FedEx

December 23, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 781782382240

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Tracking number:	781782382240	**Ship Date:**	Dec 21, 2020
		Weight:	3.0 LB/1.36 KG

Recipient:
DR. ANTHONY S FAUCI, DIRECTOR, NIAID
5601 FISHERS LANE
Bethesda, MD, US, 20892

Shipper:
PAUL V. SHERIDAN,
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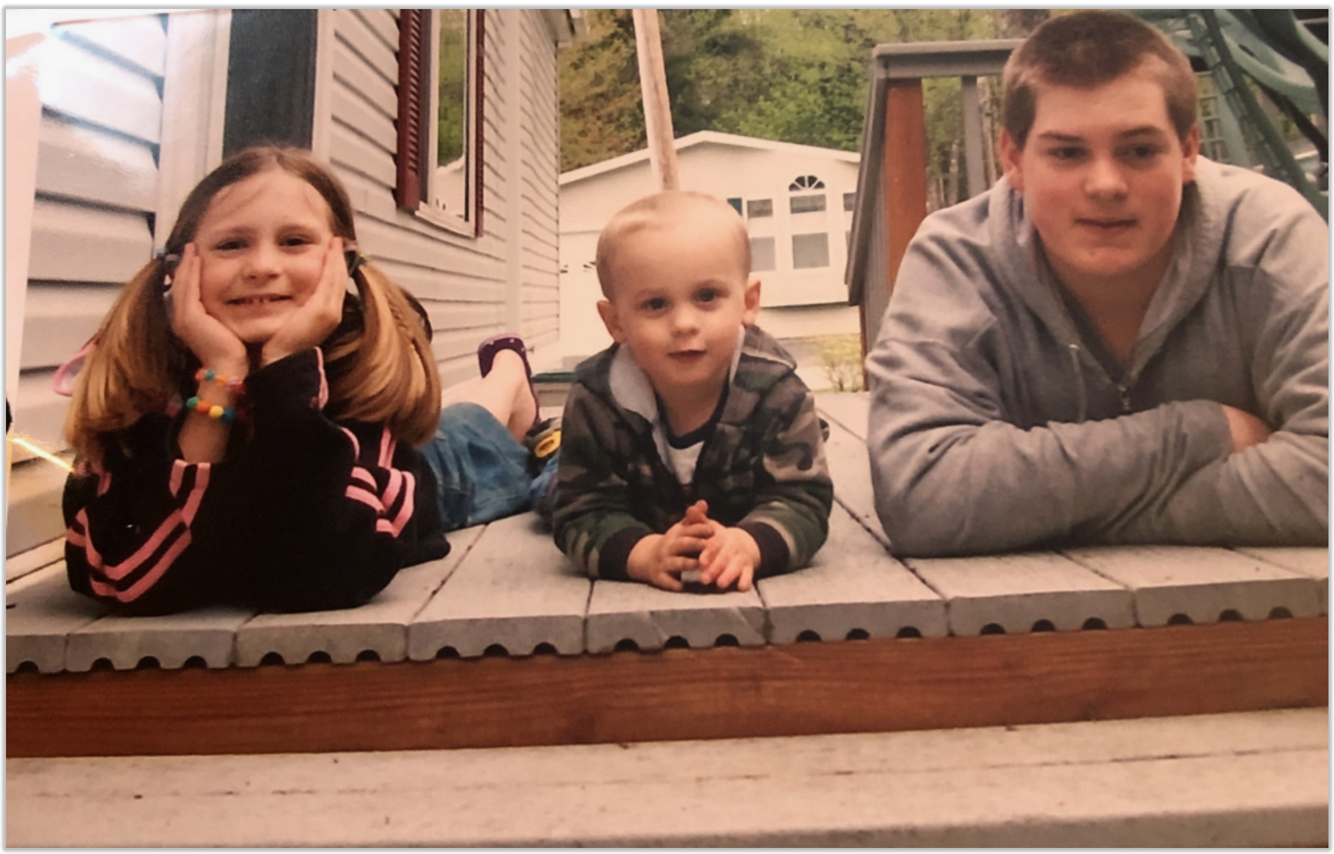
21 December 2020 VIA FEDEX AIRBILL 7817-8238-2240

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD   20892
301-496-2263 / anthony.fauci@nih.gov

Subject : I Hereby Accuse You of 'Gross Criminal Negligence' Connectable to the Death of Mr. Spencer William Smith *

Dear Dr. Fauci:

Are you familiar with Mr. Spencer William Smith, pictured at-right:



I hereby accuse you (and others) of Gross Criminal Negligence, which is directly connectable to the suicide death of 16-year-old Spencer. This charge is purposely narrow; I am confident that additional civil and criminal charges are evidentiary/supportable, in this and related matters, and will therefore be sustained in the near future.

* An e-version of this letter with hyperlinks: http://pvsheridan.com/sheridan2fauci-2-21december2020.pdf

We review the Gross Criminal Negligence (GCN) law:

> *" Gross negligence is culpable or criminal when accompanied by acts of commission or omission of a wanton or willful nature, showing a reckless or indifferent disregard of the rights of others, under circumstances reasonably calculated to produce injury, or which make it not improbable that injury will be occasioned, and the offender knows or is charged with knowledge of the probable result of his/her acts; 'culpable' meaning deserving of blame or censure*."

You are aware that I had discussed this issue, regarding your person, with the now-confirmed treasonous US Attorney General Mr. William P. Barr on 28 August 2020 (Attachment 1).

I also alerted you to the fact that others were already guilty of GCN on Page 24 of my 36-page letter of 21 July 2020. I discussed ten areas regarding the so-called "COVID-19 pandemic," quoting your protestations of 10 July 2020 to the Financial Times of London (Attachment 2) :

> *" I have a reputation, as you probably have figured out, of speaking the truth at all times and not sugar-coating things. And that may be one of the reasons why I haven't been on television very much lately."* †

Consistent with historical and ongoing behavior, **and contrary to your self-effacing crap about *"speaking the truth at all times*,"** you failed to offer the courtesy of a response:

Had you done so, the death of Spencer William Smith would have been avoided.

Your Two Most Prominent Lies - How These Led to the Death of Mr. Spencer William Smith

We are now beyond the ten items discussed in Attachment 2. In this communication, we now focus on your two most prominent lies / frauds:

1. Your lie that the only way the United States can attain "herd immunity" is through vaccination; attained at a market share of *"75%"* (your baseless statistical claim).

2. Your bold-faced lie that the PCR process can be modified through "amplification," and *then* deployed world-wide as the "gold standard" (for detection of what has been labeled SARS-CoV-2) for determination of COVID-19 infection.

Both lies, and much more, are relevant to the charge of Gross Criminal Negligence. Specifically, I will show that your rampant demand for enforcement of "lockdowns," which you justify in-part by these two lies, is directly connectable to the death of a 16-year-old high school child.

---

† It is evidentiary that you would allay, in a globally distributed financial publication, the concerns of vested-interests, Big Pharma, etc.

Discussion – Fauci Lie #1

1. Your lie that the only way the United States can attain “herd immunity” is through vaccination; attained at a market share of *“75%”* (your baseless statistical claim).

In Attachment 2, pages 4-8, I reviewed the anti-hydroxychloroquine “studies” and the corporate news propaganda; but most notably your promotion of the Surgisphere report.

You were fully aware that the Surgisphere report was an orchestrated fraud; so fraudulent that the global community of medical doctors (who uphold the Hippocratic Oath, offering *real* health & well-being) were so outraged that thousands protested that “study,” **thereby forcing its retraction.** [‡]

That retraction, and the efficacy of hydroxychloroquine, was also detailed on 23 August 2020 by Mark Levin and renowned Yale professor Dr. Harvey Risch. [§]

In the context of my (initial) charge against you, Gross Criminal Negligence, your proclamations that treatments using hydroxychloroquine are ineffective or dangerous, **is a lie.**

You are aware of treatments, and patient success, from nebulized budesonide to ivermectin. The latter was testified-to by Dr. Pierre Kory at the Senate Committee on Homeland Security and Governmental Affairs on 8 December 2020. Dr. Kory relies on his professional experience, and over 30 peer-reviewed studies, **not your / that orchestrated Surgisphere crap.** [**]

Your claim that “herd immunity” against “COVID-19” can *only* be attained by vaccination, **is a lie.** As Dr. Cory testified, the CDC/FDA never even tasked-for repurposed medicines such as ivermectin; ***why is that the case Dr. Fauci !?*** [††]

But let us review an example of immunity, established without the needles that you and your comrades profit from . . . **A globally auspicious example of immunity that you are fully aware of; attained through the use of nutrition and treatments . . .**

[‡] I also requested that you offer the taxpayer **your** retraction, and an apology, regarding the Surgisphere “study,” but **characteristically** you have refused to *“tell the truth at all times.”*

[§] Your comrades at YouTube are censoring all uploads of this interview, hence use if my personal server.

[**] It did not surprise anyone that the most embarrassing moment of that hearing is sourced to Mr. Gary Peters.

[††] And now, characteristically for them, you are allied in the ‘vaccination = herd immunity’ stampede by the vested-interest administrators of Big Academia; see page 9 of Attachment 1.

<u>Discussion – Fauci Lie #1</u> – conclusion

1. Your lie that the only way the United States can attain "herd immunity" is through vaccination; attained at a market share of *"75%"* (your baseless statistical claim).

In 24 November 2020, I explained to the vaccine-promoting Delta Airlines CEO Ed Bastian: [‡‡]

<u>Conclusion – Part 2</u>

In the attached letter to President Trump I discuss the good news and demonstrated intelligence of our First Lady. You will note that I had written to her on <u>23 July 2020</u>, warning her of the ongoing dangers of vaccines, and the implications for the First Family.

You might take notice . . . she has ostensibly decided, as had the president, <u>to avoid the vaccines</u> that you claim in your **crap** email are what *"the world eagerly awaits."*

So, Mr. Bastian, in lockstep with the portent of Conclusion – Part 2, **are you saying that *YOUR* family is "eagerly awaiting" to be stuck with a needle promoted by the three criminals on Page 1 above?!**

If you declare "No," then one must assume not mere complicity, but an active role on your part. `A person in your position, with its implicit ties to various private closed-door boardrooms, such as Big Pharma? [‡]

Unlike you and The Swamp, the First Lady not only responded to previous communication, it appears that she has acted on such. [§§]

[‡‡] Available at http://pvsheridan.com/sheridan2bastian-1-24november2020.pdf

[§§] You are discussed in my letter to the First Lady: http://pvsheridan.com/Sheridan2Melania-3-23July2020.pdf

Intermission : The Pandemic Resume of Anthony Fauci

Before we discuss Lie #2, I am compelled to once-again quote Dr. Kary Mullis, Nobel Prize winning inventor of the PCR process. Interviewed by Dr. Gary Null, Dr. Mullis describes your pandemic resume:

> "What is it about humanity that it wants to go to all the details . . . guys like **Fauci** get up there and start talking, he doesn't know anything, really about anything, and I would say that to his face. Nothing! The man thinks you can take a blood sample, stick it in an electron microscope, and if it has got a virus in there you will know it. He does not understand electron microscopy. He does not understand medicine. He should not be in the position he is in.
>
> Most of those guys up there on the top are just total administrative people, and they do not know anything about what is going on at the bottom. Those guys have got an agenda, which is not what we would like them to have, being that we pay for them to care of our health. They have a personal kind of agenda, they make up their own rules as they go, they change them when they want to. And they smugly; like **Tony Fauci** does not mind going on television, in front of the people that pay his salary (taxpayers), and lie directly into the camera.
>
> You cannot expect the sheep to really respect the best and the brightest. They do not know the difference. I like humans, do not get me wrong, but basically there is a vast majority of them that do not possess the ability to judge who is, and who is *not* really a good scientist. That is a main problem with science, the main problem with science in this century. Science is being judged by people, funding is being done by people (taxpayers) who do not understand it (science).
>
> I mean . . . who do we trust? **Fauci? Fauci** does not know enough. If **Fauci** wants to get on television with somebody that knows a little bit about this stuff and debate them? **He could easily do it, because he has been asked!**
>
> I mean I have had a lot of people; the president of the University of South Carolina has asked **Fauci** if he would come down there and debate me on the stage in front of the student body. Because I wanted somebody who was from the other side, to come down there and balance; because I felt like, well they could listen to me, but I need to have somebody else down here that was going to tell them about the other side. **Fauci . . . he did not want to do it."**

Intermission : The Pandemic Resume of Anthony Fauci - Conclusion

That quote above from Dr. Mullis (pictured with the Dr. Peter Duesberg epic *Inventing the AIDS Virus*), **provides a truer perspective on your television claim** to the Financial Times of London:

> *" I have a reputation, as you probably have figured out, of speaking the truth at all times and not sugar-coating things. And that may be one of the reasons why I haven't been on television very much lately."*

Relating to the late-1980's work of Dr. Duesberg, and your *ongoing* pandemic resume, **I quoted renown Yale professor Dr. Harvey Risch** on pages 7-8 of Attachment 1:

"Somehow we have let politics overrule science, and it is an absurd situation that people have compared to '1984' and 'The Ministry of Truth' and so on; that is limiting what people can say on objective facts, it is beyond belief ! . . . I think 'they' know the (hydroxychloroquine) treatment works. I think that basically they are afraid to even let it be tried, because letting it be tried would show that it works. So the message has to be shut at all costs, because anything will leak out, and in fact it is leaking out, and you see across the country, people who started to speak up, who become almost deathly ill, and have been turned around in three days or sooner even, and these are now public figures who are speaking up, who have said that the medicine hydroxychloroquine saved their life. And it is very difficult to, you know, close all the leaks in that dike that are being suppressed by the media that are trying to do that."

This has gone on before . . . now we have Dr. Fauci denying that any evidence exists of benefit, and that has pervaded the FDA. The FDA has relied on Dr. Fauci and his NIH advisory groups to make the statement saying that there is no benefit of using hydroxychloroquine in outpatients, and this is counter to the facts of the case. The (positive) evidence is overwhelming. The FDA has also said that there is harm in using these medications in outpatients (that) overweighs the benefits. Ninety per cent of the COVID cases have occurred since the FDA restricted (hydroxychloroquine usage) to inpatients-only. Dr. Fauci and the FDA are doing the same thing that was done in 1987, and that has led to the (COVID-19) deaths of hundreds of thousands of Americans that could have been saved by usage of this drug."

This has gone on before !?!

Your previous guilt under 'Gross Criminal Negligence' is additionally supportable by the statement of Dr. Risch. He presented your lack of objective, scientific assessment of the life-saving benefits to AIDS patients of inexpensive anti-biotics, such as sulfamethoxazole and trimethoprim (Bactrim). An elaboration to that *'gone on before'* question? Dr. Risch recounts that **your bias toward profitable expensive vaccines was directly connectable to the death of over 17,000 human beings, quote:**

> **"This was started most noticeably in 1987 . . . Seventeen-thousand people died because of Dr. Fauci's insistence on not allowing even a statement supporting consideration of the use (of Bactrim)."**

Not allowing a statement? In the 1980s? And **now** your lies of 27 May 2020 to *Politico* that there is no benefit to hydroxychloroquine!? A mere introduction to your Pandemic Resume. ***

*** See page 7 of Attachment 2. Has this gone on before? Regarding your vaccine failure for "HIV" . . . you spent millions of taxpayer dollars, while simultaneously denying/severely-delaying approval of AIDS treatments such as repurposed medicines. **30+ years later? This is the exact same profit-prioritized violation of the Hippocratic Oath that you are <u>now</u> dispensing for COVID-19! Dr. Mullis: "He should not be in the position he is in."**

<u>Discussion – Fauci Lie #2</u>

2. Your bold-faced lie that the PCR process can be modified through "amplification," and *then* deployed world-wide as the "gold standard" (for detection of what has been labeled SARS-CoV-2) for determination of COVID-19 infection.

On 21July 2020, **predating the suicide death of Spencer William Smith by five months,** I requested your responses to questions regarding "COVID testing." You ignored me.

In contrast, the good Governor of Florida Ron DeSantis did **not** ignore that very same letter [†††]

<u>Memo:</u> It is abundantly clear, **<u>had the Smith family merely resided in Florida</u>,** wherein "lockdowns" are reduced to non-existence, the schools are open, and the students enjoy normal social interactions; in that residence **the probability of the suicide death of a child, 16 year-old Spencer William Smith, <u>drops to zero</u>.**

CORONAVIRUS

No Matter What, Governor Says, Florida Schools Will Stay Open

As the coronavirus shows signs of a possible comeback in Florida, the governor points to evidence that in-person learning in schools is not fueling infections.

By Tony Pipitone • Published October 20, 2020 • Updated on October 20, 2020 at 7:37 pm

That byline, that insane "comeback" drum-beat, from your comrades in the corporate media, is fueled by **Fauci Lie #2**.

The incessant media and politician **crap** about *"cases"* is fueled **by *<u>not</u>* following the science;** it is fueled by degrading science to charlatanism . . . by denigrating science to the point that the admonition *"follow the science"* is just <u>another</u> political ruse, a phrase worthy of only mindless WOKE diatribe . . . the byline is fueled by misrepresenting what science can and can *not* do. These misrepresentations that have no connection to the rigors of that honorable human activity.

But with respect to your PCR based "gold standard" . . . **If there is anyone that is *not* following the science, and encouraging others to *not* 'follow the science,' *<u>it's you!</u>***

That Governor DeSantis ***is*** 'following the science' is borne by Attachment 3. His action will prove pivotal to ending your lockdowns which you justify by "*cases;*" a ruse that has devastated New York, Michigan, Pennsylvania, the Bolshevik-inspired disaster called "California" . . . the USA.

Most relevantly Governor DeSantis will ensure that *"cases"* based lockdowns, which led directly to **the nightmare** in Brunswick, Maine on December 4, 2020, **never happens in Florida** [‡‡‡]

[†††] According to the shipper, [the Governor's office received his copy on 27 July 2020](#).

[‡‡‡] https://www.brackettfh.com/obituaries/Spencer-William-Smith?obId=19220178

<u>Discussion – Fauci Lie #2</u> – con't

> 2. Your bold-faced lie that the PCR process can be modified through "amplification," and *then* deployed world-wide as the "gold standard" (for detection of what has been labeled SARS-CoV-2) for determination of COVID-19 infection.

As the non-science person easily understands by reviewing Attachment 3, the central theme of Governor DeSantis' order is what I alerted you about . . . but long-before December 4, 2020:

Your implicit fraud of instituting/endorsing "amplification" of the PCR process;

a process that the Nobel Prize winner/inventor of PCR told you, DIRECTLY, could *not* be deployed for definitive or specific virus detection . . . your so-called "gold standard."

Florida Department of Health mandates reporting of cycle threshold values for PCR tests

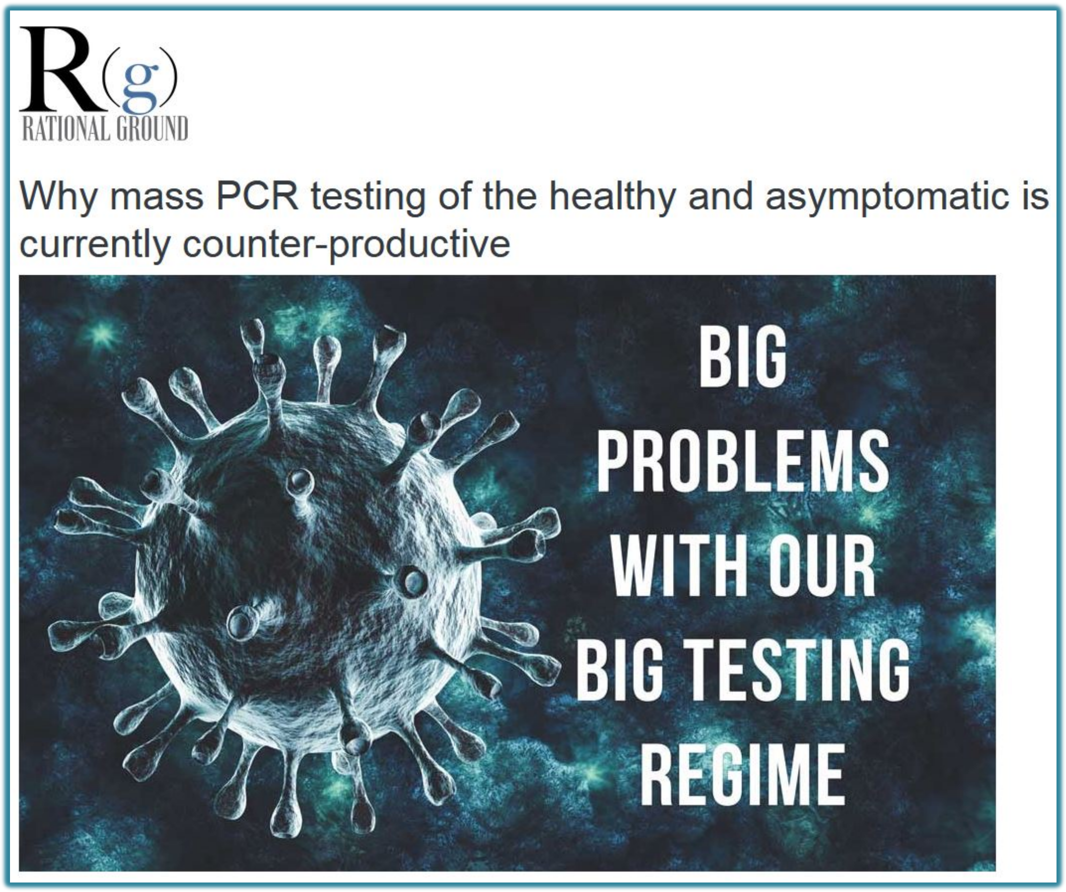
December 6, 2020

BY JENNIFER CABRERA

<u>Discussion – Fauci Lie #2</u> – Conclusion

> 2. Your bold-faced lie that the PCR process can be modified through "amplification," and *then* deployed world-wide as the "gold standard" (for detection of what has been labeled SARS-CoV-2) for determination of COVID-19 infection.

As you are *fully aware*, the PCR process, and its misapplication to "COVID-19 testing," deployed by Delta Airlines, Cornell University, the State of Maine, **is NOT quantitative, it is qualitative; with outputs utterly dependent on the Cycle Threshold Value (aka "amplification") now demanded by the State of Florida.** In this context I take exception to the following headline:



Whilst you and your comrades celebrate the "Big Testing Regime" (despite Quest Diagnostics), having made and anticipating fortunes while that regime is enforced, the notion that *"PCR testing of the healthy and asymptomatic is currently counter-productive"* is irresolute . . .

The Big Testing Regime is not merely "currently," or merely "counterproductive." It has ALWAYS been counter-productive; now proven deadly, and not just to the Smith Family of Maine. Were it not for the fraud of "amplification," central to your lies of PCR-based testing as the "gold standard," the governor of Maine would not have had exaggerated "confirmed cases," and therefore would be unable to enforce her Bolshevik-styled lockdown . . . that 16-year-old Spencer William Smith had connected in the suicide note as his primary reason to take his own life.

Discussion : The Destiny of Two Sixteen Year Old Boys – A Stark Comparison

Dr. Fauci . . . take a look at the following photographs . . . ***take a good loooooooong look*:**

Discussion : The Destiny of Two Sixteen Year Old Boys – A Stark Comparison – con't

This photograph was taken in 1956. At the time, player #4 is 16 years old . . .

