewed publications, patents, and manufacturer's websites,^{1-8,11,14,19-24,26,32-37,51} and,

WHEREAS Pfizer ignored and violated 21 USC laws for conducting safe and legal experimentation on humans with the use of FDA-regulated products when Pfizer stated that the formulations of their COVID-19 injections distributed to US adults and children varied by LOT number, per Pfizer's approved August 23, 2021, biological license application (BLA),^{4,11,15-19} and,

WHEREAS Pfizer's criminal experimentation on civilian adults and children with the use of varying biotechnologies in their COVID-19 mRNA nanoparticle formulations by 'vaccine' LOT number (with some lots known to inflict harm, ranging from serious diseases and disabilities to death), combined with lots that are placebos (known to be harmless), was confirmed by a scientific European analysis of 52 different Pfizer mRNA nanoparticle 'vaccine' LOTS, administered to 4,026,575 persons who received 10,793,766 doses (an average of 2.7 injections/person) between December of 2020 and January of 2022;⁷⁹⁻⁸¹and,

WHEREAS the FDA and 'vaccine' manufacturers (i.e. Pfizer) clinically established that the COVID-19 injections would cause an unprecedented incidence of disease, permanent disabilities, and death, when on October 22, 2020 (before the 'COVID-19 vaccine rollout') the FDA met with the manufacturers and reviewed this 'working list' of harmful clinical outcomes caused by the injections; **nervous system disease** (convulsions, seizures, **Guillain-Barre syndrome myelitis encephalitis, encephalopathy, encephalomyelitis, narcolepsy, cataplexy,** meningitis, meningoencephalitis acute demyelinating diseases), **cardiac disease** (acute myocardial

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infarction myocarditis, pericarditis, stroke), **blood and circulatory disease** (disseminated intravascular coagulation, thrombocytopenia, venous thromboembolism), **musculoskeletal disease** (arthritis, joint pain), **reproductive and pregnancy disorders** (adverse pregnancy outcomes, adverse birth outcomes), **autoimmune disease** (VAED, multisystem inflammatory syndrome), and **death**;⁹ and,

WHEREAS 696,605 nervous system disorders, 539,299 musculoskeletal and connective tissue disorders (92,942 pain in extremities), and 317,811 gastrointestinal disorders, 224,633 skin, hair and nail disorders, 190,720 respiratory and chest disorders, 178,353 female and male reproductive system disorders (erectile dysfunction, infertility, heavy menstrual bleeding), 167,382 victims developed bacterial, viral, or parasitic infections (24,9010 herpetic infections), 126,993 cardiac disorders, 100,970 blood and lymphatic system disorders, 77,148 psychiatric disorders, 73,542 vascular disorders, 61,518 eye disorders, 47,038 ear and labyrinth disorders (15,833 tinnitus), 31,895 autoimmune disorders, 13,647 kidney and urinary disorders, 3,711 cancers and benign cysts, 4,056 pregnancy complications (1,859 spontaneous abortion complications, 1,143 genetic disorders, and 3,814 deaths were documented in an internal Pfizer document as of June 18, 2022;⁵⁶ and,

WHEREAS 17,560 deaths, 83,092 hospitalizations, 116,479 urgent care visits, 194,594 doctor visits, 36,014 anaphylaxis/severe allergic reactions, 13,515 cardiac events/conditions, 17,076 permanent disabilities, and an additional 14,494 life threatening events have been reported into the CDC's VAERS database as of June 16, 2023, with an estimated 100-fold underreporting factor per a Harvard Pilgrim Healthcare Analysis commissioned by HHS;⁵⁷⁻⁵⁸ and,

WHEREAS more than one (1) million adverse events were reported in the VAERS database (1,055,219) in the year 2021 from the COVID-19 injections, including; hospitalizations; permanent disabilities, anaphylaxis, heart attacks, miscarriages; adult, child, and newborn deaths which is more than ALL reported adverse events from ALL childhood and adult vaccines over the past 20 years combined prior to the COVID-19 injection rollout (1990 -2020);⁵⁷ and,

WHEREAS based on data from the Defense Medical Epidemiology Database (DMED), it was reported that US military men and women experienced a 2,181% increase in hypertension, 1,048% increase in nervous system disorders, a 894% increase in malignant neoplasms of esophagus, a 680% increase in multiple sclerosis, a 624% increase in malignant neoplasms of digestive organs, 551% increase in Guillain-Barre syndrome (paralysis), a 487% increase in breast cancer, 487% increase in demyelinating disease (damage to the myelin sheath protecting nerve fibers of the brain, optic nerve, and spinal cord), a 474% increase in malignant neoplasms of thyroid and other endocrine glands, a 472% increase in female infertility, a 468% increase in pulmonary embolism, a 452% increase in migraines, a 437% increase in ovarian dysfunction, 369% increase in testicular cancer, and a 302% increase in tachycardia;¹⁰ and,

WHEREAS data collected by the Joint Artificial Intelligence Center (JAIC) of the U.S. Department of Defense (DoD), demonstrated that among 5.6 million Medicare beneficiaries 65 years and older who received Pfizer's or Moderna's mRNA nanoparticle technology injections or remained uninjected; 71% of COVID-19 cases occurred in fully-vaccinated seniors and 60% of COVID-19 hospitalizations occurred in fully-vaccinated seniors as of August 7, 2021;⁵⁹ and

WHEREAS data published by the CDC on June 15, 2023, demonstrated that in adults who were fully vaccinated or fully-vaccinated and boosted, and who were formerly immunocompetent (healthy) experienced an increased risk for hospitalization due to COVID-19;⁶⁰ and,

WHEREAS more than 4 million Americans reported a Grade 3 adverse event (as defined as 'unable to perform their daily functions') and approximately 200,000 (2%) required admittance to the emergency room or hospital after receiving a COVID-19 injection according to the CDC's V-Safe database of 10 million US residents who were early recipients of COVID-19 injections as of July 31, 2022;⁶¹ and,

WHEREAS 403,396 Florida residents who were early recipients of COVID-19 injections, 167,005 (41.1%) reported a Grade 3 adverse event (unable to perform their daily functions) and 8,471 (2.1%) required admittance to the emergency room or hospital after receiving a COVID-19 injection per the CDC's V-Safe database report as of July 31, 2022;⁶¹ and,

WHEREAS Florida Surgeon General Joseph Ladapo identified 16,406 cardiac deaths from Florida's disease repository (MERLIN), Florida State Health Online Tracking System (FLSHOTS), and death records, in adult Florida residents within 25 weeks of a 1st or 2nd mRNA nanoparticle injection; 3,417 of these cardiac deaths occurred within 28 days of a 1st or 2nd mRNA nanoparticle injection and none of these deaths were attributed to COVID-19 infection or a history of heart disease;⁶² and

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WHEREAS a recent systematic review of 100 studies, including case-reports and case studies, demonstrated that the average rate of myocarditis (a formerly rare disease among healthy adults and children) is 1.62% post COVID-19 mRNA nanoparticle injection, as well as demonstrated a clinically significant incidence of cardiomyopathy, pulmonary embolism (PE), and vaccine-induced thrombotic thrombocytopenia post COVID-19 mRNA injection;⁶³ and,

WHEREAS it is clinically established that the mRNA 'spike proteins' and 'lipid' nanoparticles cross the barrier membranes of the cardiovascular, respiratory, reproductive, and central nervous system (including the brain); causing inflammation that can result in disease, disability, and death, per peer-reviewed publications and research & development Pfizer documents;^{52-55,64-67} and

WHEREAS there were 195% excess mortality claims in the State of Florida made to Group Life Insurance companies in July-September of 2021, during the time period when President Biden's previously announced COVID-19 vaccine mandate was to go into effect by July 4, 2021, for all employed Americans;⁶⁸⁻⁶⁹ and,

WHEREAS the CDC recorded an excess of 492,851 deaths in the United States in 2022, and an excess of 64,375 deaths in the first 14 weeks (Q1) of 2023;⁷⁰ and,

WHEREAS on November 20, 2020, Pfizer stated in writing that the risk-benefit ratio of their COVID-19 mRNA nanoparticle injections were not favorable (unfavorable) for children 12 to 15 years of age, based on FDA submitted data from 100 injected children from their Phase 3 trial;² and,

WHEREAS on June 10, 2021, the FDA Vaccine and Biological Products Advisory Committee (VRBPAC) stated in writing that it would not be infeasible (it would be impossible) to conduct a clinical trial that could clinically and statistically prove that any vaccine could prevent SARS-CoV-2 infection and/or COVID-19 disease in pediatric populations because teenagers, children, and infants rarely (if ever) become infected or present with symptoms;¹⁶ and,

WHEREAS children who received two (2) COVID-19 injections are 1400% (15x) more likely to die of any cause than unvaccinated children and children who received three (3) COVID-19 injections are 4400% (45x) more likely to die of any cause than unvaccinated children per UK Government data;^{13,71} and,

