22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095 / pvs6@cornell.edu

18 April 2022 VIA FEDEX AIRBILL 7766 – 0841 – 3403

Ms. Susan K. Neely, CEO
American Council of Life Insurers (ACLI)
101 Constitution Avenue, NW - Suite 700
Washington, DC 20001-2133
202-624-2000

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"**

Preliminary Courtesy Copy List

Ambassador Philippe Etienne
Embassy of France in USA
4101 Reservoir Road, NW
Washington, DC 20007
202-944-6000
Shipper trackg 272309722508

Mr. Thomas Renz, Esq
Renz Law Firm, PC - Suite 162
1907 W. State Street
Fremont, OH 43420
419-351-4248
By Email

Mr. Peter Ticktin, Esq.
The Ticktin Law Group
270 SW Natura Avenue
Deerfield Beach, FL 33441
561-232-2222
Shipper trackg 776633241111

Senator Ron Johnson
United States Senate
328 Hart Senate Office Bldg.
Washington, DC 20510
202-224-5323
Shipper trackg 776633060122

Representative Jim Jordan
United States Congress
3121 West Elm Plaza
Lima, OH 45805
419-999-6455
Shipper trackg 776633128843

Senator Rand Paul *
United States Senate
167 Russell Senate Office Bldg.
Washington DC, 20510
202-224-4343
Shipper trackg 776647602291

Congressman James Comer *
United States Congress
2410 Rayburn HOB
Washington, DC 20515
202-225-3115
Shipper trackg 776647533585

Dr. Pierre D. Kory
FLCCC Alliance
6006 N Highlands Ave
Madison, WI 53705
513-486-4696
By Email

Dr. Vladimir Zelenko
Suite 770
745 State Route 17m
Monroe, NY 10950
845-782-0000
By Email

Mr. Ravi Batra, Esq.
Law Firm of Ravi Batra, PC
142 Lexington Avenue
New York, NY 10016
212-545-1993
By Email

Dr. Peterson Pierre *
Suite 207
77 E. Rolling Oaks Drive
Westlake Village, CA 91361
805-496-9190
Shipper trackg 776633366004

Mr. Tucker Carlson *
Fox News Washington
400 North Capitol St NW
Washington, DC 20001
202-824-6300
Shipper trackg 272309125794

Mr. Jesse Watters
Fox News Channel
1211 Avenue of the Americas
New York, NY 10036
212-302-3000
Shipper trackg 776609205016

Mr. Anthony S. Fauci *
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263
Shipper trackg 776647653270

Ms. Martha E. Pollack *
Office of the President
Cornell University - 300 Day Hall
Ithaca, NY 14853
607-255-5201
Shipper trackg 776647563728

*** Cover letter only**

Complete letter including SPODs : http://pvsheridan.com/sheridan2neely-1-18april2022.pdf

April 20, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 776608413403

Delivery Information:

Status:	Delivered	**Delivered To:**	Shipping/Receiving
Signed for by:	S.IGNATURE ON FILE	**Delivery Location:**	101 CONSTITUTION AVE NW
Service type:	FedEx 2Day		
Special Handling:	Deliver Weekday		WASHINGTON, DC, 20001
		Delivery date:	Apr 20, 2022 14:19

Shipping Information:

Tracking number:	776608413403	**Ship Date:**	Apr 18, 2022
		Weight:	4.0 LB/1.82 KG

Recipient:
Ms. Susan K. Neely, CEO, American Council of Life Insurers
Suite 700
101 Constitution Avenue, NW
WASHINGTON, DC, US, 20001

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference ACLI Reimbursement Ltr

Proof-of-delivery details appear below; however, no signature is available for this FedEx Express shipment because a signature was not required.

Thank you for choosing FedEx

22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095 / pvs6@cornell.edu

18 April 2022 VIA FEDEX AIRBILL 7766 – 0841 – 3403

Ms. Susan K. Neely, CEO
American Council of Life Insurers (ACLI)
101 Constitution Avenue, NW - Suite 700
Washington, DC 20001-2133
202-624-2000

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"**

Reference 1: Letter to Mr. Fauci (NIAID) / Ms. Pollack (Cornell) of 28 March 2022

Reference 2: *Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute (January 2022)

Reference 3: *Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales* – Physics of Fluids (March 2022)

Reference 4: *Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic* – AJPH (March 2021)

Reference 5: **January 2022 - Lower and Upper Court Rulings in France: Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause**

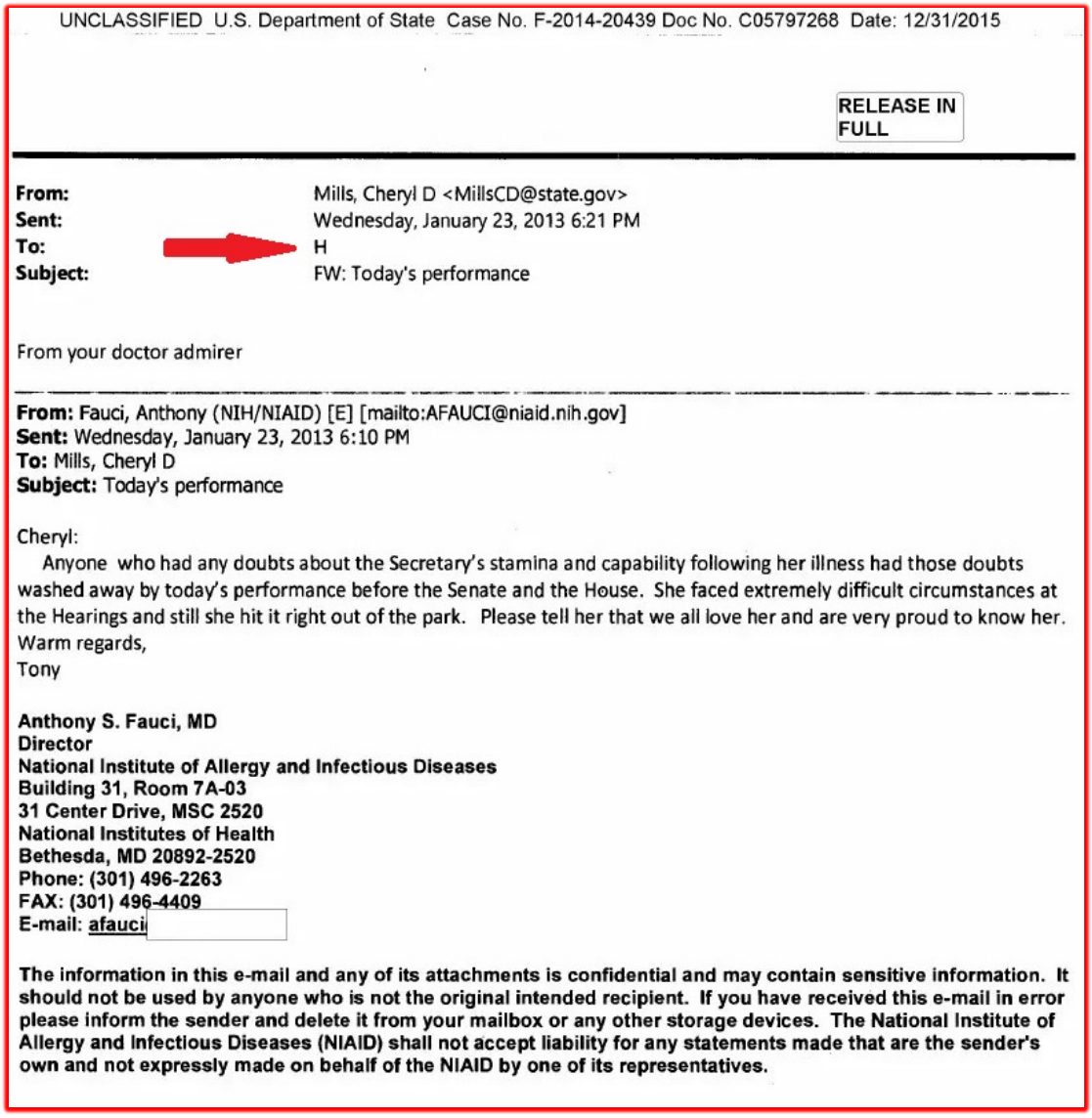
Dear Ms. Neely:

Thank you for your good service as President and Chief Executive Officer of the American Council of Life Insurers. I apologize for introducing my person in the context of the above, and "Willful Misconduct."

We will return to the above interview. The Subject and References require Preamble and Discussion.

Preamble – The COVID Love Affair with Presumed 2016 Election Winner: "Candidate H"

Leading up to the presidential election, Mr. Anthony Fauci had already established a history of sending emails regarding **"Candidate H."** Presuming his preferred candidate would win the November 2016 election, Fauci even shared his "love" emails with subordinates to Secretary of State Hillary Clinton: [1]



UNCLASSIFIED U.S. Department of State Case No. F-2014-20439 Doc No. C05797268 Date: 12/31/2015

RELEASE IN FULL

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

From your doctor admirer

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

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

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (301) 496-2263
FAX: (301) 496-4409
E-mail: afauci

The information in this e-mail and any of its attachments is confidential and may contain sensitive information. It should not be used by anyone who is not the original intended recipient. If you have received this e-mail in error please inform the sender and delete it from your mailbox or any other storage devices. The National Institute of Allergy and Infectious Diseases (NIAID) shall not accept liability for any statements made that are the sender's own and not expressly made on behalf of the NIAID by one of its representatives.

This is *not* a politically biased or trivial exercise. There are *many* facts that lead to substantive speculation of an earlier original scheduling of the COVID pandemic; 2017, versus delayed events which were then marketed as COVID-19. [2] The urgent status of their situation was immediately declared, just prior to the swearing-in of the unexpected winner, Mr. Donald J. Trump . . . **by Mr. Fauci himself:**

---

[1] This Fauci assessment of "H" is confirmatory of his abject stupidity. The 2013 hearings he referenced in the email above involved the murder of Americans in Benghazi Libya; wherein "Candidate H" testified as follows:

*"The fact is we had four dead Americans. Was it because of a protest or was it because of guys out for a walk one night who decided that they'd go kill some Americans? **What difference at this point does it make?!**"*

[2] For an introductory perspective on this COVID-17 issue, review Page 34-of-48 of Reference 1; interview by Fox News anchor Ms. Maria Bartiromo of Moderna CEO Mr. Stéphane Bancel. **Patented in 2016?!**

Preamble – "Surprise Outbreaks" and "Entities of Excitement"?

Disappointed with the 2016 election, on 10 January 2017, mere days prior to the swearing-in of President Trump, Mr. Fauci made his infamous, impatient, but highly informed "surprise outbreak" claim:

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

Two years later, with the 20*20* election now a key political component of their pandemic, at a closed-door meeting **of October 2019**, which also featured Mr. Fauci, his long-time Health and Human Services (HHS) comrade, Dr. Rick Bright, offered an equally informed, but now urgent prediction. Under a "flu vaccine" ruse, Bright performed *his* part in the "surprise outbreak" of an upcoming coronavirus pandemic from China:

> *" There might be a need, or even an urgent call for an **entity of excitement** out there, that's completely disruptive, that's not beholden to bureaucratic strings and processes…But it is not too crazy to think that an outbreak of a **novel** **avian virus could occur in China somewhere**."*

Are the implications of these quotes (and so much more) pure speculation? With FOIA releases ranging from the Fauci/Collins emails to the truth about the Pfizer clinical trials; to ongoing real-world CDC VAERS data; to legal discovery in numerous lawsuits filed against everyone from the FDA, the CDC, and even the airlines; to the **criminal investigation by Special Counsel John Durham into the Clinton Campaign**; the descriptor 'speculation' becomes increasingly *vacuous.*

Preamble – The "Novel Coronavirus" of December 2019, and the "Vaccine" of January 2020 ?

What happened to the Dr. Bright *"entity of excitement"* ?? An *"entity of excitement"* was indeed spawned on the streets of Wuhan, China . . . in December 2019. Two months earlier, **in October 2019**, prior to the marketing called "COVID-19," Mr. Fauci was proxy to Event 201; an event in New York City sponsored by Bill Gates, where we are directed to believe that its theme/purpose was hypothetical:

*"An outbreak of a **novel** zoonotic coronavirus transmitted from bats to pigs to people . . . development and deployment of government funded vaccines against SARS-causing viruses."*

Repeatedly we are stampeded with the term "novel" ? My first COVID letter to Fauci discussed, *"Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine"* (21 July 2020). On Page 8, I quoted Fauci from his pro-vaccine anti-treatments rant with Politico of **27 May 2020**:

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

I challenged his *"first developed a vaccine"* claim, in my 21 July 2020 letter, exactly as follows:

*" **January?!** Given how little was known about SARS-CoV-2, due to censorship (by the Wuhan Laboratory and those associated with it), it is astounding that you were already 'develop(ing) a vaccine.' "*

QUESTION: How is it they had already *"developed a vaccine"* in January 2020 for a "novel" anything? Before the World Health Organization or Trump announced a pandemic? Before global and national health emergencies had been declared? Before 'Operation Warp Speed' was spewed as our savior?

ANSWER: **Because the cabal of the NIH/FDA/CDC/Big Pharma/Big Academia/World Economic Forum all anticipated/enjoyed COVID plan participations.** (Novel? Please See Footnote 2 above.)

Preamble – The Deadly Farce Called "Operation Warp Speed"

Right on schedule . . . as planned . . . Pages 12 – 25 of Reference 1 contains a detailed discussion of, ***" '95% Effective' and the Fraudulent Emergency Use Authorization (EAU)."*** An excerpt from those pages quotes the Fauci infomercial at the White House Coronavirus Task Force of 19 November 2020:

" 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. "*

Mere weeks after that utterly fraudulent statement by "America's Doctor," the Food and Drug Administration (FDA) issued the following equally fraudulent press release regarding "Independent Experts" :

FDA NEWS RELEASE

FDA Takes Key Action in Fight Against COVID-19 By Issuing Emergency Use Authorization for First COVID-19 Vaccine

Action Follows Thorough Evaluation of Available Safety, Effectiveness, and Manufacturing Quality Information by FDA Career Scientists, Input from Independent Experts

For Immediate Release:

December 11, 2020

Page 25-of-48 of Reference 1 details **the criminal fraud** of the 11 December 2020 FDA EUA; the grotesque but hard-sold progenitor of President Trump's "Operation Warp Speed."

Preamble CONCLUSION

Page 26 of Reference 1 details an ongoing marketing issue . . . and the mission that resulted from private meetings between vaccine investor Mr. Bill Gates and Mr. Fauci. The issue? **"Vaccine Hesitancy."**

POWER PLAYERS

Bill Gates and Dr. Fauci talk regularly — here's what they're discussing now

Published Thu, Feb 11 2021•12:25 PM EST • Updated Thu, Feb 11 2021•12:26 PM EST

Cory Stieg
@CORYSTIEG

SHARE

Within weeks of the fraudulent FDA EUA, **in February 2021**, the "vaccine hesitancy" marketing problem became the focus of vested interests; for both governmental and Non-Governmental Organizations (NGO). To address it, they deployed a paper one month later, **March 2021**, to all hospital administrators:

Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic

Sandra Crouse Quinn, PhD, Amelia M. Jamison, MAA, MPH, Vicki Freimuth, PhD

I discuss this "communicating effectively" ploy in great detail on Pages 26 – 30 of Reference 1. [3]

SHARE

LIFE & ARTS | IDEAS | THE SATURDAY ESSAY

Bill Gates: The Best Investment I've Ever Made

Global health groups that buy and distribute medicines are a sure bet for saving lives, but their government funding is now in danger, and even the biggest philanthropies can't fill the gap

By Bill Gates
Jan. 16, 2019 7:01 pm ET

To the best of my knowledge, Mr. Gates has not invested in life insurance companies . . .

---

[3] Readers have responded with deep remorse to Page 30; the horrific effect these various COVID-19 schemes have had on real people. Please also see Attachment 7 of Reference 1 (attached).

Discussion – The Lockdown Protocols as 'Fraudulent Marketing'

The **Subject** (of this letter) involves three sequential death causations: (1) Death by the SARS-CoV-2 virus, (2) death caused by Lockdown Protocols, and (3) death caused by the COVID-19 "Vaccine." The Preamble introduced (1) and (3). But the schemes behind the 11 December 2020 FDA EUA were not the end of the **COVID-19 carnage**; those schemes were consistent with subsequent crimes and lawlessness.

Item (2), Death caused by lockdown protocols, was conscious and purposeful. At-left Ms. Martha Pollack of Cornell University; at-right Pfizer CEO Mr. Albert Bourla.

The "independent evaluation" claimed for COVID-19 policies is a lie, especially the Pfizer farce that led to the FDA EUA. [4] Pollack/Bourla were side-by-side on a New York Forward Advisory Board (NYFAB):

Cornell and Pfizer are examples of vested-interests in the COVID-19 charade. The advertised priority of NYFAB, *"the state's reopening strategy,"* is a fraud. **By definition, vesting obviates objective unbiased policies, but these greedy power-hungry COVID-19 behaviors are connectable to the Subject.**

---

[4] For an introduction to the fraudulent claim that the EUA was "independent," see Page 24-of-48 of Reference 1.

Discussion – The Lockdown Protocols as 'Fraudulent Marketing' CONTINUED

Page 22-of-48 of Reference 1 summarizes the issue of **Fraudulent Marketing**; a crime already litigated, which resulted in the largest fine in corporate history (against Pfizer Corporation); **$2,300,000,000.00 :**

Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE Wednesday, September 2, 2009

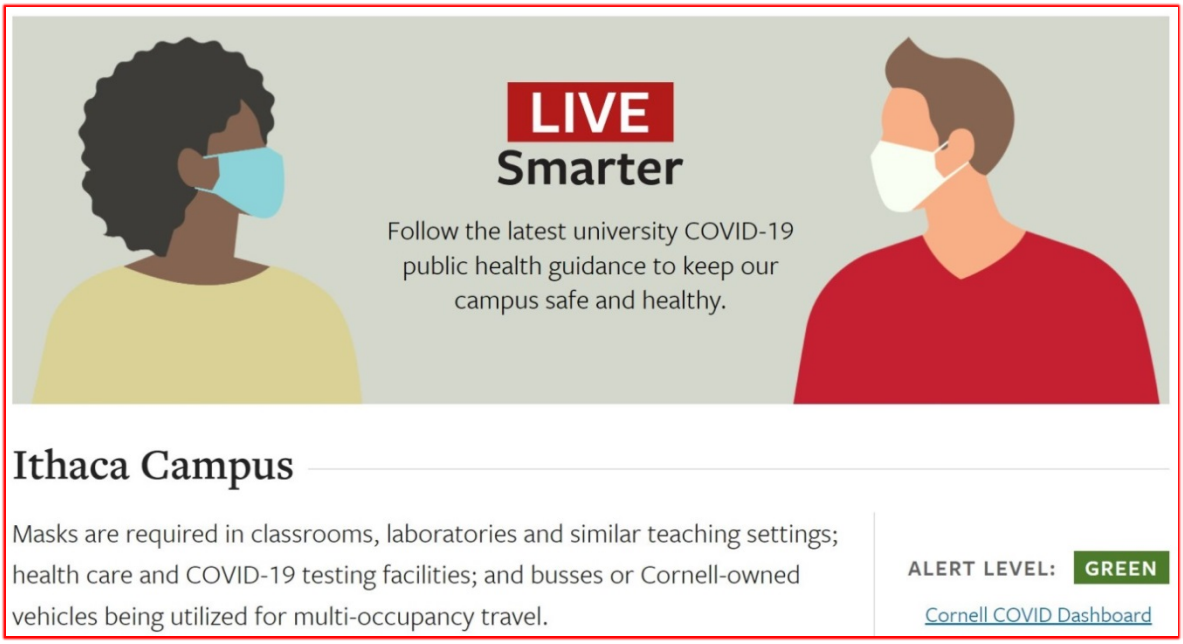
Justice Department Announces Largest Health Care Fraud Settlement in Its History

Pfizer to Pay $2.3 Billion for Fraudulent Marketing

On Page 4-of-48 of Reference 1 are listed the **grotesqueries** enforced by Ms. Pollack against the students and staff of Cornell University. The context of this listing goes beyond her participations on NYFAB:

- Broad Institutional Lockdowns/Shutdowns (Both Cornell and New York)
- "Social Distancing"
- Forced quarantining of COVID patients into close proximity in the nursing homes
- Mandatory Wearing of Face Masks regardless of health or alleged COVID infection status
- Mandatory, known to be fraudulent, rt-PCR-based "testing"
- Contact Tracing (based upon not merely inaccurate, but fraudulent rt-PCR "test" results)
- Mandatory "vaccination" with a known to be unsafe and experimental injection of mRNA

Regarding her 'ongoing COVID-19 charade,' the following is **still** demanded on-campus by Ms. Pollack:

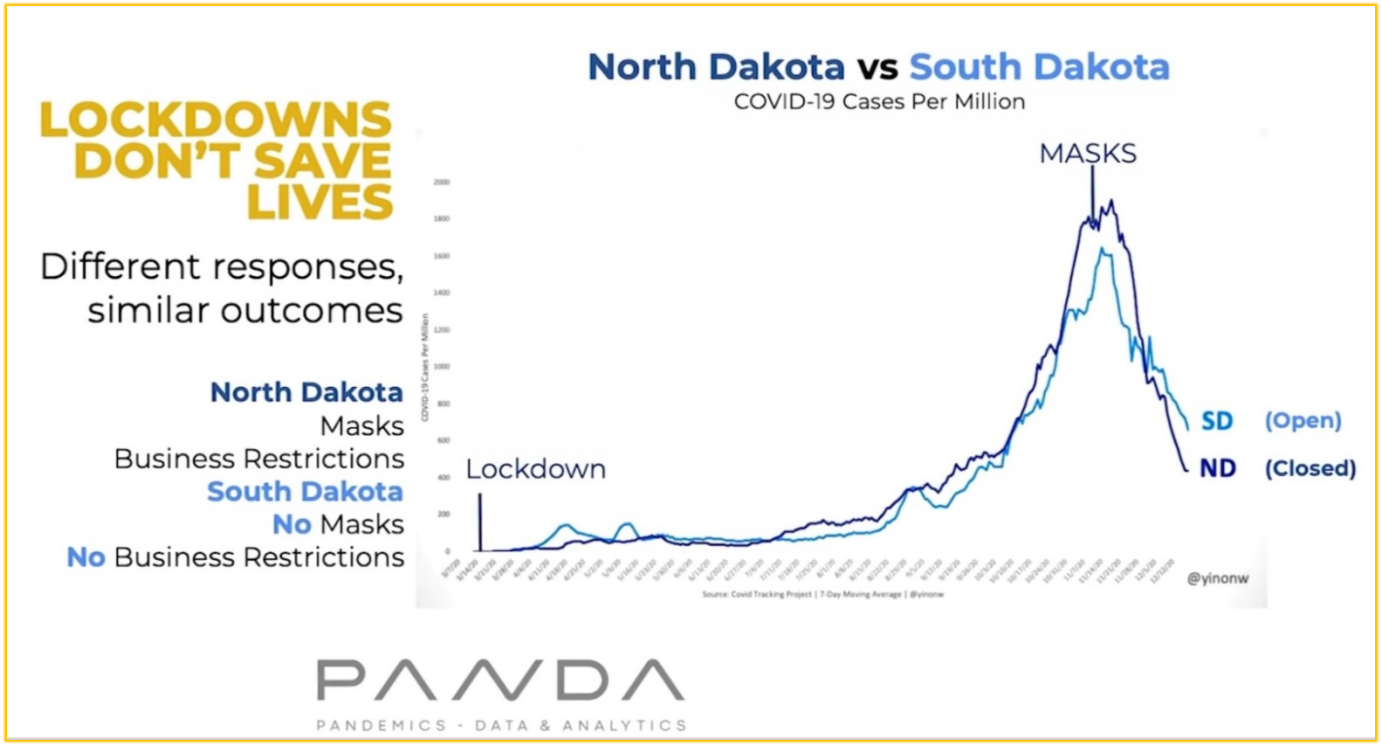


Discussion – The Lockdown Protocols as 'Fraudulent Marketing' CONTINUED

Although it appears that I am singling-out Cornell, there is a general reason. My alma mater was previously the stand-out, among the Ivy League in-particular, across a myriad of functional and reputational issues; ranging from the life and health sciences, to ethics and morals. Therefore, there was/is no viable excuse available to the current Cornell University administration for its behavior, on several fronts; but here we restrict our focus to their conspiratorial and criminal handling of COVID-19.

According to CDC Director Ms. Rochelle Walensky, through 28 March 2022 more than 559 million doses of COVID-19 needles had been injected into humans in the US alone. But, the first mRNA needle did not occur until 14 December 2020 . . . **Therefore, for data occurring prior to 14 December 2020, there is no possibility that reductions in so-called "confirmed cases" resulted from their "vaccine."**

Analysis of 2020 CDC data, which I have already shared with Cornell administrators, comes to mind:



On 13 March 2020 President Trump issued the 'National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak.' This scientifically baseless screed accommodated selected states, who concealed Fraudulent Marketing (i.e. lockdowns) behind the ruse of "health emergencies". [5]

"Lockdown" in the graph above indicates 14 March 2020 when North Dakota, like current Shanghai China, began crushing citizens; **the day immediately after the Trump emergency.** Pro-needle Governor Doug Burgum began enforcing the **grotesqueries** that Ms. Pollack inflicted upon Cornell: lockdowns, social distancing, fraudulent rt-PCR testing, quarantining "positive" patients, and face masks. **But similar to the Cornell campus, none of these measures had *any* positive results for North Dakota . . . NONE!** [6]

[5] For a hard-data review of the non-emergency, see CDC chart at-bottom of Page 4-of-48 of Reference 1.

[6] For a detailed discussion on this Pollack farce, see The College Fix article, Page 16-of-48 of Reference 1.

Discussion – The Lockdown Protocols as 'Fraudulent Marketing' CONTINUED

The pro-liberty Governor Kristi Noem of South Dakota did the exact opposite. To defend her state from the routine vested-interests' slandering, Governor Kristi wrote a Wall Street Journal op-ed on 7 December 2020 . . . Four days before 11 December 2020 when the fraudulent FDA EUA was issued for the Pfizer needle :


WSJ | OPINION

Home World U.S. Politics Economy Business Tech Markets Opinion Books & Arts Real Estate Life & Work WSJ. Magazine Sports

OPINION | COMMENTARY

South Dakota's Balanced Covid Response

They've called me 'reckless' and a 'denier,' but our numbers are much better than those of Illinois, New Jersey and New York.

QUESTION: Before the Pfizer needles were deployed against the nation and Cornell; what were the COVID results, North Dakota versus the border state of South Dakota? The former under Cornell-styled lockdowns, versus the latter under none! **What does the graph show?**

The label, *"COVID-19 Cases per Million,"* should read, *"rt-PCR Test Ruse for positive COVID."*

In August 2020 rt-PCR testing increased dramatically, exactly when the Dakota upticks begin. But then, beginning in November 2020, the "cases" returned to essentially zero. Again, this Dakota data was accumulated before the FDA EUA, 11 December 2020; and before the first needle, 14 December 2020.

For a preliminary answer to the question, please read **"FACT ONE"** on Page 8-of-48 in Reference 1.

Their claim; if you take the needle, you can remove the mask, **was a multi-faceted lie.**

The purpose of their lockdowns have NOTHING to do with health, and everything to do with enforcement and public complicity with needle mandates; **a globally scaled deployment of 'Fraudulent Marketing.'**

Reference 1 is attached in hard-copy, including its ten attachments.

Reference 2, *Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality*, by the Johns Hopkins Institute (January 2022) is Attachment 4 to Reference 1.

Reference 3, *Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales*, published by the science journal Physics of Fluids (March 2022) is Attachment 8 to Reference 1.

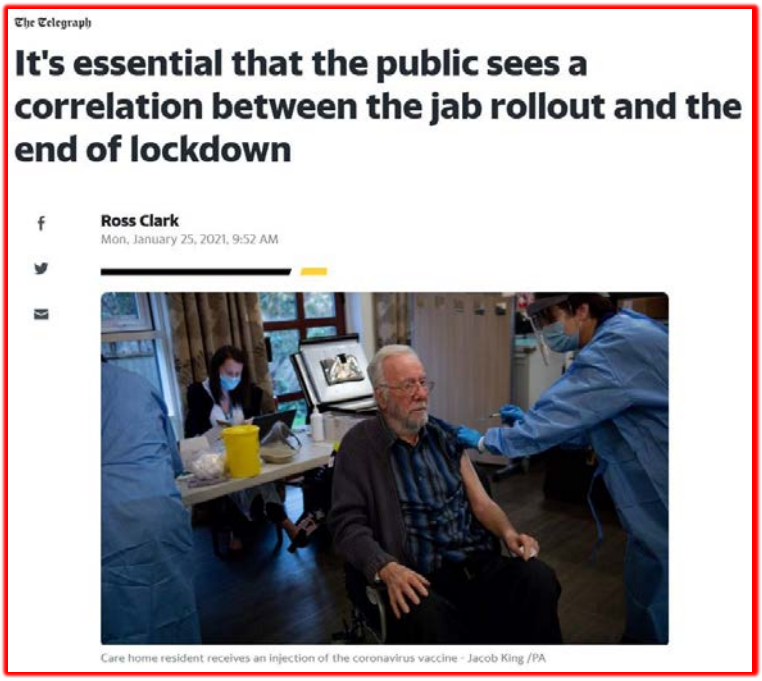
Reference 4, *Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic,* report by the American Journal of Public Health is enclosed in the Addendum (March 2021, please also review Page 4 above).

Reference 5, *Recent Lower and Upper Court Rulings in France: Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause"* is discussed on Pages 13 - 19 below.

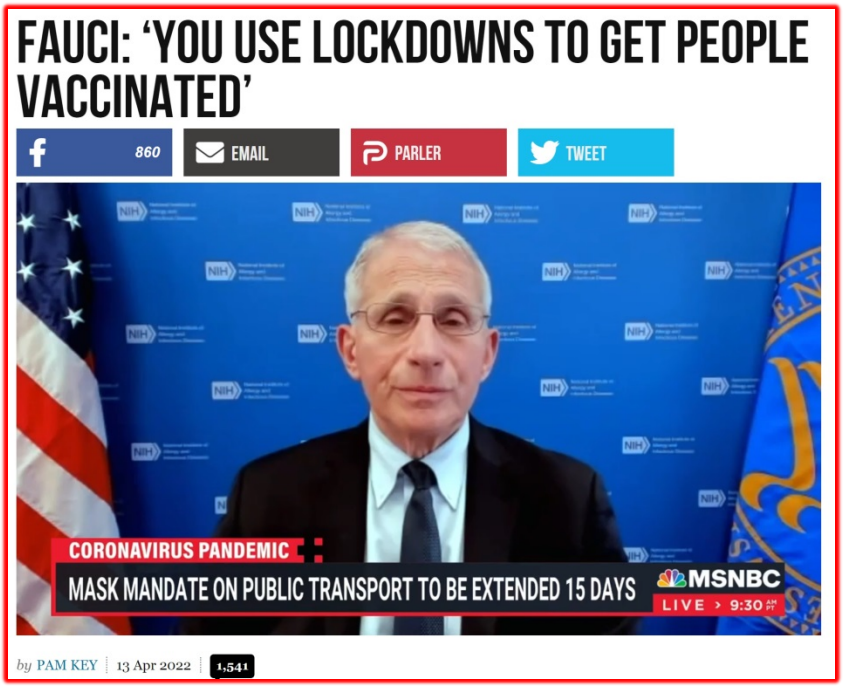
This and much more has already been shared with Fauci, Pollack, et al. With respect to the Subject, I encourage you and ACLI staff to review this material in-detail.

Discussion – The Lockdown Protocols as 'Fraudulent Marketing' CONCLUSION

The Ongoing Ruse: Submit to our high-profit dangerous mRNA needles, only then will lockdowns and mask coercions end; after which we graciously allow you and your family to live under our "New Normal."



The lockdown protocols as Fraudulent Marketing? Please re-read the NYFAB discussion on Page 7 above, prior to the following headline of 13 April 2022 where Mr. Fauci openly affirms it:



Prior to Subject review, further context is needed; a globalist context that interconnects and explains the actions taken by subordinated persons involved in the crimes and criminality of COVID-19.

COVID-17 / COVID-19 – The Context Rigorously Censored by 'Cancel Culture'

There are two violently different views on humanity's past and future. Briefly:

> In one view there exists a singular all-powerful creator, referred to as God, and that God ordained and has openly stated a preference for a world of nation states. The politically oriented call this "conservative." The non-politically motivated call this faith. Labels vary.
>
> In the other view, there is no such thing as God, and the nation-state order of the world must be replaced by a singular all-powerful New World Order; with its urgent justification the survival of humanity itself, and that this emergent view is unavoidable if humanity is to deal with and survive "existential threats."

The latter is codified and promoted by, among others, the World Economic Forum. WEF membership is highlighted by the following globalist hyenas: Mr. Yuval Noah Harari, and Mr. Klaus Schwab : [7]

In early 2018, venting his alarm over the 2016 U.S Presidential election, and especially its theme of "America First," in early 2018 Mr. Harari spewed the same-old worn-out Marxist/Leninist garbage:

> *" What I want to talk to you today (sic), is about the role of nationalism and nations in the world of the 21st century. Until a short time ago, it seemed that nationalism was waning, and that humankind is on a path to becoming a single global peaceful community. But now nationalism is making a comeback, and not just in some remote corners of the world but also in the hegemonic powers of Western Europe, of North America, of Russia, China and India. What does the revival of nationalism signify? Does nationalism offer real solutions to the unprecedented problems of the 21st century? Or is it a kind of escapist indulgence that might doom humankind and the entire ecosystem to disaster? "*

Fear pornography aside, the *"single peaceful community"* that Harari, Schwab and their brethren previously orchestrated, resulted in the most Godless, the most destructive, and the most murderous sewer in history, the Soviet Union. **Harari and Schwab need to be re-educated on the Holodomor?** In the 21st century, the Harari/Schwab model of *"real solutions"* is taking form in China, where an estimated 25 million innocent human souls are being starved in Shanghai, under the guise of "variants" and further COVID-19 lockdowns.

It is no surprise that COVID-19 is openly lauded by Harari, Schwab and their ilk as the "defining historical moment" . . . as their key tactical operative of The Great Reset.

---

[7] Both are philosophically akin to Page 8 comrades above; Ms. Martha Pollack of Cornell, Mr. Peter Bourla of Pfizer.

**Reference 5: Recent Lower and Upper Court Rulings in France:
Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause**

A search of the American Council of Life Insurers (ACLI) website for the term 'suicide' has **zero** hits.
A search of the phrase 'life insurance suicide' in major search engines results in nearly 100 million hits.

After the lower and upper court rulings in France, which affirmed reports that a vaccinated grandfather, who died as a result of that Pfizer needle but was denied life insurance benefits on the basis that his vaccine death was the result of suicide; many medical doctors state-side then began uploading videos of these events. A notable example is Dr. Peterson Pierre:

Dr. Pierre stated in his April 2022 video:

> "In France there was an elderly wealthy businessman who got out life insurance for millions of dollars. He got the COVID vaccine, and he died. So, the life insurance company is not paying out because they decided that the COVID vaccine is a medical experiment. And death from a medical experiment is not a covered entity. Furthermore, even the judge says that the side-effects from the vaccine are well-known; they've been made public. There's absolutely no way this gentleman (the insured) could not have known the side-effects. He willingly chose to get the vaccine. He died as a result, and because it was a choice, **they're calling it a suicide**. And suicide, **along with death from experimental drugs**, are not covered in life insurance.
>
> So, I know what you're thinking, 'Oh, that happened in France. That would never happen in the US.' Well, I'm sorry to tell you, but the American Life Insurance Council <sic> has also said that life insurance policies may deny payment if you die from the COVID-19 vaccine because they are experimental drugs.
>
> There you go. This is something we thought might happen. We're seeing it happen. You might want to check your policy."

Then, @1:25 in the above video, Dr. Pierre displays the following image from the ACLI website:

Reference 5: Recent Lower and Upper Court Rulings in France:
Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause CON'T

That actual ACLI webpage links to the following announcement, dated 16 September 2021:

ACLI NEWS RELEASE

Thursday, September 16, 2021

View All News Releases

AMERICAN COUNCIL OF LIFE INSURERS (ACLI): POLICYHOLDERS' COVID-19 VACCINE STATUS DOES NOT AFFECT LIFE INSURANCE CLAIMS

WASHINGTON – American Council of Life Insurers (ACLI) Senior Health Actuary Jan Graeber issued the following statement on misinformation relating to COVID-19 vaccines:

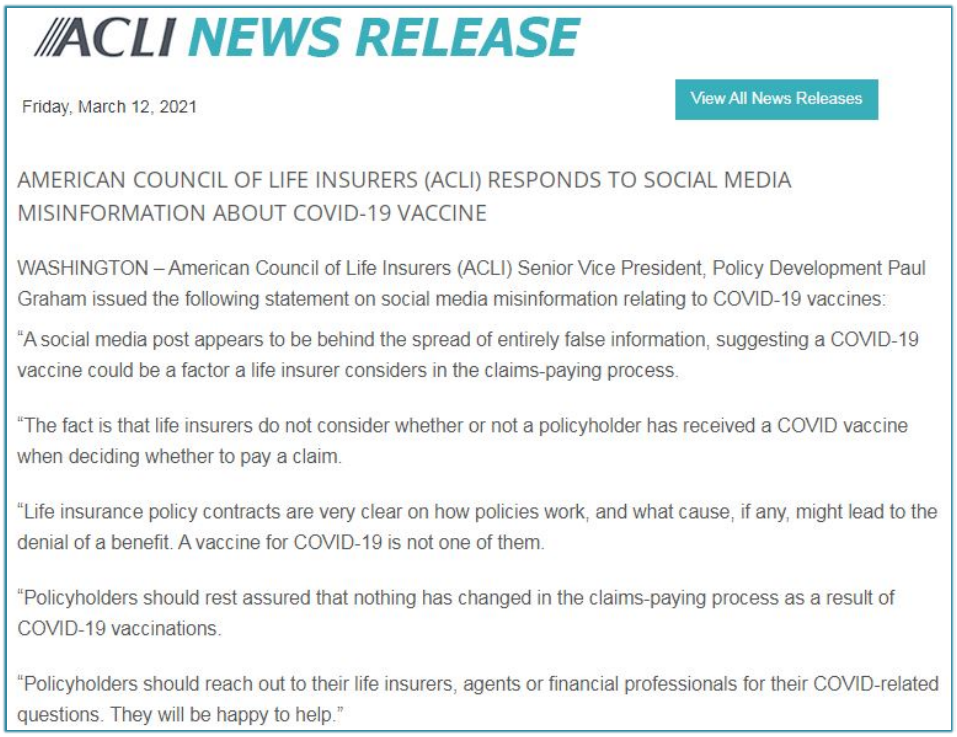
"We said it before and, unfortunately, we must say it again because misinformation about life insurance claims and the COVID-19 vaccine continues to spread.

"Policyholders should rest assured that nothing has changed in the claims-paying process as a result of COVID-19 vaccinations. Life insurance policies are very clear on how they work, and what cause, if any, might lead to the denial of a claim. A policyholder's decision to receive or not receive a vaccine for COVID-19 is not one of them. Nothing has changed in life insurers' claims paying process.

"Policyholders should reach out to their life insurance companies, agents or financial professionals for their COVID-related questions. They will be happy to help."

However, this deeply admirable position appears to be assuring/addressing the *un*-vaccinated.
That appearance is reinforced by hyperlinking to the *previous* ACLI announcement dated 12 March 2021:

Reference 5: **Recent Lower and Upper Court Rulings in France:**
Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause CON'T



ACLI NEWS RELEASE

Friday, March 12, 2021

View All News Releases

AMERICAN COUNCIL OF LIFE INSURERS (ACLI) RESPONDS TO SOCIAL MEDIA MISINFORMATION ABOUT COVID-19 VACCINE

WASHINGTON – American Council of Life Insurers (ACLI) Senior Vice President, Policy Development Paul Graham issued the following statement on social media misinformation relating to COVID-19 vaccines:

"A social media post appears to be behind the spread of entirely false information, suggesting a COVID-19 vaccine could be a factor a life insurer considers in the claims-paying process.

"The fact is that life insurers do not consider whether or not a policyholder has received a COVID vaccine when deciding whether to pay a claim.

"Life insurance policy contracts are very clear on how policies work, and what cause, if any, might lead to the denial of a benefit. A vaccine for COVID-19 is not one of them.

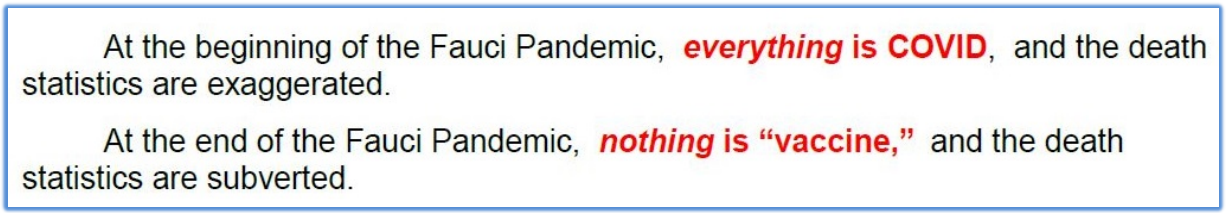
"Policyholders should rest assured that nothing has changed in the claims-paying process as a result of COVID-19 vaccinations.

"Policyholders should reach out to their life insurers, agents or financial professionals for their COVID-related questions. They will be happy to help."

These overtures by the ACLI occurred *after* the FDA EUA of 11 December 2020; when the Pfizer mRNA needle was approved.

In 2020, when Operation Warp Speed and COVID-19 Fraudulent Marketing schemes were promoted, life insurance payouts hit an all-time high; surpassing 2019, which had already surpassed a previous record! But the Fraudulent Marketing was deciphered *as such* by those of us familiar with Mr. Fauci. [8]

In my letter of 19 July 2021 to Oral Roberts University President Dr. William Wilson, I stated (screenshot): [9]



At the beginning of the Fauci Pandemic, ***everything*** **is COVID**, and the death statistics are exaggerated.

At the end of the Fauci Pandemic, ***nothing*** **is "vaccine,"** and the death statistics are subverted.

QUESTION: **ACLI has never asked: What exactly are we insuring when encouraging our life insurance customers to be vaccinated, and what exactly have they been injected with?!**

---

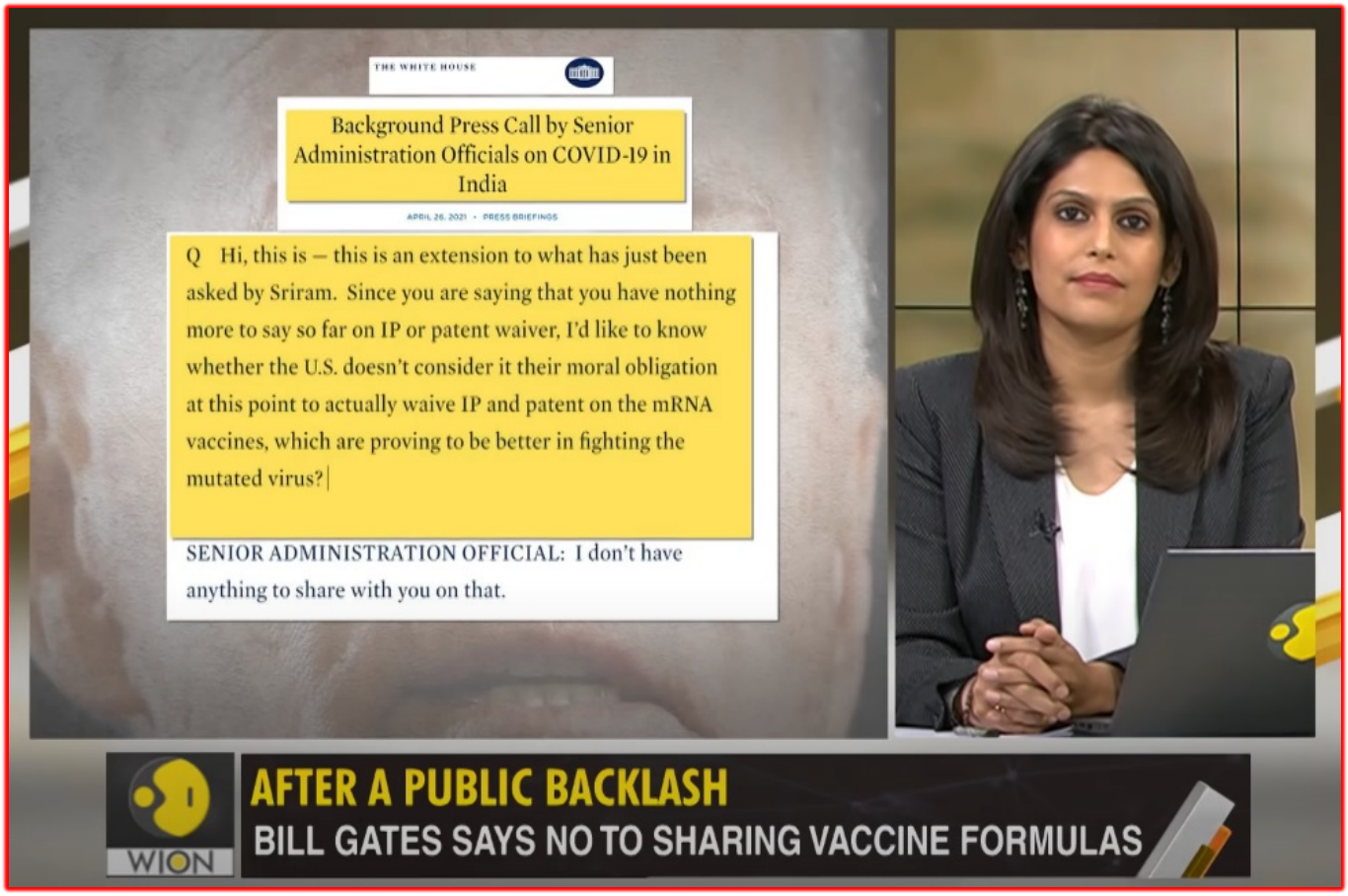
[8] For an introduction to that familiarity, please see Reference 1, Attachment 3, Items 1 – 3 on Page 7-of-39.

[9] Please see Reference 1, Attachment 5, Pages 4 - 5 of 14.

Reference 5: **Recent Lower and Upper Court Rulings in France:**
Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause CON'T

Regarding the COVID-19 criminals, we cannot get truthful answers on anything! **We never got a straight answer on what precisely is in the needles; content even unknown to the FDA who approved its injection into billions of humans worldwide!** Merely asking questions, suggesting mRNA content, evoked intimidation headlines from the Washington Post (WP) in behalf of Pfizer CEO Mr. Albert Bourla:

Jeff Bezos and his WP are among many illegitimate gatekeepers on Pfizer/Moderna needle content. WEF member **Bill Gates** is also compelled to keep the global population in-the-dark **and at-risk** protecting his financial and political investments; even jeopardizing friends and allies such as the great nation of India:



Reference 5: **Recent Lower and Upper Court Rulings in France:**
Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause CON'T

Throughout 2021, President Joe Biden has made the outrageous claim that humanity is confronted with:

" A Pandemic of the Unvaccinated ! "

Other than cannon fodder for a Steven King horror rag, that claim is unfounded, unsupportable; ***a lie!***
In truth, the exact opposite is well-known, and plaguing the entire Pfizer/Moderna vaccinated world.

With "break-through cases" confirming vaccine failure, with vaccinated deaths the issue for investment house whistleblowers, [10] on 10 March 2022 the WP was compelled to interview Pfizer CEO Albert Bourla **regarding the content of his needles . . . and why they chose mRNA gene therapy technology ?!**

" It was counterintuitive because Pfizer was mastering or let's say we had very good experience and expertise with multiple technologies that could give a vaccine. Another virus but some of the other vaccines are <sic>. We were very good in doing that. Protein vaccines, we were very good in doing that. Plus many other technologies. mRNA was a technology that we had less experience. ***Only two years working on this****.*

And actually, mRNA was a technology that never delivered a single product *until that day.* ***Not vaccine, not any other medicine****, so it was very counterintuitive, and I was surprised when they suggested to me that this was the way to go. And I questioned it. And I asked them to justify how can you say something like that. But they came and they were very very convinced that this is the right way to go. They felt that the two years of work on mRNA, since two-thousand-eighteen (2018), together with BioNTech to develop a flu vaccine, made them believe that the technology's mature and we are on a cusp of developing a product.*

So they convinced me. I follow my instinct that they know what they are saying. They're very good. And we made this very difficult decision about that. " [11]

---

[10] Mr. Edward Dowd, former Managing Director and Equity Portfolio Manager of BlackRock, is just one example.

[11] Contrary to Bourla's crap, there was nothing "difficult" selling record-profit-margin, **Liability Immunity shielded** needles, into an rt-PCR based plandemic, versus deploying low-cost off-label and proven COVID-19 treatments.