Unlike Spencer William Smith, formerly of Brunswick, Maine, player #4 above :

a. Was never told that he was in danger from Gain-of-Function (GOF) research conducted in a **known-to-be unqualified lab in Wuhan China** . . . research that was funded by someone feigning *'speaking the truth at all times.'* A bureaucrat connected to a criminal scheme to circumvent a US government moratorium on that very type of *very* dangerous Wuhan GOF research. [§§§]

b. Player #4 was never told that he and his family had to hide their faces behind grotesque masks at all times, during Thanksgiving dinner and Christmas holidays . . . He was never lied to about the alleged effectiveness of such tyrannical hegemony, versus the true purpose; that of behavioral conditioning and societal compliance; **predicates for a carefully concealed, pre-planned, profit-prioritized conspiracy to eventually make vaccination mandatory.** [****]

[§§§] See Attachment 2, page 3, **Question 1!**

[****] I go into great detail on your lies about face masks, most notably your approval of the censorship condominium (deleting everything from science papers to PPE videos of state congressmen) comprised of your special comrades at YouTube, Facebook, WordPress, Twitter, et al. See pages 12-16 of Attachment 2, and Attachment 4 below.

Discussion : The Destiny of Two Sixteen Year Old Boys – A Stark Comparison – con't

This photograph was taken in 1956. At the time, player #4 is 16 years old . . .

c. Player #4 was never told that getting stuck with a needle promoted by lawyers and politicians and computer hacks, for a disease that was routinely defeated by his God-given immune system, **would be mandatory** . . . otherwise he would be barred from airline travel, a university education, or merely enjoyment of the rigors of a productive daily life.

d. Unlike Spencer William Smith, player #4 was never told that his sports season was canceled due to the lie, spewed by "health authorities," that the global spread of a GOF virus originated in bats, sold at a fish market (!?), versus the truth explained in 'Page 11, Item a' above.

NO SCRUTINY Wuhan coronavirus lab may DODGE investigation as WHO team hunting for origin of pandemic won't bother visiting

Tom Michael
12 Jul 2020, 14:40

<u>Discussion : The Destiny of Two Sixteen Year Old Boys – A Stark Comparison</u> – con't

This photograph was taken in 1956. At the time, player #4 is 16 years old . . .

e. Unlike Spencer William Smith, player #4 was not ordered by some governor to **submit his young life to a lockdown**, <u>leaving him isolated and disconnected from his high school friends, during the crucial time for social development and personal maturation</u> . . . effectively an illegal quarantine that would endure and be enforced, with no stated end in sight, **justified on the basis of your "gold standard" and your associated fraud of "confirmed cases**." [††††]

[††††] **Regarding *"confirmed cases,"* I also review in-detail your criminal fraud, exemplified in Texas, of your *"revised"* statistical/counting/tracing farce; truly despicable/repulsive. See pages 20 – 23, Attachment 2.**

Discussion : The Destiny of Two Sixteen Year Old Boys – A Stark Comparison – Conclusion


Home / News / World News

China's Wuhan Says All Schools to Reopen on Tuesday

By **Reuters**, Wire Service Content Aug. 28, 2020, at 10:17 p.m.

The following photo (hyperlinked) was taken last Summer 2020 in Wuhan, China; within walking distance of the lab **wherein GOF virus research was illegally funded by Dr. Anthony Fauci:**

The following photograph (hyperlinked) was taken last Summer 2020 in Brunswick, Maine:

Dr. Fauci . . . It is clear . . . had the Smith family resided in Wuhan, China (!) . . . where the schools are open, and students enjoy normal social interactions, the probability of the suicide death of 16-year-old Spencer William Smith drops to zero…***THEE* stark comparison.**

The Verisimilitude of Dr. Anthony Fauci and His ***"Surprise Outbreak"***

On the very first page of my letter to you of 21 July 2020, I displayed the following:

"There will be a challenge (for) the coming Administration in the arena of infectious diseases, both chronic infectious diseases in the sense of already ongoing disease, and we have certainly a large burden of that, but also there will be a surprise outbreak."

(Please confer with Mr. Fauci for the exact date, approx January 2017.)

It is unimaginable what would have happened to American health had your heart-throb been elected in November 2016; your candidate "H" that you sent confidential "love" emails to during her role as Secretary of State under Barack Obama:

From: Mills, Cheryl D <MillsCD@state.gov>
Sent: Wednesday, January 23, 2013 6:21 PM
To: H
Subject: FW: Today's performance

From your doctor admirer

From: Fauci, Anthony (NIH/NIAID) [E] [mailto:AFAUCI@niaid.nih.gov]
Sent: Wednesday, January 23, 2013 6:10 PM
To: Mills, Cheryl D
Subject: Today's performance

Cheryl:
Anyone who had any doubts about the Secretary's stamina and capability following her illness had those doubts washed away by today's performance before the Senate and the House. She faced extremely difficult circumstances at the Hearings and still she hit it right out of the park. Please tell her that we all love her and are very proud to know her.
Warm regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
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E-mail: afauci

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In truth, **the Trump win in 2016 merely postponed your plans for our health,** as demonstrated by your distressed verisimilitude, mere moments before his inauguration in January 2017.

The Verisimilitude of Dr. Anthony Fauci and His *"Surprise Outbreak"* – con't

It was the "coming Administration" that you were determined to remove from office, hence postponement of your "surprise outbreak" until December 2019 via the "China virus," a virus that was created in the Wuhan lab that you illegally funded while under Barack Obama.

In 21 July 2020 I quote your 27 May 2020 promotional video with *Politico.* **In that interview you essentially confirm that the "surprise outbreak" was anything but!** A screenshot:

> 21 July 2020 Dr. Anthony S. Fauci
> Page 8 of 36
>
> But then, without prompting by Politico, you began promoting vaccines:
>
> " When we first developed a vaccine, I said it would be about a year to a year-an-a-half, and that was in January.[1] So a year from January is December. I still think that we have a good chance, if all the things fall in the right place, that we might have a vaccine that would be deployable by the end of the year, by November or December."

I was then compelled to inquire about the obvious, at-bottom of Page 8, Footnote 1, screenshot:

> [1] **January?!** Given how little was known about SARS-CoV-2, due to censorship (by the Wuhan Laboratory and those associated with it), it is astounding that you were already *"develop(ing) a vaccine."* In this context please review the screenshot on Page 1 above, and Question 1 above.

Regarding an interconnection, shortly after receipt of my 21 July 2020 letter, you were celebrated as central to the pre-planned procedural effects that your "surprise outbreak" was having on the American 2020 presidential election: [‡‡‡‡]

> CITIES
>
> culturemap
> DALLAS
>
> RESTAURANTS + BARS | ENTERTAINMENT | ARTS | SOCIETY | CITY GUIDE
>
> CITY LIFE FASHION + BEAUTY REAL ESTATE HOME + DESIGN INNOVATION TRAVEL
>
> Home » Travel
>
> (VIRTUAL) FESTIVAL SEASON
>
> Anthony Fauci and Hillary Clinton lead all-stars at Texas' biggest political festival
>
> By Katie Friel Aug 11, 2020, 4:48 pm
>
> 13 3

[‡‡‡‡] Coyly unstated by all-concerned, but those living under a rock *also* speculate with alacrity on these connections.

The Verisimilitude of Dr. Anthony Fauci and His *"Surprise Outbreak"* – Conclusion

The Verisimilitude of Governor Janet Mills – Her Crime of Child Abuse

The legislature of Maine oversees, under the Year 2013 Arraignment of the Maine State Constitution, **laws to protect the children of Maine from 'child abuse.'**

> Title 22, Subtitle 3, Part 3, Chapter 1071 is entitled: Child and Family Services and Child Protection Act. Subchapter 1, Section 4002 provides definitions:
>
> Paragraph 1 is entitled: Abuse or neglect.
>
> > Abuse or neglect means a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation including under . . . deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements . . . by a person responsible for the child.
>
> Paragraph 1C is entitled: Best interest of the child.
>
> Paragraph 2 is entitled Child:
>
> > Child means any person who is less than 18 years of age.
>
> Paragraph 5 is entitled: Custodian.
>
> > Custodian means the person who has legal custody and power over the person of a child.

These are a few of the relevant portions of the Maine Statute on Child Abuse. We therefore ask:

Is there any doubt that 16-year-old Spencer William Smith was a child? Is there any doubt that Dr. Anthony Fauci and Governor Janet Mills were in-effect custodians, and in that context exacted their *"power over the person of a child"* ? Is there any doubt that the 'Best Interest' of Spencer was severely neglected by Dr. Fauci and Governor Mills ? Is there any doubt that Dr. Fauci and Governor Mills consciously failed *"to ensure compliance with school attendance requirements"* ? (see quote Page 20 of 21 below).

It is not a "conspiracy theory" that this emerging breed of self-absorbed, Marxist-styled, "public servants" increasingly seek to take control; to be custodians of every aspect of our lives, **most especially the lives, education, upbringing, and of-late the health of our children.** They claim to 'know best,' while enforcing orders that range from restaurant closures in Bethel, Maine, to high school lockdowns in Brunswick, Maine.

Their standard diatribe is that anyone that questions their blatant incompetent takeover is just a "racist," or "a Trump supporter," or a "white supremacist," etc. Such amounts to adolescent diversions, worthy of only pity.

I accuse Maine Governor Janet Mills of both Gross Criminal Negligence and 'Child Abuse,' connectable to the lockdown-premised suicide death of a 16-year-old child, Spencer William Smith.

The Coming Deaths / Suicides Connected to Mandatory COVID-19 Vaccinations

We emphasize that it was **the person featured at-left** that effectively chaperoned through Congress broad-sweeping protections for Big Pharma against liability connected to the obvious and well-known, long-standing dangers of vaccination in-general, COVID-19 vaccination in-particular. [§§§§]


SEARCH BLUE RUSH FOOTBALL PODCAST NEW YORK POST

Black Lives Matter co-founder teams up with...

Carole Baskin says finding missing former husband would...

Dr. Fauci backed funding for controversial Wuhan lab studying origin of coronavirus

By Joe Tacopino April 29, 2020 | 1:14am | Updated

In Attachment 1, page 9, I discussed the COVID-19 vaccinations of students as a pre-condition to admission to Cornell University. Do we need to spell-out that [Cornell lawyers and current administrators]() are thankful to you, Dr. Fauci, for your conspiratorial chaperoning of the Big Pharma liability protection laws . . . laws that subvert even the legal protections of front-line nurses that collapse mere seconds after injection of the COVID-19 vaccine?

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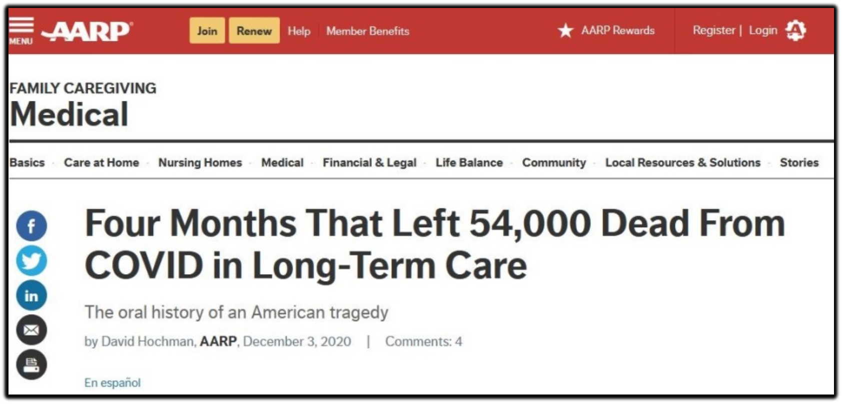
§§§§ Clearly, although you ignored Attachment 2, [the answer to my 'Page 3, Question 1']() is a resounding ***YES!***

"The Truth is" . . . Regarding the Foreseeable and Avoidable Death of a Child

You remained silent during the devastation inflicted upon the vulnerable, frequently helpless tenets of nursing homes; instead of speaking out with the conviction and competence of the medical profession, you remained complicit with the two psychopaths currently destroying New York:



That silence exposed your claim of *"speaking the truth at all times"* as no more than a self-effacing sham. **But your silence is equally deafening regarding the suicide deaths of our children** under your "gold standard" and lockdown and upcoming "mandatory vaccine" stunts.

In a criminal trial of Dr. Anthony Fauci, Governor Janet Mills, et al., I recommend, as **the first prosecution witness**, Dr. Robert Redfield. On 19 November, with the Director of NIAID present, Dr. Redfield declared at a White House press conference of the Coronavirus Task Force :

" The truth is, for kids K through 12, one of the safest places they can be from our perspective is to remain in school. "

But that truth, known to the Swamp for many months, was too late for celebration of the Thanksgiving and Christmas holidays . . . especially for a family in Brunswick, Maine.

"The Truth is" . . . Regarding the Foreseeable and Avoidable Death of a Child - Conclusion

An open trial would expose your incompetence and inveracity, relating to everything from the ***counterproductive*** lockdowns and facemasks, to ***the non-necessity of your "vaccines."*** At trial Dr. Harvey Risch and Dr. Pierre Kory could testify on the prophylactic dispensing of re-purposed drugs ranging from hydroxychloroquine to ivermectin. I suggest calling Dr. Simone Gold, Professor Hendrick Streeck, Dr. Sucharit Bhakdi, Dr. James Lyons-Weiler and Professor Denis Rancourt.

Regarding your ongoing fraud, claiming a **necessity** of your "vaccines" for a 'return to normal,' we would call First Lady Melania Trump, President Donald Trump, and 14-year-old Mr. Barron Trump.

Regarding your affiliation with the Chinese Communist Party, relating to your claims that "SARS-CoV-2" was ***not*** created in a lab, I would initially call Dr. Li-Meng Yan.[*****] Regarding your participation in the true purpose of the lockdowns, I would enter-into-evidence the Bilderman Report, presented to the New York Academy of Medicine on November 13, 1956.

I am confident that a 'jury of peers' selected from the good citizens of Maine would reach their verdict based upon the evidence, ***not*** the agenda of vested interests, the Great Reset, etc.

Conclusion

Given the subject . . . Only a charlatan and a fraudster would declare that *"speaking the truth at all times"* is related to television, but then use those **syndicated** appearances to deliver **the most grotesque, self-serving outbursts in modern medical history:**

You gave no consideration to the effect such vileness would have on the Smith family . . .

On the basis of the above discussions, and upon the declaration made by Dr. Robert Redfield, I hereby accuse you (and others) of Gross Criminal Negligence, which is directly connectable to the suicide death of 16-year-old Spencer William Smith. I hereby extend that same charge and add the charge of 'Child Abuse' to Governor Janet Mills of Maine.

Truly,

Paul V. Sheridan

ATTACHMENTS

[*****] See Page 2: http://pvsheridan.com/sheridan2trump-6-18september2020-s.pdf

Preliminary Copy List

President Donald J. Trump †††††
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500
202- 456- 1111

Dr. Harvey Risch ‡‡‡‡‡
Yale University
Suite LEPH 413
60 College Street
New Haven, CT 06510
203- 785- 2848

Dr. Robert R. Redfield †††††
CDC
1600 Clifton Road
Atlanta, GA 30329
800- 232- 4636

Governor Janet Mills †††††
1 State House Station
Augusta, ME 04333
207- 287- 3531

Governor Ron DeSantis ‡‡‡‡‡
400 S. Monroe St
Tallahassee, FL 32399
850- 717- 9337

Senator Rand Paul ‡‡‡‡‡
1029 State Street
Bowling Green, KY 42101
270- 782- 8303

Vice President Michael R. Pence †††††
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500
202- 456- 1111

Dr. Pierre D. Kory, MD ‡‡‡‡‡
Frontline COVID-19 Critical Care Alliance
(FLCCC)
10 Union Square E,
New York, NY 10003
212- 420- 2377

Dr. Francis S. Collin †††††
National Institute of Health
9000 Rockville Pike
Bethesda, MD 20892
301- 496- 4000

General Gustave F. Perna †††††
US Department of Defense
200 Army Pentagon
Washington, DC 20310-0200
703- 545- 6700

Governor Kristi Noem ‡‡‡‡‡
500 East Capitol Ave
Pierre, SD 57501
605- 773- 3212

Mr. Peter Salovey, President †††††
Yale University
105 Wall Street
New Haven, CT 06511
203- 432- 2550

President Martha E. Pollack †††††
Cornell University
300 Day Hall
Ithaca, NY 14853
607- 255- 5201

††††† Abridged version
‡‡‡‡‡ Full version (as received by Anthony Fauci)

ATTACHMENT 1

21 December 2020

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20892
301- 496 - 5717

Subject : **I Hereby Accuse You of 'Gross Criminal Negligence' Connectable to the Death of Mr. Spencer William Smith**

16 Pages

August 31, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 396313237500

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Tracking number:	396313237500	**Ship Date:**	Aug 29, 2020
		Weight:	2.0 LB/0.91 KG

Recipient:

Attorney General William P. Barr
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530

Shipper:

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28 August 2020 Via FedEx Airbill 8007 – 9341 - 6330

Attorney General William P. Barr
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

Subject: Demand for Criminal Investigations Relating to "COVID-19 Pandemic"

Dear Attorney General Barr:

Your interview with Mr. Mark Levin, and his later interview with Dr. Harvey Risch, Professor of Epidemiology in the Department of Epidemiology and Public Health at Yale University, *further* compels the subject.

Although the focus of my investigations involves the individual pictured here . . .

. . . Dr. Anthony Fauci is not the only culpable individual; and on many levels. But this formal demand needs perspective. It is not enamoring that Fauci is pictured pool-side. **We begin with the following photograph:**

This level of gala should and could be enjoyed at the current time, under the current circumstances, by every American, especially school children, **were it not for the "expertise" and "science" of Dr. Fauci, et al.**

Wuhan LAUGHING AT AMERICA

The above gala occurred on 15 August 2020. The community pool is located in the Chinese province of Hubei . . . within walking distance of the Wuhan Lab of Virology. One of many headlines not seen on CNN:

COVID-19 ALERT

China: Thousands party at Wuhan water park without masks

The lockdown in the city, where the first known case of the virus was reported in December, was lifted after 76 days in April.

Given the subject demand of this letter, and the ongoing overwhelming evidence that accredits that demand, it should not surprise you to also read the following associated headlines:

NO SCRUTINY Wuhan coronavirus lab may DODGE investigation as WHO team hunting for origin of pandemic won’t bother visiting

Tom Michael
12 Jul 2020, 14:40

SCIENCE | CORONAVIRUS COVERAGE

Fauci: No scientific evidence the coronavirus was made in a Chinese lab

In an exclusive interview, the face of America’s COVID-19 response cautions against the rush for states to reopen, and offers his tips for handling the pandemic's information deluge.

A portion of my work on the "COVID-19 pandemic" has already been shared. A summary of the letters I have written is not limited to the following; a small sampling:

Dr. Anthony S. Fauci, Director NIAID – 21 July 2020	Official Response to SARS-CoV-2 / COVID-19 Related Questions	Tab 1
First Lady Melania Trump – 23 July 2020	Question Regarding Mr. Barron Trump	Tab 2
Dr. R. Albert Mohler, Jr., President Southern Baptist Theological Seminary – 3 August 2020	Southern Seminary and Boyce College – Covenant and Commitment	Tab 3
Mr. Wilson Masilingi, Ambassador Embassy United Republic of Tanzania – 7 August 2020	Letters to Dr. Anthony Fauci, and First Lady of the United States Melania Trump	Tab 4
President Donald Trump / Vice President Mike Pence – 13 August 2020	My Letter to Dr. Anthony S. Fauci of 21 July 2020	Tab 5

Regarding Tab 1, the questions I asked of Dr. Fauci are summarized/attached to this cover. As of this letter, Dr. Fauci has not responded. However, I continue to receive communications and support from laypeople, medical doctors, researchers, etc. A layperson assessment of Tab 1:

"If just one of your accusations is true, then crimes have been committed."

But there have been incremental inputs/documents that have been forwarded as a direct result of Tab 1. In the context of this support, and as an introduction to the subject demand, I focus on three *incremental* items:

1. The ongoing issue of hydroxychloroquine (HCL) use, and other global non-vaccine treatments.

2. The 23 August 2020 broadcast of *'Life, Liberty & Levin'* that featured Dr. Harvey Risch, Professor of Epidemiology in the Department of Epidemiology and Public Health at Yale University.

3. The ongoing issue of proposed mandatory global vaccinations, and the public pronouncements, practices, and policies that are being implemented to psychologically condition the populace and university students for enforcement of what has been properly coined as "medical tyranny."

1. The ongoing issue of hydroxychloroquine (HCL), and other global non-vaccine treatments.

Reference A: My letter to Dr. Fauci of 21 July 2020.
Reference B: My letter to Ambassador Wilson Masilingi (Tanzania) of 7 August 2020.

In my letter to Ambassador Masilingi, I offered the following screenshot:

> **Early treatment with hydroxychloroquine: a country-randomized controlled trial**
>
> Covid Analysis, August 5, 2020 (updated August 6, 2020)
>
> @CovidAnalysis

I also offered a link to this entire 56-page report; a report that has **not** been publically discussed by Dr. Fauci, his boss Dr. Francis Collin, Dean Augustine Choi of the Weill-Cornell Medical College (where Fauci attended), President Martha Pollack of Cornell University (where the undersigned attended), Mr. Bill & Ms. Melinda Gates, Professor Alan Dershowitz, Secretary-General António Guterres of the United Nations (UN), Dr. Tedros Adhanom Ghebreyesus of the World Health Organization (WHO) . . . or CNN, MSNBC, the Washington Post, the New York Times, etc., etc.

The report confirms: Worldwide usage of hydroxychloroquine, when prophylactically administered, **resulted in a 79.1% reduction in COVID-19 related morbidity.** I emphasize "related" because, as discussed at-length in Reference A (and Tab 1), are the following three realities:

a. From the beginning, <u>all</u> "COVID-19 deaths" involve serious, often already terminal, co-morbidities.

b. Death certificate protocols (Cause of Death) have been corrupted by officials to the point of blatant criminality. This COD fraud is detailed on pages 17-19 of Reference A / Tab 1.

c. The alleged "COVID-19 cases" have been corrupted, in this instance by NIH/NIAID/CDC/WHO/UN, to the point wherein <u>merely knowing someone</u> that *"tested positive for the virus that causes COVID-19"* constitutes a "COVID case." **The associated multiplier is 17!** This multiplier fraud is detailed on pages 20-23; and the testing fraud is detailed on pages 10-11 of Reference A / Tab 1.

These realities are important; as detailed later in the report, when the statistics are corrected for known co-morbidities, referred to as "compounding factors," **the reduction in global death skyrockets to 91.3% !**

To the best of my knowledge this report has never been shared with President Trump who, as you know, was vilified by vaccine vested-interests after he announced his prophylactic use of hydroxychloroquine, as prescribed by White House Physician Dr. Sean P. Conley.

The complete AND UPDATED report is available here: <u>https://hcqtrial.com/</u>

2. The 23 August 2020 broadcast of *'Life, Liberty & Levin'* that featured Dr. Harvey Risch, Professor of Epidemiology and Public Health at Yale University.

Reference A: My letter to Dr. Fauci of 21 July 2020. In Tab 1, on pages 24-25, I offered this photograph:

Earlier this week, Bloomberg News promoted the following headline as merely "election year politics," parroting the likes of Michigan Governor Gretchen Whitmer:

ELECTION 2020

Democratic-Led States Targeted in DOJ's Review of Nursing Home Deaths

By Justin Blum
August 26, 2020, 3:53 PM EDT *Updated on August 26, 2020, 7:30 PM EDT*

- Justice Department seeking data to determine if probe needed
- Michigan Governor Whitmer calls move 'election year politics'

I have news for the news media and their suitors in state government . . . were the four states in-question (Michigan, New Jersey, New York, Pennsylvania) not administered by so-called "Democrats," but instead by little green Martians, the hard nursing home death-facts would remain implicitly non-political.

But the facts that DOJ is apparently now garnishing are (1) overly thrifted if not deficient, and (2) lack perspective. This following discussion is offered to correct both levels.