WHEREAS, COVID-19 mRNA nanoparticle injections induce anaphylaxis, appendicitis, fevers of greater than 104 degrees Fahrenheit, seizures (with eye rolling), convulsions, status epilepticus (seizures lasting more than 5 minutes and multiple seizures that can lead to permanent brain damage), epilepsy, exanthema subitum (herpes induced fevers and seizures), hypotonia (limp 'lifeless-like baby syndrome'), permanent brain damage confirmed by an EEG, and lissencephaly (genetic-induced brain malformation characterized by the absence of convolutions/folds), per Pfizer's June 15, 2022, FDA clinical trial data submission of 6 month old babies through 4 year old toddlers; in which a subgroup of 370 toddlers (2 to 4 year old) only 21 toddlers (5%) made it to their 1-month study follow-up visit after receiving their 3rd COVID-19 mRNA injection, and in a subgroup of 344 babies (6 to 23 months old) only 3 babies (1%) made it to their 1-month study follow-up visit after receiving their 3rd injection of COVID-19 mRNA injection; reasons for discontinuing or withdrawing from the study included adverse events, neurological dysfunctions, ICU admission, hospitalization, and death (but reasons for discontinuation or withdrawal need not be noted by the investigator);¹⁴ and,

WHEREAS the engineered COVID-19 mRNA nanoparticles can cross the blood brain barrier causing demyelinating disease (deterioration to the protective covering of nerve cells) including permanent changes to nerve cell structures, nerve cell damage, and nerve cell death in the spinal cord and brain leading to permanent brain and neurological disorders and diseases, such as the **696,605 neurological disorders** and diseases documented by Pfizer;^{53,55,56,65,67} and,

WHEREAS the engineered mRNA nanoparticles cross the biological barriers of the male reproductive system accumulating in the testis and epididymis adversely affecting sexual health in men, including; sperm quality, quantity, morphology, and motility, and affecting male hormones causing reproductive organ dysfunction such as the **178,353 female and male reproductive system disorders** documented by Pfizer (including male erectile dysfunction, infertility, and testicular pain);^{53,56,67} and,

WHEREAS the engineered COVID-19 mRNA nanoparticles cross the biological barriers of the female reproductive system accumulating in the ovaries, placenta, and uterus, causing reproductive dysfunction including damage to eggs and follicle development, and adversely affecting the health of women, unborn babies and newborn babies, as was demonstrated by the **178,353 female and male reproductive system disorders** and **4,056 pregnancy complications** (including heavy menstrual bleeding, irregular menstruation, spontaneous abortions, and infertility);^{53,56,67} and,

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WHEREAS the engineered mRNA nanoparticle technologies in the COVID-19 injections are classified as electromagnetic devices per Pfizer's Operation Warp Speed contract and Title 21 US Code 351(a)(2)(B), and the 2017 FDA Guidance on Drugs and Devices;^{23,24,49} and,

WHEREAS the engineered nanoparticle technologies in COVID-19 mRNA injections are gene-editing technologies per Pfizer's May 18, 2021 FDA-submitted biological license application stating that the COVID-19 mRNA mechanism-of-action is through RNA transcription (nucleoside substitutions) substituting the genetic material of human cells within human bodies with foreign genetic material;^{4,25,28,29} and,

WHEREAS the engineered nanoparticle technologies in COVID-19 mRNA injections are gene-editing nanotechnologies that use cationic liposome technologies to alter human DNA through RNA transfection; as has been described in Pfizer's biological license application (BLA), on Pfizer's website, in Dr. Robert Malone and colleagues' 1996 patent "Delivery of Exogenous DNA Sequences in a Mammal" for cationic liposome technology; and as is demonstrated in multiple scientific papers and Pfizer's internal report of 1,143 genetic diseases spontaneously reported post- COVID-19 mRNA nanoparticle injection; ^{4,25-51,56,72,73} and,

WHEREAS it is an established scientific fact that the engineered nanoparticle technologies in the COVID-19 mRNA injections are gene-editing technologies with known and unknown risks for; integrating non-human DNA into the human genome, transmission of foreign DNA into the germline (genetic mutations passed from parent to child through sperm or egg), passage foreign genes into sperm, embryo/fetal and perinatal toxicity, genotoxicity (DNA damage that can lead to birth defects and diseases i.e. cancers), and the potential for horizontal transmission (i.e., shedding) is further confirmed in a June 9, 2023 peer-reviewed publication in the International Journal of Molecular Science;⁸² and,

WHEREAS the COVID-19 mRNA nanoparticle injections were NEVER proven to prevent infection, disease, hospitalization or death, per Pfizer's November 20, 2020, FDA submission, in which Pfizer stated in writing that out of 18,198 human subjects originally injected with BNT162b2, 11% or two-thousand and fifty-three (2,053) developed mild, moderate, or severe COVID-19 disease within 2 months of the 1st or 2nd mRNA nanoparticle injection;¹⁻³ and

WHEREAS 19 (0.1%) deaths were reported by Pfizer within 3 days -142 days (less than 4 months) post-Pfizer mRNA nanoparticle injections in previously healthy human subjects per Pfizer's May 18, 2021, post-hoc analysis;⁴ and,

WHEREAS the rotavirus vaccine (RotaShield) was pulled off the US market in 1999 due to five cases (0.05%) of respiratory infection among 10,054 pediatric vaccine recipients;⁷⁵ and, native advertising

WHEREAS the manufacturers of the COVID-19 nanoparticle injections NEVER submitted clinical trial evidence demonstrating clinically and statistically significant protection against; infection, symptomatic illness, medically attended illness, including emergency department and urgent care visits, or severe illness, including hospitalization and death, but did submit clinical data demonstrating an increased risk of heart inflammation, vaccine-related enhanced respiratory disease, and vaccine-related enhanced autoimmune diseases per Pfizer's August 23, 2021 FDA approval and Moderna's January 30, 2022, FDA approval;^{20-22, 75} and,

WHEREAS the engineered nanoparticles in the COVID-19 injections are nanotechnologies designed to force human cells to produce disease-causing pathogens known as spike proteins, spike proteins that are established lab-made pathogens that cause disease, disabilities, and death per dozens of scientific and clinical publications, abstracts, and patents as well as Pfizer's internal documents and website;^{4,19-22,26-67} and,

WHEREAS the engineered nanoparticle technologies (aka vaccine nanotechnology) in the COVID-19 mRNA injections are patented for use as a nanocarrier of an 'agent of biowarfare,' per US Patent Number 9539210, VACCINE NANOTECHNOLOGY;⁷⁶ and,

WHEREAS COVID-19 injections containing engineered mRNA nanoparticle technologies meet the legal definition of biological weapons according to 18 USC 175, Ch. 10: BIOLOGICAL WEAPONS which is a biological agent, toxin and/or delivery device for use other than prophylactic (preventative), protective, bona fide research, or other peaceful purpose;⁷⁷ and,

WHEREAS, COVID-19 injections containing engineered mRNA nanoparticles meet the exact criteria of weapons of mass destruction according to F.S.790.166;⁷⁸ and

WHEREAS, a person who manufactures, possesses, sells, delivers, displays, uses, attempts to use, or conspires to use, or who makes readily accessible to others a weapon of mass destruction commits a felony of the first degree per F.S.790.166;⁷⁸ and

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On behalf of _____, I am demanding that COUNTY LAW ENFORCEMENT issue a cease and desist to immediately stop distribution, promotion, access and administration of COVID-19 mRNA nanoparticle injections to All NAME OF COUNTY Vaccination Facilities by _____ and to seize their mRNA nanoparticle injections inventory by _____.

Vaccination facilities are defined as all entities including but not limited to, a business entity, government entity, healthcare provider, educational institution, or individual within NAME OF COUNTY, as defined in Florida Statutes Sec. 768.38.

Vaccination facilities and administrators who do not comply with the cease and desist and immediate forfeit COVID mRNA nanoparticle injections inventory will be in violation of in F.S.790.166 and may subject imprisonment and/or fines.

