July 15, 2022

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300 Day Hall
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Reference Upcoming Depart from Cornell

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Cornell University - 300 Day Hall
Ithaca, NY 14853
607-255-5201

Subject 1: Your Criminal Affiliation–to, Accommodations–of, and Affinity–for Pfizer Corporation CEO Mr. Albert Bourla

Subject 2: Your Upcoming Departure from the Office of President of Cornell University

Reference 1: My Letter to Mr. Anthony Fauci of 21 July 2020

Reference 2: Martha Pollack Collaborations with Pfizer CEO Albert Bourla : New York Forward ReOpening Advisory Board and Ongoing

Attachment 1: American Domestic Bioterrorism Program

Preliminary Courtesy Copy List

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12 July 2022 VIA FEDEX AIRBILL 7773 - 7643 - 3040

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12 July 2022 VIA FedEx 7773 - 7643 - 3040

Ms. Martha E. Pollack
Office of the President
300 Day Hall
Cornell University
Ithaca, New York 14853

Subject 1: **Your Criminal Affiliation–with, Accommodations–of, and Affinity–for Pfizer Corporation CEO Mr. Albert Bourla**

Subject 2: **Your Upcoming Departure from the Office of President of Cornell University**

Reference 1: **My Letter to Mr. Anthony Fauci of 21 July 2020**

Reference 2: **Martha Pollack Collaborations with Pfizer CEO Albert Bourla : New York Forward ReOpening Advisory Board and Ongoing**

Attachment 1: **American Domestic Bioterrorism Program**

Dear Ms. Pollack:

You are in-receipt of Reference 1, dated 21 July 2020. On that same day, within the closed-doors of the New York Forward Re-Opening Advisory Board, you were informed by Mr. Albert Bourla regarding the third item of his *"Chronology of Important Events"* :

Case 1:21-cv-00008-MJT Document 37 Filed 04/22/22 Page 23 of 37 PageID #: 1403

V. CHRONOLOGY OF IMPORTANT EVENTS.

The following chart summarizes the key dates and events relevant to the present motion.

DATE	EVENT
3/13/2020	President declares national emergency in response to COVID-19
5/15/2020	Government launches Operation Warp Speed
7/21/2020	DoD finalizes agreement to purchase first 100M doses of Pfizer's vaccine
7/27/2020	Pfizer launches "landmark" clinical study of the company's vaccine
9/8/2020	Relator begins her 18-day tenure as a Regional Director at Ventavia
9/25/2020	Relator reports concerns to FDA via email; agency acknowledges receipt in writing
11/18/2020	Pfizer announces initial, favorable results of landmark study in individuals 16+
11/20/2020	Pfizer asks FDA to grant EUA for Pfizer's vaccine in individuals 16+
12/11/2020	FDA grants EUA for Pfizer's vaccine in individuals ages 16+

Mr. Bourla represents a University Development prospect. He had informed you during Reference 2 that **Pfizer had secured hundreds-of-millions for an experimental mRNA needle, that was immune from liability . . . <u>that had not yet completed clinical trials!</u>** That is just the beginning of your participations in COVID-related criminal fraud . . .

. . . <u>on 31 July 2020, a mere ten days later,</u> after the "100 million doses" DoD contract was <u>finalized</u>, you unleashed your pro-needle Bourla-approved marketing scheme; an open demonstration of your inveracity, you published an anti-Constitutional, Bolshevik-styled precursor to illegal coercive mandates:

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.**

You were unable to complete just the first sentence without embracing a bold-faced lie. Your notion, that *"enhanced community and personal health,"* was restricted to an mRNA needle was *not* a misstatement; it was a lie. Prior to your "Cornell Student Behavioral Compact," I had introduced you to a fine medical doctor, whose successful COVID treatments were being practiced a short drive from campus on State Route 17 (to my former hometown of Monroe, New York). From Page 5 of Reference 1:

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."**

Your "Compact" had no connections/intentions regarding Cornell student health. In contrast to the successful outcomes, resulting from the COVID treatments administered by Dr. Zelenko, the beginnings of ***your*** Cornell health results from ***your*** needle marketing schemes are partially captured by hard data:

THE COLLEGE FIX

ORIGINAL. STUDENT REPORTED. YOUR DAILY DOSE OF *RIGHT*-MINDED NEWS AND COMMENTARY FROM ACROSS THE NATION.

News · Student Reporters Opinion About The Fix Write For Us Contact

ANALYSIS HEALTHCARE

Despite 95% vaccination rate, Cornell today has five times more COVID cases than it did this time last year

JOSEPH SILVERSTEIN - CORNELL UNIVERSITY · SEPTEMBER 4, 2021

SHARE THIS ARTICLE:

ANALYSIS: ***If the goal is to prevent infection, the 95 percent vaccination rate on Cornell's campus has not accomplished that***

Cornell University has aggressively pushed its students to get vaccinated, **announcing** a vaccine mandate for the 2021-22 academic year in April and frequently denying religious and medical exemptions.

As a result, 95 percent of the campus population, both students and faculty, is vaccinated.

Despite this, Cornell University has more than five times the amount of confirmed positive cases during its first week of this academic year than it did during its first week of the 2020-21 academic year, **according** to the Cornell COVID dashboard.

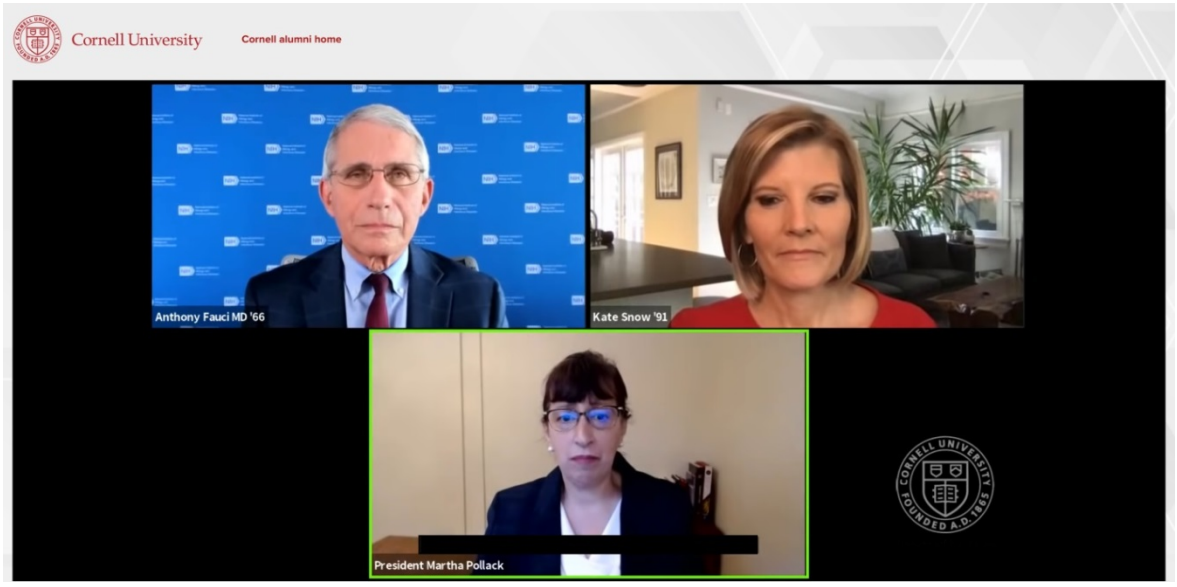
By the numbers, during the first week of school that ran from Aug. 27 to Sept. 2 of this academic year, Cornell reported 322 positive COVID-19 cases.

An utter disgrace that will forever characterize your tenure in the president's office of my alma mater.

"pro-Bourla"? "University Development prospect"? A "scheme"? "Disgrace"? Is this diatribe? Hardly. These themes are more-than-confirmed by the lockdown and facemask mandate grotesqueries that you continue to inflict upon the campus of Cornell University. But your pro-Bourla arrogance is on full display. 'Personally hosting only pro-Bourla guests? Including marketing executives from Pfizer !?

Examples of the non-invited . . . You never invited Dr. Kary Mullis, or Dr. Vladimir Zelenko. At no time *will* you invite Dr. Simone Gold, Dr. Harvey Risch, Dr. Sucharit Bhakdi, Dr. Pierre Kory, Dr. Tess Laurie, Dr. Peter McCullough, Dr. Richard Bartlett, Dr. Michael Yeadon, Dr. Dan Erickson, Dr. Robert Malone, Dr. Scott Atlas, Dr. Jayanta Bhattacharya, Dr. Annie Bukacek, Dr. Peter Breggin, Dr. Lynn Fynn, Dr. Mary Bowden, Dr. Richard Urso or Dr. Ryan Cole. You are *never* going to invite Dr. Haruo Ozaki, Dr. Joseph Ladapo, Dr. Li-Meng Yan, or Dr. Paul Alexander . . . all devoted adherents to the Hippocratic Oath.

However, consistent with Reference 2, you lauded **needle-only RICO criminals**, such as the only "Cornell person" in-history to be openly charged with *"genocide and crimes against humanity."*



Anthony Fauci's new COVID-19 guidance: 'Do what you're told'

By Ebony Bowden November 13, 2020 | 1:27pm | Updated

FAUCI: 'YOU USE LOCKDOWNS TO GET PEOPLE VACCINATED'

860 EMAIL PARLER TWEET

by PAM KEY | 13 Apr 2022 | 1,541

I N T E R M I S S I O N – 1

You are also in-receipt of my letter to Ms. Susan K. Neely, CEO of the American Council of Life Insurers (ACLI), dated 18 April 2022. Its subject line:

Subject:	**Reimbursement of Life Insurance Benefits Paid by ACLI Members; Resulting from Death Caused by the SARS-CoV-2 Virus, Lockdown Protocols, and the COVID-19 "Vaccine"**

You are a documented and open proponent of the last two reimbursement criteria. My letter to ACLI was shared with many, including affected parties in Europe. A very small sampling of recent headlines:

German Health Insurer Director Fired over Letter Regarding Vaccination Side Effects

The head of the German health insurance company BKK ProVita, Andreas Schöfbeck, has been fired as of Tuesday, March 1st, in response to an urgent letter directed at the German control authority at the Paul-Ehrlich-Institut (PEI). As the *European Conservative* previously reported, the letter expressed concerns about the side effects related to COVID vaccinations, which the BKK found to be gravely under-reported.

I N T E R M I S S I O N – 1 *Conclusion*

LIFESITE

NEWS

‘We will not be intimidated’: 200 Austrian doctors warn against jab side-effects, risking sanctions

‘The blanket declaration by the Austrian medical association, politicians and the media that the vaccine is ‘safe’ has proven to be unscientific propaganda.’

Austrian Minister of Health Confirms – Doctors Are Responsible for Vaccine Damage

July 2, 2022 TLB Staff GOVERNMENT, HEALTH 0

ER Editor: Kudos to **Paul Craig Roberts** for alerting his readers to this *Wochenblick* article we've published in translation below. Here is his introduction to that article:

As discussed on Page 20 of my ACLI letter, the PREP Act lists **“COVID-19 Vaccinators.”** That category specifies medical doctors, nurses, hospital CEOs, and pharmaceutical executives; but it does **not** list university administrators.

Your Criminal Affiliation–with, Accommodations–of, and Affinity–for Pfizer Corporation CEO Mr. Albert Bourla

Case 1:21-cv-00008-MJT Document 37 Filed 04/22/22 Page 23 of 37 PageID #: 1403

V. CHRONOLOGY OF IMPORTANT EVENTS.

The following chart summarizes the key dates and events relevant to the present motion.

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11/20/2020	Pfizer asks FDA to grant EUA for Pfizer's vaccine in individuals 16+
12/11/2020	FDA grants EUA for Pfizer's vaccine in individuals ages 16+

Your Criminal Affiliation–with, Accommodations–of, and Affinity–for Pfizer Corporation CEO Mr. Albert Bourla *con't*

Reference 2? Your affinity-for another common criminal, Pfizer CEO Mr. Albert Bourla, **is unique.** Unlike other Ivy League "presidents," you participated directly with Bourla with formulation of the needle mandate marketing schemes. Your closed-door sessions with Mr. Bourla, as members of the New York Forward ReOpening Advisory Board, **established you as the new low for Cornell administrators.**

On the day it was updated, August 23, 2021, I made a screenshot of the Advisory Board webpage. On that date it promoted **a *new* bold-faced lie about the Pfizer needle:**

If you had any competence, if you had any character, if you had any virtue, you would have immediately rejected the abject lie of its first sentence. As you and Mr. Bourla are fully aware, **the FDA did no such thing; the mRNA needles being mandated against Cornell students did not, have not, and never will be granted "full approval."** And save your Comirnaty ruse for those born-yesterday.

By complicity with these ongoing webpages; are you, Mr. Bourla and his defense lawyers, and the FDA declaring that the status of the Pfizer needle is no longer subject to the narrow confines of the original FDA 11 December 2020 'Emergency Use Authorization' (EUA) . . . **that is, the PREP Act provision of LIABILITY IMMUNITY is no longer in force? Is that what you *all* are declaring?!**

Your Criminal Affiliation–with, Accommodations–of, and Affinity–for Pfizer Corporation CEO Mr. Albert Bourla *con't*

The unelected governor of my birth state of New York, Ms. Kathy Hochul, has received many of my COVID letters. Have the previous disinformation and outright lies about the Bourla needle been corrected on her various New York websites? *Not a chance.*

In fact, her Pfizer-needle-promoting websites have now *embellished* those original lies and disinformation. With his headquarters in New York City, Mr. Albert Bourla and **Pfizer counsel Cornell Law School graduate Mr. Doug Lankler,** have influenced and enforced the following (screenshot of 4 July 2022) :

Is the vaccine safe and effective?