2. The 23 August 2020 broadcast of *'Life, Liberty & Levin'* that featured Dr. Harvey Risch, Professor of Epidemiology and Public Health at Yale University – *con't.*

The aforementioned DOJ perspective needs to be supplemented by interview quotes of Dr. Harvey Risch:

> "I conclude the evidence is overwhelming. There's no question that in the people who need to be treated, and are treated early, it **(hydroxychloroquine)** has a very substantial benefit in reducing risk of hospitalization or mortality. And there has been a massive misinformation campaign that stretches from the government to the media that is either suppressing this message, or it's countering it with a false message. I am not an expert in the reason that is happening, other than just observing it, but I am an expert in the science, and I can tell you the science is all one-sided. In fact, the science is so one-sided in supporting this (good hydroxychloroquine) result, that it is stronger than anything else I have ever studied in my entire career. The evidence in favor of hydroxychloroquine benefit in high-risk patients treated early, as outpatients, is stronger than anything else I have ever studied. So scientifically there is no question whatsoever."

The evidence is overwhelming? There's no question hydroxychloroquine has a substantial benefit in reducing mortality? A massive misinformation campaign? From the government to the media? This result is stronger than anything else ever studied?! Scientifically there is no question whatsoever?

Let us compare that testimony to the pro-vaccine ***crap*** from Dr. Fauci, see Page 7 of my 21 July 2020 letter:

"I'm not so sure it (hydroxychloroquine) should be banned, but clearly the scientific data is really quite evident now about the lack of efficacy for it, and even the possibility that there could be, not could be but there is, you know, likelihood that under certain circumstances, might be rare but you'd see it, adverse events particularly with regard to cardiovascular and the arrhythmias that might be associated with it. I mean there was suspicion of that for a while, but as data comes in it becomes more clear. So I'm not so sure that you'd want to ban it, but certainly the data are clear right now."

Banned?! The data are clear?!

The data Dr. Fauci declared as “clear,” **<u>was known by him</u> to result from a Big Pharma pro-vaccine ruse**; a study so fraudulent it had to be retracted by the New England Journal of Medicine.

Indeed, at the RNC of 24-27 August 2020, two individuals used the term “Big Pharma;” Ms. Tiffany Trump, and President Trump. The latter Tweeted links to the Mark Levin interview with Dr. Risch.

Let us now connect <u>three</u> items that further compel the subject criminal investigation demand:

i. The results of the global HCL study entitled *‘Early Treatment with Hydroxychloroquine: A Country-based Analysis.’*

ii. **The soulless brutality of the nursing home deaths** inflicted upon thousands of the American elderly by the likes of Governor Gretchen Whitmer (D-MI), Governor Philip Murphy (D-NJ), Governor Andrew Cuomo (D-NY) and Governor Thomas Wolf (D-PA).

iii. The following additional quotes from Dr. Harvey Risch of Yale University (see last sentence):

> “Somehow we have let politics overrule science, and it is an absurd situation that people have compared to ‘1984’ and ‘The Ministry of Truth’ and so on; that is limiting what people can say on objective facts, it is beyond belief ! . . . I think ‘they’ know the (hydroxychloroquine) treatment works. I think that basically they are afraid to even let it be tried, because letting it be tried would show that it works. So the message has to be shut at all costs, because anything will leak out, and in fact it is leaking out, and **you see across the country people who started to speak up, who become almost deathly ill, and have been turned around in three days or sooner even, and these are now public figures who are speaking up, who have said that the medicine hydroxychloroquine saved their life.** And it is very difficult to, you know, close all the leaks in that dike that are being suppressed by the media that are trying to do that.”
>
> “This has gone on before . . . now we have Dr. Fauci denying that any evidence exists of benefit, and that has pervaded the FDA. The FDA has relied on Dr. Fauci and his NIH advisory groups to make the statement that there is no benefit of using hydroxychloroquine in outpatients, and this is counter to the facts of the case. The (positive) evidence is overwhelming. The FDA has also said that there is harm in using these medications in outpatients (that) overweighs the benefits . . . ninety per cent of the COVID cases have occurred since the FDA restricted (hydroxychloroquine usage) to inpatients-only . . . **Dr. Fauci and the FDA are doing the same thing that was done in 1987, and that has led to the (COVID-19) deaths of hundreds of thousands of Americans that could have been saved by usage of this drug.”**

Concluding this section, the following facts cannot be denied or be over-emphasized:

a. The four governors in-question and their health department experts were fully aware of the retraction of the Lancet study that was the basis of a then-ongoing pro-vaccine ruse, deployed by Dr. Fauci and others, which <u>continued</u> severe restriction of prescription prophylactic use of hydroxychloroquine.

b. Despite knowledge of this ruse, those governors continued to restrict the use of hydroxychloroquine, **and even went so far as to threaten medical doctors and pharmacies with legal action; the letters from my Governor Whitmer are just one example.**

c. Despite knowledge of this ruse, those governors continued to enforce emplacement of “COVID positive” patients into their nursing homes. In the case of Pennsylvania, its Secretary of Health Rachael Levine was unabashed about the reasons she relocated her mother out-of-harms-way, **by removing <u>her own mother</u> from a nursing home just prior to emplacement enforcement; a nursing home that later experienced innumerable COVID-19 deaths of its elderly!**

3. The ongoing issue of proposed mandatory global vaccinations, and the public pronouncements, practices, and policies that are being implemented to psychologically condition the populace and university students for enforcement of what has been properly coined as "medical tyranny."

Almost two weeks prior to issuance of her *"Cornell Student Behavioral Compact"* (CSBC), Cornell University President Martha Pollack received my 21 July 2020 letter to Dr. Anthony Fauci (Tab 1).

Similar to Fauci, I have received no response from Pollack. I have made innumerable telephone calls to relevant high University staff; none of whom have responded to my voice mails or emails.

As you can see, the opening statement of Pollack's CSBC begins with misinformation or worse: **a bold-faced lie.**

The notion that the only way a *"world of significantly enhanced community and personal health risk"* can be rectified is through a vaccine, mRNA based, is not merely incompetent or fraudulent; it poses a significant health danger to the students, faculty and staff of my alma mater.

I have no intention of allowing Cornell University to migrate into the next stage of an agenda suggested, if not dictated, by "Big Pharma," et al. It is common knowledge that inputs to university policies, and politics, is garnered all-too-often through massive financial donations. I certainly do not take issue *per se* with financial support to higher education, but implicitly I will not tolerate undue influence borne by such, especially if it negatively affects the area of personal well-being.

7/31/2020

Cornell Student Behavioral Compact

Until there is an effective vaccine for COVID-19, we live in a world of significantly enhanced community and personal health risks. The university cannot eliminate those risks, even with the best of planning. We can, however, work together to reduce those risks, and each member of our returning Cornell community must adopt a culture of shared responsibility for our safety and well-being. That will necessitate behaving, both on campus and off campus, in ways that at times will be difficult and may feel constrained, but are crucial both for Cornell and for the greater community in which we live. **The Cornell University Student Behavioral Compact 2020-2021** sets forth our behavioral expectations for Cornell students joining us in Ithaca for the 2020-2021 academic year in order to minimize transmission of COVID-19 and protect those most vulnerable to the virus. **This Compact applies to all undergraduate, graduate and professional students who reside in or return to the greater Ithaca area and/or the Cornell University campus community for the 2020-2021 academic year.**

It is not unreasonable to anticipate that "Big Pharma," which has historically used its influence on the global scene, will exploit the innocence and vulnerability of college students as a stepping stone. Relevant to COVID-19, the context of Pollack's CSBC and other colleges' edicts, and given the above discussion of the "overwhelming" success of non-vaccine treatments, **the notion that a "mandatory vaccination" could eventually be a "requirement for admission" is not merely incompetent; it is most likely criminal.**

Conclusion

On Page 24 of Tab 1, my letter to Dr. Fauci of 21 July 2020, I offer the section entitled:

**Horrific Avoidable Deaths of Elders in Nursing Homes,
and the Deafening Silence of Dr. Anthony S. Fauci**

wherein I present common law to Dr. Fauci:

> "Gross negligence is culpable or criminal when accompanied by acts of commission or omission of a wanton or willful nature, showing a reckless or indifferent disregard of the rights of others, under circumstances reasonably calculated to produce injury, or which make it not improbable that injury will be occasioned, and the offender knows or is charged with knowledge of the probable result of his acts; 'culpable' meaning deserving of blame or censure."

Dr. Fauci and many others cannot have it both ways; they cannot lay-claim to expertise but then conduct themselves in the manner we have, and will continue to endure. Alternatively, if that expertise is intact, then their conduct is culpable. Again, the layperson assessment of Tab 1 from Page 4 above:

"If just one of your accusations is true, then crimes have been committed."

Strictly for sake of argument, let us limit the subject demand to one accusation; the accusation that federal and state-level restriction of the prescription prophylactic use of hydroxychloroquine has caused the death of hundreds-of-thousands, thousands of which were <u>confined to nursing homes</u>, and that those persons that were in any way connectable-to or actively participated in that restriction are culpable for those deaths.

Again, from Page 1 of Tab 1, a quote from Dr. Fauci:

> "I have a reputation, as you probably have figured out, of speaking the truth at all times and not sugar-coating things. And that may be one of the reasons why I haven't been on television very much lately."

I hereby demand that the United States Department of Justice conduct a criminal investigation relating to the "COVID-19 pandemic" based in-part on the public testimony of Dr. Harvey Risch, the discussion above, and Tabs 1 – 5 attached below. This investigation should include but not be limited to Dr. Anthony S. Fauci.

Please do not hesitate to contact me at any time.

Respectfully yours,

Paul V. Sheridan

Attachment/enclosures

Courtesy Copy Information Available Upon Request

ATTACHMENT

28 August 2020

Attorney General William P. Barr
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
202-514-2000

Subject: Demand for Criminal Investigations Relating to “COVID-19 Pandemic”

This ATTACHMENT is 3 pages

In my letter to President Trump and Vice President Pence of 13 August 2020, I make the following request:

Request: Please direct Dr. Fauci to respond to the subject letter, and prior to any distribution of an alleged vaccine for SARS-CoV-2. His response should **not** be limited to that issue alone, but to each and every question posed. You will find questions on pages 3, 8, 9, 11, 16, 19, 23, 25, 27, and 28.

As shown on the pages mentioned, my ten currently unanswered questions to Dr. Fauci are listed next:

QUESTION 1

Is the essence of these media reports true; that while employed by the US taxpayer you were directly (or indirectly) connectable to the funding of research or the funding of a research facility that is connectable to the SARS-CoV-2 virus and the resulting COVID-19 pandemic?

QUESTIONS 2

1. Similar to the retraction by Lancet/Surgisphere, do you intend to publically retract any part of your May 27, 2020 interview, especially with respect to your assertions about "data"?

2. Do you intend to offer a public apology to your colleagues in the medical profession who had been successfully deploying a hydroxychloroquine treatment, but were further vilified upon your endorsement of the Lancet/Surgisphere "investigation"?

3. Do you intend to alert national governments including but not limited to the US, France, United Kingdom, etc., regarding the fact that the Surgisphere "investigation" was anything BUT "rigorously done." You may also wish to advise WHO regarding the premature cancelation of their Solidarity Trial, etc.

4. Given the general negativity of censorship, especially in regard to global health, and the First Amendment, do you intend to publically denounce the affiliations of WHO and various social media platforms, and the latter's practice of kneeling to the former regarding platform content?

QUESTION 3

1. As a public servant who has been criticized globally as being "pro-vaccine," do you intend, as director of the taxpayer-funded National Institute of Allergy and Infectious Diseases (NIAID), to add the following to its current schedule of COVID-19 Clinical Studies:

   a. Hydroxychloroquine protocols, such as that deployed by Dr. Vladimir Zelenko, et al.
   b. The nebulized Budesonide protocol as deployed by Dr. Richard Bartlett, et al.

QUESTIONS 4

1. The faulty COVID-19 test/prognosis is now admitted by the CDC. Given your commitment to "speaking the truth at all times," will you publically clarify/correct for the taxpayer, the precise limitations of the PCR and anti-body tests, and what those limitations portend for (1) what you alleged are "confirmed COVID-19 cases," and (2) your so-called "Second Wave" ?

2. Are you in a position to offer President Trump, and the world, actual scientific proof that these "viral" and the "anti-body" tests are valid for SARS-CoV-2, and therefore the political actions from lockdowns to suspension of the US Constitution are justified? If you have any questions, you might wish to confer with **President John Magufuli of Tanzania.**

QUESTIONS 5

Just prior to the "outbreak" of the SARS-CoV-2 virus from the Wuhan Laboratory in China, the United States (indeed the entire world) was experiencing its normal yearly flu. That is, in very rough terms, the world was spreading flu viruses in the October, November, December 2019 timeframe, immediately prior to January 2020.

(1) Given that mucus globules were carriers of 2019/2020 flu viruses, and caused its spreading, why did you not advise President Trump to lockdown the US economy, request PCR/anti-body tests, "social distancing," and advise Governor Gretchen Whitmer to mandate the "virtue signaling" associated with PPEs to prevent the spread of the flu? (CDC flu season death estimate : 62,000)

(2) What is your assessment of the negative effect that mandated PPEs will have on the global human immunological response to SARS-CoV-2, given that such has already been documented in locations that have no mandated PPE usage?! (I do not use your term "herd immunity.")

QUESTION 6

Is it your intention to remain complicit-with this professional collapse, an ethical collapse instigated by groups such as, but not limited to the White House Coronavirus Task Force, collapse versus the prior institutionalized rigor that was demanded-of and routinely deployed-by the medical profession regarding the precision of the 'Cause of Death' on Death certificates?

QUESTION 7

Is it your intention, as someone "speaking the truth at all times," to inform President Trump, the good people of Texas, and the world-at-large, that your recent claims about "spectacularly transmissible," "efficiency with which this transmits," and "Southern states," was premeditated; predicated upon a 6-week prior nationwide implementation of **"a revised definition for COVID-19 cases as merely 'probable cases.'?** `A revision that resulted in a **"numbers jump"** that is directly connectable to a **"new remarkably low standard,"** but in-stark-contrast has no connection whatsoever to actual infection of the population . . . never mind a wholly accurate and scientifically verified/validated testing protocol.

<u>QUESTIONS 8</u>

As you are fully aware, people have been charged, prosecuted, convicted and then imprisoned as a result of knowingly infecting the innocent with HIV. As you are fully aware, your thesis that HIV infection leads to a “death sentence” has been used in these criminal cases. Therefore:

(1) Is it your position that those who were in positions of authority and expertise, such as but not limited to Pennsylvania Governor Thomas Westerman Wolf and his Secretary of Health Rachael Levine, are somehow innocent of the exact same criminal pattern and the exact same horrific outcome; perhaps under a twisted logic that HIV cannot be legally supplanted with SARS-CoV-2 / COVID-19 in the known confinement-setting of nursing homes?

(2) Referencing the previous section (pages 20 – 23), why did you not use the term “spectacular” to describe the 1000s of horrific confinement deaths of the elderly in the nursing homes?

<u>QUESTION 9</u>

Some of your position and preferences in response to the COVID-19 pandemic have been fortified, not by complete access to information, but by the reverse. Examples such as YouTube/WHO censorship of alternatives to vaccine-treatment of SARS-CoV-2, or videos that question the safety/efficacy of face masks, are just the tip of the Orwellian iceberg.

As Director of the National Institute of Allergy and Infectious Diseases, and therefore a public servant that is beholden, first-and-foremost, to the citizenry of this Constitutional United States of America, do you endorse the direct internal connection (concealed by the use of “holding companies”) between private corporate vested interests (whose primary constituent is understood to be financial shareholders) and global levels of censorship (that are in no way merely “private” but are indeed broadly monopolistic) of information that is contrary to the commercial agenda of those vested interests?

(The internal connection between YouTube/Google/Verily and the alignment of those entities with censorship requests by the WHO, et al., is a suggested context for response to Question 8.)

<u>QUESTION 10</u>

Are you in philosophical and legal lockstep with Professor Dershowitz in his declaration:
“ . . . you have no right not to be vaccinated”?

Addendum to Original Hard Copy Version - 18 December 2020

Regarding the table on Page 4 above:

Dr. Anthony S. Fauci, Director NIAID – 21 July 2020	Official Response to SARS-CoV-2 / COVID-19 Related Questions	Tab 1
First Lady Melania Trump – 23 July 2020	Question Regarding Mr. Barron Trump	Tab 2
Dr. R. Albert Mohler, Jr., President Southern Baptist Theological Seminary – 3 August 2020	Southern Seminary and Boyce College – Covenant and Commitment	Tab 3
Mr. Wilson Masilingi, Ambassador Embassy United Republic of Tanzania – 7 August 2020	Letters to Dr. Anthony Fauci, and First Lady of the United States Melania Trump	Tab 4
President Donald Trump / Vice President Mike Pence – 13 August 2020	My Letter to Dr. Anthony S. Fauci of 21 July 2020	Tab 5

For convenience, these are available by the following precise long-links

http://pvsheridan.com/sheridan2fauci-1-21july2020.pdf	Tab 1
http://pvsheridan.com/Sheridan2Melania-3-23July2020.pdf	Tab 2
http://pvsheridan.com/sheridan2mohler-1-3august2020.pdf	Tab 3
http://pvsheridan.com/sheridan2masilingi-1-7august2020.pdf	Tab 4
http://pvsheridan.com/sheridan2trump-5-13august2020.pdf	Tab 5

ATTACHMENT 2

21 December 2020

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20892
301- 496 - 5717

Subject : **I Hereby Accuse You of 'Gross Criminal Negligence' Connectable to the Death of Mr. Spencer William Smith**

40 Pages

FedEx

July 22, 2020

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The White House, DC, US, 20500

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President Martha E. Pollack
Cornell University
300 Day Hall
Ithaca, NY 14853
607-255-5201

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Recipient:

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20892
301- 496 - 5717

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21 July 2020 VIA FEDEX GROUND-BILL 1283181-00005333

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20892
301- 496 - 5717

Subject: Your Official Response to SARS-CoV-2 / COVID-19 Related Questions *

Dear Dr. Fauci:

In the 10 July 2020 edition of the Financial Times you made claims about your reputation:

> " I have a reputation, as you probably have figured out, of speaking the truth at all times and not sugar-coating things. And that may be one of the reasons why I haven't been on television very much lately."

The subject offers you the opportunity to further assert your *"reputation … for speaking the truth at all times,"* and may fulfill your desire to be on television.

Indeed, in a letter to President Trump of 12 April 2020, I used the following as an introduction; a speech covered by CSPAN television (screenshot from letter)

"There will be a challenge (for) the coming Administration in the arena of infectious diseases, both chronic infectious diseases in the sense of already ongoing disease, and we have certainly a large burden of that, but also there will be a <u>surprise outbreak</u>."

(Please confer with Mr. Fauci for the exact date, approx January 2017.)

Your ability regarding future events is astounding. Relying upon your expertise and your statement to the Financial Times, I have assembled COVID-19 related questions for your official response.

* An e-version of this letter is available at: http://pvsheridan.com/sheridan2fauci-1-21july2020.pdf

Discussion

As a courtesy, my alma mater, Cornell University, will receive a copy of this material.

Copies will be forwarded to medical doctors, health practitioners, professional nursing organizations, and hospital administrators.

Both US (state and federal) and non-US government officials. Owing to your desire to be on television, the media will also receive courtesy copies.

Questions / Requests Listing

Funding Research at the Wuhan Laboratory of Virology (China)

It has been widely reported that GOF research was considered so dangerous to the well-being of life on Planet Earth, that moratoriums were enacted by numerous national governments, and criminalized any activity that directly <u>or indirectly</u> engaged in such.

During the time that you reported to President Barack Obama, a GOF moratorium was in-effect in the USA. You and President Obama were fully aware of the dangers of GOF viruses. Next, you and he touring the Vaccine Research Center at NIH:

During the US GOF moratorium, the total amount of US taxpayer funds that were deployed to the Wuhan Laboratory of Virology in China is TBD. One media report stated:

> "In 2014, the NIH approved a grant to EcoHealth Alliance designated for research into 'Understanding the Risk of Bat Coronavirus Emergence.' The project involved collaborating with researchers at the Wuhan Institute of Virology to study coronaviruses in bats and the risk of potential transfer to humans."

<u>QUESTION 1</u>

Is the essence of these media reports true; that while employed by the US taxpayer you were directly (or indirectly) <u>connectable</u> to the funding of research or the funding of a research facility that is connectable to the SARS-CoV-2 virus and the resulting COVID-19 pandemic?

Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine

As you are fully aware, the World Health Organization (WHO) has been actively involved in the censorship of information regarding the use of hydroxychloroquine-based treatment of patients that are alleged to be infected with the SARS-CoV-2. A platform; and there are many, where this censorship has occurred involves Ms. Susan Wojcicki and YouTube:

A very small sampling of three of the most dedicated and experienced medical doctors that have been subjected to this censorship abuse next.

Two of the most dedicated and trusted medical doctors, **whose YouTube video had received nearly 6 million views prior to being censored by Ms. Wojcicki:** Dr. Dan Erickson and Dr. Artin Massihi of Accelerated Medical Care in California. An important portion of their video involved hydroxychloroquine-based treatment of patients:

A doctor in our birth state (New York) was also censored by Ms. Wojcicki, but his interview content was later resurrected by President Donald Trump's personal attorney, Mr. Rudy Giuliani. Contrary to the absurd misinformation campaign and ongoing scare-tactics by the Washington Post, et al., Dr. Vladimir Zelenko has had a 99.7% survival rate using hydroxychloroquine-based treatment of patients . . . **and he has had zero heart-related "side effects**."

There are many, many, many more tragic examples that we could present.

In stark contrast, you gave a highly motivated interview with Politico regarding your pre-conceived notions against the use of hydroxychloroquine. Your basis was the May 22, 2020 report by the pro-vaccine company Surgisphere. The report appeared in Lancet, and was authored by doctors that promote global vaccination; Mandeep Mehra, Sapan Desai, Frank Ruschitzka, and Amit Patel.

Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis

Mandeep R Mehra, Sapan S Desai, Frank Ruschitzka, Amit N Patel

RETRACTED

Summary

Background Hydroxychloroquine or chloroquine, often in combination with a second-generation m[illegible]lide, are b[illegible] widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Althoug[illegible]nerally [illegible]fe whe[illegible] used for approved indications such as autoimmune disease or malaria, the safety and bene[illegible] of th[illegible] treatment regimens are poorly evaluated in COVID-19.

Methods We did a multinational registry analysis of the use of hydroxychloroquine [illegible]oquine wit[illegible]thout a macrolide for treatment of COVID-19. The registry comprised data from 671 hosp[illegible]s in s[illegible]ntinents. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory fi[illegible]g for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagn[illegible] included in [illegible]f four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychlor[illegible]ine alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed [illegible] control gr[illegible]. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis o[illegible]ile they w[illegible]on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outc[illegible]of in[illegible]st were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias ([illegible]tained o[illegible]ed ventricular tachycardia or ventricular fibrillation).

Findings 96 032 patients (mean age 53·8 years, 46·3% women) [illegible]OVID-19 were hospitalised during the study period and met the inclusion criteria. Of the[illegible] patie[illegible] were in the treatment groups (1868 received chloroquine, 3783 received chloroquine with [illegible]macro[illegible]e, 3016 [illegible]eived hydroxychloroquine, and 6221 received hydroxychloroquine with a macrolide) and [illegible] pati[illegible] in the control group. 10 698 (11·1%) patients died in hospital. After controlling for multiple c[illegible]fou[illegible] sex, race or ethnicity, body-mass index, underlying cardiovascular disease and its risk fac[illegible], diabetes[illegible]erlying lung disease, smoking, immunosuppressed condition, and baseline disease severity), w[illegible]mpared wi[illegible]ortality in the control group (9·3%), hydroxychloroquine (18·0%; hazard ratio 1·335, 95% [illegible]1·2[illegible]457), hydro[illegible]ychloroquine with a macrolide (23·8%; 1·447, 1·368–1·531), chloroquine (16·4%; 1·365, [illegible]18–1·531), [illegible]chloroquine with a macrolide (22·2%; 1·368, 1·273–1·469) were each independently associated [illegible] an increased [illegible]f in-hospital mortality. Compared with the control group (0·3%), hydroxychloroquine (6[illegible], 2·36[illegible]·935–2·900), hydroxychloroquine with a macrolide (8·1%; 5·106, 4·106–5·983), chloroquine (4·3%; [illegible]1, [illegible]–4·596), and chloroquine with a macrolide (6·5%; 4·011, 3·344–4·812) were independently associate[illegible] an incr[illegible]ed risk of de-novo ventricular arrhythmia during hospitalisation.