(CLOSING)

By: _____

REFERENCES

1. Pfizer Inc., BioNTech, Initial new drug (IND) application. "A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS." PF-07302048 (BNT162b2 mRNA-Based COVID-19 Vaccines) Protocol C4591001; Apr 2020.
2. Gruber M. (Dir CBER/OVRR), Naik R., Smith M., Wollersheim S., Huang L., et al. Pfizer Inc. on behalf of Pfizer and BioNTech; "Emergency Use Authorization (EUA) for an Unapproved Product." Review Memorandum; Nov 2020. <https://www.fda.gov/media/144416/download>
3. Polack F, Thomas S, Kitchin N, et al. for the C4591001 Clinical Trial Group; "Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine" *New Engl J Med*; Dec 10, 2020; 383:2603-2615. <https://www.nejm.org/doi/full/10.1056/nejmoa2034577>
4. Naik Ramachandra, PhD, Review Committee Chair, DVRPA/OVRR. BioNTech Manufacturing GmbH in partnership with Pfizer, Inc. "COMIRNATY (BNT162b2): Active Immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older" FDA Approval of the Biological License Application (BLA) for BNT162b2/COMIRNATY; Submitted May 18, 2021. Reviewed November 8, 2021. <https://www.fda.gov/media/151733/download>
5. Zaks Tal; ModernaTX, Inc. initial new drug (IND) application. "A Phase 3, Randomized, Stratified, Observer-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Safety, and Immunogenicity of mRNA-1273 SARS-CoV-2 Vaccine in Adults Aged 18 Years and Older, mRNA-1273-P301." Aug 20, 2020. <https://covid19erc.org/wp-content/uploads/2020/09/mRNA-1273-P301-Protocol-2020.pdf>
6. Agnihothram Sudhakar, PhD, Review Committee Chair, DVRPA/OVRR. ModernaTX Inc. "SPIKEVAX (mRNA-1273): Active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 18 years of age and older" FDA Approval of the Biological License Application (BLA) for COVID-19 Vaccine, mRNA; January 30, 2023. <https://www.fda.gov/media/155931/download>
7. ModernaTX, Inc. "FDA Briefing Document Moderna COVID-19 Vaccine" Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting. Emergency Use Authorization (EUA); December 17, 2020. <https://www.fda.gov/media/144434/download>
8. Pfizer, Inc., BioNTech. "Application for licensure of a booster dose for COMIRNATY (COVID-19 Vaccine, mRNA). FDA Briefing Document" Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting. September 17, 2021. <https://www.fda.gov/media/152176/download>
9. Anderson Steven, PhD, MPP - Dir. Office of Biostats & Epidemiology, CBER. "FDA/CBER Plans for Monitoring COVID-19 Vaccine Safety & Effectiveness Vaccines & Related Biological Products Advisory Committee (VRBPAC) Meeting" October 22, 2020. https://www.fda.gov/media/143557/download?fbclid=IwAR1SoorJTduhBPqM4TID307VYgX4eAp3CCqB7S2Ck04CMve_OzgtMNPfKk
10. Senator Ron Johnson, Subcommittee on Investigations, Ranking Member. "United States Senate Letter: The Honorable Lloyd J. Austin III" regarding the Defense Medical Epidemiology Database (DMED); Feb 1, 2022. <https://www.ronjohnson.senate.gov/services/files/FB6DD42-4755-4FDC-BEE9-50E402911E02>
11. Wollersheim Susan, MD, Schwartz Ann, MD, Lee Lucia, MD; Team Leader CRB1/DVRPA/OVRR Allende Marla MD; Chief, CRB1/DVRPA/OVRR, BioNTech Manufacturing GmbH in partnership with Pfizer, Inc. "BLA Clinical Review MEMORANDUM" Biological License Application (BLA); August 23, 2021. <https://www.fda.gov/media/152256/download>
12. Shreshta N, Burke P., Nowacki, et al. "Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine." Open Forum Infect Dis. April 19, 2023. (Cleveland Clinic) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10234376/>
13. Nafilyan V., Bermingham C., Ward IL, et al. "Risk of death following SARS-CoV-2 infection or COVID-19 vaccination in young people in England: a self-controlled case series study" *MedRxiv*. March 23, 2022. <https://www.medrxiv.org/content/10.1101/2022.03.22.22272775v1>
14. Pfizer-BioNTech COVID-19 Vaccine EUA Amendment for Use in Children 6 Months Through 4 Years of Age. "EUA amendment request for Pfizer-BioNTech COVID-19 Vaccine for use in children 6 months through 4 years of age." VRBPAC Briefing Document. June 15, 2022. <https://www.fda.gov/media/159195/download>
15. U.S. Department of Health and Human Services Food and Drug Administration, Office of the Commissioner, Office of the Chief Scientist, Office of Counterterrorism and Emerging Threats. "Emergency Use Authorization of Medical Products and Related Authorities" Guidance for Industry and Other Stakeholders; January 2017. <https://www.fda.gov/media/97321/download>
16. Vaccines and Related Biological Products Advisory Committee Meeting. Licensure and Emergency Use Authorization of Vaccines to Prevent COVID-19 for Use in Pediatric Populations" FDA Briefing Document; June 10, 2021. <https://www.fda.gov/media/149935/download>
17. 21 USC Chapter 1, Subchapter D, Part 312, Subpart C, §312.42 <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-D/part-312/subpart-C/section-312.42>
18. 21 USC Chapter 9, Subchapter V, Part A, § 355-1 [https://uscode.house.gov/view.xhtml?req=\(title:21%20section:355-1%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:21%20section:355-1%20edition:prelim))
19. 21 USC 225.1Vpume 4, Subpart A. Current Good Manufacturing Practice. 225.1 <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRsearch.cfm?fr=225.1>
20. COMIRNATY Prescribing Information. Purple Cap. Dilute. April 2023. <https://labeling.pfizer.com/ShowLabeling.aspx?id=15623>
21. COMIRNATY Prescribing Information. Grey Cap. Do NOT dilute. April 2023. <https://labeling.pfizer.com/ShowLabeling.aspx?id=16351>
22. SPIKEVAX Prescribing Information, November 2022. <https://www.fda.gov/media/155675/download>
23. DEPARTMENT OF THE ARMY U.S. ARMY CONTRACTING COMMAND. "COVID-19 PANDEMIC—LARGE SCALE VACCINE MANUFACTURING DEMONSTRATION" RPP #: 20-11 Project Identifier: 2011-003. Statement of Work for Pfizer. July 21, 2020. <https://www.hhs.gov/sites/default/files/pfizer-inc-covid-19-vaccine-contract.pdf>
24. 21 U.S. Code § 351a2B - Adulterated drugs and devices, Chapter 9, Subchapter V, Part A <https://www.law.cornell.edu/uscode/text/21/351a>; "text=For%20purposes%20of%20paragraph%20(a),the%20manufacturing%20of%20drugs%20and
25. U.S. Department of Health and Human Services Food and Drug Administration Center for Biologics Evaluation and Research. "Design and Analysis of Shedding Studies for Virus or Bacteria-Based Gene Therapy and Oncolytic Products" Guidance for Industry; Aug 2015. <https://www.fda.gov/media/89036/download>
26. Silver, Kate. "Shot of a Lifetime: How Pfizer Developed its Own Raw Materials to Ensure a Steady Supply for the COVID-19 Vaccine" Pfizer Website visited June 27, 2023. https://www.pfizer.com/news/articles/shot_of_a_lifetime_how_pfizer_developed_its_own_raw_materials_to_ensure_a_steady_supply_for_the_covid_19_vaccine
27. ThermoFisher Scientific. "How Cationic Lipid Mediated Transfection Works." ThermoFisher Scientific Website visited June 27, 2023 <https://www.thermofisher.com/us/en/home/references/gibco-cell-culture-basics/transfection-basics/gene-delivery-technologies/cationic-lipid-mediated-delivery/how-cationic-lipid-mediated-transfection-works.html>
28. Berkman BE, Deputy Director, NHGI Bioethics Core. "SUBSTITUTION" NIH National Human Genome Institute Website visited June 27, 2023. <https://www.genome.gov/genetics-glossary/Substitution#:~:text=Substitution%2C%20as%20related%20to%20genomics,with%20a%20different%20aminc%20acid>
29. Ganguly P, PhD, Chief Communications Officer, Nucleus Genomics, NHGI Office of Communications. "TRANSLATION" NIH National Human Genome Institute Website <https://www.genome.gov/genetics-glossary/Translation>
30. Katragadda, CS., Choudhury, KS, and Murthy, PN. "Nanoparticles as Non-Viral Gene Delivery Vectors" IEEE Transactions on Nanobioscience. January 2008 6(4):319-30 <https://www.researchgate.net/publication/journal/IEEE-transactions-on-nanobioscience-1558-2639>
31. Alden M, Falla PO, Yang D, et al. "Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line" *Curr. Issues Mol. Biol.* Feb 23, 2022, 44 (3), 1115- 1126; <https://doi.org/10.3390/cimb44030073>
32. Pfizer Website. "Unlocking the Power of our Body's Protein Factory" Pfizer Website visited June 28, 2023. <https://www.pfizer.com/news/behind-the-science/unlocking-power-our-bodys-protein-factory>