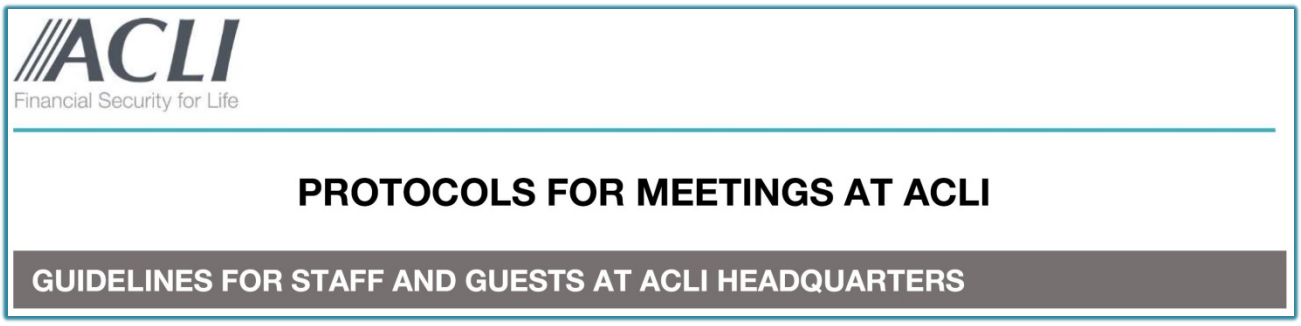
Reference 5: **Recent Lower and Upper Court Rulings in France:**
Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause CON'T

But why the about-face by Bourla and others on the needle content question?

Amongst official denials during 2021, from Fauci to the FDA, at the 24 October 2021 World Health Summit in Berlin Germany, Board member and Head of Pharmaceuticals at Bayer, Dr. Stefan Oelrich spoke plainly: The mRNA "vaccines" are indeed gene therapy technology, but also these are key profit-margin leaders:

> *"To tackle issues beyond COVID-19, we've seen vaccines as the perfect example . . . We are taking the leap in selling gene therapy. Ultimately the mRNA vaccines are an example for that. I always like to say if we had taken a survey two years ago,* ***in the public****, 'Would you be willing to take gene or cell therapy; and get it injected into your body?'* ***We would have probably had a ninety-five per cent refusal rate!"***

But how does the vaccine content, and related questions matter to ACLI? The truth is, ACLI encourages use of the Pfizer/Moderna mRNA needles; one need only review your meeting protocols:


ACLI
Financial Security for Life

PROTOCOLS FOR MEETINGS AT ACLI

GUIDELINES FOR STAFF AND GUESTS AT ACLI HEADQUARTERS

Reference 5: Recent Lower and Upper Court Rulings in France:
Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause CON'T

The overriding truth, ACLI and its 280 members have also been defrauded by the NIH, FDA, CDC, Big Pharma, Big Academia, WEF and others. [12] The WSJ Finance section report of 9 December 2021 by Ms. Leslie Scism was reporting **on 20*20* (!)** . . . when the Pfizer/Moderna needles were not yet in use:


THE WALL STREET JOURNAL.

Home World U.S. Politics Economy Business Tech Markets Opinion Books & Arts Real Estate Life & Work WSJ. Magazine Sports

WSJ NEWS EXCLUSIVE | FINANCE

Covid Spurs Biggest Rise in Life-Insurance Payouts in a Century

Death-benefits payments jumped 15% last year, biggest increase since 1918 flu epidemic

The French court rulings about a grandfather . . . the one who died after injection by mRNA needles? Life insurance payment to his estate was denied; upheld by both the lower and the appeals court. Was his death merely **alleged** to have been caused by the needle? Not a chance:

> **In the United States** during Operation Warp Speed, Cause of Death (COD) forms were used for Fraudulent Marketing; especially hospital financial incentives. Regardless of death facts, the mRNA cabal **required** the fear pornography of *COVID-19.* This COD "checked box" occurred without any objective medical proof . . . **in stark contrast, the French government REQUIRES AN AUTOPSY !!**

These court rulings in France are nowhere in the US news media; our media is also guilty of Fraudulent Marketing, **especially relating to failure to disclose that mRNA is experimental and unproven.** Next, translation from French media reports of January 2022, as alluded to by Dr. Pierre: [13]

> *"In France, death after vaccination of a very wealthy grandfather, with life insurance of several million euros for the benefit of his children and grandchildren, the insurance does not reimburse and does not pay the premium of several million euros, the court accepts the qualification of the insurer considering, legally, adherence to **phase three experimentation, the proven safety of which is non-existent** . . . in view of the announced side effects including death, as voluntary lethal risk-taking not covered by the contract and legally admitted as suicide.*
>
> *The family appealed. But the insurer's defense is admitted as well-founded and contractually just because this known and **public lethal risk-taking is like suicide legally** because the client has been notified and has agreed to voluntarily take the risk of dying without being obliged or forced to do so. Consequently, **death after vaccination is considered suicide by the courts**. The insurers will not reimburse the loans either because the lethal risk of the vaccine effectively excludes insurers from contract, becoming null and void.*
>
> *Justice delivers its verdict following the filing of a complaint (Appeal to Law 210/92), to obtain compensation, damages and interest following a death by vaccination (**confirmed by autopsy**). Request not accepted because vaccination not compulsory."*

---

[12] Please review 'ANSWER' at-bottom of Page 4 above.

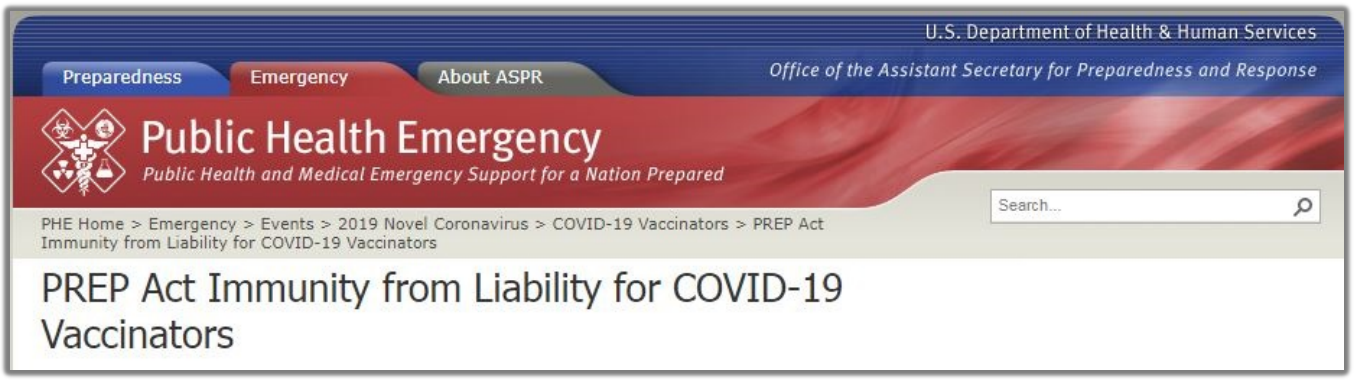
[13] Please review Page 13 above.

Reference 5: Recent Lower and Upper Court Rulings in France:
Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause CONCLUSION

Immediately after **the autopsy** and court rulings **in France**, in March 2022, representing Germany at the European Parliament, Mr. Nicolaus Fest declared:

"**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."



The U.S. Department of Health and Human Services (HHS) is thoroughly embedded into the mRNA cabal. Note that they also refer to SARS-CoV-2 as "novel." **As Mr. Fauci is aware, PREP was designed to accommodate the commercial and legal concerns of what they call, "COVID-19 Vaccinators."** 'The same "vaccinators" that accuse us of crimes for asking about the content of the mRNA needles. [14]

[14] See Washington Post headline, Page 16 above.

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"**

In my interview with Mr. Stew Peters of 13 December 2021, we discussed the PREP Act; we focused on **willful misconduct**:

Liability Immunity and Compensation

In general, the liability immunity applies to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of medical countermeasures described in a Declaration. The only statutory exception to this immunity is for actions or failures to act that constitute willful misconduct.

The PREP Act also authorizes a United States Treasury fund that compensates eligible individuals for serious physical injuries or deaths directly caused by administration or use of a countermeasure covered by the Declaration.

" . . . to compensate eligible individuals for serious physical injuries or deaths caused by administration or use of a countermeasure covered by the Declaration" ?!

1. Do we need to clarify that *if* Treasury funds *were* authorized, that would amount to admission by the US government that their FDA EUA needles are defective?
2. Do we speculate that *if* Treasury funds *were* authorized, such would be an admission that COVID-19 actions by the government and their "vaccinators" amounted to willful misconduct ?!
3. Do we need to specify that *if* Treasury funds *were* authorized, that would undermine government desire **to charge expecting moms who refuse the mRNA needles as "domestic terrorists"?** A crime already defined by, and planned for prosecution by these patriots (?):

4. Do we need to specify that EVERY application to "*compensate eligible individuals for serious physical injuries or deaths caused by administration"* of the COVID-19 needles **has resulted in 100% application rejection, and ZERO funds dispensed?**

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"** CONTINUED

In contrast, the ACLI and its 280 members offer the opposite behavior. You work to preserve the safety and **dignity** of Americans; not coerce them or label them or threaten their health. Your decision to compensate the estates of both the un-vaccinated and the vaccinated, under the policies that authorize those death benefits, during the COVID-19 charade, constitutes **admirable conduct.**

Regarding the COVID-19 charade, there are three primary modes of **willful misconduct**. In sequence, (1) from Gain-of-Function (GOF) research that led to the SARS-CoV-2 virus, (2) to the Fraudulent Marketing of the Lockdown Protocols, (3) to deployment and mandating/coercions of all-new, unproven, ineffective and unsafe "vaccines" ; these three modes continue to cause manslaughter (at a legal minimum):

> **As implied in Reference 5 (Pages 13 – 20 above), suicide is subject to exclusion clauses, but the willful misconduct that has led to the premature if not premeditated death of your clients has no exclusionary protections, and needs to be addressed by ACLI immediately.** [15]

The following persons and the pharmaceutical corporations they lead comprise a preliminary recommended focus for reimbursement to ACLI members. ACLI members have paid, in good-faith, billions in insurance benefits during the COVID-19 years of 2020, 2021 and 2022. These payments would not have occurred (at this time, or amounts), without the **willful misconduct** of these and others; who have orchestrated, participated-in, or benefitted-from the mRNA cabal:

Mr. Albert Bourla, CEO of Pfizer

Mr. Stéphane Bancel, CEO of Moderna

[15] Regarding the descriptor 'premeditated,' please review the side effects panel shown to the FDA at its pre-EUA VRBPAC meeting of 22 October 2020; see the Preamble to Attachment 7 of Reference 1.

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"** CONTINUED

Only the deeply ignorant and/or dimwitted would believe that Mr. Bourla or Mr. Bancel would orchestrate, participate-in, or benefit-from the mRNA cabal, and its three primary modes of **willful misconduct**:

Death Caused by the SARS-CoV-2 (GOF) Virus
Death Caused by the Lockdown and Face Mask Protocols
Death Caused by the COVID-19 mRNA "Vaccine"

without the pre-planned provisions of **Liability Immunity**. The ACLI, by virtue of its deeds/announcements shown on Pages 14-15 above, is the exact opposite in terms of moral and ethical stature. [16]

Many assumed that Biden could not do worse than his **"Pandemic of the *Un*vaccinated"** lie. Wrong! **Please see Attachment 10 of Reference 1**. During the State of the Union address, in-behalf of his Pfizer friend Mr. Albert Bourla, President Joe Biden **lied to the nation and the entire world:**

"Repeal the liability shield that makes gun manufacturers the only industry in America that can't be sued. The only one! "

Regarding Attachment 10 of Reference 1, **Mr. Fauci has no intention of responding to my letter**, or correcting the **non-gaffe** of his boss . . . regardless of its clear overtones as Fraudulent Marketing.

---

[16] This positive ACLI assessment does not apply to Ivy League universities and their administrators in-particular; especially those whose vesting is not limited to their medical colleges, but extends to the intended/anticipated paybacks (from Big Pharma) within the private process coyly labeled as *"university development."*

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"** CONCLUSION

After the FDA EUA, and especially due to vaccine mandates (such as coerced by Ms. Pollack at Cornell), the mRNA vaccine injuries **and deaths** began to accumulate:

CHRISTIANITY DAILY

Wednesday, June 9, 2021 Last Update: 3:03 AM EST

US WORLD CHURCH MISSION MINISTRIES SOCIETY LIFE ENTERTAINMENT OPINION VIDEO

Reports Indicate Vaccines Causing More Injuries, Deaths Than Natural COVID-19 Infections

BY ANTON CARILLO
MAR 04, 2021 10:06 AM EST

Reacting to these reports, CDC Director Ms. Rochelle Walensky officially **"redefined" the terms vaccine and vaccination;** a complete butchering of the English language, and a re-write of medical history.

GATEWAY PUNDIT

We report the truth — and leave the Russia-Collusion fairy tale to the Conspiracy media

SHOCK REPORT: There Were More COVID-19 Vaccine Deaths Last Week in US than COVID-19 Deaths

By Jim Hoft
Published July 13, 2021 at 7:30am
904 Comments

Share (5.1k) Tweet Share to Gab Telegram Share Email

There are now 9,125 reported deaths from the COVID-19 vaccinations across the United States this year.

With her new definitions in-place, Ms. Walensky then used taxpayer funds to conduct university "studies" to further obscure the CDC death statistics . . . utterly despicable criminal behavior.

CONCLUSION and REQUESTS

During the Stew Peters interview (Page 1 above); in addition to **willful misconduct,** we reviewed the legal issue, **duty-to-warn**; in COVID-19 parlance, **informed consent.** Of the Cornell students I interviewed, NONE had been informed by University "vaccinators," such as Ms. Martha Pollack, of **Liability Immunity**, prior to submitting to their vaccination mandate. NONE had been officially informed of the true potential side-effects, and NONE had been informed of the exact contents of the needles. Let-alone that fact that the needles were mRNA **experimental.** Instead, the students and staff were blitzed with **the non-stop lie** that the Pfizer/Moderna needles were **"95% effective."** They were told, take the needle or be expelled.
Of those that applied for Religious Exemption, how many were granted by Cornell vaccinators? ZERO!

The above is representative of the USA. But is alien to the national setting enjoyed by your life insurance counterparts in France. In France (birthplace of Moderna CEO Mr. Stéphane Bancel), key elements of the COVID-19 charade are all officially available. In France, **an autopsy is required prior to assertion of a 'Cause of Death' (COD)**. In France, the French words vaccin and vaccination have not been redefined (at the behest of vested-interests) by government clerks. In France, the descriptor **experimental** is officially connected directly to the mRNA needles, prior to injection; as noted by the French courts!

Regarding the Subject, reimbursement of life insurance benefits paid, the ACLI and its 280 members are victims of criminal fraud. The ongoing benefits being paid in-good-faith, that are the result of the three primary COVID-19 death causes:

Death Caused by the SARS-CoV-2 (GOF) Virus

Death Caused by the Lockdown and Face Mask Protocols

Death Caused by the COVID-19 mRNA "Vaccine"

need to be re-examined in the context of criminal fraud. The future viability of the entire life insurance paradigm requires/deserves that examination. Unlike those that orchestrated, participated-in, or benefitted-from the mRNA cabal: the ACLI and its members do not enjoy **Liability Immunity** provisions.

Regarding the Addendum: In the Unites States, ranging from the sole medical practitioner to hospital administrators, all were officially instructed, encouraged and even incentivized to lie-by-omission.
If you doubt that fact, please read the (subsequent) email offered on Page 28-of-48 of Reference 1.

Please do not hesitate to contact me at any time.

Cordially,

Paul V. Sheridan

Attachment/Enclosure

ADDENDUM – Reference 4

Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic
American Journal of Public Health (March 2021) – Four Pages

Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic

Sandra Crouse Quinn, PhD, Amelia M. Jamison, MAA, MPH, Vicki Freimuth, PhD

From: Boom, Marc L., M.D.
Sent: Friday, May 28, 2021 2:56 PM
Subject: Lawsuit pending against Houston Methodist

Over the next few days, you may see media coverage on a lawsuit pending on behalf of 117 current and former Houston Methodist employees regarding our COVID-19 vaccine mandate, and I wanted you to hear about this from me first. It is unfortunate that the few remaining employees who refuse to get vaccinated and put our patients first are responding in this way. As of today, 99% of Houston Methodist's 26,000 employees have met the requirements for the vaccination mandate. We are extremely proud of all of you who have chosen to keep the patient at the center and have gotten vaccinated. As health care workers, it is our sacred obligation to do whatever we can to protect our patients, who are the most vulnerable in our community.

As we told the media, it is legal for health care institutions to mandate vaccines, as we have done with the flu vaccine since 2009. The COVID-19 vaccines have proven through rigorous trials to be very safe and effective and are not experimental. More than 165 million people in the U.S. alone have received vaccines against COVID-19, and this has resulted in the lowest numbers of infections in our country and in the Houston region in more than a year.

Thank you all for doing your part! Together we are fulfilling our mission of being the safest hospital system in the country. Please know you have my profound gratitude!

Marc L. Boom, M.D.
President and Chief Executive Officer
Ella Fondren and Josie Roberts Presidential Distinguished Centennial Chair
Houston Methodist

Note: This email was sent to every Houston Methodist employee and physician.

Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic

Sandra Crouse Quinn, PhD, Amelia M. Jamison, MAA, MPH, Vicki Freimuth, PhD

ABOUT THE AUTHORS

Sandra Crouse Quinn is with the Department of Family Science and the Maryland Center for Health Equity, School of Public Health, University of Maryland, College Park. Amelia M. Jamison is with the Maryland Center for Health Equity, School of Public Health, University of Maryland. Vicki Freimuth is with Center for Health and Risk Communication (Emeritus), University of Georgia, Athens.

The Emergency Use Authorization (EUA) mechanism is central to the US response to coronavirus disease 2019 (COVID-19). It allows the US Food and Drug Administration (FDA) to respond quickly to novel threats by approving a new drug, device, or diagnostic procedure or expanding off-label use of an existing drug through an accelerated approval process.[1] To obtain authorization, evidence must support that a drug or product "'may be effective' to prevent, diagnose, or treat serious or life-threatening diseases or conditions," and the known or potential benefits of the product must outweigh known or potential risks.[2(p7)] The authorization also stipulates that when feasible, a fact sheet is provided to address risks and benefits and make clear that acceptance is voluntary.[2]

Since March 2020, the FDA has issued EUA for several therapeutics to treat COVID-19: chloroquine phosphate, hydroxychloroquine sulfate, remdesivir, and a monoclonal antibody drug from Eli Lilly to help the immune system fight COVID-19.[3] The FDA later revoked its approval of chloroquine phosphate and hydroxychloroquine sulfate, stating that the drugs did not meet the legal criteria for approval.[4] The FDA also revised its fact sheet for remdesivir to reflect potential drug interactions.[5] Given the rapidity of changing knowledge of COVID-19, it is not surprising that the FDA would revoke or modify EUA approvals. However, its decisions about several EUAs have called into question the extent to which the FDA can withstand political pressure as it faces all decisions.

Daily news coverage tracks progress in the accelerated COVID-19 vaccine development process.[6] On November 13, 2020, Pfizer became the first company to seek approval of its COVID-19 vaccine through the EUA mechanism, making it the first instance of EUA approval for a vaccine.[7] Therefore, it is vital to assess how the public understands the EUA mechanism and how this may influence willingness to accept COVID-19 vaccines.

LEARNING FROM PAST RESEARCH

Given the severity of the COVID-19 pandemic, it will be essential that the public willingly take a vaccine once it is available. However, multiple polls report substantial hesitancy about a potential vaccine.[8] Previous research suggests that when it comes to EUA therapeutics and vaccines, the public may have significant hesitancy. During the influenza A (H1N1) pandemic, a national survey assessing willingness to accept existing EUA therapeutics and a hypothetical EUA vaccine found that only 8% of the respondents were willing to accept an EUA vaccine, with 28% reporting uncertainty and 64% outright refusal.[9] Hispanic adults reported the highest willingness at 16.6%, followed by White adults at 7.2% and African American adults at only 4.2%. A 2010 survey examining the acceptance of peramivir, approved as an EUA, found that use of the term "experimental" on the fact sheet decreased willingness across the board, and particularly for African Americans.[10] Given the history of research abuses and ongoing racial bias in health care, this reaction is not surprising. Both studies found that greater trust in government action was associated with willingness to accept EUA products.[9,10]

In a qualitative study on public understanding of medical countermeasures, Liu et al.[11] assessed willingness to comply with protective actions during a hypothetical novel respiratory virus scenario. Respondents had poor understanding of terminology used to describe novel drugs and EUA. Free

association with terms used in EUA fact sheets like "experimental," "accelerated approval," and "off-label" prompted respondents to have strong negative emotions.[11] The phrase "Emergency Use Authorization" triggered mixed responses, ranging from "important" and "helpful" to "risky," "suspicious," "desperate," and "over-controlling."[11] Only 15% of the participants reported likely compliance with EUA recommendations in this scenario.[11] All participants reported a significant need for more information beyond what is typically included in a fact sheet. Liu et al.[11] concluded that a single fact sheet for the public will not be effective, and tailored and targeted fact sheets are necessary for different populations. They concluded that "pre-emergency education" about medical countermeasures is needed.[11]

CRAFTING AN EFFECTIVE COMMUNICATION STRATEGY

This literature suggests that unique challenges exist when communicating about drugs or vaccines offered under an EUA. The health threats they address are extraordinary, clinical experience is limited, and the development and approval processes are frequently accelerated.[12] With these challenges and an active antivaccine movement already campaigning against any COVID-19 vaccine, we recognize the significant reluctance among the American public. Public health leaders face multiple barriers to communicating effectively to ensure vaccine uptake when available. To overcome these barriers, we offer recommendations based on our previous research and the principles of effective emergency risk communication (see the box on p. 357).

First, we need to begin communication immediately. Most people form judgments about new ideas based on mental models they have developed from past experiences. Few people have a clear mental model of the vaccine development process, making it difficult to understand what it means for the process to be accelerated. The White House's adoption of Operation Warp Speed and promises of a vaccine by fall 2020 have undermined trust in any vaccine, whether as an approved EUA or not.[13] Graphic representations of the vaccine process, such as the *New York Times* "Coronavirus Vaccine Tracker," may be helpful to demystify the complex process and reassure individuals about the multiple levels of quality control and the independence of various entities along the production chain.[14] Greater transparency about the process may potentially address underlying fears about the pharmaceutical industry's motives or concerns about the politicization of the process.

We also need to be sensitive to the language we use when communicating about new vaccines. Messages should be jargon-free, accurate, confident, and consistent. Formative research should start now while vaccines are in development to understand socioeconomic, cultural, and other issues that can inform message development and appropriate personal and media sources when communicating to different segments of the public, recognizing that Black, Latinx, and Native communities will require specific attention. EUA fact sheets present their own communication challenges, because they are required to balance legal mandates while still communicating effectively to both medical and public audiences.[9]

Transparency is key, particularly as new data become available. The release of trial protocols by Moderna and Pfizer, and now other trial sponsors, is a step in the direction of transparency but will require further translation for public audiences.[15] Any vaccine will likely have risks associated with its use, and these must be clearly communicated. Two vaccine candidates now in clinical trials are using technologies not previously approved for vaccines, and given the speed of the research process, it would not be surprising to learn more about potential side effects after any EUA.[14] It would behoove the FDA to be forthright and clear in communicating with the public and to avoid overpromising on results, balancing optimism with realistic assessments of existing research. We already have evidence that some elected officials and individuals do not recognize that change is a given in this fast-moving pandemic and may interpret any new findings about a vaccine given EUA as problematic. We must inform the public that even after a vaccine is approved as an EUA, the FDA and the Centers for Disease Control and Prevention will continue to monitor for safety and adverse events and will adjust its guidance as needed.[2] Clarifying this process and identifying how the FDA will communicate any revised guidance will be critical.

We know that public health and government officials are not the only ones who will be communicating about these new vaccines. With the antivaccine movement already fully engaged in spreading misinformation and elected officials sharing inconsistent and contradictory information, the United States has a competitive communication environment. All this communication should be monitored and judgments used to determine when misinformation should be addressed and when it should be

Recommendations for Effective Emergency Risk Communication to Ensure Vaccine Uptake
Transparency
FDA must communicate to the public about the monitoring process during vaccine trials and after any EUA.
FDA must confirm that they will release full data on adverse events and modify EUA approvals and fact sheets accordingly.
FDA needs to develop guidelines for the timing of reporting adverse events.
Pharmaceutical companies must release protocols for review by independent scientists.
Pharmaceutical companies must continue to update the public on enrollment.
Pharmaceutical companies should release findings on safety and efficacy from their Data Safety and Monitoring Boards, including data and recommendations.
Partnerships
Local, state, and federal public health agencies must engage with partners, both public agencies and other organizations, including health professional associations; national public health partners such as Association of State and Territorial Health Officials and National Association of County and City Health Officials; national organizations that represent diverse members including civil rights groups, faith communities, civic groups, and media and communication firms that specialize in reaching Black, Latinx, and Native Americans and Alaska Natives.
Public health agencies must work with these partners before release of a vaccine to understand community concerns and begin to tailor communication messages and channels.
Public health agencies must share key messages with these partners to increase FDA and CDC reach.
Agencies need to sustain this engagement to help monitor community reactions, clarify misconceptions, and amplify messages.
Training for health care providers
Public health agencies should distribute tested talking points for providers and community leaders to help them answer questions about the EUA mechanism and the new vaccine, such as: How do we know these products are safe? How does this new vaccine work? How is an EUA different from a "normal" vaccine?
Public health leaders must recognize that the initial vaccines will have been tested only on adults, which therefore will require that health care providers who treat adults, and may have less experience with vaccination, will need extra assistance in preparing for patients' questions and concerns.
Fact sheets
Public health leaders should start testing terminology before vaccine availability.
Public health leaders should examine understanding of terminology and affective responses.
The sponsor submits fact sheets in the EUA application, and then FDA should engage their communication staff and legal staff in reviewing fact sheets and, ideally, work with the sponsor to test them with audiences before using them.
FDA and the sponsor must ensure that the messages in the fact sheets are consistent with information disseminated before vaccine administration.
FDA and the sponsor must test for readability and clarity and avoid language that stimulates negative responses (i.e., experimental).
FDA and the sponsor should consider formats that may facilitate understanding, including questions and answers and inclusion of a glossary.
Local, state, and federal public health agencies must widely circulate fact sheets through multiple channels and in advance—under ideal circumstances.
Uncertainty and changing guidance
FDA, CDC, and others must continue to acknowledge uncertainty and prepare the public for change.
FDA should share with the public the difficulties faced while making decisions about an EUA vaccine, particularly with continually evolving information.
FDA should inform the public that they will share new information even after approval of an EUA vaccine.
FDA, CDC, and others must remind the public that changes in fact sheets or even approvals occur because ongoing monitoring identifies new data.
Monitoring media communication
FDA, CDC, and other public health leaders should monitor communication in traditional and social media and make sound judgments about when to ignore and when to respond to misinformation.
FDA and public health agencies should monitor social media to identify emerging issues with FDA communication about an EUA vaccine.
FDA needs to work with agency and external partners to use social media to amplify key messages.
Effective use of role models for taking the EUA vaccine
Public health agencies can use photographs and quotes from role models, such as community leaders, celebrities, elected officials, and health care providers, as they take the EUA vaccine.
Public health agencies must be cognizant of tailoring these messages to specific audiences.
Clear communication
Public health communicators should use the CDC Clear Communication Index to assist in ensuring readability of all fact sheets and printed materials and understandability of online materials (https://www.cdc.gov/ccindex/index.html).

Note. CDC = US Centers for Disease Control and Prevention; EUA = Emergency Use Authorization; FDA = US Food and Drug Administration.

ignored, weighing the risks of inadvertently amplifying a fringe conspiracy theory against the need to publicly debunk a widespread and dangerous falsehood.

This task of communicating effectively must be a shared one. In a crisis when the public has an intense need for information, one organization cannot do it alone. Local, state, and federal public health agencies must form partnerships with community organizations, health care providers, faith communities, the media, the private sector, unions, and civic associations. These organizations are closer to their audiences; know how to effectively tailor information; and, most importantly, have trusted leaders who can be effective spokespersons for any upcoming vaccine receiving EUA. Ideally, this communication is a bidirectional process, with feedback that enables public health leaders to adapt and tailor their communication strategies.

LOOKING AHEAD

Today, we face a unique constellation of factors that will affect the public's acceptance of any vaccine given EUA. With the steadily rising death toll, the public's perception of risk may remain high, but with clear communication about the vaccine, acceptance may be higher than history and today's polls would tell us to expect. However, accelerated timelines and active antivaccine misinformation, coupled with distrust of expert opinion and declining trust in governmental agencies, present an unprecedented challenge. Public health agencies and their partners must start communicating effectively now. AJPH

CORRESPONDENCE

Correspondence should be sent to Sandra Crouse Quinn, PhD, Professor and Chair, Department of Family Science, School of Public Health, University of Maryland, 4200 Valley Dr, Suite 1142, College Park, MD 20470 (e-mail: scquinn@umd.edu). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

PUBLICATION INFORMATION

Full Citation: Quinn SC, Jamison AM, Freimuth V. Communicating effectively about emergency use authorization and vaccines in the COVID-19 pandemic. *Am J Public Health*. 2021;111(3):355–358.
Acceptance Date: October 23, 2020.
DOI: https://doi.org/10.2105/AJPH.2020.306036

CONTRIBUTORS

All authors contributed equally to this editorial.

ACKNOWLEDGMENTS

This study was funded by the Center of Excellence in Race, Ethnicity and Health Disparities Research (NIH-NIMHD: P20MD006737).

CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

REFERENCES

1. US Food and Drug Administration. Emergency use authorization. June 15, 2020. Available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization. Accessed June 16, 2020.
2. US Food and Drug Administration. *Emergency Use Authorization of Medical Products and Related Authorities: Guidance for Industry and Other Stakeholders*. Silver Spring, MD: Office of Counterterrorism and Emerging Threats; January 2017. Available at: https://www.fda.gov/media/97321/download. Accessed June 12, 2020.
3. Ison MG, Wolfe C, Boucher HW. Emergency use authorization of remdesivir: the need for a transparent distribution process. *JAMA*. 2020;323(23):2365–2366. https://doi.org/10.1001/jama.2020.8863
4. US Food and Drug Administration. Coronavirus (COVID-19) update: FDA revokes emergency use authorization for chloroquine and hydroxychloroquine [press release]. Silver Spring, MD: US Food and Drug Administration; June 15, 2020. Available at: https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-revokes-emergency-use-authorization-chloroquine-and. Accessed June 16, 2020.
5. US Food and Drug Administration. Coronavirus (COVID-19) update: FDA warns of newly discovered potential drug interaction that may reduce effectiveness of a COVID-19 treatment authorized for emergency use [press release]. Silver Spring, MD: US Food and Drug Administration; June 15, 2020. Available at: https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-warns-newly-discovered-potential-drug-interaction-may-reduce. Accessed June 16, 2020.
6. US Department of Health and Human Services. Trump Administration announces framework and leadership for 'Operation Warp Speed' [press release]. Washington, DC: US Department of Health and Human Services; May 15, 2020. Available at: https://www.hhs.gov/about/news/2020/05/15/trump-administration-announces-framework-and-leadership-for-operation-warp-speed.html. Accessed June 15, 2020.
7. Schoch-Spana M, Brunson EK, Long R, Ravi S, Trotochaud M, Working Group on Readying Populations for COVID-19 Vaccine. *Enhancing Public Trust and Health With COVID-19 Vaccination: Planning Recommendations Informed by Design Thinking and the Social, Behavioral, and Communication Sciences*. Baltimore, MD: Johns Hopkins Center for Health Security; 2020.
8. NORC. Expectations for a COVID-19 vaccine. Chicago, IL: Associated Press–NORC Center for Public Affairs Research; 2020. Available at: https://apnorc.org/projects/expectations-for-a-covid-19-vaccine. Accessed June 3, 2020.
9. Quinn SC, Kumar S, Freimuth VS, Kidwell K, Musa D. Public willingness to take a vaccine or drug under Emergency Use Authorization during the 2009 H1N1 pandemic. *Biosecur Bioterror*. 2009;7(3):275–290. https://doi.org/10.1089/bsp.2009.0041
10. Quinn SC, Hilyard K, Castaneda-Angarita N, Freimuth VS. Public acceptance of peramivir during the 2009 H1N1 influenza pandemic: implications for other drugs or vaccines under emergency use authorizations. *Disaster Med Public Health Prep*. 2015;9(2):166–174. https://doi.org/10.1017/dmp.2014.156
11. Liu BF, Quinn SC, Egnoto M, Freimuth V, Boonchaisri N. Public understanding of medical countermeasures. *Health Secur*. 2017;15(2):194–206. https://doi.org/10.1089/hs.2016.0074
12. Schoch-Spana M, Gronvall GK, Brunson E, et al. *How to Steward Medical Countermeasures and Public Trust in an Emergency—A Communication Casebook for FDA and Its Public Health Partners*. Baltimore, MD: UPMC Center for Health Security; 2016. Available at: http://www.centerforhealthsecurity.org/ourwork/events/2016%20FDA%20MCM/FDA_Casebook.pdf. Accessed April 15, 2018.
13. Trogen B, Oshinsky D, Caplan A. Adverse consequences of rushing a SARS-CoV-2 vaccine: implications for public trust. *JAMA*. 2020;323(24):2460–2461. https://doi.org/10.1001/jama.2020.8917
14. Corum J, Wee S-L, Zimmer C. Coronavirus vaccine tracker. *New York Times*. November 10, 2020. Available at: https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html. Accessed November 10, 2020.
15. Grady D, Thomas K. Moderna and Pfizer reveal secret blueprints for coronavirus vaccine trials. *New York Times*. September 17, 2020. Available at: https://www.nytimes.com/2020/09/17/health/covid-moderna-vaccine.html. Accessed September 17, 2020.

22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095 / pvs6@cornell.edu

18 April 2022

VIA FEDEX AIRBILL 7766 – 0841 – 3403

Ms. Susan K. Neely, CEO
American Council of Life Insurers (ACLI)
101 Constitution Avenue, NW - Suite 700
Washington, DC 20001-2133
202-624-2000

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"**

Reference 1: Letter to Mr. Anthony Fauci (NIAID) and Ms. Martha Pollack (Cornell) of 28 March 2022

April 01, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 776403974114

Delivery Information:

Status:	Delivered	**Delivered To:**	Receptionist/Front Desk
Signed for by:	J.BAUSCH	**Delivery Location:**	31 CENTER DR
Service type:	FedEx 2Day		
Special Handling:	Deliver Weekday		ROCKVILLE, MD, 20852
		Delivery date:	Apr 1, 2022 16:01

Shipping Information:

Tracking number:	776403974114	**Ship Date:**	Mar 29, 2022
		Weight:	4.0 LB/1.82 KG

Recipient:
Dr. Anthony S. Fauci, NIAID
31 Center Drive
NIAID Central Drop Off
ROCKVILLE, MD, US, 20852

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference ReAssertion Ltr fauci-pollack

Thank you for choosing FedEx

March 31, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 776403931589

Delivery Information:

Status:	Delivered	**Delivered To:**	Shipping/Receiving
Signed for by:	S.IGNATURE ON FILE	**Delivery Location:**	300 DAY HALL
Service type:	FedEx Express Saver		
Special Handling:	Deliver Weekday		ITHACA, NY, 14853
		Delivery date:	Mar 31, 2022 12:48

Shipping Information:

Tracking number:	776403931589	**Ship Date:**	Mar 29, 2022
		Weight:	4.0 LB/1.82 KG

Recipient:
Ms. Martha Pollack, Cornell University
300 Day Hall
Office of the President
ITHACA, NY, US, 14853

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference ReAssertions Ltr Fauci-Pollack

Proof-of-delivery details appear below; however, no signature is available for this FedEx Express shipment because a signature was not required.

Thank you for choosing FedEx

28 March 2022 VIA FEDEX AIRBILL 7764-0397-4114 / VIA FEDEX AIRBILL 7764-0393-1589

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1: **Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2: **Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3: **Ms. Martha Pollack – Participations Related to Subject 2**
Subject 4: **Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5: **mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**

Reference 1: **My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2: **My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3: **My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4: ***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality*** **– Johns Hopkins Institute Study (JHIS) of January 2022**

Preliminary Courtesy Copy List

Mr. Philip Nache
Hope of Nations Gospel Church
1021 Hennepin Ave # 2
Minneapolis, MN 55403
502-379-5428
By Email

Mr. Thomas Renz, Esq
Renz Law Firm, PC - Suite 162
1907 W. State Street
Fremont, OH 43420
419-351-4248
By Email

Mr. Ravi Batra, Esq.
Law Firm of Ravi Batra, PC
142 Lexington Avenue
New York, NY 10016
212-545-1993
By Email

Senator Ron Johnson
United States Senate
328 Hart Senate Office Bldg.
Washington, DC 20510
202-224-5323
Shipper trackg TBD

Representative Jim Jordan
United States Congress
3121 West Elm Plaza
Lima, OH 45805
419-999-6455
Shipper trackg TBD

Senator Rand Paul
United States Senate
167 Russell Senate Office Bldg.
Washington DC, 20510
202-224-4343
Shipper trackg TBD

President Dr. William Wilson
Oral Roberts University
7777 South Lewis Avenue
Tulsa, OK 74171
918-495-6161
By Email

Dr. Pierre D. Kory
FLCCC Alliance
6006 N Highlands Ave
Madison, WI 53705
513-486-4696
By Email

Dr. Vladimir Zelenko
Suite 770
745 State Route 17m
Monroe, NY 10950
845-782-0000
By Email

Ms. Sharyl Attkisson
Sinclair Broadcast Group, Inc.
10706 Beaver Dam Road
Hunt Valley, MD 21030
410-568-1500
Shipper trackg TBD

Governor Janet Mills
State of Maine
1 State House Station
Augusta, ME 04333
207-287-3531
Shipper trackg TBD

Mr. Tucker Carlson
Fox News Washington
400 North Capitol St NW
Washington, DC 20001
202-824-6300
Shipper trackg TBD

Letter including SPODs : http://pvsheridan.com/sheridan2fauci_pollack-6-28march2022.pdf

22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095 / pvs6@cornell.edu

28 March 2022 VIA FEDEX AIRBILL 7764-0397-4114 / VIA FEDEX AIRBILL 7764-0393-1589

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1: **Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2: **Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3: **Ms. Martha Pollack – Participations Related to Subject 2**
Subject 4: **Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5: **mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**

Reference 1: **My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2: **My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3: **My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4: ***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality*** **– Johns Hopkins Institute Study (JHIS) of January 2022**

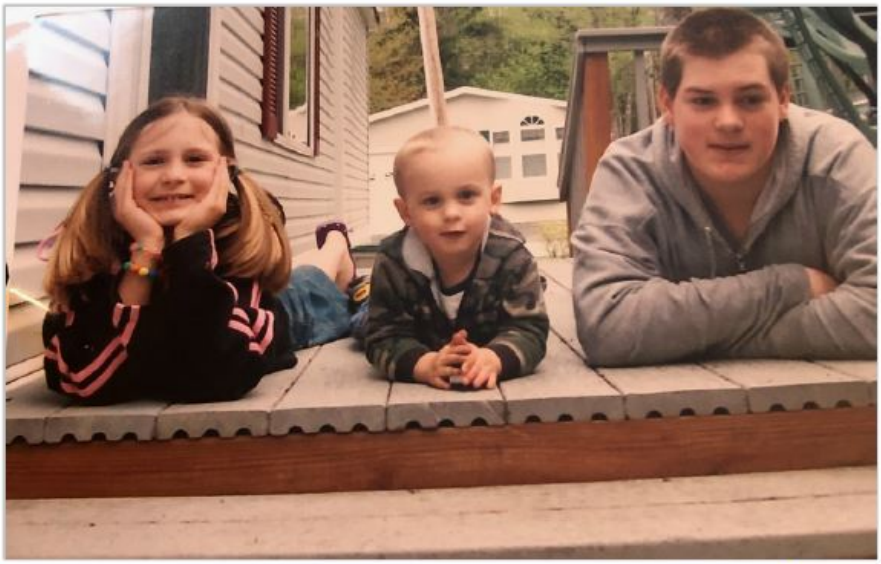
Dear Mr. Fauci / Ms. Pollack:

You are both in-receipt of References 1, 2 and 3. Reference 2 asserted as follows (screenshot):

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

Dear Dr. Fauci:

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



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

In addition to the dishonesty of the so-called news media, it is now confirmed that they are nothing more than *in-it-for-the-COVID-money* whores.[1] It was no surprise that coverage of Reference 4 was minimal. Two facts relevant to the Subjects are revealed by its publication:

Fact 1 There is ***nothing incremental*** in the *Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality.* Any media, government or Fauci/Pollack promotions that this report constitutes new facts, is dismissed as *ad hoc* charlatanism. Its conclusion was already well-known, and antics claiming otherwise amount to adolescent diversions :

> While this meta-analysis concludes that lockdowns have had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted. In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.

(The following memos paraphrase the above JHIS conclusion.)

Memo #1 to Mr. Anthony Fauci

At the beginning of 2020, it was a well-known historical and scientific fact that your lockdown/facemask prescriptions for the nation would have (a) "no public health effects," (b) would "impose enormous economic and social costs," (c) *therefore* should never have been "adopted," and (d) should have been "rejected" as an obvious instrument of medical tyranny. Most importantly, these facts were always well-known *to you*.

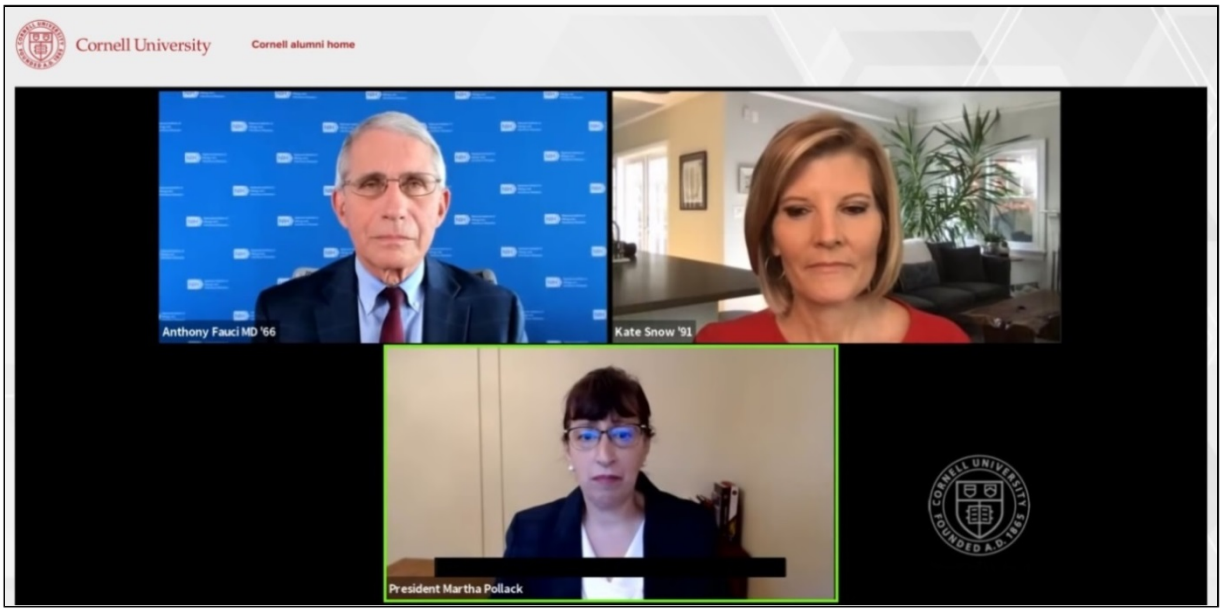
Memo #1 to Ms. Martha Pollack

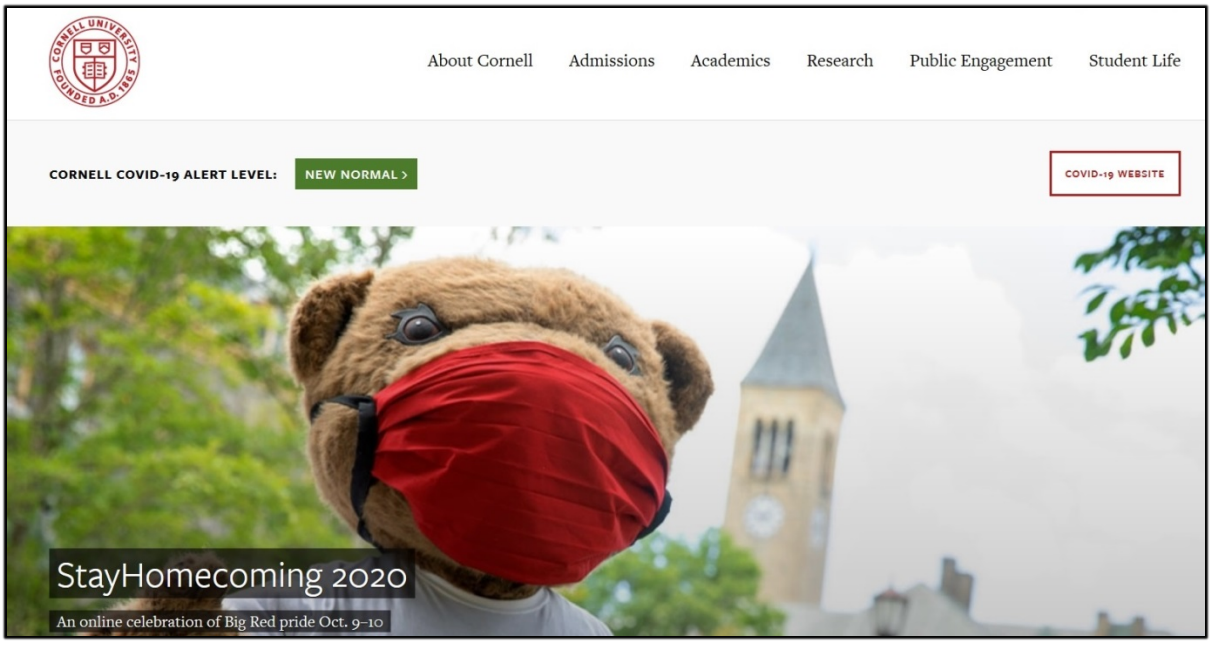
At the beginning of 2020, it was a well-known historical and scientific fact that your lockdown/facemask mandates, prosecuted against the campus of my alma mater, Cornell University, would have (a) "no public health effects," (b) would "impose enormous economic and social costs," and *therefore* (c) should never have been "adopted," let-alone enforced upon naive students on an ongoing basis. Most importantly, these facts were/are well-known *to you*.

[1] That is a specific statement. Reports confirm that even "Fair & Balanced" Fox News is on-the-take.

COVID Lockdown and Facemask Enforcements : The Crime of 'Fraudulent Marketing'

Your lockdown and facemask enforcement is a feigning of care, a fraud confirming your participations in globally-based crimes ranging from crimes-against-humanity, to plans of depopulation. The **strategic** context is provided in-plain-view by eugenics criminals Mr. Klaus Schwab, Mr. Bill Gates, et al. Your connection to *Great Reset* hyenas, is partially confirmed by a small sampling the Cornell website :





The **Tactical Context** of your crimes (Subject 5) is detailed beginning on Page 32 below.

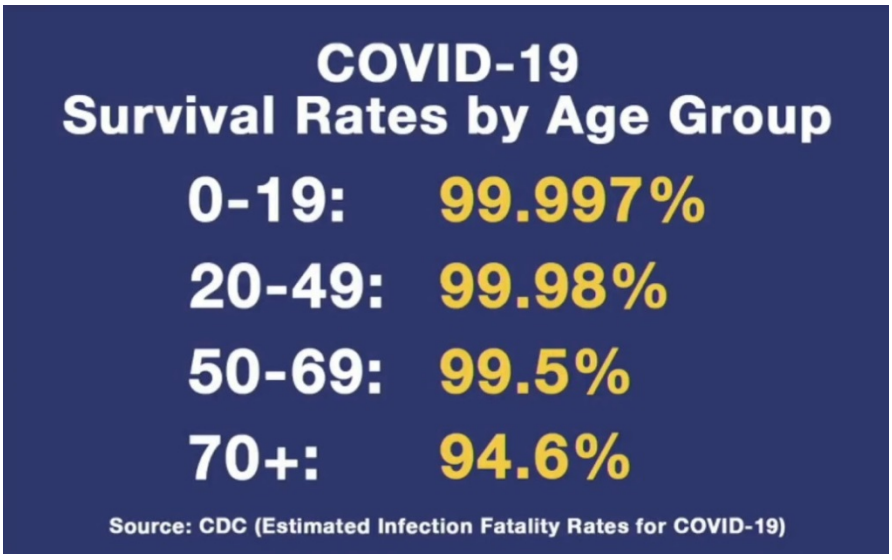
Again, Reference 4 merely *re-confirms* that your lockdown/facemask goo had zero scientific credibility. But Subjects 2 and 3 were vigorously promoted *prior* to December 4, 2020: **The day a 16-year-old child, Spencer Smith, used the term "lockdown" in his suicide note.** Fact 2 asserts how your promotions & influence led to the COVID obeisance of Brunswick High School, where Spencer would have graduated.