Interpretat[illegible] We w[illegible] unab[illegible]nfirm a benefit of hydroxychloroquine or chloroquine, when used alone or with a macro[illegible] on in[illegible]spital outcomes for COVID-19. Each of these drug regimens was associated with decreased in-hospita[illegible]eased frequency of ventricular arrhythmias when used for treatment of COVID-19.

Funding William[illegible]vey Distinguished Chair in Advanced Cardiovascular Medicine at Brigham and Women's Hospital.

P[illegible]d Online
[illegible] 22, 2020
[h]ttps://doi.org/10.1016/S0140-6736(20)31180-6

This online publication has been corrected. The corrected version first appeared at thelancet.com on May 29, 2020

See Online/Comment
https://doi.org/10.1016/S0140-6736(20)31174-0

Brigham and Women's Hospital Heart and Vascular Center and Harvard Medical School, Boston, MA, USA (Prof M R Mehra MD); **Surgisphere Corporation, Chicago, IL, USA** (S S Desai MD); **University Heart Center, University Hospital Zurich, Zurich, Switzerland** (Prof F Ruschitzka MD); **Department of Biomedical Engineering, University of Utah, Salt Lake City, UT, USA** (A N Patel MD); **and HCA Research Institute, Nashville, TN, USA** (A N Patel)

Correspondence to:
Prof Mandeep R Mehra, Brigham and Women's Hospital Heart and Vascular Center and Harvard Medical School, Boston, MA 02115, USA
mmehra@bwh.harvard.edu

As you are aware, Lancet, Surgisphere, and WHO are vested-interests in the deployment of vaccines in-general, especially with respect to SARS-CoV-2. An amateurish anti-Trump Washington Post headline hurriedly blared with gala, an anti-hydroxychloroquine headline:


The Washington Post
Democracy Dies in Darkness

Health

Hydroxychloroquine, a drug promoted by Trump, failed to prevent healthy people from getting covid-19 in trial

The University of Minnesota enrolled health-care workers and others exposed to the disease in the first randomized prevention study of the drug

But the embarrassing retraction was not caused by "a faulty data set." It is well-known that Surgisphere actively hid and then refused to release the underlying data sets. Like YouTube/WHO, their "investigation" was a concerted attempt to mislead the world through censorship.

Your May 27 Politico interview occurred **a mere 5 days after the thelancet.com publication of Surgisphere's "investigation."**

In that globally distributed interview, contextualized-by and based-upon the Surgisphere "investigation," you bold-facedly declared:

> "I'm not so sure it (hydroxychloroquine), should be banned, but clearly the scientific data is really quite evident now about the lack of efficacy for it, and even the possibility that there could be, not could be but there is, you know, likelihood that under certain circumstances, might be rare but you'd see it, adverse events particularly with regard to cardiovascular and the arrhythmias that might be associated with it (hydroxychloroquine), I mean there was suspicion of that for a while, but as data comes in it becomes more clear. So I'm not so sure that you'd want to ban it, but certainly the data are clear right now."

But then, without prompting by Politico, you began promoting vaccines:

> " When we first developed a vaccine, I said it would be about a year to a year-an-a-half, and that was in January.[1] So a year from January is December. I still think that we have a good chance, if all the things fall in the right place, that we might have a vaccine that would be deployable by the end of the year, by November or December."

Substantiated charges of fraud continue to be levied against those behind the retracted Surgisphere "investigation." The retraction and frenzied global spin occurred on June 4, **a mere 6 business days after you offered yourself to Politico.**

There was no objective investigation; the report you eagerly embraced was nothing more than an anti-Trump, anti-hydroxychloroquine ruse, and by-design an insidious promotion of vaccines.

Because of your Politico/Surgisphere interview, you are now a person "associated with it." Consistent with the YouTube/WHO agenda, your interview was *not* censored by Ms. Wojcicki.

QUESTIONS 2

1. Similar to the retraction by Lancet/Surgisphere, do you intend to publically retract any part of your May 27, 2020 interview, **especially with respect to your assertions about "data"?** [2]

2. Do you intend to offer a public apology to your colleagues in the medical profession who had been successfully deploying a hydroxychloroquine treatment, but were further vilified upon your endorsement of the Lancet/Surgisphere "investigation"?

3. Do you intend to alert national governments including but not limited to the US, France, United Kingdom, etc., regarding the fact that **the Surgisphere "investigation" was anything BUT "rigorously done."** [3] You may also wish to advise WHO regarding the premature cancelation of their Solidarity Trial, etc.

4. Given the general negativity of censorship, especially in regard to global health, and the First Amendment, do you intend to publically denounce the affiliations of WHO and various social media platforms, and the latter's practice of kneeling to the former regarding platform content?

---

[1] **January?!** Given how little was known about SARS-CoV-2, due to censorship (by the Wuhan Laboratory and those associated with it), it is astounding that you were already *"develop(ing) a vaccine."* In this context please review the screenshot on Page 1 above, and Question 1 above.

[2] Given the lack of data and your unsubstantiated "suspicions," **versus** the practices of Dr. Vladimir Zelenko, the life-saving experiences of Michigan State Representative Karen Whitsett, and in the interest of quelling this post-GOF-moratorium pandemic; will you reverse your prior claim, re-specifying there is little evidence that hydroxychloroquine, when dispensed properly, a medication that has been in global use since 1955, results in "cardiovascular and the arrhythmias." Certainly, given the breath of use/patient conditions during these last 65 years, **if** your "suspicions" were substantive, then data-based confirmation of "cardiovascular and the arrhythmias." would be overwhelming.

[3] You are not alone in your inveracity relative to this Surgisphere fraud. Immediately after its publication the pro-vaccine Washington Post featured the sputum from Professor William Schaffner, a professor of preventive medicine and infectious diseases at Vanderbilt Medical Center, who declared the "investigation" as, **"rigorously done."**
I emailed him inquiring about the basis of that claim, but he refused to respond.

Censorship of Promising COVID-19 Treatments – Nebulized Budesonide

Given ongoing public outcry, including the 17 June 2020 letter of Texas Senator Ted Cruz to Google CEO Sundar Pichai, against the servility and censorship demands of vested-interests such as WHO, the interview of Dr. Richard Bartlett has not yet been removed from YouTube:

In his interview the good doctor declares that connecting the 65-years of global deployment of hydroxychloroquine to claims of cardiovascular problems is . . . quote . . . **"ridiculous!"**

The interview is focused on the treatment of the COVID-19 induced 'cytokine storms' in the lungs. His protocol involves nebulized Budesonide, vitamin supplements and anti-biotics. His success statistics are as good, or better than hydroxychloroquine. Similar to hydroxychloroquine costs, but unlike the billions of taxpayer dollars you have spent and continue to spend on vaccines, Dr. Bartlett's protocol is available now, and involves approximately $100.

QUESTION 3

1. As a public servant who has been criticized globally as being "pro-vaccine," do you intend, as director of the taxpayer-funded National Institute of Allergy and Infectious Diseases (NIAID), to add the following to its current schedule of COVID-19 Clinical Studies:

   a. Hydroxychloroquine protocols, such as that deployed by Dr. Vladimir Zelenko, et al. [4]
   b. The nebulized Budesonide protocol as deployed by Dr. Richard Bartlett, et al.

[4] Similar in purpose to YouTube censorship, most likely on-cue (from WHO/NIH/CDC/NIAID), Governor Gretchen Whitmer (Michigan), sent a threatening letter entitled, "Reminder of Appropriate Prescribing and Dispensing (of hydroxychloroquine)." Dated March 24, 2020, the letter babbles about shortages, allegations, legitimate medical purpose, etc. Her letter threatens targeted groups with "investigated for administrative action." After being pummeled for the letter, Whitmer essentially retreated to accusations that the electorate lacked reading skills. More of her far-Left threatening behavior is discussed below, *"The Lack-of-Efficacy and Well-Known Dangers of Socialized/Mandated PPEs: The Tyranny of "Virtue Signaling,"* pages 12 – 16.

SARS-CoV-2 "Viral Tests," SARS-CoV-2 "Anti-Body Tests," "Confirmed COVID-19 Cases" the So-Called "Second Wave" and ZERO PROOF

The precipitous and dangerous erosion of basic human rights, and the accompanying media hype about a concern for "health," is derived from the alleged validity of the SARS-Cov-2 tests, and related statistics which are promoted as "confirmed COVID-19 cases."

Through erudition, I am familiar with the Polymerase Chain Reaction (PCR) test developed by **Nobel Prize winner Dr. Kary Mullis**. My interest piqued when he was vilified, by you and others, then and ongoing, for asking simple questions, but making a very relevant and ethical request regarding the alleged connection between HIV and AIDS. The Nobel Prize winner Dr. Mullis :

> *"The first time I really questioned it, I was working on a project where we were measuring HIV in people's blood . . . At some point we needed to re-up our grant from the NIH (National Institute of Health), to work on that, and I had to write it.*
>
> *And so, the first line of that was 'HIV is the probable cause of AIDS.' I wrote that, and then I said, well I need a paper, some kind of scientific paper to reference that statement. Because when you make a scientific statement like that, that's like a fact. You need to say here's how come I know that . . . here's a paper by somebody that describes why that statement is true . . . What is that paper, who do I go to for that? . . . How do I know that? . . . It turned out that nobody knew that, there was not a scientific reference, like a paper that someone had submitted, with experimental data in it, and a logical discussion, and said, 'Here is how come we know that HIV is the probable cause of AIDS.' There was nothing out there like that. Nothing!"*

You assumed your current career position in 1984, and had personally met with Dr. Mullis. **You were central to the HIV = AIDS hypothesis.**

As you are aware, upon his death last August 2019, the global censoring of Dr. Mullis' work in this area has already begun **with vigor!** This historical/ongoing behavior amongst the so-called medical community is familiar to you.

To the best of my knowledge, you were unable to offer Dr. Mullis the reference he sought. I would be happy to receive an update from you on that specific point.

The two main "COVID-19 tests" currently deployed are based on PCR/Antigen ("viral test"), and the antibody test (Serology). We review the validity/efficacy of those tests next.

(1) Dr. Andrew Kaufman explains that the DNA sequence of the chimpanzee accumulates a full 97% of the human DNA. A crucial 3% difference determines the expression of the life form.

Samples in PCR (”viral test”) are impure and originate from multiple bodily and external sources. PCR involves “amplification,” where mere fragments of DNA/RNA are replicated/repaired. In the COVID-19 protocol, even after amplification, **PCR can only detect 80% of the targeted RNA sequence.** It is off by 20%, not 3%. We would never declare that chimpanzee DNA is “close enough,” and such is therefore confirmation of a human. Yet these percentages have been promoted as confirming the presence of SARS-CoV-2.

> **That is Dr. Fauci, <u>at no time</u> during this pandemic has the PCR test detected the SARS-CoV-2 RNA-based virus particle, only ~80% fragments are confirmed.**

Despite this, innocent victims who fund and rely upon your expertise, a vast majority with zero symptoms, are being told that they are *“positive for the virus that causes COVID-19.”*

(2) The “anti-body test” is equally egregious. Reliance on the “anti-body test” is based upon the claim that immune system response to SARS-CoV-2 manifests specific anti-bodies that you declare are <u>specific to</u> SARS-Cov-2. Utter nonsense.

Victims of this ruse, with prior flu-shots or prior common flu virus infection (corona and otherwise), even the fully recovered, have and will test *“positive for the virus that causes COVID-19.”*

> **That is Dr. Fauci, <u>at no time</u> during this pandemic has the “anti-body test” confirmed presence of the SARS-CoV-2 RNA virus particle; it is only capable of detecting an antibody load (long-lived IgG) that is <u>claimed</u> to be responsive to SARS-CoV-2. This is the exact same protocol you declared in the HIV = AIDS era.**

Without these “SARS-CoV-2 Tests,” and without the *“positive for the virus that causes COVID-19”* prognosis, you will not be able to assert, <u>on the basis of statistics</u>, your “Second Wave.” These official tests/prognoses are not merely reckless; such are probably actionable.

You show little concern for the effect these tests have had on the psychological/sociological well-being of America. Your promotions of a “Second Wave” and vaccines reinforce this view.

<u>Questions 4</u>

1. The faulty COVID-19 test/prognosis is **now admitted by the CDC**. Given your commitment to *“speaking the truth at all times,”* will you publically clarify/correct for the taxpayer, the precise limitations of the PCR and anti-body tests, and what those limitations portend for **(1)** what you alleged are “confirmed COVID-19 cases,” and **(2)** your so-called “Second Wave” ?

2. Are you in a position to offer President Trump, and the world, **actual scientific proof that these “viral” and the “anti-body” tests are valid for SARS-CoV-2,** and therefore the political actions from lockdowns to suspension of the US Constitution are justified? If you have any questions, you might wish to confer with **President John Magufuli of Tanzania**.

The Lack-of-Efficacy and Well-Known Dangers of Socialized/Mandated PPEs: The Tyranny of "Virtue Signaling"

The title does not reference "masks." The latter deployed as a legalistic diversion; a rhetorical shell-game that seeks to avoid decades of occupation-related safety minimums, which are derived from hard-won experience and true science-based regulations, resulting in the proper training and use of PPEs. Diverting to "masks," officials seek to subvert a public line-of-inquiry that would lead to organizations such as the National Institute of Occupational Safety and Health (NIOSH). As you are aware, NIOSH is part of the Center for Disease Control (CDC).

The most prolific use of this legalistic "mask" shell-game resides in the governor's mansion in Lansing, Michigan.

Governor Gretchen Whitmer of Michigan? In all my life I have never experienced a politician that creates, and therefore endures more hatred then this so-called public servant. I am sure I have "offended" someone, and have provoked opinion that I am alone in these assessments.
Wrong . . . on both accounts.

Whitmer has made no secret of her true ambitions, and the manner in which she intends to effect them. She is singly motivated by thought of being president; in the interim using the upcoming November 2020 election to secure the office of vice president.

Whatever fulfills her political ambition, Whitmer will do. Her presidential ambitions are the true motivational context. She couldn't care less about Michigan, its families, its society, its business, its future in-general. **Her priority is the White house, period.**

This opinion is based on her opportunistic deeds and is connected to the November 2016 election, after which the electorate was warned by a well-informed Dr. Fauci about ***"a surprise outbreak."***

Your closed-door statement of January 2017 is an indelible part of your professional legacy. [5] But the most graphic representation of your legacy could be the absurdity depicted here:

Connected to that legacy, which includes your demonstrated anti-Trump bias, a bias openly lauded by Whitmer; who was recently encouraged to sign Executive Order 2020-147.

Implicitly ignorant of "the precise limitations of the PCR and anti-body tests in-use, and what those limitations portend," [6] the Bolshevik in Lansing, Michigan illegally enacted the most unfounded, politically-motivated, tyrannical trash in the history of the constitutional United States. Her web page "encourages" (her exact spin verbiage) Michigan citizens as follows:

> *" . . . businesses that are open to the public must refuse entry and service to individuals who fail to comply, and must post signs at all entrances instructing customers of their legal obligation to wear a face covering while inside . . . A willful violation of the order is a misdemeanor subject to a $500 criminal penalty…"*

The illegality of this Whitmer order is so blatant, law enforcement entities that are not subject to her financial and organizational whims, are refusing to respond to her vile "snitch reports." Sheriff departments across Michigan, responsible directly to the citizens of their county, are examples.

A comment before we proceed . . . the mass media routinely labels anyone that refuses, or <u>merely questions,</u> PPE mandates as "conservative pundits."

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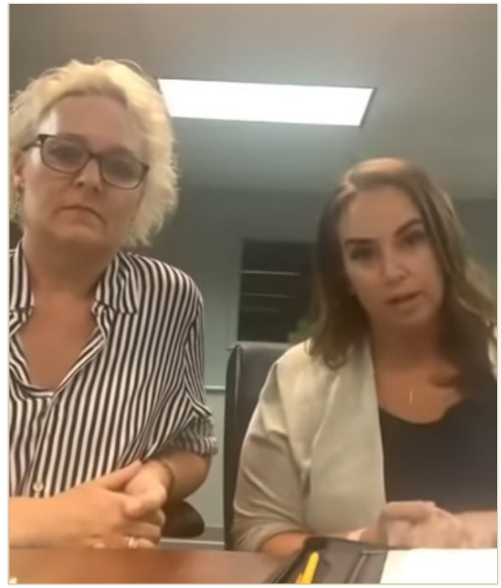
[5] See screenshot, page 1 above.

[6] See Questions 4, in *"SARS-CoV-2 Viral Tests" SARS-CoV-2 Anti-Body Tests, Confirmed COVID-19 Cases, the So-Called Second Wave and ZERO PROOF*," pages 10 - 11 above.



Given this political labeling routine, should we dismiss the Michigan citizens pictured here as merely "conservative pundits"?!

I can assure you, Tammy Clark and Kristen Meghan will forget more about PPE usage than you or Whitmer or the undersigned will ever know.

With decades of expertise, with certifications, training, and direct experience in "subject matters" that Whitmer has never heard of, and will never qualify for . . . What is the Clark/Meghan opinion on Whitmer's **prior** executive order? I emphasize this since Clark/Meghan statement was made *prior to* Executive Order 2020-147.

> "**Let's talk about masks**. So what do we know about this virus to begin with? Because this is really all about COVID-19, and it's really all about the corona virus. So what do we know about this? We have to talk about what we know about, before we can talk about what we do not know about.
>
> So what do we know about the corona virus? What we know is that this particular virus is incredibly, incredibly tiny. It is a viron [sic] that is part of the classification of corona viruses; there are a lot of corona viruses out there. This is a novel virus, so this is; when we say this is a novel virus, what that means in virology is that this is a strain of the virus that we have never seen before. And this actually goes back to chimeric research . . . chimeric research, that the virus itself has been intentionally genetically modified, and engineered with another strain of another virus. So it's part of the SARS virus family, but it is a chimerically altered virus. So we consider it to be a novel virus, which is why we do not know a whole lot about it, *yet!*
>
> So, what we do know about it, is that it is sooooo tiny, that it is between 0.060 microns and 0.125 microns. So what that means when it comes to masks, and the home made cloth masks in particular, which is really the hot topic that we want to address, they (masks) do literally nothing to protect you from disease transmission. Everybody talks about masks to protect your neighbors, so you don't kill grandma,[7] all that kind of thing; that is what you are hearing from people. Well, what you need to understand from a virology perspective is that that mask is not protecting anybody around you at all, from the expiration of this pathogen to those around you."

Months ago I had personally reviewed with lay people, the SARS-CoV-2 size statistics versus the "0.300 micron rating" of the typical surgical mask. My review created deep anger and resentment, and a feeling of betrayal in every instance. None of the lay people I spoke to were "conservative pundits." To the contrary, most were prior fans of Tom Hanks.

[7] We return to the elderly below, *"Horrific Deaths of Elders in Nursing Homes, and the Deafening Silence of Dr. Anthony S. Fauci,"* pages 24 - 25.

At no time did the Whitmer plans for the White House involve information readily available from experts such as Ms. Clark and Ms. Meghan. Whitmer's recent order and concurrent ratcheting-up of threats does not prioritize the health and well-being of Michigan. Whitmer has no issue destroying the lives of millions of Michigan citizens, while, at the very least, ensuring that your boss, President Donald Trump, is not re-elected. The fact that the only way she could "move forward" was by financial, legal, and social threats against the electorate is, in-itself, an indication of the incompetence and impropriety of her PPE mandates.

Regarding mandates, an easily confirmed fact, regarding the 'one size / one activity fits all' lunacy, is the PPE induced "hazardous atmosphere" inflicted upon the mask wearer. You and Lansing, Michigan have not demonstrated any concern about this well-known health hazard.

This is not some far-off esoterica, unknown to you and NIOSH. Lay people and government officials are posting on YouTube, until censored, videos wherein near-instantaneous and dangerous levels of the oxygen / CO2 aspirants occur upon the donning of the mask.

Ohio State Representative A. Nino Vitale posted a video on Ms. Wojcicki's YouTube, **and it was immediately censored.** His video in-no-way violated any of the "Community Guidelines," but merely showed ambient oxygen readings (using a GX-2009 RKI meter), as experienced by healthy young adults upon the donning of face masks.

When the meter detected a "hazardous atmosphere" beneath the mask, an alarm sounded alerting the wearer to danger. In all Vitale student tests, the meter alarm sounded within 4 to 6 normal non-exertion inhale/exhale cycles.

If you click here https://www.youtube.com/watch?v=zA9gpF1RNOw you will endure the results of Vitale's efforts, inflicted upon him by Ms. Wojcicki; not only did she censor the video, she deleted the entire Representative Vitale account!

I had saved an original copy of the Vitale mask/meter testing video, and uploaded it to one of my YouTube accounts; it was **instantly** censored https://youtu.be/H4R6awlaUXo ; no appeal, no discussion, it is gone, and I have a "strike" against my account !? [8]

I have now uploaded a copy of the Vitale video here, as an example of how biased the YouTube/WHO censorship abuse has become:

http://pvsheridan.com/VitaleTests-oxygen-DANGER_mask.mp4

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[8] None of this is surprising given historical Wojcicki audacity discussed above in the section, *'Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine*,' pages 4 – 8.

Before I pose the question for this section, I ask a supplementary question:

> The *ad hoc* explanation for mask mandates, initiated in the era of the Wuhan / SARS-CoV-2 virus, relies upon the notion that its 0.060 to 0.125 micron size statistic is not pertinent. It is claimed that due to mucus globules (exhaled during breathing, coughing or sneezing) being far larger, and these globules are restrained/captured by even home-made cloth masks, that the size of the mucus globules is instead the pertinent statistic.
>
> That is, a central tenet of this *ad-hoc-ism*, is the assertion that the SARS-CoV-2 particles are transmitted on-board the exhaled globules. Reasonable.
>
> So, Dr. Fauci, are you saying that those criteria did not exist during the 2017-2018 flu pandemic, <u>and every single flu outbreak since the beginning of human history?</u> If these criteria did exist, then why were Bolshevik-styled mask mandates, and moronic "social distancing," and complete lock-down of the US economy, not issued during those prior events? Events and times that encompass your long career?
>
> Is the emergence, influence, vested-interest vaccine rhetoric/pressures, and your association with Mr. Bill Gates and the WHO in any way connectable to your response?

<u>QUESTIONS 5</u>

Just prior to the "outbreak" of the SARS-CoV-2 virus from the Wuhan Laboratory in China, the United States (indeed the entire world) was experiencing its normal yearly flu. That is, in very rough terms, the world was spreading flu viruses in the October, November, December 2019 timeframe, immediately prior to January 2020.

(1) Given that mucus globules were carriers of 2019/2020 <u>flu viruses</u>, and caused its spreading, why did you not advise President Trump to lockdown the US economy, request PCR/anti-body tests, "social distancing," and advise Governor Gretchen Whitmer to mandate the "virtue signaling" associated with PPEs to prevent the spread of the flu? (CDC flu season death estimate : 62,000)

(2) What is your assessment of the negative effect that mandated PPEs will have on the global human immunological response to SARS-CoV-2, given that such has already been documented in locations that have no mandated PPE usage?! (I do not use your term "herd immunity.")