4-7

33. Pfizer Website. "Turning Your Body into Medicine Factories" *Pfizer Website* visited June 28, 2023. <https://www.pfizer.com/news/behind-the-science/how-once-little-known-molecule-disrupting-medicine>
34. Tenchov R. "The therapeutic potential of nanotechnology beyond COVID-19" *Publication for the American Chemical Society (ACS)*. November 18, 2022. <https://www.cas.org/resources/cas-insights/drug-discovery/therapeutic-potential-nanotechnology-covid-19>
35. Williams K and Brant S. "Indigenous perspectives on the biodigital convergence" *AlterNative: An International Journal of Indigenous Peoples*, Vol 18. Issue 1. April 6, 2022. <https://doi.org/10.1177/11771301221090749>
36. Friedrichs S and Bowman D. "COVID-19 may become nanomedicine's finest hour yet" *Nature Nanotechnology*, Volume 16, Pages 362–364. April 14, 2021. <https://www.nature.com/articles/s41565-021-00901-8>
37. Vahedifard F and Chakravathy K. "Nanomedicine for COVID-19: the role of nanotechnology in the treatment and diagnosis of COVID-19" *Emergent Mater.* 4(1): 75–99; Feb 13 2021. <https://pubmed.ncbi.nlm.nih.gov/33615140/>
38. Pfizer Inc. Confidential. "Structural and Biophysical Characterization of SARS-CoV-2 Spike Glycoprotein (P2 S) as a Vaccine Antigen" Pfizer Parent Compound Number(s): PF-0730204. Dec 27, 2020. https://phmppt.org/wp-content/uploads/2023/02/125742_S1_M4_4.2.1-vr-vtr-10741.pdf
39. Nickl P, Hilal T, Olal D, et al. "A New Support Film for Cryo Electron Microscopy Protein Structure Analysis Based on Covalently Functionalized Graphene" *Small*, Vol 19. Issue 8: Feb 2023. <https://onlinelibrary.wiley.com/doi/epdf/10.1002/smll.202205932>
40. ThermoFisher Scientific. "Cryo EM Sample Preparation with the Vitrobot System: Reproducible vitrification of biological samples" *ThermoFisher Scientific Website* visited June 28, 2023. <https://www.thermofisher.com/us/en/home/electron-microscopy/products/sample-preparation-equipment-em/vitrobot-system.html>
41. Fertility Associates of Memphis.com/vitrification/#:~:text=The%20word%20vitrification%20comes%20from,into%20a%20glass%20like%20structure.
42. Joshua A Laes, Joao M Dias, and Seungil Han. Discovery Sciences, Medicine Design, Pfizer Worldwide Research and Development, Groton, CT 06340, U.S.A "Applications of Cryo-EM In small molecule and biologics drug design" *Biochem Soc Trans.* 2021 Dec 17; 49(6): 2627–2638. Published online 2021 Nov 23. doi: [10.1042/BST20210444](https://doi.org/10.1042/BST20210444). <https://portlandpress.com/biochemsoctrans/article/49/6/2627/230276/Applications-of-Cryo-EM-In-small-molecule-and>
43. CDC "Pfizer/BioNTech COVID-19 Vaccine: Storage and Handling" May 2, 2023. *CDC Website* visited site on June 27, 2023. <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/storage-summary.pdf>
44. Pallesen J, Wang N, McLellan J, et al. "Immunogenicity and structures of a rationally designed prefusion MERS-CoV spike antigen" August 14, 2017. *PNAS*;114 (35) E7348-E7357 <https://doi.org/10.1073/pnas.1707304114>
45. Graham B, McLellan J, et al. "6VSB: Prefusion 2019-nCoV spike glycoprotein with a single receptor-binding domain up" (2020) *Science* 367: 1260-1263. Research Center for Structural Biology (RCSB) Protein Data Bank (PDB) <https://www.rcsb.org/structure/6VSB>
46. Graham B, McLellan J, and Ward A. "PREFUSION CORONAVIRUS SPIKE PROTEINS AND THEIR USE" US2020/06185A; Feb 27, 2020. <https://patentimages.storage.googleapis.com/e9/1f/3a/c72f6a8603a3b5/US202006185A1.pdf>
47. Arbelman, C.R., Rojas, P., Ojeda-May, P. et al. The SARS-CoV-2 spike protein is vulnerable to moderate electric fields. *Nat Commun* 12, 5407 (2021). <https://doi.org/10.1038/s41467-021-25478-7>
48. Cross R. "Without these lipid shells, there would be no mRNA vaccines for COVID-19" *Chemical & Engineering News*. March 6, 2021 | *Volume 99, Issue 8*; <https://cen.acs.org/pharmaceuticals/drug-delivery/Without-lipid-shells-mRNA-vaccines/99/8>
49. U.S. Department of Health and Human Services Food and Drug Administration, Office of Combination Products, Office of Special Medical Programs Office of the Commissioner "Classification of Products as Drugs and Devices & Additional Product Classification Issues: Guidance for Industry and FDA Staff" September 2017. <https://www.fda.gov/media/80384/download>
50. Filesler N. "Capturing SARS-CoV-2's shape-shifting spike protein" Posted July 21, 2020. Boston Children's Hospital Website Visited June 29, 2023. <https://answers.childrenshospital.org/sars-cov-2-spike-protein/>
51. Moderna Patent. Bancel S, Chakraborty T, Fougereles A, "Modified polynucleotides for the production of secreted proteins" US9828416B2; November 28, 2017. <https://patents.google.com/patent/US9828416B2/en> Also accessed February 2022 <https://www.modernatx.com/sites/default/files/US10703759.pdf>
52. Rawati J, Kumar V, Ahlwat P, et al. "Current Trends on the Effects of Metal-Based Nanoparticles on Microbial Ecology" *Applied Biochemistry and Biotechnology*; Feb 17, 2023. <https://doi.org/10.1007/s12010-023-04386-0>
53. Wang R, Song B, Wu J, et al. "Potential adverse effects of nanoparticles on the reproductive system" *Int Jnl of Nanomedicine*: 2018;13 8487–8506 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6294055/pdf/ijln-13-8487.pdf>
54. Handy RD and Shaw BJ. "Toxic effects of nanoparticles and nanomaterials: Implications for public health, risk assessment and the public perception of nanotechnology" *Health, Risk, & Society*; Volume 9:2007. <https://doi.org/10.1080/13698570701306807>
55. Lupatoli FA, Zucca FA, Boraschi D, Zecca L. Engineered nanoparticles. How brain friendly is this new guest? *Prog Neurobiol.* 2014 Aug-Sep;119-120:20-38. doi: 10.1016/j.pneurobio.2014.05.002. Epub 2014 May 10. PMID: 24820405. <https://pubmed.ncbi.nlm.nih.gov/24820405/>
56. Pfizer. Confidential. "APPENDIX 2.2: Cumulative and Interval Summary Tabulation of Serious and Non-Serious Adverse Reactions from Post-Marketing Data Sources, BNT162B2." Data collected from December of 2020 through June 18, 2022. <https://www.globalresearch.ca/wp-content/uploads/2023/05/pfizer-report.pdf>
57. Center for Disease Control (CDC). "VAERS COVID Vaccine Adverse Event Reports." US Data. June 16, 2023. <https://openvaers.com/covid-data>
58. Lazarus Ross, MBBS, MPH, MMed, GDCompSci, Michael Klompas, MD, MPH. "Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)." Prepared by Harvard Pilgrim Health Care, Inc. for U.S. Department of Health and Human Services. Inclusive dates: 12/01/07 – 09/30/10 <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
59. United States Department of Defense, Joint Artificial Intelligence Center (JAIC), Humetrix data; "Effectiveness of mRNA COVID-19 Vaccines Against the Delta Variant Among 5.6M Medicare Beneficiaries 65 Years and Older." September 28, 2021. <https://www.humetrix.com/powerpoint-vaccine.html>
60. Link-Gelles, Ruth, PhD, MPH,CLDR, US Public Health Service COVID-19 Vaccine Effectiveness Program Lead Centers for Disease Control and Prevention. "COVID-19 Vaccine Effectiveness Updates." June 15 2023. <https://www.fda.gov/media/169536/download>
61. CDC V-SAFE Database. Accessed June 28, 2023. <https://vaxsafedata.com/about-us/>
62. FL SG Dr. Josepha Ladapo. "Exploring the relationship between all-cause and cardiac-related mortality following COVID-19 vaccination or infection in Florida residents: a self-controlled case series study." Oct 2022. <https://floridahealthcovid19.gov/wp-content/uploads/2022/10/20221007-guidance-mrna-covid19-vaccines-analysis.pdf>
63. Paknahad MH, Yancheshmeh FB, Soleimani A. Cardiovascular complications of COVID-19 vaccines: A review of case-report and case-series studies. *Heart Lung.* 2023 May-Jun;59:173-180. doi: 10.1016/j.hrtlung.2023.02.003. Epub 2023 Feb 8. PMID: 36842342; PMCID: PMC9905103. <https://pubmed.ncbi.nlm.nih.gov/36842342/>
64. AHA "Coronavirus spike protein activated natural immune response, damaged heart muscle cells" American Heart Association Basic Cardiovascular Sciences Meeting – Presentation: P3119. July 25, 2022. <https://newsroom.heart.org/news/coronavirus-spike-protein-activated-natural-immune-response-damaged-heart-muscle-cells#:~:text=Our%20data%20show%20that%20the,the%20down%20on%20natural%20immune%20machinery>
65. Hansen T, Titzte U, Kulamadayil-Heidenreich NSA, Glombitza S, Tebbe JJ, Röcken C, Schulz B, Waise M, Wilkens L. First case of postmortem study in a patient vaccinated against SARS-CoV-2. *Int J Infect Dis.* 2021 Jun;107:172-175. doi:10.1016/j.ijid.2021.04.053. Epub 2021 Apr 16. PMID: 33872783; PMCID: PMC8051011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8051011/>
66. Acuitas Therapeutics. A Tissue Distribution Study of a [3H]-Labelled Lipid Nanoparticle-mRNA Formulation Containing ALC-0315 and ALC-0159 Following Intramuscular Administration in Wistar Han Rats. Test Facility Study No. 185350 Sponsor Reference No. ALC-NC-0552. Nov 9, 2020. https://phmppt.org/wp-content/uploads/2022/03/125742_S1_M4_4.2.23_185350.pdf
67. Pfizer Inc. Japan. "SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048) Luciferase RNA-encapsulated LNP administered intravenously to Wistar Han rats at a dose of 1 mg RNA/kg. Plasma and Liver Concentrations of ALC-0315 and ALC-0159"
68. Society of Actuators (SoA) Research Institute. "Group Life COVID-19 Mortality Survey Report" Aug 2022. <https://www.soa.org/4a368a/globalassets/assets/files/resources/research-report/2022/group-life-covid-19-mortality-03-2022-report.pdf>
69. The White House. "FACT SHEET: President Biden to Announce Goal to Administer at Least One Vaccine Shot to 70% of the U.S. Adult Population by July 4th." WH Statement made on May 4, 2021. <https://www.whitehouse.gov/briefing-room/statements-releases/2021/05/04/fact-sheet-president-biden-to-announce-goal-to-administer-at-least-one-vaccine-shot-to-70-of-the-u-s-adult-population-by-july-4th/>
70. CDC Data submitted to the OECD (Organization for Economic Cooperation and Development) Accessed June 1, 2023. <https://stats.oecd.org/index.aspx?queryid=104676#>
71. Swart N. "Pfizer documents, official government data confirm: 75m vaccine deaths in 2022, critical infertility" *Biz News*. Nov 23, 2022. <https://www.biznews.com/health/2022/11/23/pfizer-vaccine-deaths>
72. Malone RW, Felgner PL, Verma IM. Cationic liposome-mediated RNA transfection. *Proc Natl Acad Sci USA.* 1989 Aug;86(16):6077-81. doi: 10.1073/pnas.86.16.6077. PMC297778. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC297778/>
73. Malone RW, Felgner P, Wolff J, et al. "DELIVERY OF EXOGENOUS DNA SEQUENCES IN A MAMMAL" US 5,808,859; Dec 9, 1996. <https://patentimages.storage.googleapis.com/6f/65/07/e39a6bf6d18e9d/US55808859.pdf>
74. CDC "Historical Information as RotaShield® was taken off U.S. market in 1999" *CDC website* visited June 29, 2023. <https://www.cdc.gov/vaccines/vpd-vac/rotavirus/vac-rotashield-historical.html#:~:text=The%20U.S.%20Advisory%20Committee%20on,between%20the%20vaccine%20and%20intussusception>
75. CDC "Monitoring Vaccine Effectiveness." CDC COVID-19 website visited June 29, 2023. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/how-cdc-monitors.html>
76. NIH Patent for "Vaccine Nanotechnology" US 9,539,210 B2 Jan 10, 2017. <https://patentimages.storage.googleapis.com/29/d1/ca/18013ced0621f0/US9539210.pdf>