Yes. A careful scientific approval process and many millions of vaccine doses administered worldwide have proven the safety of the vaccines.

All three vaccines authorized for emergency use or approved by the Food and Drug Administration (FDA) have been thoroughly tested and found to be safe and effective in preventing severe COVID-19. After a COVID-19 vaccine is authorized by the FDA, many vaccine safety monitoring systems watch for adverse events (possible side effects). This ongoing monitoring can pick up on adverse events that may not have been seen in clinical trials. If an unexpected adverse event is seen, experts quickly study it further to see if it is a true safety concern. Experts then decide whether changes are needed in US vaccine recommendations.

In New York State, an added level of review was established to ensure COVID vaccine safety. Following Emergency Use Authorization by the FDA, experts on New York State's independent COVID-19 Vaccine Clinical Advisory Task Force thoroughly review vaccine research before recommending any vaccine to New Yorkers.

Millions of people in the United States and New York State have received COVID-19 vaccines under the most intense safety monitoring in U.S. history. As of August 23, 2021, the Pfizer/BioNTech vaccine received full FDA approval for the prevention of COVID-19 disease in individuals age 16 and older. The FDA-licensed vaccine will now be marketed under the name Comirnaty. The vaccine continues to be available under emergency use authorization (EUA) for individuals 12 through 15 years of age and for the administration of a 3rd dose in eligible immunocompromised individuals.

Throughout the governor webpages we find a detailed compilation of fraud and criminality. **Note that their fairy tale about "full approval" of August 23 2021 remains intact . . . a bold-faced lie.**

And you, Ms. Pollack, are not merely complicit in these lies . . . you are an enthusiastic participant.

Your Criminal Affiliation–with, Accommodations–of, and Affinity–for Pfizer Corporation CEO Mr. Albert Bourla *con't*

But there is <u>further confirmation</u> of your inveracity, and that of your comrade Mr. Bourla. As shared with Ms. Neely, Page 16 in my letter to her discusses the following pre-emptive charlatanism:

The Washington Post
Democracy Dies in Darkness

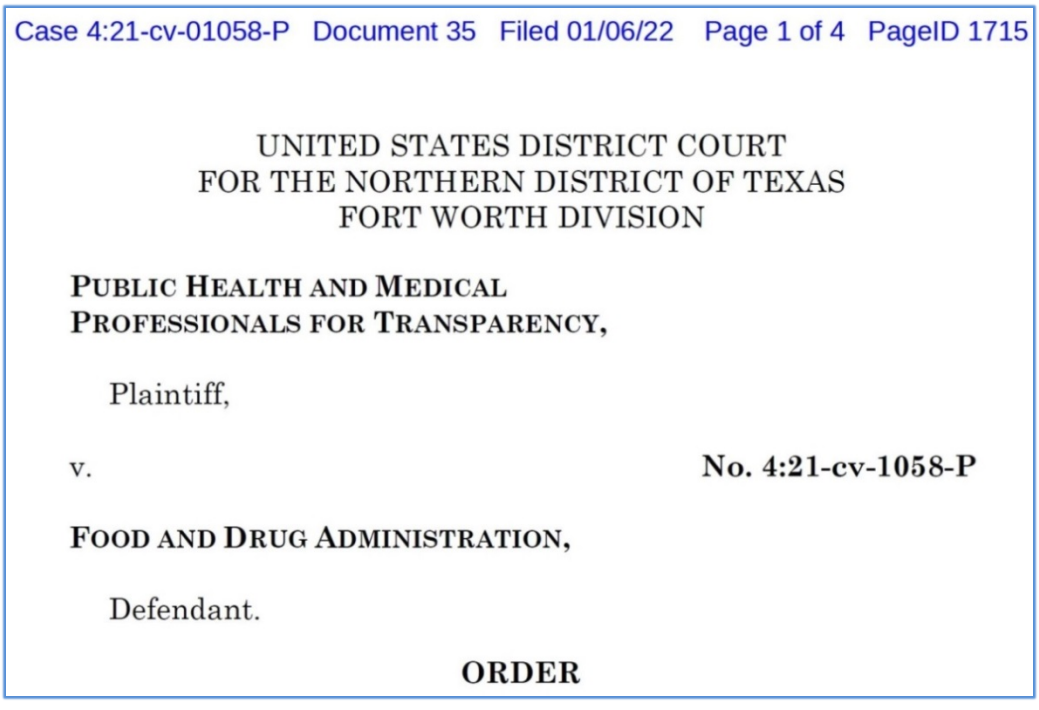
Coronavirus U.S. cases and deaths by state World map Vaccine FAQ Booster shot eligibility Vaccine tracker Delta variant FAQ Mask guidance

Health

Pfizer CEO says people who spread vaccine disinformation are 'criminals'

These threats from Bourla, and later Attorney General Merrick Garland, occurred on 9 November 2021. The threats were cloaked behind *their* deceit, *their* deception and *their* criminality. . . . Most importantly, these threats occurred **prior** to a lawsuit filed by attorney Mr. Aaron Siri . . . and **prior** to Pfizer's court defeat which eradicated the Bourla demand for **medical and COVID needle opacity !**

Now that the Honorable Court in Texas has pierced through the lies of Mr. Bourla, we are no longer being threatened with incarceration. And we are no longer slandered by your ilk as "anti-vaxxers."



Case 4:21-cv-01058-P Document 35 Filed 01/06/22 Page 1 of 4 PageID 1715

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

PUBLIC HEALTH AND MEDICAL
PROFESSIONALS FOR TRANSPARENCY,

Plaintiff,

v. No. 4:21-cv-1058-P

FOOD AND DRUG ADMINISTRATION,

Defendant.

ORDER

The Bourla defense on Judge Mark Pittman's order? **A lie that it would take "55 years" to comply !?** Perhaps Bourla needs to review the recent "48-hour" order by Judge Alejandro Recarey in Uruguay.

Such is the type of defilement your person has affiliated-with and inflicted upon my alma mater.

Your Criminal Affiliation–with, Accommodations–of, and Affinity–for Pfizer Corporation CEO Mr. Albert Bourla *Conclusion*

On Page 20 of my ACLI letter, I quoted European Parliament member Mr. Nicolaus Fest:

> *"In Germany we have forty-eight confirmed cases of death that occurred in connection with the vaccination.* ***Forty-eight cases! Those were just the cases that were autopsied.*** *Of course, we know that many people who died after a vaccination were not autopsied at all! That means the unreported number is probably many times higher.*
>
> *If any company, say Nestle or Pepsi of any other company were to put a product on the market and then forty-eight people were to die from it within a year, we would not talk about whether we should or should not distribute this product to the world. We would talk about whether or not we should enforce liability on the management! That is what I would urgently suggest that this Parliament do.* ***We should be discussing the lack of efficacy of these vaccines and about liability issues for the management of the vaccine manufacturers."***

In the USA, autopsies are not done or are openly discouraged. Instead, diversion from the death and horrific injury caused by the Bourla needle is asserted by unqualified claims of "coincidence," or a "COVID" box is checked by so-called medical professionals. The true extent of needle-induced death and injury is **purposely shrouded and overshadowed** by the financial priorities of Mr. Bourla . . . and you.

The Fest quote above discusses an entire year of needle-induced death in Germany. But what did Judge Pittman's order reveal for merely the first two months of the Bourla needle? A dire indication:

BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 1 below presents the main characteristics of the overall cases.

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17 18-30 31-50 51-64 65-74 ≥ 75 Unknown	175[a] 4953 13886 7884 3098 5214 6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

I N T E R M I S S I O N – 2

Immediately after the Pfizer "landmark study" sales goo of 18 November 2020, Cornell University webpages, staff and so-called professors began regurgitating the Bourla lies about "safe and effective." Again, the context of this Cornell sputum was financial, not the health of the Cornell and Ithaca New York communities, or the world at-large. **Alternatively, I agree with Mr. Bourla; spreading disinformation that leads to death or horrific injury constitutes a crime.** Two prominent Cornell samples:

Professor Cynthia Leifer
Department of Microbiology and Immunology

*"These vaccines have been tested in almost sixty-thousand people at this point, and they are effective; over **95% effective**. They are safe. Many people will get slight aches and pains, just like we do with the flu vaccine, but that means it's working."*

Spectrum News 1 interview, December 3, 2020 prior to EUA.

Professor Gary A. Koretzky
Vice Provost for Academic Integration

*"Most importantly, the vaccines are nearly **100% effective** in preventing death and severe complications of COVID-19. We're learning that as people become vaccinated, not only are they protected from getting the disease themselves, but they're also protected from acquiring the virus and then giving it to others... not 100%, but really, really well."*

The Science Behind COVID-19 Vaccines (Cornell Only)
Virtual Q&A Panel Discussion, April 12, 2021

Testimony of "Hope" for Mr. Gary Koretzky and Mr. Anthony Fauci

Dr. Deborah Birx, former White House Coronavirus Coordinator, sworn testimony before the House Select Subcommittee on the Coronavirus Crisis, 23 June 2022:

Question:	Dr. Birx, can vaccinated people get COVID?
Answer:	Yes.
Question:	Have vaccinated people been hospitalized with COVID?
Answer:	Yes.
Question:	When the government told us that the vaccinated could not transmit the disease, was that a lie or was that a guess?
Answer:	**I think it was hope that the vaccine would work in that way.**

I N T E R M I S S I O N – 2 ***Con't***

The Koretzky claims of April 2021, "*100% effective . . . learning that as people become vaccinated."* What is he babbling about? The **truth**, for January and February 2021, was not released until June 2022!

But the Leifer/Koretzky and Birx quotes compel the questions:

Are Professor Leifer and Professor Koretzky also guessers? Or are they liars!?

I submit that they cannot have it both ways; either both are deeply incompetent and servile buffoons, or they are liars. The details of the latter involve a *not*-so-esoteric distinction between the familiar statistical terms efficacy/efficacious versus effective. This is **not** rocket science.

Even the "pathological liar," Cornell graduate Mr. Anthony Fauci, was careful to make the scientific and therefore legally defensible distinction. On Page 5 of my ACLI letter, I quoted Mr. Fauci from his Pfizer infomercial at the White House Coronavirus Task Force of 19 November 2020 (a pro-needle gala also attended by the illustrious Dr. Deborah Birx):

> *"As you well-know, Operation Warp Speed has been supporting directly and indirectly six candidate vaccines, four of which are either in or have completed Phase 3 clinical trials. I want to briefly tell you about two of them because you have to be interested in this, it is extraordinarily impressive.*
>
> *Two of the vaccines, one by Moderna and one by the company Pfizer, have completed trials, and the* ***efficacious****, vaccine efficacy point is extraordinary. With regard to Pfizer, it was 95%* ***efficacious****, not only against disease that's just clinically recognizable disease, but severe disease. There were ten cases of severe disease, one in the vaccine, nine in the placebo. For the Moderna trial, it was 94.5%* ***efficacious****. Eleven severe events, zero in the vaccine, eleven in the placebo*.
>
> *For those of you not acquainted with the field of vaccinology, that is extraordinary. That is almost to the level of what we see with measles, which is 98%* ***effective****. So that's what we're dealing with."*

Mr. Fauci, at that same White House infomercial, emphasizes the <u>not-so-esoteric distinction</u>:

> *"I used the word* ***'efficacious.'*** *The means what happens in a clinical trial. The word* ***'effective'*** *means, is what the ultimate impact of that vaccine is gonna have on society. And the only way you can get an* ***effective*** *program is when the people take the vaccine."*

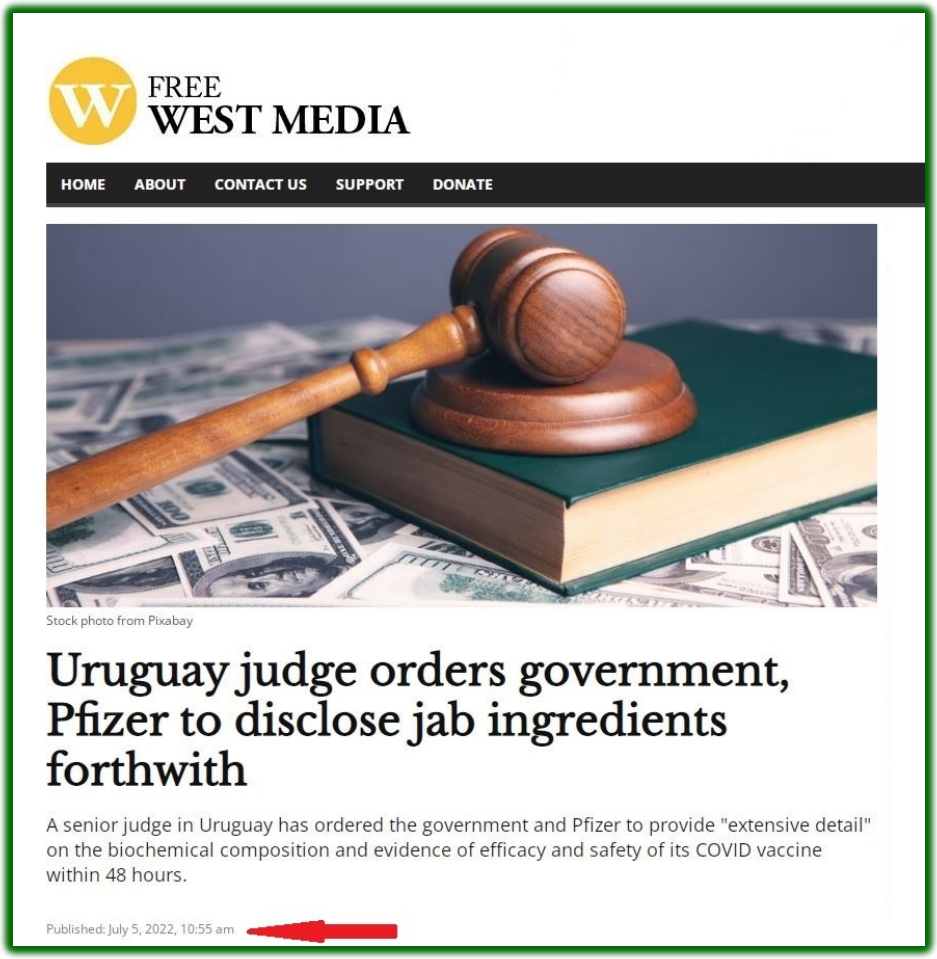
I N T E R M I S S I O N – 2 *Conclusion*

Paraphrasing Mr. Fauci . . . **No Ms. Pollack, that is not what we are dealing with.** We are dealing with vested-interest Cornell buffoons at-best, and criminal tyrants in-truth. More diatribe? Hardly.