Enforced Falsification of the 'Cause of Death' (COD) on Death Certificates and the Deafening Silence of Dr. Anthony S. Fauci

Attachment 2 to my 12 April 2020 letter to President Trump was the *"COVID-19 Alert No. 2 – March 24, 2020."* This document was forwarded to medical doctors, nurses, hospitals, morgues, state boards of medical practice, police departments, etc. Authored by Dr. Steven Schwartz, director of the National Center for Health Statistics, a screenshot of the most insidious portion:

> <u>Should "COVID-19" be reported on the death certificate only with a confirmed test?</u>
>
> COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death**. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached Guidance for Certifying COVID-19 Deaths)

That the lead-in question is posed <u>at-all</u> confirms how deeply corrupted the so-called COVID-19 pandemic truly is. This document, its enforcement, and implicit fraud was exposed very early by Montana physician Dr. Annie Bukacek. I presented her in my letter to President Trump. In an interview, "Montana physician Dr. Annie Bukacek discusses how COVID 19 death certificates are being manipulated," she reviews her 30+ years of experience <u>with death certificates</u>:

She poses the central question, one we reviewed in the section above, *"SARS-CoV-2 Tests, Confirmed COVID-19 Cases, and the So-Called Second Wave."* Dr. Bukacek asks:

> "I am going to talk about death certificates today. The decision for unprecedented government mandated lockdowns has been based on the alleged death rates of COVID-19. But are these death rates based on truth? . . . Are the reported deaths from COVID-19, truly deaths from COVID-19?"

As you are fully aware Dr. Fauci, the answer, on both questions is a resounding, **"NO!"**

In a video by Dr. Andrew Kaufman, he explains:

> "This comes from directives from our public health organizations and agencies. `Lots of people who don't have any symptoms and didn't get ill, test positive for this, as well as many people who are ill and have symptoms but test negative. So, since we don't really know what we're testing, in my opinion, we cannot trust the results of this test at all.
>
> If someone dies and you suspect it may be COVID-19 related, that not even to bother doing a test post-mortem, just label them on the death certificate as 'COVID-19.'
>
> If they sent them for autopsy they would probably find that they died of a regular cause, and this would affect the (COVID-19) numbers in a bad way, in terms of, if you are trying to create the appearance that a lot of people are dying from COVID-19.
>
> Since you cannot trust this data about the cause of death because of these instructions (from our public health organizations and agencies), and they have essentially gone away from their usual protocols, where you want to have some certainty about the cause of death, **and they've said that even if there is suspicion that COVID might be the cause of death, that you should just put that as the cause of death on the death certificate without any further scrutiny."**

The directives from the World Health Organization, entitled, *'COVID-19 : Guidelines for Death Certification and Coding,'* are even more insidious:

Perhaps it will be argued that the COD examples cited here are isolated, not representative of current death certificate coding practices; that the latter have been corrected, and the medical doctors that pointed out these discrepancies have been thanked for their efforts. **Not a chance.** In truth, the situation has degraded in the opposite direction: Enter Senator Dr. Scott Jensen.

State Senator, Dr. Scott Jensen is being investigated, for the first time in his 35-year medical career, by the Minnesota State Board of Medical Practice on two, demonstrably spurious, utterly ludicrous charges: (1) 'Spreading False Information,' and (2) 'Providing Reckless Advice.'

This is the same person that was previously named, by that very same Board of Medical Practice, "Minnesota Family Physician of the Year"! But this occurred prior to your **"surprise outbreak."** [9]

Unlike civil and even criminal investigations, wherein the accused has a right to the identity of their accuser, under Minnesota law, Dr. Jensen has been denied that information. The genesis of his travails were not flippant, baseless or unilateral remarks he made to the media, but was in-truth a 7-page document, distributed by the very same State Board of Medical Practice; they were coyly dictating that medical doctors falsify the COD on their certificates. The 7-page document was later embellished by an email sent by the Minnesota Department of Health that involves *"couching about how to fill out the death certificate."*

As you are fully aware Dr. Fauci, this COD falsification, originally dictated by the MSBKP, fortified by the MDH email, and the subsequent threats to Dr. Jensen's career <u>are borne</u> in the national and global fraud of exaggerating the COVID-19 death statistics.

<u>QUESTION 6</u>

Is it your intention to remain complicit-with this professional collapse, an ethical collapse instigated by groups such as, but not limited to the **White House Coronavirus Task Force,** a collapse versus the prior institutionalized rigor that was demanded-of and routinely deployed-by the medical profession regarding the precision of the 'Cause of Death' on Death certificates?

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[9] See screenshot, page 1 above.

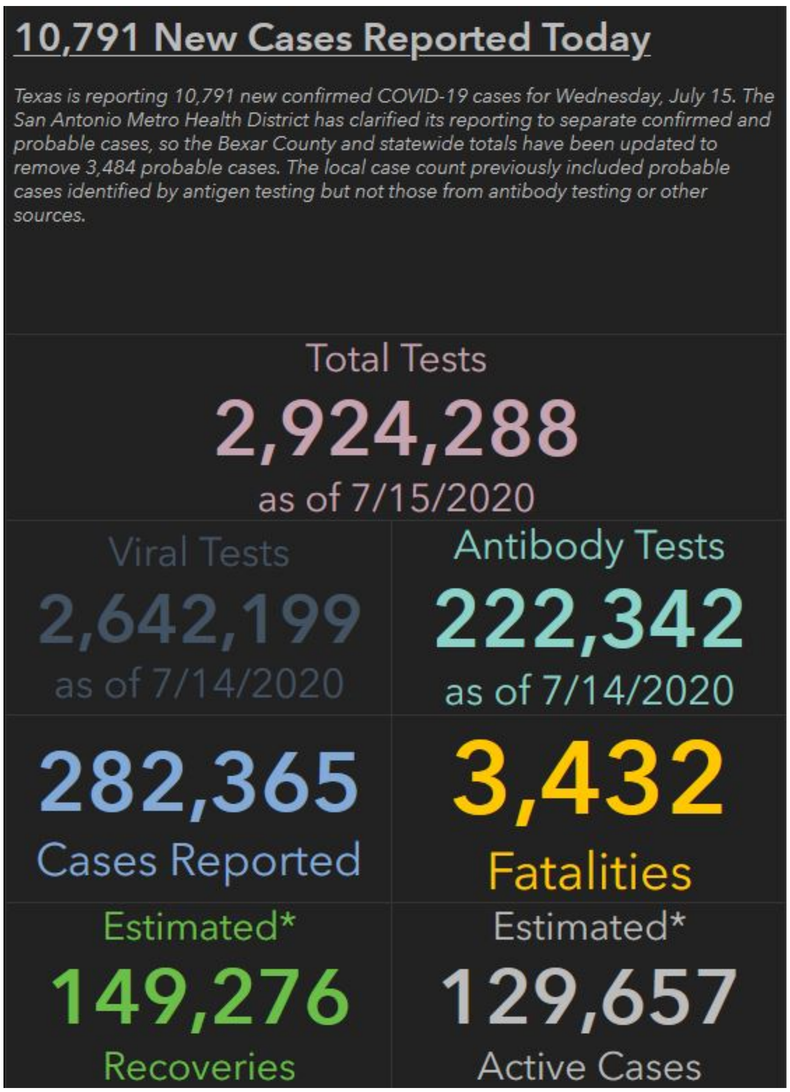
Enforced Nationwide Falsification of the COVID-19 "Confirmed Cases," and the Premeditated Promotions of Dr. Anthony S. Fauci

Typical mass media headline, but **recent,** and a sample regarding Texas includes:

CORONAVIRUS

COVID-19 surge continues as Texas reports records of 10,791 new cases, 110 deaths

Texas Department of State Health Services (DSHS) has a daily report:



On the basis of this alarmism, Texas Governor Greg Abbott reversed himself, and signed an order threatening Texas citizens with a $250 fine if they do not submit to his mask mandate, etc.

But not one major media outlet has covered the true cause of these headlines. A clue about the true, but insidious cause for the re-ignition of panic in Texas is summarized by current verbiage at the Department of State Health Services (DSHS) website:

> “The Texas DSHS is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide.”

That is, the CDC, the NIH, and the WHO are slithering in the background. **But what exactly does that “working closely” bureaucratic cattle-stampede entail?** Timeline begins May 18, 2020:

Before we discuss the details of what was forced upon every state board of health nationwide, we **contextualize** that forcing with words that you publically declared ***after*** those details were implemented and having their premeditated effect. **<u>You</u> loudly declared on July 9, 2020:**

> "Not to be hyperbolic about it, it really is the perfect storm, an infectious disease and public health person's worst nightmare. It's a **spectacularly transmissible** virus. **The efficiency with which this transmits is really striking . . .**
>
> And I think what we've seen unfortunately, is that in some of the Southern states, the states have not really followed those guidelines in some respects, and jumped over the benchmarks, and the points that needed to be checkpoints. We've got to do better.”

Spectacularly transmissible? Efficiency with which this transmits? Southern states? Such as Texas, which was previously embarked on its own path to economic and social re-opening?

Back to the details; with the above Fauci context in full-view, let us present what was documented by hidden camera from behind closed-doors (in one of those "southern states" you complained about), at a typical county-level meeting, of otherwise honest caring public servants.

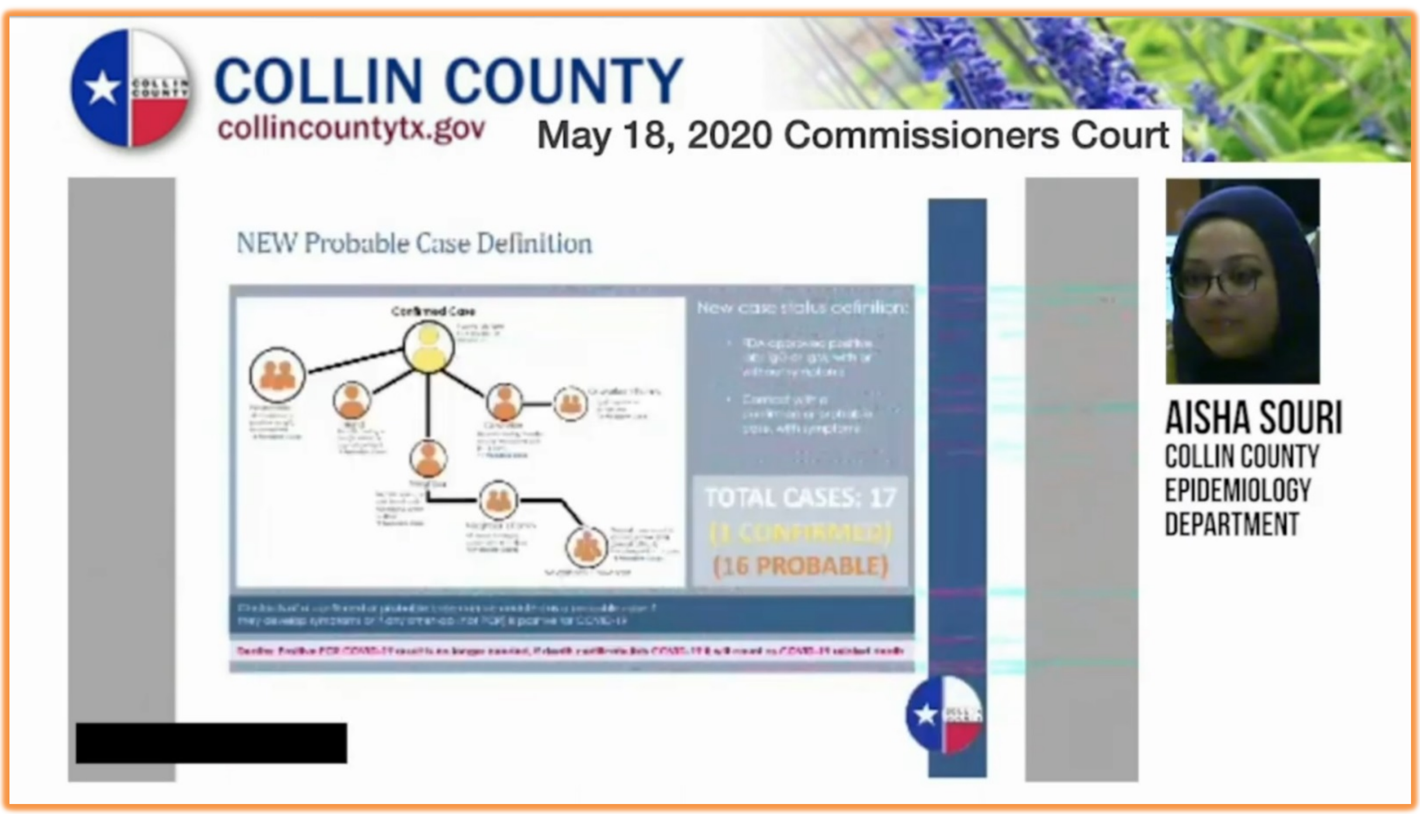
Reminder to you Dr. Fauci, this meeting resulted from edicts from the national level, but occurred six weeks prior to your "**spectacularly transmissible virus"** proclamations of July 9, 2020:

Texas Collin County Judge Chris Hill begins the meeting:

> " State of Texas DSHS has informed the public health departments that **they have adopted a revised definition for COVID-19 'probable cases.'** "

Texas Collin County Department of Epidemiology Dr. Aisha Asouri explains:

> " So, for confirmed case, it stays the same, you still just need PCR ("viral test"). But now they have added a 'probable case' definition. So that still gets counted towards the case count. It (the new Fauci edict) is different, **it is not confirmed it is 'probable,' but it's still a case.**
>
> So at the end of this (new) definition there are 15 different options on how you can be classified as a 'probable case.' Based on this diagram, and what they report, there's a total of 17 cases now. One is still only confirmed because that was that original index case (in yellow), who then had all these contacts underneath in orange, and all the rest of them became probable. **But they are still considered a case**. "



At this May 18, 2020 closed-door meeting, Texas Collin County Judge Chris Hill concludes:

> " This has the potential to be a very significant event for us here in Texas, and here in Collin County, **as the state now has elected to adopt this new 'probable' definition.**
>
> If you have a subjective fever, and you have a headache, and you live in Collin County, you now meet the qualifications to be a 'probable' COVID patient.
>
> **It is remarkable how low the standard is now**. If you have one of the major symptoms, if you have a cough, or you have shortness of breath, and you live in Collin County, then you can satisfy the definition for a 'probable' COVID case.
>
> But I am very concerned that **we absolutely could see the numbers jump very rapidly, in a way that actually is <u>not</u> indicative of what we are seeing here in the community,** in the public health department. "

<u>QUESTION 7</u>

Is it your intention, as someone ***"speaking the truth at all times,"*** to inform President Trump, the good people of Texas, and the world-at-large, that your recent claims about *"spectacularly transmissible," "efficiency with which this transmits," and "Southern states,"* was premeditated; predicated upon a 6-week <u>prior</u> nationwide implementation of **"a revised definition for COVID-19 cases as merely 'probable cases.'?** `A revision that resulted in a **"numbers jump"** that is directly connectable to a **"new remarkably low standard,"** but in-stark-contrast has **no connection whatsoever** to actual infection of the population . . . never mind a wholly accurate and scientifically verified/validated testing protocol.

Horrific Avoidable Deaths of Elders in Nursing Homes, and the Deafening Silence of Dr. Anthony S. Fauci

In a silence that is determined by agenda, not your sworn duties as director at NIAID, you have presided over the horrific consequences of many governors' and their health official's actions that resulted in the otherwise avoidable, but possibly premediated deaths/manslaughter of the elderly.

Perhaps review of a common in-use definition of 'Gross Criminal Negligence' would assist you:

> " 'Gross negligence' is culpable or criminal when accompanied by acts of commission or omission of a wanton or willful nature, showing a reckless or indifferent disregard of the rights of others, under circumstances reasonably calculated to produce injury, or which make it not improbable that injury will be occasioned, and the offender knows or is charged with knowledge of the probable result of his acts; "culpable" meaning deserving of blame or censure."

Bell v. Commonwealth, 170 Va. 597, 195 S.E. 675, 681

Reasonably calculated to produce injury !? It is well-known, worldwide, that COVID-19 is especially dangerous for the elderly. This fact was determined early-on. Despite this, governors ranging from our birth state of New York, to California, to New Jersey, to Michigan, etc., ordered; let us say, FORCED numerous nursing homes to accept into residency those suspected to be "COVID-19 positive," some of whom were convicted felons.

Assuming gradation is even possible, the most sinister example comes from those currently in-charge in the good state of Pennsylvania:

The Pennsylvania Secretary of Health Rachael Levine was unabashed about the reasons she relocated her mother out-of-harms-way, by removing that mother from a nursing home, that <u>was subsequently ordered by Ms. Levine</u> to accept "COVID-19 positive" residents.

The so-called COVID-19 deaths that resulted from this type of criminal activity, and many others like it, have never been openly condemned by you or the White House Coronavirus Task Force:

Nor has the state level or US level Departments of Justice officially investigated the **1,000s of nursing home COVID-19 deaths** under, at the very least, the Gross Criminal Negligence laws.

Your silence regarding the 1,000s of horrific nursing home COVID-19 deaths has been deafening.

<u>QUESTIONS 8</u>

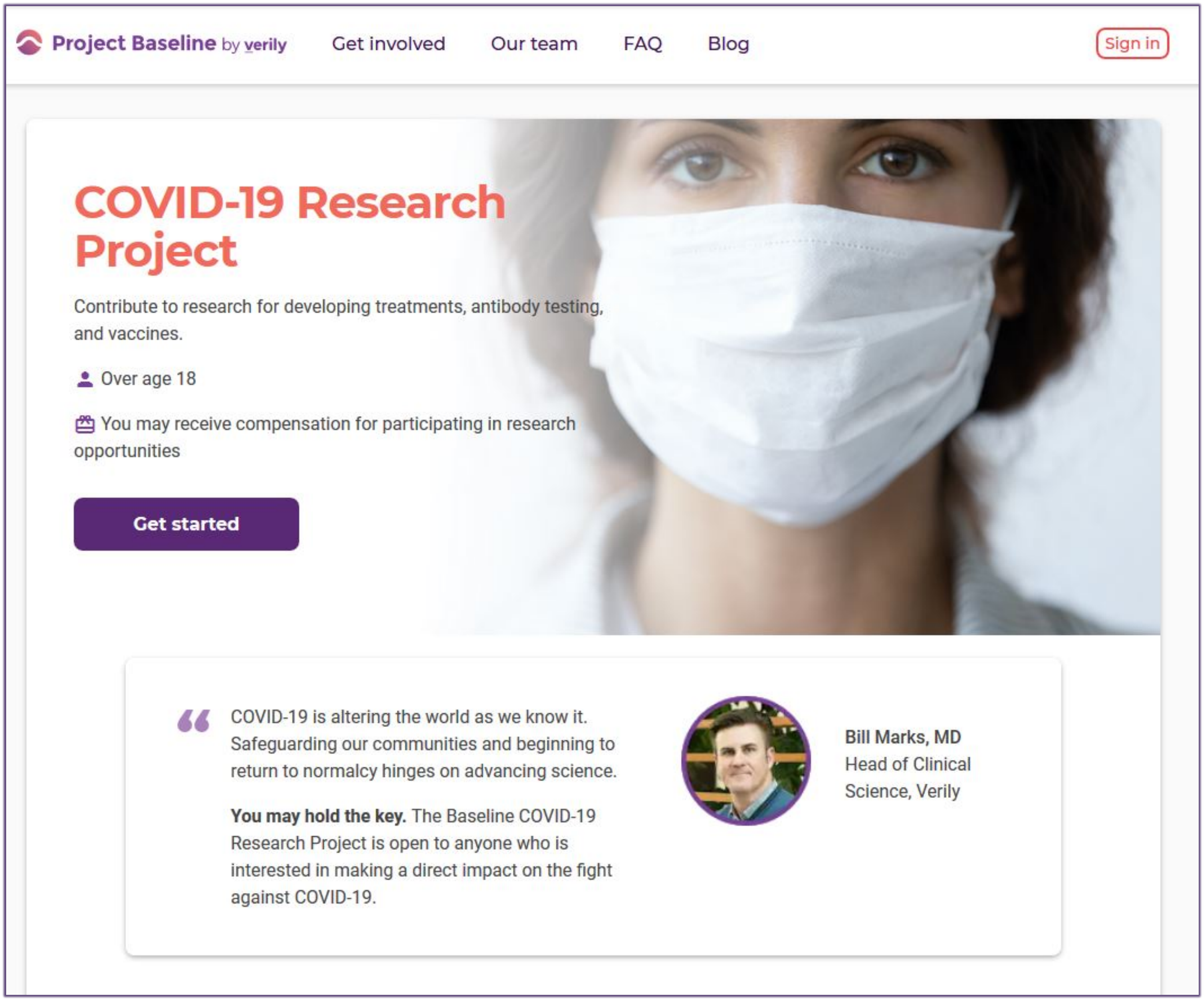
As you are fully aware, people have been charged, prosecuted, convicted **and then imprisoned** as a result of **<u>knowingly</u>** infecting the innocent with HIV. As you are fully aware, your thesis that HIV infection leads to a "death sentence" has been used in these criminal cases. Therefore:

(1) Is it your position that those who were in positions of authority and expertise, such as but not limited to **Pennsylvania Governor Thomas Westerman Wolf and his Secretary of Health Rachael Levine, are somehow innocent of the exact same criminal pattern and the exact same horrific outcome; perhaps under a twisted logic that HIV cannot be legally supplanted with SARS-CoV-2 / COVID-19 in the <u>known</u> confinement-setting of nursing homes?**

(2) Referencing the previous section (pages 20 – 23), why did you not use the term "spectacular" to describe the 1000s of horrific confinement **<u>deaths</u>** of the elderly in the nursing homes?

YouTube Censorship, Google Search Limitations/Manipulations, and Verily

It would be deeply naïve, if not irresponsible to assume that there is no connection between the recent onslaught of YouTube censorship, Google search limitations/manipulations (and other assorted shenanigans), and the present COVID-19 pandemic.



Project Baseline is representative of a vested interest in the COVID-19 pandemic; but a vested interest that poses a specific risk. It is a COVID-19 research project that is promoted for–profit by a company called Verity. Verity is part of a recently formed holding company called Alphabet, Inc. **So is Google/YouTube**.

Regarding the latter, the notion that censorship/search-manipulations are altruistic, or premised solely on a virtuous dedication to health, goes far beyond naiveté, all the way to buffoonery.

In this context, the 17 June 2020 letter of Texas Senator Ted Cruz to Google CEO Sundar Pichai is welcome, but somewhat tardy. Cruz declares: [10]

> "The recent actions of Google . . . raise serious concerns that **Google is abusing its monopoly power** in an effort to censor political speech with which it disagrees. This is part of a bigger problem. The culture of free speech in this country is under attack, and Google is helping lead the charge. Whereas Americans once understood that the best response to speech was more speech, some Americans, with the help of some of the most powerful companies on the planet, are now pressing to silence and punish those expressing views that do not align with the prevailing and ever-shifting progressive orthodoxy. These individuals demand that people with different views lose their livelihoods if they step out of line. Employers must fire dissenters. Companies like Google must—to use a most Orwellian term— "demonetize" them."

Much of the information that supports questioning of the official positions on COVID-19 have already been scrubbed from the open domain. It is astounding that the information presented in this instant letter has survived. If current patterns and momentum toward diminished true public service from the political class continue, pandemics (such as COVID-19) will not be the only instrument type that will be misused as a tool of coercion by selected global power brokers.

Question 9

Some of your position and preferences in response to the COVID-19 pandemic have been fortified, not by complete access to information, but by the reverse. Examples such as YouTube/WHO censorship of alternatives to vaccine-treatment of SARS-CoV-2, or videos that question the safety/efficacy of face masks, are just the tip of the Orwellian iceberg. [11]

As Director of the National Institute of Allergy and Infectious Diseases, and therefore a public servant that is beholden, first-and-foremost, to the citizenry of this Constitutional United States of America, do you endorse the **direct internal connection** (concealed by the use of "holding companies") between private corporate vested interests (whose primary constituent is understood to be financial shareholders) and global levels of censorship (that are in no way merely "private" but are indeed broadly monopolistic) of information that is contrary to the commercial agenda of those vested interests?