Fact 2 After deployment of your *"entity of excitement,"* [2] President Donald Trump declared a series national emergency acts, culminating on 18 March 2020 (Defense Production Act). Since then, the nation has been victimized by "guidance" spewed by national and state agencies; all vested-interests in COVID-19. Kindergarten through high schools **took *their* lead from universities like Cornell.** They too began enforcement of agenda-driven **grotesqueries**:

- Broad Institutional Lockdowns (Including Brunswick, Maine High School where Spencer Smith was a 10th Grade student prior to his "lockdown" suicide note.)
- Social Distancing
- Quarantining of COVID infected persons into the nursing homes
- Mandatory Wearing of Face Masks regardless of health or COVID infection status
- Mandatory, known to be fraudulent, rt-PCR-based "testing" [3]
- Contact Tracing (based upon not merely inaccurate, but fraudulent rt-PCR "test" results) [4]
- Mandatory "vaccinations," especially for health care workers such as Mrs. Jummai Nache

Preplanned, and coordinated with your *"entity of excitement,"* these baseless grotesqueries were deployed as part of your mRNA "vaccine" promotional apparatus. Medical doctors, nurses and intellectuals were brushed aside . . . slandered/libeled and threatened with NKVD levels of sanctioned brutality. [5]

To those familiar with the players and their placards, these actions were **not** the result of ignorance or stupidity. Hardly. Your *"entity of excitement,"* the above grotesqueries, and non-stop "fear pornography" were mere operatives of a globally based scheme. **That scheme included 'Fraudulent Marketing.' Your participations connect you to the suicide deaths of our children; as well as the never-ending grief now endured by Spencer's younger sister:** [6]



[2] See Reference 1, Page 16 of 50. See Page 20 below.

[3] See sample discussion of this rt-PCR fraud, Reference 1, Page 14 of 50. See also "Fact One," Page 7 below.

[4] This *ongoing* NKVD-styled tyranny will be exposed in a letter which fulfills Reference 1, Page 1, Footnote 1. See also VaCS article, Cornell Chronicle, 9 February 2022.

[5] The truth regarding the Katyn Forrest massacre (versus the original propaganda/coverage of that murderous event) comes to mind. Relative to COVID-19, not much has changed when it comes to the "news media."

[6] See Subject 4: The Conspiracy and Crime of Fraudulent Marketing, Page 22 below.

"Speaking the Truth at All Times"? **Fauci Censorship of the Media**

Anthony Fauci quote of 10 July 2020 to Financial Times of London :

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

A gracious response to my COVID letters came, *not* from the alleged president of my alma mater, but from Oral Roberts University President Dr. William Wilson (ATTACHMENT 5). I contrasted Wilson's results versus your vaccine promoting lockdowns. I listed **the Big Five**: Big Religion, Big Government, Big Corporate, Big Media, and Big Academia. That contrast was also specified in my 9 June 2021 letter to Fauci and Pollack; contextualized by long-standing Fauci tactics, now endorsed and actively co-deployed by Big Academia:

> It is your well-documented historical practice of deriding and discarding, at every opportunity, the merits of non-vaccine based treatments and cures for a variety of health issues. You have dictated that "vaccination is key" to disease mitigation. Vaccination is Fauci's priority; especially the experimental. You have a long record of discrediting and subverting the use of now-inexpensive, proven/safe treatments, and health/immune system enhancement protocols. You have a long record of orchestrating **investment-intensive, taxpayer-funded,** corporate pharmaceutical, shareholder promoted, university Development Office prospect endorsed, globally-scaled **vaccine** development and deployment. Those that question your methods are ridiculed, their employment terminated, and reputations publically tarnished.

As you are aware Mr. Fauci, on 13 February 2022, Tucker Carlson interviewed Mr. Adam Andrzejewski.

According to Mr. Andrzejewski, his editor at Forbes received an email, authored by six senior NIH and NIAID officials, insinuating that he be terminated. [7]

[7] Fauci and his NIH/NIAID comrades have time to compose emails on Sundays (!!), but they are too busy to respond to taxpayers? The six officials that sent their joint email to Forbes, on **Sunday**, 16 January 2022: Ms. Amanda Fine, Ms. Renate Myles, Ms. Emma Wojtowicz, Ms. Emily Ritter, Ms. Courtney Billet, and Ms. Kathy Stover.

Regarding Reference 1 – Part One: ***A Forfeiture Demand Increasing in Validity***

117TH CONGRESS
2D SESSION

H. CON. RES. 71

Expressing the sense of Congress that Congress should issue a subpoena to Dr. Anthony Fauci and reduce the salary of the Director of the National Institute of Allergy and Infectious Diseases and Chief Medical Advisor to the President.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2022

Mr. GOSAR submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

---

CONCURRENT RESOLUTION

Expressing the sense of Congress that Congress should issue a subpoena to Dr. Anthony Fauci and reduce the salary of the Director of the National Institute of Allergy and Infectious Diseases and Chief Medical Advisor to the President.

Resolved by the House of Representatives (the Senate concurring), That it is the sense of Congress that—

(1) Congress should issue a subpoena to Dr. Anthony Fauci with the intent of investigating—

(A) the extent of any corrupt activities to which he may be a party with respect to the COVID–19 pandemic; and

(B) the deception, misinformation, and numerous lies reported to Congress and the American People throughout the COVID–19 pandemic; and

(2) the Speaker of the House of Representatives should reinstate the Holman Rule and provide expeditious consideration of legislation that reduces the salary of the Director of the National Institute of Allergy and Infectious Diseases and Chief Medical Advisor to the President (Dr. Anthony Fauci) to $0.00.

Regarding Reference 1 – Part Two : ***A Forfeiture Demand Increasing in Validity***

On page 15 of Reference 3, I introduced both of you to Dr. Reiner Füllmich (and Dr. David Martin).

Dr. Reiner Füllmich, Ms. Viviane Fisher, and distinguished attorneys are collaborating on a globally based *'Grand Jury: The Court of Public Opinion.'* Invitations were accepted by legal, financial, science, medical and political experts. On 5 February 2022, Dr. Füllmich stated the charges and identified the defendants:

"This case involves the most heinous of crimes, committed against humanity under the guise of a corona pandemic on a global scale, (which) looks complicated only at first glance. But when you put together all those pieces, all those little pieces of the puzzle, as we will do this for you, with the help of many renowned experts and other witnesses during this proceeding, you will see **four sets of facts**.

Fact One There is no corona pandemic, but only a PCR test 'plandemic' fueled by an elaborate psychological operation designed to create a constant state of panic among the world's population. This agenda has been long-planned, it is ultimately unsuccessful; precursor was the swine flu some twelve years ago, and it was cooked up by a group of super rich psychopathic and sociopathic people who hate and fear people at the same time, have no empathy, and are driven by the desire to gain full control over all of us, the people of the world. They're using our governments and the main stream media, both of which they literally own, to convey their panic propaganda twenty-four-seven.

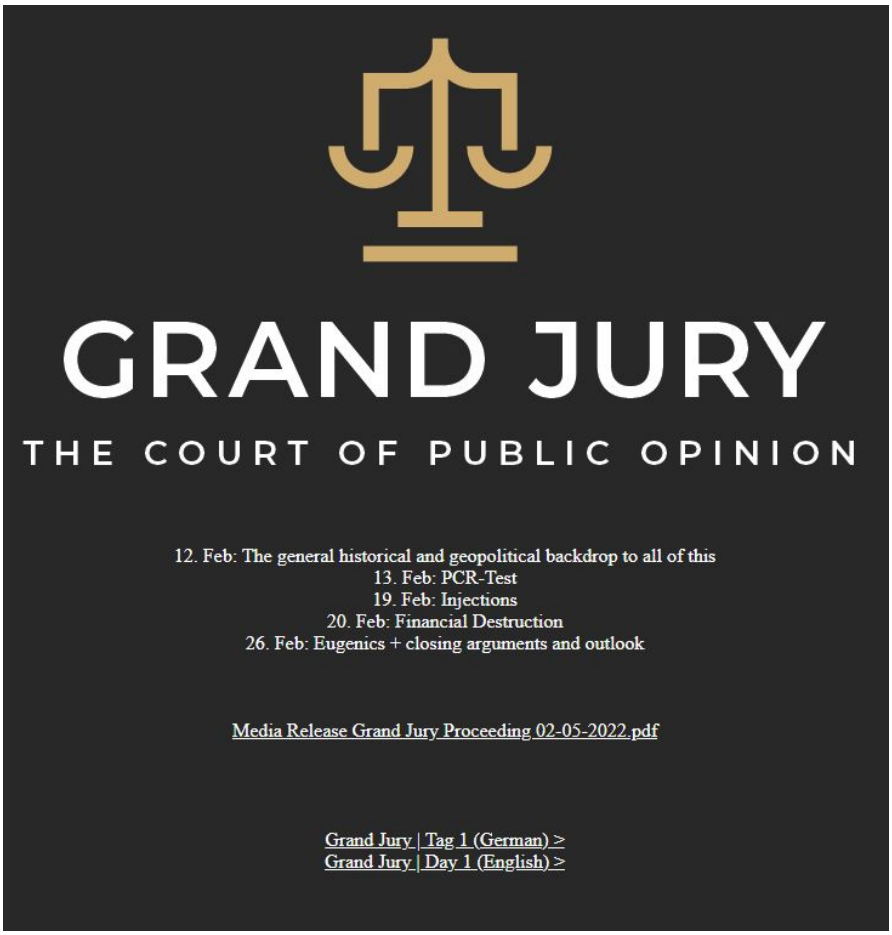
Fact Two The virus itself can be treated safely and effectively with Vitamin C, D, zinc, etc., and also with off-label use of Ivermectin, hydroxychloroquine, etc. But all these, *not* 'alternative methods of treatment,' but *real* methods of treatment were banned by those who are using the guise of this plandemic to push their ultimate goal, which is to get everyone to receive the; as we will show in this proceeding, not only ineffective but highly dangerous, yes lethal experimental injections.

Fact Three The same people who made the swine flu, which ultimately turned out to be a mild flu, into a pandemic twelve years ago, by first changing the definition of what a pandemic is, and then creating panic, created this corona pandemic. The swine flu was their first real attempt at creating a pandemic. And just as one of its purposes then was to divert our attention from the blatantly fraudulent activities of *their* financial industry, more aptly to be called a financial mafia, which had become visible through the Lehman crisis, this is also one of their major purposes of *this* corona plandemic now. Had we taken a closer look then, during the Lehman crisis, instead of blindly believing 'our' governments; government's promises that the perpetrators of those financial crimes will be held liable, we would have seen then that they had been looting and plundering our public coffers for decades. And we would have seen that our governments are not our governments anymore, but rather they have been taken over by the other side by their main platform, the World Economic Forum, which had started to create their own global leaders, through their Young Global Leaders Program, as early as 1992. **Two of the first graduates being Angela Merkel and Bill Gates.** And we would have understood, already then, what we will show you now through this proceeding. These financial crimes went unchallenged by our politicians because they are *aiding & abetting* those who commit them, and profiting from these crimes.

Regarding Reference 1 – Part Two : *A Forfeiture Demand Increasing in Validity* CONCLUSION

Fact Four Ultimately however we will show to you, the jury, that the other side's main purpose is to gain full and complete control over all of us. This involves the finalization of their looting and plundering, by deliberately destroying our small and medium sized businesses; retail businesses, hotel and restaurants, so that platforms, such as Amazon, can take over. *And*, this involves population control, which in their view requires both a massive reduction of the population, and manipulating the DNA of the remaining population with the help, for example, of mRNA experimental injections. But it also requires, in their view, the deliberate destruction of democracy, of the rule of law, and of our Constitutions through chaos; so that ultimately we will agree to losing our national and cultural identities, and instead will accept a One World Government under the United Nations which is now under the full control of them, and their World Economic Forum; a digital passport through which each and every move is monitored and controlled, and one digital currency which we will only be able to receive from one world bank; theirs of course!

At the conclusion of the case, and after you have heard all the evidence, we are confident that you will recommend indictments against all six putative figurehead defendants: Christian Drosten of Germany, Anthony Fauci of the United States, Tedros (Adhanom Ghebreyesus) of the World Health Organization, Bill Gates, Blackrock and Pfizer."



For the latest on this effort see: https://crimesagainsthumanitytour.com/

Regarding Reference 1 – Part Three : *A Forfeiture Demand Increasing in Validity*

On Monday, 24 January 2022, Senator Ron Johnson (R-WI) held the following Roundtable:

Senator Johnson invited (using US Senate letterhead) officials who make claims about COVID-19 "expertise" . . . from origins of the "virus," to medical/hospital treatments, to nursing home procedures, to safety protocols; especially "experts" on lockdown/facemask mandates. These invitations were sent to:

Dr. Anthony S. Fauci, MD	**Director of the National Institute of Allergy and Infectious Diseases and Chief Medical Advisor to President Biden**
Dr. Francis S. Collins	MD, Ph.D., Former Director of the National Institutes of Health
Dr. Albert Bourla	DVM, Ph.D., Chairman and Chief Executive Officer of Pfizer
Dr. Rochelle P. Walensky	MD, MPH, Director of the Centers for Disease Control and Prevention
Dr. Scott Gottlieb	MD, Former Commissioner of the U.S. Food and Drug Administration
Dr. Rick Bright, Ph.D.	Former Director of Biomedical Advancement Research and Development Authority
Dr. Janet Woodcock	MD, Acting Commissioner of the U.S. Food and Drug Administration
Dr. Lawrence A. Tabak	DDS, Ph.D., Acting Director of the National Institutes of Health
Mr. Jeffrey D. Zients	White House Coronavirus Response Coordinator
Dr. Ugur Sahin,	MD, Chief Executive Officer of BioNTech
Ms. Stéphane Bancel,	MBA, Chief Executive Officer of Moderna Therapeutics
Dr. Ashish K. Jha	MD, MPH, Dean of Brown University School of Public Health
Dr. John R. Raymond Sr.	MD, President and CEO of Medical College of Wisconsin
Dr. Jonathan Reiner, MD	Professor of Medicine and Director of Cardiac Catheterization Labs

Of these, how many participated? Of these, **such as you Mr. Fauci**, how many offered the **basic** courtesy of RSVP? But regarding the esteemed experts that *did* participate, how many wore facemasks? [8]

[8] See https://www.ronjohnson.senate.gov/2022/1/media-advisory-sen-johnson-to-hold-panel-discussion-covid-19-a-second-opinion. And re-read Memo 2 to Fauci; his big money quote to the Financial Times of London, Page 5 above.

Lockdowns, Face Masks, and the Fauci / Pollack Vaccine Promotion Schemes as "Messaging"

In Reference 3, Page 26 of 39, I reviewed the Fauci accusations of "lying," hurled at Senator Rand Paul. I concluded that review with the following (screenshot):

> In a vile but revealing **demonstration of your true person**, you began putting your fingers into the faces of the Senate, in **a threatening and violent manner**. If your proximity was closer, and took place on campus, your shouting and physical actions would have been interpreted by any reasonable person as imminent physical danger; **your arrest by the Cornell University Police would have occurred / been justified**.

But the most threatening behavior, as it relates to public health, is your reputation for dishonesty, diversion, and opacity. This includes half-truths to outright lies; deployed by commission and omission. [9]

As documented below, your deceptions have been criminal, and your theatrics range from Cornell University to the White House Coronavirus Task Force press conference of November 19, 2020:

Regarding Cornell, mere weeks earlier at *StayHomecoming 2020*, the closed stream of October 6, 2020, the Fauci/Pollack theatrics began with **"messaging"** on face masks. Your scheme included pre-planned political diatribe directed against President Donald Trump. But in contrast to the science of Reference 4, your arrogance focused on the **non-wearing of face masks by Trump**. This "messaging" was part of your vaccine promotions, targeting both Cornell and the nation (See Page 3 above).

---

[9] Regarding Mr. Fauci, in Reference 1 / Page 2 / Footnote 2, I documented that this opinion is widely dispersed and held by credible sources, including respected active professors at my alma mater, Cornell University.

INTERMISSION – Joint Memo #1 to Fauci / Pollack

Your priority; your primary constituent, is not the health and well-being of the nation or Cornell. At obvious levels you are committed to Moderna and Pfizer Corporations, **and their high profit needles, which are protected from liability. In addition to your lockdown/face mask ruse, liability immunity is also pre-emptive within the context of The Great Reset. Your affiliation with Mr. Klaus Schwab, Mr. Bill Gates, and other Great Reset buffoons is well-established.** [10]

As introduction to the Fauci/Pollack participations in the *"95% Effective"* lie, and therefore Subject 4, we review events connected to your suitor; who is now the focus of the Court order shown on Page 12 below:

[10] As discussed on Page 3, your lockdown/facemask edicts were a "vaccine" promotional ruse, unrelated at historical and scientific levels to good health . . . as Reference 4 shows, you knowingly inflicted the exact opposite.

"95% Effective" **THE BOLD-FACED LIE !**

When persons in authority, of alleged expertise and especially alleged virtue; deploy wording that is meant, or is known to deceive, those persons are, by definition, **liars**.

The Fauci quote of 10 July 2020 to Financial Times of London:

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

Ever since 6 January 2022, when US District Judge Mark Pittman rejected the adolescent excuses of Pfizer and their lackeys at the FDA, and ordered release of documents that will affirm the truth versus the Fauci / Pollack LIES about the needle being *"95% effective,"* you Mr. Fauci, and you Ms, Pollack, ***"haven't been on television very much lately."***

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

<u>Mr. Anthony Fauci and Ms. Martha Pollack : Pfizer *sales & marketing* representatives</u>

After your vaccine promotions at StayHomecoming 2020, and your Financial Times quote; Mr. Fauci <u>*was*</u> on television. On 19 November 2020 you stood before the nation, and became central to a fundamental **lie about the Pfizer "vaccine."** At that White House Coronavirus Task Force meeting, you were the first government official to make statements connected to the *"95% effective"* mantra. A BOLD-FACED LIE!

Immediately, financial and agenda-driven interests at Cornell began parroting that *"95% effective"* lie. From Pollack, to university staff, to professors of immunology, to Cornell webpages; all focused on the manipulation/exploitation of the ignorance and innocence of the students . . . a nearly endless entourage of despicable behavior. **This all occurred *prior* to the above *unanticipated* Court order!** (ATTACHMENT 6)

"95% Effective" **A BOLD-FACED LIE !** CONTINUED

On Page 21 of Reference 1, I already discussed **these two now-scrubbed** Cornell website screenshots. The Court's order on Page 12 above compels re-emphasis:

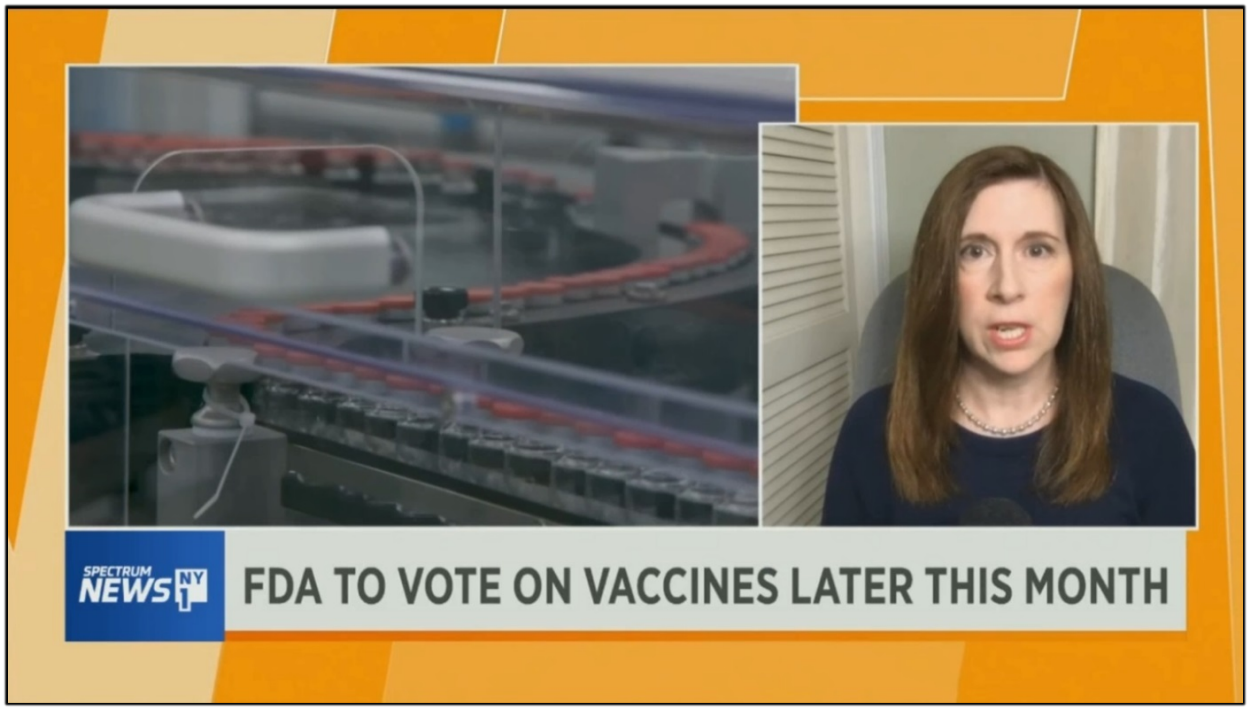
Is the vaccine safe? ⓘ UPDATED MAR 3

All data currently available indicate that the vaccines are safe. Thus far, no serious long-term side effects have occurred and no study participants who received vaccine died of COVID-19. Some individuals do experience minor side effects that reflect the body's immune response beginning; a tiny number of individuals have experienced allergic reactions and have required immediate treatment, which has been successful.

How effective is the vaccine?

Pfizer reports that the vaccine is 95% effective. Moderna reports that their vaccine is 94% effective.

On 2 December 2020, the vested-interest Professor of Immunology **Cynthia Leifer** began flacking the *"95% effective"* fraud on local New York City news; a short walk to Pfizer headquarters:



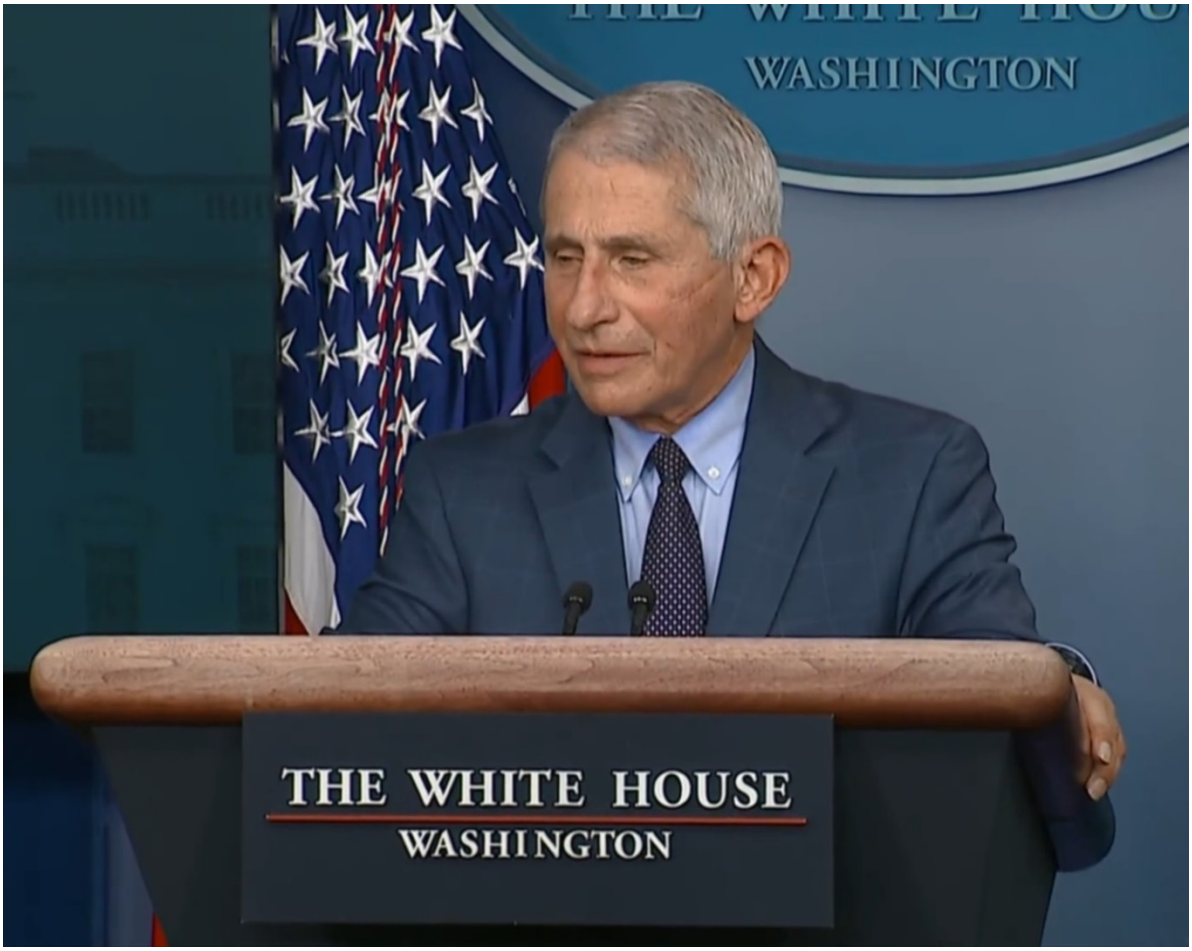
"95% Effective" **A BOLD-FACED LIE !** CONTINUED

Mr. Fauci and Ms. Pollack have blatantly failed to disclose, to the nation and Cornell, their favorite "vaccine" marketing tool: **Liability Immunity:**

If the needle you have both vigorously promoted is *"95% effective,"* then why liability immunity?

If the needle you have both vigorously promoted is *"95% effective,"* then why one billion dollars of taxpayer-funded "communication science" as promoted by HR 1319?

Liability immunity is a pre-emptive operative of globally-based crimes. A preamble to such involves your **intimacy** with Pfizer and Moderna; the companies loudly praised by Fauci at the 19 November 2020 White House Coronavirus Task Force press conference:



Your intimacy with Pfizer/Moderna is evidentiary. The latter involves knowledge of, and participations in, globally-based crimes-against-humanity on a scale never before endured in history. [11]

Fauci and Pollack cannot enjoy and boast of insider intimacy with Big Pharma at one moment, and then deny that intimacy when the next moment includes criminality. You cannot have it both ways.

[11] Far outstripping *An Gorta Mor*, and even the Bolshevik inspired *Holodomor* inflicted against Ukraine.

"95% Effective" **A BOLD-FACED LIE !** CONTINUED

The Fauci contribution to Subject 5 is <u>includes</u> your speech at the 19 November 2020 White House Coronavirus Task Force conference. A transcript? Merely read the Pfizer press release of **the day before**! As his #1 sales & marketing rep, your White House job performance pleased the Vaccine King, Mr. Bourla:

BIONTECH

Pfizer and BioNTech Conclude Phase 3 Study of COVID-19 Vaccine Candidate, Meeting All Primary Efficacy Endpoints

November 18, 2020

- *Primary efficacy analysis demonstrates BNT162b2 to be 95% effective against COVID-19 beginning 28 days after the first dose; 170 confirmed cases of COVID-19 were evaluated, with 162 observed in the placebo group versus 8 in the vaccine group*
- *Efficacy was consistent across age, gender, race and ethnicity demographics; observed efficacy in adults over 65 years of age was over 94%*
- *Safety data milestone required by U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) has been achieved*
- *Data demonstrates vaccine was well tolerated across all populations with over 43,000 participants enrolled; no serious safety concerns observed; the only Grade 3 adverse event greater than 2% in frequency was fatigue at 3.8% and headache at 2.0%*
- *Companies plan to submit within days to the FDA for EUA and share data with other regulatory agencies around the globe*
- *The companies expect to produce globally up to 50 million vaccine doses in 2020 and up to 1.3 billion doses by the end of 2021*

NEW YORK and MAINZ, GERMANY, November 18, 2020 —Pfizer Inc. (NYSE: PFE) and BioNTech SE (Nasdaq: BNTX) today announced that, after conducting the final efficacy analysis in their ongoing Phase 3 study, their mRNA-based COVID-19 vaccine candidate, BNT162b2, met all of the study's primary efficacy endpoints. Analysis of the data indicates a vaccine efficacy rate of 95% ($p<0.0001$) in participants without prior SARS-CoV-2 infection (first primary objective) and also in participants with and without prior SARS-CoV-2 infection (second primary objective), in each case measured from 28 days after the first dose, 7 days after the second dose. The first primary objective analysis is based on 170 cases of COVID-19, as specified in the study protocol, of which 162 cases of COVID-19 were observed in the placebo group versus 8 cases in the BNT162b2 group. Efficacy was consistent across age, gender, race and ethnicity demographics. The observed efficacy in adults over 65 years of age was over 94%.

There were 10 severe cases of COVID-19 observed in the trial, with nine of the cases occurring in the placebo group and one in the BNT162b2 vaccinated group. To date, the Data Monitoring Committee for the study has not reported any serious safety concerns related to the vaccine. A review of unblinded reactogenicity data from the final analysis which consisted of a randomized subset of at least 8,000 participants 18 years and older in the Phase 2/3 study demonstrates that the vaccine was well tolerated, with most solicited adverse events resolving shortly after vaccination. The only Grade 3 (severe) solicited adverse events greater than or equal to 2% in frequency after the first or second dose were fatigue at 3.8% and headache at 2.0% following dose 2. Consistent with earlier shared results, older adults tended to report fewer and milder solicited adverse events following vaccination.

In addition, the companies announced that the safety milestone required by the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) has been achieved. Pfizer and BioNTech plan to submit a request within days to the FDA for an EUA based on the totality of safety and efficacy data collected to date, as well as manufacturing data relating to the quality and consistency of the vaccine. These data also will be submitted to other regulatory agencies around the world.

The above amounts to a Pfizer sales brochure. It is not a scientific paper that has endured peer review and formal publication. Your role was clearly focused on its last paragraph. On 11 December 2020, less than a month after the White House meeting, the FDA granted an Emergency Use Authorization (EUA)!

<u>Question</u> : Prior to a peer-reviewed published scientific paper, the EUA is issued ?! The Pfizer paper was not published until 31 December 2020. It was farcical. By contrast, the Court's order (Page 12 above) demands scrutiny of <u>real world</u> data, which will <u>continue</u> to implicate Pfizer, Moderna, Cornell, Mr. Fauci, Ms. Pollack, Mr. Biden, Mr. Collins, Ms. Leifer, and many others.

"95% Effective" **A BOLD-FACED LIE !** CONTINUED

The Fauci contribution to Subject 5 is deeply related to your perjuries before the US Senate; highlighted by your diversions about Gain of Function (GOF) research. Subject 5 is detailed on Page 32 below.

You began your sales spiel at the 19 November 2020 White House Coronavirus Task Force as follows:

> *"Thank you very much Mr. Vice President. As I was sitting there I was recalling that about seven or eight months ago, I stood at this exact spot, at a time when there was really an extraordinary surge in cases in the northeastern part of the country, in New York City."*
>
> *And I said that if the virus was left to its own devices it would cause a significant degree of devastation, because that's what pandemic viruses do. It's a very powerful force, and you've heard about that, and what we need to do about it.*
>
> *However I also said, as some of you can remember, that there's an opposing force to that. And that opposing force is us; you and I being able to do certain things, like mitigation with public health measures."*

Your so-called 'public health measures' **led to tens-of-thousands of deaths in the New York nursing homes alone**. Bolstered by the "rt-PCR tests" fraud, these measures included the **grotesqueries** listed on Page 4 above . . . **Grotesqueries** mandated upon Cornell students by Ms. Pollack were her role in Pfizer vaccine promotions . . . **mandates that provided ZERO COVID mitigation:**

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.

Make no mistake, Mr. Fauci and Ms. Pollack, your endorsement/enforcement/promotion of those vaccine-mandating, Fraudulent Marketing **grotesqueries** also led to the suicide deaths of our children.

"95% Effective" **A BOLD-FACED LIE !** CONTINUED

Fauci continued his "vaccine" sales pitch at the 19 November 2020 White House Coronavirus Task Force:

> *"But there's another opposing force to that, and that's a vaccine. And historically if you look at highly efficacious and effective vaccines, through the years they've crushed formidable outbreaks, like small pox, like polio, like measles. So in the next couple of minutes let me tell you about what we have now, and what's gonna happen in the next few months."*

According to Fauci the only opposing force against COVID-19 is the high profit Bourla needle? **This is not merely a lie; this practice was previously litigated as 'fraudulent marketing.'** (See Page 22 below)

But Pfizer's #1 sales & marketing rep lied about COVID-19; already "crushed" by off patent re-purposed medications. Early hydroxychloroquine treatments by Dr. Vladimir Zelenko, Ivermectin treatments by Dr. Pierre Kory, or budesonide treatments by Dr. Richard Bartlett, are examples. As was well-known to Fauci, these physicians had zero "breakthrough" cases and zero return patients. **There is no waning with early re-purposed treatments! There is no waning with natural immunity!** (See Pages 38-39 below)

Fauci was also fully aware, by May 2020, **a full SIX MONTHS before his White House infomercial;** Lancaster, Pennsylvania had already "crushed" COVID-19. By rejecting Pollack's "new normal," they never relinquished their real normal. They never submitted to Pollack's **grotesqueries** of Page 4 above . . . and not one was injected with the Pfizer mRNA needle from her comrade Mr. Albert Bourla. The Amish normal had no COVID deaths . . . and **zero venous thromboembolism induced amputations:**

MEMO: This *"95% Effective"* section affirms your intimacy especially with Pfizer, and your connections to globally-based crimes-against-humanity. Tactical Context, see Subject 5, Page 32 below.

"95% Effective" **A BOLD-FACED LIE !** CONTINUED

As Fauci continued his "vaccine" sales pitch at the 19 November 2020 White House Coronavirus Task Force, he was compelled to begin lying by commission and omission:

> *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.*
>
> *The question is, what about how that is going to be rolled out. I use the word efficacious. That means what happens in a clinical trial. The word effective means, is what the ultimate impact is going to be on society. And the only way you can get an effective program is when people take the vaccine."*

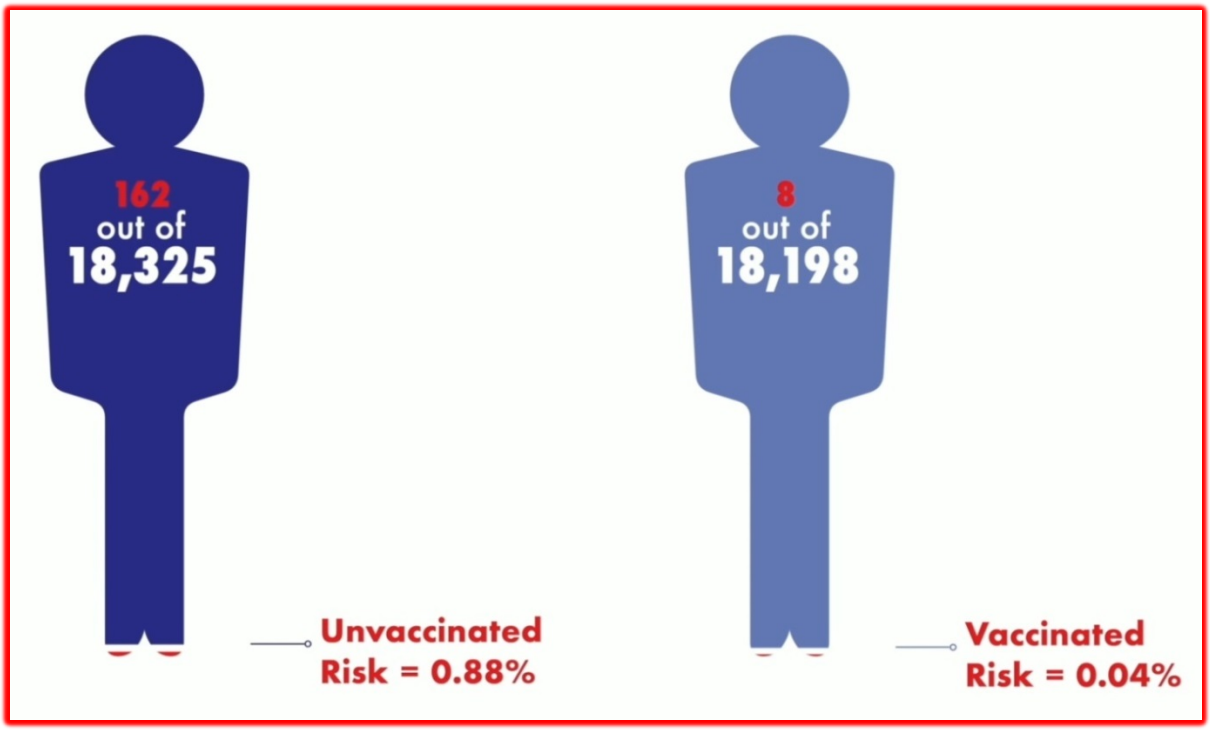
Regarding that quote, your inveracity included insidious conflations. But your greatest inveracity involves the horrific maiming and death that resulted from the EUA. **Detailed below, the EUA was the underbelly; the true focus and true purpose of your White House infomercial.**

"95% Effective" **A BOLD-FACED LIE !** CONTINUED

That someone in your position would be *so* dishonest, *so* contorted with self-absorbed "success-oriented" dementia is frightful! 'Not incompetence at the medical levels, hardly. You knew exactly what you were saying, **and not saying**. And you knew exactly the combined effect on the sound-bite-hungry in-it-for-the-money tramps of the legacy news media.

There are so many misleading statements, innuendos and outright lies in the Fauci quote of Page 18 above, it will take Congressional hearings, and product liability lawsuits to unpack them. Since you condescended with the qualifier, "*those not acquainted with the field of vaccinology,*" we restrict analysis to falsehoods that do not involve/require knowledge of vaccinology, but merely grammar school statistics and common sense.

The Pfizer sales brochure that you relied on (but did disclose) at the White House did not detail the precise arithmetic basis of the **"95% Effective"** claim; a claim mindlessly regurgitated by Ms. Pollack.



Without any details on the nation-of-origin, the true health condition, the health habits, the age, or the sex contained in the two divisors; 18,325 for the unvaccinated versus 18,198 for the vaccinated, you spewed the Pfizer result of dividing the broad relative difference (0.84% = 0.88% – 0.04%) by the alleged unvaccinated risk in the trial (0.88%). **That is, 0.84% ÷ 0.88% = 0.95454545, or 95%.**

You knew exactly what you were **not** saying. You knew the White House, the nation and Cornell would assume that "America's Doctor" was stating Absolute Risk Reduction (ARR), **not** Relative Risk Reduction (RRR). You were fully aware that laypeople would believe that their individual COVID-19 risk, after the needle, would drop to an "extraordinarily impressive" 5%. It is called lying-by-omission.

'Effective versus efficacious'? As Sales & Marketing Rep for Pfizer, you were compelled to say, "*an effective program is when people take the vaccine.*" This sales hype was further confirmation that the EUA, and the implied cash flow, was the true purpose of your White House infomercial.

"95% Effective" **A BOLD-FACED LIE !** CONTINUED

An astounding but revealing portion of your **White House infomercial** was your conflating of the history of measles, with that of COVID-19:

> *"With regard to Pfizer, it was **95% efficacious**, not only against disease that's just clinically recognizable disease, but severe disease . . .*
>
> *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."*

No Mr. Fauci . . . that is **not** what we are dealing with. In the general sense we are dealing with a person that Cornell University Professor of Chemistry and Chemical Biology, Dr. David B. Collum, describes as:

"A pathological liar!"

In the Dr. Collum's context, we are dealing with someone unabashed when manipulating the ignorance of the White House press corps; or utterly unrepentant while exploiting the innocence of Cornell students.

Let us detail the specific sense. As a person that loudly boasts of being "acquainted," you are on-record conflating the long history of the measles disease and its vaccine with that of COVID-19?! Let us go-slow, so even "America's Doctor" can understand.

First of all Mr. Fauci, there is no connection between measles and the Wuhan Laboratory of Virology in China, where you and EcoHealth Alliance co-criminal Peter Daszak illegally orchestrated taxpayer-funded Gain-of-Function (GOF) research.

The first documentation of measles occurred in Persia in approximately 880 AD. Millions upon billions of humans in history, spanning over 1,000 years, have been infected and survived intact without the use of liability-immune Pfizer needles.

The virus that causes measles did not result from GOF research, or patent applications involving spike proteins, cleavage sites, or Chinese bats.

At no time did the development of the measles vaccine involve Mr. Anthony Fauci . . . or his colleagues at Health and Human Services (HHS) who proposed an "entity of excitement" as a pre-EUA promotional rant:

"There might be a need, or even an urgent call for an entity of excitement out there, that's completely disruptive, that's not beholden to bureaucratic strings and processes…But it is not too crazy to think that an outbreak of a novel avian virus could occur in China somewhere . . ."

"95% Effective" **A BOLD-FACED LIE !** CONTINUED

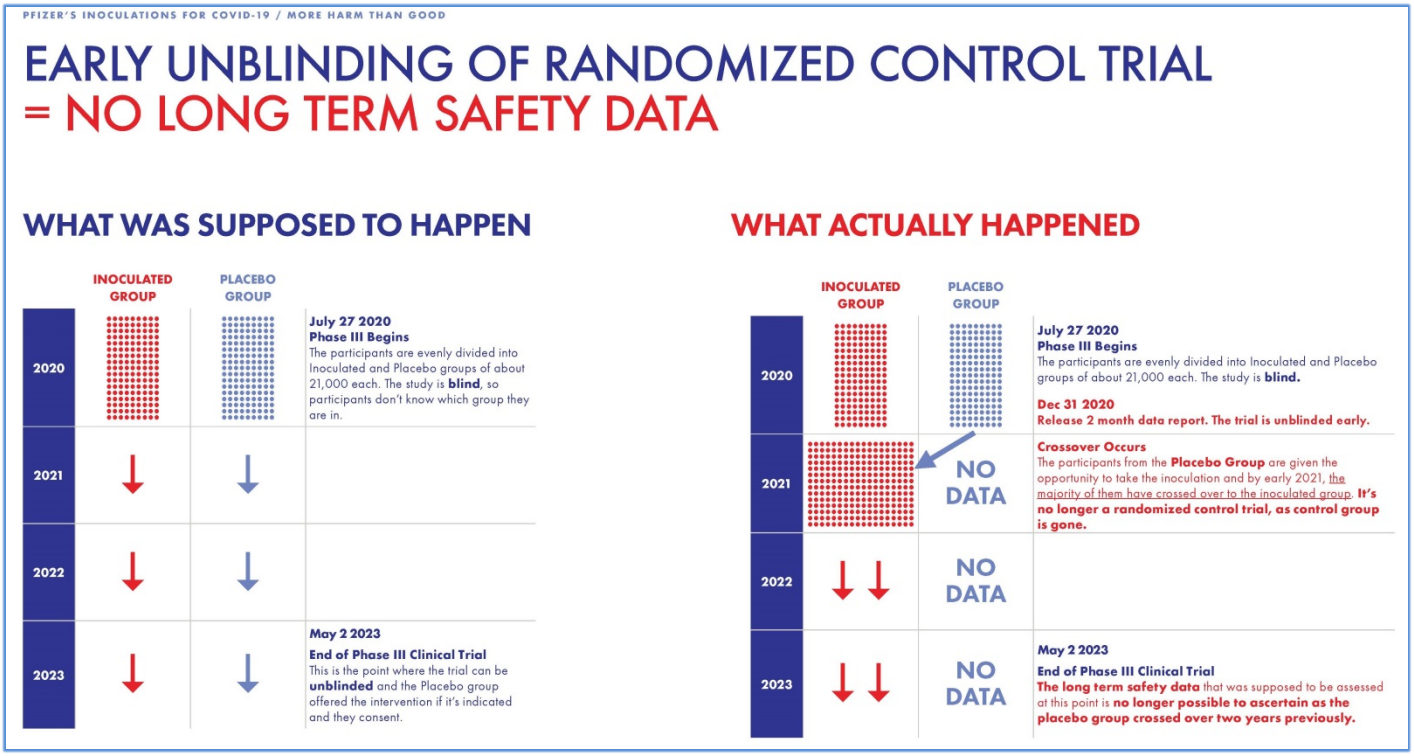
Regarding Fauci conflating the history of measles with that of COVID-19, a grammar school level review reveals that the first modern era attempt at a treatment for measles came from Germany in 1947, but was actually a serum in the form of gamma globulin.

It was not until 1962 that the "attenuated" vaccine was developed. In 1963 a license was issued to Merck for its measles vaccine (with gamma globulin). Broad distribution occurred in 1968, after the development and isolation of the Moraten virus strain ("More Attenuated Enders"). The new 1968 vaccine, Attenuvax, did not require simultaneous injection of gamma globulin (used to reduce adverse reactions).

Even if one restricts review to the modern era, development of a real measles vaccine (which does not involve mRNA technology), involved over two decades. Safety confirmation involved many years.

But . . . that effectiveness of Attenuvax at 97%? That rating is based on six long decades of real world deployment . . . statistics involving MILLIONS of non-trial recipients:

THE "95% EFFICACIOUS" COVID CRAP THAT FAUCI SPEWED IS BASED ON A "CONFIDENTIAL" TRIAL, LATER UNBLINDED; CONDUCTED BY THE MOST LITIGATED, HIGHEST SETTLEMENT PAY-OUT CORPORATION IN HISTORY . . . INVOLVING A FEW THOUSAND AND ONLY TWO MONTHS !?



"95% Effective" **A BOLD-FACED LIE !** CONTINUED

Subject 4: The Conspiracy and Crime of 'Fraudulent Marketing'

Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE Wednesday, September 2, 2009

Justice Department Announces Largest Health Care Fraud Settlement in Its History

Pfizer to Pay $2.3 Billion for Fraudulent Marketing

It will not be difficult to convince a jury that the portent of the prior **"fraudulent marketing"** case, notoriously brought against Pfizer by the US Department of Justice in 2009, comports with charges to be brought against Mr. Anthony Fauci and Ms. Martha Pollack. Some preliminary case facts:

1. **Liability Immunity**, a key element of the COVID-19 marketing plan, is not merely fraudulent but criminal. Fauci/Pollack obscuration of Liability Immunity (for Pfizer) constitutes Fraudulent Marketing.
2. The grotesqueries listed on Page 4 above are a key tactic of COVID-19 market ***development;*** encouragement/enforcement of those grotesqueries constitutes Fraudulent Marketing.
3. Fauci statements merely sampled by 19 November 2020 at the White House, and statements/webpages by Ms. Pollack; both are sources emphatically declaring that the only viable treatment for COVID-19 is the high profit needles of Pfizer (or Moderna); a declaration known by Fauci/Pollack to be false. This constitutes Fraudulent Marketing.
4. From automotive to medicine, and everything in-between, the public's-right-to-know prevails regarding the actual content (mechanical, chemical, etc.). The manner in which the actual product content, and most importantly the true autonomical process of the mRNA needles, has been obscured from public view is far beyond unethical, is criminal, and constitutes Fraudulent Marketing.
5. The insidious process by which the mRNA needle was made **mandatory** constitutes crimes-against-humanity. The mandatory inoculation edict involved everything from taxpayer-funded "communications science" to social, economic and physical threats against any dissenting individuals or institutions. From government employees, to airlines workers, to Cornell University students, to health care workers; **all were told your lie** that the (mRNA) needle was the only "opposing force" that would resolve the "COVID-19 pandemic." That lie was at-best monopolistic, but also constituted Fraudulent Marketing.

A repulsive element of the **Fraudulent Marketing charges** involves the **details** of how the FDA Emergency Use Authorization (EUA) was granted, and then widely promoted to an innocent, frightened public. We now review the coercions spewed from the White House and 300 Day Hall, as well as lies about the basis of EUA approval, **and the fraud that the approval participants were "independent."**

***"95% Effective"* and the Fraudulent Emergency Use Authorization (EAU)**

Specific EUA approval tactics in question include activities of 10 and 11 December 2020. A key tactic is preambled by a Fauci quote from his White House infomercial on 19 November 2020:

> *" What about the decision of the data? Who looked at the data? Was that some force that was maybe trying to put something over on you? No! It was actually an independent body of people who have no allegiance to anyone. Not to the Administration. Not to me. Not to the companies. That looked at the data and deemed it to be sound.*

So . . . we have *"data"* created over a period of not more than two months, generated by the most corrupt, most litigated, most disrespected corporation in the history of capitalism . . . and "America's Doctor" is then conflating this with *"an independent body*." Have we got that correct Mr. Fauci?

We have the *"some force"* of phantom data, being analyzed by phantoms you call an *"independent body,"* and these phantoms have *"no allegiance to anyone,"* especially not to the *"companies"* ?! Like Pfizer?