4-8

77. US Title 18 – Crimes and Criminal Procedures, Chapter 10 – Biological Weapons, §175. Prohibitions with respect to biological weapons <https://uscod.house.gov/view.xhtml?path=/prelim@title18/part1/chapter10&edition=prelim>
78. FL State Title XLVI – Crimes, Chapter 790 – Weapons and Firearms, SECTION 166 Manufacture, possession, sale, delivery, display, use, or attempted or threatened use of a weapon of mass destruction or hoax weapon of mass destruction prohibited; definitions; penalties. <https://m.flsenate.gov/Statutes/790.166>
79. Schmeling M, Manniche V, Hansen PR. "Batch-dependent safety of the BNT162b2 mRNA COVID-19 vaccine" *European Journal of Clinical Investigation*; March 30, 2023. <https://doi.org/10.1111/eci.13998>
80. European Medical Agency. "Safety of COVID-19 vaccines." <https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/treatments-vaccines/vaccines-covid-19/safety-covid-19-vaccines> Assessed January 6, 2023.
81. European Directorate for the Quality of Medicines and Healthcare. "EDQM initiatives in the context of COVID-19 vaccines and therapies." <https://www.edqm.eu/en/edqm-initiatives-in-the-context-of-covid-19-vaccines-and-therapies> Assessed January 6, 2023.
82. Banoun H. "mRNA: Vaccine or Gene Therapy? The Safety Regulatory Issues." *International Journal of Molecular Sciences*. 2023; 24(13):10514. <https://doi.org/10.3390/ijms241310514>

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5-1

Never Forget: Leftists Showed Their True Authoritarian Colors During COVID

Brandon Smith August 12th 2023

When I think back to the first days of the covid pandemic lockdowns, I suspect the majority of people, even many conservatives and liberty movement types, had a healthy concern about the effects of the virus and the potential for structural upheaval if it turned out to be as deadly as the World Health Organization initially claimed.

If covid had an Infection Fatality Rate of 3% or more as global health officials warned, then the damage would be substantial enough to change our world for many years to come.

Anyone who was not at least partially concerned about a biological disaster (or biological warfare) was probably an idiot. Anyone who was smart was prepared. However, after a few months of the spread of the virus and after the first flurry of scientific data, several facts became evident:

- 1) *The lockdowns did nothing to stop the spread, they were simply destroying our economy.*
- 2) *The masks were useless and did nothing to prevent transmission of the virus.*
- 3) *The IFR of covid was a tiny 0.23%, and that's not accounting for all the co-morbidity deaths that were falsely labeled as covid deaths.*
- 4) *The vaccines did not prevent transmission for millions of people. They did not prevent infection in many cases and numerous vaccinated people have died from the virus. Not only that, but unvaccinated people with natural immunity were better protected than those that took the vaccine and boosters.*
- 5) *Studies show that the vaccines cause dangerous side effects at a much greater rate than the CDC admitted.*

Everything government officials told us during the pandemic was a lie. It was not a mistake, it was not bureaucratic confusion, it was a lie. Even after this information became available, they KEPT GOING – They kept people locked down, kept them masked and they even tried to force-vaccinate the population. There were some Republican politicians that also went along with the panic, many of them Neocons (fake conservatives). However, the majority of red states quickly ended the restrictions once the contradictory data was made public. In the meantime, the blue states looked ridiculous and paranoid as they desperately clung to the mandates.

I believe the only reason Biden, the Democrats and globalist institutions eventually stopped was not because they realized their science was incorrect; it was because **they realized millions of conservatives and independents were ready start a shooting war over the mandates** and they knew they would lose.

Even today, months after Biden was forced to finally end the national emergency status on covid, there are still a lot of people out there running around with masks, still isolating in their homes and still complaining all over social media that the public has moved on from the pandemic hysteria. Where does this behavior originate? And why did so many Americans (mainly leftists) jump on the authoritarian bandwagon when it comes to lockdowns and forced vaccination?

I want to explore the psychology of such people here, because I think it's the natural inclination of the public today to move on quickly from the discomfort of terrible events and ignore the deeper implications. We cannot move on from this, because the ultimate problem was never solved. These same leftists and globalists were never admonished for their behavior; they never had to admit they were wrong and they WILL attempt the same draconian measures again in the future if left unchecked.

Here is what I think happened during the covid cult frenzy...

A Useful Weapon Against The Constitution

Leftists are quick these days to change the subject or outright deny their authoritarian activities during covid. It makes sense, they view the next election as a defining election and they want people to forget that we almost lost what remains of our constitutional rights because of their policies. But again, we can't allow these things to fade into the ether. Here's a list of the worst trespasses on the part of leftists and globalists during the pandemic:

1. ***They lied about the effectiveness of the lockdowns.***
2. ***They lied about the effectiveness of the masks.***

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3. *They lied about the effectiveness of the vaccines.*
4. *They lied about how extensive the testing was for the covid vaccines.*
5. *They lied about the "pandemic of the unvaccinated."*
6. *They enforced lockdowns OUTSIDE where it is nearly impossible to contract a virus.*
7. *They tried to put the population under house arrest.*
8. *They put legislation in motion in some states to build "covid camps" in the US.*
9. *In some countries, they did build covid camps, not just for travelers, but for everyone.*
10. *They conspired to suppress ample evidence linking the Wuhan Lab in China with the outbreak.*
11. *They (Government and Big Tech) conspired to use social media as a tool for mass censorship of conflicting data.*
12. *They exploited algorithms through search engines to bury any and all contrary information.*

As many leftists openly admitted, the goal was to make life so difficult for the unvaccinated that they would eventually comply in order to survive. In this way, establishment elites and leftists could claim that people "volunteered" for the vaccines and no one was forced. What they really meant was, no one was forced at gunpoint, but we all knew that threat was coming next. In fact, **polling showed** that a large percentage of Democrats were willing to scrap the Bill of Rights altogether and declare war on the unvaccinated...

Finally, the vast majority of leftists supported Biden's vaccine passport executive orders for workers in companies with 100 employees or more, which would have ultimately led to vaccine passports for everyone. This would have destroyed the constitution as we know it and created a society in which economic participation is completely controlled by the government. Keep in mind, all of this was being justified by a virus with a tiny 0.23% median death rate.

Since the political left views the Bill of Rights as an obstacle to the majority of their political goals, I argue that they simply saw the pandemic as a vehicle they could exploit to remove constitutional protections they always wanted to get rid of anyway.