On 11 December 2020, at the moment that the corrupt Food and Drug Administration authorized the Pfizer needle, under PREP as an Emergency Use Authorization (EUA), they had not asked nor did they have any idea what was actually in the Bourla needle. Let me repeat that:

At the time the FDA issued their EUA for the Pfizer needle, for injection into billions world-wide, they had no idea, never even asked, and still have no idea about its detailed contents!

The FDA also has no chemistry details of the thousands of "lots" spewed from the Pfizer manufacturing facility in Kalamazoo Michigan, and then strategically distributed based upon 'friend or foe.'



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Uruguay judge orders government, Pfizer to disclose jab ingredients forthwith

A senior judge in Uruguay has ordered the government and Pfizer to provide "extensive detail" on the biochemical composition and evidence of efficacy and safety of its COVID vaccine within 48 hours.

Published: July 5, 2022, 10:55 am

But the crucial portent of INTERMISSION 2 is that you, Ms. Pollack, *also* have no clue . . . but you have the audacity to make claims about being qualified to be "President" of Ezra Cornell's university?!

I N T E R M I S S I O N – 2 *Addendum*

As predicted, Mr. Bourla failed to comply with the Judge Alejandro Recarey order discussed above.

A judge in Uruguay has prohibited Covid vaccines for children; Health Ministry complies with the ruling

Thursday, July 7th 2022 - 17:58 UTC Full article 0 comments

You are in-receipt of my letter to Mr. Anthony Fauci of 9 June 2021. On Pages 6 and 7, I discussed the issue of Pfizer needle induced miscarriages . . . a very recent road banner in the territory of Puerto Rico:

PREAMBLE TO CONCLUSION *Part 1*

Regarding the Albert Bourla "contribution" to the chart on Page 12, and 'Examples of the non-invited' on Page 4, we review **the 11 May 2022 words from the esteemed practicing doctor Dr. Ryan Cole**:

"Welcome to the Global Covid Summit. Who are we? We are a group of physicians and medical scientists from around the world, that stand for truth and integrity in science. We are owned by no company. We are owned by no politician, no political party. We are here representing humanity, and medical ethics. We started out as a small group, just over a year ago, and came together. First a few of us, then a few hundred, and then a few thousand, and over ten thousand. We stand for principles of science and integrity, and for humanity, and for the ethics that must be restored.

This is our fourth declaration to the world. We come together today as other political entities and parties have a plan going forward. We too have a plan going forward, and that is why we are here to share.

We are here to declare that the integrity and medical ethics, to which we have sworn an oath, must be restored and accountability must be had for those who have committed crimes against humanity. We put this down in a document, and I would like to share that with you here, with my colleague Dr. (Lynn) Fynn.

We the physicians and medical scientists of the world, united through our loyalty to the Hippocratic Oath, recognized that the disastrous COVID-19 public health policies imposed on doctors and our patients are the culmination of a corrupt medical alliance of pharmaceutical, insurance and health care institutions, along with the financial trusts which control them. **The have infiltrated our medical system at every level, and are protected and supported by a parallel alliance of Big Tech, media, academics and government agencies who profited from this orchestrated catastrophe**."

- - -

PREAMBLE TO CONCLUSION *Part 2*

Regarding the Albert Bourla "contribution" to the chart on Page 12, and 'Examples of the non-invited' on Page 4, we review the 11 May 2022 words from the esteemed practicing doctor, Dr. Lynn Fynn:

"This corrupt alliance has compromised the integrity of our most prestigious medical societies to which we belong; generating an illusion of scientific consensus by substituting truth with propaganda. This alliance continues to advance unscientific claims by censoring data, intimidating and firing doctors and scientists, for simply publishing actual clinical results, or treating their patients with proven safe and life-saving medicines.

These catastrophic decisions came at the expense of the innocent, who are forced to suffer health damage and death, caused by intentionally withholding critical and time-sensitive treatments, or as a result of **coerced genetic therapy injections (mRNA), which are neither safe or effective**."

- - -

Memo from the Undersigned

The chart on Page 12 above was forced out of your comrade Albert Bourla by court order. But, referencing Dr. Fynn's assertion, no one forced Cornell professors Koretzky and Leifer to become marketing sales reps for Pfizer. Their sales pitch of *'safe and effective'* amounted to a criminal fraud, a mindless parroting of the 18 November 2020 Pfizer sputum, which was based on, what Pfizer defense lawyers label as, a *"landmark clinical study."* It was no such thing, and both Koretzky and Leifer were fully aware of the truth. They were fully aware that use of 'safe and effective' had no scientific or legal basis, and as a result have contributed by their promotions to the "health damage and death . . . of the innocent."

In my follow-up to this letter, I will be demanding that professors Koretzky and Leifer also depart from any association with my alma mater.

PREAMBLE TO CONCLUSION *Part 3*

Regarding the Albert Bourla "contribution" to the chart on Page 12, and 'Examples of the non-invited' on Page 4, we review the 11 May 2022 words from the inventor of mRNA technology, Dr. Robert Malone:

"Thank you for taking the time to listen to myself and my colleagues today, speaking to you from the heart, about what we have observed and what we are recommending as a global COVID summit team of over 17,000 physicians and scientists from all over the world.

We have been astounded and appalled at what we have observed over the last couple of years, and we have consistently spoken out. I hope that those of you who are skeptical about the medical profession, and the integrity of the medical profession, can recognize that we represent many many physicians who are fortunate to be in this position to speak to you, and to represent the fundamentals of medical ethics, as well as science. And we hope that you can see from our actions and our words that not all physicians are compromised; there is hope. The system can recover with your assistance, and also with your support. We all ask that you help us; demand change, **demand accountability**, demand integrity, demand respect, and try to rebuild our community. There *is* a way forward, and that requires, absolutely, that the people responsible for what we have experienced as a community over the last two years be held accountable. We must go through this process, and as Ryan (Dr. Ryan Cole) was just saying, there are a number of discreet things that we can do to ensure that we recover from this, and we stop this from happening again.

Medical emergencies should not be used to justify suspension of the Bill of Rights. We are in a situation in which we still have the risk, there is still efforts ongoing <sic>, to deny fundamental human rights, the US Bill of Rights, freedom of speech, for those that are seeking only to share scientific truths and engage in constructive scientific discussion and debate. There are efforts worldwide to censor us, and to restrict information, so that you are not able to have true informed consent, because you are obstructed from getting the information **you need to have true informed consent, to receive any of these experimental products. They should not be mandated; that is an absolute breach of fundamental medical ethics.**

So, in closing, I thank you for your support. I hope that you share with us a sense of both alarm and a commitment to creating change, and recognize that these medical products, these experimental medical products, that have been mandated for all of us, are not providing protection against infection, replication or spread from the Omicron virus; they're not working. They are mismatched from this virus; they are designed for the original Wuhan strain, and there is no reason why they should continue to be used, why people should be continue to be forced, why people should be denied employment, why our children should be mandated for vaccination; there is no justification for this. And we ask for your support in trying to insist, with us, that we never have a situation like this again. I thank you for your time on behalf of myself, and all 17,000 of us, and hope that we see a better future tomorrow."

PREAMBLE TO CONCLUSION *Conclusion*

In my follow-up to this letter, where I will be formally demanding that you depart from any further activities or connection to Cornell University, I will review the following chart:

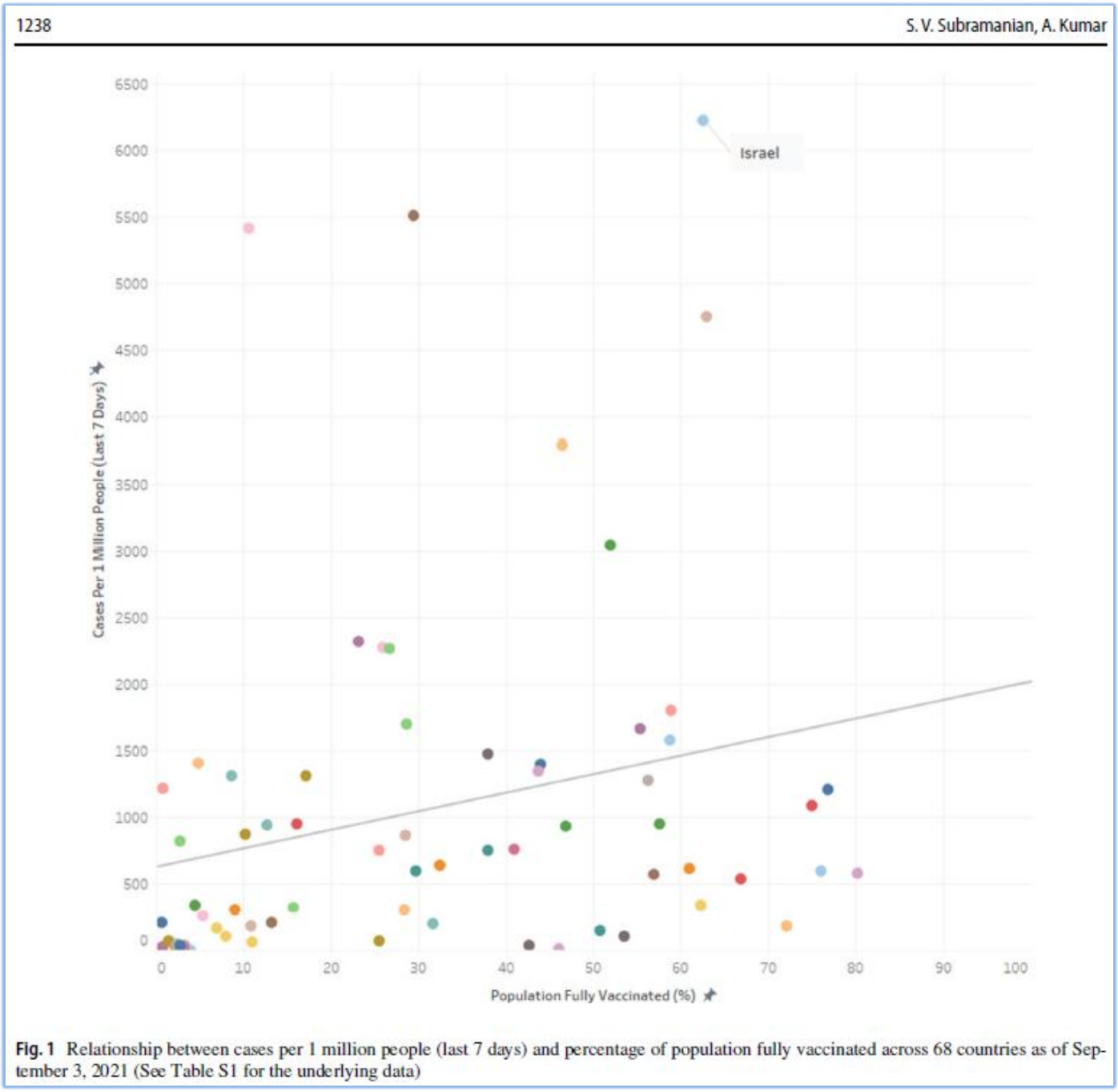


Fig. 1 Relationship between cases per 1 million people (last 7 days) and percentage of population fully vaccinated across 68 countries as of September 3, 2021 (See Table S1 for the underlying data)

That upcoming letter will detail how (regardless of the long-preexisting data) The Genesis Foundation has given its 2022 "laureate" (?!) to the person shown on Page 8 above: Your comrade; a direct beneficiary of your Cornell Student Behavior Compact, and your ongoing and upcoming needle marketing schemes.

CONCLUSION

Your Upcoming Departure from the Office of President of Cornell University

Prior to issuing your Cornell Student Behavioral Compact, and your mRNA needle mandate, you were fully aware, by direct communication from Mr. Albert Bourla, about the following sequence of events:

Case 1:21-cv-00008-MJT Document 37 Filed 04/22/22 Page 23 of 37 PageID #: 1403

V. CHRONOLOGY OF IMPORTANT EVENTS.

The following chart summarizes the key dates and events relevant to the present motion.