(The internal connection between YouTube/Google/Verily and the alignment of those entities with censorship requests by the WHO, et al., is a suggested context for response to Question 8.) [12]

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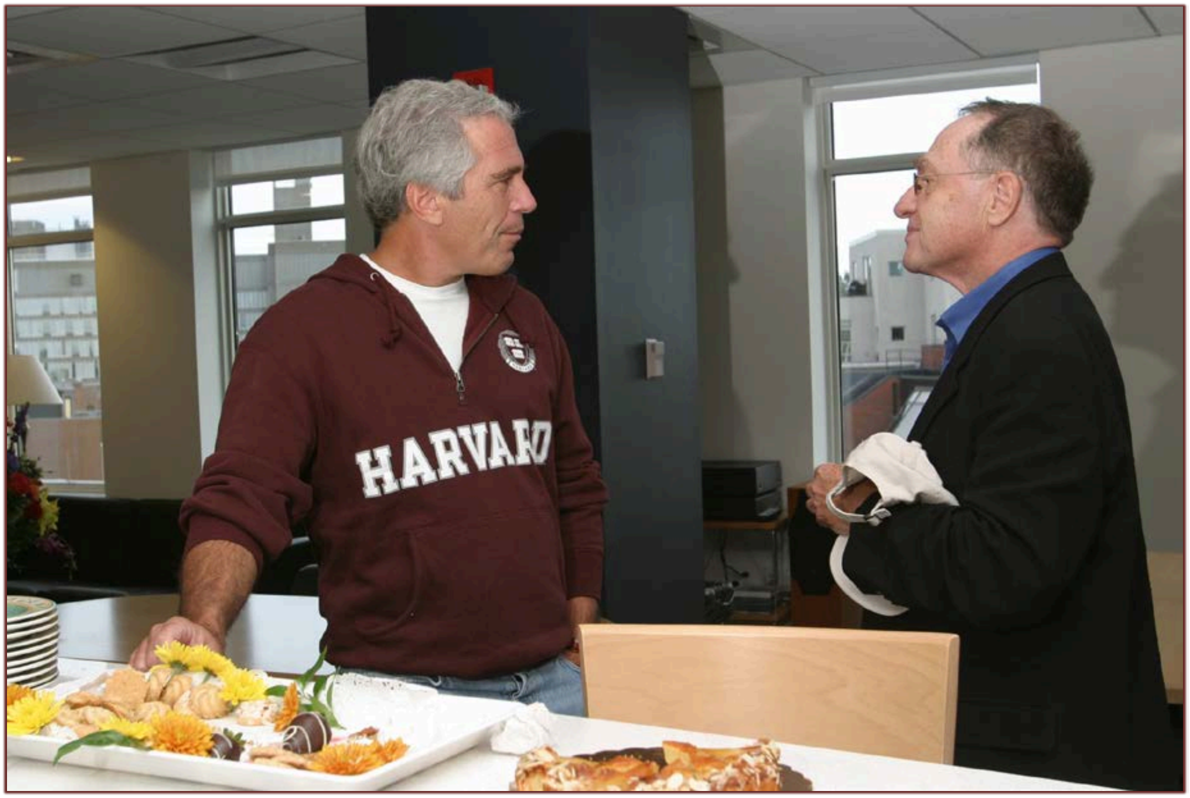
[10] Please see section *"Censorship of Promising COVID-19 Treatments – Nebulized Budesonide,"* page 9 above.

[11] Please see sections, *"Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine,"* pages 4 – 8, and section "*The Lack-of-Efficacy and Well-Known Dangers of Socialized/Mandated PPEs,"* pages 12 – 16 above.

[12] If you require further guidance please confer with the Chinese Communist Party (CCP) regarding their joint-venture with **Goggle on Project Dragonfly**.

Forced Vaccinations: The Government Has the Right to "Plunge a Needle Into Your Arm"

A personal associate of Mr. Jeffrey Epstein (and Ms. Ghislaine Maxwell); a frequent visitor to his estates and islands, so much so he is featured in the artwork by Maria Farmer, pictured at right:



In a recent interview **not** censored by YouTube, Harvard Law Professor Alan Dershowitz declared:

"Let me put it very clearly, you have no Constitutional right to endanger the public and spread the disease even if you disagree; you have no right not to be vaccinated, you have no right not to wear a mask, you have no right to open up your business. And if you refuse to be vaccinated the state has the power to literally take you to a doctor's office ***and plunge a needle into your arm!"***

Of course, Professor Dershowitz never declares a similar lack-of-rights for Pennsylvania Governor Thomas Westerman Wolf and Secretary of Health Rachael Levine, with respect to their "**spread the disease"** which resulted in the manslaughter of the elderly in Pennsylvania nursing homes. [13]

Question 10

Are you in philosophical and legal lockstep with Professor Dershowitz in his declaration:
" . . . you have no right not to be vaccinated"?

[13] Please see section, *"Horrific Avoidable Deaths of Elders in Nursing Homes, and the Deafening Silence of Dr. Anthony S. Fauci,"* pages 24 – 25 above.

Koyaanisqatsi : “You Have No Right Not To Be Vaccinated!”

An unstated but characteristically insidious underbelly of the ongoing global circumstance is a drumbeat akin to:

> “It’s over, we won, do not resist, shut up. Obey and comply. We’re here to help, to offer favors you don’t remember asking for. We’re here for your children, and their future. A new world order is coming. A borderless world is coming. A global private central ‘government,’ modeled after the 27-nation European Union, is coming, it’s already here. Submit to it, get used to it, disagree with nothing, question nothing. Otherwise we will label you, brand you, destroy you, make your life miserable, make your life not-worth-living. Resistance is futile. If you resist, we will call you intolerant, ignorant, criminal, a racist, a ‘white supremacist.’ We will censor you, ban and make you unemployable. Think in terms of ‘secure tolerance,’ which will be permanent and irreversible. You will come to embrace 24/7 surveillance of you and your family. Vaccines are the future, and you will like your new ‘healthy,’ constantly vaccinated life. **But most important of all: BE HAPPY!”**

It is said, and I agree, the only truly sustainable tyranny is Truth. All others, based on any other criteria, have and will fail, but cause sooooo much unnecessary, and many times horrific human suffering, on that long road to implicit failure. That is, I do not take issue with the concepts of centralization *per se*, in its many possible manifestations. I take issue with an implementation of such that is based-on an unstated agenda, and that fails to make public service *thee* priority;
I take issue with *any* level of organization, centralized and otherwise, that is, in *any* way, based on lies.

The descriptor koyaanisqatsi is especially appropriate given the following typical headline:

NO SCRUTINY Wuhan coronavirus lab may DODGE investigation as WHO team hunting for origin of pandemic won't bother visiting

Tom Michael
12 Jul 2020, 14:40

The last thing WHO wants is to be exposed to the risk inherent in a detailed series of document inspections, and interviews with existing/former staff of the Wuhan laboratory that is reportedly the verified source (manmade or otherwise) of the SARS-Cov-2 virus, and is, in truth, connectable to the addressee of this letter . . and therefore many other *pre*-Trump Administration officials.

SCIENCE | CORONAVIRUS COVERAGE

Fauci: No scientific evidence the coronavirus was made in a Chinese lab

In an exclusive interview, the face of America's COVID-19 response cautions against the rush for states to reopen, and offers his tips for handling the pandemic's information deluge.

On this point, curiously, in exactly similar fashion to your Politico interview, you hurriedly gave an interview with National Geographic (NG) which promoted the headline at left.

You and NG go to great lengths about "misinformation" and "the future." This interview gives one the impression that you are diverting from **an item you want no part of : "the lab in China"** (your wording).

You go on-and-on about "naturally evolved," and "in the wild," and "then jumped species." It is clear you are on-a-mission to escape from association with **"the lab in China."**

Perhaps a reminder is in order. No matter what construct *per se* we assert for the virus (manipulated or not), the fact that SARS-CoV-2 is close to the Chiroptera genome, and the species in-question resides in caves over one-hundred-miles away, and is **not** sold in local Wuhan fish markets, **"the lab in China"** remains at-issue. No matter which diverting or conflating one choses, the **'NO SCRUTINY'** headline on page 30 above is ludicrous.

But regarding details of the SARS-CoV-2 construct, not publicly available prior to February at-the-earliest, the CDC explains: [14]

> "The virus has been named severe acute respiratory syndrome–coronavirus 2 (SARS-CoV-2) because the RNA genome is about 82% identical to that of the SARS coronavirus (SARS-CoV); both viruses belong to 'clade b of the genus Betacoronavirus.'"

Apparently an 18% discrepancy fulfills what is required to label this sequence as "novel."

In your interview with National Geographic (NG) you/they declare:

> "For some reason that we're still struggling with, the body does not make an adequate immune response to HIV," he says. To fight off that virus, a vaccine has to work better than the body's own natural response. By contrast, **"it's obvious that many people make a very adequate immune response"** to the SARS-CoV-2 virus, and the animal trials so far show that modest doses of the mRNA vaccine for coronavirus have also generated a strong immune response."

The precursor to that portion of the NG interview report:

> "**To date, no type of mRNA vaccine has been licensed for use in humans**, but Fauci believes there is great promise for this technology targeting the coronavirus, based in part on his experience developing treatments for HIV/AIDS in the 1980s and '90s."

[14] Please see Footnote 1 above, bottom of page 8.

I do not understand how your experience with HIV, a retro-RNA virus, comports with claims about your all new mRNA-based vaccine . . . a technology that has never been licensed?! I am unclear how combatting retroviruses in-general, which utilize enzymatic reverse transcriptase, which allow it to transcribe DNA from the RNA template, connects to the processes of Beta-coronavirus. **The only plausible explanation is that you have tacitly admitted to a deeply contentious truth: Your mRNA-based vaccine will inherently re-write the human DNA.**

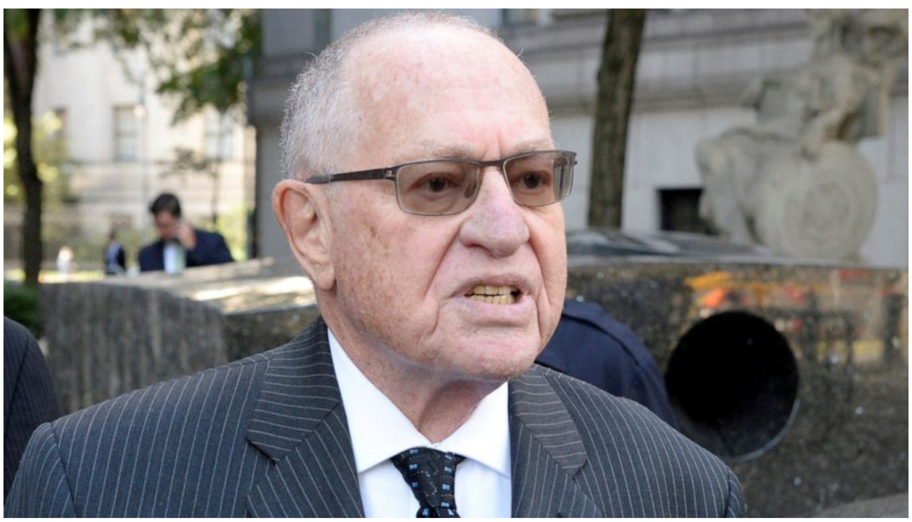
But the key, you are very careful in your wording with National Geographic; you do not claim to have developed a vaccine for AIDS, you declare that you had *"experience developing treatments."* No one has developed a vaccine to combat HIV, only early treatments are available for AIDS. Sound familiar? Let us scrutinize your hypocrisy, by way of contrast . . . [15]

In stark contrast, in the current scenario, you have open hostility against **low-cost treatments** for COVID-19. **You took the opposite tact**; you derided the medical doctors involved; essentially condemned hydroxychloroquine treatments against SARS-CoV-2. You endorsed as valid, an "investigation" that was known by you to be a fraud, **a vaccine promotional stunt**, that was so corrupt that it had to be retracted within a few days of global publication. [16]

But let us focus on Beta-coronavirus, specifically its history versus SARS-CoV-2 . . . as you are aware, the former SARS outbreak dates to 2003. In these last **17 years,** no safe vaccine has been developed for SARS-CoV-1, the previous SARS . . . immuno-compromised ferrets come to mind.

And now, you, President Trump, VP Pence, Bill Gates, Dr. Francis Collin, and multi-billion-dollar pharmaceutical corporations are ranting about **"Operation Warp Speed,"** promoting an expensive taxpayer-funded vaccine that will expose humanity to the **uncharted dangers of mRNA ?**

With this **as context**, the Director of NIAID, Dr. Anthony S. Fauci, embraces the following?



"You Have No Right Not To Be Vaccinated!" [17]

---

[15] Please see section above, *"Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine,"* Pages 4 – 8.

[16] Please see footnote 15. Please see Question 3, Page 9 above.

[17] It is no surprise that the far-Left Politico, the same mouthpiece that helped you promote the Surgisphere fraud against hydroxychloroquine, now brutalizes Robert F. Kennedy Jr. regarding his cautions on premature vaccine deployment, especially in developing countries.

Speculations

A reasonably intelligent person can speculate about your statement of January 2017, again:

"There will be a challenge (for) the coming Administration in the arena of infectious diseases, both chronic infectious diseases in the sense of already ongoing disease, and we have certainly a large burden of that, but also there will be a surprise outbreak."

(Please confer with Mr. Fauci for the exact date, approx January 2017.)

A surprise outbreak!? If this were a matter of pandemic patterns/history, why then did you not make the same announcement just prior to the inauguration of George Bush or Barack Obama?

After what was, for many, a surprise election in November 2016, you were compelled to warn of a pandemic, that was later deployed from **"the lab in China."** A lab that you are connectable to, and at several levels. [18]

Just prior to the December 2019 outbreak of COVID-19, you are proxy to Event 201 in October 2019; an event sponsored by the Bill & Melinda Gates Foundation,[19] wherein preparedness for global pandemics, specifically emphasizing **"an outbreak of a novel zoonotic coronavirus transmitted from bats to pigs to people"?** Event 201 highlights the development and deployment of government funded vaccines against SARS-causing viruses?

Then, your Politico interview; instead of condemning the fraudulent Surgisphere "investigation," you lauded its anti-hydroxychloroquine "data"? In that interview you spontaneously declare:

> "When we first developed a vaccine, I said it would be about a year to a year-an-a-half, and that was in January. So a year from January is December (2020) . . . ." [20]

January 2020?! Within weeks of the December 2019 outbreak? In that timeframe it was alleged "little is known about SARS-CoV-2." Within weeks of its outbreak from **"the lab in China,"** you were already in the *'first developed a vaccine'* mode?!

Again, the above is merely factual, the implications are speculative.

[18] Please see Question 1, Page 3 above, section, *"Funding Research at the Wuhan Laboratory of Virology (China)."*

[19] Please see picture atop Page 30 above.

[20] Please see Page 8 quote, in section *"Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine."*

Conclusions

Your recent foray, connecting COVID-19 to the Spanish Flu is so offensive, that a public reprimand should have instantaneously been issued by your boss Dr. Francis Collin (at right):

Of course, the exact opposite occurred on, as just one example, CNN:

The truth is Dr. Fauci . . . a person with your academic and professional credentials, a person in your position, a person with your responsibility . . . your opinions and actions should be, historically and currently, impeccable, unassailable, and unimpeachable.

But in the opinion of some, that is not the case. Interviews of the type orchestrated by politically vested-interests such as Wolf Blitzer and CNN should not be occurring.

As you have probably surmised, this letter is highly thrifted, and in some ways muted (due to my limited resources).

Again, your statement published in the 10 July 2020 edition of the Financial Times:

> " I have a reputation, as you probably have figured out, of speaking the truth at all times and not sugar-coating things. And that may be one of the reasons why I haven't been on television very much lately."

In that context, I look forward to your response to the questions and issues posed above.

In conclusion, you never developed a safe vaccine for AIDS, you never developed a safe vaccine for the first major SARS outbreak of 2003, you have never been permitted to deploy an mRNA based vaccine, but now you and President Trump want the taxpayer, and the global citizenry, to submit to the governments' demand to **"plunge a needle into your arm,"** and at warp speed?

Cordially,

Paul V. Sheridan

Enclosure

Courtesy Copy List

President Donald J. Trump
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500
202-456-1111
VIA FEDEX AIRBILL 8007-9341-6329

Vice President Michael R. Pence
The White House
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Attorney General William P. Barr
US Department of Justice
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202-514-2000
VIA FEDEX GROUND-BILL 1283181-00005340

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VIA FEDEX GROUND-BILL 1283181-00005357

President Martha E. Pollack
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Cornell Law School

Stewart J. Schwab
The Allan R. Tessler Dean
and Professor of Law

June 22, 2005

Dear Paul,

I was delighted to see that you are to be honored as a Community Champion by the Civil Justice Foundation in Toronto next month. Congratulations!

We are always pleased when an alumnus of Cornell University gets the recognition they richly deserve.

I hope you enjoy the occasion, & I wish you success in your future endeavors.

Sincerely,

Stewart Schwab

263 Myron Taylor Hall, Ithaca, NY 14853-4901•tel:(607)255-3527•fax:(607)255-7193
e-mail:sjs15@cornell.edu

ATTACHMENT 3

21 December 2020

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20892
301- 496 - 5717

Subject : I Hereby Accuse You of 'Gross Criminal Negligence' Connectable to the Death of Mr. Spencer William Smith

2 Pages

Mandatory Reporting of COVID-19 Laboratory Test Results: Reporting of Cycle Threshold Values

December 3, 2020

Laboratories are subject to mandatory reporting to the Florida Department of Health (FDOH) under section 381.0031, Florida Statutes, and Florida Administrative Code, Chapter 64D-3.

- All positive, negative and indeterminate COVID-19 laboratory results must be reported to FDOH via electronic laboratory reporting or by fax immediately. This includes all COVID-19 test types—polymerase chain reaction (PCR), other RNA, antigen and antibody results. For a list of county health departments and their reporting contact information, please visit www.FLhealth.gov/chdepicontact.
- Cycle threshold (CT) values and their reference ranges, as applicable, must be reported by laboratories to FDOH via electronic laboratory reporting or by fax immediately.

As per Florida Administrative Code, rule 64D-3.031, laboratories must report all of the following:

- The patient's:
  - First and last name, including middle initial
  - Address (including street, city, state and ZIP code)
  - Telephone number (including area code)
  - Date of birth
  - Sex
  - Race
  - Ethnicity (Hispanic or non-Hispanic)
  - Pregnancy status, if applicable
  - Social Security number
- The laboratory:
  - Name, address and telephone number of laboratory performing test
  - Type of specimen (e.g., stool, urine, blood, mucus, etc.)
  - Date of specimen collection
  - Specimen collection site (e.g., cervix, eye) if applicable
  - Date of report
  - Type of test performed and results, including reference range, titer when quantitative procedures are performed and all available results on speciation, grouping or typing of organisms
- The submitting provider's:
  - Name
  - Address (including street, city, state and ZIP code)
  - Telephone number (including area code)
  - National provider number (NPI)

If your laboratory is not currently reporting CT values and their reference ranges, the lab should begin reporting this information to FDOH within seven days of the date of this memorandum. If your laboratory is unable to report CT values and their reference ranges, please fill out the brief questionnaire attached to this memorandum and submit by facsimile to the FDOH's Bureau of Epidemiology confidential fax line at 850-414-6894, within seven days of the date of this memorandum

Mandatory Reporting of COVID-19 Laboratory Test Results: Reporting of Cycle Threshold Values

Attachment

Name of person completing questionnaire	
Name of laboratory	
Street address	
City, state and ZIP code	

1. Is your laboratory a CLIA-certified laboratory performing diagnostic molecular testing for the detection of SARS-CoV-2?
   ☐ Yes
   ☐ No

2. Does your laboratory perform multiple assays for the molecular detection of SARS-CoV-2?
   ☐ Yes
   ☐ No

3. Please list all the platforms/assays that your laboratory uses.

   ____
   ____
   ____

4. Do the molecular assays your laboratory performs include real-time PCR with the test result being based on a CT value?
   ☐ Yes
   ☐ No (Your survey is complete, please fax to 850-414-6894)

5. Please select all the reason(s) why your laboratory is not able to report the CT value to FDOH.
   ☐ Although the qualitative result is generated based on a CT value, the assay/instrument does not provide the user with the actual CT value–it only provides the qualitative result
   ☐ The laboratory does not have a separate mechanism to report the CT value to FDOH since the CT value does not get reported to the submitting provider
   ☐ Other (please list the reasons)

   ____
   ____
   ____

Fax to 850-414-6894

ATTACHMENT 4

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20892
301- 496 - 5717

Subject : **I Hereby Accuse You of 'Gross Criminal Negligence' Connectable to the Death of Mr. Spencer William Smith**

40 Pages

In my letter to you of 21 July 2020, I use five pages, detailing *some* of the truth about the absurd notion, vigorously promoted by you and others of your agenda and ilk, that masks are effective at reducing the transmission of viral particles.

As you are fully aware . . . masks do no such thing.

On Pages 12 through 16 of Attachment 2 above, I discuss the vileness necessarily associated with the process of convincing the ignorant and the fearful; **that vileness is censorship.**

That is Dr. Fauci, you are knowingly associated with the criminality of censoring the truth about the ineffective stature of face masks versus viral particles that measure orders-of-magnitude less-in-size than the best filtering offered by a face mask.

You are directly connectable to the process of 'lying by omission.' You are not merely aware of the increasingly widespread Marxist practices of censorship, currently deployed in-behalf of your "surprise outbreak," you are participating-in and supportive of the process of 'lying by omission.'

In this regard, and others, you are connected to the likes pictured next:

In stark comparison, others prefer to be connectable to the following types of public servants :

On Saturday, 12 December 2020, Cardinal Burke explained in-part to the faithful :

> "The world-wide spread of Marxist materialism which has already brought destruction and death to the lives of so many, and which has threatened the foundations of our nation for decades, and now seems to seize the governing power over our nation . . .
>
> To attain economic gains, we as a nation have permitted ourselves to become dependent upon the Chinese Communist Party, an ideology totally opposed to the Christian foundations upon which families and our nation remain safe and prosper. I speak of the United States of America, but evidently many other nations are in the throes of a similar, most alarming crisis.
>
> Then there is the mysterious Wuhan virus about whose nature and prevention the mass media daily give us conflicting information. What is clear, however, is that it has been used by certain forces, inimical to families and to the freedom of nations, to advance their evil agenda. These forces tell us that **we are now the subjects of the so-called 'Great Reset,' the 'new normal,' which is dictated to us by their manipulation of citizens and nations through ignorance and fear.**

(continued on next page)

(continued from previous page)

> Now we are supposed to find in a disease and its prevention the way to understand and direct our lives, rather than in God and in His plan for our salvation.
>
> The response of many bishops and priests, and of many faithful, has manifested a woeful lack of sound catechesis. So many in the Church seem to have no understanding of how Christ continues his saving work in times of plague and of other disasters.
>
> What is more, our holy mother Church, the spotless bride of Christ, in which Christ is ever at work for our eternal redemption, is beset by reports of moral corruption, **especially in matters of the sixth and seventh commandments, which seem to increase by the day . . .**
>
> . . . In encountering the world, the Church falsely wants to accommodate herself to the world instead of calling the world to conversion in obedience to the divine law written on every human heart and revealed in its fullness in the redemptive incarnation of God the Son."

As I discussed on Pages 12 – 16 of Attachment 2 above, even the reverse type of information regarding the 'mask mandates' are censored by Marxist materialists (censorship deployed by you and your comrades; exemplified on Page 1 of 3 to this Attachment 4).

That is . . . what of the known harm caused by the wearing of "face diapers"? Even *that* type of information **is censored under your approval**.

Even videos uploaded by public servants, such as Ohio State Representative A. Nino Vitale, are censored by your comrades at YouTube.