The Mentally Ill Took Over The Country

Around 23% of the US population is estimated to have at least one mental illness. On average, around 3% of the population suffers from psychotic episodes and 1% of the population is full blown psychopathic (incapable of empathy and takes joy in the suffering of others). America is a sick nation full of psychologically disturbed people, and there is currently no recourse for fixing the problem.

Instead, under the leftist methodology, the mentally ill are elevated, idolized and enabled while violent criminals are released onto the streets over and over again. Take one look at all the major cities on the west coast of the US where progressive policies rule and see the disturbing decline. But what does this have to do with medical tyranny under covid? The political left uses the mentally ill as a bludgeon, an easily manipulated tool for chaos. During the lockdowns and restrictions, the establishment and the media stoked the fires of paranoia. By themselves they have no power; they need the crazed mob as a weapon to keep the rest of the country afraid and in line. They needed good little Stasi, always watching, always correcting, always screaming at those without masks, attacking those that refused to get vaxxed and mocking those that spoke out about scientific inconsistencies.

And, in return, the establishment made the mentally ill feel as if they were normal. For a fleeting moment in time, the **most unstable and narcissistic people** on the planet were made to feel like THEY were on the right side of history and rationality. It was a parasitic feedback loop that almost destroyed the last vestiges of America.

Tiny Tyrants Begging For Scraps From The Globalist Table

There are **generally two kinds of people in the world** – **Those that want power over others, and those that just want to be left alone.** The progressive ideology seems to be a breeding ground for "tiny tyrants": People who have no individual power, little accomplishment and no influence to speak of, but are still stricken with an obsession to micromanage the world around them. These folks see crisis and government overreach as an opportunity rather than a threat.

There are also those people who view their existence as so devoid of interest or excitement that they tend to live vicariously

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through calamity and conflict. They saw the covid outbreak and the lockdowns as a moment that gave their lives "meaning." Yes, it's sad and pathetic, but this is how many people out there cope with obscurity and lack of merit.

These opportunists didn't want the pandemic to end. They wanted it to go on forever, because if it did they could feed off the establishment power shift. They could gather scraps from the globalist table, and like carrion, feast on the corpse of our Republic. The motive? Selfish vanity, that is all.

All of this could very well happen again. The big tyrants and tiny tyrants are still out there, waiting for the next crisis; the next panic event to take the public off their guard. Another viral event is unlikely, but they do seem anxious to use climate change, war and economic turmoil as the next great "reset" button. In the end, there will have to be a dramatic shift in how the liberty minded interact with the authoritarian left. It is clear that we cannot share the same country, or the same civilization. Our values are fundamentally at odds. It's only a matter of time before a single spark ignites a firestorm.

5-3

6-1

We Are Finally Entering A Phase Of COVID "Narrative Collapse", Says Oxford Epidemiologist

June 28, 2023 Sunetra Gupta

Discussing the effects of lockdowns on children confirms that we are finally entering a phase of Covid 'narrative collapse'...

It is now widely acknowledged that lockdowns caused immeasurable harm, particularly to children, and new research highlights that the interests of the young were forgotten by policymakers during the pandemic. Yet those who are now prepared to wring their hands about this situation are also adamant that lockdowns were unavoidable. Indeed, there is a general reluctance to criticise the very basis on which the measures that damaged children were adopted.

It is understandable that, during lockdown, some professionals were cautious so as not to antagonise those who had the power to put an end to these practices. But it is time to put such concerns aside and establish a rational framework that prevents such a disaster from recurring.

It was clear from the outset that the risk of dying from Sars-CoV-2 infection was negligible in healthy children. It follows that they did not need protection from infection.

Closing schools, forcing them to wear masks and endure the hardships of social distancing, and vaccinating them, could only be justified in terms of stopping community spread. None of these measures had a reasonable impact on the dynamics of infection.

So, is the lesson that, next time, we must lock down but keep schools open? Many of us would bargain for that, especially if we put higher education institutions into the mix, as young adults were also robbed of critical experiences at a delicate time in their lives. But by the time we implemented all these compassionate exclusions to lockdown, including the maintenance of all essential services, what we are looking at is the focused protection of the vulnerable rather than a policy that is effective against the spread of infection.

This is because there is no halfway house when it comes to halting the spread of a new pathogen. The curve between a full-scale lockdown and let-it-rip is anything but a steady slope.

It could be argued that the reason closing schools made hardly any difference was because lockdowns are, ultimately, an extremely ineffective way of stopping spread. Certainly, border closures can be used in very specific circumstances to prevent a pathogen from exiting or entering a community. But there were no credible empirical or theoretical reasons to believe that we could use social distancing measures to snuff it out once it was here. There were plenty of reasons to believe that trying to do so would cause a lot of harm.

The discussion around the effects of Covid policies on children confirms that we are entering a phase of "narrative collapse" in the perception of how the crisis was handled. But it still needs to be accepted that keeping a lid on the spread of Covid without closing schools is a fantasy; there is therefore no way to reconcile the philosophy of lockdown with avoidance of harm to children. The only coherent strategy is one of focused protection, in which vulnerable people are protected without imposing egregious costs on those not at risk.

It is my opinion that, rather than locking down earlier and harder, we should have put in place such a policy as soon as we were aware that the risks were so strongly stratified by age and linked to specific comorbidities. If the Covid Inquiry truly cares about the plight of the younger generation, it should be prepared to consider the option of immediately instituting focused protection, instead of being wedded to the notion that a rapid lockdown was the correct course.

CDC Used Journal To Promote Masks Despite 'Unreliable' And 'Unsupported Data': New Analysis

JUL 16, 2023 - MEGAN REDSHAW, J.D.

A new [analysis of studies](#) in the Centers for Disease Control and Prevention's (CDC) flagship scientific journal found **the agency promoted the effectiveness of masks using unreliable data with conclusions unsupported by evidence.**

The preprint, published July 11 on MedRxiv, found the CDC's [Morbidity and Mortality Weekly Report \(MMWR\)](#) made positive findings about the efficacy of masks 75 percent of the time, despite only 30 percent of studies testing masks, and less than 15 percent having "statistically significant results."

No studies were randomized, yet the CDC in over half of their MMWR studies, made misleading statements indicating a causal relationship between mask-wearing and a decrease in COVID-19 cases or transmission, despite failing to show evidence of mask effectiveness.

The inappropriate use of causal language in MMWR studies was directly adopted by then CDC director Dr. Rochelle Walensky to promote masks and recommendations urging Americans to mask up. The authors said their findings "raise concern about the reliability of the journal for informing health policy" and suggest bias within the journal.

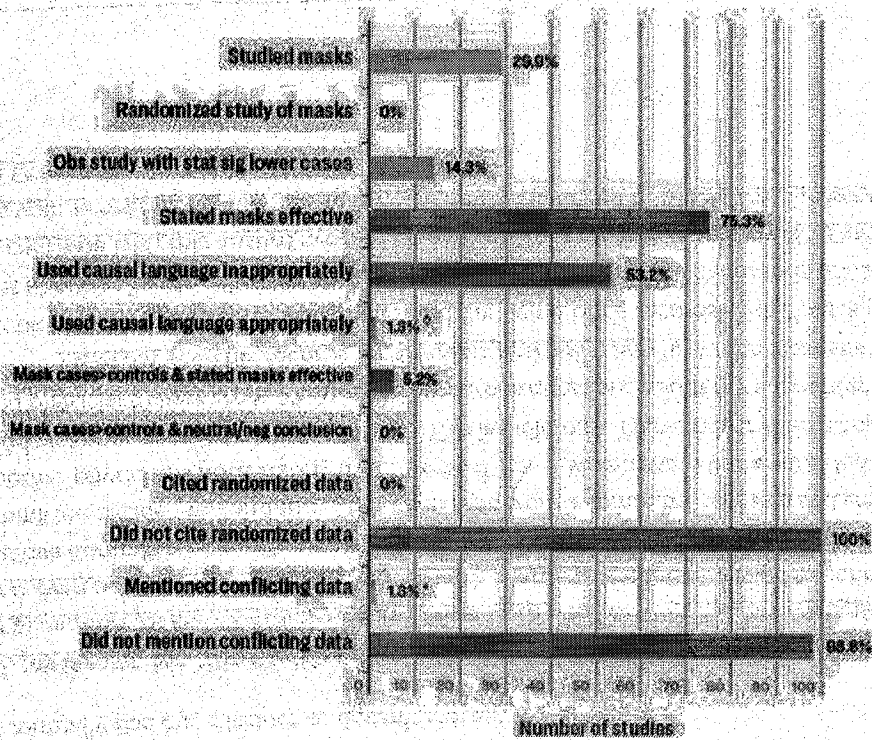
The MMWR, often called "the voice of the CDC," is the agency's primary vehicle for "scientific publication of timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations." The publication—subject only to peer review internally by the agency—is frequently used to draft national health policies. For example, mask requirements implemented during the COVID-19 pandemic for federal workers, travelers, schools, businesses, healthcare workers, and Head Start programs—"mirrored" CDC recommendations.