DATE	EVENT
3/13/2020	President declares national emergency in response to COVID-19
5/15/2020	Government launches Operation Warp Speed
7/21/2020	DoD finalizes agreement to purchase first 100M doses of Pfizer's vaccine
7/27/2020	Pfizer launches "landmark" clinical study of the company's vaccine
9/8/2020	Relator begins her 18-day tenure as a Regional Director at Ventavia
9/25/2020	Relator reports concerns to FDA via email; agency acknowledges receipt in writing
11/18/2020	Pfizer announces initial, favorable results of landmark study in individuals 16+
11/20/2020	Pfizer asks FDA to grant EUA for Pfizer's vaccine in individuals 16+
12/11/2020	FDA grants EUA for Pfizer's vaccine in individuals ages 16+

You were fully aware that money had already 'exchanged hands' prior to scientific establishment of conclusive detailed medical safety and health effectiveness of the Pfizer mRNA needle; a needle displaying the results of Page 12 above, that you would later mandate in violation of basic human rights. You then threatened Cornell students and staff with expulsion or termination for non-compliance; those threats amounting to an embellishment of your Bourla-approved needle marketing schemes.

In regard to the viciousness of your threats, please see 'REQUEST' on Page 23 below.

CONCLUSION

Your Upcoming Departure from the Office of President of Cornell University

With hundreds-of-millions of taxpayer dollars already "finalized," and the promise of much more to-come, you were fully aware that there was no chance that the Pfizer "clinical trials" would have anything *but* glowing results. The level of outright fraud now documented by the above Pfizer motion-to-dismiss (in the litigation of Ms. Brook Jackson versus Pfizer), **and your direct intimate connection to that fraud constitutes <u>additional</u> evidence that you are unfit for <u>any</u> position at Cornell University.**

But this level of your connections and participations is just the beginning. More diatribe? Hardly. The motion-to-dismiss filed by your cohort, New York Forward ReOpening Advisory Board member Mr. Albert Bourla, **has already openly declared fraud as <u>primary</u> to its defenses**:

Whisteblower's Lawyer: Pfizer Got Away with Vaccine Fraud Because Government Was Co-Conspirator

June 1, 2022 Admin

by Debra Heine

Pfizer has asked a U.S. court to throw out a whistleblower's lawsuit on the basis that the company can't be guilty of fraud, abuse, and protocol violations in its COVID Vaccine clinical trials because its contract with the U.S. government allowed them to skirt regulations and federal laws that typically apply to government contracts.

In other words, Pfizer was allegedly able to make false statements to the government, and lie about the safety and efficacy of its product, "because the government was in on it with them!" according to Robert Barnes, the lead lawyer in the case.

I can assure you, Ms. Pollack, my cherished friend President Frank H. T. Rhodes would never have participated in, been affiliated with, or allowed Cornell University to be connectable to such vileness.

CONCLUSION

Your Upcoming Departure from the Office of President of Cornell University

On Page 3 of Reference 1, written two years ago, I asked Pfizer's lead mRNA marketing rep, your StayHomecoming 2020 guest Mr. Anthony Fauci, the following simple question:

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?

You are in-receipt of my letter of 19 July 2021 to Oral Roberts University President Dr. William Wilson. There I discussed the Big Five, and declared Big Academia to be the most insidious. Dr. Cole is also in-receipt, and mentions the co-criminality of "academics" (Page 17). Dr. Fynn immediately discusses a "corrupt alliance" (Page 18). Dr. Malone demands "accountability" (Page 19). **Perplexing many, is how you, Mr. Fauci, Mr. Bourla, etc. are able to conduct your criminal offenses in the open, but not yet be in legal jeopardy . . . moral jeopardy having no discernable connection.**

As an update, you will note that there is only one attachment to this letter:

American Domestic Bioterrorism Program.
Building the case to prosecute members of Congress, presidents, HHS secretaries and federal judges for treason under 18 USC 2381.

In the context of the Racketeer Influenced and Corrupt Organizations Act (RICO), I will suggest to the author Ms. Katherine Watt, that academia members of the "corrupt alliance," such as Ms. Martha Pollack and her Cornell co-criminals, can and should be added to the prosecution list.

The Epilogue is a small sampling of the people you can rely on for support of your COVID-predicated crimes against the Cornell family; degrading the glory of our beloved campus to a panopticon.

Cordially,

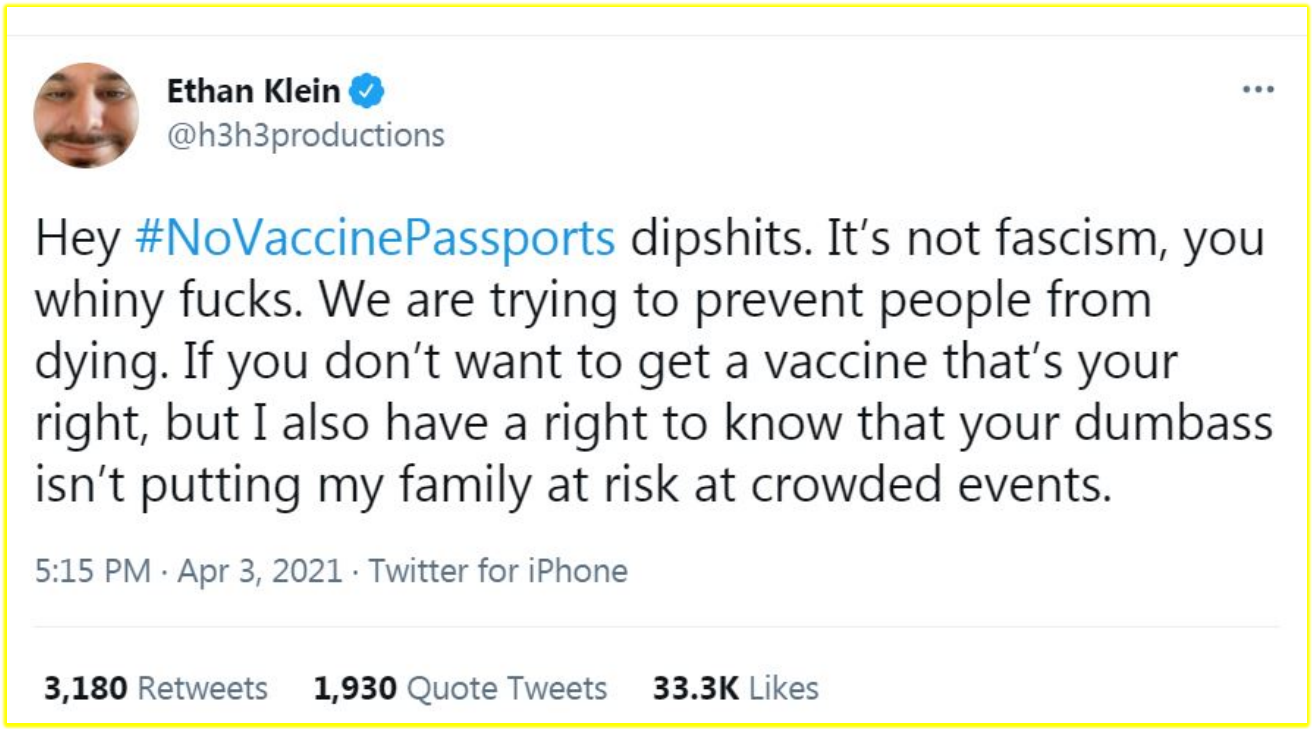
Paul V. Sheridan
Cornell University Alumnus
MBA: Class of 1980

Attachment

REQUEST: Please direct Mr. Joel Malina, the current Cornell University Vice President for University Relations, to respond to my email of 16 June 2022, which requests basic information on Cornell University student and staff applications-for and granting-of 'Religious Exemption' versus the mRNA needle.

EPILOGUE

To acknowledge that your Pfizer mRNA mandates, enforced against the Cornell University students and staff, do indeed have support, we offer the following typical samples of such :



ATTACHMENT

12 July 2022

Ms. Martha E. Pollack
Office of the President
300 Day Hall
Cornell University
Ithaca, New York 14853

Subject 1: Your Criminal Affiliation–with, Accommodations–of, and Affinity–for Pfizer Corporation CEO Mr. Albert Bourla

Subject 2: Your Upcoming Departure from the Office of President of Cornell University

Reference 1: My Letter to Mr. Anthony Fauci of 21 July 2020

Reference 2: Martha Pollack Collaborations with Pfizer CEO Albert Bourla : New York Forward ReOpening Advisory Board and Ongoing

Attachment 1: American Domestic Bioterrorism Program

17 Pages, 14 June 2022 edition

American Domestic Bioterrorism Program.

Building the case to prosecute members of Congress, presidents, HHS secretaries and federal judges for treason under 18 USC 2381.

Memo

All letters mentioned or referenced in the 12 July 2022 letter, as well as archived, are available at the following directory:

http://pvsheridan.com/paulvsheridan-SARS-CoV-2-Letters-Directory/

Published April 28, 2022
Last updated June 14, 2022

American Domestic Bioterrorism Program.
Building the case to prosecute members of Congress, presidents, HHS secretaries and federal judges for treason under 18 USC 2381.

Research and organizing tool first posted April 28, 2022, subject to ongoing revision as new information comes to light. PDF last updated June 14, 2022.

OVERVIEW

I started looking closely at the legal architecture supporting the Covid national prison panopticon[1] on Jan. 30, 2022, after hearing Attorney Todd Callender's interview[2], which provided information about the American domestic legal framework; how it fit with the oddly-coordinated pandemic story told by governments worldwide; and how it relates to the World Health Organization International Health Regulations of 2005 at the center.

I wrote up the interview:

- Legal Walls - Short Version[3]
- Legal Walls of the Covid-19 Kill Box[4]; PDF[5]

Prior to that day, I'd spent a lot of time, with increasing confusion and alarm and despair, trying to figure out why the U.S. Constitutional legal system hadn't put a stop to the nonsense as its nonsensicality became obvious to so many people.

Why did it continue, with no end in sight, and not even a glimpse of a path to the end?

In the three months since then, as I've dug into Callender's analysis following the supporting paper trails, I've learned why, and how.

A whole lot of things that once were federal and state crimes and civil rights violations have been legalized by Congress through legislative, statutory revisions to the United States Code, signed by US Presidents, and implemented at the administrative, regulatory level by the Department of Health and Human Services through the Code of Federal Regulations.

I've reported on those findings in small bits and pieces, connecting the laws to court cases, executive orders, guidance documents for researchers, academic papers, intellectual property patents, regulatory amendments, psychological manipulation programs, geopolitical developments and other facts as they've floated across my field of view.

[1] https://www.ucl.ac.uk/bentham-project/who-was-jeremy-bentham/panopticon
[2] https://www.americaoutloud.com/compulsory-vaccination-and-forced-quarantine-camps-in-arizona/
[3] https://bailiwicknews.substack.com/p/legal-walls-short-version?s=w
[4] https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w
[5] https://bailiwicknewsarchives.files.wordpress.com/2022/05/2022.02.26-legal-walls-of-the-covid19-kill-box.pdf

I think the critical decay began around 1983, when the 'public health emergencies' section was added to the 1944 Public Health Service Act, although the 1944 PHSA itself represented an additional militarization of human medicine in the United States.

Most of the worst laws have been passed since 2000 — just before 9/11 and the US Department of Defense false flag anthrax attacks.

They are listed below, with links to the full text of each law, and a short summary of what I understand about how each one fits into the overall scheme.

The basic goal of the architects, which has been achieved, was to set up legal conditions in which all governing power in the United States could be automatically transferred from the citizens and the three Constitutional branches into the two hands of the Health and Human Services Secretary, effective at the moment the HHS Secretary himself declared a public health emergency, legally transforming free citizens into enslaved subjects.

That happened on Jan. 31, 2020, in effect as of Jan. 27, 2020[6] through the present day.

In other words: **Congress and US Presidents legalized and funded the overthrow of the U.S. Constitution, the U.S. government and the American people, through a massive domestic bioterrorism program relabeled as a public health program, conducted by the HHS Secretary on behalf of the World Health Organization and its financial backers.**

*

Timelines covering the five years immediately before the biowar declaration:

- Run-up to the American bioterrorist State's Jan. 31, 2020 declaration of war - Part 1[7] - Published May 25, 2022
- Run-up to the American bioterrorist State's Jan. 31, 2020 declaration of war - Part 2[8] - Published June 3, 2022

*

GLOBAL GOVERNANCE BACKDROP

- 1944 - Bretton Woods Agreement established World Bank and International Monetary Fund.
- 1945/10/24 - United Nations established, treaty ratified by US Congress.
- 1945/11/20 - Nuremberg trials began.
- 1946/07/22 - World Health Organization Constitution adopted and signed by 61 nations at International Health Conference in New York, to enter into force as of 04/07/1948. WHO Constitution amendments passed by World Health Assembly 02/03/1977 ; 01/20/1980 ; 07/11/1994 ; 09/15/2005.
- 1946/10/01 - Nuremberg trials concluded.
- 1947/10/30 - General Agreement on Tariffs and Trade (GATT) treaty signed. Went into effect 01/01/1948.
- 1948 - UN Universal Declaration of Human Rights, part of International Bill on Human Rights
- 1949/06/18 - George Orwell published *1984*.