A link to his blocked video is here:

http://pvsheridan.com/CongressmanVitale_Tests_low_oxygen-DANGER_caused_by_mask.mp4

In overleaf, the very good, lay-person oriented paper by Professor Denis G. Rancourt entitled:

Face masks, lies, damn lies, and public health officials: *"A growing body of evidence"*

As you are fully aware Dr. Fauci, the "growing body of evidence" rant is a lie. There is no such thing, hence Dr. Rancourt's use of quotation marks. This is *another* falsification deployed against the well-being of a public that is manipulated, as Cardinal Burke explained, ***"through ignorance and fear."*** All a far cry from the oath your took . . . the Hippocratic Oath.

Face masks, lies, damn lies, and public health officials: "A growing body of evidence"

Technical Report · August 2020

DOI: 10.13140/RG.2.2.25042.58569

1 author:

D. G. Rancourt
Ontario Civil Liberties Association

Face masks, lies, damn lies, and public health officials: "A growing body of evidence"

Denis G. Rancourt, PhD
Researcher, Ontario Civil Liberties Association (ocla.ca)

Working report (not submitted for journal publication), published at Research Gate (https://www.researchgate.net/profile/D_Rancourt)

3 August 2020

Summary

A vile new mantra is on the lips of every public health official and politician in the global campaign to force universal masking on the general public: "there is a growing body of evidence".

This propagandistic phrase is a vector designed to achieve five main goals:

- Give the false impression that a balance of evidence now proves that masks reduce the transmission of COVID-19
- Falsely assimilate commentary made in scientific venues with "evidence"

- Hide the fact that a decade's worth of policy-grade evidence proves the opposite: that masks are ineffective with viral respiratory diseases
- Hide the fact that there is now direct observational proof that cloth masks do not prevent exhalation of clouds of suspended aerosol particles; above, below and through the masks
- Deter attention away from the considerable known harms and risks due to face masks, applied to entire populations

The said harms and risks include that a cloth mask becomes a culture medium for a large variety of bacterial pathogens, and a collector of viral pathogens; given the hot and humid environment and the constant source, where home fabrics are hydrophilic whereas medical masks are hydrophobic.

In short, I argue: op-eds are not "evidence", irrelevance does not help, and more bias does not remove bias. Their mantra of "a growing body of evidence" is a self-serving contrivance that impedes good science and threatens public safety.

I prove that there is no policy-grade evidence to support forced masking on the general population, and that all the latest-decade's policy-grade evidence points to the opposite: NOT recommending forced masking of the general population. Therefore, the politicians and health authorities are acting without legitimacy and recklessly.

The article is organized into the following sections:

Introduction

On 5 June 2020, the World Health Organization (WHO) reversed more than a decade of public health bodies around the world expressly not recommending face masks for the general population. [1]

The WHO made its recommendation of the preventative medical intervention of face masks for the entire global population while stating: [2]

> “At the present time, the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider (see below).” (p. 6)

The pretext used by the WHO was:

> “a growing compendium of observational evidence on the use of masks by the general public in several countries”. (p. 6)

Therefore, in its recommendation that could have devastating civil, social and medical consequences, when enforced on the scale of the world population, the WHO violated the Golden Rule of medical ethics: “You don’t recommend an intervention without policy-grade evidence for both harms and benefits”.

Regarding the said Golden Rule of medical ethics, allow me to quote the most authoritative voices of Califf, Hernandez and Landray, discussing medical-treatment-protocol assessment during COVID-19, and writing in the prestigious *Journal of the American Medical Association* (*JAMA*) on 31 July 2020: [3]

> […] However, there is growing concern about whether attempts to infer causation about the benefits and risks of potential therapeutics from nonrandomized studies are providing insights that improve clinical knowledge and accelerate the search for needed answers, or whether these reports just add noise, confusion, and false confidence. <u>Most of these studies include a caveat indicating that “randomized clinical trials are needed.” But disclaimers aside, does this approach help make the case for well-designed randomized clinical trials (RCTs) and accelerate their delivery? Or do observational studies reduce the likelihood of a properly designed trial being performed, thereby delaying the discovery of reliable truth?</u>
> […]
> Anxious, frightened patients, as well as clinicians and health systems with a strong desire to prevent morbidity and mortality, are all susceptible to cognitive biases. Furthermore, profit motives in the medical products industry, academic hubris, interests related to increasing the valuation of data platforms, and revenue generated by billing for these products in care delivery can all tempt investigators to make claims their methods cannot fully support, and these claims often are taken up by traditional media and further amplified on social media. Politicians have been directly involved in discourse about treatments they assert are effective. <u>The natural desire of all elements of society to find effective therapies can obscure the difference between a proven fact and an exaggerated guess</u>. Nefarious motives are not necessary for these problems to occur.

> […] <u>But if leaders, commentators, academics, and clinicians cannot restrain the rush to judgment in the absence of reliable evidence, the proliferation of observational treatment comparisons will hinder the goal of finding effective treatments for COVID-19—and a great many other diseases</u>.

Thus, we see that the WHO and local public health officials are hindering advancement, by promoting non-RCT "observational studies", rather than protecting public health.

It should be of great concern to all that the WHO pretext of "a growing compendium of observational evidence on the use of masks by the general public in several countries" has morphed into the mantra "a growing body of evidence", which finds itself on the lips of virtually all public health officers and city mayors in the country.

This mantra of "a growing body of evidence" is advanced as the false silver bullet justification for draconian masking laws, in actual circumstances in which:

- There have been NO new RCT studies that support masking
- All the many past RCT studies conclusively do not support masking
- None of the known harms of masking have been studied
  (re: enforcement on the entire general population)

This is the opposite of science-based policy. The politicians and public health officers are actuating the worst decisional model that can be applied in a rational and democratic society: forced preventative measures without a scientific basis, while recklessly ignoring consequences.

In this article, I prove that there is no policy-grade evidence to support forced masking on the general population, and that all the latest decade's policy-grade evidence points to the opposite: NOT recommending forced masking of the general population.

Therefore, the politicians and health authorities are acting without legitimacy and recklessly.

Competence to talk about face masks and COVID-19

I am retired and a former tenured Full Professor of Physics, University of Ottawa. Full Professor is the highest academic rank. During my 23-year career as a university professor, I developed new courses and taught over 2000 university students, at all levels, and in three different faculties (Science, Engineering, Arts). I supervised more than 80 junior research terms or degrees at all levels from post-doctoral fellow to graduate students to NSERC undergraduate researchers. I headed an internationally recognized interdisciplinary research laboratory, and attracted significant research funding for two decades.

I have been an invited plenary, keynote, or special session speaker at major scientific conferences some 40 times. I have published over 100 research papers in leading peer-reviewed scientific journals, in the areas of physics, chemistry, geology, materials science, soil science, and environmental science. I have made fundamental scientific discoveries in the areas of environmental science, measurement science, soil science, bio-geochemistry, theoretical physics, alloy physics, magnetism, and planetary science.

My scientific h-index impact factor is 39 (84% of Nobel Prize winners in physics had h-indexes of at least 30), and my articles have been cited more than 5,000 times in peer-reviewed scientific journals. My publication record, citations statistics, and impact factors are publicly available at Google Scholar, at the URL https://scholar.google.ca/citations?user=1ChsRsQAAAAJ .

My recent non-committee-reviewed articles about the science of the COVID-19 epidemic and the science of masks for preventing viral respiratory diseases have been read more than 0.5 million times on *ResearchGate*, and more times on other venues. My recent video interviews and reporting videos about the science of COVID-19 and face masks have been viewed more than 1 million times.

My personal knowledge and ability to evaluate the facts in this article are grounded in my education, research, training and experience, as follows:

i. *Regarding environmental nanoparticles.* Viral respiratory diseases are transmitted by the smallest size-fraction of virion-laden aerosol particles, which are reactive environmental nanoparticles. Therefore, the chemical and physical stabilities and transport properties of these aerosol particles are the foundation of the dominant contagion mechanism through air. My extensive work on reactive environmental nanoparticles is internationally recognized, and includes: precipitation and growth, surface reactivity, agglomeration, surface charging, phase transformation, settling and sedimentation, and reactive dissolution. In addition, I have taught the relevant fluid dynamics (air is a compressible fluid), and gravitational settling at the university level, and I have done industrial-application research on the technology of filtration (face masks are filters).

ii. *Regarding molecular science, molecular dynamics, and surface complexation.* I am an expert in molecular structures, reactions, and dynamics, including molecular complexation to biotic and abiotic surfaces. These processes are the basis of viral attachment, antigen attachment, molecular replication, attachment to mask fibers, particle charging, loss and growth in aerosol particles, and all such phenomena involved in viral transmission and infection, and in protection measures. I taught quantum mechanics at the advanced university level for many years, which is the fundamental theory of atoms, molecules and substances; and in my published research I developed X-ray diffraction theory and methodology for characterizing small material particles.

iii. *Regarding statistical analysis methods.* Statistical analysis of scientific studies, including robust error propagation analysis and robust estimates of bias, sets the limit of what reliably can be inferred from any observational study, including randomized controlled trials in medicine, and including field measurements during epidemics. I am an expert in error analysis and statistical analysis of complex data, at the research level in many areas of science. Statistical analysis methods are the basis of medical research.

iv. *Regarding mathematical modelling.* Much of epidemiology is based on mathematical models of disease transmission and evolution in the population. I have research-level knowledge and experience with predictive and exploratory mathematical models and simulation methods. I have expert knowledge related to parameter uncertainties and parameter dependencies in such models. Recently, in collaboration, I have examined the instantaneous reproductive rate of COVID-19 infections in response to government masking impositions, in U.S. States.

v. *Regarding measurement methods.* In science there are five main categories of measurement methods: (1) spectroscopy (including nuclear, electronic and vibrational spectroscopies), (2) imaging (including optical and electron microscopies, and resonance imaging), (3) diffraction (including X-ray and neutron diffractions, used to elaborate molecular, defect and magnetic structures), (4) transport measurements (including reaction rates, energy transfers, and conductivities), and (5) physical property measurements (including specific density, thermal capacities, stress response, material fatigue…). I have taught these measurement methods in an interdisciplinary graduate course that I developed and gave to graduate (M.Sc. and Ph.D.) students of physics, biology, chemistry, geology, and engineering for many years. I have made fundamental discoveries and advances in areas of spectroscopy, diffraction, magnetometry, and microscopy, which have been published in leading scientific journals and presented at international conferences. I know measurement science, the basis of all sciences, at the highest level.

It would be insufficient for me to be a simple medical doctor (MD) or public health officer. My relevant knowledge and ability stems from my broad multi-disciplinary knowledge, in light of the recognized difficulty of the question. For example, recently, 239 scientists put it this way:

> Understanding the transmission of respiratory infections indoors requires expertise in many distinctly different areas of science and engineering, including virology, aerosol physics, flow dynamics, exposure and epidemiology, medicine, and building engineering, to name the most significant. No one person has expertise in all these areas. However, collectively, the community of the signatories to the Comment understands the characteristics and mechanisms behind the generation of respiratory microdroplets, survival of viruses in the microdroplets, transport of the microdroplets and human exposure to them, and the airflow patterns that carry microdroplets in buildings. We have dedicated our careers working in this multidisciplinary field, and our statement stems from our collective expertise spanning the entire field.
>
> (First paragraph on page 1 of the Supplementary data, for: Morawska and Milton et al. (239 signatories) (6 July 2020) "**It is Time to Address Airborne Transmission of COVID-19**", in *Clinical Infectious Diseases*. [4])

Government responses have been a public-health and safety catastrophe

The forced masking laws are being recommended and enacted in a declared-pandemic context in which government responses to COVID have been disastrous, both in terms of response-induced deaths and permanent societal damage:

a. In my 2 June 2020 article “**All-cause mortality during COVID-19: No plague and a likely signature of mass homicide by government response**”, I showed that an unnatural sharp “COVID-peak” in the all-cause mortality by week occurred across the world synchronously initiated by the 11 March 2020 WHO declaration of the pandemic and recommendation for States to empty their critical care units in preparation, which corresponded to a large acceleration of deaths of immunevulnerable elderly. [5]

b. Since my article, at least two published scientific papers have arrived at the same conclusion regarding accelerated or excess non-COVID-19 deaths occurring within the said “COVID-peak”, as follows.

c. The 1 July 2020 article “**Excess Deaths From COVID-19 and Other Causes, March-April 2020**”, by Woolf SH et al. in *JAMA* reports <u>large numbers of said “COVID-peak” coincidence excess deaths actually caused by ●heart disease, ●diabetes, ●cerebrovascular disease, and ●Alzheimer disease</u>, reported in their

Figure. [6] This means that the government responses caused these large numbers of non-COVID-19 excess deaths, unless one believes in supernatural coincidences.

d. The 2 July 2020 (date posted) article "**An Improved Measure of Deaths Due to COVID-19 in England and Wales**", by Williams, S et al., available at *SSRN* reports that more than half of the deaths in the said "COVID-peak" are non-COVID-19 deaths, and concludes: [7]

> Three key findings from our empirical analysis are as follows. First, although it has been widely reported that COVID-19 has been highly concentrated in the elderly, we find that it has been particularly concentrated in the very elderly (75-84 and 85+ years), and less so in the 65-74 age category. Second, using two sets of COVID identifiers, we find from the beginning of the two periods when we assume the lockdown was having an impact, through to the end of our study period (week ending 17th or 24th April 2020 - week ending 8th May 2020), that our weekly estimates of COVID deaths for five cases (the total; the 75-84 and 85+ age categories; males; and females) diverge from the corresponding 5 year average excess deaths measure. Over these periods, we find that, on average per week, our estimates of COVID deaths for these five cases were (in absolute 6 terms) considerably below the corresponding 5 year average excess deaths measure. For example,on average per week, our estimate of total COVID deaths over these periods was lower than the corresponding 5 year average excess deaths measure by 4670-4727 deaths (54%-63%). For the above five cases, and in line with our hypothesis, we posit that the 5 year average excess deaths contains a large number of non-COVID deaths. Third, and relatedly, our analysis suggests that the UK's lockdown has had a net positive impact on mortalities. That is to say, it resulted in more, not less, deaths.

e. This means that government responses in many jurisdictions caused more deaths than the virus itself.

f. The mechanism for the deaths caused by government response are manifold, and from my reading of the scientific and policy literature include:

- reduced access to care for chronic conditions,
- the direct impact of psychological stress,
- the practice of exporting ill patients from chronic care facilities to long-term care facilities, and
- the practice of locking in and isolating long-term care facility residents.

g. The direct impacts of fear and psychological stress on immunevulnerable elderly persons have most certainly been underestimated. Psychological stress is proven to be a factor that can measurably depress the immune system and induce diseases, including: immune response dysfunction, depression, cardiovascular disease and cancer: "**Psychological Stress and Disease**", by Cohen, S et al., in *JAMA*. [8]

h. Furthermore, it is established since 1991 that psychological stress dramatically increases susceptibility to viral respiratory diseases, even in young healthy college-age subjects: "**Psychological Stress and Susceptibility to the Common Cold**", by Cohen, S et al., in *The New England Journal of Medicine*. [9]

i. Additionally, it is known that social isolation increases susceptibility to viral respiratory diseases: "**Social ties and susceptibility to the common cold**", by Cohen, S et al. in *JAMA*. [10]

j. Thus, government responses that induced fear, psychological stress, and isolation, including face masking impositions, were diametrically opposite to known science and had the predictable effect, given their scale, of directly in themselves causing large numbers of deaths.

k. This does not count the harm from restructuring the economy, corporate activity, and institutional networks. In a letter dated 19 May 2020, more than 500 USA physicians wrote to President Trump that "**In medical terms, the shutdown was a mass casualty incident.**" [11] In their letter, they concluded:

> The millions of casualties of a continued shutdown will be hiding in plain sight, but they will be called alcoholism, homelessness, suicide, heart attack, stroke, or kidney failure. In youths it will be called financial instability, unemployment, despair, drug addiction, unplanned pregnancies, poverty, and abuse.

l. There can be little doubt that governments have made fatal errors in responding to COVID-19, causing widespread harm and death.

m. Imposing face masks on the healthy general population is another such disastrous blunder:

- Repeated large randomized controlled trials (RCT) with verified outcome (lab-confirmed infection) and several systematic reviews of RCTs have proven that face masks have no detectable benefit for reducing the risk of person to person transmission of a viral respiratory disease.
- Recent laser visualization of simulated coughs has proven that cloth masks do not prevent exhalation of clouds of suspended aerosol particles, above, below and through the masks. [12]
- The known significant potential harms of face masks, and cloth face masks in particular, have neither been studied nor ruled out nor been the subject of harm mitigation trials.
- For example, home fabrics are hydrophilic, whereas medical masks are hydrophobic, the many harmful consequences of which have not been studied, and are virtually never mentioned.
- All-population face mask impositions increase fear and psychological stress.
- All-population face mask impositions cause:
    - widespread discomfort,
    - impaired breathing,
    - impaired vision (e.g., fogging of glasses),
    - impaired communication,
    - psychological social distancing,
    - skin irritation and infections,

- impaired self-expression,
- prolonged exposure to bacterial cultures near the eyes, nose and mouth,
- possible collection and delivery of viral pathogens that would otherwise not be inhaled, and
- possible amplification of the exhaled aerosol size-fraction of infectious particles.

The "growing body of evidence" mantra needs to stop

I gave my review of the scientific literature regarding the measured (in)efficacy of masks to reduce the risk of transmission of viral respiratory diseases in my article published on 11 April 2020 at *ResearchGate*, entitled "**Masks Don't Work: a Review of Science Relevant to Covid-19 Social Policy**". [13]

The said article [13] was read some 400 K times on *ResearchGate*, was published in several venues, and has been the subject of many commentary articles and interviews. It was critiqued by an incompetent academic and columnist at *Phycology Today,* who was spectacularly exposed in a live debate with me: "**Digi-Debates. The Face Mask Debate**", Digi Debates YouTube Channel, 25 July 2020, https://youtu.be/AQyLFdoeUNk , and see: https://www.digi-debates.com/ .

My conclusion in the said article [13] is that the policy-grade science of the recent decade conclusively shows that any benefit from masks is too small to be detected in trials designed to detect a benefit in this application.

My conclusions in the said article [13] regarding the RCT-with-verified-outcome studies are robust, and have again been corroborated by the very latest systematic reviews of RCTs, and by the most recently published expert assessments [14] [15] [16] [17] [18], as shown below.

In contrast, politicians of all jurisdictions, city mayors and local public health officers claim by mantra that this decade's worth of policy-grade research is being overturned by "emerging" evidence. Well, if it is "emerging", then it has not yet arrived.

Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health (TPH), announced her recommendation to the Toronto City Council on twitter as: Dr. Eileen de Villa @epdevilla "Since the beginning of this pandemic I've asked residents to take care of each other. Today I'm asking for this again & this is why I'm asking City Council to require masks or face covering in all public settings to help stop the spread of #COVID19: bit.ly/38cYlu8" 10:46 AM · June 30, 2020 · Twitter for iPhone.

The link provided in this tweet is to a TPH document (the "Recommendation") dated "June 30, 2020 at 9 a.m." entitled "**Update on COVID-19, Dr. Eileen de Villa, Medical Officer of Health**". [19]

The Recommendation contains ten (10) paragraphs as “bullets”. At the 2nd bullet, Dr. de Villa has “**there is a growing body of emerging evidence that shows that non-medical masks can help prevent the spread of COVID-19**”. This is squarely false. There is not a single published scientific study “that shows that non-medical masks can help prevent the spread of COVID-19”, let alone “a growing body”. In order to measure “the spread of COVID-19”, one has to actually measure “the spread of COVID-19”. In fact, there is a growing body solely of spin and of false statements about the scientific research literature. For comparison, see the sober recent Public Health Ontario (PHO) synopsis. [20]

As another of a multitude of such examples of the use of the said mantra, mayor Jim Watson of the City of Ottawa, Canada, in a well-crafted statement put it this way, in answering a recent demand by the Ontario Civil Liberties Association, while ignoring all the points raised by OCLA: [21] [22]

> “<u>Increasing evidence</u> supports wearing a mask when in enclosed public spaces as an important measure in reducingCOVID-19 transmission, while the risk of rising rates of infection continues. The scientific community and public health organizations around the world have concluded that the <u>cumulative weight of evidence supports that face masks lessen the rates of transmission of COVID-19</u> from wearers. Most agree that face masks work best by reducing the amount of virus that is projected into the air in respiratory micro-droplets from someone who is infected with the virus. Additionally, other community level measures such as physical distancing and hand hygiene should continue to be employed to decrease transmission of COVID-19.
>
> While we respect that you may not necessarily agree with this public health initiative, <u>we trust that you will understand the basis that prompted OPH to recommend that Council enact a by-law</u>.”

Basically, the mayor is relying on “we are all saying it”.

Here is why “what they are all saying” is simply worthless. The new mantra is pure propaganda that is diametrically contrary to all the authoritative science reports, as follows:

a. In medical research, the only scientifically valid way to test a medical intervention, such as wearing a face mask or prescribing any preventative treatment, is to use the universally accepted comparative study (e.g., face mask versus no face mask) specifically designed to remove selection and observational bias from the study. This is called a “randomized controlled trial” (RCT).

b. Arguably the world’s leading medical standards and medical statistician expert, **Dr. Janus Christian Jakobsen**, author of the highly cited “Thresholds for statistical and clinical significance in systematic reviews with meta-analytic methods” (Jakobsen, JC et al., in *BMC Med Res Methodol* [23], has emphatically stated: [24]

> Clinical experience or observational studies should never be used as the sole basis for assessment of intervention effects — randomized clinical trials are always needed. Therefore, always randomize the first patient as Thomas C Chalmers suggested in 1977. Observational studies should primarily be used for quality control after treatments are included in clinical practice.

Abstracted Conclusion (p. 1) in: "**The Necessity of Randomized Clinical Trials**", by Jakobsen and Gluud, in the *British Journal of Medicine & Medical Research*. [24]

c. Meldrum in her "**A Brief History of the Randomized Controlled Trial: From Oranges and Lemons to the Gold Standard**" (Meldrum, Marcia L., in Hematology/Oncology Clinics of North America) [25], puts it this way (p. 746):

> Nevertheless, the RCT remains the "gold standard." Its power as a model for good practice rests on its imposition of experimental order on the clinical setting and its production of numerical results that may not be absolutely accurate but that are unquestionably precise. As Theodore Porter has argued, the value of the precise quantitative result is that it is readily translated outside its original experimental setting, for replication, comparison, and adaptation elsewhere.[ref]
>
> The inferential authority of the RCT has been such that it is accepted as a standard for "rational therapeutics" by physicians and regulatory authorities and also by patients and populations at risk.

d. It appears that "regulatory authorities" in Ontario, Canada, are not up to speed on modern medical-practice standards.

e. Recent medical history has shown that non-RCT comparative or observational studies can be egregiously wrong, with devastating negative public health consequences. Two examples are particularly well known, among many more:

(i) Non-RCT studies of the antiarrhythmic agents flecainide and encainide were glowing when the drugs were put onto the market in the late 1980s, then a RCT showed that these drugs increased mortality rather than had any benefit.