How would you know <u>any</u> of that with certainty, unless you had deep ties to the data generation and to the *"companies"* ? Unless you had decades of intimacy with Pfizer in-particular? [12]

Given that few outside of the "companies" oversaw the actual data <u>generation</u>, and given whistleblowers and lawsuits now declaring that the entire Pfizer trial was incompetent and fraudulent; **in retrospect, why should we believe *anything* you claimed on 19 November 2020? Your claims at the White House were just infomercial coercions for an FDA EUA . . . nothing more.**

The Fauci claims of *"independent"* and *"no allegiance"* are fraudulent. Evidentiary parallels also exist for you Ms. Pollack. Your role under Mr. Albert Bourla on his **New York Forward Reopening Advisory Board (NYFRAB)**, your vaccine promotional grotesqueries (Page 4 above), your "new normal," your mandating of Pfizer needles against the Cornell students and staff, are just preliminary examples. [13]

---

[12] According to the ethical standards of Fauci (and Pollack), Mr. Scott Gottlieb, former head of the FDA, now a highly compensated member of the Board of Directors at Pfizer, whom Fauci has worked with extensively, is "independent"?!

[13] Ms. Pollack participations on the NYFRAB are detailed in prior letters; see Reference 3, Pages 20-22.

***"95% Effective"* and the Fraudulent Emergency Use Authorization (EAU)** CONTINUED

Confirming your true purpose at the White House, the selling of FDA Emergency Use Authorization, Mr. Fauci then emphasizes:

> *" Now, that data will be examined very carefully by the FDA, who together with an advisory committee, the Vaccine and Related Biological Products Advisory Committee, or VRBPAC, are going to look at that, before the FDA makes the decision about putting this forth for an Emergency Use Authorization or ultimately for a license."*

Confirming your intimacy with Pfizer and the upcoming EUA process, Fauci sold the innuendo that the upcoming FDA meeting, which would involve the VRBPAC, would also be *"independent."* Even the FDA press release of 11 December 2020 spewed that claim:

FDA NEWS RELEASE

FDA Takes Key Action in Fight Against COVID-19 By Issuing Emergency Use Authorization for First COVID-19 Vaccine

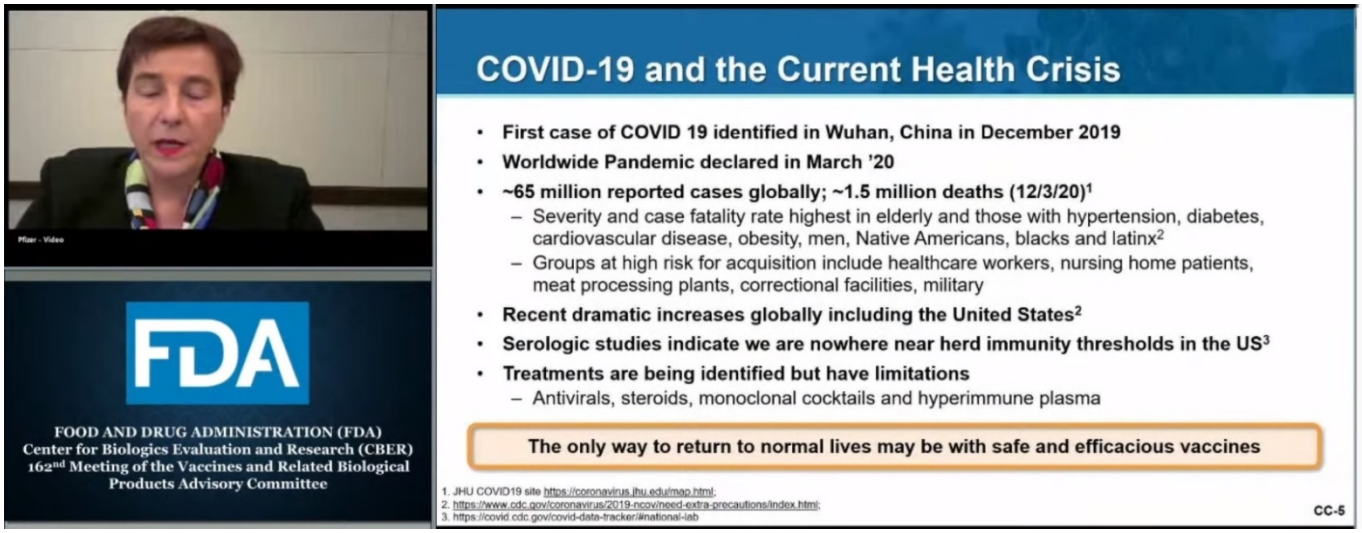
Action Follows Thorough Evaluation of Available Safety, Effectiveness, and Manufacturing Quality Information by FDA Career Scientists, Input from Independent Experts

For Immediate Release:

December 11, 2020

"Input from Independent Experts"? Given that the Pfizer sales brochures (Page 15 above) was already touted by Fauci and the White House as *thee* "data," what additional input was needed?

The moderator at the 10 December 2020 EUA meeting, Acting VRBPAC Chair Dr. Arnold Monto, introduced **Pfizer as thee "Sponsor Presentation."** There were several from Pfizer, including Dr. Kathrin Jansen, Senior Vice President and head of Vaccine R&D. **According to Fauci . . . this is independent?!**



***"95% Effective"* and the Fraudulent Emergency Use Authorization (EAU)**

EAU Summary – Quote from Mr. Fauci : *"Very Carefully" ?!*

1. Pfizer mRNA vaccine sales brochure released on 18 November 2020.
2. Mr. Anthony Fauci, in his role as Pfizer's #1 Sales and Marketing Rep, flacks that sales brochure, quoting directly from it the very next day at the White House on 19 November 2020.
3. At that 19 November 2020 White House **infomercial**, Fauci sold notions of *"data,"* and *"independent people"* and *"no allegiance,"* in connection with an upcoming meeting of the FDA wherein the EUA was to be objectively and scientifically evaluated (?).
4. Fauci declared on 19 November 2020 at the White House, that the "*data will be examined very carefully by the FDA,"* and that the review will be strictly *"independent."*
5. On 10 December 2020, the 162nd Meeting of the Vaccine and Related Biologics Product Action Committee (VRBPAC) occurs, wherein Pfizer is thee primary "Sponsor Presentation."
6. No dissenting voices were invited to the 162nd FDA/VRBPAC meeting; no non-vaccine treatment practicing and highly successful medical doctors were even notified of meeting.
7. The 162nd FDA/VRBPAC meeting was chaired by Dr. Arnold Monto; his University of Michigan office is a short drive to the Pfizer vaccine manufacturing facility in Kalamazoo, Michigan:

[14]

[15]

7. On 19 November 2020, Fauci declared at White House, "(Pfizer) *data will be examined very carefully by the FDA,"* which they conducted/concluded in one day . . . 10 December 2020?
8. ***"Very carefully"??*** **The very next day**, 11 December 2020, the FDA (formerly led by Mr. Scott Gottlieb, Page 23) approved an EUA for the **never-before-used Pfizer mRNA needle**; for injection into billions of human beings worldwide.

---

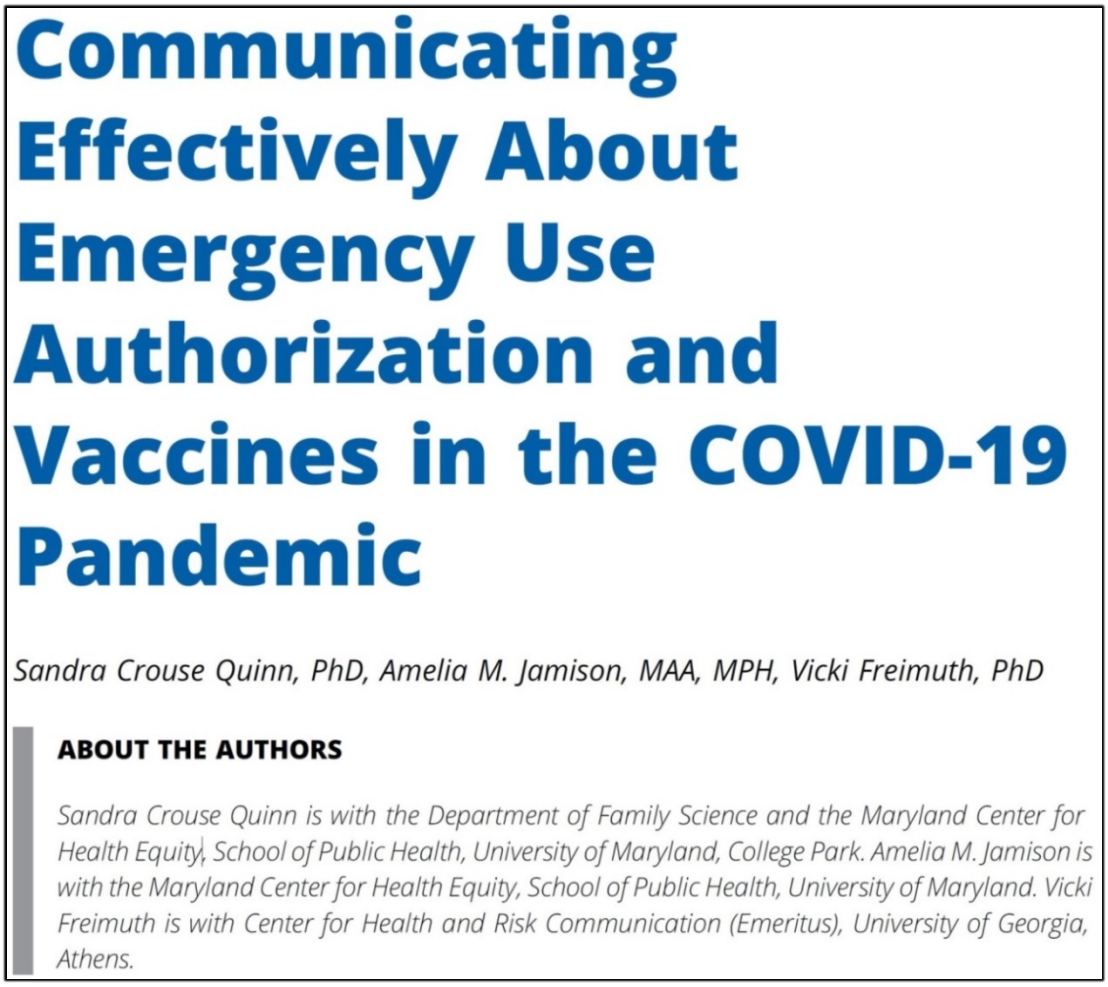
[14] After the "independent" EUA for Pfizer mRNA needles, Senator Gary Peters (D-MI) did an infomercial at the Pfizer center, *"I just got done meeting with President Biden, talking about how we need to make sure we're getting more vaccine out as quickly as possible, and getting into more people's arms. Behind me is the Pfizer manufacturing facility that's making the Pfizer vaccine that's gonna get us through this COVID crisis."*

[15] Shortly after the EUA, the unelected acting governor Kathy Hochul of New York (Pfizer corporate headquarters) renewed *her* Fraudulent Marketing, upping farcical demands and penalties on face masks, and even admonishing and openly slandering those who refused to believe her psychotic claim that Jesus was vaccinated.

Hospital and Health Administrators as Servile Instruments of The Great Reset

Within walking distance of Mr. Fauci's office, we find the Maryland Center for Health Equity.

In February 2021, the marketing issue of "vaccine hesitancy" was looming versus mRNA needles. To ensure that his Emergency Use Authorization (EUA) Christmas gift of December 2020 was fully realized by his suitor (Albert Bourla of Pfizer Corporation), Fauci recommended a pro-needle piece be drafted by the American Journal of Public Health (AJPH). Published in March 2021, it was entitled:



Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic

Sandra Crouse Quinn, PhD, Amelia M. Jamison, MAA, MPH, Vicki Freimuth, PhD

ABOUT THE AUTHORS

Sandra Crouse Quinn is with the Department of Family Science and the Maryland Center for Health Equity, School of Public Health, University of Maryland, College Park. Amelia M. Jamison is with the Maryland Center for Health Equity, School of Public Health, University of Maryland. Vicki Freimuth is with Center for Health and Risk Communication (Emeritus), University of Georgia, Athens.

Given that title, as a quick assessment of its overall veracity, I did a search on two, seemingly relevant words: truth and true. Both returned zero hits. As confirmed, the priority of this propaganda piece is not the truth; its focus is what the authors call "effective communication." The authors were honest about this.

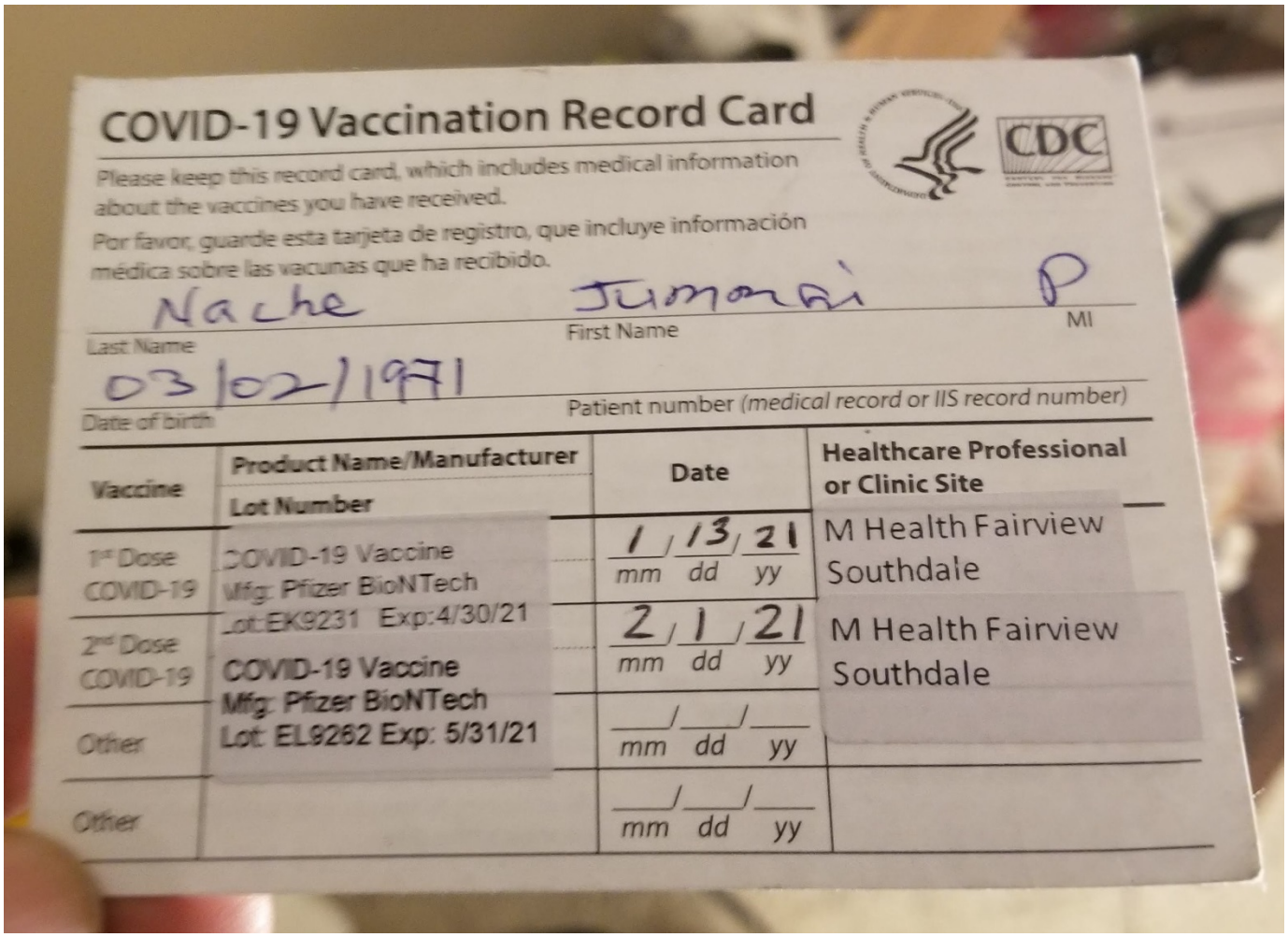
To their credit, the authors do spend enormous space on the implicit relationship between an EAU and the vaccine status of **experimental** :

> In the alternative, further confirming opinions of her, throughout the so-called COVID-19 pandemic, Ms. Pollack ensured that the word **'experimental'** (as a truthful qualifier of the Pfizer mRNA needle) was nowhere on the enormous Cornell University COVID "New Normal" websites. **Nowhere!**

Hospital and Health Administrators as Servile Instruments of The Great Reset

CONTINUED

Like Cornell, the University of Minnesota (U of M) is covered under a Fauci-inspired criminal provision of the PREP Act: **LIABILITY IMMUNITY**. Threatened with dismissal from her profession as a Medical Assistant, Mrs. Jummai Nache was coerced by the Administrators of U of M into the Pfizer needle:



COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Nache (Last Name) Jummai (First Name) P (MI)

03/02/1971 (Date of birth)

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	COVID-19 Vaccine Mfg: Pfizer BioNTech Lot:EK9231 Exp:4/30/21	1/13/21 (mm/dd/yy)	M Health Fairview Southdale
2nd Dose COVID-19	COVID-19 Vaccine Mfg: Pfizer BioNTech Lot: EL9262 Exp: 5/31/21	2/1/21 (mm/dd/yy)	M Health Fairview Southdale
Other		___/___/___ (mm/dd/yy)	
Other		___/___/___ (mm/dd/yy)	

Prior to the date 2/1/21, shown on her COVID-19 Vaccination Record Card, Mrs. Nache had never been hospitalized. She was characterized as a “model of health.”

Attachment 7 is a very short, but cruel photographic representation of what occurred to Mrs. Nache after she was forced to take the “95% effective” Pfizer needle.

Mr. Anthony Fauci and Ms. Martha Pollack have already seen the content of Attachment 7. Neither has lifted a finger in the name of “health equity” in behalf of the Nache Family.

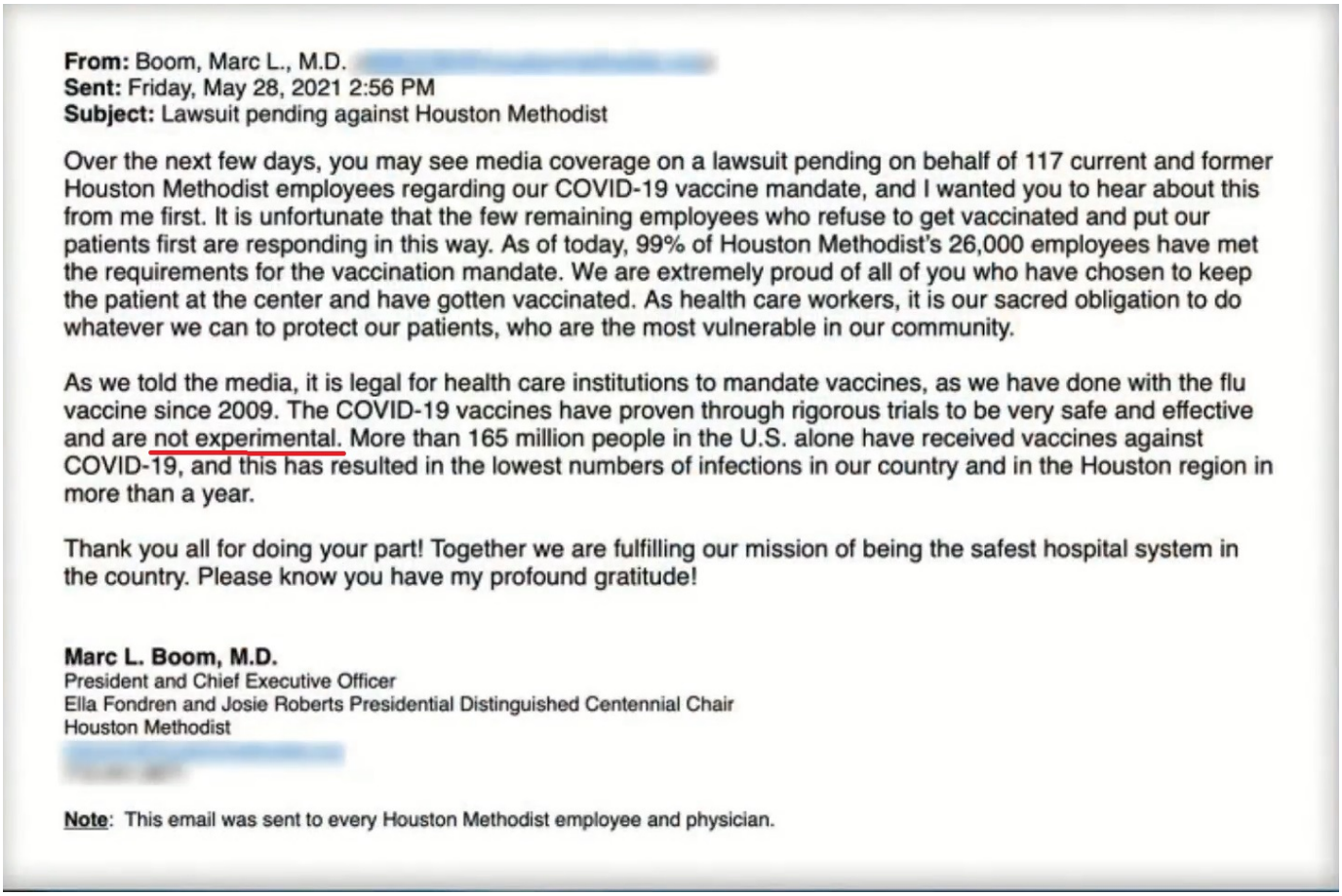
But there is a person also covered by the Fauci criminality of **LIABILITY IMMUNITY** that may be of even lower caliber. His name is Mr. Marc Boom, the administrator at Houston Methodist Hospital.

Hospital and Health Administrators as Servile Instruments of The Great Reset

CONTINUED

Similar to the University of Minnesota threats against Mrs. Jummai Nache, Mr. Marc Boom also threatened all Houston Methodist employees with dismissal if they failed to submit to his needle mandate. It comes as no surprise that Mr. Boom and Mr. Fauci are very close comrades. [16]

Prior to firing nearly 30% of his employees, Mr. Boom emailed to all the following **BOLD-FACED LIE:**



From: Boom, Marc L., M.D.
Sent: Friday, May 28, 2021 2:56 PM
Subject: Lawsuit pending against Houston Methodist

Over the next few days, you may see media coverage on a lawsuit pending on behalf of 117 current and former Houston Methodist employees regarding our COVID-19 vaccine mandate, and I wanted you to hear about this from me first. It is unfortunate that the few remaining employees who refuse to get vaccinated and put our patients first are responding in this way. As of today, 99% of Houston Methodist's 26,000 employees have met the requirements for the vaccination mandate. We are extremely proud of all of you who have chosen to keep the patient at the center and have gotten vaccinated. As health care workers, it is our sacred obligation to do whatever we can to protect our patients, who are the most vulnerable in our community.

As we told the media, it is legal for health care institutions to mandate vaccines, as we have done with the flu vaccine since 2009. The COVID-19 vaccines have proven through rigorous trials to be very safe and effective and are not experimental. More than 165 million people in the U.S. alone have received vaccines against COVID-19, and this has resulted in the lowest numbers of infections in our country and in the Houston region in more than a year.

Thank you all for doing your part! Together we are fulfilling our mission of being the safest hospital system in the country. Please know you have my profound gratitude!

Marc L. Boom, M.D.
President and Chief Executive Officer
Ella Fondren and Josie Roberts Presidential Distinguished Centennial Chair
Houston Methodist

Note: This email was sent to every Houston Methodist employee and physician.

His second paragraph is filled with so many lies and diversions; we are burdened where-to-begin:

"The COVID-19 vaccines have proven through rigorous trials to be very safe and effective…"?!

[16] Boom is notorious as Mr. Fauci's 'go to guy' for Remdesivir research and marketing . . . a drug so dangerous it is nicknamed, "Your death is near." The chief antagonist of Remdesivir, Dr. Bryan Ardis, was recently informed that he has been targeted for assassination. I expect/hope that claim is challenged.

Hospital and Health Administrators as Instruments of The Great Reset

CONTINUED

But Boom's boldness only begins there; his next claim (red line added):

"The COVID-19 vaccines . . . are not experimental."

This is such an outrageous lie . . . but it also gives us insight on just how arrogant he and his ilk have become. Boom and his clan are guilty of conspiracy, fraud, gross criminal negligence, medical malpractice, willful misconduct, and on and on . . . truly despicable, but revealing of the ever-plummeting status of our senior hospital and health care administrators.

The "not experimental" email did not come from lower level staff who *might* have been unaware of the direct connection between an EUA and experimental treatments. The email was sent to all subordinates, by the Administrator of Houston Methodist. It was not a misstatement; it was a purposeful and conscious LIE. Boom attempts to divert from the definition of an EUA by announcing:

"More than 165 million people in the U.S. alone have taken the vaccines against COVID-19 . . ."

So what ?! Even if Martians were mandated to take the Boom needles, that coercion would also have no effect on the EUA definitional status of being EXPERIMENTAL. Analysis of his needle hype confirms that Mr. Boom is also guilty of Fraudulent Marketing (Page 22 above). In short:

Mr. Marc Boom, the current administrator of the Houston Methodist Hospital, is a LIAR.

Hospital and Health Administrators as Instruments of The Great Reset CONCLUSION

Boom's contribution to Fraudulent Marketing, *"people (who) have taken the vaccines,"* deserves attention. The two lovely, caring women pictured next assumed divergent destinies; with their point-of-departure being a decision to submit or not-submit to the mRNA **experimental** needle mandate of their employers.

At-Left: Former Houston Methodist Hospital nurse Ms. Jennifer Bridges, publically denounced the lies of her former employer, and refused to be injected She remains perfectly healthy, and has been blessed by a new employer, providing real and competent health care to her patients.

At-Right: Former Medical Assistant at the University of Minnesota, Mrs. Jummai Nache, naïvely trusted her employer, and submitted to the experimental Pfizer mRNA needle. Her health has been utterly destroyed, and her family now struggles to make ends-meet as they grapple with the greed and avarice of Workers Compensation Review boards. Mrs. Nache's destiny is depicted under ATTACHMENT 7.

We conclude with a few samples from the AJPH marketing hype, Page 26 above (bolding added):

> *"During the influenza A (H1N1) pandemic, a national survey assessing willingness to accept existing EUA therapeutics and a hypothetical EUA vaccine found that only 8% of the respondents were willing to accept an EUA vaccine, with 28% reporting uncertainty and 64% outright refusal. Hispanic adults reported the highest willingness at 16.6%, followed by White adults at 7.2% and African American adults at only 4.2%. A 2010 survey examining the acceptance of peramivir, approved as an EUA, found that use of the term **'experimental'** on the fact sheet decreased willingness across the board, and particularly for African Americans."*
>
> *"FDA and the sponsor must test for readability and clarity and avoid language that stimulates negative responses (i.e., **experimental**)."*

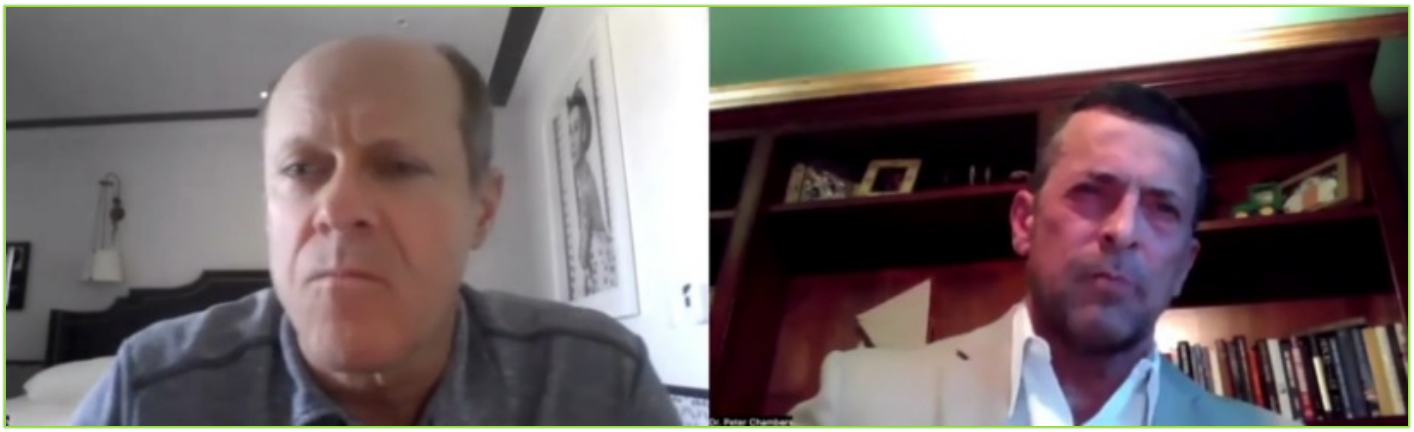
The "stimulation" that the AJPH is worried about involves public knowledge of the truth. **However, we must realize that these "effective communication" issues are what lurk as a true motivational stench behind Mr. Marc Boom and his "not experimental" email (Page 28 above).**

Effect of Truth and Reliable Data (mRNA needle) upon 'Informed Consent'

I have written to Ms. Pollack *ad nauseam* on her criminal neglect; her refusal to formerly inform the Cornell students and staff regarding the **LIABILITY IMMUNITY** provision, enforced in-behalf of her suitor on the New York Forward ReOpening Advisory Board, Pfizer CEO Albert Bourla (Page 11 above).

But related to Pages 26 thru 30 above, what is the effect of the truth upon the acceptance rate of the mRNA needle, experimental or otherwise? What happens to the acceptance rate when people can exercise genuine Informed Consent, as a result of reliable information and the real data, versus the *"95% effective"* sputum of people like Mr. Fauci?

In a very recent interview by Mr. Steve Kirsch of Army surgeon Dr. and Lt. Col. Pete Chambers, the outcome of that question is revealed. It was posed upon the otherwise vulnerable men and women of our United States military. Vulnerable, because they too have been lied to by commission and omission.



The key portion of that interview: [17]

Dr. and Lt. Col. Pete Chambers: I started doing some really serious counseling with solders, prior to them going in. We call that informed consent.

Mr. Steve Kirsch: Prior to them going in, you mean prior to them being vaccinated.

Dr. and Lt. Col. Pete Chambers: Prior to them going in, to get vaccinated, they had to sit through my Informed Consent briefs. Well my Informed Consent briefs were pretty effective, because out of 3000 solders, only 6 took it. I took data from the CDC, the NIH, VAERS; all these entities that are government entities . . ."

That ratio of uptake is 0.002 . . . or 0.2%. **Essentially ZERO!**

I can assure you, Mr. Fauci and Ms. Pollack, if the truth about the mRNA needle versus your *"95% effective"* sputum were shared with Cornell students, allowing true Informed Consent, their uptake would have been near ZERO (versus your grotesque mandates). The demographics of the solders in the Lt. Col. Chambers briefings, and those of our student body, are almost identical (See chart Page 4 above).

[17] It should come as no surprise that this interview was hurriedly censored by Ms. Susan Wojcicki of YouTube.

Subject 5: mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment

In my first COVID letter to Fauci of 21 July 2020 (copied to Pollack), on Page 8 of 36, I asked about a key but unsolicited part of your anti-hydroxychloroquine rant **to Politico of 27 May 2020,** when you stated :

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

We have already reviewed the Fauci/Pollack Fraudulent Marketing of *"95% effective."* At the White House infomercial of 19 November 2020, America's Doctor consoled the world as follows:

> *"And I hear a lot now, when we made these announcements this past Monday (16 November 2020), and then two Mondays ago (2 November 2020) about some reticence of people, 'Well, did you rush this? Was this too fast? Is it really safe? And is it really efficacious?'*
>
> *The process of the speed did not compromise at all safety, nor did it compromise scientific integrity. It was a reflection of the extraordinary scientific advances in these types of vaccines, which allowed us to do things in months that actually took years before. So I really want to settle that concern that people have about that.*
>
> *So we need to put to rest any concept that this was rushed in an inappropriate way. This is really solid."*

So . . . the "vaccine" you were marketing in May 2020 was "first developed" in January 2020; mere months after you and Mr. Bright jointly promoted an *"entity of excitement"* on 29 October 2019. The "vaccine" in the 2020 trials conducted by "we" were "*a reflection of the extraordinary scientific advances in these types of vaccines."* By "types" you mean mRNA, a technology that had never-before been injected into humans on a mass scale. **Is that correct Mr. Fauci?**

In response to your 27 May 2020 spiel to **Politico**, I expressed confusion in Footnote 1 (screenshot):

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

Question 1, referenced in my Footnote 1 of 21 July 2020 (screenshot):

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

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

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?

Subject 5: mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment CON'T

To put that screenshot from 21 July 2020 in perspective; in my letter of 20 November 2021 to former attorney for President Trump, Mr. Michael van der Veen, I stated on Page 3 of 21:

" 1. The notion that COVID-19 was a 'surprise outbreak' is farcical.

2. The so-called 'COVID-19 vaccine' is ***not*** in response to the SARS-CoV-2 virus; **but the exact opposite!** Attempts to patent mRNA contraptions, and market such as a 'vaccine' for SARS-CoV-1 had failed. SARS-CoV-2 was intentionally released to overcome ("blow up!") traditional systemic approaches to vaccine formulation, development, and safety confirmation protocols. A conspiracy theory? Hardly. Defendants and associated witnesses have already boasted of this reality, in public! " [18]

Are items 1 and 2 unfounded? Outrageous? Lacking in intuition? Lacking in insight?

On 10 March 2022, the "Vaccine King" was interviewed by the Washington Post. Pfizer CEO Albert Bourla muses about Fauci's *"extraordinary scientific advances in these types of vaccines"* (mRNA).

Bourla makes no such assertion. His exact interview transcript:

"It was counterintuitive because Pfizer was mastering or let's say we had very good experience and expertise with multiple technologies that could give a vaccine. Another virus but some of the other vaccines are. We were very good in doing that. Protein vaccines, we were very good in doing that. Plus many other technologies. ***mRNA was a technology*** *that we had less experience.* ***Only two years working on this.***

And actually, ***mRNA was a technology that never delivered a single product until that day. Not vaccine, not any other medicine, so it was very counterintuitive****, and I was surprised when they suggested to me that this was the way to go. And I questioned it. And I asked them to justify how can you say something like that. But they came and they were very very convinced that this is the right way to go.* ***They felt that the two years of work on mRNA, since two-thousand-eighteen (2018),*** *together with BioNTech to develop a flu vaccine, made them believe that the technology's mature and we are on a cusp of developing a product.*

So they convinced me. I follow my instinct that they know what they are saying. They're very good. And we made this very difficult decision about that. "

[18] "Blow up" verbiage from 29 October 2019 Milken Conference, near Pfizer headquarters. Michael Specter pushed the equivalent of an Operation Warp Speed. His scheme involved *"blowing up the system,"* and ignoring traditional vaccine safety protocols. I detailed those Specter/Fauci plans in letter to Mr. van der Veen; also see Page 20 above.

Subject 5: mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment CON'T

The above admissions of the Vaccine King compel several questions: What would motivate the phantom "they" (not identified by Bourla) to push for mRNA? What is really behind the Fauci/Pollack push for mRNA as early as January 2020, mere weeks after the COVID-19 pandemic was marketed? Why were Cornell University professors of immunology rabidly in tow? (See Pages 35-40 below)

The rebuttals to the following types of articles would be comical were these subjects not so serious. And even if one entertains the adolescent *ad hoc ism* of an "intermediate host," these so-called rebuttals just gloss over the fact that **it is illegal to patent nature!** Disinformation charlatans fall all over themselves and back-into that legal quagmire . . . while declaring expertise in these matters? Truly pathetic.

frontiers in Virology

PERSPECTIVE
published: 21 February 2022
doi: 10.3389/fviro.2022.834808

MSH3 Homology and Potential Recombination Link to SARS-CoV-2 Furin Cleavage Site

Balamurali K. Ambati[1], Akhil Varshney[2], Kenneth Lundstrom[3], Giorgio Palú[4], Bruce D. Uhal[5], Vladimir N. Uversky[6] and Adam M. Brufsky[7]*

After publication of the above paper, Fox Business News anchor Maria Bartiromo caught Moderna CEO Mr. Stéphane Bancel off-guard when she asked him how his company had managed to patent a DNA sequence that is now found in the alleged SARS-CoV-2 virus . . . **in 2016?!**

The broad context-of and lead-up to the Bartiromo question was . . . the mRNA technology that Pfizer CEO Albert Bourla characterized two weeks earlier: "***mRNA was a technology that never delivered a single product until that day. Not vaccine, not any other medicine, so it was very counterintuitive."***

Subject 5: mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment CON'T

A repulsive demonstration of vested-interest behavior, Ms. Cynthia Leifer was interviewed on 5 April 2021 for the needle mandating video, **"Cornell Experts Answer Questions About the COVID-19 Vaccine."**

Another TV star, a Professor of Immunology, this "expert" is also guilty of the *"95% effective"* Fraudulent Marketing schemes of Mr. Fauci, Ms. Pollack, et al. (See Page 13 above). Leifer claims ranged from "vaccine development," to "financial bets," to intelligence-insulting conflations about "vaccine safety."

> *"What you need to know is that scientists have been working on these coronavirus vaccines for decades. We learned a lot about coronaviruses from our experience with SARS. And so we used that information to make these vaccines as well."*

Since a vaccine for SARS-CoV-1 was a failure, and was never deployed for humans after the animal trial deaths, one questions Leifer's use of the term *"as well."* Which vaccines?! The mRNA version that Bourla claims has existed since only 2018, and had never been the basis of a "product" prior to COVID-19?!

Her *"for decades"* admission has issues. Mr. Anthony Fauci and President Donald Trump marketed themselves and their "vaccine" as birthrights of Operation Warp Speed. Contradicted by Leifer, Mr. Fauci had spewed at the White House, quote, "*The process of the speed . . . was a reflection of the extraordinary scientific advances in these types of vaccines."* **So which is it? Speed or decades?**

But the Leifer *"for decades*" claim implies that investments, spanning that long timeframe, were unamortized and therefore a skewing force. On that point, Ms. Leifer emphasizes *"a huge financial bet" :*

> *"Manufacturing these (mRNA) vaccines can be done at large scale very quickly. We also took **a huge financial bet** to manufacture large amounts of these vaccines **so that once they were approved it would give us a leg-up to distribute those to the community so that we could get them into people's arms.** So even though they were made very quickly, they're safe and effective."*

Leifer affirms Cornell intimacy with the Emergency Use Authorization (EUA) process and its beneficiaries, admitting advocacy; **but also admitting that needle manufacturing had begun PRIOR to the EUA!** [19]

[19] In a sales & marketing video (14 April 2020), Mr. Avery August was also giddy on that point.

Subject 5: mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment CON'T

Ms. Leifer claims to be a professor on the campus of my alma mater? A Ph.D conducting detailed research involving the health of human beings? So how do we explain her conflation:

> *"Because the coronavirus was spreading in our population so quickly last year, the clinical trial data came back very rapidly, that these vaccines were very safe and effective."*

Let us go slow for Ms. Leifer: In an ethical world, there is no relation between disease *"spreading in our population"* versus how fast *"clinical trial data"* is produced. And there is no relation between how fast "clinical trial data" is produced versus "safe and effective." **None whatsoever!**

Leifer's conflating of these events is despicable, to the point of being criminal.

She is fully aware that the Pfizer/Moderna "clinical trial data" was predicated on Operation Warp Speed, which amounted to EUA coercion buffoonery. If the "data" is unassailable, then why the need for a Court order forcing release of the *real* world data (Page 12 above)? Then why the overarching pre-emptive crime of Liability Immunity?

Alternatively, there is an insidious fraudulent connection between the rt-PCR process, and "positive for COVID." As Leifer is aware, her "*spreading in our population so quickly last year"* goo is nothing more than part of the Cornell vaccine-mandating sales & marketing; a routine based on the rt-PCR "test."

But . . . Leifer cannot have it both ways; she cannot boast expertise, while declaring that test results from rt-PCR (defiled by Mr. Christian Drosten) have any validity whatsoever. [20] This is especially true on the Cornell campus; Leifer knows that their rt-PCR Cycle Threshold Value (CTV) is 45 ! [21]

Concluding her contribution to 'Fraudulent Marketing' of 5 April 2020, Leifer spews the following preemptive, Cornell campus, Pfizer/Moderna needle-mandating garbage:

> *"Have people had severe reactions to the vaccine?* ***The risk of severe reactions to these vaccines are only slightly greater than being struck by lightning.***
>
> *If a severe reaction does occur, it's gonna happen within fifteen to thirty minutes; it's due to an allergic reaction to a component of the vaccine. Treatment is provided immediately on site, and hospitalizations are very rare. Most people will have mild or moderate symptoms; soreness at the injection site. Muscle soreness, maybe fatigue, sometimes a fever and chills.*
>
> *These are all normal immune reactions and are commonly referred to as 'flu like symptoms' because they're actually shared between respiratory viral infections like the flu and getting the vaccine."*

In Reference 3, Page 37 of 39, I already shared the following real world CDC 'Vaccine Adverse Events Reporting System (VAERS) data chart of **June 2021**; issued only two months after the Leifer sputum.

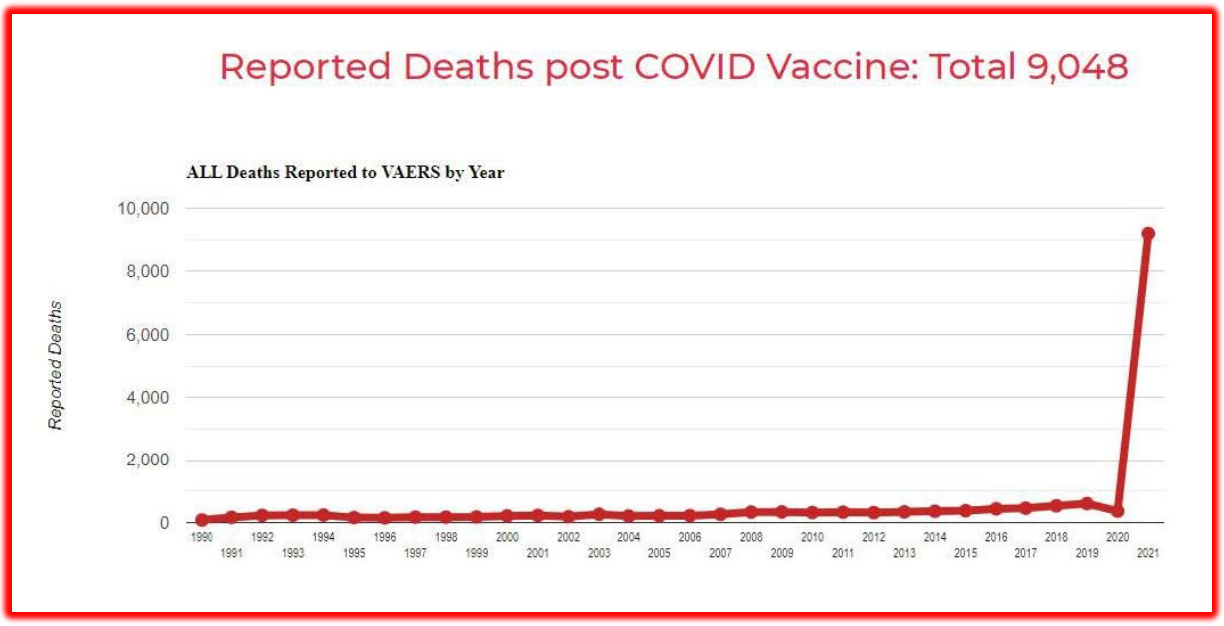
---

[20] See "six putative figurehead defendants" discussion, Page 8 above. Also see Bloomberg financial report entitled: "Germany Has Its Own Dr. Fauci—and Actually Follows His Advice." An article promoting the criminal Mr. Christian Drosten, and amounting to an EUA advertisement in behalf of Wall Street, dated 28 September 2020.

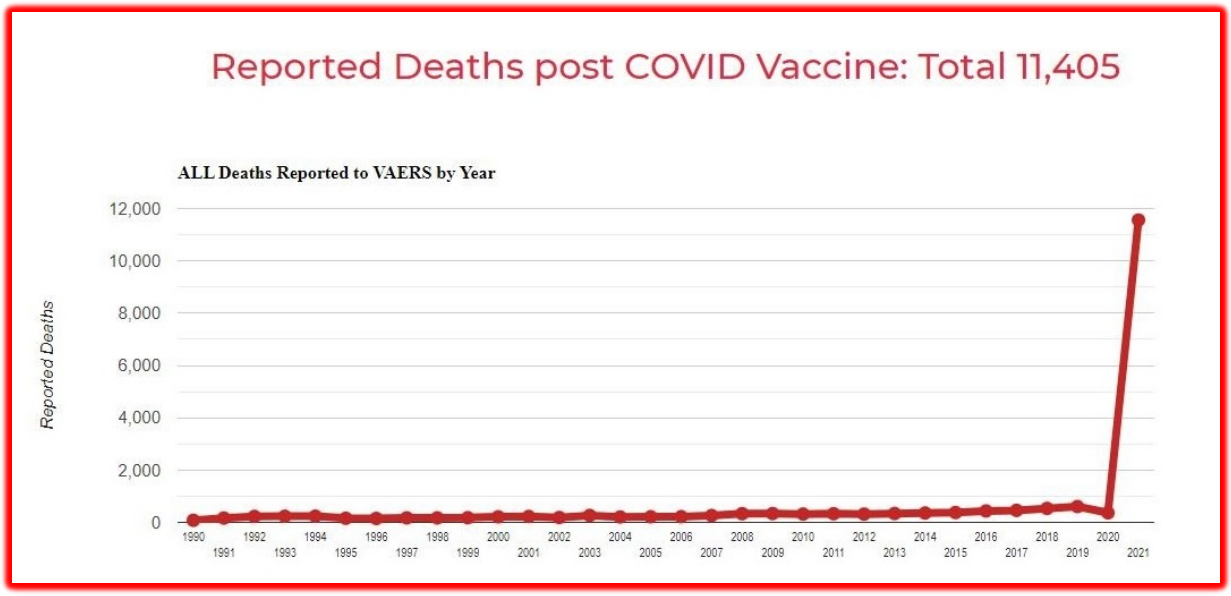
[21] See "Cornell's routine rt-PCR CTV" discussion, Reference 1, Page 14 of 50.

Subject 5: mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment CON'T

Struck by lightning? Flu like symptoms?! Going slow for Leifer, **death is an "adverse event."** Examining of the following CDC data, the COVID-19 "vaccine" was not injected until late December 2020; exactly where the VAERS deaths skyrocket:



One month later, July 2021, that same CDC VAERS death chart:



The mRNA "vaccines" that caused the above, were being manufactured PRIOR to the VRBPAC meeting of 10 December 2020; which had **Pfizer** as an "independent" participant (?!). Since July 2021, the mRNA deaths have continued unabated! As Leifer is fully aware, the above is US deaths only; **it does not include severe permanent injury, or global data, which are ORDERS OF MAGNITUDE HIGHER!**

Subject 5: mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment CON'T

Subject 5 includes 'Long-Term Profitability.' To maintain that portion of the Tactical Context, all-out effort was deployed to defile anything or anyone that suggested alternative treatments to COVID-19, versus the mRNA needles. The perpetrators of the global COVID-19 crimes also used the term **"waning"** as part of their 'Fraudulent Marketing' tactics. **That "waning" vernacular is now used to control two opposing disease mitigation outcomes: Natural Immunity versus alleged vaccine induced immunity.**

At a Cornell University sales & marketing video of 7 April 2021, Ms. Leifer declared:

> *"Should people who have had COVID-19 get vaccinated? People who have had COVID-19 and recovered should definitely get vaccinated.* ***We don't know how long protection will last from the natural infection****, and we do know people get re-infected. Getting the vaccine will boast your immune response, and protect you from getting re-infected."*

Remember the date . . . April 2021 . . . only three months after the fraudulent Pfizer-sponsored EUA of 11 December 2020, which was approved on the basis of only two months of human trial data.

Even *"those of you not acquainted with the field of vaccinology"* [22] can see through this goo. Leifer says, *"We don't know how long protection will last from the natural infection."* That is tantamount to a claim that **waning** is an obviating issue for natural immunity. It is not. She offers zero evidence to assert otherwise.

The Leifer claim, *"we do know people get re-infected"* is a two-fold fraud. The first involves her detailed knowledge of the fraudulent promotion that rt-PCR is reliable for testing of SARS-CoV-2 infection.

Her second fraud is even more insidious: It is the mRNA vaccine that did not, does not, and cannot protect humans from infection **or re-infection** by SARS-CoV-2, or its recent for-profit "variants." [23]

Doubt that? We now review their reverse assertion; that their **vaccine** is also the culprit in **waning** !

---

[22] Condescending quote from Fauci at White House, see Page 18 above.

[23] In the alternative, declarations of this type are very useful for the upcoming litigation involving the horrors inflicted upon Mrs. Jummai Nache and her family. See Page 40 below.

Subject 5: mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment CON'T

During a fund-raising tour in St. Louis, Missouri on 3 March 2022, Director of Centers for Disease Control (CDC), Ms. Rochelle Walensky, a close colleague of Ms. Martha Pollack, made the following outrageous, fallacious, but utterly revealing statement; an exact quote:

" Well . . . um . . . I think . . . I can tell you where I was when the CNN feed came, that it was 95% effective, um, the vaccine. So many of us wanted it to be helpful. So many of us wanted to say, 'Okay this is our ticket out. Right? Now we're done!'