Of the 77 reviews cited in the agency's MMWR used to promote masks, researchers found the following:

- Only 23 of 77 studies assessed the effectiveness of masks, yet 58 of 77 studies claimed masks were effective.
- Of the 58 studies, 41 used "causal language," and 40 misused causal language. [Causal language](#) is where an "action or entity is explicitly presented as influencing another" and should not be used in [observational studies](#) because these types of studies merely identify "associations" and cannot establish that the "associations identified represent cause-and-effect relationships."
- According to the analysis, the 40 studies that used causal language indicated with certainty that masks lower transmission rates, despite the fact their results, at most, found a correlation. In addition, 25 of the 40 studies didn't even assess the effectiveness of masks. The one remaining study used causal language related to particle filtration on mannequins with "unknown relevance for human health."
- Of the 58 studies referenced above, only one mentioned conflicting data on mask effectiveness—the authors noted it was an international study primarily focused on influenza.
- Four of the 77 studies had more cases in the mask group than in the comparator group, yet all four studies concluded masks were effective.

None of the 77 studies assessed after 2019 were randomized, and none cited randomized data.

7-2



Legend:
■ inappropriate
■ appropriate
■ mannequin study
■ influenza study
Select characteristics of the 77 Morbidity and Mortality Weekly Report (MMWR) publications pertaining to masks.

Source: medRxiv

EPOCH HEALTH

Randomized studies are the "gold standard" for determining whether an intervention or treatment is effective. Instead, the CDC most commonly used observational studies without controls or comparison groups.

Read more [here...](#)

8-1

8-1

NIH Study Suggests N95 Covid Masks May Expose Wearers to Toxic Compounds Linked to Seizures, Cancer

Margaret Flavin August 27, 2023

The intense propaganda used to coerce you to wear a face mask is not based on science. It is a pure political power play designed to force you and your children into submission.

And they are preparing to force you to mask up again.

In April, The Gateway Pundit reported on a German study that reveals that using a face mask during pregnancy may increase the chance of stillbirth, testicular dysfunction, and cognitive decline in children.

Now, a study from researchers at Jeonbuk National University in South Korea, released in April and quietly being re-shared, suggests the "gold standard" surgical N95 masks may expose users to dangerous levels of toxic chemicals.

The study looked at two types of disposable medical-grade masks and several reusable cotton masks.

The Daily Mail reports:

The study found that the chemicals released by these masks had eight times the recommended safety limit of toxic volatile organic compounds (TVOCs).

Inhaling TVOCs has been linked to health issues like headaches and nausea, while prolonged and repeated has been linked to organ damage and even cancer.

'It is clear that particular attention must be paid to the VOCs associated with the use of KF94 [medical] masks their effects on human health,' the researchers wrote in the study published April.

TOVCs, or Total volatile organic compounds, describes a wide range of organic chemical compounds, which are release by things like cleaning and beauty products, burning fool and cooking, that could be classified as volatile organic compounds (VOCs). VOCs are reserved for characterization of such substances in polluted air, that is, VOCs generally refer to vapors of gases given off by compounds rather than the liquid phase.

While The Environmental Protection Agency (EPA) recommends keeping TVOC levels below 0.5 parts per million in indoor air, the study reveals that disposable masks studied contained up to 14 times the TVOCs compared to the cotton masks.

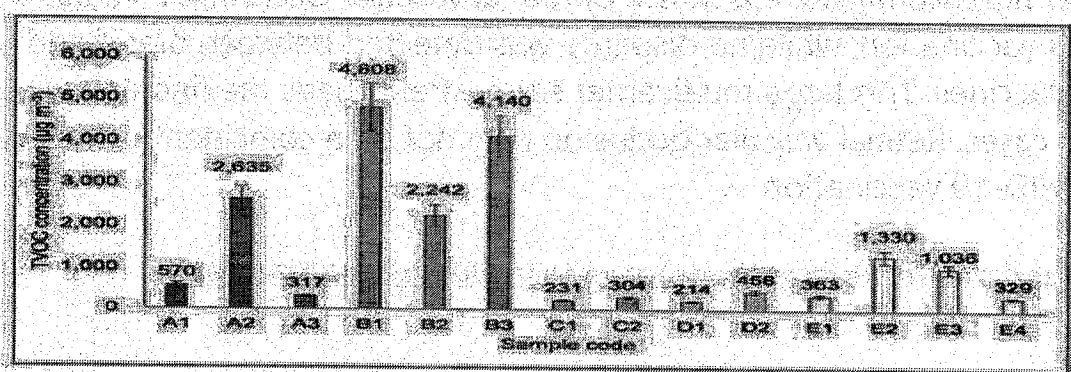


Fig. 1. TVOC concentrations (µg m⁻³) emitted from each mask sample.

Samples A1 through B3 represent disposable masks, whereas samples C1 through E4 are cloth masks. Disposable masks had up to 14 times more TVOCs than cloth masks Credit: DailyMail.com

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1-30-23

The study is concerning especially in tandem with research released in January, 2023 by the Cochrane Library that suggests masks provide 'little to no difference' to Covid infection or death rates:

There is uncertainty about the effects of face masks. The low to moderate certainty of evidence means our confidence in the effect estimate is limited, and that the true effect may be different from the observed estimate of the effect. **The pooled results of RCTs did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection.** Hand hygiene is likely to modestly reduce the burden of respiratory illness, and although this effect was also present when ILI and laboratory-confirmed influenza were analysed separately, it was not found to be a significant difference for the latter two outcomes. Harms associated with physical interventions were under-investigated.

9-1

Unravelling the role of the mandatory use of face covering masks for the control of SARS-CoV-2 in schools: a quasi-experimental study nested in a population-based cohort in Catalonia (Spain)

August 23, 2022

Ermengol Coma, Martí Català, Leonardo Méndez-Boo, Sergio Alonso, Eduardo Hermsilla, Enric Alvarez-Lacalle, David Pino, et. al.

Correspondence to Dr Antoni Soriano-Arandes, Paediatric Infectious Diseases and Immunodeficiencies Unit, Hospital Universitari Vall d'Hebron, Barcelona, Catalonia, Spain; tsorianoarandes@gmail.com

Abstract

Objective To assess the effectiveness of mandatory use of face covering masks (FCMs) in schools during the first term of the 2021–2022 academic year.

Design A retrospective population-based study.

Setting Schools in Catalonia (Spain).

Population 599 314 children aged 3–11 years attending preschool (3–5 years, without FCM mandate) and primary education (6–11 years, with FCM mandate).

Study period From 13 September to 22 December 2021 (before Omicron variant).

Interventions A quasi-experimental comparison between children in the last grade of preschool (5 years old), as a control group, and children in year 1 of primary education (6 years old), as an interventional group.

Main outcome measures Incidence of SARS-CoV-2, secondary attack rates (SARs) and effective reproductive number (R^*).

Results SARS-CoV-2 incidence was significantly lower in preschool than in primary education, and an increasing trend with age was observed. Six-year-old children showed higher incidence than 5 year olds (3.54% vs 3.1%; OR 1.15 (95% CI 1.08 to 1.22)) and slightly lower but not statistically significant SAR (4.36% vs 4.59%; incidence risk ratio 0.96 (95% CI 0.82 to 1.11)) and R^* (0.9 vs 0.93; OR 0.96 (95% CI 0.87 to 1.09)). Results remained consistent using a regression discontinuity design and linear regression extrapolation approaches.

Conclusions: We found **no significant differences in SARS-CoV-2 transmission due to FCM mandates** in Catalan schools. Instead, **age was the most important factor** in explaining the transmission risk for children attending school.

10-1

New study finds extended use of 'best' COVID masks may cause cancer, liver damage

South Korean researchers found that KFAD and KF94 disposable masks, South Korea's equivalent of N95 masks made out of the same material, release eight times the EPA's recommended safety limit of toxic volatile organic compounds.
Calvin Freiburger, August 28, 2023

(LifeSiteNews) – As some institutions in the United States begin to reimpose COVID-19 mask mandates, a new study suggests that the types of masks billed as most effective may actually contain dangerous and potentially even cancer-inducing chemicals.

The *Daily Mail* reports that according to a study by researchers from South Korea's Jeonbuk National University, published in the journal *Ecotoxicology and Environmental Safety* and on the National Institutes of Health's (NIH's) website, KFAD and KF94 disposable masks release eight times the Environmental Protection Agency's (EPA's) recommended safety limit of toxic volatile organic compounds (TVOCs).

TVOCs are linked to headaches, breathing difficulty, and nausea, and with sufficiently-prolonged exposure even nerve system and liver damage as well as cancer.

KFAD and KF94 masks are the dominant equivalent of KN95s in South Korea, filtering out just one percent fewer particles than the surgical masks preferred in the United States, which raises the possibility of the same masks carrying the same danger. All three are made from polypropylene.

The NIH website contains a disclaimer that it does not necessarily endorse studies it publishes, and New York internal medicine physician Dr. Stuart Fischer cautioned that firm conclusions would be premature, but said "there seems to be diminishing returns on the need for masks," and it was "indeed possible that certain masks have side effects, just as certain helpful medications (anti-histamines, psychotropic drugs, antibiotics) have side effects.