(ii) Decades of non-RCT "observational studies" were the basis for widespread hormone replacement therapy for post-menopausal women, until 2002 and later when published RCTs showed that these treatments actually increased myocardial infarctions (heart attacks) rather than decreased them as intended. The RCTs also found that the treatment increased the risk of incident breast cancer, which had not previously been detected in the decades of use. See: "**Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results From the Women's Health Initiative randomized controlled trial**" (Writing Group for the Women's Health Initiative Investigators, in *JAMA*.) [26]

f. In my article "**Masks Don't Work: a Review of Science Relevant to Covid-19 Social Policy**" [13], I concluded (p. 4):

> No RCT study with verified outcome shows a benefit for HCW or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions.
>
> Likewise, no study exists that shows a benefit from a broad policy to wear masks in public (more on this below).
>
> Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit.

g. In my co-signed **21 June 2020 letter to the Executive Director of the WHO** [1], we (the Ontario Civil Liberties Association) put it this way:

> Second, more importantly, you fail to mention that several randomized controlled trials with verified outcomes (infections) were specifically designed to detect a benefit, and did not find any measurable benefit, for any viral respiratory disease. This includes the many randomized controlled trials that find no difference between open-sided surgical masks and respirators. [Footnote-2: citing and quoting from ten (10) scientific studies.]
>
> You failed to mention that such results set a probabilistic upper limit on mask effectiveness, and you failed to calculate this upper limit. Instead, you repeat the misleading notion that reliable evidence has "not yet" been found to confirm your adopted
> bias.
>
> In other words, if masks were even moderately effective at reducing the risk of infection, then a benefit would have been statistically detected in one or more of the many reliable trials that have already been made.
>
> More fundamentally, a major problem with your document is that you wrongly rely on substandard scientific reports as constituting usable "evidence". With public policy, especially health policy having draconian consequences, there must be a standards threshold below which a given report cannot be used as an indicator of reality. The reason that science requires randomized controlled trials with verified outcomes is precisely because other study designs are susceptible to bias.
>
> The context of a new disease and of a publicized pandemic is one in which all reporting (media, political, and scientific) is susceptible to large bias. The mechanisms of the biases are well known and anticipated, such as: political posturing, partisan conflicts, career advancement, publication-record padding, "discovery" recognition, public-interest and public-support mining, institutional and personal reputational enhancement, funding opportunities, corporate interests, and so on.
>
> Group bias is not an uncommon phenomenon. Large numbers of bias-susceptible studies that agree are of little value. Any study that does not apply the established scientific tools for avoiding observational bias should be presumed to be biased, in any draconian policy context.

> That is why the WHO cannot collect and rely on potentially biased studies to make recommendations that can have devastating effects (see below) on the lives of literally billions. Rather, the WHO must apply a stringent standards threshold, and accept only randomized controlled trials with verified outcomes. In this application, the mere fact that several such quality studies have not ever confirmed the positive effects reported in bias-susceptible reports should be a red flag.
>
> For example, two amply promoted recent studies that do not satisfy the standards threshold, and that, in our opinion, have a palpable risk of large bias are the following. […]

h. My statements about the scientific evidence regarding masks are corroborated by all the concurrent and subsequent publications of leading experts on this question of reliable bias-free studies, as follows.

i. ***>>>*** "***Rapid Expert Consultation on the Effectiveness of Fabric Masks for the COVID-19 Pandemic***" (National Academies of Sciences, Engineering, and Medicine, 8 April 2020): [17]

> (p.2) In considering the evidence about the potential effectiveness of homemade fabric masks, it is important to bear in mind how a respiratory virus such as SARS-CoV-2 spreads from person to person. Current research supports the possibility that, in addition to being spread by respiratory droplets that one can see and feel, SARS-CoV-2 can also be spread by invisible droplets, as small as 5 microns (or micrometers), and by even smaller bioaerosol particles.[ref] Such tiny bioaerosol particles may be found in an infected person's normal exhalation.[ref] The relative contribution of each particle size in disease transmission is unknown.
>
> There is limited research on the efficacy of fabric masks for influenza and specifically for SARSCoV-2. As we describe below, the few available experimental studies have important limitations in their relevance and methods. Any type of mask will have its own capacity to arrest particles of different sizes. Even if the filtering capacity of a mask were well understood,

however, the degree to which it could in practice reduce disease spread depends on the unknown role of each particle size in transmission.

Asymptomatic but infected individuals are of special concern, and the particles they would emit from breathing are predominantly bioaerosols. […]

(p. 3) An additional consideration in the effectiveness of any mask is how well it fits the user.[ref] Even with the best material, if a mask does not fit, virus-containing particles can escape through creases and gaps between the mask and face. Leakage can also occur if the holding mechanism (e.g., straps, Velcro®) is weak. We found no studies of non-expert individuals' ability to produce properly fitting masks. Nor did we find any studies of the effectiveness of masks produced by professionals, when following instructions available to the general public (e.g., online). […]

(p. 6) **CONCLUSIONS** […] <u>The current level of benefit, if any, is not possible to assess</u>.

j. **>>>** "**Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures**" (Xiao, J et al., in *Emerging Infectious Diseases*, 5 May 2020): [14]

(p. 967: Abstract) Although mechanistic studies support the potential effect of hand hygiene or face masks, <u>evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza</u>. We similarly found limited evidence on the effectiveness of improved hygiene and environmental cleaning. We identified several major knowledge gaps requiring further research, most fundamentally an improved characterization of the modes of person-to-person transmission.

k. **>>>** "**Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review**" (Dugré et al., in *Canadian Family Physician*, July 2020): [15]

(p. 509, Abstract) **Synthesis** In total, 11 systematic reviews were included and 18 RCTs of 26 444 participants were found, 12 in the community and 6 in health care workers. Included studies had limitations and were deemed at high risk of bias. Overall, the use of masks in the community did not reduce the risk of influenza, confirmed viral respiratory infection, influenzalike illness, or any clinical respiratory infection. […]

Conclusion This systematic review found limited evidence that the use of masks might reduce the risk of viral respiratory infections. […]

l. **>>>** Moe et al. summarized the detailed study of Dugré et al. [15] in their praxis article for medical practitioners: "**PEER simplified tool: mask use by the general public and by health care workers**" (Moe et al., in *Canadian Family Physician*, July 2020) [16]. Their Figure 1 (p. 506) has:

MASKS FOR THE GENERAL PUBLIC

Based on evidence from randomized controlled trials

If I wear a surgical mask while out in public, will it protect me from flu-like illness?

- 2 trials 1683 people
- The reduction in flu-like illness may be 4% (range: 0-8%) over 6 weeks.
- But no difference in lab-confirmed influenza

What about wearing a surgical mask at home after a household member becomes sick?

- Sick person wears mask: 2 trials, 903 people
- Healthy household members wear masks: 1 trial, 290 people
- Healthy and sick people wear masks: 4 trials, 2750 people
- In all three scenarios, wearing a mask did NOT reduce the risk of getting flu-like illness or confirmed influenza.

m. Here, note that, as always, "flu-like illness" or "influenza-like illness" (ILI) means non-laboratory-confirmed infection, based on reported symptoms or clinical observation. Such determinations are not "verified outcomes" and are thus more susceptible to bias.

n. **>>>** “**Masking lack of evidence with politics**” (Jefferson and Heneghan, in *Centre for Evidence Based Medicine (CEBM)*, Oxford University, 23 July 2020): [18]

> (p. 1) The increasing polarised and politicised views [ref] on whether to wear masks in public during the current COVID-19 crisis hides a bitter truth on the state of contemporary research and the value we pose on clinical evidence to guide our decisions.
>
> In 2010, at the end of the last influenza pandemic, there were six published randomised controlled trials with 4,147 participants focusing on the benefits of different types of masks.[ref] Two were done in healthcare workers and four in family or student clusters. The face mask trials for influenza-like illness (ILI) reported poor compliance, rarely reported harms and revealed the pressing need for future trials.
>
> Despite the clear requirement to carry out further large, pragmatic trials a decade later, only six had been published: five in healthcare workers and one in pilgrims.[ref] This recent crop of trials added 9,112 participants to the total randomised denominator of 13,259 and showed that masks alone have no significant effect in interrupting the spread of ILI or influenza in the general population, nor in healthcare workers.
>
> (p. 2) What do scientists do in the face of uncertainty on the value of global interventions? Usually, they seek an answer with adequately designed and swiftly implemented clinical studies as has been partly achieved with pharmaceuticals. We consider it is unwise to infer causation based on regional geographical observations as several proponents of masks have done. Spikes in cases can easily refute correlations, compliance with masks and other measures is often variable, and confounders cannot be accounted for in such observational research. […]
>
> The small number of trials and lateness in the pandemic cycle is unlikely to give us reasonably clear answers and guide decision-makers. This abandonment of the scientific modus operandi and lack of foresight has left the field wide open for the play of opinions, radical views and political influence.

So, what actually is the “growing body of evidence”?

Given the above-documented contradiction between the claimed “growing body of evidence” and the actual “all RCTs say the opposite of what is claimed”, one can reasonably ask: What are Ontario public health officers thinking of when they assert “there is a growing body of emerging evidence that shows that non-medical masks can help prevent the spread of COVID-19”?

One answer comes from the Simcoe-Muskoka District Health Unit (Ontario, Canada) webpage entitled “FAQ’s- Wearing a Face Covering in Indoor Public Spaces”, updated 24 July 2020. The latter webpage has the section: [27]

> **What is the evidence that supports the use of masks?**
>
> There is a growing body of scientific evidence that indicates the widespread use of face coverings by all persons decreases the spread of respiratory droplets. Public health experts also support the widespread use of face coverings to decrease transmission of COVID-19.
>
> At this link you will find a collection of expert opinions and studies on face coverings. This list is for informational purposes only and is not representative of all articles and studies available on the subject, nor does this list cover all articles and studies that are reviewed by our staff and our Medical Officer of Health.

The said “link” is to a webpage of the Wellington-Dufferin-Guelph public health unit, entitled “Your Health / COVID-19 Information for the Public / Reliable Information Sources”, accessed on 28 July 2020. [28] The latter webpage has a section entitled

“EXPERT OPINIONS”, having eight (8) entries, and a section entitled “EVIDENCE AND STUDIES ON FACE COVERINGS (UPDATED ON JULY 23)”, having thirty (30) entries.

The eight (8) so-called “expert opinions” are merely “op-ed” type commentaries not providing any new data, evidence, or perspectives. These do not constitute “a growing body of emerging evidence”, nor do they add any evidence whatsoever.

The thirty (30) so-called “evidence and studies” (ES) can be described as follows, numbering them ES-1 through ES-30 in the order given (alphabetical order of first-author):

ES-1 through ES-30: None of these studies are RCTs, irrespective of whether any outcomes (infections) are “verified” (lab-confirmed) or not. Some are actually “op-ed” style opinions. Some are tentative modelling studies. Some are population studies. Some are physical mask-filtering studies. A few are overview reports. A few purport to be “meta-analyses” or “systematic reviews” of old RCT and non-RCT studies (see below). None can be considered additions to “a growing body of emerging evidence”, at least not usable policy-grade evidence. All are susceptible to large bias.

ES-1: “Alberta Health Services COVID-19 Scientific Advisory Group. **Rapid Response Report: What is the effectiveness of wearing medical masks, including home-made masks, to reduce the spread of COVID-19 in the community?** Updated 2020 June.” [29] ⟶

The first two bullets in the section entitled "Key Messages from the Evidence Summary" are (page 1):

> • As medical masks are often bundled with other IPC interventions and have variable compliance, clinical trials on the effectiveness of medical masks have been challenging. <u>Systematic reviews of randomized controlled trials in health care settings have not demonstrated a significant reduction in acute respiratory infections, (ARIs), ILIs or laboratory confirmed viral infections with medical mask use</u> although it is acknowledged there were methodological flaws and smaller underpowered studies in the data analyzed.
> • <u>There is a paucity of clinical evidence in favor of using medical masks in the community, with multiple randomized trials demonstrating mixed results which when pooled demonstrate no significant reduction in acute respiratory infections (ARIs), ILIs or laboratory confirmed viral infections</u>. There are some lower quality studies showing a reduction in viral infection rates in households, in transmission of viral respiratory infections in the context of mass gatherings, and in university residences when combined with hand hygiene interventions.

The third-last bullet is:

> • There is limited evidence of harms related to community mask wearing with <u>no studies identified that have systematically looked at potential harms</u>. Such harms could include behavioral modifications such as risk compensation/non-adherence to social distancing or optimal hand hygiene practices, <u>self-contamination, induction of facial rashes, and increasing real or perceived breathing difficulties</u>. There are also concerns about poor compliance or tolerance of masks in children or those with cognitive challenges and communication difficulties.

The last bullet is:

> • Pre-symptomatic transmission and asymptomatic transmission of SARS-CoV-2 have been described but the degree to which they contribute to community spread is unclear, <u>At this point, there is no direct evidence that the use of a medical or homemade cloth mask or the wider use of masks in the community significantly reduces this risk</u>. For more information, refer to the Asymptomatic Transmission of SARS-CoV-2 rapid review.

ES-7: “Chu DK, Akl EA, Duda S et al. **Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis**. *Lancet.* 2020 [30] ⟶

The DK Chu article has many problems. It was described in our letter to the WHO [1] as (pp. 5-6):

> The Chu study was funded by the WHO. It contains no randomized controlled trials, but rather uses a hodgepodge of data about associations of ill-defined factors. DK Chu et al.’s own appraisal of “certainty” regarding their conclusion about masks is “LOW” meaning “our confidence in the effect estimate is limited; the true effect could be substantially different from the estimate of the effect” (their Table 2), yet such a result is a basis for your recommendation to governments.

ES-18: “Liang M, Gao L, Cheng C, et al. **Efficacy of face mask in preventing respiratory virus transmission: a systematic review and meta-analysis**. *Travel Med Infect Dis.* 2020 May 28.” [31] ⟶

The Liang study purports to be a systematic review and meta-analysis yet it does not apply **PRISMA-P [Preferred reporting items for systematic review and meta-analysis protocols]** [32], nor does it perform **GRADE [Grading of Recommendations, Assessment, Development and Evaluations] reliability analysis**] [33], which are the established standard in such medical research intended to be used for policy guidance. If Liang did apply GRADE, it would fail, because its included studies are mostly non-RCT “case-control studies”, and because its confidence intervals encompass outcomes leading to the oppose recommendation of masks:

“**GRADE guidelines 6. Rating the quality of evidence—imprecision**, by Guyatta et al., in *Journal of Clinical Epidemiology*. [34]

ES-21: “MacIntyre CR, Chughtai AA. **A rapid systematic review of the efficacy of face masks and respirators against coronaviruses and other respiratory transmissible viruses for the community, healthcare workers and sick patients**. *Int J Nurs Stud.* 2020. [35] ⟶

The co-authors, MacIntyre and Chughtai, have both worked for or with 3M (a major proprietary mask and respirator manufacturer) and now work together; as they admit in the required “Conflict of Interest” statement. MacIntyre has made an industry or writing spin-laden articles about masks in scientific journals, which repeatedly have recast old RCT studies. This is one more in that pattern.

The authors MacIntyre and Chughtai claim “Results were reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) criteria (Moher et al., 2015).” (their “2. Methods” section, last sentence). In fact, this is false. The following numbered directives of PRISMA were not followed by MacIntyre and Chughtai (Table 3, [32]):

> #13 List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale
> #14 Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis
> #15a Describe criteria under which study data will be quantitatively synthesized
> #15b If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned exploration of consistency (e.g., I2, Kendall’s tau)

> #15c Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-regression)
> #15d If quantitative synthesis is not appropriate, describe the type of summary planned
> #16 Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)
> #17 Describe how the strength of the body of evidence will be assessed (e.g., GRADE)

Not having introduced one iota of new evidence, MacIntyre and Chughtai conclude (p. 5):

> In summary, there is a growing body of evidence supporting all three indications for respiratory protection – community, healthcare workers and sick patients (source control).

The work of MacIntyre and Chughtai is not science that can be used to guide public policy. It is substandard and misleading.

Endnotes / References

[1] 21 June 2020 letter to the Executive Director of the WHO. "**RE: WHO advising the use of masks in the general population to prevent COVID-19 transmission**", Hickey, J and Rancourt DG, Ontario Civil Liberties Association. http://ocla.ca/ocla-letter-who/

[2] 5 June 2020 "**Advice on the use of masks in the context of COVID-19: Interim guidance**", WHO Reference Number: WHO/2019-nCov/IPC_Masks/2020.4 https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf

[3] Califf RM, Hernandez AF, Landray M. "**Weighing the Benefits and Risks of Proliferating Observational Treatment Assessments: Observational Cacophony, Randomized Harmony**". *JAMA*. Published online July 31, 2020. doi:10.1001/jama.2020.13319 https://jamanetwork.com/journals/jama/fullarticle/2769139

[4] Morawska and Milton et al. (239 signatories) (6 July 2020) "**It is Time to Address Airborne Transmission of COVID-19**", in *Clinical Infectious Diseases*, ciaa939 and supplementary data, https://doi.org/10.1093/cid/ciaa939

[5] "**All-cause mortality during COVID-19: No plague and a likely signature of mass homicide by government response**", by Rancourt, DG (2 June 2020) *ResearchGate*. DOI: 10.13140/RG.2.2.24350.77125
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ATTACHMENT 5

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20892
301- 496 - 5717

Subject : **I Hereby Accuse You of 'Gross Criminal Negligence' Connectable to the Death of Mr. Spencer William Smith**

6 Pages

Personal Notes to Attachment 5

Reading your animations about *"speaking the truth at all times,"* and how your suffering amounted to *not* appearing on television ?!

In terms of *really* speaking the truth at all times, and what that *really* cost . . . you lack experience . . . in this regard your person lacks standing.

Given your avoidance, you failed to notice on Page 29 of 36, in my letter to you of 21 July 2020, that I entitled that section (screenshot):

21 July 2020

Dr. Anthony S. Fauci
Page 29 of 36

Koyaanisqatsi : "You Have No Right Not To Be Vaccinated!"

Attached below is a letter I wrote, 33 years ago, to my alma mater (Cornell University) on 15 December 1987. On the second page of that letter, in the final paragraph, I conclude by contextualizing the subject matter of 'ethics' with the Hopi descriptor:

koyaanisqatsi

That descriptor aptly applies to the current world, as such has been affected by you and your comrades, ranging from the Wuhan Laboratory of Virology to those typified by the picture above.

Cornell University
Johnson Graduate School
of Management

Curtis W. Tarr, Dean
Malott Hall Ithaca NY 14853-4201 (607) 255-6418

July 28, 1989

Dear Paul,

On my last day as dean, I am thinking about those who have helped to make this such a splendid experience for me and a promising one for this fine School. You certainly are one of those people. I owe you my gratitude.

I look forward to my new life, and I have too many things set aside to accomplish too soon. I will be here in my new office on the fifth floor most of the time. Please call me if ever I can help you; my number will be 607-255-1122.

You have my thanks and warm wishes.

Sincerely,

Curtis W. Tarr

CWT:lw

Mr. Paul V. Sheridan '80
22357 Columbia
Dearborn, MI 48124-3431

Cornell University
Malott Hall
Ithaca NY 14853-4201

607.255.6418

Johnson Graduate School of Management

Curtis W. Tarr
Dean

December 22, 1987

Dear Paul,

Thank you very much for your good letter about business ethics. You can be sure I will be reading all the details in this again with great care as I prepare for the course. You certainly are kind to share it with me.

I am grateful for your continuing loyalty to the School. I hope the new year treats you very well indeed.

Sincerely,

Curtis

Curtis W. Tarr

CWT:tal

Mr. Paul V. Sheridan
Program Manager
Jeep and Truck Engineering
Chrysler Motors Corporation
14250 Plymouth Road
CIMS 514-00-00
Detroit, MI 48232

22357 Columbia
Dearborn, MI 48124
(O) 313/493-2404
(H) 313/277-5095

December 15, 1987

Curtis W. Tarr, Dean
Johnson Graduate School of Management
Cornell University
Malott Hall
Ithaca, NY 14853-4201

SUBJECT: Your input request for the spring semester course on Business Ethics

Dear Curtis:

It has been said that in the "modern" business world the employee with a motivational mix that is 75% political and 25% substance will always outclimb the reverse: the employee who is 25% political and 75% substance. When I first heard that remark I thought it was incredulous. However, many of my experiences have given it more credence.

As you know, I began contributing to the greying of my parents' hair at a very early age via my infatuation with the automobile. From greasy fingerprints to ruined clothes to noisy driveways ... Twenty-five years later my situation has advanced itself and may be characterized by saying, "The only difference between men and boys is the price of their toys." The point being that "Motor City" and its workings represent a long-standing object of my attention both vocationally and, in recent years, professionally. I know something about Detroit ... especially its problems. It is in this context that I am able to offer the enclosed as a response to the subject.

In the mid to late seventies, when the proverbial apple cart was upset in Motor City, there were many superficialities cited as being the cause. The Arab oil embargos and rapid rise in fuel prices did, in fact, devastate Detroit's "rich", fuel inefficient product mix. The incredible public sector incompetence with respect to the administration of regulations that affected vehicle fuel economy, emissions and safety continues to be a focus of attention. The foreign competition, especially from Japan, was also cited as being the reason for woe in Detroit. Many, in this finger-pointing frenzy, even cited the UAW as the prime culprit for Detroit's ongoing economic demise. In fact, these "causes" are convenient scapegoats. They're obvious in nature and easily presented by the media. They represent items that "you can get your arms around" and then feel comfortable in the conviction that you have arrived at satisfactory conclusions. In reality, the impact of these overt events merely serve to verify that the cause is more fundamental.

Mismanagement is not new but it has changed in form, if not concealment. On the other hand, to claim that mismanagement is the fundamental cause of Detroit's commercial demise without providing a practical insight into the source and character of the mismanagement would be only slightly more valuable than erroneously qualifying the aformentioned effects as causes.

Published in the September 1983 edition of the Harvard Business Review, "Moral Mazes: Bureaucracy and Managerial Work" approximates the source and character of the mismanagement that runs all too rampant in Detroit, if not the nation. By using the Protestant Ethic as a historical point of departure, Jackall then provides a very accurate "interpretive sociological analysis of the moral dimensions of managers' work" in the context of the "new" business ethic: the Bureaucratic Ethic.

He poses the central question early:

> "What if ... men and women in the big corporation no longer see success as necessarily connected to hard work? What becomes of the social morality of the corporation - I mean the everyday rules in use that people play by - when there is thought to be no standard of excellence to explain how and why winners are separted from also-rans, how and why some people succeed and others fail?

Subtitles include, "Who Gets Credit?", "Fealty to the King," "Capriciousness of Success," "Blame Time," "Playing the Game," etc.

The current irony for me is our (Chrysler) investigations into the inner workings of competitive automotive organizations, specifically the Japanese firms. When I read these reports, I come to the perplexing conclusion that the ethical behavior of, say, Honda is more "American" than the American firms! It is as though the Japanese firms have become the "Americans" of the international business world and the Americans have become ... something else.

I commend your efforts to introduce the ethical issues of the professional business world to the future MBA's of JGSM. Although not as glamorous as high-powered finance or computer-aided operations management, and therefore not as immediate in terms of gratification, business ethics represent the axiomatic basis of all other business disciplines. The subtlety here is that the ethical status of a firm (or a nation) is never fully tested during easy times (such as the post WW II era in Detroit). Only when adversity arises can one fully ascertain the character and competence of management ... without a strong ethical foundation there can be neither. There can only be or become what the ancient Hopi called "Koyaanisqatsi" or "crazy life." 'People scurrying to find the rules of the game, when in fact, "there's nothing new under the sun." As Merlin once said, "... it is the doom of men that they should forget."

Sincerely and respectfully,

Paul V. Sheridan

Paul V. Sheridan

Enclosures

Cornell Law School

Stewart J. Schwab
The Allan R. Tessler Dean
and Professor of Law

June 22, 2005

Dear Paul,

I was delighted to see that you are to be honored as a Community Champion by the Civil Justice Foundation in Toronto next month. Congratulations!

We are always pleased when an alumnus of Cornell University gets the recognition they richly deserve.

I hope you enjoy the occasion, & I wish you success in your future endeavors.

Sincerely,

263 Myron Taylor Hall, Ithaca, NY 14853-4901•tel:(607)255-3527•fax:(607)255-7193
e-mail:sjs15@cornell.edu

E N D   OF D O C U M E N T

21 December 2020

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD   20892
301- 496 – 5717

Subject : **I Hereby Accuse You of ‘Gross Criminal Negligence’ Connectable to the Death of Mr. Spencer William Smith**