Um . . . so I think . . . ***we have perhaps too little caution and too much optimism****. Um, for some good things that came our way. I really do. I think all of us wanted us to be done.*

Nobody said waning. *When, when ya know, 'Oh this vaccine's gonna work!' Oh, well, it'll wear off. Nobody said what if the next variant, it doesn't, it's not as potent against the next variant."*

Here, the person the Swamp put in-charge, to protect us from disease, confirms her "no clue" mentality. Walensky claims that her trusted source for the "95% effective" fraud is the news media?! An adolescent, diversionary, and bold-faced lie. **Few are as deeply embedded in the COVID-19 crimes as Walensky!**

But now that a Court has ordered that the truth be fully revealed, the COVID-19 rats are rushing to leave their sinking ship (See Page 12 above). The COVID-19 criminals are now distancing itself from their 'Fraudulent Marketing.' Their claims about what their "vaccine" can do, and cannot do **were all lies**.

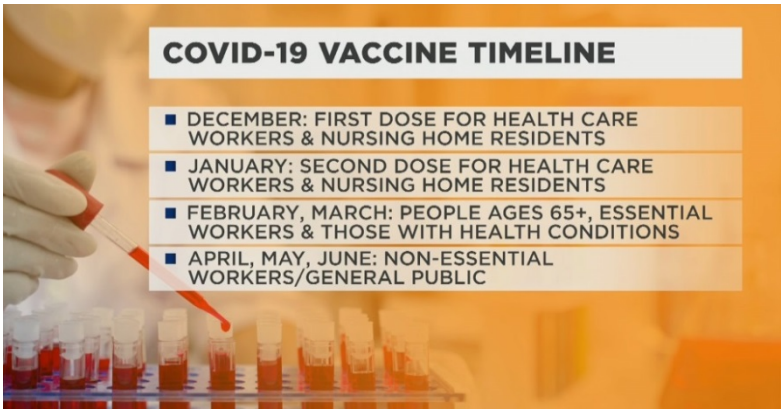
At this late stage, the Swamp is claiming that **waning** is restricted to their vaccine? A claim contrasted by Cornell "experts" who asserted that **waning** only applied to natural immunity? Walensky now babbles:

"We have perhaps too little caution and too much optimism"?!

For two years the COVID-19 conspirators have ranted about Operation Warp Speed, the **grotesqueries** of Page 4 above, and "95% effective." Their Fraudulent Marketing directed against every human, especially health care workers . . . like Mrs. Jummai Nache and her family. Never was ***"too little caution and too much optimism"*** shared with Mrs. Nache; instead she received threats to her nursing employment under hospital vaccine mandates. This, and much more was enforced by Ms. Walensky and her CDC comrades.

Subject 5: mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment CONCLUSION

The Fraudulent Marketing of COVID-19 was not sustainable without threats against the employment of our health care workers. With no authority, but with gobs of audacity, the vested-interest Cornell Professor of Immunology Ms. Cynthia Leifer spewed the following demand on her TV infomercial of 2 December 2020 :



Note the date . . . the Leifer TV sputum came 9 days **PRIOR** to the 11 December EUA; during that time her suitor, the Vaccine King on Page 11 above, was already producing his (unapproved) mRNA needles.

From Anthony Fauci to Martha Pollack to Doug Lankler to Angela Hwang to Cynthia Leifer . . . the Cornell connections are notorious. The fact that my alma mater is connectable to heartache and agony inflicted upon health care workers, such as Mrs. Jummai Nache, causes personal grief beyond words :

The pain endured by the family above? I can assure Ms. Leifer the probability that the amputation of Mrs. Nache's hands and legs were <u>vaccine-induced</u>, is far higher than *"being struck by lightning."* As the Court order is fulfilled (Page 12 above), the known but concealed side-effects of the Pfizer mRNA needle, such as venous thromboembolism, will be connectable to the criminals who benefitted from the crimes of Willful Misconduct . . . and their beast, **Liability Immunity** (ATTACHMENT 7).

The Science of the Great Barrington Declaration : A Million Signatures *and Rising !*

On Face-the-Nation, of 28 November 2021, one year after your Fraudulent Marketing at the White House, a year after your conspiracy with NIH Director Mr. Francis Collins to **"take down fringe epidemiologists,"** in a grotesque demonstration of self-absorbed self-delusion, Mr. Fauci spewed:

> *"I mean, anybody who's looking at this carefully realizes that there's a distinct anti-science flavor to this. So if they get up and criticize science, nobody's going to know what they're talking about. But if they get up and really aim their bullets at Tony Fauci, well, people could recognize there's a person there. There's a face, there's a voice you can recognize, you see him on television. So it's easy to criticize, but they're really criticizing science* ***because I represent science.*** *That's dangerous. To me, that's more dangerous than the slings and the arrows that get thrown at me. I'm not going to be around here forever, but science is going to be here forever. And if you damage science, you are doing something very detrimental to society long after I leave. And that's what I worry about."*

From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Thursday, October 8, 2020 2:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Great Barrington Declaration

Hi Tony and Cliff,

See https://gbdeclaration.org/ This proposal from the three fringe epidemiologists who met with the Secretary seems to be getting a lot of attention – and even a co-signature from Nobel Prize winner Mike Leavitt at Stanford. There needs to be a quick and devastating published take down of its premises. I don't see anything like that on line yet – is it underway?

Francis

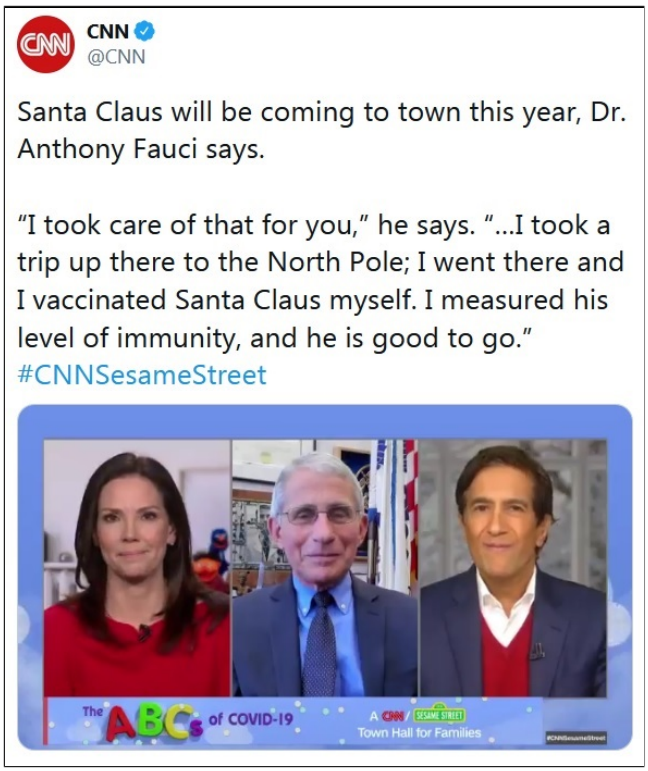
The Science of the Great Barrington Declaration : A Million Signatures *and Rising !* CON'T

In my letter to Fauci and Pollack of 21 July 2020, I discussed *"The Lack-of-Efficacy and Well-Known Dangers of Socialized/Mandated PPEs."* I referenced extensive PPE expertise (such as NIOSH/CDC), and provided detailed scientific video demonstrations of the "*hazardous atmosphere inflicted upon the mask wearer."* Neither of you responded in writing.

On 4 October 4, 2020, the Great Barrington Declaration was issued by Dr. Martin Kulldorff of Harvard University, Dr. Sunetra Gupta of Oxford University, and Dr. Jay Bhattacharya of Stanford University. **Their Declaration opened as follows** (bolding added):

> *"As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and **mental health impacts of the prevailing COVID-19 policies**, and recommend an approach we call Focused Protection.*
>
> *Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. **Keeping students out of school is a grave injustice . . .***
>
> *Fortunately, our understanding of the virus is growing. **We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza."***

Two months later, on 4 December 2020, a sixteen-year-old high school boy, Spencer Smith, wrote a suicide note that specified that **isolation caused by your lockdowns was the reason for taking his own life:**



The Science of the Great Barrington Declaration : A Million Signatures *and Rising !* CONCLUSION

On Page 2 above, I stated regarding Reference 4:

"There is nothing incremental in the (Johns Hopkins) *'Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality.'* "

But, there is also nothing incremental in the Great Barrington Declaration . . . nothing whatsoever. But most importantly, these facts were **known to both of you** at the time of your enforced lockdowns.

Before I ask a simple question of Mr. Fauci, who makes claims about "representing science," we review a scientific study, which also offers nothing incremental (ATTACHMENT 8):

Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales

Cite as: Phys. Fluids 34, 033301 (2022); https://doi.org/10.1063/5.0074229
Submitted: 07 October 2021 • Accepted: 14 January 2022 • Published Online: 01 March 2022

Ioatzin Rios de Anda, Jake W. Wilkins, Joshua F. Robinson, et al.

My simple question: How much scientific research have you conducted Mr. Fauci on the taxpayer-funded NIH-branded facemask you are wearing in this photograph? What in your research of that *"Keeps Us Safe!"* facemask contradicts the science of the above paper (or the hundreds of papers like it) ?!

Before you answer, be advised, even the pusillanimous airline industry has FINALLY figured out an answer (ATTACHMENT 9). **The answer to my simple question? ZERO!**

The Most Grotesque Element of the 'Fraudulent Marketing' of the Global COVID-19 Criminal Enterprise : LIABILITY IMMUNITY

Although you two obviously wish otherwise, the Liability Immunity issue is not fading; in fact your conspiracy is increasingly being understood as the underbelly of the entire COVID-19 enterprise, key to the buffoonery of The Great Reset, and the cornerstone of the Fraudulent Marketing schemes; of which both of you are guilty (Page 22 above). Of the hundreds of individuals awakening to this criminality, review of three follows:


KIM THATCHER
STATE SENATOR
District - 13

DENNIS LINTHICUM
STATE SENATOR
District - 28

OREGON STATE SENATE
900 COURT STREET NE
SALEM, OR 97301

Formal Grand Jury Petition Overview[1-8]

Several pages of the above use "Willful Misconduct" as guidance for the Grand Jury (bolding added):

> *Several exhibits (Exhibits B thru G) are provided as substantive evidence with this formal petition for a grand jury investigation into the alleged violations of Federal Law and subsequent acts of **Willful Misconduct** by the Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA). This formal petition acts as both an official complaint and preliminary exhibit to assist grand jury members in orienting themselves to the scope of alleged crimes committed.*

But direct and substantial legal challenges to the Fauci-inspired criminality of Liability Immunity are highlighted by attorneys and politicians, here and abroad.

At-left, Attorney Thomas Renz testified at the Senator Ronald Johnson hearing of 24 January 2020, *COVID-19: A Second Opinion*, to which Fauci was invited but failed to offer the courtesy of an RSVP.

At-right, representing Germany at the European Parliament, Mr. Nicolaus Fest declared:

> *"In Germany we have 48 confirmed cases of death that occurred in connection with the vaccination. **48 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 48 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**."*

The Most Grotesque Element of the 'Fraudulent Marketing' of the Global COVID-19 Criminal Enterprise : LIABILITY IMMUNITY CONCLUSION

I have detailed this topic with both of you **many times**. Attachment 10 details recent developments, such as the **bold-faced lie** spewed by the person at-left; a lie unchallenged by a mask free Mr. Fauci:

Neither of you has responded to Attachment 10. In the context of 'Informed Consent,' none of **COVID vaccine death victims,** depicted in this grotesque photograph, were informed of the Fauci-orchestrated, Pollack-endorsed criminal conspiracy of **LIABILITY IMMUNITY** :

December 16, 2021 5:33 AM EST Last Updated 3 days ago

The Great Reboot

Refugees lack COVID shots because drugmakers fear lawsuits, documents show

Summary and Conclusion : Mr. Anthony Fauci

In your self-deluded movie interview (picture, Page 45 above) you declared the following crap:

"I am the bad guy to an entire subset of people, because I represent something that is uncomfortable for them, it's called the truth."

It is the precise opposite that explains why you are the "bad guy." Of all the things you represent, truth is not one of them. Your operative contributions to the truth can be characterized by paraphrasing Page 1 of my letter to Oral Roberts University President Dr. William Wilson (ATTACHMENT 5):

Big Religion is no longer trusted.
Big Government is no longer trusted.
Big Corporate is no longer trusted.
Big Media is no longer trusted.
Big Academia is no longer trusted.

Of the specific disciplines that you claim expertise:
Big Medicine is no longer trusted.
Big Hospital is no longer trusted.
Big Pharmaceutical is no longer trusted.

In fact, your claim about a "subset" is also demonstrably ludicrous; you are *increasingly* not trusted, indeed you are increasingly despised by a majority of people, worldwide . . . not merely some "subset."

Uncomfortable?! Yes, I am deeply discomforted by the evidence of your contributions to globally based crimes against humanity which spans decades. The fact that you are the focus of a Nuremburg level indictment, wherein the crime of genocide has been charged against you, is just a small portion of my reasons for Subjects 1, 2, 4 and 5; and References 1, 2 and 3. Again, no one in the Cornell family has ever had **a headline of the following type** focused upon them:

COLUMNISTS

Gates, Fauci, and Daszak charged with Genocide in Court Filing

by Justus R. Hope, MD

The truth? An example . . . you have been in possession of ATTACHMENT 10 for a month. You sat in-the-room when the president of the United States stood before the entire planet and lied through his teeth about Liability Immunity . . . you did nothing, you have done nothing, and you will do nothing. The reason you will do nothing? **Because, Mr. Fauci, you are a LIAR.**

On the basis of many prior communications including Reference 1, 2 and 3, and on the basis of the 46-page discussion above, I hereby *re*-assert Subject 1 and Subject 2. I also hereby assert upon you Subject 4.

Summary and Conclusion : Ms. Martha Pollack

On Page 35 above, I begin with: **"A repulsive demonstration of vested-interest behavior . . ."**

In fulfillment of Footnote 1 of Reference 1, I will further detail your ongoing Fraudulent Marketing as demonstrated on 9 March 2022:

In conclusion of the instant letter, I reiterate:

1. There is nothing incremental in Reference 4, the Johns Hopkins *'Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality.'* But importantly, these facts were known to you at the time of your lockdowns of Cornell during 2020, 2021 and 2022 (ATTACHMENT 4).

2. Despite its conspiratorial snubbing by your colleague Mr. Anthony Fauci, there is nothing incremental in *The Great Barrington Declaration*. But most importantly, those facts were known to you at the time of your lockdowns of Cornell during 2020, 2021 and 2022.

3. There is nothing incremental in the Physics of Fluids publication, *'Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales.'* But most importantly, those facts were known to you at the time of your farcical facemask mandate enforced upon Cornell during 2020, 2021 and 2022 (ATTACHMENT 8).

Summary and Conclusion : Ms. Martha Pollack

4. There was nothing unanticipated in the outcomes enjoyed by the students and staff of Oral Roberts University. But importantly, those facts were known to you at the time of your lockdowns, facemask edicts, and needle mandates enforced upon Cornell during 2020, 2021 and 2022 (ATTACHMENT 5).

5. There was nothing unanticipated in the outcomes enjoyed by the Amish of Lancaster, Pennsylvania. But importantly, those facts were known to you at the time of your lockdowns, face mask edicts, and needle mandates enforced upon Cornell during 2020, 2021 and 2022 (Page 17 above).

6. There was, and remains, provable decremental results from enforcement of your **grotesqueries** (Page 4 above). These enactments on the Cornell campus, under your "guidance," led to the encouragement of kindergarten, grammar school, high school and secondary school institutions to enact similar physically and mentally destructive measures. Had Cornell, and the Ivy League in-particular, assumed positions of true leadership and caring, the lockdown premised suicide death of 16-year-old Spencer Smith would have been avoided (Subject 3).

On the basis of many prior communications including Reference 1, 2 and 3, and on the basis of the 48-page discussion above, I hereby assert upon you Subject 3 and Subject 4.

Please do not hesitate to contact me at any time.

Cordially,

Paul V. Sheridan
MBA: Class of 1980

Attachment/Enclosure

ATTACHMENT ONE

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1: **Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2: **Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3: **Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4: **Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5: **mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**

Reference 1: **My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2: **My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3: **My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4: ***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality*** **– Johns Hopkins Institute Study (JHIS) of January 2022**

52 Pages

Letter of 19 January 2022, Paul V. Sheridan to Fauci, Pollack, et al.

Subject:

Demand: Your Forfeiture of all Degrees, Disassociation of Any Affiliation, and Complete Disconnection from Any Prior Accolades/Activities Related in any way to my alma mater – CORNELL UNIVERSITY

January 21, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 775797321370

Delivery Information:

Status:	Delivered	**Delivered To:**	Receptionist/Front Desk
Signed for by:	J.BAUSCH	**Delivery Location:**	9000 ROCKVILLE PIKE
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		ROCKVILLE, MD, 20852
		Delivery date:	Jan 21, 2022 12:59

Shipping Information:

Tracking number:	775797321370	**Ship Date:**	Jan 20, 2022
		Weight:	3.0 LB/1.36 KG

Recipient:
Dr. Anthony S. Fauci, NIAID
31 Center Drive
NIAID Central Drop Off
ROCKVILLE, MD, US, 20852

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference Forfeiture Letter

Thank you for choosing FedEx

March 08, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 776213811785

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	Signature release on file	**Delivery Location:**	300 DAY HALL
Service type:	FedEx Express Saver		
Special Handling:	Deliver Weekday		ITHACA, NY, 14853
		Delivery date:	Mar 8, 2022 11:55

Shipping Information:

Tracking number:	776213811785	**Ship Date:**	Mar 5, 2022
		Weight:	1.0 LB/0.45 KG

Recipient:
Ms. Martha Pollack, Cornell University
300 Day Hall
Office of the President
ITHACA, NY, US, 14853

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference Fauci Forfeiture and Biden LIE

Proof-of-delivery details appear below; however, no signature is available for this FedEx Express shipment because a signature was not required.

Thank you for choosing FedEx

22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095
pvs6@cornell.edu

19 January 2022 VIA FEDEX AIR-BILL 7757-9732-1370

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

Demand: Your Forfeiture of all Degrees, Disassociation of Any Affiliation, and Complete Disconnection from Any Prior Accolades/Activities Related in *any* way to my alma mater – CORNELL UNIVERSITY

Dear Mr. Fauci:

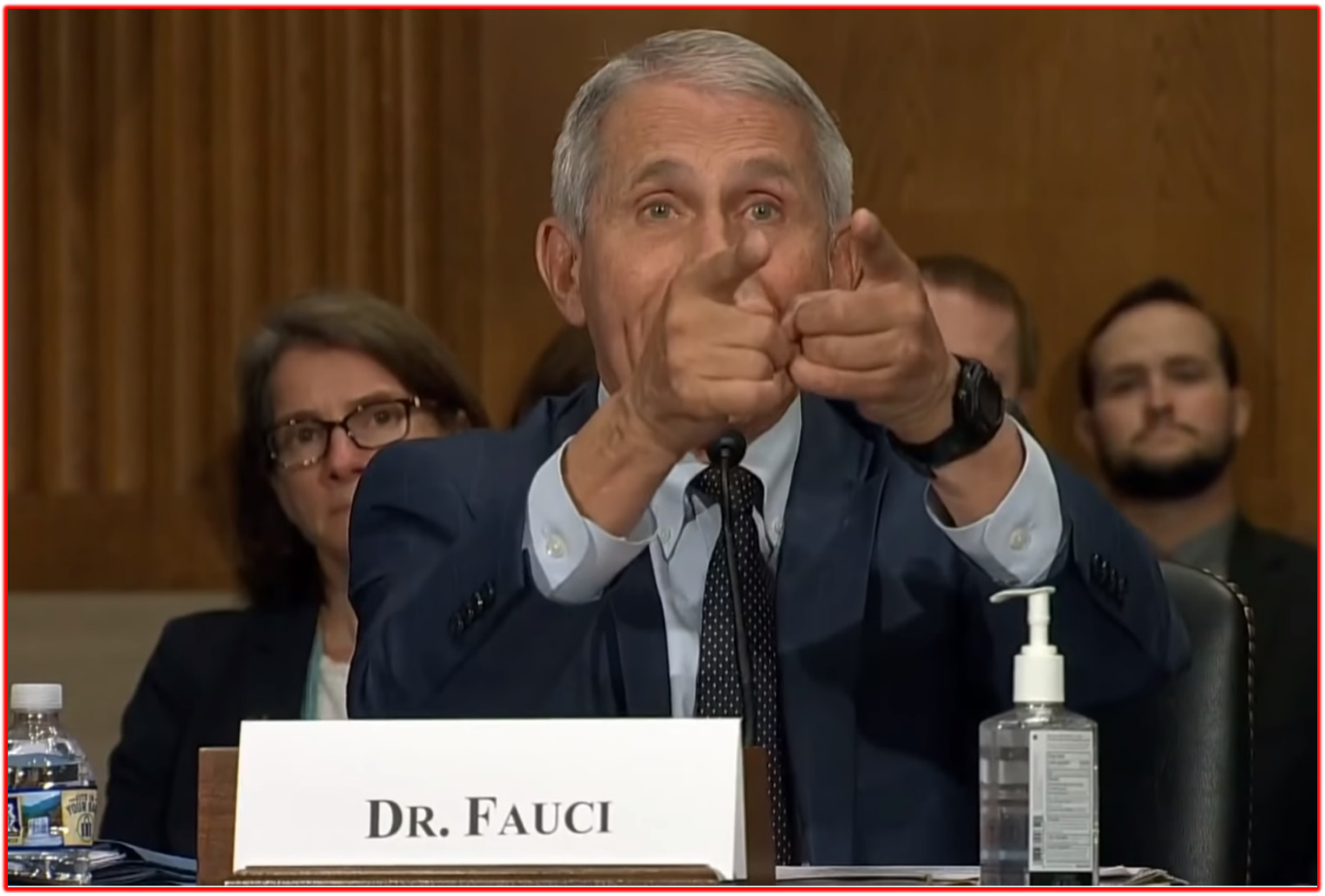
To the best of my extensive knowledge of Cornell University, **no member of the Cornell family has *ever* had a headline that even remotely duplicates the following.** [1]

[1] There is one other person that will be receiving a similar 'Letter of Demand.'

Context of Forfeiture Demand

The context of this forfeiture demand is made broad-based *by you*. The true timeframe is several decades, not merely the timespan connected to the so-called "COVID-19 pandemic."

Whether examining (1) facts connected to the multi-facility Gain-of-Function research that led to the "SARS-CoV-2 virus," or (2) what you and your associates in the pharmaceutical industry call a "vaccine," or (3) what your comrades in government call "Operation Warp Speed," or (4) what sycophants in academia call their "New Normal," or (5) what you and your media/Big Tech co-conspirators call "disinformation" . . . no matter where the examination leads, **there is always found a commonality: The footprints and fingerprints of "America's Doctor."**



The most offensive aspect of the context, that completely justifies my demand that you forfeit all degrees and affiliations with Cornell University, is **the repeatedly demonstrated fact that you, Mr. Fauci, are deemed not trustworthy.** Implicitly, a liar has zero standing with the esteemed Cornell family, and your excommunication is more than justified on this perception alone. [2]

[2] Not alone in his assessment, in a widely disseminated interview of 7 August 2021, Cornell Professor of Chemistry and Chemical Biology, Dr. David B. Collum described your condition as ***"pathological liar."*** (I reviewed this quote in my recent letter to Donald Trump impeachment attorney, Mr. Michael van der Veen; Attachment 1.)

Year-2020 Recommendations to President Donald Trump That Fauci Be Terminated

My forfeiture demand is overdue. In my letter to you of July 21, 2020, I presented the following screenshot; taken from a CNN report of four days prior:

On Page 35 of my July 21, 2020 letter, I stated (screenshot):

> 21 July 2020 Dr. Anthony S. Fauci
> Page 35 of 36
>
> The truth is Dr. Fauci . . . a person with your academic and professional credentials, a person in your position, a person with your responsibility . . . your opinions and actions should be, historically and currently, impeccable, unassailable, and unimpeachable.
>
> **But in the opinion of some, that is not the case.** Interviews of the type orchestrated by politically vested-interests such as Wolf Blitzer and CNN should not be occurring.

As early as July 2020 . . . **a few short months after long-planned deeds contributed to the infection of billions of human beings, with you a key suspect** . . . the corrupt legacy news media was compelled to 'provide cover' for America's Doctor. [3]

[3] True to your inveracity, as experienced by me in the mid-1980s during your 'HIV = AIDS' fiasco, you did not respond in writing to my letter of July 21, 2020 (Attachment 2).

<u>Year-2020 Recommendations to President Trump That Fauci Be Terminated</u> - Conclusion

Long before it became trendy among senators and congress, and unknown to you, I had shared with President Trump my concerns regarding your incompetence, your unpatriotic motivations, your self-absorbed *modus operandi*, **and most importantly your lack of integrity.** My first COVID letter called for your immediate termination, way back on April 12, 20*20* (screenshot):

12 April 2020 VIA FEDEX AIRBILL 8007 – 9341 - 6248

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

Subject: **The Most Difficult Decision of your First Term (1 May 2020)**
Reference: **My Letter/Contents to First Lady Melania Trump of 23 March 2020**

Six months later, September 18, 2020, **I once-again chided the president for not acting on the clear and gathering evidence of your criminality** (screenshot):

Dear Mr. President:

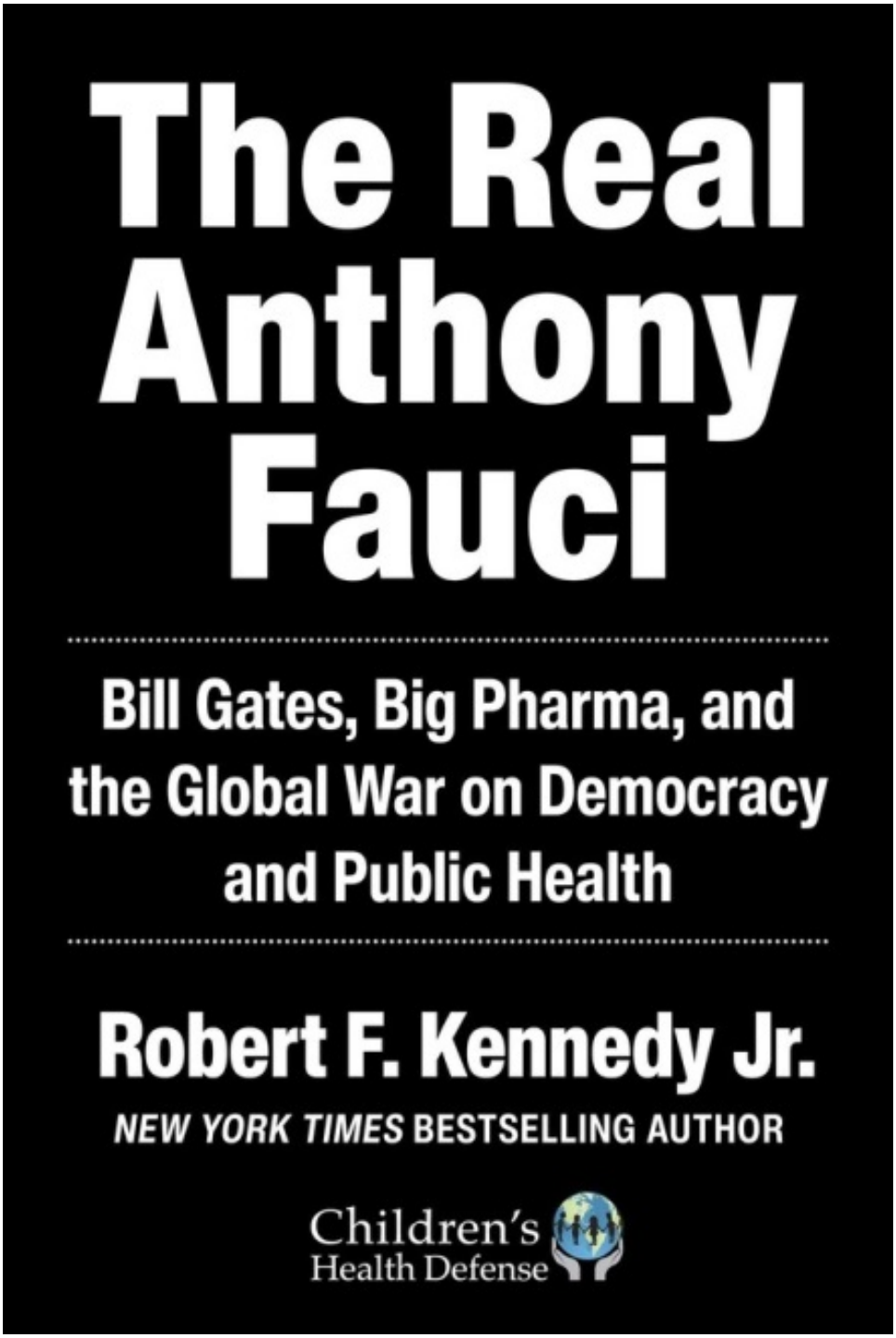
You cannot campaign or preside with credibility as the Law & Order president **while coddling a criminal** in your mist; in your inner circle:

President Trump goes one-on-one with Laura Ingraham | Part 3
646,974 views • Aug 31, 2020

Had Trump acted presidential, the likelihood of the charge of genocide against you would not have acquired <u>additional</u> credibility (Page 1 above).

Intermission One

Demand: Your Forfeiture of all Degrees, Disassociation of Any Affiliation, and Complete Disconnection from Any Prior Accolades/Activities Related in *any* way to my alma mater – CORNELL UNIVERSITY



Keys to Genocide: Fauci Inspired Criminal Fraud – *Operation Warp Speed*

Despite Trump having a copy, and aware of the following **from 2003**, he continues to connect-with and promote "Operation Warp Speed."

Application/Control Number: 09/869,003 Page 5
Art Unit: 1648

These arguments are persuasive to the extent that an antigenic peptide stimulates an immune response that may produce antibodies that bind to a specific peptide or protein but is not persuasive in regards to a vaccine. The immune response produced by a vaccine must be more than merely some immune response but must be protective. As noted in the previous Office Action, the art recognizes the term "vaccine" to be a compound which prevents infection. Applicant has not demonstrated that the instantly claimed vaccine meets even the lower standard set forth in the specification, let alone the standard art definition, for being operative in this regards. Therefore, claims 5, 7, and 9 are not operative as an anti-HIV-1 vaccine and therefore lack patentable utility.

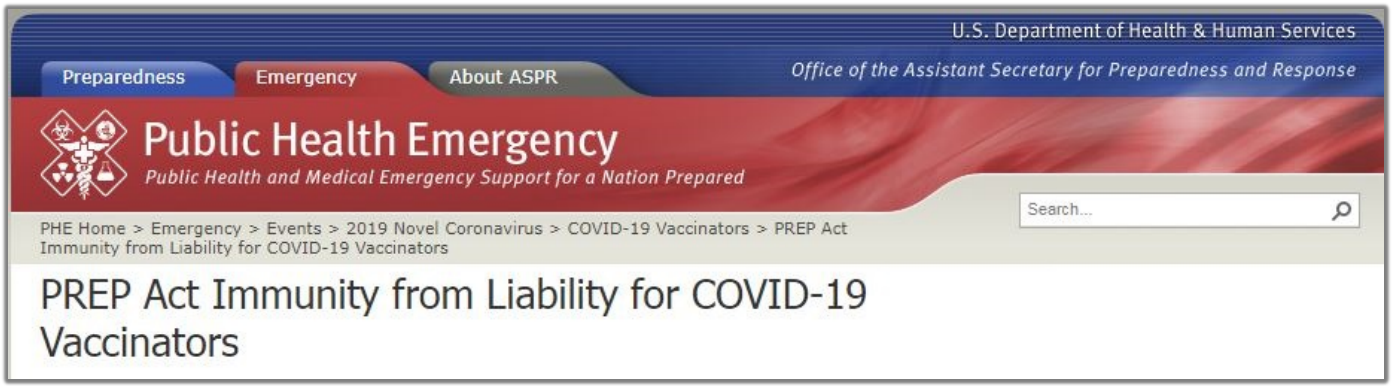
I had admonished you and Trump about Operation Warp Speed on page 32 in my letter of July 21, 2020.

I again chided Trump (and VP Michael Pence) in my letter of August 13. 2020.

But the obsessing Trump did not graduate from Cornell University . . .

You did attend Cornell Mr. Fauci, and your participations in Operation Warp Speed are criminal, and are *directly* connectable to horrible injury and death on a global scale.

Keys to Genocide: Fauci Inspired Crime – *Liability Immunity*



Consistent in purpose, consistent with your promotions of Operation Warp Speed, the charge of genocide is evidentiary; the latter includes your history of crimes against humanity, typified by your secret decades-old orchestration of *liability immunity*, which especially benefits (in billions-of-dollars in profits) the "COVID-19 Vaccinators."

December 16, 2021 5:33 AM EST Last Updated 3 days ago

The Great Reboot

Refugees lack COVID shots because drugmakers fear lawsuits, documents show

<u>Keys to Genocide: Fauci Inspired Crime – *Liability Immunity*</u> - Conclusion

I was featured in a recent Stew Peters TV interview regarding your history, specifically regarding the global human consequences of the criminal conspiracy which *led to* liability immunity:

The interview focused on the vast evidence that confirms **willful misconduct, and how that evidence constitutes a voiding of liability immunity.** My interview was prompted in-part by my letter to Trump impeachment attorney, Mr. Michael van der Veen; an excerpt from Page 1:

<u>Civil Liability Case Definition</u>

The webpage of the US Department of Health and Human Services, covering the Public Readiness and Emergency Preparedness Act (PREP) states:

> **Liability Immunity and Compensation**
>
> In general, the liability immunity applies to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of medical countermeasures described in a Declaration. <u>The only statutory exception to this immunity is for actions or failures to act that constitute willful misconduct.</u>

Relative to COVID-19, the defendants have and continue to act with willful misconduct. Evidence of such, already in the public domain, is not preliminary; it is overwhelming. Their misconduct ranges from subversion of informed consent, to coercion, to **deception regarding *prior* known defects in what defendants promote as a "vaccine."** Existing evidence and then discovery will go far beyond mere misconduct . . . all the way to blatant criminality.

Your orchestration of 'liability immunity' implicitly constitutes willful misconduct. The phrase 'liability immunity' <u>itself</u> confirms a predilection for deceit. Your shameless endorsement of 'liability immunity' is a declaration that the "vaccines" you have injected into the innocent cannot withstand open examination and medical truthfulness. [4]

[4] A sinister outcome of liability immunity: Exploitations by pharmaceutical comrades; exploitations that occurred **<u>before</u>** their for-profit "vaccine" was distributed (See 'Emergency Use Authorization Lie #3,' page 19 below)!

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)*

The general population, **the target of your genocide**, those that comprise true humanity; they are increasingly aware of the repulsive character of “America’s Doctor.” Their outrage is further inspired when informed of your Emergency Use Authorization (EUA) of December 11, 2020, offered in servility, in behalf of your comrade Mr. Albert Bourla of Pfizer.

The underbelly of the COVID-19 EUA is three-fold. **Characteristically, all three are lies**.

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #1:	There is a public health emergency that has resulted from human infection by a naturally occurring virus called SARS-CoV-2.

Naturally occurring?! My placement of "SARS-CoV-2 virus" in quotation is purposeful and routine. Your claims that SARS-CoV-2 came from a Chinese bat are ludicrous. Your attempts to escape **treasonous culpability** by declaring (under oath at the US Senate) that the definition of Gain of Function (GOF) is "nebulous" **provides further confirmation that your integrity is an issue.**

There are no emails that explain to GOF co-conspirator Mr. Peter Daszak, that 'Gain of Function' is undefined or that he and your staff must use the latest *"operable"* revision:

From: Peter Daszak
Sent: Mon, 11 Jul 2016 14:28:11 +0000
To: Greer, Jenny (NIH/NIAID) [E];Aleksei Chmura
Cc: Stemmy, Erik (NIH/NIAID) [E];Kirker, Mary (NIH/NIAID) [E];Glowinski, Irene (NIH/NIAID) [E];Ford, Andrew (NIH/NIAID) [E];Joseph Riccardi
Subject: Re: Grant Number: 5R01AI110964 - 03 PI Name: DASZAK, PETER

Dear Jenny,

This is terrific! We are very happy to hear that our Gain of Function research funding pause has been lifted.

Cheers,

Peter

Peter Daszak
President

The Project Veritas report by Mr. James O'Keefe, which details GOF negotiations between the DARPA PREEMPT program and Peter Daszak / EcoHealth Project DEFUSE have eliminated any remaining tolerance for your adolescent nonsense about "naturally occurring." [5]

Your bluster that SARS-CoV-2 was spawned via a Chinese bat, was/is a "virus" *per se*, and that it was "naturally occurring" is a lie that is now an indelible part of your historical criminal legacy.

[5] See US Marine Corp Major Joseph Murphy (DARPA fellow) report of August 2021 to the IG of DoD: *"SARS-CoV-2 matches the SARS vaccine variants the NIH-EcoHealth program was making in Wuhan."*

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #1:	There is a public health emergency that has resulted from human infection by a naturally occurring virus called SARS-CoV-2.

There never was a "public health emergency," based solely on SARS-CoV-2.

Regarding lethality of your GOF pathogen, marketed as SARS-CoV-2, you were fully aware of data which confirms that announcements by vested interests during 2020 were fraudulent: **There never was a 'public health emergency' attributable to "SARS-CoV-2."** [6]

Proof is now overwhelming, that the year-2020 declaration of a public health emergency (based solely on SARS-CoV-2) was a fraud. Proof is highlighted by, but not limited to, Lancaster, Pennsylvania, Oral Roberts University, and the nation of Nigeria. [7]

---

[6] Vested-interests include the NIH, NIAID, CDC, FDA, WHO, the UN, Donald Trump, China CDC, Klaus Schwab, hospital administrators, John Hopkins University, Cornell University administrators, Bill Gates, Albert Bourla of Pfizer; and face mask manufacturers. 'Keys to Genocide' items below detail **what *did* cause a genuine public health emergency**, but these causes had **no** direct connection to your GOF pathogen. From face masks, to lockdowns, to needle mandates; these non-SARS causes were deployed for marketability (See '**EUA Lie #2 : There is no medical / medicinal alternative to a Vaccine for the Successful Treating of the "SARS-CoV-2" Induced COVID-19').**

[7] You and Big Academia are responsible-for and connectable-to the horror that has befallen a lovely family from Nigeria; see *"Mr. Anthony Fauci "Guidance" and the Case of Mrs. Jummai Nache"* (Pages 36 through 44 below).

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #1:	There is a public health emergency that has resulted from human infection by a naturally occurring virus called SARS-CoV-2.

There never was a "public health emergency," based solely on SARS-CoV-2.

Walensky's Comments on Comorbidities Among COVID-19 Deaths in Reference to Study on Vaccinated: CDC

The overwhelming number of deaths occurred in people who had four or more comorbidities

By Nick Ciolino | January 10, 2022 Updated: January 11, 2022

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #1:	There is a public health emergency that has resulted from human infection by a naturally occurring virus called SARS-CoV-2.

There never was a "public health emergency," based solely on SARS-CoV-2.

New York hospitals admit that nearly HALF of their 'covid' patients were admitted for other reasons after Gov. Kathy Hochul ordered them to disclose the key statistic

- New York hospitals revealed Friday that 42% of COVID patients were admitted for other reasons, and tested positive for the virus only incidentally
- In NYC, the rate is higher with 51% of COVID patients admitted for other reasons
- Gov. Hochul pushed for the data after seeing total hospitalizations hold steady
- Omicron appears to be driving a higher rate of incidental hospitalization

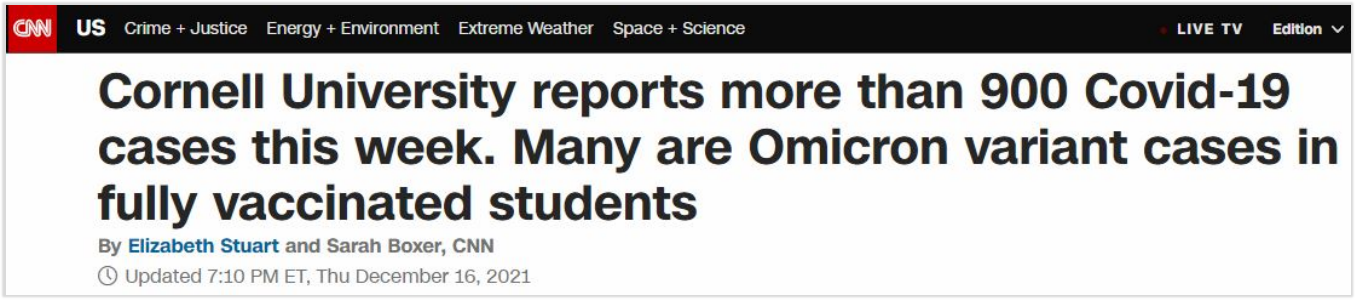
By KEITH GRIFFITH FOR DAILYMAIL.COM
PUBLISHED: 10:17 EST, 8 January 2022 | **UPDATED:** 11:02 EST, 8 January 2022

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #1:	There is a public health emergency that has resulted from human infection by a naturally occurring virus called SARS-CoV-2.

There never was a "public health emergency," based solely on SARS-CoV-2.

Your promotions of EUA Lie #1 has devastated the safety and well-being of Cornell University. That lie is fortified by the notion that PCR testing *per se* is reliable, regardless of absurdly high Cycle Threshold Values (CTV). According to you and your comrades in Day Hall, these PCR "results" justify ongoing and very recent headlines:


CNN US Crime + Justice Energy + Environment Extreme Weather Space + Science LIVE TV Edition

Cornell University reports more than 900 Covid-19 cases this week. Many are Omicron variant cases in fully vaccinated students

By Elizabeth Stuart and Sarah Boxer, CNN

Updated 7:10 PM ET, Thu December 16, 2021

In your interview of July 17, 2020, when confronted with honest expertise, you stated:

> *"What is now sort of evolving into a bit of a standard, that if you get a cycle threshold of 35 or more, that the chances of it being replication competent are miniscule. So that if somebody, and we do have patients, and it's very frustrating for the patients as well as for the physicians, somebody comes in and they repeat their PCR and it's like 37 cycle threshold. But you never, you almost never can culture virus from a 37 threshold cycle. So I think if someone comes in with 37, 38, even 36, ya gotta say, 'Ya know it's just dead nucleotides, period!' "*

In this interview you lied about the reporting of the CTV to patients that your comrades have declared as "positive." You falsely claim that the reporting of the CTV is, "standard practice." ***So, Mr. Fauci, among whom is the sharing of the CTV "standard practice" ?!***

How many of the Cornell students and staff, that I have interviewed, that Day Hall had declared were "positive" (ala the headline above), were simultaneously told their CTV? ***ZERO !!***

How many students/staff are aware that the practice that <u>does</u> afflict them involves a <u>university administration fraud</u>; how many are aware that Cornell's routine PCR CTV is:

45 !

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #2:	There is no medical/medicinal alternative to a Vaccine for the Successful Treating of the "SARS-CoV-2" Induced COVID-19.

A repulsive aspect of the COVID-19 pandemic is your success promoting the lie that the "virus" was a "surprise outbreak." You primed that global "vaccine" scheme, not later than January 2017:

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

Page 3 of my letter to attorney Mr. Michael van der Veen, I reviewed the following three issues: [8]

1. The notion that COVID-19 was a "surprise outbreak" is farcical.

2. The so-called "COVID-19 vaccine" is not in response to the SARS-CoV-2 virus; but the exact opposite! Attempts to patent mRNA contraptions, and market such as a "vaccine" for SARS-CoV-1 had failed. SARS-CoV-2 was intentionally released to overcome ("blow up!") traditional systemic approaches to vaccine formulation, development, and safety confirmation protocols. A conspiracy theory? Hardly. Defendants and associated witnesses have already boasted of this reality, in public!

3. Establishment of 'liability immunity' in behalf of Subject 1 defendants is the result of a global criminality that is unprecedented in human history. In terms of evidence-based judgement, the only other entity that has so brazenly sought to be 'immune from liability' is Satan himself. We are dealing with evil greedy people.

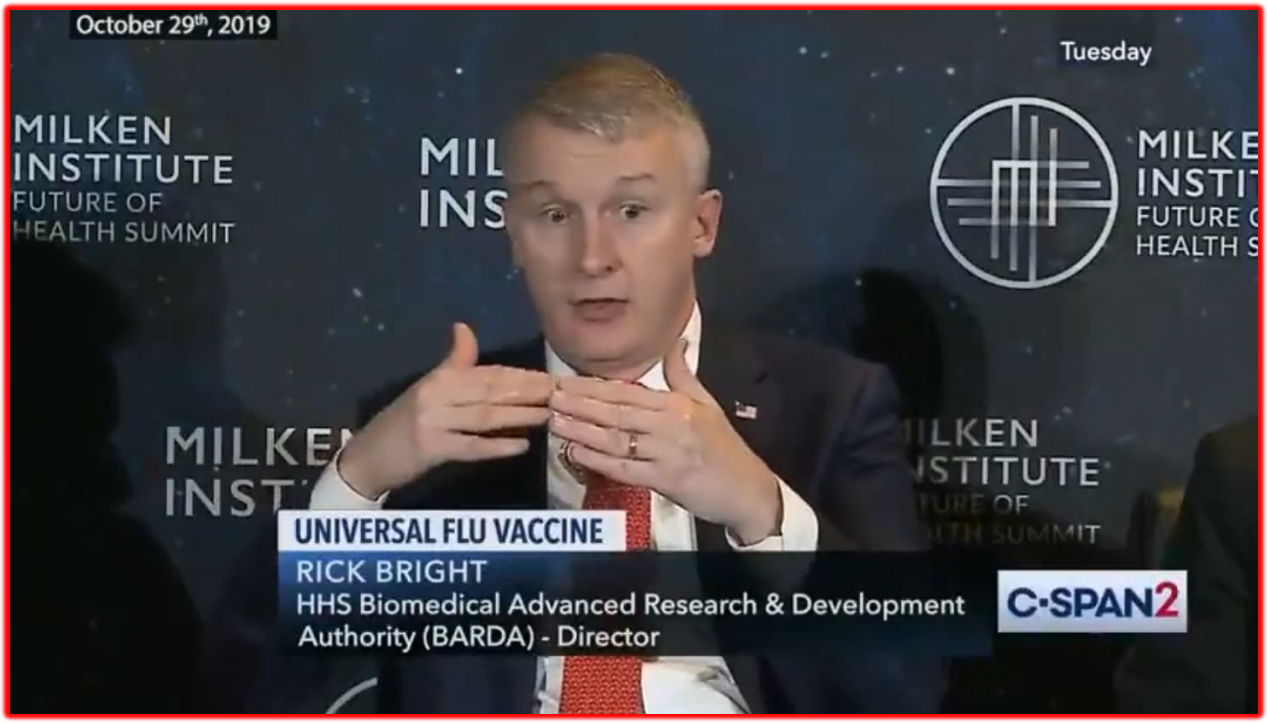
[8] Items #1 and #2 connect to the rejection of the Fauci patent application (page 6 above). I wrote Item 2 to Mr. van der Veen several months prior to the *Project Veritas* release of January 10, 2022 (Footnote 4 above). However, I also detailed for Mr. van der Veen the vile source of the "blow up" sputum (Page 17, Attachment 1).

<u>Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)*</u> - con't

EUA Lie #2:	There is no medical/medicinal alternative to a Vaccine for the Successful Treating of the "SARS-CoV-2" Induced COVID-19.

Page 18 of my letter to Mr. van der Veen discusses how your "virus" was *also* being promoted by HHS/FDA; the organization that later issued the Emergency Use Authorization . . .

On October 29, 2019, a short walk to Pfizer's New York headquarters, while on-stage right next to Health and Human Services (HHS) Director Rick Bright, you heartily endorsed Dr. Bright's slightly re-worded, but equally ***staggering*** verbiage about a "surprise outbreak."



> *"There might be a need, or even an urgent call for an entity of excitement out there, that's completely disruptive, that's not beholden to bureaucratic strings and processes … But it is not too crazy to think that an outbreak of a novel avian virus could occur in China somewhere . . ."*

Mere weeks later, December 2019, the first case of COVID-19 was proclaimed in China. [9]

---

[9] A key guest of the Milken Institute was **Mr. Albert Bourla of Pfizer**, who promoted ***"the likelihood of developing a vaccine by the end of 2020."*** Later his deadly mRNA contraption was deployed by a criminal EUA, its documented defects hiding behind the Fauci-inspired **liability immunity** . . . see pages 7 and 8 above.

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #2:	There is no medical/medicinal alternative to a Vaccine for the Successful Treating of the "SARS-CoV-2" Induced COVID-19.

With fear inflicted upon the innocent population, and your pandemic in full global deployment, low-cost alternatives to a "vaccine" (budesonide, Ivermectin or hydroxychloroquine) would be officially resisted, while advocates would be libeled and slandered and threatened. [10]

But . . . Dr. Bright, the person who assisted your pandemic with *"an entity of excitement"* !?
What was Dr. Bright's other role during your pandemic?

> "United States Department of Health and Human Services (HHS), Dr. Rick Bright, Director of the Biomedical Advanced Research and Development Authority (BARDA), disclosed potential safety risks and the lack of efficacy associated with use of chloroquine and hydroxychloroquine as therapeutic treatments for COVID-19."