[6] https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx
[7] https://bailiwicknews.substack.com/p/run-up-to-the-american-bioterrorist?s=w
[8] https://bailiwicknews.substack.com/p/run-up-to-the-american-bioterrorist-37f?s=w

- 1951/05/25 - World Health Organization World Health Assembly adopted first International Sanitary Regulations. Effective date: 10/01/1952. Revised and renamed International Health Regulations in 1969. Revised again 1973, 1981, 2005. Draft revisions under review 2022.
- 1952/09/14 - Pope Pius XII speech On the Moral Limits of Medical Research and Treatment[9], given to First International Congress on Histopathology of the Nervous System. "Insofar as the moral justification of the experiments rests on the mandate of public authority, and therefore on the subordination of the individual to the community, of the individual's welfare to the common welfare, it is based on an erroneous explanation of this principle. It must be noted that, in his personal being, man is not finally ordered to usefulness to society. On the contrary, the community exists for man."
- 1952/10/01 - WHO International Sanitary Regulations enter into force in WHO member states.
- 1961/01/17 President Dwight Eisenhower Farewell Address, warning of military-industrial-Congressional complex and the "danger that public policy could itself become the captive of a scientific-technological elite."
- 1969 - WHO International Sanitary Regulations, in effect since 10/01/1952, revised and renamed International Health Regulations. Revised again 1973, 1981, 2005. Draft revisions under review 2022.

*

AMERICAN IMPLEMENTATION: EXECUTIVE ORDERS SIGNED BY PRESIDENTS & HHS SECRETARIES

- 1933/04/05 - Executive Order 6102 signed by President Franklin D. Roosevelt, suspending gold standard under state of emergency (Great Depression). Ratified by Congress through House Joint Resolution 192.
- 1952/09/27 - Executive Order 10399 signed by President Harry Truman, establishing the US Surgeon General as the "health administrator" for the World Health Organization on American soil, under 1948 WHO Constitution and 1951 WHO International Sanitary Regulations. 17 Federal Register 8648[10].
- 1953/03/12 - Reorganization Plan No. 1 of 1953 transmitted to Congress by President Dwight Eisenhower, putting sovereignty relinquishment through WHO International Sanitary Regulations, as operated by Surgeon General through the Department of Health, Education and Welfare (later renamed Health and Human Services) into US Code at 42 USC 202. Published in Federal Register 04/11/1953, 18 Federal Register 2053[11].
- 1966/04/25 - Reorganization Plan No. 3 of 1966. US Surgeon General's authorities transferred to Secretary of Health, Education and Welfare department, effective 06/25/1966. 31 Federal Register 8855[12].
- 1983/12/22 - Executive Order 12452 signed by President Ronald Reagan. Specified communicable diseases subjecting citizens to forcible apprehension and detention, under Health and Human Services Secretary's quarantine authority through PHSA, 42 USC 264b[13], including "Cholera or suspected Cholera, Diphtheria, infectious Tuberculosis, Plague, suspected Smallpox, Yellow Fever, and suspected Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Congo-Crimean, and others not yet isolated or named)."
- 2003/04/04 - Executive Order 13295[14] signed by President George W. Bush. Added symptomatic SARS to list of quarantinable communicable diseases.

[9] https://www.papalencyclicals.net/pius12/p12psych.htm
[10] https://tile.loc.gov/storage-services/service/ll/fedreg/fr017/fr017191/fr017191.pdf
[11] https://archives.federalregister.gov/issue_slice/1953/4/11/2053-2054.pdf#page=1
[12] https://archives.federalregister.gov/issue_slice/1966/6/25/8851-8855.pdf#page=5
[13] https://www.law.cornell.edu/uscode/text/42/264
[14] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2003-executive-order-bush-.pdf

- 2005/04/01 - Executive Order 13375[15] signed by President George W. Bush. Added symptomatic influenza to list of quarantinable communicable diseases
- 2014/07/31 - Executive Order 13674[16] signed by President Barack Obama, adding asymptomatic, suspected SARS to list of quarantinable communicable diseases.
- 2020/01/27 - US Secretary of Health and Human Services Determination that a Public Health Emergency Exists[17]. Signed Jan. 31, 2020, effective Jan. 27, 2020.
- 2020/02/04 - US Secretary of Health and Human Services Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19[18]. 85 Federal Register 15198 (6 pages). Issued March 10, 2020, effective Feb. 4, 2020. Deployment of the domestic bioterrorism program against all American citizens under Covid-19 pretext.

*

1921-1982 STATUTES

- 1921/11/23 - Sheppard-Towner Maternity and Infancy Protection Act. Established status of American-born babies — human beings — as collateral for national debt owed to international bankers; program operated through birth certificates/security bonds filed with state registries of vital statistics. Expired 1929, replaced by 1935 Social Security Act.
- 1933/06/05 - House Joint Resolution 192. Congress declared bankruptcy of US government; ratified President Roosevelt's Executive Order 6102 suspending gold standard; pledged lives of American people (registered at birth through Social Security program) as collateral/debt slaves to international bankers, against national debt.
- 1935 Social Security Act - PL 74-271. 49 Stat. 620. Social Security Act is also the law governing Medicare and Medicaid, which are among the authorization and funding pathways through which 'breakthrough' devices and drugs, fast-track products, products eligible for accelerated approval and other FDA- classified products are developed, manufactured and used on humans. Amendments to SSA since 1983 and pending, have expanded/will further expand the novel drug and device/bioweapon classes eligible for fast-tracked federal research and deployment funding within the Medicare/Medicaid programs.
- 1938 Federal Food Drug and Cosmetic Act[19] - PL 75-717. 52 Stat. 1040. (21 pages.) 21 USC 9 et seq. Original law passed "to prohibit the movement in interstate commerce of adulterated and misbranded food, drugs, devices, and cosmetics, and for other purposes."
- 1944 Public Health Service Act[20] - PL 78-410. 58 Stat. 682. (39 pages.) 42 USC 201 et seq. Consolidated, centralized and militarized the American public health system that had developed within several agencies since the Revolution.
- 1946/06/11 - Administrative Procedures Act, 5 USC 551. [I haven't dug into this deeply yet, but my initial understanding is that this set up the framework for the administrative state to operate within a *de facto* executive branch dictatorship, through the "committed to agency discretion" override of both the legislative process and judicial review.]
- 1947 National Security Act - 61 Stat. 499. Set up precursors to Federal Emergency Management Agency (FEMA).
- 1948 US Information and Educational Exchange Act (Smith-Mundt). PL 80-402. 62 Stat. 6. Set up programs for US propaganda distribution in foreign countries; limited use of government propaganda on

[15] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2005-executive-order-bush.pdf
[16] https://bailiwicknewsarchives.files.wordpress.com/2022/02/2014-executive-order-obama.pdf
[17] https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx
[18] https://www.govinfo.gov/content/pkg/FR-2020-03-17/pdf/2020-05484.pdf
[19] https://govtrackus.s3.amazonaws.com/legislink/pdf/stat/52/STATUTE-52-Pg1040a.pdf
[20] https://uscode.house.gov/statviewer.htm?volume=58&page=682

American population. 'Modernized' to authorize domestic propaganda in 01/02/2013 National Defense Authorization Act.

- 1948/06/14 - World Health Organization Constitution accepted by US Congress resolution. PL 643, 22 USC 290[21], 64 Stat. 441.
- 1949/04/04 - US Senate ratified North Atlantic Treaty Organization (NATO) treaty. Treaty in effect as of 08/24/1949
- 1974 Disaster Relief Act. PL 93-288. Another statute creating precursors to FEMA.
- 1974 National Research Service Award Act. PL 93-348. 88 Stat. 342. Title II set up commission to study bioethics and protection of human subjects. Led to Belmont Report, published September 1978.
- 1979/10/17 - Health, Education and Welfare Department renamed Health and Human Services Department. PL 96-88, 93 Stat. 695. From that point to the present, the Secretary of Health and Human Services has exercised authorities under the WHO Constitution and WHO International Health Regulations, as transferred from Surgeon General to HEW Secretary in 1966.
- 1980 Comprehensive Environmental Response, Compensation and Liability Act. PL 96-510, 94 Stat. 2767. Superfund Act. Set up federal programs for cleanup of toxic chemical dumpsites.

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1983-2019 - STATUTES

- 1983 Public Health Service Act Amendment[22] - PL 98-49, 97 Stat. 245. (2 pages.) Amended Public Health Service Act (at 42 USC 247d) to add Section 319, 'Public Health Emergencies' granting new powers to Health and Human Services Secretary and establishing a $30 million slush fund called the Public Health Emergencies Fund. Summary posted April 20, 2022[23].
- 1986 Emergency Planning and Community Right to Know Act. PL 99-499. Part of Superfund Amendments and Reauthorization Act. Related to toxic chemicals and federal government authority.
- 1986 State Comprehensive Mental Health Services Plan Act[24] - PL 99-660 (73 pages). Title III - National Childhood Vaccine Injury Act. 100 Stat. 3755. Amended Public Health Service Act (42 USC 201 et seq) to add Title XXI, 42 USC 300aa et seq, including Subtitle 1, establishing and funding a National Vaccine Program, and Subtitle 2, granting vaccine manufactures legal immunity for injuries and deaths caused by their products, and establishing and funding a tax revenue/public debt-funded National Vaccine Injury Compensation Program.
- 1988 Health Omnibus Programs Extension Act[25] - PL 100-607. 102 Stat. 3048. (126 pages.) Established National Center for Biotechnology Information under Public Health Service Act; outlined and funded HIV-AIDS research under direction of NIH/NIAID/Fauci; increased funding for the Public Health Emergencies Fund to $45 million.
- 1988 Robert T. Stafford Disaster Relief and Emergency Act - PL 100-707. Amended 1974 Disaster Relief Act, FEMA law.
- 1992 Alcohol, Drug Abuse, Mental Health Administration (ADAMHA) Restructuring Act[26] - PL 102-321, 106 Stat. 323. (120 pages). Expanded drug abuse prevention and treatment programs; reorganized HHS subdivisions.
- 1992 Preventative Health Amendments[27] - PL 102-531. 106 Stat. 3504. (40 pages.) Changed name from Centers for Disease Control to Centers for Disease Control and Prevention.

[21] https://www.law.cornell.edu/uscode/text/22/290
[22] https://uscode.house.gov/statutes/pl/98/49.pdf
[23] https://bailiwicknews.substack.com/p/1983?s=w
[24] https://www.congress.gov/99/statute/STATUTE-100/STATUTE-100-Pg3743.pdf
[25] https://www.congress.gov/100/statute/STATUTE-102/STATUTE-102-Pg3048.pdf
[26] https://www.congress.gov/102/statute/STATUTE-106/STATUTE-106-Pg323.pdf
[27] https://www.congress.gov/102/statute/STATUTE-106/STATUTE-106-Pg3469.pdf

- 1993 National Institutes of Health Revitalization Act[28], PL 103-43. (98 pages)
- 1994 Violent Crime Control and Law Enforcement Act. Clinton Crime Bill. PL 103-322, 108 Stat. 1796. (356 pages). Expanded American prison state, by expanding predicates for incarcerating nonviolent civilians for long sentences, increasing funding for prison construction/operation, and law enforcement officers.
- 1997 National Defense Authorization Act for FY98[29] - PL 105-85, 111 Stat. 1915 (450 pages). Section 1078, "Restrictions on the use of human subjects for testing of chemical or biological agents," repealed and replaced a 1977 section of 50 USC Chapter 32, the Chemical and Biological Warfare Program. The 1977 provision (50 USC 1520) had added a requirement that DOD report to Congress about DOD human experimentation programs. In 1997, Congress replaced 1520 with 1520a, purportedly to prohibit DOD conducting experiments on soldiers without the individual soldiers informed consent. It was passed by Congress in response to public outrage over injuries and deaths caused by mandated anthrax injections of soldiers during and after the 1991 Gulf War. However, the authority for federal government experimentation on non-consenting human beings continued; Congress simply transferred the program to the Food Drug and Cosmetics Act, 21 USC 360bbb (see below, passed three days after the NDAA) under declared emergency situations (Emergency Use Authorizations/EUA).
- 1997 Food and Drug Administration Modernization Act[30] - PL 105-115, 11 Stat. 2296. (86 pages). Added new section to Federal Food Drug and Cosmetics Act (21 USC 9) to expand access to investigational drugs and devices during emergency situations (21 USC 360bbb). This was the beginning of the Emergency Use Authorization framework that culminated in the federal government's psychological, social and economic coercion program aimed at universal injection of all American citizens with products marketed as Covid-19 vaccines, operational from mid-2020 to the present.
- 1998 Omnibus Consolidated and Emergency Supplemental Appropriations for FY1999[31] - PL 105-277. (920 pages). 112 Stat. 2681-358: Established the National Pharmaceutical Stockpile, later renamed the Strategic National Stockpile. Appropriated $51,000,000, "to remain available until expended…for pharmaceutical and vaccine stockpiling activities at the Centers for Disease Control and Prevention." Moved forward, politically, by March 1998 Washington DC tabletop exercise[32] on smallpox epidemic.
- 2000 Public Health Improvement Act[33] - PL 106-505, 114 Stat. 2314. (38 pages). Title I, Public Health Threats and Emergencies Act, reworked and expanded Section 319 of Public Health Service Act, 42 USC 247d (the Public Health Emergencies section first added in 1983). Appropriated funding and established a working group on bioterrorism 'countermeasures' research and development.
- 2001 Authorization for Use of Military Force[34] - PL 107–40; 115 Stat. 224. Passed under the 1973 War Powers Act, 50 U.S. Code § 1541, and construed as putting the United States in a permanent state of war (Global War on Terror) with no limitations in time or geographically.
- 2001 Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act[35] - PL 107-56, 115 Stat. 272 (132 pages). Amended 18 USC 2331 - Definitions section of 18 USC 113B - Terrorism - to add "domestic terrorism," defined as activities that "(A) involve acts dangerous to human life that are a violation of the criminal laws of the United States or of any State; (B) appear to be intended—(i) to intimidate or coerce a civilian population; (ii) to influence the policy of a government by intimidation or coercion; or (iii) to affect the conduct of a government by mass destruction, assassination, or kidnapping; and (C) occur primarily within the territorial jurisdiction

[28] https://www.congress.gov/103/statute/STATUTE-107/STATUTE-107-Pg122.pdf
[29] https://www.congress.gov/105/plaws/publ85/PLAW-105publ85.pdf
[30] https://www.congress.gov/105/plaws/publ115/PLAW-105publ115.pdf
[31] https://www.congress.gov/105/plaws/publ277/PLAW-105publ277.pdf
[32] https://theguardian.newspapers.com/clip/32852979/war-games-show-up-germ-defences-the/
[33] https://uscode.house.gov/statutes/pl/106/505.pdf
[34] https://www.congress.gov/107/plaws/publ40/PLAW-107publ40.pdf
[35] https://www.congress.gov/107/plaws/publ56/PLAW-107publ56.pdfhttps:/www.congress.gov/107/plaws/publ56/PLAW-107publ56.pdf

of the United States." There is plenty of evidence to prosecute and convict Fauci, Baric, Gates, Daszak and others under this criminal statute[36]. However, this is also why the conspirators used the FBI to infiltrate the January 6, 2021 Washington DC election protests, to ensure breach of the Capitol and subsequent arrests and indefinite detentions of non-violent trespassers, to create predicates to steer and shape national panic about domestic terrorism exclusively defined as civilians challenging the legitimacy of government officials and acts[37], to steer public anger and distrust away from government agents killing, maiming and imprisoning civilians.