"I think following the general recommendations might be helpful, but it's not clear yet if we need the sweeping edicts of three years ago," Fischer said. "Extreme fears about the lethality of Covid may have led to decisions that were counterproductive...Covid won't be going away for a long time, if ever. We desperately need policies that do not fracture our society while providing minimal protection."

Early in the COVID-19 pandemic, the federal government recommended wearing face coverings in the presence of others, advice that many states and localities used to impose mask mandates on a wide range of public gatherings. But evidence has long since shown that masking was largely ineffective at limiting the spread of the virus.

Among that evidence is the U.S. Centers for Disease Control & Prevention's (CDC's) September 2020 admission that masks cannot be counted on to keep out COVID when spending 15 minutes or longer within six feet of someone, and a May 2020 study published by the peer-reviewed CDC journal *Emerging Infectious Diseases* that "**did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility.**"

In May 2021, another study found that, though mandates were largely followed, that usage did not yield the expected benefits. "**Mask mandates and use (were) not associated with lower SARS-CoV-2 spread among U.S. states" from March 2020 to March 2021. In fact, the researchers found the results to be a net negative, with masks increasing "dehydration ... headaches and sweating and decreas[ing] cognitive precision," and interfering with communication, as well as impairing social learning among children. More than 170 studies have found that masks have been ineffective at stopping COVID while instead being harmful, especially to children.**

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Secret Letter To CDC: Top Epidemiologist Suggests Agency Misrepresented Scientific Data To Support Mask Narrative

AUG 23, 2023 Megan Redshaw

Documents recently obtained from the National Institutes of Health suggest **public health officials used inaccurate information and misrepresented medical research to advance their policy objective that masks prevent severe COVID-19 and virus transmission**—despite opposing scientific evidence received from experts.

In a recently obtained letter ([pdf](#)) sent in November 2021 to the Centers for Disease Control and Prevention (CDC), top epidemiologist Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, and seven colleagues informed the agency it was promoting flawed data and excluding data that did not reinforce their narrative.

The letter warned the agency that misrepresenting data on trusted websites such as the CDC and the [COVID-19 Real-Time Learning Network](#)—jointly created by the CDC and Infectious Diseases Society of America (IDSA)—would “damage the credibility of science,” endanger public trust by “misrepresenting the evidence,” and give the public “false expectations” masking would protect them from the SARS-CoV-2 virus that causes COVID-19.

“We believe the information and recommendations as provided may actually put an individual at increased risk of becoming infected with SARS-CoV-2 and for them to experience a serious or even life-threatening infection,” Mr. Osterholm wrote.

The authors urged the IDSA to remove the suggestion that masking prevents severe disease from its website and asked the CDC to reconsider its statements about the “efficacy of masks and face coverings for preventing transmission of SARS-CoV-2.”

Osterholm also noted a pattern of selectively choosing data that supported the desired narrative that masks prevent severe COVID-19 disease and transmission—claims he said are unsupported by the scientific evidence provided by the CDC and IDSA on their websites.

The IDSA “Masks and Face Coverings for the Public” webpage appears to “focus on the strengths of studies that support its conclusions while ignoring their shortcomings of study design,” Mr. Osterholm wrote. “Studies that do not support its perspective are similarly downplayed.”

The COVID-19 Real-Time Learning Network was created in 2020 to share “accurate, timely information about COVID-19.” According to its website, the IDSA’s editorial team of infectious disease and public health experts synthesize clinical guidance, identify emerging scientific consensus and areas of ongoing uncertainty, and tackle “misconceptions and disinformation.”

Although partly funded by the CDC, the IDSA collaborates with numerous medical professional organizations that publish medical journals and make recommendations based on agency guidance, including the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the Society of Critical Care Medicine, the Society for Healthcare Epidemiology of America, and the Society of Infectious Diseases Pharmacists.

The letter was sent to CDC officials, the associate medical and associate digital editors of the COVID-19 Real-Time Learning Network, and IDSA board members, which included Dr. Rochelle Walensky, the former director of the CDC during the COVID-19 pandemic.

Experts Ask CDC and IDSA to Address ‘Serious Errors’ on Website.

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In his letter to the CDC, Mr. Osterholm asked the CDC and IDSA to address the "serious errors" published on its website regarding the efficacy of masks as soon as possible and strongly urged the IDSA to remove the suggestion that masking prevents severe COVID-19 from its website and a podcast where such "irresponsible claims were made."

Furthermore, Mr. Osterholm recommended the IDSA reconsider statements about the efficacy of masks and coverings for preventing SARS-CoV-2 transmission, noting the IDSA's website falsely suggests evidence of mask efficacy has strengthened throughout the pandemic.

"We do not agree that the evidence for their efficacy has strengthened throughout the pandemic, as the website suggests," Mr. Osterholm said. "In fact, contrary to the conclusion on this website, the November 2020 Cochrane Review cited states this: 'Compared with wearing no mask, wearing a mask may make little to no difference in how many people caught a flu-like illness (9 studies; 3,507 people); and probably makes no difference in how many people have flu confirmed by a laboratory test (6 studies; 3,005 people).'"

Read more [here...](#)

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"That Simply Doesn't Make Sense": Lead Author Of Cochrane Mask Review Responds To Fauci's Dismissal Of Evidence

SEP 10, 2023 Maryanne Demasi

Former chief medical advisor to the US President Anthony Fauci was questioned over the weekend by CNN reporter Michael Smerconish, about face masks being able to curb the spread of covid-19.

"There's no doubt that masks work," said Fauci.

"Different studies give different percentages of advantage of wearing it, but there's no doubt that the weight of the studies ... indicate the benefit of wearing masks," he added.

Smerconish brought up the 2023 Cochrane review which found no evidence that physical interventions like face masks could stop viral transmission in the community and cited my interview with lead author of the study Tom Jefferson who confirmed, "There is just no evidence that they [masks] make any difference. Full stop."

Fauci replied, "Yeah but there are other studies," stressing that masks work on an individual basis.

"When you're talking about the effect on the epidemic or the pandemic as a whole, the data are less strong...but when you talk about an individual basis of someone protecting themselves or protecting themselves from spreading it to others, there's no doubt that there are many studies that show there is an advantage," said Fauci.

Professor Tom Jefferson, who says he is committed to updating the Cochrane review as new evidence emerges, has responded to Fauci's comments.

"So, Fauci is saying that masks work for individuals but not at a population level? That simply doesn't make sense," said Jefferson.

"And he says there are 'other studies'...but what studies? He doesn't name them so I cannot interpret his remarks without knowing what he is referring to," he added.

Jefferson explains that the entire point of the Cochrane review was to systematically sift through all the available randomised data on physical interventions such as masks and determine what was useful and what was not.

Since 2011, the Cochrane review only included randomised trials to minimise bias from confounders.

"It might be that Fauci is relying on trash studies," said Jefferson. "Many of them are observational, some are cross-sectional, and some actually use modelling. That is not strong evidence."

"Once we excluded such low-quality studies from the review, we concluded there was no evidence that masks reduced transmission," he added.

The problem with Fauci is that his story has changed.

Initially, Fauci said that masks were ineffective and unnecessary. In March 2020, Fauci told 60 Minutes, "Right now in the United States, people should not be walking around with masks."

But only a few weeks later, he did a U-turn and began recommending widespread use of face masks.

Fauci defended his U-turn saying, "When the facts change, I change my mind."

Jefferson retorted, "**What facts changed? There were no randomised studies, no new evidence to justify his flip-flop. That's simply not true.**"

Since then, Fauci has remained adamant that face masks not only stop people from infecting others, but they also protect the wearer.

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Fauci advocated for the use of cloth masks, and even encouraged double-masking in the absence of evidence.

"You put another layer on, it just makes common sense that it would be more effective," Fauci told NBC News.

"What Fauci doesn't understand is that cloth and surgical masks cannot stop viruses because viruses are too small and they still get through," said Jefferson.

He laments that public figures have tried to undermine the Cochrane review, despite it representing the gold standard of evidence.

Columnist Zeynep Tufekci wrote an article in the *New York Times* titled, "Here's Why the Science Is Clear That Masks Work," claiming that Cochrane's mask study had misled the public.

Cochrane's editor-in-chief, Karla Soares-Weiser capitulated to pressure and "apologised" for the wording in the plain language summary of the review because it "was open to misinterpretation" and may have led to "inaccurate and misleading" claims.

And former CDC director Rochelle Walensky misled Congress after claiming the Cochrane review had been "retracted" which was patently false.

As it stands, the Cochrane review will continue to be the subject of attacks because it presents a major roadblock for implementing masking policies. Jefferson says he doesn't know what motivates people to ignore the facts.

"Could it be part of this whole agenda to control people's behaviour? Perhaps," he speculated.

"What I do know," said Jefferson, **"is that Fauci was in a position to run a trial, he could have randomised two regions to wear masks or not. But he didn't and that's unforgivable."**

Fauci, who served as the federal government's top infectious disease specialist for nearly 40 years, stepped down in Dec 2022 and is now a professor at Georgetown University's Department of Medicine, in the Division of Infectious Diseases.