In my letter of July 21, 20*20*, five pages exposed ***your*** lies about hydroxychloroquine (HCQ), including collaboration with Surgisphere. Their "study" **was a fraud; so fraudulent that your "vaccine" marketeers at The Lancet were forced to retract its publication.**

[10] Your previous attempts to patent mRNA technology, under the marketing term "vaccine," failed as late as 2003 (Page 6 above). Dr. David Martin and Dr. Reiner Füllmich have also presented enormous evidence regarding your customary threats/intimidations (Page 20, letter to Mr. Michael van der Veen; Attachment 1).

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #2:	There is no medical/medicinal alternative to a Vaccine for the Successful Treating of the "SARS-CoV-2" Induced COVID-19.

In my letter of August 27, 2021, I detailed three non "vaccine" treatment protocols for COVID-19. In each instance I described **the overwhelming success of the protocols,** and listed sample *practicing* medical doctors: (1) *Hydroxychloroquine*, Dr. Vladimir Zelenko, (2) *Ivermectin*, Dr. Pierre Kory, and (3) *nebulized Budesonide*, Dr. Richard Bartlett. [11]

The August 2021 report by **US Marine Corp Major Joseph Murphy** is entitled, "SARS-CoV-2 matches the SARS vaccine variants the NIH-EcoHealth program was making in Wuhan." On January 11, 2022, Senator Ron Johnson (R-WI) sent a letter to DoD, stating:

> According to the Major's disclosure, EcoHealth Alliance (EcoHealth), in conjunction with the Wuhan Institute of Virology (WIV), submitted a proposal in March 2018 to the Defense Advanced Research Projects Agency (DARPA) regarding SARS-CoVs.[2] The proposal included a program, called DEFUSE, that sought to use a novel chimeric SARS-CoV spike protein to inoculate bats against SARS-CoVs.[3] Although DARPA rejected the proposal, the disclosure alleges that EcoHealth ultimately carried out the DEFUSE proposal until April 2020 through the National Institutes of Health and National Institute for Allergy and Infectious Diseases.[4] The disclosure highlights several potential treatments, such as ivermectin, and specifically alleges that the EcoHealth DEFUSE proposal identified chloroquine phosphate (Hydroxychloriquine) and interferon as SARS-CoV inhibitors.[5]

In essence, EUA Lie #2 claimed that the only remedy for your "pandemic" was use of a needle, supplied by the individual on Page 9 above. That lie **constitutes criminal fraud**. In contrast, it must be re-emphasized . . . none of the three off-patent non "vaccine" protocols is covered by, nor *need* to be covered by, your liability immunity.

Assuming Major Murphy's report is accurate, are you claiming that EcoHealth comrade Mr. Peter Daszak was aware of the benefits of Hydroxychloroquine (ala Project DEFUSE, way back in 2018), but you were ignorant while orchestrating your May 27, 2020 crap with Surgisphere and Politico?!

But EUA Lie #1 and EUA Lie #2 pale in comparison to EUA Lie #3. Once again, evidence of Fauci footprints and fingerprints are everywhere. [12]

---

[11] These are real practicing medical doctors, with real COVID-19 patients; **none** the latter have returned in under your vaccine marketing ruse: "break through cases" (Pages 16, 17 and 18 of Attachment 6).

[12] Footnote 3, page 8 above.

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #3:	The Pfizer clinical trials conducted under *Operation Warp Speed* were competent, truthful and an accurate indicator of COVID-19 "vaccine" safety and effectiveness

EUA Lie #1 and EUA L#2 were *dependent* on EUA Lie #3. Operation Warp Speed was the marketing brand for an operative that was predicated upon the globalist technocracy timetable of Mr. Klaus Schwab, and his *"COVID-19: The Great Reset."* Alternatively, the hard data confirms, the EAU had minimal if-any connection to "safe and effective vaccines." [13]

Central to EUA Lie #3 is the Fauci-inspired conspiracy of liability immunity; without it there is no possibility that the Pfizer needle would be deployed to infect the global population; a needle funded by the US Treasury, the source of billions in profits for "The Vaccine King."

The global populations are unaware of how corrupt the FDA 'Emergency Use Authorization' of December 11, 2020 really was. Given the pervasive but censored dangers of the Pfizer needle, humanity does not know the details of how corrupt the EUA *needed to be*. [14]

---

[13] In my letter to you of 27 August 2021, I exposed the comradeship of Pfizer CEO Mr. Albert Bourla with the current president of my alma mater. Their comradeship goes far beyond conspiratorial membership at the COVID-19 New York State Forward Reopening Advisory Board (Page 20, Attachment 6).

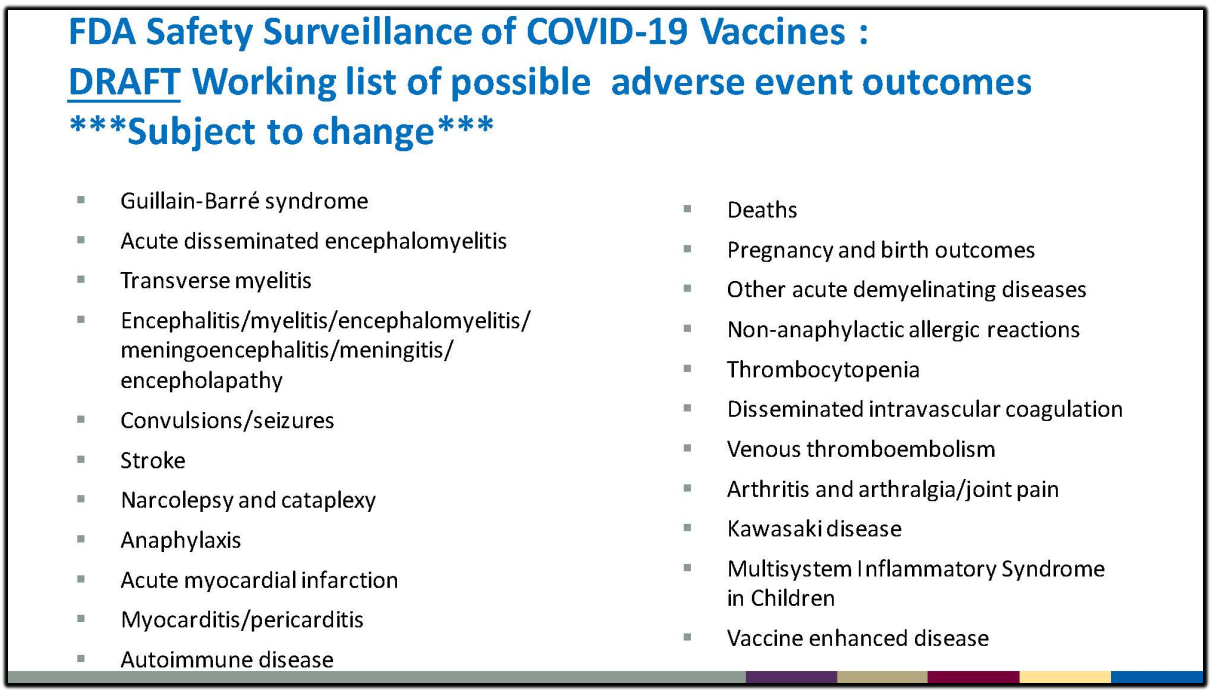
[14] Similar to the awareness of your criminality among US citizens, global citizens are becoming aware of the same status for Mr. Albert Bourla. See report by Public Citizen, *Pfizer Power* (Attachment 7).

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

EUA Lie #3: The Pfizer clinical trials conducted under *Operation Warp Speed* were competent, truthful and an accurate indicator of COVID-19 "vaccine" safety and effectiveness

Page 8 above: **"Your shameless endorsement of 'liability immunity' is a declaration that the "vaccines" you have injected into the innocent cannot withstand open examination and medical truthfulness."**

Attorney Tom Renz represents a Pfizer employee who is now protected under the Whistleblower Protection Act. **Six weeks prior to the EUA**, on October 22, 2020 the FDA Center for Biologics Evaluation and Research (CBER) secretly presented the following slide to Pfizer:



You were fully aware of "adverse event outcomes" prior to your party with New York Governor Andrew Cuomo; your meeting with him of December 8, 2020 was in preparation for the FDA EUA **gala** of December 11, 2020 . . . a mere three days later.

Violating 'Duty to Warn' tort law, you never alerted President Donald Trump about the known horrors of the Pfizer mRNA needles, **prior-to** or after the Emergency Use Authorization.

You never alerted America about the October 2020 CBER presentation, especially their warning about Venous Thromboembolism; **you failed in your duty to warn Mrs. Jummai Nache.** [15]

[15] I detail your RICO crimes on Page 6 of my 27 August 2021 letter (Attachment 6). This instant letter concludes by declaring connections of your crimes against humanity, including the horrors caused by liability immunity, the EUA, "vaccine mandates," and the Pfizer needle . . . the needled inflicted upon immigrants from Nigeria, **the Nache family.**

<u>Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)*</u> - con't

EUA Lie #3:	The Pfizer clinical trials conducted under *Operation Warp Speed* were competent, truthful and an accurate indicator of COVID-19 "vaccine" safety and effectiveness

On page 10 of my March 6, 2021 letter to the Ivy League University presidents, I introduce the legal issue of 'Duty to Warn.' In any context, but especially your liability immunity and the known defects of the Pfizer needle, ***their*** failure to address 'Duty to Warn' in-behalf of students/staff constitutes willful misconduct (Attachment 8).

I also presented to the Ivy League, a screenshot from the Cornell "New Normal" webpage:

Is the vaccine safe? ⓘ UPDATED MAR 3

All data currently available indicate that the vaccines are safe. Thus far, no serious long-term side effects have occurred and no study participants who received vaccine died of COVID-19. Some individuals do experience minor side effects that reflect the body's immune response beginning; a tiny number of individuals have experienced allergic reactions and have required immediate treatment, which has been successful.

On August 27, 2021, I reviewed the following crap from the Cornell Health website (Attachment 6):

How effective is the vaccine?

Pfizer reports that the vaccine is 95% effective. Moderna reports that their vaccine is 94% effective.

"All data currently available"? "Pfizer reports that the vaccine is 95% effective"?!
Both are outrageous lies; one by commission, the other by omission.

It came as no surprise that following receipt of my letters, Cornell administrators scrubbed both of these bold-faced, "vaccine" promoting <u>lies</u> from their websites.

An *alleged* source of these two Cornell administration lies is shown next.

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

The NEW ENGLAND JOURNAL of MEDICINE

RESEARCH SUMMARY

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine

F.P. Polack, et al. DOI: 10.1056/NEJMoa2034577

CLINICAL PROBLEM

Safe and effective vaccines to prevent severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and Covid-19 are urgently needed. No vaccines that protect against betacoronaviruses are currently available, and mRNA-based vaccines have not been widely tested.

CLINICAL TRIAL

A randomized, double-blind study of an mRNA vaccine encoding the SARS-CoV-2 spike protein.

43,548 participants ≥16 years old were assigned to receive the vaccine or placebo by intramuscular injection on day 0 and day 21. Participants were followed for safety and for the development of symptomatic Covid-19 for a median of 2 months.

RESULTS

Safety:
Vaccine recipients had local reactions (pain, erythema, swelling) and systemic reactions (e.g., fever, headache, myalgias) at higher rates than placebo recipients, with more reactions following the second dose. Most were mild to moderate and resolved rapidly.

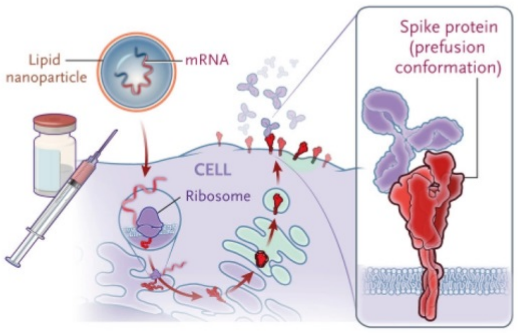
Efficacy:
The vaccine showed protection 7 days after the second dose; 95% efficacy was observed.

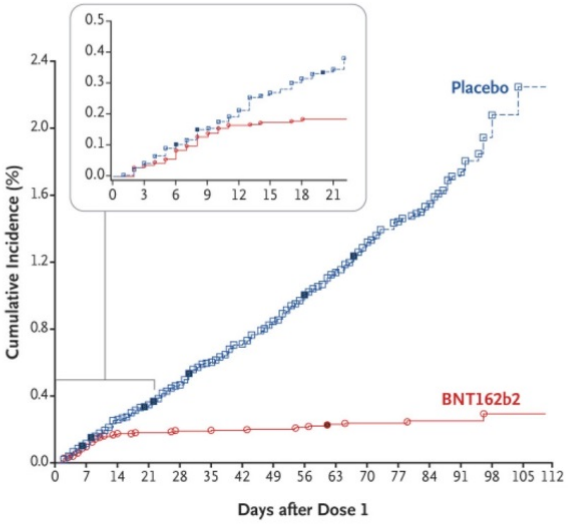
LIMITATIONS AND REMAINING QUESTIONS

Further study is required to understand the following:

- Safety and efficacy beyond 2 months and in groups not included in this trial (e.g., children, pregnant women, and immunocompromised persons).
- Whether the vaccine protects against asymptomatic infection and transmission to unvaccinated persons.
- How to deal with those who miss the second vaccine dose.

Links: Full article | Quick Take | Editorial





Vaccine efficacy of 95% (95% credible interval, 90.3 –97.6%)

CONCLUSIONS

Two doses of an mRNA-based vaccine were safe over a median of two months and provided 95% protection against symptomatic Covid-19 in persons 16 years of age or older.

<u>Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)*</u> - con't

EUA Lie #3:	The Pfizer clinical trials conducted under *Operation Warp Speed* were competent, truthful and an accurate indicator of COVID-19 "vaccine" safety and effectiveness

Perspective: Cornell administrators cannot make claims of "leadership" to a world class university; one that is world famous for its undergraduate, graduate, Doctor of Philosophy, Juris Doctor, and Doctor of Medicine degrees (to name a few); with specialties ranging from entomology, biological science, chemistry, genetic science, public health science, biomedical engineering, computer science, genetic engineering, food science, plant sciences, law, information sciences, veterinary medicine, mathematics, and statistical science . . . again, to name a few . . . **while those very same Cornell administrators are ostensibly claiming, by their words and deeds:**

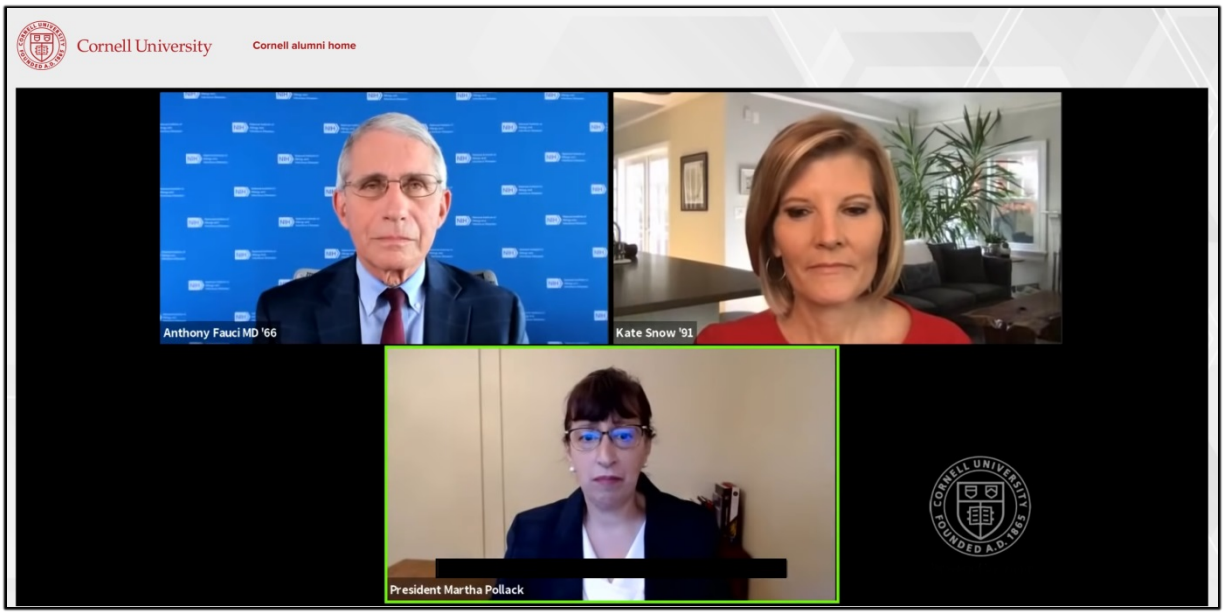
"We do not know the difference between Relative Risk Reduction versus Absolute Risk Reduction."

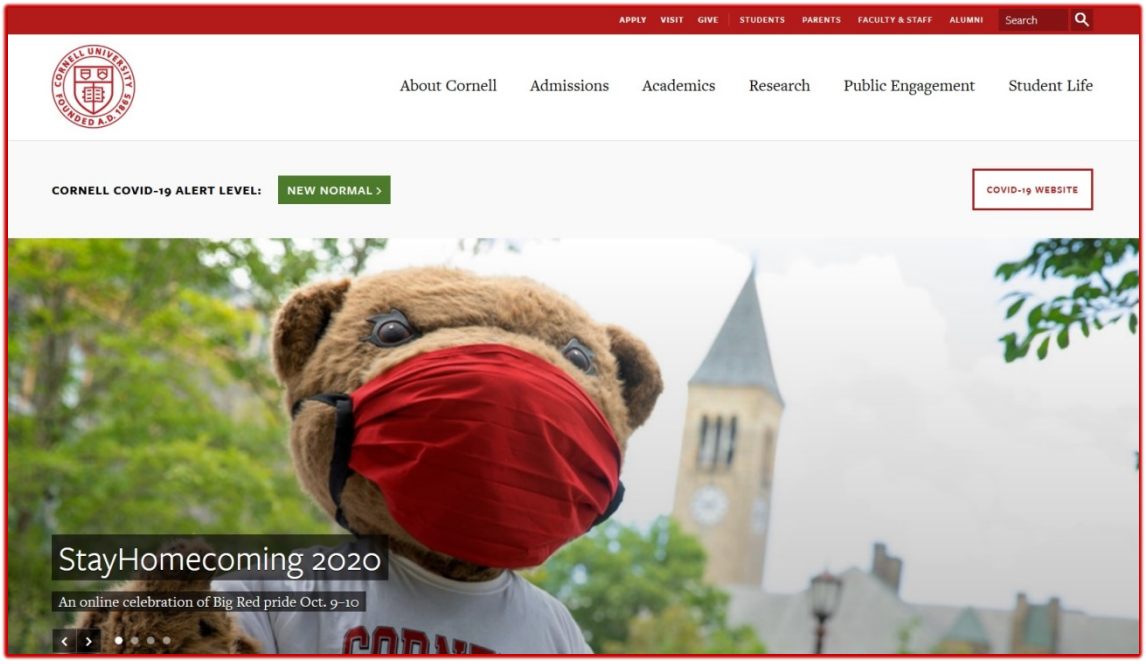
<u>Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)*</u> - con't

EUA Lie #3:	The Pfizer clinical trials conducted under *Operation Warp Speed* were competent, truthful and an accurate indicator of COVID-19 "vaccine" safety and effectiveness

Mr. Fauci, the above "leadership" admonishment applies to dishonest Cornell administrators; therefore it applies to you in manifold!

The next screenshot is your 'vaccine mandate' marketing stunt of October 9, 2020, identified by the repulsive term coined by Cornell administrators, *"StayHomecoming 2020."*





Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

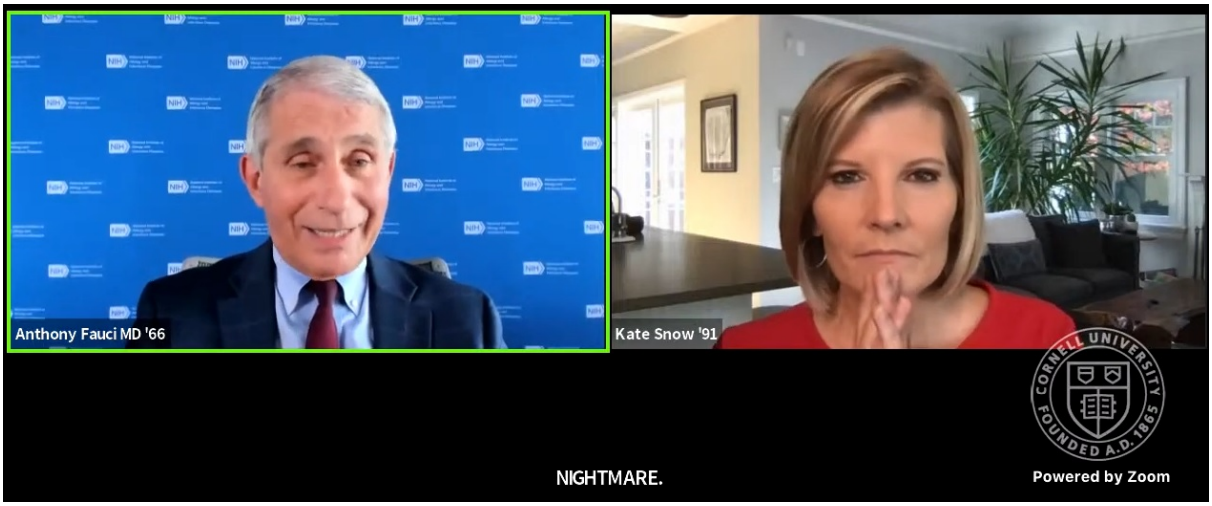
EUA Lie #3:	The Pfizer clinical trials conducted under *Operation Warp Speed* were competent, truthful and an accurate indicator of COVID-19 "vaccine" safety and effectiveness

That "America's Doctor" would degrade the Cornell gala of HomeComing, **to exploit the gullibility** of University students and staff, reduces your status to the "demonic." [16]

Similar to Cornell administrators, that scrub webpages but only after exposed as frauds, you are *intimately* familiar with Relative Risk Reduction (RRR) versus Absolute Risk Reduction (ARR). You too openly promoted the deception that the former **was** the latter: "95%." **A bold-faced lie!**

But your antics at StayHomecoming 2020 were not restricted to receiving couched, pre-planned questions from three young coeds. It was a staging of your agenda in behalf of vested-interests; from upcoming vaccine mandates (in behalf of Mr. Albert Bourla), to your deceptions deployed to divert discussion away from your GOF research (in behalf of EcoHealth, the CCP, etc.). Presuming that the rest-of-us were born-yesterday, you exposed plans about your "perfect nightmare" :

> "A brand new disease that jumps species, from an animal to a human reservoir, that's respiratory spread, that has two conflating characteristics. One, it's spectacularly efficient in its spread from human to human. And two, it has the capability of a high degree of morbidity and mortality, either in the general population, or among a subset or group. And sure enough, here we are in 2020, and we have my perfect nightmare. Namely, a pandemic that has already killed a million people worldwide, and is still raging throughout the world. So what keeps me up at night, is acting out the things that kept me up at night theoretically, is now keeping me up at night practically."



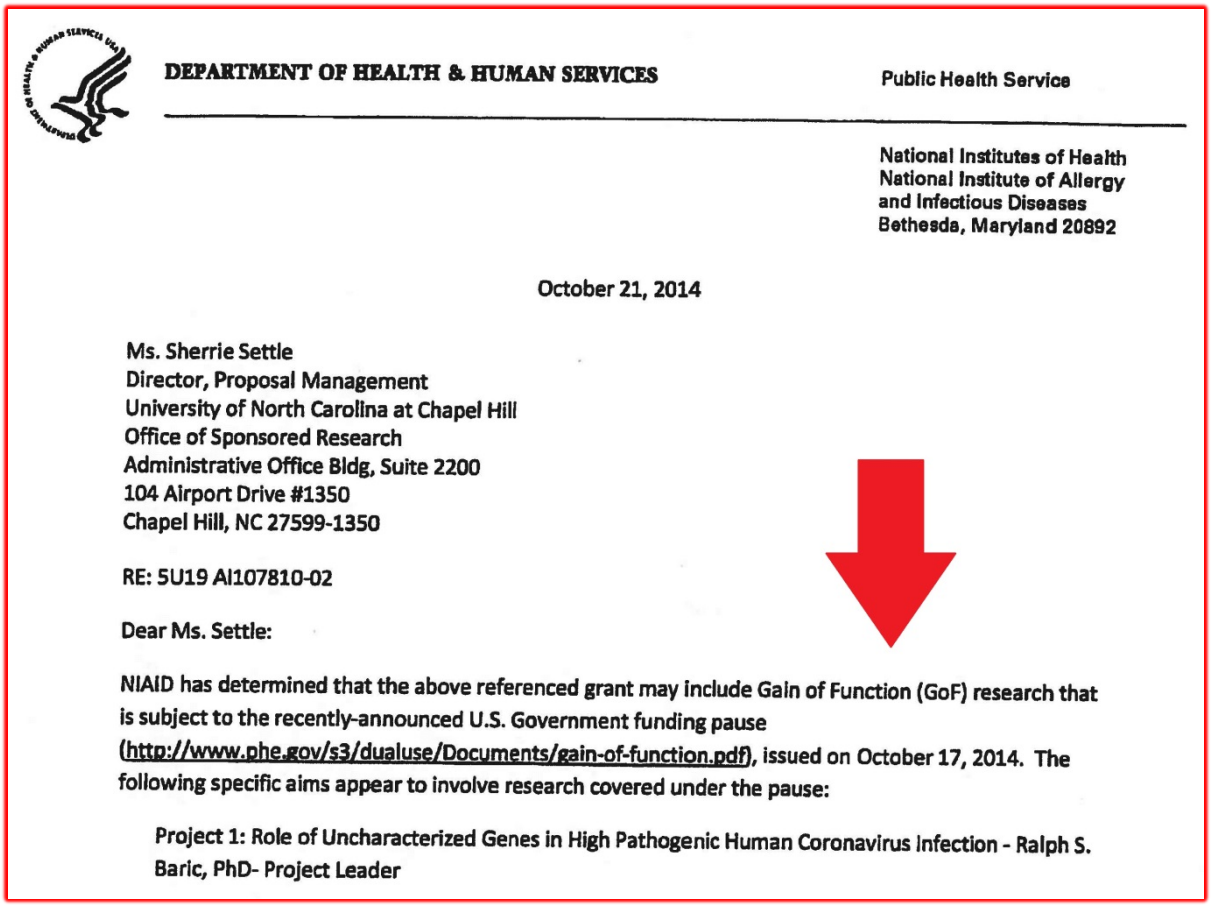
[16] The quotation marks indicate that this was not my descriptor.

<u>Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)*</u> - con't

EUA Lie #3:	The Pfizer clinical trials conducted under *Operation Warp Speed* were competent, truthful and an accurate indicator of COVID-19 "vaccine" safety and effectiveness

At StayHomecoming 2020 did you not reveal the truth contained in your FOIA-released emails. Those emails confirm that **your "perfect nightmare" was a Gain of Function design criteria!**

During StayHomecoming 2020 you did not fret about *"nebulous"* definitions for Gain of Function, nor were you compelled to revise its definition to an *"operable"* version:



DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

National Institutes of Health
National Institute of Allergy
and Infectious Diseases
Bethesda, Maryland 20892

October 21, 2014

Ms. Sherrie Settle
Director, Proposal Management
University of North Carolina at Chapel Hill
Office of Sponsored Research
Administrative Office Bldg, Suite 2200
104 Airport Drive #1350
Chapel Hill, NC 27599-1350

RE: 5U19 AI107810-02

Dear Ms. Settle:

NIAID has determined that the above referenced grant may include Gain of Function (GoF) research that is subject to the recently-announced U.S. Government funding pause (http://www.phe.gov/s3/dualuse/Documents/gain-of-function.pdf), issued on October 17, 2014. The following specific aims appear to involve research covered under the pause:

Project 1: Role of Uncharacterized Genes in High Pathogenic Human Coronavirus Infection - Ralph S. Baric, PhD- Project Leader

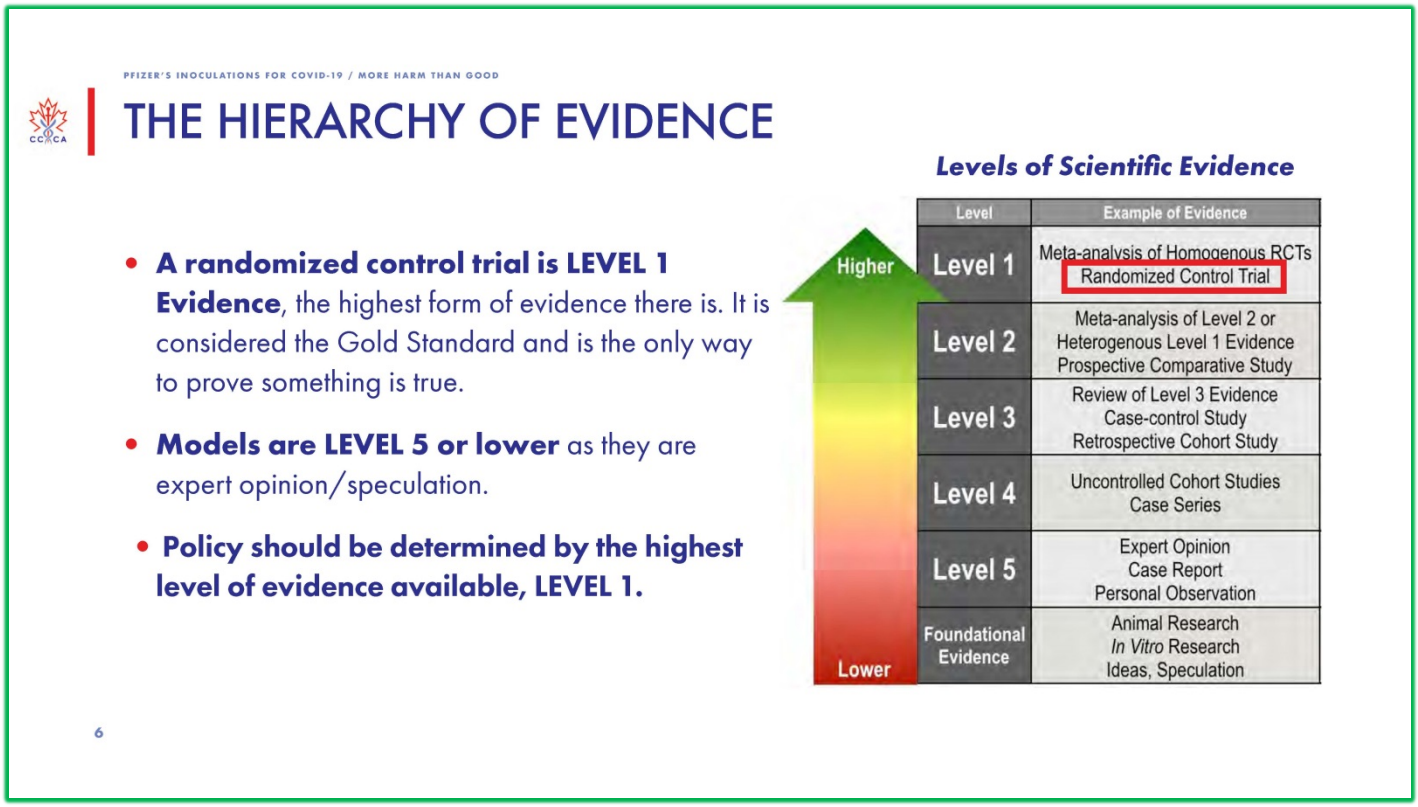
However (per Page 6 and Item 2 of Page 15 above), you ***were*** compelled to re-assert the underlying COVID fraud; that the "vaccine" was *in response* to your Gain-of-Function "virus."

And certainly you were not compelled to explain to the Cornell StayHomecoming coeds, that the "vaccine" trials being conducted by Pfizer had already deviated-from and had already violated every basic requirement for "safe & effective" prove-out of any medicine; let-alone a new never-before licensed mRNA contraption for use in humans. **Why is that Mr. Fauci?**

<u>Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)*</u> - con't

EUA Lie #3:	The Pfizer clinical trials conducted under *Operation Warp Speed* were competent, truthful and an accurate indicator of COVID-19 "vaccine" safety and effectiveness

A few weeks after Cornell StayHomecoming 2020, while celebrating the FDA 'Emergency Use Authorization' with ex New York Governor Andrew Cuomo, you were fully aware that a basic requirement of an EUA was Level 1 evidence **for safety**:



You and Cornell administrators were also fully aware that the Randomized Control Trials (that Cornell administrators <u>claimed</u> were the source for their webpages, and later their justification for vaccine mandates), did <u>not</u> occur with full competence and full validity.

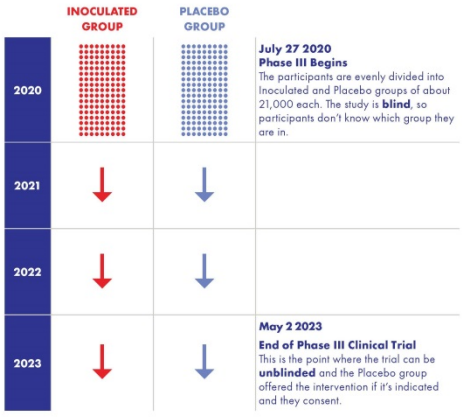
For example, you and Cornell administrators were both fully aware that <u>the trials had already been *in*validated</u> by an unblinding that occurred as early as July 20*20* !

Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)* - con't

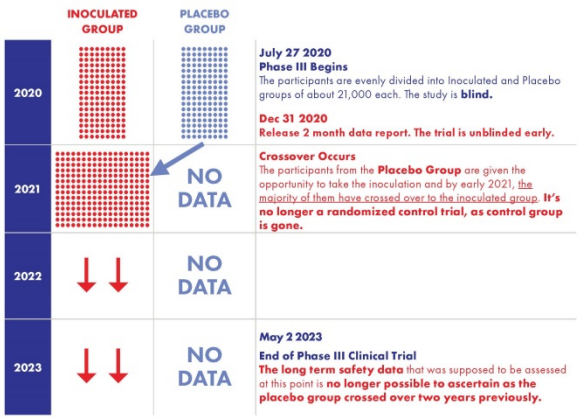
PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

EARLY UNBLINDING OF RANDOMIZED CONTROL TRIAL = NO LONG TERM SAFETY DATA

WHAT WAS SUPPOSED TO HAPPEN



WHAT ACTUALLY HAPPENED



9

PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

PFIZER DID NOT FOLLOW ESTABLISHED PROTOCOLS

Regarding the persistent claim that the COVID-19 inoculation products do not need to be tested, because mRNA technology has already undergone testing: mRNA technology is the delivery mechanism, not the inoculation. That's like saying that since we've used syringes safely before, anything injected via syringe is safe. (And in fact, there are still a lot of unknowns about the effects of the mRNA delivery mechanism.)

NORMALLY, VACCINE DEVELOPMENT LOOKS LIKE THIS, WITH A TIMELINE OF 5 TO 10 YEARS.

RARELY, IT CAN BE DONE IN AS LITTLE AS 5 YEARS.

FOR THE COVID-19 INOCULATIONS, IT WAS DONE IN 1 YEAR.

- Animal testing was skipped
- Phases II/III were combined
- After 2 months of Phase II/III, Emergency Use Authorized
- The trials were unblinded
- Phase III trials are ongoing until 2023

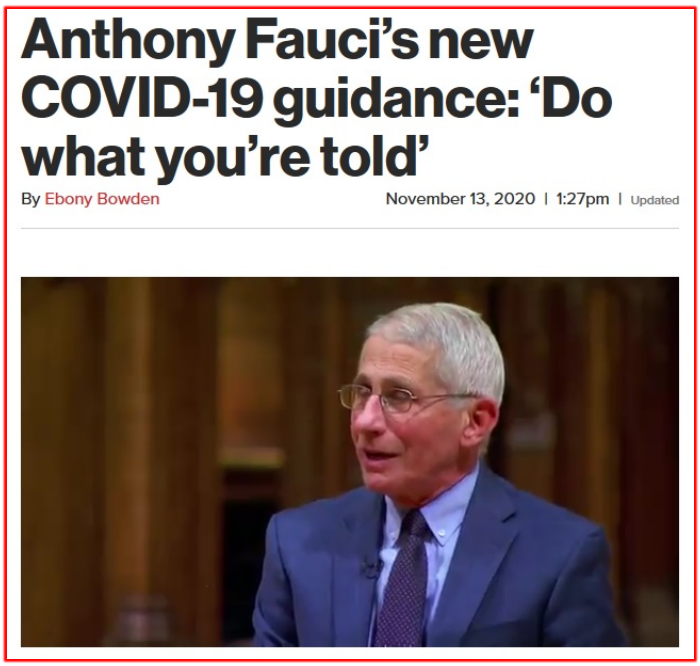
14

<u>Keys to Genocide: Fauci Inspired *Emergency Use Authorization (EUA)*</u> - conclusion

At StayHomecoming 20*20* you declared what truly motivated you and your Great Reset clients:

> *" The urgency of getting an intervention, both a vaccine and some of the therapies that you and I discussed a little while ago. To get them ready, because you know as a physician, and a physician-scientist, I am very **cognizant** of people getting sick and of people dying. That's real stuff for me! That's not a statistic. 'Cause when you do it every day, it's not a statistic. So, it doesn't worry me, it gives me more energy to say, 'We've gotta get a vaccine. We've gotta get drugs. And we've gotta get people to listen to us, when we say what the public health measures are that we need to follow.'"* [17]

Never during your mRNA needle sales campaign, have you admitted cognizance of the proven safety & effectiveness of low-cost medicines: Hydroxychloroquine, Ivermectin or budesonide. Instead, you have been spewing "guidance" that accommodates Mr. Klaus Schwab.



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

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

"Cognizant"? **Your "guidance" led to the FDA 'Emergency Use Authorization'** of December 11, 2020; later promoted by Cornell administrators. The EUA was characterized by conspiracy, fraud, gross criminal negligence, depraved indifference, and treason . . . to name a few. [18]

---

[17] At no time during your mRNA needle sales campaign did you admit that the "people getting sick" included a University of Minnesota medical assistant named Mrs. Jummai Nache (See Pages 36 through 44 below).

[18] The presentation slides above (Pages 23, 27 and 28) are compliments of the Canadian COVID Care Alliance (CCCA) of December 16, 2021. CCCA is comprised of over 500 independent Canadian doctors, scientists, and health care practitioners. Their priority is the Hippocratic Oath and patient well-being, **not** the CCP, or Pfizer, or *COVID-19: The Great reset*. The CCCA video and pdf slides are here : **http://pvsheridan.com/CCCA/**

Intermission Two

Demand: Your Forfeiture of all Degrees, Disassociation of Any Affiliation, and Complete Disconnection from Any Prior Accolades/Activities Related in *any* way to my alma mater – CORNELL UNIVERSITY

Crimes Against Humanity: Fauci Inspired Suicide / Murder of the World's Children

Ten days after your Pfizer mRNA needle was released by the FDA Emergency Use Authorization, for use against the entire population of America, I wrote to you about your role in **the massive suicide death toll afflicting our children** (screenshot):

21 December 2020 VIA FEDEX AIRBILL 7817-8238-2240

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

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

Consistent with your long history of inveracity, your lack of true responsibility, and your cowardice; you never responded. Throughout 2020 your "guidance" was enforced upon our children, from lockdowns, to vile face masks, to **your "vaccine mandate" that now directly connects *you* to horrible permanent injury and death among the world's children.**

Your crimes against our children occurred while you subverted the proven safety of off-patent medicines; favoring the needles from The Vaccine King and his major "investors" (Page 9 above).

Your crimes against our children occurred while you and the criminal at-center were conspiring against *anyone* that questioned your "guidance" on lockdowns . . . the latter is a proven cause of the suicide death of our children.

<u>Crimes Against Humanity: Fauci Inspired Suicide / Murder of the World's Children</u> – con't

My thesis of December 21, 2020 states that your criminality is connectable to the suicide death of our children. My thesis has not diminished; recent releases of your emails has <u>further</u> affirmed it:

Leaked E-mails: Fauci, Collins Worked on "Quick and Devastating" Smear Campaign Against Anti-lockdown Message

by **Veronika Kyrylenko** December 20, 2021

Facebook Twitter Linkedin Email Print PDF

Over a year ago, on Page 7 of my December 21, 2020 letter, I asserted:

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

Crimes Against Humanity: Fauci Inspired Suicide/Murder the World's Children - conclusion

As the whole world can now see, my thesis of December 21, 2020 stating your criminality (and its connection to the suicide death of our children) has not diminished in validity. An example of **your vile email record confirms that you are the one that has been "devastating."**

From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Thursday, October 8, 2020 2:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Great Barrington Declaration

Hi Tony and Cliff,

See https://gbdeclaration.org/ This proposal from the three fringe epidemiologists who met with the Secretary seems to be getting a lot of attention – and even a co-signature from Nobel Prize winner Mike Leavitt at Stanford. There needs to be a quick and devastating published take down of its premises. I don't see anything like that on line yet – is it underway?

Francis

Over a year ago, on Page 9 of my December 21, 2020 letter, I asserted:

> **"Were it not for the fraud of 'amplification,' central to your lies of PCR-based testing as the 'gold standard,' the governor of Maine would not have had exaggerated 'confirmed cases,' and therefore would be unable to enforce her Bolshevik-styled lockdown . . . that 16-year-old Spencer William Smith had connected in the suicide note as his primary reason to take his own life."** [19]

Mr. Fauci, it's called manslaughter. But before you assert your divinity, perhaps the fact that many are in-agreement with my thesis is instructive . . . especially if 'the many' are **typified** by a respectful front line nurse of the highest standing with her patients, and her employer.

Meet Nurse Ms. Morgan Wallace:

[19] Review of the 'Big Testing Regime' (from over a year ago) now connects to your "guidance" presented on Page 14 above, and your full awareness that the PCR regime deployed against the Cornell/Ithaca community has a CTV of 45! One can speculate why you and the Cornell administrators forgot about your pre-EUA PCR lectures of October 2020.

Crimes Against Humanity: Murder by Withholding Successful COVID Protocols

“Everyone who died with COVID should be considered murdered.”

The transcript of her January 4, 2022 talk is on Page 35 above. As expected, the video of her talk has been banned by your comrade Susan Wojcicki of YouTube. But I preserved a copy here:

https://www.bitchute.com/video/Pi7zmnm5m4jw/

Crimes Against Humanity: Murder by Withholding Successful COVID Protocol - conclusion

"Everyone who died with COVID should be considered murdered."

New Hanover County School Board, Wilmington, North Carolina, 4 January 2022 (Transcript)

"I'm (nurse) Morgan Wallace. I am a 10-year employee of New Hanover County (hospital). I worked in cardiovascular ICU for five years I was your last line of defense with COVID.

We ran your heart and lungs outside your body with your chest open while you were bleeding on the floor. **And what I realized was that patients were needlessly dying because government withheld policies for treating COVID**.

Everyone who died with COVID should be considered murdered. Early treatment has always been effective.

I walked out of the hospital on the mandate day. I have my own practice, and I am the only person in town treating COVID patients prior to hospitalization.

I also watched the entire staff at the hospital including in my unit get vaccinated and then get COVID. Amongst all other kinds of ailments, you have now loaded your body with millions of spike proteins and you are a ticking time bomb for cancer, blood clots, and whatever kind of ailment may come up in your body.

And I'm tired of hearing people go and ask doctors can they be treated for COVID, **and their only option is a vaccine**, or go home, or go into the hospital where you're not going to make it out.

I'll be happy to treat any one of you for COVID prior going to the hospital because early treatment has always worked. I'm a member of the FLCCC Alliance, NC Physicians for Freedom, and the Medical Freedom Summit.

And I would ask you all to please stop choosing fear and putting masks on our kids.

The vaccine is not gonna work, early treatment has always worked, and government mismanagement of patients is why people have died.

And families have realized this and they are rising up and they are going to come after governments and the hospital.

I was highly decorated and highly respected at New Hanover. I was the November 2020 employee of excellence, and I had a job opportunity this year from the chief medical director at this hospital and I chose to walk out and stand up for what is right.

So putting these masks on our kids is not going to help, nor is vaccination, and we all need to realize that.

The cat is out of the bag and people are speaking globally, including the inventor of the vaccine."

Crimes Against Humanity

Mr. Anthony Fauci "Guidance" and the Case of Mrs. Jummai Nache

Given both criminal and civil litigation in this case, I will not verbalize too much in this section.

However, rather than spewing "guidance" from a white tower, working instead in the real world of patients; the following portion of Nurse Wallace's statement needs to be re-emphasized:

> **"I also watched the entire staff at the hospital including in my unit get vaccinated and then get COVID. Amongst all other kinds of ailments, you have now loaded your body with millions of spike proteins and you are a ticking time bomb for cancer, blood clots, and whatever kind of ailment may come up in your body."**

It is unlikely that Ms. Morgan has any knowledge whatsoever of the medical or legal case of **fellow-nurse Mrs. Jummai Nache**. . . .

For perspective, you are directed to read the excerpt of the medical report of Mrs. Nache; provided to attorney Mr. Michael van der Veen, Page 21 of Attachment 1:

In their medical report on Mrs. Jummai Nache of 21 May 2021, on Page 183, Dr. Andrew Boucher of the University of Minnesota Medical Center claims:

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

Most of our visit was spent again discussing the potential role of the vaccine in this process. Dr. Fontana shared the letter from the CDC stating that this was MIS-A without clear involvement from the vaccine, though it can't (and likely never will be) excluded as contributing to some extent. Since the last visit, and separate from the laboratory evidence discussed with the CDC, I did have the PF4 antibody testing done on a blood sample saved from around the same day as her arterial thrombotic events. This testing was negative. Thrombotic Thrombocytopenic Syndrome (TTS, previously termed VITT as mentioned in my previous note) is the syndrome linked to the infrequent CSVT and other thrombotic events linked to Johnson and Johnson vaccines."

Diverting to a needle that Mrs. Nache was **not** injected with was no accident; Dr. Boucher was fully aware that the mRNA needle, twice-inflicted upon her, was from Pfizer Corporation.

Again, I do not intend to elaborate, instead I will let the following photos do the verbalizations.

You and the person of Footnote 1 have already seen many of the following, but you and she have characteristically ignored them . . . so, **once again** . . . look at these photographs . . . **take a good looooooong look Mr. Fauci.**

Crimes Against Humanity

Mr. Anthony Fauci "Guidance" and the Case of Mrs. Jummai Nache

Philip and Jummai Nache are from the African country of Nigeria. They moved to the United States and now they tell other Africans who moved here about Jesus.