- 2002 Public Health Security and Bioterrorism Preparedness and Response Act[38] - PL 107-188, 116 Stat. 594 (105 pages). Major amendments to Public Health Service Act (42 USC 201) and Federal Food Drug and Cosmetics Act (21 USC 9). This law fully constructed and expanded funding for the federal government's domestic bioterrorism apparatus headquartered at the CDC, disguising it as a program to protect Americans from non-state actors. Sections included National Preparedness and Response Planning, Coordinating, and Reporting; Strategic National Stockpile; Development of Priority Countermeasures (i.e. fast-tracking approval of drugs and devices without standard safety testing, efficacy testing, and regulatory compliance); Improving State, Local, and Hospital Preparedness for and Response to Bioterrorism and Other Public Health Emergencies; Emergency Authorities (i.e. federal quarantine power); Controls on Dangerous Biological Agents and Toxins; Safety and Security of Food and Drug Supply; Drinking Water Security and Safety. Coincidentally also in 2002, HHS-NIH-funded (grant no. AI23946-08) University of North Carolina researcher and Fauci colleague Ralph Baric filed a US patent (7,279,372)[39] on methods to make bat coronaviruses more lethal to humans, noting that "the US government has certain rights to this invention." More on that[40].
- 2002 Homeland Security Act[41] - PL 107-296, 116 Stat. 2135. (187 pages.) Established Department of Homeland Security as a cabinet-level administrative arm of the executive branch. Expanded militarization of domestic surveillance and law enforcement. Title V: established a Directorate of Emergency Preparedness and Response within Department of Homeland Security, headed by an Undersecretary. Strengthened crosslinks between DHS and other federal agencies: Health and Human Services, Federal Emergency Management Agency (FEMA), Department of Defense, Department of Justice and Department of Agriculture, to build and operate a public-health-predicated martial law system.
- 2004 Project Bioshield Act[42] - PL 108-276, 118 Stat. 835. (30 pages.) Amendments to Public Health Service Act (42 USC 201) and Federal Food Drug and Cosmetics Act (21 USC 9). Amended and expanded 21 USC 360bbb (first adopted in PL 105-115 in 1997), relating to authorization for investigational drugs and devices to be used in emergencies (Emergency Use Authorization). Established program for 'qualified countermeasure' research, procurement, contracting, manufacture, use and liability exemptions. Expanded authority of NIAID Director (Fauci). Appropriated $640,000,000 for the Strategic National Stockpile for FY2002, $590,000,000 for smallpox vaccine development for FY2002, and $5,593,000,000 for "procurement of security countermeasures." Expanded HHS power to subject citizens to involuntary relocation and indefinite detention on communicable disease predicates. Expanded coordination among Secretary of Health and Human Services, Secretary of Defense and Secretary of Homeland Security.
- 2005 Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act[43] - PL 109-148. (154 pages). 119 Stat. 2818, Division C at last 14 pages: Public Readiness and Emergency Preparedness (PREP) Act. Amended Public Health Service Act

[36] https://covid19alternativeperspectives.files.wordpress.com/2021/11/the-criminal-conspiracy-of-coronavirus.pdf
[37] https://crsreports.congress.gov/product/pdf/R/R46829
[38] https://www.congress.gov/107/plaws/publ188/PLAW-107publ188.pdf
[39] https://patents.justia.com/patent/7279327
[40] https://www.ieyenews.com/the-fauci-covid-19-dossier-investigation-into-possible-illegal-patent-claims-resulting-in-millions-of-in-commercial-benefits/
[41] https://www.congress.gov/107/plaws/publ296/PLAW-107publ296.pdf
[42] https://www.congress.gov/108/plaws/publ276/PLAW-108publ276.pdf
[43] https://uscode.house.gov/statutes/pl/109/148.pdf

(42 USC 201). Established power of Secretary of Health and Human Services, during self-declared public health emergency under Section 319, to unilaterally issue declarations recommending "manufacture, testing, development, distribution, administration, or use of one or more covered countermeasures." 42 USC 247d-6d(b). Added more detail on liability shields for pandemic and epidemic products and security countermeasures. Set pre-suit hurdle requiring HHS to first bring claims against defendants, and bar private claims until after HHS claims resolved, if and only if defendant found liable. Set liability standard at willful misconduct, "establishing a standard…more stringent than negligence in any form or recklessness," requiring proof defendant 1) intentionally engaged in misconduct 2) proximate to victim's injury or death. Established just-following-orders defense for vaccinators and others in the chain of distribution. Established court-alternative, tax-and-debt-funded Covered Countermeasure Process Fund, similar to Vaccine Injury Compensation Fund established in 1986 for products on childhood vaccine schedule. Another provision of the DOD Supplemental Emergency Appropriation funded the Public Health and Social Service Emergency Fund (PHSSEF), a slush fund under the control of the Secretary of Health and Human Services, with $3.3 billion to start.

- 2006 Pandemic and All-Hazards Preparedness Act[44]. PL 109-417, 120 Stat. 2878. (51 pages). Fulfilled many of the requirements of the World Health Organization International Health Regulations of 2005[45], by further consolidating and centralizing power in federal Health and Human Services Secretary's hands. Created new HHS department, led by new Assistant Secretary for Preparedness and Response (counterpart to the DHS Director of Emergency Preparedness and Response position created in 2002). Established rules for coordination among HHS, Secretary of Defense, Secretary of Veterans Affairs, Secretary of Transportation and "any other relevant federal agency." Established national framework subordinating state, county, tribal and local public health and law enforcement systems to federal agencies. Expanded surveillance programs. Clarified definitions of qualified countermeasure, security countermeasure, and infectious disease for purposes of 2004 Project Bioshield Act. Established Biomedical Advanced Research and Development Authority (BARDA) division under HHS, "to facilitate a broad-based approach to emergency medical countermeasure-related activities," including $1,070,000,000 appropriation. Tools included HHS authority to limit competition among manufacturers of pandemic products as defined under 2004 Project Bioshield Act.
- 2007 John Warner Defense Authorization Act[46] - PL 109-364, 120 Stat. 2095. (439 pages). Section 1076 amended 1807 Insurrection Act, (10 USC 333, renumbered as 10 USC 253), providing exemptions to 1878 Posse Comitatus Act, to expand the authority of federal government to deploy US military on American soil against American citizens during "natural disaster, epidemic, or other serious public health emergency, terrorist attack or incident, or other condition in any State or possession of the United States." Repealed the following year.
- 2007 National Institute of Health Reform Act[47] - PL 109-482, 120 Stat. 3675. (29 pages). Reorganization, consolidation of power and funding.
- 2008 National Defense Authorization Act[48] - PL 110-181. (602 pages). 122 Stat. 325: Section 1068 repealed 2007 amendments to Insurrection Act which had expanded exemptions to 1878 Posse Comitatus Act limits on US Presidents' power to deploy the military domestically.
- 2011 Act to Amend Title 35, United States Code, to Provide for Patent Reform[49] - PL 112-29, 125 Stat. 340. Section 33 limited the authority of the US patent office under 35 USC 101, to prohibit issuing of patents "directed to or encompassing a human organism." Related to 1980 Chakrabarty and 2013 Myriad Supreme Court precedents authorizing patents on genetically-modified living organisms and modified genetic material.

[44] https://www.congress.gov/109/plaws/publ417/PLAW-109publ417.pdf
[45] https://www.who.int/publications/i/item/9789241580496
[46] https://www.congress.gov/109/plaws/publ364/PLAW-109publ364.pdf
[47] https://www.govinfo.gov/content/pkg/STATUTE-120/pdf/STATUTE-120-Pg3675.pdf#page=11
[48] https://www.congress.gov/110/plaws/publ181/PLAW-110publ181.pdf
[49] https://www.govinfo.gov/content/pkg/PLAW-112publ29/pdf/PLAW-112publ29.pdf

- 2012 National Defense Authorization Act[50] - PL 112-81, Section 1021. Codified authority for US President to order military arrest and indefinite detention of American civilians without charge or trial under 10 USC 801 et seq. (Uniform Code of Military Justice), to the extent the 2001 Authorization for Use of Military Force[51] (PL 107–40; 115 Stat. 224, passed under the 1973 War Powers Act, 50 U.S. Code § 1541) is construed as putting the United States in a permanent state of war (Global War on Terror).
- 2012 Food and Drug Administration Safety and Innovation Act[52] - PL 112-144, 126 Stat. 993. (140 pages). Amendments to Federal Food, Drug, and Cosmetic Act (21 USC 9) regarding user-fee programs for prescription drugs and medical devices, generic drugs and biosimilars, and for other purposes. *See* August 2014 FDA Decisions for Investigational Device Exemption: Clinical Investigations Guidance for Sponsors, Clinical Investigators, Institutional Review Boards, and FDA Staff[53]; January 2017 Emergency Use Authorization of Medical Products and Related Authorities Guidance for Industry and Other Stakeholders[54] and July 2021 Department of Justice Opinion: Whether Section 564 of the Food, Drug, and Cosmetic Act Prohibits Entities from Requiring the Use of a Vaccine Subject to an Emergency Use Authorization[55], for federal government's position on legal status and regulatory control differences between Emergency Use Authorization (EUA) products, Investigational New Drugs (IND) and Investigational Device Exemptions (IDE).
- 2013 National Defense Authorization Act (NDAA)[56] - PL 112-239, 126 Stat. 1957. (682 pages). [Added to list 5/16/22]. At Section 1078, "modernized" Smith-Mundt Act of 1948 to authorize domestic deployment of propaganda by the US government, on the American population.
- 2013 Pandemic and All-Hazards Preparedness Reauthorization Act[57] - PL 113-5, 127 Stat.161. (37 pages). Renewed and updated 2006 Pandemic and All-Hazards Preparedness Act, with amendments to Public Health Service Act (42 USC 201) and Federal Food Drug and Cosmetics Act (21 USC 9). Added sections 564A and 564B to the FDCA to further authorize emergency use of approved products in emergencies and products held for emergency use. Amended definitions of covered countermeasures and qualified pandemic and epidemic products in Section 319F-3 of PHSA (2005 PREP Act provisions). Extended definitions to include products or technologies intended to enhance the use or effect of a drug, biological product, or device used against the pandemic or epidemic or against adverse events from these products.
- 2015 Medicare Access and CHIP Reauthorization (MACRA) Act[58]. PL 114-10. (95 pages) Largest changes to health care system since 2010 Affordable Care Act (ObamaCare). Section 511 directed HHS to clarify how changes to human subjects protections under 1991 Common Rule would apply to Medicare and Medicaid "clinical data registries." Related to 'real world evidence' with no legal protections for human subjects, replacing traditional clinical trial procedures that did have legal protections for human subjects.
- 2016 National Defense Authorization Act[59]. PL 114-92, 129 Stat. 893. Section 815 added the 'prototype' contracting language to Title 10, Military Law (10 USC 2371b, later renumbered 10 USC 4021), authorizing Department of Defense to contract with pharmaceutical corporations to conduct otherwise illegal medical experiments on the American and global public without notice or consent. First two posts on this topic: 05/25/2022[60] and 05/26/2022[61].