Crimes Against Humanity

Mr. Anthony Fauci "Guidance" and the Case of Mrs. Jummai Nache

Crimes Against Humanity

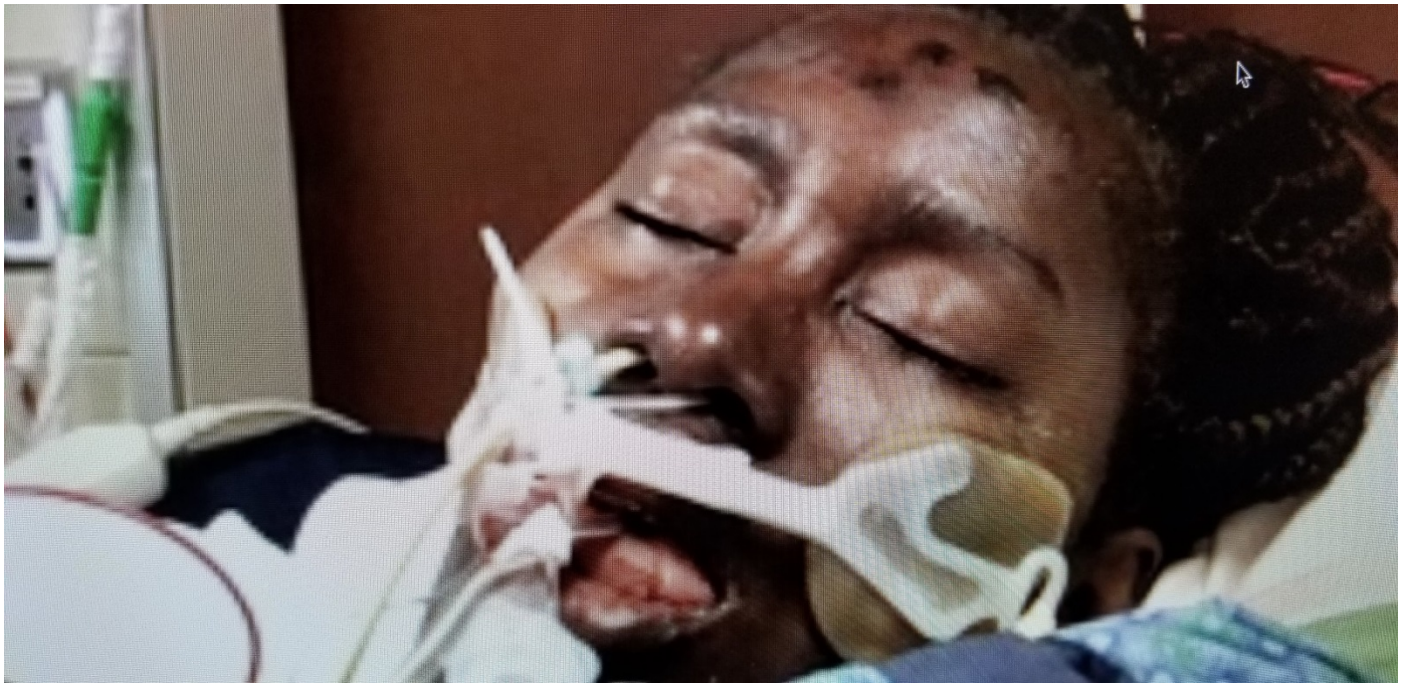
Mr. Anthony Fauci "Guidance" and the Case of Mrs. Jummai Nache

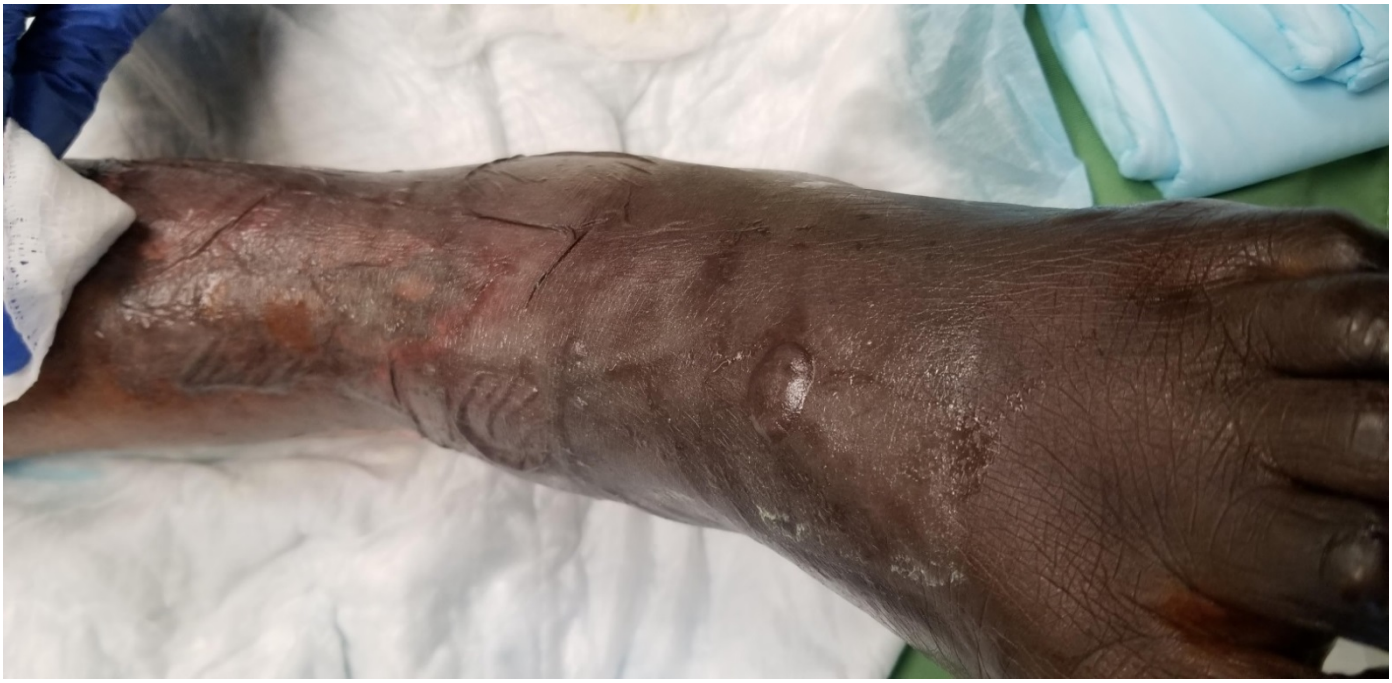
Crimes Against Humanity

Mr. Anthony Fauci "Guidance" and the Case of Mrs. Jummai Nache

Crimes Against Humanity

Mr. Anthony Fauci "Guidance" and the Case of Mrs. Jummai Nache



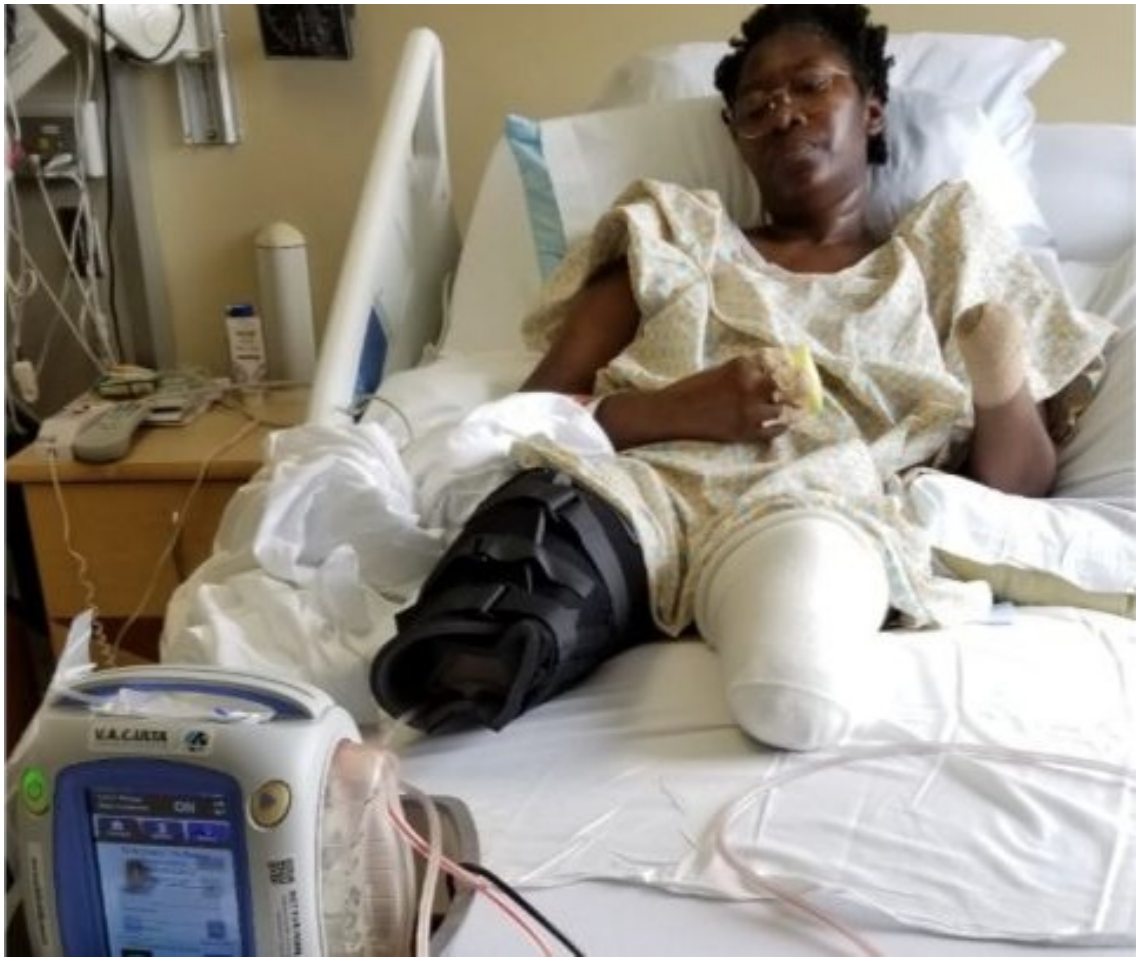


Crimes Against Humanity

Mr. Anthony Fauci "Guidance" and the Case of Mrs. Jummai Nache

Crimes Against Humanity

Mr. Anthony Fauci "Guidance" and the Case of Mrs. Jummai Nache



Crimes Against Humanity

Mr. Anthony Fauci "Guidance" versus the Nation of Nigeria

On Page 11 and Footnote 7 above **I introduced the subject of Nigeria**, as one of the exemplars for the reality, "There never was a 'public health emergency,' based solely on SARS-CoV-2."

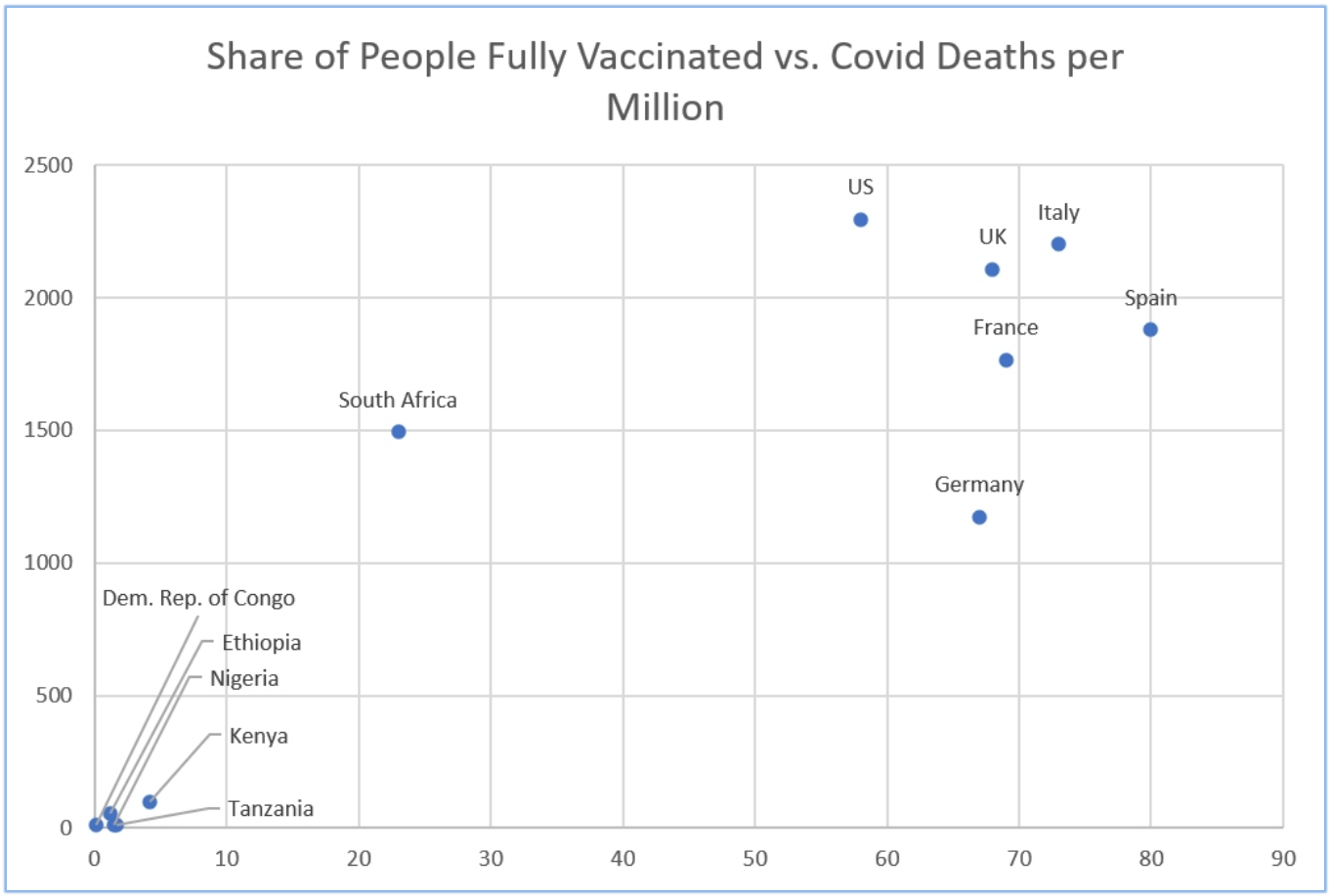
MISES INSTITUTE

Published on *Mises Institute* (https://mises.org)

With Low Vaccination Rates, Africa's Covid Deaths Remain Far below Europe and the US

November 23, 2021 - 1:44 PMRyan McMaken [1]

Barely visible in the lower left corner we find the results of NOT submitting to the Fauci or University of Minnesota or Cornell University "guidance" :



Had the Nache Family remained in Nigeria, rather than being tyrannized by Fauci and University of Minnesota COVID-19 "guidance," vaccine mandates, and lockdowns; their physical health and livelihoods would not be so compromised (Attachment 10).

Intermission Three

Demand: Your Forfeiture of all Degrees, Disassociation of Any Affiliation, and Complete Disconnection from Any Prior Accolades/Activities Related in *any* way to my alma mater – CORNELL UNIVERSITY

Conclusion – Part One

Mr. Anthony Fauci: No CRIMINALITY IMMUNITY

Whether coddling co-conspirator Dr. Peter Daszak for assistance with your "perfect nightmare," or orchestration of liability immunity for characters such as Mr. Albert Bourla of Pfizer; your deeds are not protected by *Criminality Immunity*.

Whether investigating the origins of the so-called "virus," or the process and long history by which the so-called "vaccine" for COVID-19 was developed and deployed; from beginning to end, **there is always a common denominator: The footprints and fingerprints of "America's Doctor."**

If you need further affirmation of how your crimes are directly connectable to the horrors inflicted upon the Nache family (Pages 37 - 43 above), then I direct your attention to readership of Attachment 1.

Conclusion Part Two

To the best of my extensive knowledge of Cornell University; its founder, its founding philosophy, its remarkable and ongoing history of true contribution to the well-being of humanity; **there is no one in the Cornell family that even remotely caused or deserves the following headline:**

COLUMNISTS

Gates, Fauci, and Daszak charged with Genocide in Court Filing

by Justus R. Hope, MD

FORMAL DEMAND

I make no suggestions/representations that I represent Cornell University in an *official* capacity. I am an ambassador in high standing *as* a member of the alumni family. In this capacity, and in the context of (1) the above discussion, (2) the gentleman pictured on Page 45, (3) the customary rules that dictate expulsion from Cornell, and (4) in-behalf of the Nache Family:

> I hereby demand that you, Mr. Anthony Fauci, forfeit all degrees, that you disassociate from any affiliation, and completely disconnect from any prior accolades/activities that are related *in any way* to my alma mater – CORNELL UNIVERSITY

Cordially,

Paul V. Sheridan
MBA: Class of 1980

Attachments/enclosures

ADDENDUM CONTENT

		Page Reference
Paul V. Sheridan letter of November 20, 2021 to Mr. Michael van der Veen	Attachment 1	2, 15, 16, 17
Paul V. Sheridan letter of July 21, 2020 to Dr. Anthony Fauci	Attachment 2	3, 7
Paul V. Sheridan letter of April 12, 2020 to President Donald Trump	Attachment 3	4
Paul V. Sheridan letter of September 18, 2020 to President Donald Trump	Attachment 4	4
Paul V. Sheridan letter of August 13, 2020 to President Donald Trump and Vice President Michael Pence	Attachment 5	6
Paul V. Sheridan letter of August 27, 2021 to Mr. Anthony Fauci and Ms. Martha Pollack	Attachment 6	18, 19
Public Citizen Report : **PFIZER POWER** of October 19, 2021	Attachment 7	19
Paul V. Sheridan letter of March 6, 2021 to Ivy League University presidents	Attachment 8	20
Paul V. Sheridan letter of December 21, 2020 to Mr. Anthony Fauci	Attachment 9	31, 32, 33
Mises Institute report : **With Low Vaccination Rates, Africa's COVID Deaths Remain Far below Europe and the US**	Attachment 10	44

Electronic Versions http://pvsheridan.com/sheridan2fauci-5-19january2022.pdf (full)
http://pvsheridan.com/sheridan2fauci-5-19january2022-cvr.pdf (abridged)
http://pvsheridan.com/sheridan2fauci-5-19january2022-cvr-links.pdf (links)

This is Cornell

Cornell may be likened to a genetically engineered, multicolored chimeric animal, produced by combining the genes of at least a half dozen parents; all of whom are convinced that they contributed the dominant genes.

From where I sit in the tower at the east end of the campus, the chimera has a distinctly greenish hue, reflecting the emphasis on technological advances in biology, the plant and animal sciences, and veterinary medicine that have made us world leaders in improving food production and maintaining environmental quality.

But the chimera's coat has many different colors, and those that predominate depend on the angle of viewing.

In a larger sense, Cornell is more than a complex mosaic of disciplines and schools. It is a place of great creativity, nurtured by remarkable individual freedom. It is an institution where excellence and hard work are expected . . . indeed these are the norm.

It is an international community, and those of us who travel abroad are constantly reminded of the respect we command throughout the world simply because we are from Cornell.

William Hansel
Liberty Hyde Bailer Professor of Animal Physiology
1984

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

Demand: Your Forfeiture of all Degrees, Disassociation of Any Affiliation, and Complete Disconnection from Any Prior Accolades/Activities Related in *any* way to my alma mater – CORNELL UNIVERSITY

Preliminary Copy List

Mrs. Jummai Nache/ Mr. Philip Nache Hope of Nations Gospel Church 1021 Hennepin Ave # 2 Minneapolis, MN 55403 502-379-5428 / *By email*	Mr. Robert S. Harrison Board of Trustees Cornell University- 300 Day Hall Ithaca, NY 14853 607-255-3903 Shipper tracking xxxxxxxx	Dean Augustine M.K. Choi Weill Cornell Medical College 1300 York Avenue New York, NY 10065 212-746-5454 Shipper track 775829266383
Dr. Michael I. Kotlikoff Office of the Provost Cornell University - 300 Day Hall Ithaca, NY 14853 607-255-9924 Shipper track 775840675166	Mr. Joel M. Malina VP for University Relations 314 Day Hall Ithaca, NY 14853 607-255-9029 Shipper track 775876832516	Ms. Donica Thomas Varner Office of General Counsel Cornell University- 300 Day Hall Ithaca, NY 14853 607-255-3903 Shipper track 775829255077
Senator Rand Paul United States Senate 167 Russell Senate Office Bldg Washington DC, 20510 202-224-4343 Shipper track 775853076306	Congressman Jim Jordan United States Congress 2056 Rayburn House Bldg Washington, DC 20515 202-225-2676 Shipper track 775842255328	Mr. Thomas Renz, Esq Renz Law Firm, PC - Suite 162 1907 W. State Street Fremont, OH 43420 419-351-4248 *By email*
Mr. Ravi Batra, Esq. Law Firm of Ravi Batra, PC 142 Lexington Avenue New York, NY 10016 212-545-1993 *By email*	President Dr. William Wilson Oral Roberts University 7777 South Lewis Avenue Tulsa, OK 74171 918-495-6161 *By email*	Dr. Peter McCullough Baylor Heart & Vascular 3409 Worth Street - Suite 500 Dallas, TX 75246 214-841-2000 Shipper track 775876748935
Dr. Vladimir Zelenko Suite 011 3 Hamaspik Way Monroe, NY 10950 845-782-0000 *By email*	Dr. Pierre D. Kory FLCCC Alliance 6006 N Highlands Avenue Madison WI 53705 513-486-4696 *By email*	Dr. Richard Bartlett Suite 310 1330 East 8th Street Odessa, TX 79761 432-425-1258 *By email*
Mr. Marc L. Boom Houston Methodist Hospital 6565 Fannin Street Houston, TX 77030 713-790-3311 Shipper track 775853258390	Governor Kathy Hochul Governor of New York State NYS State Capitol Bldg Albany, NY 12224 518-474-8390 Shipper track 775840431746	Ms. Martha E. Pollack Office of the President Cornell University- 300 Day Hall Ithaca, NY 14853 607-255-5201 Shipper track 776213811785

ATTACHMENT TWO

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1:	**Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2:	**Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3:	**Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4:	**Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5:	**mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**
Reference 1:	**My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2:	**My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3:	**My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4:	***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute Study (JHIS) of January 2022**

23 Pages

Letter of 21 December 2020, Paul V. Sheridan to Fauci, Pollack, et al.

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

December 23, 2020

Dear Customer,

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

Delivery Information:

Status:	Delivered	**Delivered To:**	Receptionist/Front Desk
Signed for by:	K.BAUSCH	**Delivery Location:**	31 CENTER DR
Service type:	FedEx Standard Overnight		Bethesda, MD, 20892
Special Handling:	Deliver Weekday	**Delivery date:**	Dec 23, 2020 15:09

Shipping Information:

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

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

Shipper:
PAUL V. SHERIDAN,
22357 COLUMBIA ST
DEARBORN, MI, US, 48124

Thank you for choosing FedEx

22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095
pvs6@cornell.edu

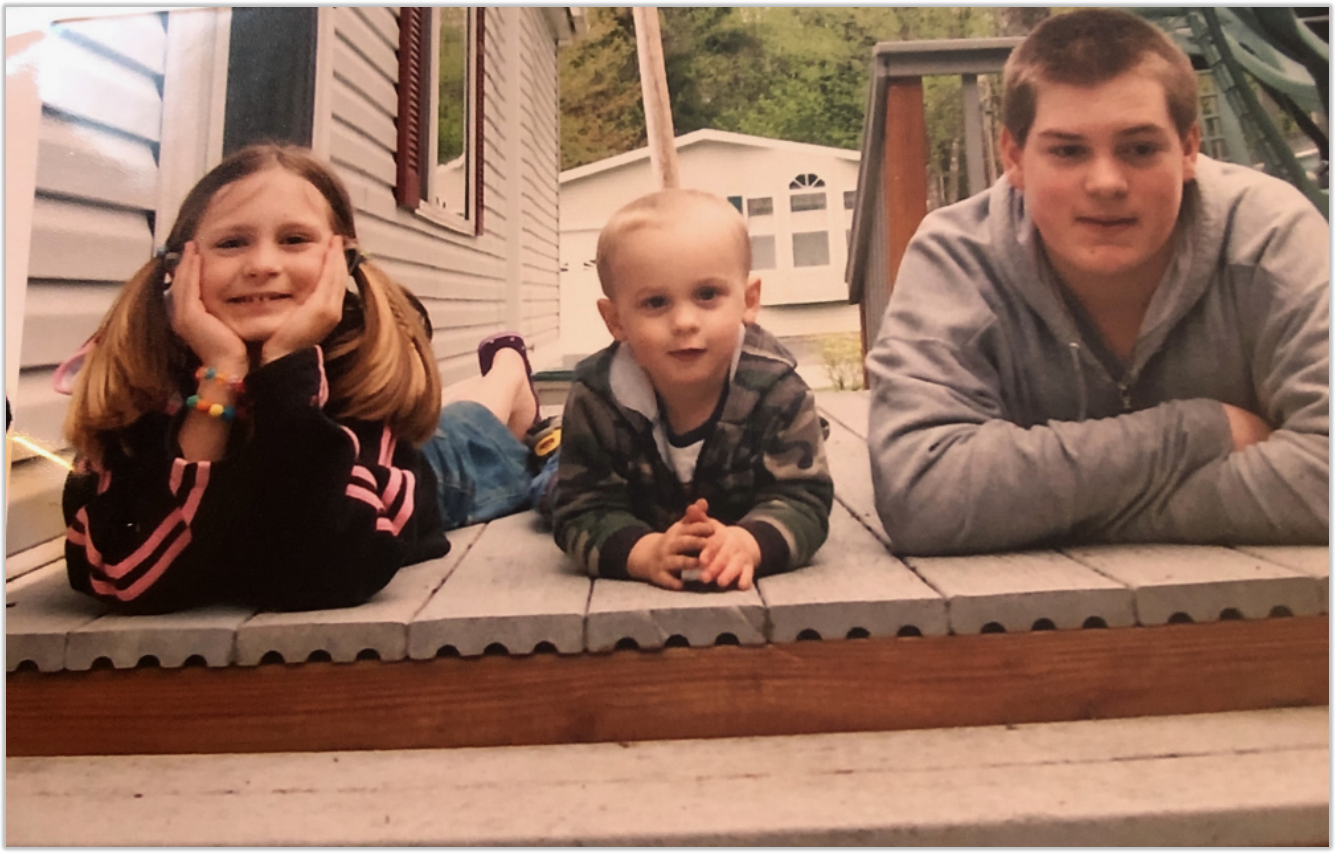
21 December 2020 VIA FEDEX AIRBILL 7817-8238-2240

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

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

Dear Dr. Fauci:

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



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

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

We review the Gross Criminal Negligence (GCN) law:

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

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

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

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

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

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

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

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

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

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

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

---

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

Discussion – Fauci Lie #1

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

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

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

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

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

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

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

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

---

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

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

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

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

Discussion – Fauci Lie #1 – conclusion

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

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

Conclusion – Part 2

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

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

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

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

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

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

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

Intermission : The Pandemic Resume of Anthony Fauci

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

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

Intermission : The Pandemic Resume of Anthony Fauci - Conclusion

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

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

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

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

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

This has gone on before !?!

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

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

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

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

Discussion – Fauci Lie #2

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

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

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

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

CORONAVIRUS

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

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

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

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

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

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

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

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

---

††† According to the shipper, the Governor's office received his copy on 27 July 2020.

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

Discussion – Fauci Lie #2 – con't

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

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

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

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

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

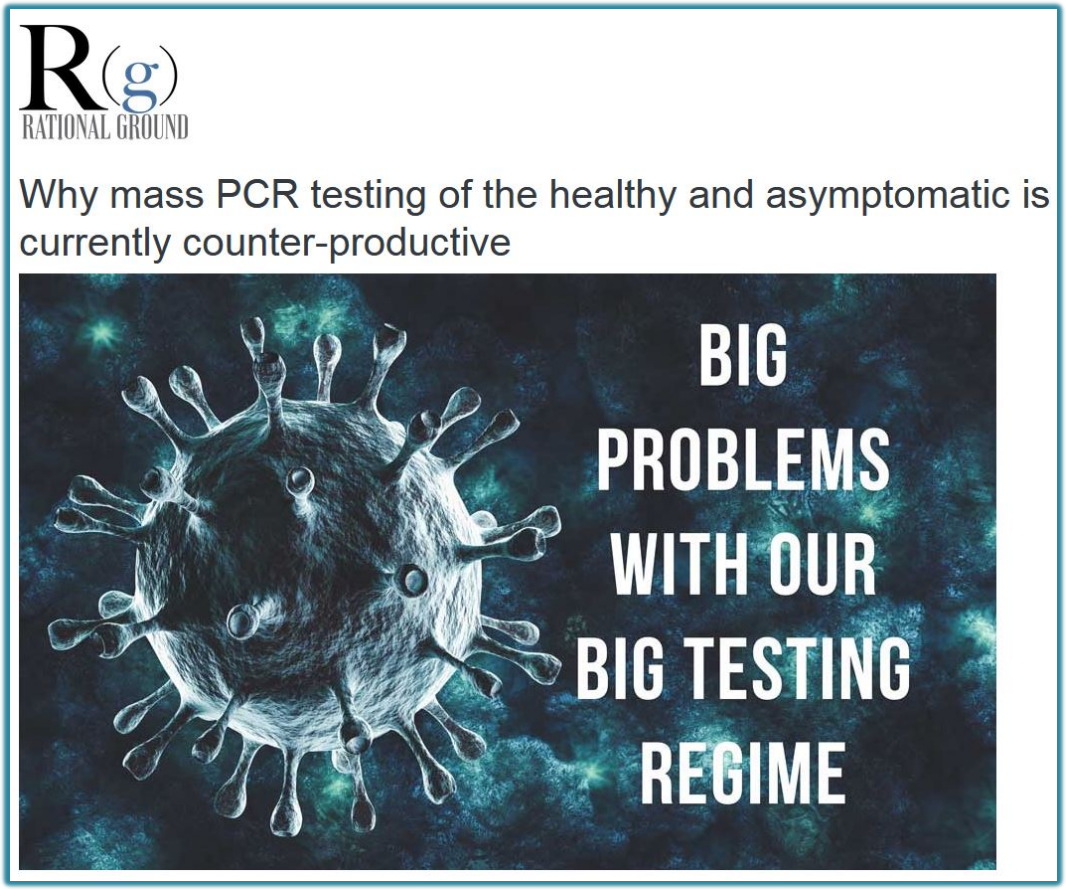
December 6, 2020

BY JENNIFER CABRERA

Discussion – Fauci Lie #2 – Conclusion

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

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

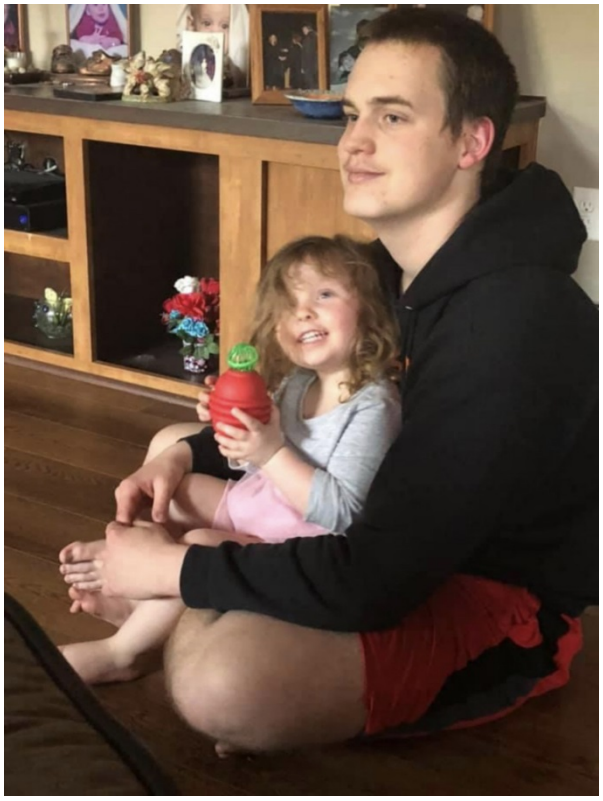


Whilst you and your comrades celebrate the "Big Testing Regime" (despite Quest Diagnostics), having made and anticipating fortunes while that regime is enforced, the notion that *"PCR testing of the healthy and asymptomatic is currently counter-productive"* is irresolute . . .

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

Tom Michael
12 Jul 2020, 14:40

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

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

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

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

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


Home / News / World News

China's Wuhan Says All Schools to Reopen on Tuesday

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

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

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

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

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

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

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

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

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

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

From your doctor admirer

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

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

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (301) 496-2263
FAX: (301) 496-4409
E-mail: afauci

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

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

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

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

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

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

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

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


CITIES

culturemap
DALLAS

RESTAURANTS + BARS | ENTERTAINMENT | ARTS | SOCIETY | CITY GUIDE

CITY LIFE | FASHION + BEAUTY | REAL ESTATE | HOME + DESIGN | INNOVATION | TRAVEL

Home » Travel

(VIRTUAL) FESTIVAL SEASON

Anthony Fauci and Hillary Clinton lead all-stars at Texas' biggest political festival

By Katie Friel Aug 11, 2020, 4:48 pm

13 3

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

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

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

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

Title 22, Subtitle 3, Part 3, Chapter 1071 is entitled: Child and Family Services and Child Protection Act. Subchapter 1, Section 4002 provides definitions:

Paragraph 1 is entitled: Abuse or neglect.

> Abuse or neglect means a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation including under . . . deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements . . . by a person responsible for the child.

Paragraph 1C is entitled: Best interest of the child.

Paragraph 2 is entitled Child:

> Child means any person who is less than 18 years of age.

Paragraph 5 is entitled: Custodian.

> Custodian means the person who has legal custody and power over the person of a child.

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

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

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

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

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

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

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


SEARCH BLUE RUSH FOOTBALL PODCAST NEW YORK POST

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

Carole Baskin says finding missing former husband would...

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

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

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

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

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

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

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

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

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

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

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

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

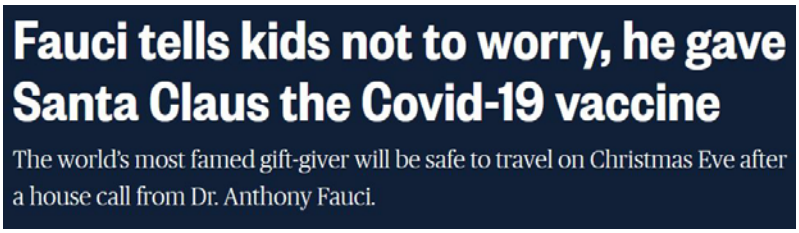
Regarding your ongoing fraud, claiming a **necessity** of your "vaccines" for a 'return to normal,' we would call First Lady Melania Trump, President Donald Trump, and 14-year-old Mr. Barron Trump.

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

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

Conclusion

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



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

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

Truly,

Paul V. Sheridan

ATTACHMENTS

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

Preliminary Copy List

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

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

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

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

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

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

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

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

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

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

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

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

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

---

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

ATTACHMENT THREE

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1: **Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2: **Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3: **Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4: **Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5: **mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**

Reference 1: **My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2: **My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3: **My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4: ***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality*** **– Johns Hopkins Institute Study (JHIS) of January 2022**

44 Pages

Letter of 27 August 2021, Paul V. Sheridan to Fauci and Pollack.

Subjects : Ongoing Global Criminal Participations / Promotions of "SARS-CoV-2" :
(1) The Fraudulent 'Emergency Use Authorization' (EUA)
(2) Pfizer mRNA Inoculation Induced Severe Injury and Death
(3) Connections to Nursing Home Deaths
(4) Connections to Suicide Deaths – American K-12 Students

FedEx

September 01, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 774692191462

Delivery Information:

Status:	Delivered	**Delivered To:**	Receptionist/Front Desk
Signed for by:	K.BAUSCH	**Delivery Location:**	9000 ROCKVILLE PIKE
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		ROCKVILLE, MD, 20852
		Delivery date:	Sep 1, 2021 16:13

Shipping Information:

Tracking number:	774692191462	**Ship Date:**	Aug 31, 2021
		Weight:	3.0 LB/1.36 KG

Recipient:
Dr. Anthony S. Fauci, NIAID
31 Center Drive
NIAID Central Drop-off
ROCKVILLE, MD, US, 20852

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference Joint Pollack/Fauci Ltr - 1

Thank you for choosing FedEx

September 01, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 774692152281

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	Signature release on file	**Delivery Location:**	300 DAY HALL
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		ITHACA, NY, 14853
		Delivery date:	Sep 1, 2021 12:16

Shipping Information:

Tracking number:	774692152281	**Ship Date:**	Aug 31, 2021
		Weight:	3.0 LB/1.36 KG

Recipient:
Ms. Martha Pollack, Cornell University
300 Day Hall
Office of the President
ITHACA, NY, US, 14853

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference Joint Pollack/Fauci Ltr - 1

Proof-of-delivery details appear below; however, no signature is available for this FedEx Express shipment because a signature was not required.

Thank you for choosing FedEx

22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095
pvs6@cornell.edu

27 August 2021 VIA FEDEX AIRBILLS 774692152281 / 774692191462

Ms. Martha E. Pollack
Cornell University
300 Day Hall
Ithaca, NY 14853
607-255-5201 / president@cornell.edu

Mr. Anthony S. Fauci
NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

Subjects : **Ongoing Global Criminal Participations / Promotions of "SARS-CoV-2" :**

(1) The Fraudulent 'Emergency Use Authorization' (EUA)
(2) Pfizer mRNA Inoculation Induced Severe Injury and Death
(3) Connections to Nursing Home Deaths
(4) Connections to Suicide Deaths – American K-12 Students

Reference 1: **Mr. Albert Bourla Severe Injury Assault of Ms. Jummai Nache**
Reference 2: **Martha Pollack Collaborations – Pfizer / NY Forward Reopening Advisory Board**

Characterization 1: **Show Me the Company You *Keep*, and I Will Tell You *What You Are***
Characterization 2: **Show Me the Company You Do *Not Keep*, and I Will Tell You *What You Are Not***

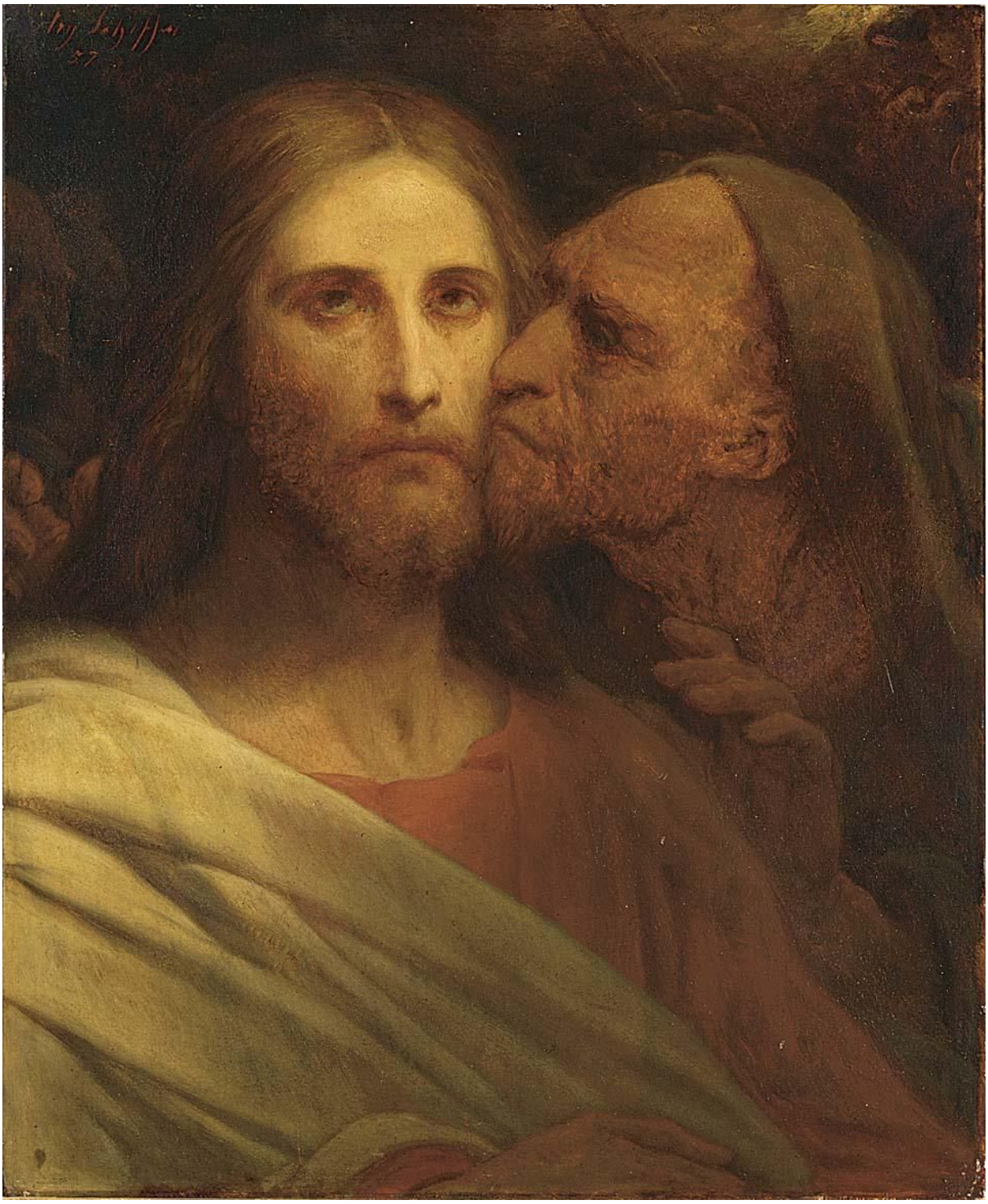
Dear Ms. Pollack / Mr. Fauci:

Connecting you to the Subjects is not tentative; the facts are overwhelming:

PREAMBLE

We review the Subjects and Characterizations in a context which affirms that current events are foreseeable, but merely symptomatic of our epoch. In terms of human affairs at the macro level, and your participations at the micro level, no image is more representative or comprehensive than the following:

Preamble – con't



The above is not offered as religious overture, but as an epochal event. [A] Regarding *your* 'thirty pieces of silver' and *your* blatant betrayal of trust, I welcome your diatribe. **But even if you incorrectly allege abuse, know that I have been thoroughly pre-empted and have already presented that pre-emption:**

[A] Betrayal of the Nazarene Jesus, by the Judæan Judas Iscariot; painting by Mr. Ary Scheffer (1795 – 1858).

Preamble – Conclusion

NIH director: We asked God for help with COVID-19, and vaccines are the 'answer to that prayer'

'This is about saving lives,' NIH Director Francis Collins told RNS.

National Institutes of Health Director Dr. Francis Collins speaks during a Senate Health, Education, Labor and Pensions Committee hearing on new coronavirus tests on Capitol Hill in Washington on May 7, 2020. (AP Photo/Andrew Harnik, Pool)

I assure humanity that Jesus did not hear, nor respond to the "prayer" of the charlatan Francis Collins. His fraud on COVID "vaccines" confirms *his* betrayal on many levels; let us expose two :

(1) The needle deployed against Cornell University is filled with an mRNA concoction that is **not** a vaccine. Known to Fauci, as we already reminded him, his patent application of 2003 was **rejected** by the US Patent office on that basis; the generic mRNA concoction was **not** and is still **not** a vaccine. I stated in July 2021:

> "Its content, delivery and true purpose does not meet the most loosely defined medical, legal, moral . . . or even patent office criteria . . . and Fauci knows it!" [B]

(2) Collins, Donald Trump and you two, will proclaim that your COVID concoction resulted from *recent* "rigorous effort" by the Food and Drug Administration (FDA) and New York based Pfizer; that your all-new "vaccine" emerged initially from 'Operation Warp Speed,' conducted in the context of a no-alternatives emergency during 2020. **All bold-faced lies!** [C]

[B] See Page 7 of Exhibit (or https://pvsheridan.com/sheridan2wilson-1-19july2021.pdf)

[C] The "rigorous effort" involves banning of truth by your comrades in Big Tech. The patent history of SARS viruses, "vaccines," test kits, etc., are rigorously censored by your colleagues at Facebook, YouTube, Instagram, Twitter, WordPress, LinkedIn, etc. One prominent example of such is preserved here (See Page 15 below):

http://pvsheridan.com/Dr-Fuellmich_Dr-Martin_July-2021-Corona-Investigative-Committee.mp4

REFERENCE 1 : Mr. Albert Bourla Severe Injury Assault of Ms. Jummai Nache

Before I review the two Characterizations:

> Show Me the Company You Keep, and I Will Tell You *What You Are*,
> Show Me the Company You Do Not Keep, and I Will Tell You *What You Are Not*,

I present a criminal and *one* of his victims. We return to the Ms. Nache horror in the Conclusion.

Mr. Albert Bourla was inserted into Pfizer in early 2019 in preparation for the revised timetable of COVID-17, from the original schedule of the "SARS-CoV-2" outbreak. Bourla is a friend of Mr. Fauci and a colleague of Ms. Martha Pollack. An advocate of Klaus Schwab and *The Great Reset*, Bourla immediately directed Pfizer to **drop all off-patent**, safe & proven, low cost/price/profit **medicines** from the Pfizer product line: [D]

As you know, Bourla enjoys taxpayer-funded "sales" of his mRNA concoction that is immensely profitable, and exempt from civil liabilities; the latter, liability immunity, resulted from a RICO scheme pre-arranged by Mr. Anthony Fauci.

Similar to the 'mandatory vaccine' enforced by Ms. Pollack upon Cornell University, a dedicated nurse **Ms. Jummai Nache was coerced** by the so-called "medical profession" into a needle filled with a known-to-be-deadly mRNA concoction from Pfizer / Bourla:

The horror that happened to Jummai, and your connections to it, are discussed below.

[D] Shocking, but expected Pollack / Bourla collaboration, and its connection to Jummai and the Subjects are discussed in the Reference 2 (Pages 20 – 22 below).

CHARACTERIZATION 1 : Show Me the Company You Keep, and I Will Tell You *What You Are*

This list is so long and sullied that it renders the undersigned deeply grieved; especially regarding but not limited to the fate of my alma mater, Cornell University. I have decided to restrict the 'Company' of this section to only Subject-relevant persons…such as your close personal friend Andrew Cuomo:

If left to you Ms. Pollack, or you Mr. Fauci, the lady being sexually assaulted by your COVID colleague Andrew Cuomo; that lady will *also* suffer the horror you have inflicted upon Ms. Jummai Nache . . . or worse.

Review of connected headlines will affirm that prognostication . . .

CHARACTERIZATION 1 : Show Me the Company You Keep, and I Will Tell You *What You Are – con't*

NASSAU DAILY VOICE

Nassau Daily Voice serves Glen Cove, Hempstead, Long Beach, North Hempstead & Oyster Bay SEE NEARBY TOWNS

NEWS

COVID-19: Fauci Praises Cuomo, New York's Response To Pandemic

Zak Failla 12/08/2020 7:30 a.m.

Infectious disease expert Dr. Anthony Fauci had nothing but praise for New York's handling of the COVID-19 pandemic and the state's plan going forward during a surprise virtual appearance on Monday morning.

Fauci was a special guest speaker during New York Gov. Andrew Cuomo's COVID-19 briefing on Monday, Dec. 7 in Manhattan, where he sounded off on the state's progress and offered his advice for handling the pandemic, which he says will peak in mid-to-late January.

"(New York's plan) seems really sound," said Fauci, appearing by video from Washington, DC. "There's a lot of backup contingencies which I like ... New York isn't going to get caught short-handed on this, that I'm certain of.

A mere three days after this "surprise," FDA comrades awarded Mr. Bourla his requested Emergency Use Authorization (EAU) on December 11 2020; an mRNA monopoly guarantying BILLIONS for Pfizer. The EUA depended upon conspiratorial censorship of safe, non-vaccine treatment protocols, and smear campaigns against the MDs who saved COVID patients worldwide. The EUA racketeering was a follow-up to Fauci's liability immunity. Marketing schemes involving "variants," and of course "booster shots," are all pre-planned RICO crimes on a global scale. [E]

[E] Some of the MDs directly and indirectly, or implicitly, slandered and libeled by Fauci/Pollack are presented in the section, *'Show Me the Company You Do Not Keep, and I Will Tell You What You Are Not'* (Page 16 -19 below).

CHARACTERIZATION 1 : Show Me the Company You Keep, and I Will Tell You *What You Are*
– con't

"Surprise virtual appearance"? **Another example of manipulations and bold-faced lies.** The upcoming EUA was known to Fauci and Cuomo prior to their "surprise" of December 8 2020. Headlines *pre-date* their adolescent stunt, wherein the **"pathological liar"** is quoted. These post 2020-election news reports were *also* Fauci's ploy to disconnect his needles from the anti-Trump rhetoric of Joe Biden: [F]

Regarding these connected headlines, justification of the EUA was criminal, and at least three-fold:

(1) The 'Public Readiness and Emergency Preparedness Act' evoked by HHS Secretary Alex Azar in February 2020, and the cheer-leading by President Trump about Operation Warp Speed, amounted to an open declaration by COVID vested interests that the citizenry and Congress were all 'born yesterday.' These and other criminal deceptions to establish the EUA are detailed below (Intermission 1, Page 15).

(2) Fauci, Collins (and CDC Director Rochelle Walensky) deployed a coordinated censorship against early non-vaccine COVID treatment protocols. The Fauci/Collins/Walensky lie that *"no adequate, approved, and available alternatives"* existed, and therefore Bourla's mRNA needle was *"the only path forward,"* **are bold-faced lies which (purposely) ensured the horrors in the New York nursing homes, etc.**

(3) The EUA required death statistics that frightened the public, and overwhelmed the twits in The Swamp and the Cuomo suck-ups in Albany, New York. By endorsing the banning of early non-vaccine treatments you two participated in the crimes of gross criminal negligence and **depraved indifference** . . . for starters.

Fauci / Pollack, you are aware that the nursing home deaths were <u>avoidable</u>. You participated in lies (2) and (3) to assist the EUA and Cornell mandatory "vaccinations" respectively. In so-doing you accommodated The Great Reset, and the profiteering of Pfizer CEO Mr. Bourla. *That* was a major priority.

[F] Mr. Fauci, your reputation as a **"pathological liar"** includes a source a short walk from Ms. Pollack's 300 Day Hall office. Unlike the 'liability immunity' that you orchestrated for Big Pharma, the Cornell University official who described you in the public domain as a **"pathological liar,"** unlike your needles, does not need liability immunity, and indeed he/she might welcome your legal claims for libel/slander.

CHARACTERIZATION 1: Show Me the Company You Keep, and I Will Tell You *What You Are*
– con't

In December 2020, prior to the Fauci-emails release, the news outlets served as Pfizer public relations. None reported on the true causes of **the agonizing deaths in New York nursing homes.** Earlier, while Governor Cuomo was assaulting people, and threatening those who exposed him, this photograph was taken at a Manhattan nursing home:

Ms. Pollack: No Cornell news outlet prior-to or after your Stay-Homecoming 2020 (which was re-purposed as a 'Mandatory Vaccination' precursor) . . . not the Cornell Chronicle, not the Cornell Daily Sun, not your "New Normal" website; none reported **on the causes of tens-of-thousands of nursing home deaths**. Weill-Cornell Medical College is located in Manhattan, where your COVID comrades Cuomo and Fauci promenaded their "surprise" December 7, 2020 marketing stunt, a precursor to the Pfizer/EUA gala: [G]

[G] Ms. Pollack, your "contribution," subverting the Cornell Homecoming 2020 for the 'Mandatory Vaccination' purpose, speaks volumes about *what* you are, and The Company You Keep (Mr. Albert Bourla and Cuomo's New York Forward Reopening Advisory Board). Regarding Homecoming 2020, you and Fauci received my June 9 2021 letter; see Pages 5 - 13 : https://pvsheridan.com/sheridan2fauci-4-9june2021.pdf

CHARACTERIZATION 1: Show Me the Company You Keep, and I Will Tell You *What You Are* – *con't*

'Company' is restricted to Subjects-relevant persons, such as Fauci's close friend, the bribery-philanthropist charlatan Bill Gates:

Is there is any person more hated than you Mr. Fauci? Bill Gates perhaps? A person that is allegedly banned from 38 countries? The lack of integrity you share with Mr. Collins serves the needs of the Bill & Melinda Gates Foundation. Cloaked behind philanthropy, the Foundation was reinvigorated by your revised "SARS-CoV-2" / COVID breakout *to* late 2019.