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[50] https://www.congress.gov/112/plaws/publ81/PLAW-112publ81.pdf
[51] https://www.congress.gov/107/plaws/publ40/PLAW-107publ40.pdf
[52] https://www.congress.gov/112/plaws/publ144/PLAW-112publ144.pdf
[53] https://www.fda.gov/media/81792/download
[54] https://www.fda.gov/media/97321/download
[55] https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf
[56] https://www.congress.gov/112/plaws/publ239/PLAW-112publ239.pdf
[57] https://www.congress.gov/113/plaws/publ5/PLAW-113publ5.pdf
[58] https://www.congress.gov/114/plaws/publ10/PLAW-114publ10.pdf
[59] https://www.congress.gov/114/plaws/publ92/PLAW-114publ92.pdf
[60] https://bailiwicknews.substack.com/p/pfizers-motion-to-dismiss-the-brook?s=w
[61] https://bailiwicknews.substack.com/p/implications-of-10-usc-2371b-the?s=w

- 2016 21st Century Cures Act[62] (Cures Act 1.0) - PL 114-255, 130 Stat. 1033 (312 pages). Updated and expanded Public Health Service Act, 42 USC 201, "to accelerate the discovery, development, and delivery of 21st century cures." Provided (Section 3022, 130 Stat. 1097) for 'real world evidence' instead of clinical trials as grounds for FDA authorizing general use of experimental products, transforming Americans into human subjects and our communities into unmonitored, unregulated experimental test sites. Provided (Section 3023 and 3024, 130 Stat. 1098) broad authority for HHS Secretary to waive or alter human subject protections and informed consent requirements, by transferring each individual human subject's risk-benefit assessment authority to the HHS Secretary, who can preemptively decide, for all subjects collectively, without knowledge of individual health conditions or conscientious beliefs, and without the subjects' knowledge or consent, that risk is 'minimal.'
- 2017 National Defense Authorization Act[63] - PL114-328, 130 Stat. 2509. Established DOD Defense Security Cooperation Agency (DSCA) and Director of DSCA, with authority to coordinate and synchronize US military with foreign military forces, and conduct domestic military campaigns in violation of the 1878 Posse Comitatus Act. 10 USC 382. *See* 01/23/2017 Department of Homeland Security Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans[64] at p. 70, stating that 10 USC 382 "permits Department of Defense to provide support to the Department of Justice under certain circumstances in emergency situations involving Weapons of Mass Destruction, including biological weapons and materials."
- 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act[65] - PL 116-22, 133 Stat. 905 (61 pages). Amended Public Health Service Act (42 U.S.C. 201), further consolidating federal power in HHS Secretary's hands during public health emergencies, further merging public health and law enforcement systems, and further subordinating state, tribal, county and municipal governments and American civilians to direct federal control.

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2020 - Present - COVID PRETEXT
EXECUTIVE ORDERS, DECLARATIONS & STATUTES

- 2020/01/27 - US Secretary of Health and Human Services Determination that a Public Health Emergency Exists[66]. Signed Jan. 31, 2020, effective Jan. 27, 2020.
- 2020/02/04 - US Secretary of Health and Human Services Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19[67]. 85 Federal Register 15198 (6 pages). Issued March 10, 2020, effective Feb. 4, 2020. Deployment of the domestic bioterrorism program against all American citizens under Covid-19 pretext.
- 2020 Coronavirus Preparedness and Response Supplemental Appropriations Act[68] - PL 116-123, 134 Stat. 146 (12 pages). $8.3 billion to Health and Human Services, Centers for Disease Control and Prevention, National Institute of Health, National Institute of Allergy and Infectious Diseases, Food and Drug Administration, Small Business Administration, Department of State and US Agency for International Development, for research and development of vaccines, therapeutics and diagnostics and other Covid programs.

[62] https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf
[63] https://www.congress.gov/114/plaws/publ328/PLAW-114publ328.pdf
[64] https://www.fema.gov/sites/default/files/2020-07/fema_incident-annex_biological.pdf
[65] https://www.congress.gov/116/plaws/publ22/PLAW-116publ22.pdf
[66] https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx
[67] https://www.govinfo.gov/content/pkg/FR-2020-03-17/pdf/2020-05484.pdf
[68] https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf

- 2020 Families First Coronavirus Response Act[69] - PL 116-127, 134 Stat. 178. (43 pages). $3.5 billion for Covid mass testing, supplemental nutrition (Department of Agriculture), sick leave, family medical leave, and unemployment compensation (Department of Labor) programs.
- 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act[70] - PL 116-136, 134 Stat. 281. (335 pages) 15 USC 9001. $2.2 trillion in corporate and small business loans, household stupport and unemployment insurance, tax deferrals, aid to state and local governments, aid to universities and colleges, aid to K-12 schools, aid to hospitals and veterans programs, airline loans and grants, and $10 billion for "Operation Warp Speed."
- 2020 Paycheck Protection Program and Health Care Enhancement Act[71] - PL 116-139, 134 Stat. 620 (12 pages). $75,000,000,000 for Public Health and Social Services Emergency Fund (first funded in 2005), "to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally" plus $25,000,000,000 for research, development and deployment of Covid-19 tests.
- 2020 Consolidated Appropriations Act[72] - PL 116-260, 134 Stat. 1182 (5,593 pages). $2.3 trillion spending bill, including $900 billion for Covid programs.
- 2021 Orange Book Transparency Act[73] - PL 116-290, 134 Stat. 4889. (5 pages) Amendments to patent law under Federal Food Drug and Cosmetics Act, (21 USC 9)
- 2022 Consolidated Appropriations Act[74] - PL 117-103. Passed Congress March 15, 2022. $1,274,678,000 for the Public Health and Social Services Emergency Fund (first funded in 2005). $780,000,000 for new domestic bioweapons production, classified as 'security countermeasures' under the Public Health Service Act as amended by 2004 Project Bioshield Act, 42 USC 247d-6b(c)(1)(B)[75]; $845,000,000 to stock the Strategic National Stockpile, established 1998, controlled by the CDC within HHS 42 USC 247d-6b(a)[76]; $300,000,000 "to prepare for or respond to an influenza pandemic," including federally-funded construction or renovation of privately-owned pharmaceutical manufacturing facilities, if the Secretary of Health and Human Services finds such construction or renovation necessary; $1,000,000,000 to establish ARPA-H: Advanced Research Program Agency - Health, to conduct research and development of bioweapons misbranded as public health measures; $3,880,000,000 to US Agency for International Development (US-AID) for programs mislabeled as 'Global Health Programs,' including immunization programs, HIV/AIDS programs, The GAVI Alliance [population-control zealot Bill Gates' Global Alliance for Vaccines and Immunization] and a multilateral vaccine development partnership, for, among other projects, "experimental contraceptive drugs, devices and medical procedures."

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PENDING FEDERAL LEGISLATION AS OF SPRING 2022

- 2022 Covid Supplemental Appropriations Act[77] - Pending, HR7007. Authorizes $10.6 billion for Covid bioweapon development and deployment, including "up to $9,850,000,000 to Biomedical Advanced Research and Development Authority [BARDA, established 2006] for advanced research and development, manufacturing, production, and purchase, at the discretion of the Secretary of Health and Human Services, of vaccines, therapeutics, diagnostics, and supplies."

[69] https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf
[70] https://www.congress.gov/116/plaws/publ136/PLAW-116publ136.pdf
[71] https://www.congress.gov/116/plaws/publ139/PLAW-116publ139.pdf
[72] https://www.congress.gov/116/plaws/publ260/PLAW-116publ260.pdf
[73] https://www.congress.gov/116/plaws/publ290/PLAW-116publ290.pdf
[74] https://www.congress.gov/117/bills/hr2471/BILLS-117hr2471enr.pdf
[75] https://www.law.cornell.edu/uscode/text/42/247d-6b
[76] https://www.law.cornell.edu/uscode/text/42/247d-6b
[77] https://www.congress.gov/bill/117th-congress/house-bill/7007

- 2022 Research Investment to Spark the Economy (RISE) Act[78] - Pending, S.289. Senate counterpart to Cures 2.0 Act/HR6000, Title V, Section 502. Authorizes billions in funding for the Departments of Agriculture, Commerce, Defense, Education, Energy, the Interior, Health and Human Services, and Transportation, National Aeronautics and Space Administration (NASA), National Science Foundation, and Environmental Protection Agency to provide support for research regarding COVID-19 (i.e., coronavirus disease 2019) or research disrupted by the COVID-19 pandemic. Support may be used to provide supplemental funding to extend the duration of a grant…that was awarded prior to enactment, or to expand the purposes of such a grant; issue awards to research the effects of the current pandemic and potential future pandemics; and provide flexibility on awards to account for facility closures or other limitations during the COVID-19 public health emergency.
- 2022 PASTEUR Act[79] - Pending, HR 3932. (41 pages). Pioneering Anti-microbial Subscriptions To End Upsurging Resistance Act. Would create subscription-based procurement contracts between the US government and pharmaceutical corporations for ongoing, open-ended development, purchase and deployment of drugs alleged to treat antibiotic-resistant infections. Program to be developed by committee comprised of National Institute of Allergy and Infectious Diseases, Centers for Disease Control and Prevention, Biomedical Advanced Research and Development Authority, Food and Drug Administration, Centers for Medicare & Medicaid Services, Veterans Health Administration, and Department of Defense.
- 2022 Cures 2.0 Act[80] - Pending, HR6000. (173 pages.) Would legally establish Covid-infection injury and Covid-19 bioweapon injection injury as "long Covid," (erasing injection-caused injury as a separate diagnostic classification) and appropriate research and treatment funding; would establish genomic testing program for children and teens (corroborating evidence that government developed the bioweapons to cause listed harms and anticipates observing those effects in the population); would establish pharmacogenetic consulting and other programs. Title V, Section 502 is House counterpart to S.289, RISE Act (see above), to authorize billions in funding for the Departments of Agriculture, Commerce, Defense, Education, Energy, the Interior, Health and Human Services, and Transportation, National Aeronautics and Space Administration (NASA), National Science Foundation, and Environmental Protection Agency to provide support for research regarding COVID-19 (i.e., coronavirus disease 2019) or research disrupted by the COVID-19 pandemic.

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2006-2022 REGULATIONS, RULES, GUIDANCE DOCUMENTS & REPORTS

- 2006/11/28 - HHS FDA Guidance: Gene Therapy Clinical Trials - Observing Subjects for Delayed Adverse Effects[81] (25 pages)
- 2011/01 - HHS FDA Guidance for Industry: Potency Tests for Cellular and Gene Therapy Products[82] (19 pages)
- 2014/08/19 - HHS FDA Guidance: Decisions for Investigational Device Exemption Clinical Investigations[83] (19 pages)
- 2015/08 - HHS FDA Guidance: Design and Analysis of Shedding Studies for Virus or Bacteria-Based Gene Therapy and Oncolytic Products[84]. (19 pages)

[78] https://www.congress.gov/bill/117th-congress/senate-bill/289/text
[79] https://www.congress.gov/117/bills/hr3932/BILLS-117hr3932ih.pdf
[80] https://www.congress.gov/117/bills/hr6000/BILLS-117hr6000ih.pdf
[81] https://ngvbcc.org/pdf/gtclin.pdf
[82] https://www.fda.gov/media/79856/download
[83] https://www.fda.gov/media/81792/download
[84] https://www.fda.gov/media/89036/download

- 2016/09/21 - HHS Final Rule - HHS Clinical Trials Registration and Results[85]. 81 FR 64981 (177 pages)
- 2017/01/13 - HHS FDA Guidance: Emergency Use Authorization of Medical Products and Related Authorities[86]. (49 pages)
- 2017/01/19 - HHS Final Rule - Federal Policy for the Protection of Human Subjects[87]. 82 FR 7149. (126 pages) Joint rule by 16 federal agencies, subsequently adopted by other agencies. Revised 1991 Common Rule[88], which had been developed based on 1947 Nuremberg Code[89] and 1978 Belmont Report[90].
- 2017/01/19 HHS Final Rule - Control of Communicable Diseases Final Rule[91]. 82 FR 6890. (89 pages)
- 2017/07/25 - HHS FDA Guidance: IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects[92]. (8 pages)
- 2017/08 - HHS FDA Guidance: Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices[93]. (17 pages)
- 2018/06/19 - HHS Final Rule - Federal Policy for the Protection of Human Subjects: Six Month Delay of the General Compliance Date of Revisions While Allowing the Use of Three Burden-Reducing Provisions During the Delay Period[94]. 83 FR 28497 (24 pages)
- 2019/05/22 - Congressional Research Service Opinion: An Overview of State and Federal Authority to Impose Vaccination Requirements[95] (Version 2, 4 pages)
- 2021/04/02 - Congressional Research Service Opinion: State and Federal Authority to Mandate COVID-19 Vaccination[96] (Version 1, 14 pages)
- 2021/07/06 - DOJ Opinion: Whether Section 564 of the Food, Drug, and Cosmetic Act Prohibits Entities from Requiring the Use of a Vaccine Subject to an Emergency Use Authorization[97] (18 pages)
- 2021/09 - HHS FDA Guidance: Real-World Data - Assessing Electronic Health Records and Medical Claims Data to Support Regulatory Decision-Making for Drug and Biological Products[98] (39 pages)
- 2021/11 - HHS FDA Guidance: Real-World Data - Assessing Registries to Support Regulatory Decision-Making for Drug and Biological Products[99] (17 pages)
- 2021/11/17 - HHS Interim Final Rule - Possession, Use, and Transfer of Select Agents and Toxins—Addition of SARS–CoV/SARS–CoV–2 Chimeric Viruses Resulting From Any Deliberate Manipulation of SARS–CoV–2 To Incorporate Nucleic Acids Coding for SARS–CoV Virulence Factors to the HHS List of Select Agents and Toxins[100]. 86 FR 64075 (7 pages) [that] "have the potential to pose a severe threat to public health and safety." 42 CFR 73.3. US-HHS definition change may be an attempt to forestall accountability efforts by preemptively reclassifying bioweapons as legally identical to pandemics, to block international law claims brought under the theory that SARS-CoV-2 is a bioweapon, and not a pandemic. If classified as a bioweapon, the Public Health Emergency of International Concern (PHEIC) legal framework would be nullified, instead bringing to bear international laws prohibiting chemical and biological weapons.

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[85] https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22129.pdf
[86] https://www.fda.gov/media/97321/download
[87] https://www.govinfo.gov/content/pkg/FR-2017-01-19/pdf/2017-01058.pdf
[88] https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html
[89] http://www.cirp.org/library/ethics/nuremberg/
[90] https://www.videocast.nih.gov/pdf/ohrp_belmont_report.pdf
[91] https://www.govinfo.gov/content/pkg/FR-2017-01-19/pdf/2017-00615.pdf
[92] https://www.fda.gov/files/about fda/published/IRB-Waiver-or-Alteration-of-Informed-Consent-for-Clinical-Investigations-Involving-No-More-Than-Minimal-Risk-to-Human-Subjects---Printer-Friendly.pdf
[93] https://www.fda.gov/media/99447/download
[94] https://www.govinfo.gov/content/pkg/FR-2018-06-19/pdf/2018-13187.pdf
[95] https://crsreports.congress.gov/product/pdf/LSB/LSB10300/2
[96] https://crsreports.congress.gov/product/pdf/R/R46745/3
[97] https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf
[98] https://www.fda.gov/media/152503/download
[99] https://www.fda.gov/media/154449/download
[100] https://www.govinfo.gov/content/pkg/FR-2021-11-17/pdf/2021-25204.pdf

- 2021/12/02 - HHS Final Rule - National Vaccine Injury Compensation Program: Adding the Category of Vaccines Recommended for Pregnant Women to the Vaccine Injury Table[101] - Added vaccines recommended for pregnant women to the list of vaccines subject to the 1986 VICP compensation scheme, so as add another hurdle to civil suits against Covid-19 injection manufacturers, even though the products had not yet been added to the childhood vaccine schedule that otherwise governs access to VICP scheme. Because CDC does recommend them for pregnant women.
- 2022/02/07 - Congressional Research Service Opinion: State and Federal Authority to Mandate COVID-19 Vaccination[102]. (46 pages)
- 2022/05/17 - Congressional Research Service Opinion: State and Federal Authority to Mandate COVID-19 Vaccination[103]. (Version 9, 47 pages)
- 2022/05/17 - Congressional Research Service Opinion: Status of Federal COVID-19 Vaccination Mandate Litigation[104]. (Version 7, 5 pages)

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JUDICIAL PRECEDENTS

Timeline (1819-2022)[105] of Supreme Court cases, related state cases and treatises on issues of individual liberty, bodily integrity, personal sovereignty and related moral issues.

Key legal markers eroding personal sovereignty principles have been laid by SCOTUS during Covid

- May 2020 - South Bay United Pentecostal Church v. Newsom, 590 US __, (2020)[106]. SCOTUS denied role for federal judiciary in Constitutional review of executive and legislative acts taken during declared public health emergencies.
- January 2022 - Missouri v. Biden (21 A 240), Louisiana v. Biden (21 A. 241), 595 US __, (2022)[107]. SCOTUS asserted federal funding for hospitals and nursing homes voids Constitutional protection for employees individual bodily integrity and informed consent to medical treatment.
- February 2022 - Dobbs v. Jackson Women's Health[108], leaked draft opinion by Justice Samuel Alito. SCOTUS poised to explicitly deny the principle of Constitutionally-protected inalienable individual rights to personal privacy, conscience, bodily integrity, or liberty, against State exercise of authority.

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[101] https://www.govinfo.gov/content/pkg/FR-2021-12-02/pdf/2021-26197.pdf
[102] https://crsreports.congress.gov/product/pdf/R/R46745
[103] https://crsreports.congress.gov/product/pdf/R/R46745
[104] https://crsreports.congress.gov/product/pdf/LSB/LSB10681/7
[105] https://bailiwicknews.substack.com/p/where-does-the-current-supreme-court?s=w
[106] https://www.supremecourt.gov/opinions/19pdf/19a1044_pok0.pdf
[107] https://supreme.justia.com/cases/federal/us/595/21a240/case.pdf
[108] https://s3.documentcloud.org/documents/21835435/scotus-initial-draft.pdf

COVID-19 Injectable Bioweapons as Case Study in Legalized, Government-operated Domestic Bioterrorism.

Or: Why there won't be any civil suits, or compensatory damages for injured victims or survivors of dead victims.

Since first realizing the implications of the many Congressional statutes and Health and Human Services regulations adopted to create and operate the bioterrorism program, mostly between 1997 and the present, I've been intermittently finding the specific citations for each statement while researching related issues.

Some statements are simply logical deductions from the first premise, corroborated by the observable actions and inactions of Food and Drug Administration officials as the observable injuries and deaths mount up in the American people.

Others are specifically written into the laws, but I don't yet have the citations because I've prioritized my research time investigating other issues related to the bioterrorism program.

I'm posting the information as I understand it today [, despite those limitations, in case it's useful for readers who also follow FDA Vaccine and Related Biological Products Advisory Committee (VRBPAC) reporting by Toby Rogers[109], Igor Chudov[110], Steve Kirsch[111], Jessica Rose[112], and others.
They continue to rightly raise public awareness and alarm about FDA's ongoing failure to protect the public from the Emergency Use Authorized (EUA) products.

But they don't address the main reason **why** FDA is acting as it is.

FDA is not pulling the EUA products from the market or stopping the 'vaccination' campaign because Health and Human Services Secretary Xavier Becerra and FDA Commissioner Robert Califf are running the US government's bioterrorism program jointly with Defense Secretary Lloyd Austin, Department of Justice Attorney General Merrick Garland, Department of Homeland Security Secretary Alejandro Majorkas, Pfizer CEO Albert Bourla, Moderna CEO Stephane Bancel, and World Health Organization Director-General Tedros Adhanom Ghebreyesus.

Main Premise

Use of EUA-covered medical countermeasure (MCM) products including masks, PCR tests, mRNA and DNA injections, and other drugs, devices and biologics, once designated as such by the Secretary of Health and Human Services (March 10, 2020, retroactive to February 4, 2020[113]) "**shall not be considered to constitute a clinical investigation."** 21 USC 360bbb-3(k) as adopted 1997 and amended 2004, 2005, 2013.

This is true no matter how untested, unmonitored, unsafe, or ineffective they are, no matter whether their harmfulness to human health and uselessness for infection-control are known before use, or discovered afterward.

[109] https://tobyrogers.substack.com/p/no-evidence-of-effectiveness-against?s=r
[110] https://igorchudov.substack.com/p/try-not-to-laugh-at-modernas-omicron?s=r
[111] https://stevekirsch.substack.com/
[112] https://jessicar.substack.com/
[113] https://www.govinfo.gov/content/pkg/FR-2020-03-17/pdf/2020-05484.pdf

Legal implications derived from the main premise:

1. **There is no stopping condition.**
2. EUA products are exempt from laws regulating researcher use of investigational, experimental drugs, devices and biologics on human beings.
3. EUA products are exempt from laws regulating physician use of approved drugs, devices and biologics as medical treatments for patients.
4. There are no manufacturers of experimental products (EUA products are not part of any clinical investigation, and therefore not experimental.)
5. There are no government or private contracts for purchase of experimental products; there are only contracts for 'large scale vaccine manufacturing demonstrations.'[114]
6. There is no act of administration of any experimental products.
7. There are no nurses or pharmacists administering experimental products.
8. There are no human subjects (of experiments) or patients (of physicians providing treatment) receiving experimental products: no victims.
9. There is no party responsible for the wellbeing of recipients after administration of EUA products.
10. There is no treatment group and no control group.
11. Human beings administering EUA products have no **informed consent** obligations to provide information about ingredients, risks, benefits, alternatives, or the option to accept or refuse the products. *See* 21 USC 360bbb-3(e)(1)(A)(ii)) waiving informed consent for unapproved products (2004); 21 USC 360bbb-3(e)(2)(A) waiving informed consent for unapproved use of an approved product (2004); 21 USC 355(i)(4) waiving informed consent for experimental products classified by HHS as 'minimal risk' drugs (2016); 21 USC 360j(g)(3) waiving informed consent for experimental 'minimal risk' devices (2016).
12. Human beings receiving EUA products have no **informed consent** rights to receive information about ingredients, risks, benefits, alternatives, or the option to accept or refuse the products. *See* citations, bullet point above.
13. There are no Institutional Review Boards supervising administration of the experimental products.
14. There are no safety standards for EUA products.
15. There are no efficacy standard for EUA products. *See* 21 USC 360bbb-3(c)(2)(A), 1997, 2004, re: 'may be effective'
16. There are no clinical investigators studying the effects of EUA products on human subjects.
17. There are no doctors, nurses, or other treatment providers providing experimental treatment to their patients subject to the Hippocratic Oath ("first do no harm") using EUA products.
18. There is no coordinated, public, federal government monitoring of recipients after receiving the products for adverse effects and deaths.
19. There is no coordinated, public, federal government data collection or analysis.
20. There is no legal requirement for medical supervision during product administration.
21. There is no legal requirement for recipient monitoring after product administration.
22. 'Real world evidence' — mass administration of products to general public, followed by collection of private/proprietary information about the effects, from health insurance systems, government databases (Medicare[115], Medicaid, Defense Medical Epidemiology Database, Veterans Health Administration) and other private databases — is authorized for the purposes of FDA regulatory decisions. *See* 21 USC 355g. 2016.
23. There is no requirement for individual prescriptions to be written prior to dispensing EUA products, and products dispensed without prescriptions "shall not be deemed adulterated or misbranded." *See* 21 USC 360bbb-3a(d). 2013.

[114] https://bailiwicknews.substack.com/p/implications-of-10-usc-2371b-the?s=w
[115] https://www.naturalnews.com/files/Salus_Humetrix_VE_study_2021_09_28.pdf

24. Manufacturers, as contractors, are considered HHS employees for purposes of legal immunity under Federal Tort Claims Act. *See* 42 USC 247d-6a(d)(2)(A).
25. DOD is authorized to contract with pharmaceutical corporations to conduct 'prototype' experiments on the general public, and under such contracts, is exempt from legal obligation to comply with Good Clinical Practices or other FDA regulations. *See* 10 USC 2371b (2015), renumbered 10 USC 4022 (Jan. 1, 2021, effective Jan. 1, 2022)
26. One of the factors to be considered by HHS secretary in making determinations about EUA products (qualified security countermeasures) and use of Special Reserve Fund/Strategic National Stockpile appropriations to procure them is "whether there is a lack of a significant commercial market for the product at the time of procurement, other than as a security countermeasure." *See* 42 USC 247d-6b (c)(5)(B)(iii)
27. There are no required standards for quality-control in manufacturing; no inspections of manufacturing procedures; no prohibition on wide variability among lots; no prohibition on adulteration; and no required compliance with Current Good Manufacturing Practices. EUA products, even though unregulated and non-standardized, "shall not be deemed adulterated or misbranded." *See* 21 USC 360bbb-3a(c). 2013.
28. There are no labeling requirements regarding the contents or ingredients in EUA products. 21 USC 360bbb-3(e)(2)(B)(ii). 2004.
29. There is no limitation of administration of EUA products past their expiration dates.
30. There cannot be clinical trial fraud, because there are no clinical investigations, no investigational drugs, no investigators and no human subjects.
31. There are no marketing standards.
32. There cannot be consumer fraud, because the only legal parties to the financial transactions are the US government (DOD) as buyer; the US government (HHS) as regulator authorizing exemptions from consumer protection laws that otherwise apply to medical products; and the pharmaceutical corporations as sellers, contracted to develop and manufacture the products. There are no commercial pharmaceutical products, no commercial marketplace, and no commercial market consumers.
33. There is no access to courts for judicial review of the facts or law relating to HHS Secretary declarations of EUA products, which are committed to agency discretion. *See* 42 USC 247d-6d(b)(7). 2005.
34. There is no access for plaintiffs, to civil courts for judicial review, and no entity to whom civil liability can attach, for injuries and deaths caused by declared covered countermeasures, unless and until FDA/HHS and/or Attorney General/DOJ file enforcement action against manufacturers and prove willful misconduct proximate to injury or death, but HHS and DOJ have operated the EUA product program together with the manufacturers since inception, and will not prosecute their co-conspirators. *See* 42 USC 247d-6d. 2005.
35. Even if there were access to courts for judicial review, and a fact-finder found evidence of harms caused by administration of products to recipients, and even evidence that those who caused the harms, by developing, manufacturing, distributing and/or administering the EUA products, knew the EUA products were toxic and knew their own actions were harmful, "just following orders" is an authorized, legal defense. *See* 42 USC 247d-6d(c)(4). 2005.

SUMMARY

There are no actions that can be legally classified as crimes or civil torts; there are no medical battery or homicide victims, or plaintiffs; and there are no medical batterers or murderers. Because legally, nothing has been done, and no one has done anything, to anyone else.

The recursive loop can be infinite, as covered countermeasures are developed, authorized and deployed, through HHS Secretary EUA declarations, as treatments for complications from prior countermeasures.

End of Document

12 July 2022

Ms. Martha E. Pollack
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Subject 1: Your Criminal Affiliation–with, Accommodations–of, and Affinity–for Pfizer Corporation CEO Mr. Albert Bourla

Subject 2: Your Upcoming Departure from the Office of President of Cornell University

Reference 1: My Letter to Mr. Anthony Fauci of 21 July 2020

Reference 2: Martha Pollack Collaborations with Pfizer CEO Albert Bourla : New York Forward ReOpening Advisory Board and Ongoing

Attachment 1: American Domestic Bioterrorism Program

17 Pages, 14 June 2022 edition

American Domestic Bioterrorism Program.

Building the case to prosecute members of Congress, presidents, HHS secretaries and federal judges for treason under 18 USC 2381.

Memo

All letters mentioned or referenced in the 12 July 2022 letter, as well as archived, are available at the following directory:

http://pvsheridan.com/paulvsheridan-SARS-CoV-2-Letters-Directory/