THE | DIPLOMAT
READ THE DIPLOMAT, KNOW THE ASIA-PACIFIC

THE PULSE | SOCIETY | SOUTH ASIA

Why Are Indians So Angry at Bill Gates?

The latest backlash against the Gates Foundation in India is the result of years' worth of concerns raised by human rights activists and civil society.

By **Akshay Tarfe**
June 15, 2021

Soon similar headlines will emerge on the world scene for both Mr. Fauci and Ms. Pollack. But in addition to **#ArrestBillGates** (which exists), we will soon have **#ArrestAlbertBourla,** and **#ArrestAndrewCuomo**, and **#ArrestFrancisCollins**, and **#ArrestTonyFauci**, and **#ArrestMarthaPollack**, and . . .

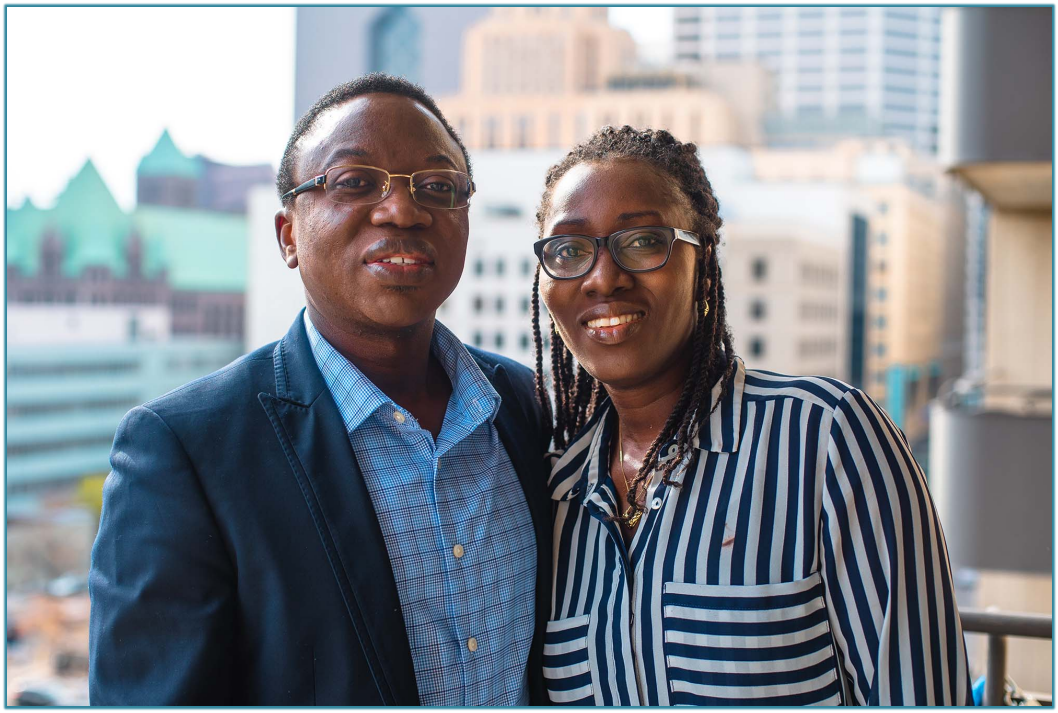
CHARACTERIZATION 1 : Show Me the Company You Keep, and I Will Tell You *What You Are – con't*

Whether the context is NIH/NIAID or Cornell University, Bill Gates has long been the focus of criminal investigations regarding his marketing-of and profiteering from known-to-be-*un*safe vaccines.

His criminality is manifold. But regarding his fraudulent promotions of vaccine safety, and the original 2017 schedule of "SARS-CoV-2," **the best evidence of criminality is Gates' mouth:**

*"So the second time I saw him (President Trump) was the March after that, and so March 2017 in the White House. In both of those two meetings he asked me if vaccines weren't a bad thing, because he was considering a commission to look into, uh, ill effects of vaccines, and somebody, I think his name was Robert Kennedy Jr., was advising him that vaccines were causing bad things. And I said, '**No, that's a dead end. That would be a bad thing, don't do that.' "***

Perhaps you two, and your colleague Mr. Gates, will be in-attendance with Mr. Philip Nache . . . at the anticipated funeral of his lovely wife Jummai; **a coerced recipient of the Mr. Albert Bourla needle:**



CHARACTERIZATION 1 : Show Me the Company You Keep, and I Will Tell You *What* You Are – *con't*

Mr. Robert Harrison was appointed as Chief Executive Officer of the Clinton Global Initiative (CGI) in 2006. He was appointed to chair the Cornell University Board of Trustees (BOT) in March 11, 2011.

That he chose to associate his person with lying, cheating, fornicating, adulterous self-absorbed people is indicative, and his personal right. But by serving Bill Clinton (and his baggage), and by chairmanship of the BOT at my alma mater, Harrison is now *my* business, especially if he is connectable to the Subjects.

With Yale Law graduate Robert Harrison as conduit, the connection of the Clintons to Cornell, implicitly includes persons of notoriously questionable or criminal character:

This Harrison/Clinton conduit entangles Cornell with globally based crimes against humanity. An indication includes deployment of Ms. Chelsea Clinton as CGI ambassador combatting **"vaccine hesitancy."**

CHARACTERIZATION 1 : Show Me the Company You Keep, and I Will Tell You *What* You Are – *con't*

Prior to an escalator ride in New York, **Mr. Fauci, while serving as the highest paid member of the Executive Branch, sent improper intragovernmental emails;** several revealed your bias regarding the 2016 presidential election. Your emails regarding "Candidate H' were part of a tacit conveyance to your global COVID / RICO colleagues that everything was on schedule:

UNCLASSIFIED U.S. Department of State Case No. F-2014-20439 Doc No. C05797268 Date: 12/31/2015

RELEASE IN FULL

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

From your doctor admirer

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

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

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (301) 496-2263
FAX: (301) 496-4409
E-mail: afauci

The information in this e-mail and any of its attachments is confidential and may contain sensitive information. It should not be used by anyone who is not the original intended recipient. If you have received this e-mail in error please inform the sender and delete it from your mailbox or any other storage devices. The National Institute of Allergy and Infectious Diseases (NIAID) shall not accept liability for any statements made that are the sender's own and not expressly made on behalf of the NIAID by one of its representatives.

Your 2016 election expectations included accommodation of COVID-2017. While your heart-throb was in play **(the person you had been referring to as "Candidate H,' doing so two-years before Ms. Hillary Rodham-Clinton had announced)**, massive effort was being expended to usher-in what was codified by Mr. Klaus Schwab as *The Great Reset*. [H]

[H] Mr. Fauci, your assessment of Candidate H is representative of your stupidity and lack-of-concern for humanity. You were aware that the Secretary Clinton hearings of 2013 investigated **murder of Americans in Benghazi Libya**. Candidate H testified, quote:

> *"The fact is we had four dead Americans. Was it because of a protest or was it because of guys out for a walk one night who decided that they'd go kill some Americans?* ***What difference at this point does it make?!"***

"Hit it right out of the park"?! "Very proud"?! And your comments regarding Mr. Bourla versus Ms. Jummai Nache?

CHARACTERIZATION 1 : Show Me the Company You Keep, and I Will Tell You *What* You Are – *con't*

In the context of COVID-2017, the escalator gala by Melania and Donald Trump on June 15, 2015, and

the Trump victory on November 8 2016, explain in-part the vile anti-Trump comments, tacitly endorsed by Mr. Fauci and Ms. Pollack. COVID-2017 as an operative of *The Great Reset* explains **the massive relentless hate campaign** that the Trump family endured, including young Barron, subsequent to the 45th presidential inauguration on January 21 2016.

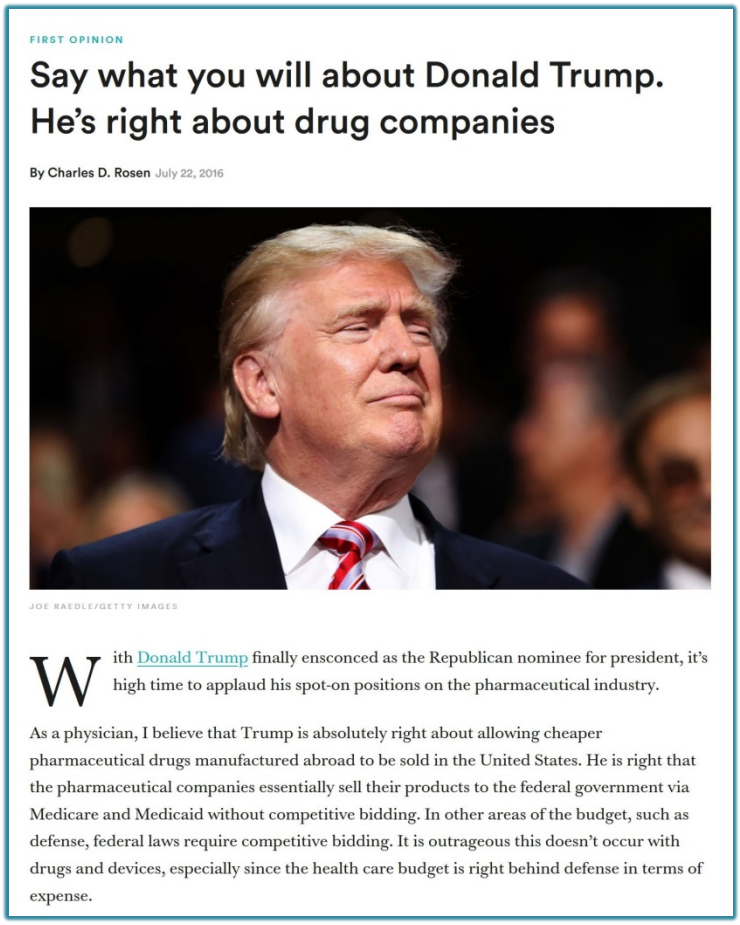
On January 10, 2017, mere days prior to inauguration of President Donald Trump, the errand boy to *The Great Reset*, "America's Doctor," was compelled to announce postponement of COVID-2017:

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

It is likely that the March 2017 White House meetings (detailed by Bill Gates on Page 10 above) were originally planned for COVID-2017 . . . **but those meetings were supposed to involve the complicity, if not outright participations of your "Candidate H."**

<u>CHARACTERIZATION 1 : Show Me the Company You Keep, and I Will Tell You *What* You Are</u>
– Conclusion

Just prior to the 2016 election, *The Great Reset* and its NIAID COVID-2017 errand boy were confronted by diametrically opposed headlines; Donald Trump versus “Candidate H”:



FIRST OPINION

Say what you will about Donald Trump. He’s right about drug companies

By Charles D. Rosen July 22, 2016

JOE RAEDLE/GETTY IMAGES

With Donald Trump finally ensconced as the Republican nominee for president, it’s high time to applaud his spot-on positions on the pharmaceutical industry.

As a physician, I believe that Trump is absolutely right about allowing cheaper pharmaceutical drugs manufactured abroad to be sold in the United States. He is right that the pharmaceutical companies essentially sell their products to the federal government via Medicare and Medicaid without competitive bidding. In other areas of the budget, such as defense, federal laws require competitive bidding. It is outrageous this doesn’t occur with drugs and devices, especially since the health care budget is right behind defense in terms of expense.

In ‘CHARACTERIZATION 2 : Show Me the Company You Do Not Keep, and I Will Tell You *What You Are Not*,’ we further substantiate the relevance of these headlines to COVID-2017.

INTERMISSION 1 : The Coronavirus Investigation Committee

Evidence asserting global conspiratorial COVID criminality is presented in a 70-minute interview of Dr. David Martin by Dr. Reiner Füllmich; July 2021 meeting of The Coronavirus Investigation Committee:

With no-need to reference the *self-inculpatory* emails of Fauci to Peter Daszak,
Dr. Martin testified as follows; testimony which implies the veracity of COVID-2017:

"Somebody knew something in 2015 and 2016 which gave rise to my favorite quote of this entire pandemic. And by that, I am not being cute. My favorite quote of this pandemic was a statement made in 2015 by Peter Daszak. The statement that was made by Peter Daszak, reported in the National Academy of Press Publications in February 12, 2016; and I am quoting,

'We need to increase public understanding of the need for medical countermeasures such as a pan-corona-virus vaccine. A key driver is the media, and the economics will follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profits at the end of the process.'"


SHARE

LIFE & ARTS | IDEAS | THE SATURDAY ESSAY

Bill Gates: The Best Investment I've Ever Made

Global health groups that buy and distribute medicines are a sure bet for saving lives, but their government funding is now in danger, and even the biggest philanthropies can't fill the gap

By Bill Gates
Jan. 16, 2019 7:01 pm ET

In the context of the Subjects, the notion held by Ms. Martha Pollack, that Gates Hall on the Cornell campus is the result of "philanthropy," is not merely ignorant, it is at-best complicity, but most likely, in view of University Development Office prospecting, co-conspiracy. [I]

[I] See Reference 2 discussion of similar prospect, Mr. Albert Bourla, Pages 21-22 below.

CHARACTERIZATION 2 : Show Me the Company You Do *Not* Keep, and I Will Tell You *What You Are Not*

Footnote G, Page 8 above, introduces the little-known *'New York Forward Reopening Advisory Board.'* That COVID-2019 farce is presented in the Reference 2 (Pages 20-22 below).

As Ms. Pollack, and her Cornell Homecoming 2020 cohort Anthony Fauci are fully aware, the people discussed in this section were not only *not*-invited to that New York Forward Reopening Advisory Board, they were actively shunned . . . **in stark contrast to Pfizer CEO Mr. Albert Bourla**.

Ms. Pollack, Mr. Fauci . . . you two are definitely not of the same character, integrity and competence of Dr. Vladimir Zelenko. He represents, as a matter of history, 'Company You Do **Not** Keep.'

Located in Monroe, New York (where I spent a large part of my life), Dr. Zelenko has treated innumerable patients that present COVID-like symptoms . . . all have survived and returned to normal life:

Guess how many patients under Dr. Zelenko's care were subjected to the fraudulent RT-PCR "test for COVID-19," and therefore were cannon fodder for CDC statistics that were used to justify the Fauci EUA?

Guess how many were hospitalized, and had a ventilator shoved into their face, which ensured death?

Guess how many times Dr. Zelenko was invited by State of New York "health authorities" (the buffoons that Ms. Pollack has relied upon for "guidance"), either to testify in Albany, or as a visiting physician to alleviate the Cuomo/Fauci nursing home deaths?

Instead, guess how many of Dr. Zelenko's patients were treated with COMPLETE SUCCESS with **hydroxychloroquine**, an off-patent inexpensive proven-safe medicine (that Mr. Fauci declared caused "adverse events," as he lied about "data" developed by his colleagues at Surgisphere) ?

Guess how many patients under Dr. Zelenko's care have been victimized by **"breakthrough"** events that resulted from use of hydroxychloroquine, and had to reinitiate medical care to survive COVID? [J]

Guess how many patients under Dr. Zelenko's care have been listed under the fraudulent Centers for Disease Control (CDC) Vaccine Adverse Events Reporting System (VAERS)?

Guess how many patients under Dr. Zelenko's care were injected with the same Pfizer/Bourla needle that was used on Ms. Jummai Nache?

[J] Both of you received my July 21 2020 letter which discusses this Fauci fraud against **hydroxychloroquine** (a fraud deployed to bolster meetings held by Cuomo, **and attended by Pollack as a member** of Cuomo's New York Forward Reopening Advisory Board). See Pages 4-8 here http://pvsheridan.com/sheridan2fauci-1-21july2020.pdf

CHARACTERIZATION 2 : Show Me the Company You Do *Not* Keep, and I Will Tell You *What You Are Not*

Ms. Pollack, Mr. Fauci . . . you two are definitely not of the same character, integrity and competence of Dr. Pierre Kory. He represents, as a matter of history, 'Company You Do **Not** Keep.'

Also with offices in New York, Dr. Kory has treated patients WORLDWIDE that present COVID-like symptoms . . . all have survived and returned to normal life:

Guess how many patients under Dr. Kory's care were specimens of the RT-PCR "test for COVID-19" fraud, and therefore used as cannon fodder for the World Health Organization (WHO) statistics that were used to justify global injection of humanity with Mr. Albert Bourla's needle?

Guess how many times Dr. Kory was invited by State of New York "health authorities," either to testify in Albany, or as a visiting physician to alleviate the Cuomo/Fauci nursing home deaths?

Instead, guess how many patients under Dr. Kory's care were treated with COMPLETE SUCCESS with **IVERMECTIN**, an off-patent inexpensive proven-safe medicine (that Fauci declared an "animal drug")?

Guess how many patients under Dr. Kory's care have been victimized by **"breakthrough"** events that resulted from use of ivermectin, and had to reinitiate medical care for COVID?

Guess how many patients under Dr. Kory's care have been listed under the (under-counting) CDC VAERS *after* use of ivermectin?

Guess how many patients under Dr. Kory's care have been listed under the World Health Organization (WHO) Coronavirus COVID-19 Global Dashboard, after use of ivermectin? [K]

Guess how many patients under Dr. Kory's care were injected with the same Pfizer/Bourla needle that was used on Ms. Jummai Nache?

[K] Both of you received my December 21 2020 letter which discusses the suicide deaths of our K-12 children, but also discusses the vilification of Dr. Kory by US Senator Gary Peters (D-MI) during the Senate Committee on Homeland Security and Governmental Affairs of 8 December 8 2020, This coordinated slandering, endorsed by Fauci, targeted the off-patent ivermectin. See Page 3 here http://pvsheridan.com/sheridan2fauci-2-21december2020.pdf

CHARACTERIZATION 2 : Show Me the Company You Do *Not* Keep, and I Will Tell You *What You Are Not*

Ms. Pollack, Mr. Fauci . . . you two are definitely not of the same character, integrity and competence of Dr. Richard Bartlett. He represents, as a matter of history, 'Company You Do **Not** Keep.'

Although not located in New York, Dr. Bartlett was among the first to treat innumerable patients in Texas that presented COVID-like symptoms . . . all have survived and returned to normal life:

Guess how many patients under Dr. Bartlett's care were specimens of the RT-PCR "test for COVID-19" fraud, and spewed as cannon fodder for the **Texas** Department of State Health Services statistics; the latter used to justify tyrannical state-wide lockdowns and "mask mandates"?

Guess how many times Dr. Barlett was invited by *any* state "health authority," either to testify, or as a visiting physician to alleviate nursing home horrors in New York, New Jersey, Michigan, Pennsylvania?

Instead, guess how many patients under Dr. Bartlett's care were treated with COMPLETE SUCCESS with a **nebulized Budesonide protocol**, which involves off-patent inexpensive proven-safe medicines?

Guess how many patients under Dr. Bartlett's care have been victimized by **"breakthrough"** events that resulted from use of nebulized Budesonide, and had to reinitiate medical care for COVID?

Guess how many patients under Dr. Bartlett's care have been listed under the fraudulent CDC VAERS, *after* use of nebulized Budesonide?

Guess how many patients under Dr. Bartlett's care were injected with the same Pfizer/Bourla needle that was used on Ms. Jummai Nache?

CHARACTERIZATION 2 : Show Me the Company You Do *Not* Keep, and I Will Tell You *What You Are Not* – Conclusion

Both of you are recipients of my April 12 2021 letter which discusses the Nuremberg Code, Medicalization, The Impossibility of Informed Consent, Connections of Dr. Anthony Fauci to the Nursing Homes Deaths, and the crime of 'Depraved Indifference.'

In addition to the MDs discussed above (Zelenko, Pierre, and Bartlett), I also presented in April 12 2021 the renowned Yale University epidemiologist Dr. Harvey Risch, director and founder of America's Frontline Doctors Dr. Simone Gold, and recent appointee to direct the Idaho Central District Health Dr. Ryan Cole.

Pictured on the left, Risch, Gold and Cole are also examples of The Company you do *NOT k*eep:

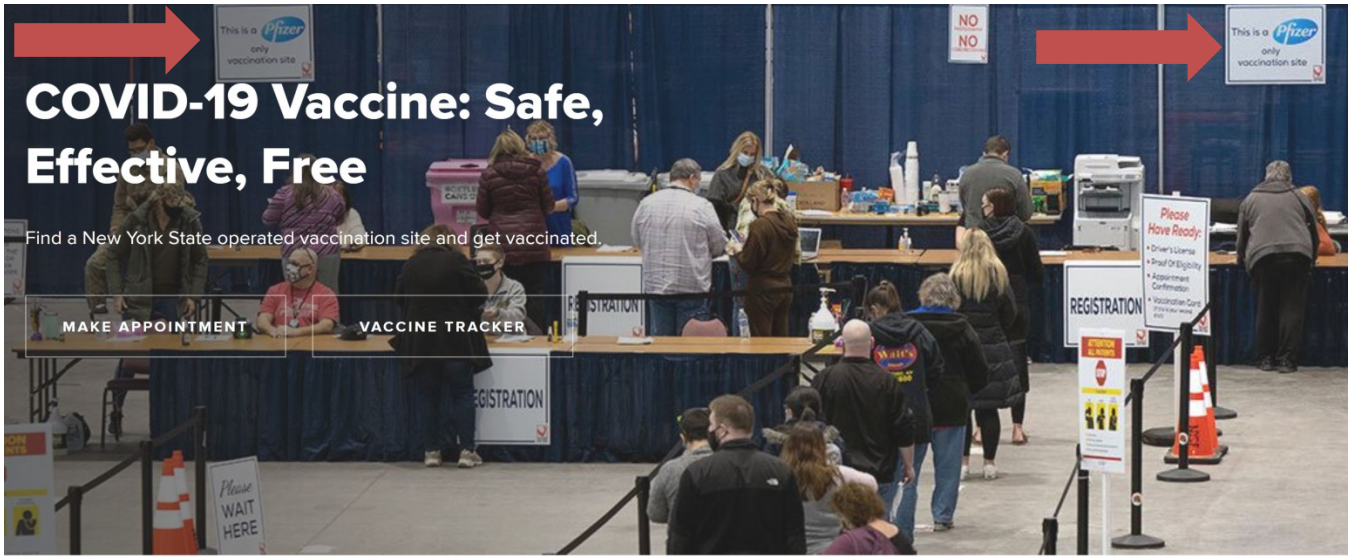
At-right is The Company you *DO* keep . . . a 'vested interest,' who ensured that off-patent medicines **were <u>NOT MENTIONED</u> as "advise," that <u>Ms. Pollack assisted with</u> as member of the NY Forward Reopening Advisory Board . . . during the time <u>she was aware</u> that thousands were dying in the nursing homes . . . due to <u>censorship of available, safe and 99% effective non-vaccine treatments</u>.**

REFERENCE 2 : Martha Pollack Collaborations – Pfizer / NY Forward Reopening Advisory Board

Receiving scant media attention throughout 2020, ex-Governor Cuomo accommodated the needs of not merely The Great Reset, but also the central ploy of that cult which demands the addiction of humanity to an mRNA gene modification injection that the inventor declared *"too dangerous to use on humans."*

The surreptitious method that Cuomo used was formed in March 2020, called the "New York Reopening Advisory Board." The first meeting of this board occurred all the way back in April 2020:

It is no-surprise that Cuomo's Board website includes a "Pfizer Only" promotion:



The question: Who were <u>not</u> key members of this "New York Forward Reopening Advisory Board, and who were, *and why* . . .

REFERENCE 2 : Martha Pollack Collaborations – Pfizer / NY Forward Reopening Advisory Board
– con't

First we ask :

Of the hundreds on Cuomo's New York Forward Reopening Advisory Board, were practicing medical doctors, located in New York, who had successfully treated patients, by the thousands, and were known to have done so without resorting to a Pfizer mRNA needle, doing so during the time that TENS-OF-THOUSANDS of elderly were dying in the nursing homes . . . were any invited to advise Cuomo's board?

Was New York Dr. Vladimir Zelenko invited ?

Was New York Dr. Pierre Kory invited ?

In the alternative we ask:

Was a person whose goal was the maximizing of corporate profits, who had previously banned all low-cost off-patent medicines from his drug portfolio to ensure those profits, who had knowledge of the COVID success of the off-patent medicines worldwide, but whose priority was instead the marketing of an mRNA concoction as a "vaccine," that was known to be dangerous but was shielded from all civil product liability . . . a person now pushing "variants," and "booster shots" . . . was *that* person invited to Cuomo's New York Forward Reopening Advisory Board?

Of course! He is CEO of Pfizer . . . his name is Mr. Albert Bourla.

REFERENCE 2 : Martha Pollack Collaborations – Pfizer / NY Forward Reopening Advisory Board – Conclusion

But we must address a most insidious question:

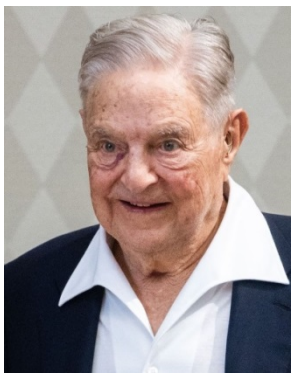
Is Cornell University in any way connectable to coordinated disinformation and subversion of known-to-be-successful non-vaccine COVID treatments that would have saved millions worldwide, had already done so in the great nation of India, but could also have saved tens-of-thousands in the New York nursing homes ?

And *if* the answer is 'Yes' . . . *then* is there any person who is responsible for the overall COVID conduct of Cornell University, and implicitly that 'Yes' answer?

Was there a member on the NY Forward Reopening Advisory Board from Big Academia, such as my alma mater Cornell University?

Her name is Ms. Martha Pollack, the current President of Cornell University:

Ms. Pollack, seated next to you during the 2020 NY Forward Reopening Advisory Board meetings, during the time that body bags were scarce, being filled with former nursing home residents, **in a demonstration of your abject incompetence (at best),** you associated Cornell University, *not* with practices and persons that ensured the well-being of humanity, but instead *with the exact opposite*; sampled by the following: [L]



[L] 'Body bags' is discussed with President Trump in September 18 2020, see Page 2: http://pvsheridan.com/sheridan2trump-6-18september2020.pdf

INTERMISSION 2 : The RICO Crimes of Liability Immunity – Paul Sheridan versus Fauci / Bourla

A staunch advocate of transportation safety, Mr. Lee Iacocca, Chairman of Chrysler Corporation, nevertheless recognized that with respect to safety his organization had fundamental problems.

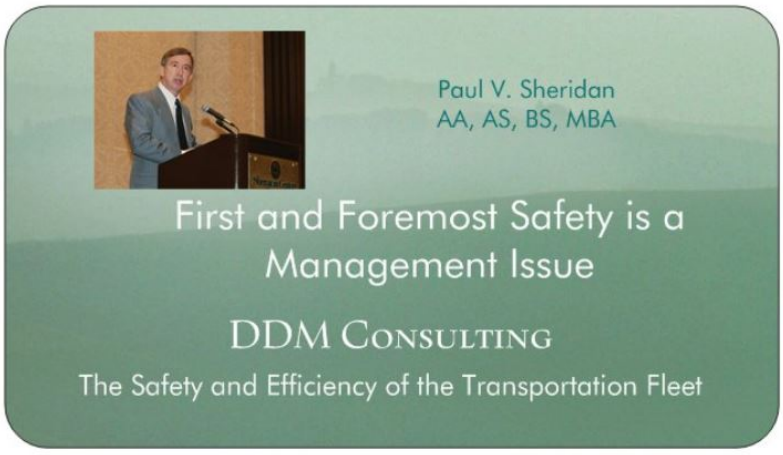
Inside Chrysler, in the 1992 timeframe, it was well-known that he was not pleased when he was compelled to ask the following not-so-rhetorical question:

"Who is going to fix safety in my company?!"

Of the ten-of-thousands of personnel to choose from, he chose Paul Sheridan, the undersigned.

Upon being chosen as Chairman of the Chrysler 'Safety Leadership Team' (SLT) I was immediately **inundated** with requests that the work and efforts of the SLT to protect Chrysler customers be, not merely circumspect, but secret! The primary source of that criminal request was the defense lawyers, and their corporate Defense Bar.

For two years, as chairman of the SLT, my primary burden was **not** correction or improvement of Chrysler product safety at the technical, engineering or manufacturing level . . . *not even close*. My primary burden was dealing with the deceit, the lies and the outright existing criminality of the corporate Defense Bar and their internal top executive clients. As a result of my Cornell MBA education, and corporate experience, and assertions of professional integrity, I deployed the following adage as a comprehensive rebuttal to the vileness that had characterized "safety," not merely in the automotive business, but in all product and service enterprises; the overleaf of my business card declares my *modus operandi*:

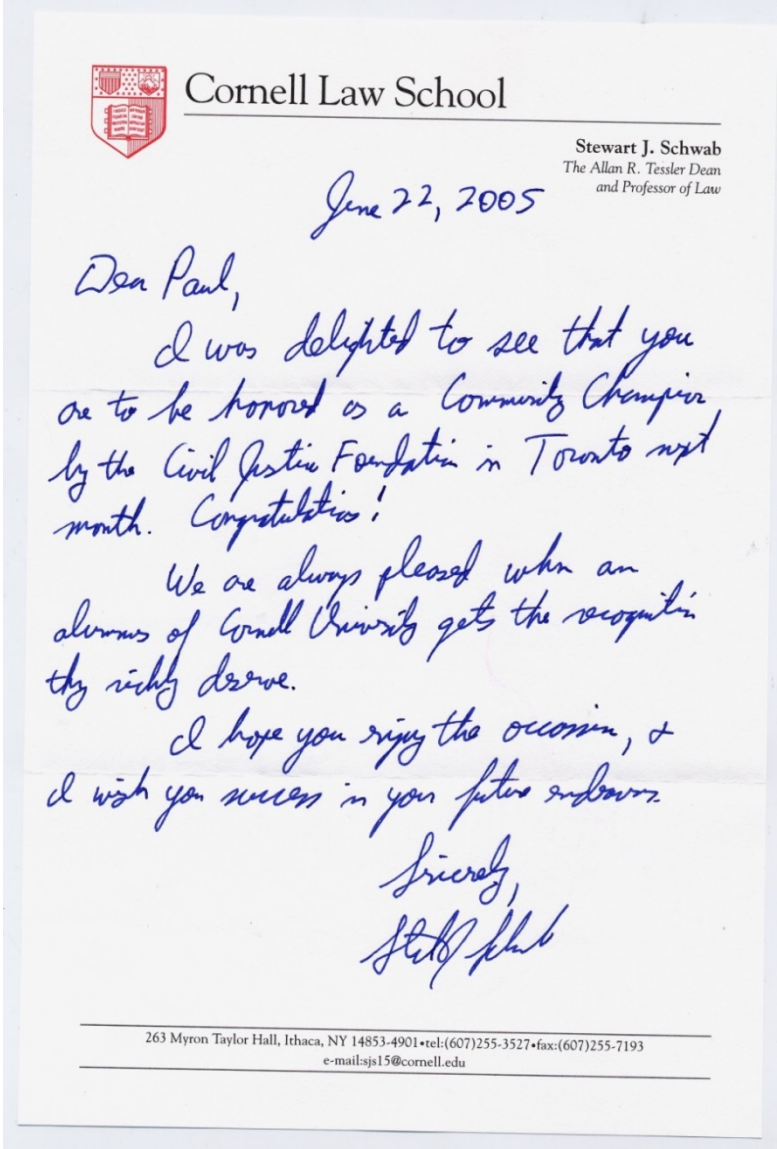


As a result of my work, after over-a- decade of effort, I was nominated by the American Bar Association for the much-heralded Civil Justice Foundation 'National Champion Award.' From over-1400 nominations I was chosen, and remain the first and only person to win the award for transportation safety.

From announcements in many business and legal journals, Cornell University Law School Dean Stewart Schwab sent a much appreciated hand-written note congratulating me as follows:

" . . . an alumnus of Cornell University gets the recognition they richly deserve."

INTERMISSION 2 : The RICO Crimes of Liability Immunity – Paul Sheridan versus Fauci / Bourla – *con't*



Cornell Law School

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

June 22, 2005

Dear Paul,

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

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

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

Sincerely,

Stewart Schwab

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

Of the millions of words, and thousands of images, and hundreds of hyperlinks that you (and Provost Michael Kotlikoff) have deployed on the Cornell "COVID-19 WEBSITE," not once do we find forthright disclosure regarding the legal/medical fraud imposed upon University students and staff by :

"Liability Immunity."

Why is that Ms. Pollack?

In stark contrast to your pusillanimity, how many times do you think I proposed "liability immunity' as *key* to a competent, ethical and moral approach to transportation safety? How many times did I propose 'liability immunity' when assisting the Department of Transportation (DOT) with corrections to the Federal Registry?

How acceptable would your 'liability immunity' approach have been to accident victims?

How acceptable would your coercions and "mandatory vaccinations" have been to Cornell University Founder Mr. Ezra Cornell?

INTERMISSION 2 : The RICO Crimes of Liability Immunity – Paul Sheridan versus Fauci / Bourla – *Conclusion*

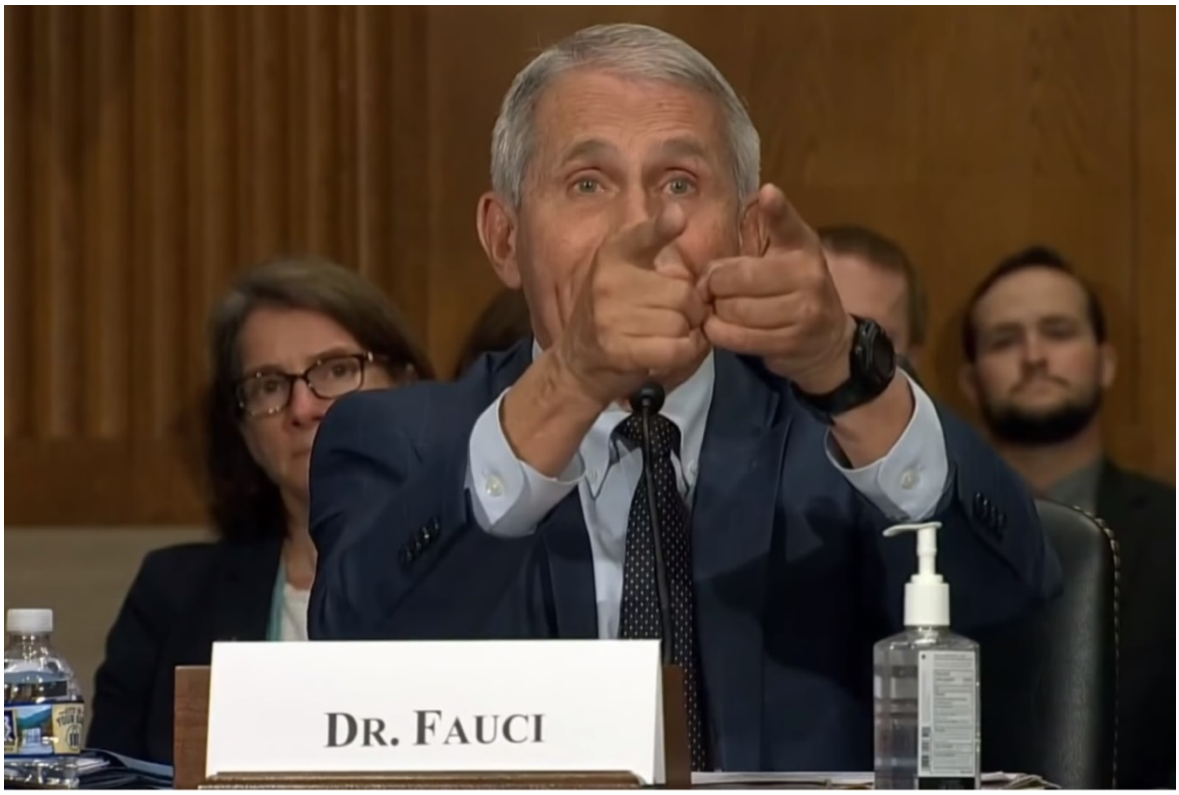
Summary : Mr. Anthony Fauci

In your interview with the Financial Times of London of July 10, 2020, you spewed the following self-absorbed protestation:

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

Your sputum occurred at the time that mass graves were being filled with New York nursing home corpses, and **frantic but secret emails** were sent between you and criminals such as Mr. Peter Daszak. [M]

In another example of self-absorbed vehemence, one year later on July 20 2021, but now **after** the frantic and secret but heavily redacted emails had been released; before the US Senate on Health, Education, Labor and Pensions Committee, you declared that you are in no-way connected to *any* gain-of-function research, at the Wuhan Laboratory of Virology, or anywhere else:



In a vile but revealing **demonstration of your true person**, you began putting your fingers into the faces of the Senate, in **a threatening and violent manner**. If your proximity was closer, and took place on campus, your shouting and physical actions would have been interpreted by any reasonable person as imminent physical danger; **your arrest by the Cornell University Police would have occurred / been justified**. [N]

[M] See INTERMISSION : The Coronavirus Investigation Committee, Page 15 above.

[N] Personal observation: Your behavior is not unfamiliar to me; it portends a person whose position is increasingly tenuous compared to the associates you thought were going to 'have your back.'

Summary : Mr. Anthony Fauci – Conclusion

As you are fully aware, by virtue of being an open recipient, in the just-filed lawsuit of *Mr. Ravi Batra versus Mr. Peter C. Daszak, Janet D. Cottingham, EcoHealth Alliance, Incorporated,* your testimony and supporting unredacted documents, emails, etc., will be part of extensive discovery. None of the legal process, in my hard won experiences of over thirty years, will accommodate your history of violence, retaliation, threatening outbursts, or "sugarcoating" in behalf of your vested interests comrades.

FILED: NEW YORK COUNTY CLERK 08/17/2021 03:06 PM INDEX NO. 157709/2021
NYSCEF DOC. NO. 1 RECEIVED NYSCEF: 08/19/2021

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

RAVI BATRA,

Plaintiff,

- against -

PETER C. DASZAK, JANET D. COTTINGHAM a/k/a JANET DASZAK, and ECOHEALTH ALLIANCE INC.,

Defendants.

(NYSCEF CASE)

SUMMONS

THE ABOVE NAMED DEFENDANTS ARE HEREBY SUMMONED, to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Attorneys for Plaintiff within twenty (20) days after the service of this summons, exclusive of the day of service or within thirty (30) days after service is complete if this summons is not personally delivered to you within the State of New York; and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

COUNTY DESIGNATED AS THE PLACE OF TRIAL: NEW YORK COUNTY

BASIS OF VENUE: CPLR 503(a); New York County is the county in which a substantial part of the events or omissions giving rise to the claim occurred.

DATED: August 17, 2021

The Law Firm of Ravi Batra, P.C.
Attorneys for Plaintiff

By: Ravi Batra, Esq.

[ ] The Batra Building
142 Lexington Avenue
New York, NY 10016

[X] Westchester Office - Echo Law
11 Echo Bay Drive
New Rochelle, NY 10805

212-545-1993
E-Mail: ravi@ravibatralaw.com

I am requesting that plaintiff extend discovery to the RICO scheme of **'liability immunity,'** enacted by you in-behalf of Mr. Albert Bourla, Pfizer Corporation, etc., and how your **'liability immunity'** scheme was endemic to your true role in the global COVID-19 pandemic; that of the defendants, PLA comrades at the Wuhan Laboratory of Virology, Mr. Bill Gates, Mr. Francis Collins, Mr. Christian Drosten, former New York Governor Andrew Cuomo, former presidential candidate Ms. Hillary Rodham-Clinton, etc.

Summary : Ms. Martha Pollack

Your comrade, the movie star, the person you declared a source of "guidance" in your alleged battle against "SARS-CoV-2," is the defrocked and disgraced Andrew Cuomo:

On March 25, 2020, Governor Cuomo, contrary to all common sense and well-known medical practices, directed by Executive Order (EO) that "COVID positive" people be forcefully and indiscriminately inserted into *all* New York nursing homes. In that EO your friend Cuomo ordered that **"SARS-CoV-2 testing" of new residents be banned**; your "source of guidance" outlawed testing that was previously standard practice for any new resident, for even the flu! [o]

> But you and Cornell University Provost Michael Kotlikoff said nothing in protest of such torrid corruption; *why is that Ms. Pollack?*

A person close to me commented: **"This is too stupid to be stupid!"** That was very insightful, and absolutely true. There was nothing "stupid" about Cuomo's nursing home EO. It was purposeful and provably conspiratorial . . . and you, Ms. Pollack, were/are directly connectable to all of this.

Cuomo loses Emmy following scandal, resignation

By **NICK NIEDZWIADEK** | 08/24/2021 01:29 PM EDT

Regarding The Company You Keep, a mere three days ago, Tuesday August 24, 2021, the news media and their headlines continue to divert from real priorities; the relevant facts and criminality of COVID-19, **and the tens-of-thousands of avoidable deaths in the New York nursing homes** . . . and the conspiratorial inspiration, The Great Reset, codified by your comrade Mr. Klaus Schwab.

---

[o] Contrary to the testimonial ***crap*** from Dr. Howard Zucker, there was nothing "inadvertent" about the true purpose of the Cuomo Executive Order which forced COVID patients into the nursing homes. If this "doctor" still claims *'There is much to learn about this virus,'* I suggest he seek grammar school level tutoring from Dr. David Martin and Dr. Reiner Füllmich (Page 15 above). Alternatively, I can assure Zucker that very little is unknown about 'liability immunity.'

Summary : Ms. Martha Pollack – Con't

In the original reports of November 2020, International Academy President and CEO Mr. Bruce Paisner, declared that Governor Cuomo was being given an Emmy Award:

" . . . because he effectively created television shows, with characters, plot lines, and stories of success and failure."

None of these farcical Emmy Award news reports covered the horrors of the New York nursing homes; not even in the context of "failure." Now, just three days ago, your comrade Mr. Paisner is spewing:

STATEMENT FROM THE INTERNATIONAL ACADEMY OF TELEVISION ARTS & SCIENCES

August 24, 2021

The International Academy announced today that in light of the New York Attorney General's report, and Andrew Cuomo's subsequent resignation as Governor, it is rescinding his special 2020 International Emmy® Award. His name and any reference to his receiving the award will be eliminated from International Academy materials going forward.

Do you see any mention of, or any update regarding Cuomo's murderous COVID "stories of failure" in New York in general, **or the nursing homes in particular?** Wednesday offered the following:

New York Governor Kathy Hochul promised more government transparency on her first day in office, and by day's end her administration had quietly acknowledged nearly 12,000 more deaths in the state from COVID-19 than had been publicized by her predecessor, Andrew Cuomo.

New York now reports nearly 55,400 people have died of COVID-19 in New York, based on death certificate data submitted to the Centers for Disease Control and Prevention, up from about 43,400 that Cuomo had reported to the public as of Monday, his last day in office.

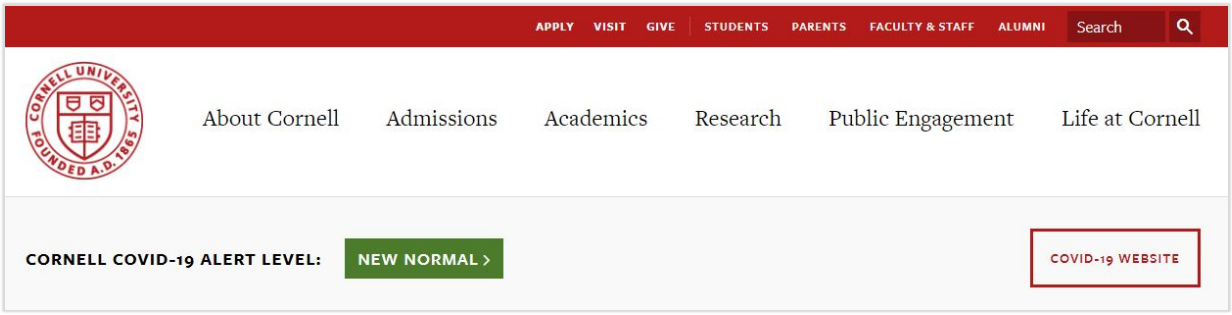
"We're now releasing more data than had been released before publicly, so people know the nursing home deaths and the hospital deaths are consistent with what's being displayed by the CDC," Hochul said Wednesday on MSNBC. "There's a lot of things that weren't happening and I'm going to make them happen. Transparency will be the hallmark of my administration."

Whether in November 2020 when the farcical Emmy was awarded, or in August 2021 when the farcical Emmy is rescinded, your media friend Mr. Paisner never connects his rescinding to murder in the nursing homes . . . **nor did you as President of Cornell University, a life sciences institution.** [P]

[P] Governor Hochul is a courtesy copy of this letter; I assure you, and her, that I will be one of many testing her trendy claims of "transparency" in the not-too-distant future.

Summary : Ms. Martha Pollack – Con't

Shortly after the Cuomo EO that forced diseased residents into the nursing homes, you began your service to Pfizer CEO Mr. Albert Bourla on the New York Forward Reopening Advisory Board. Immediately you subverted the Cornell home page for an exploitive, commercially-premised scare campaign:



As was well-known to you, Provost Michael Kotlikoff and Cornell Counsel Ms. Madelyn Wessel, the term 'New Normal' was codified for the purpose of marketing . . . vaccines! Merck Corporation deployed The New Normal as part of their roll-out promotions at the January 6 2004 conference entitled:

"SARS and Bioterrorism: Bioterrorism and Emerging Infectious Diseases, Antimicrobials, Therapeutics and Immune Modulators"

As you three were *also* fully aware, "New Normal," which you dutifully regurgitated, was a term then embraced as a lockdown branding campaign, fully endorsed and adopted by:

World Health Organization
The Global Preparedness Monitoring Board
People's Republic of China Center for Disease Control
The Bill and Melinda Gates Foundation
Coalition for Epidemic Preparedness Innovations
Mr. Anthony Fauci (NIAID) and Mr. Francis Collins (NIH) . . . *to name a few.*

"At this time, Cornell is not requiring our employees or students to be vaccinated; however, we strongly encourage each of you to be vaccinated when you become eligible. Vaccination is key to the resolution of this global pandemic, and we hope that you all take this opportunity to protect yourselves, as well as our community".

If recollection serves, the above "vaccine" roll-out was displayed at your 'COVID-19 WEBSITE' **prior** to the EUA of December 11, 2020. The site was updated as you served (1) the NY Forward Reopening Advisory Board and (2) Pfizer CEO Mr. Albert Bourla . . . the other "philanthropist" was also on-cue:

"The only vaccine, that if everything went perfectly, might seek the emergency use license by the end of October, would be Pfizer." Mr. Bill Gates, September 15, 2020.

October?! You too were on-cue while subverting the campus to your "vaccine" agenda. In a grotesque demonstration of inveracity, you orchestrated another "surprise" involving "America's Doctor" during Homecoming 2020 . . . in October. [Q]

[Q] You received my June 9 2021 letter to Mr. Fauci wherein I detail his and your fraudulent misuse of the campus for your joint agenda (it was not *your* first time). Pages 5 - 13: http://pvsheridan.com/sheridan2fauci-4-9june2021.pdf

Summary : Ms. Martha Pollack – Con't

While Mr. Gates *continues* to lie about the Pfizer needle as a "vaccine," parroting the fairy tale that it resulted from Year 2020 Operation Warp Speed, and censoring the truth that in-fact mRNA-based needles and associated patents date to not-later-than 2003; he is also aware that the great nation of India is a market where his person and his "vaccine" profiteering were, and remain **not welcome**. [R]

INDIA FEBRUARY 5, 2021 / 12:30 AM

Pfizer drops India vaccine application after regulator seeks local trial

By Krishna N. Das

Like Fauci, Collins, Bourla, Cuomo, Walensky, Daszak, and Susan Wojcicki (YouTube), and Dr. Augustine Choi (Director of Weill-Cornell Medical), and Dr. Soumya Swaminathan (Chief Scientist of the World Health Organization). . . . **you Ms. Pollack** also distort the truth about off-patent COVID treatments; that are not experimental and **do require liability immunity** . . . while defiling Cornell University with these distortions, tens-of-thousands of elderly were left to die, in isolation, in the New York nursing homes.

Your connections to COVID distortions **and outright lies** are well-documented, ranging from your membership on the NY Forward Reopening Advisory Board to ongoing Cornell University website postings. An example of a bold-faced lie, connectable to your person as current President of Cornell University; one among hundreds from today's CornellHealth webpage (screenshot):

Is the vaccine safe?

All data currently available indicate that the vaccines are safe. Thus far, no serious long-term side effects have occurred. Some individuals do experience minor side effects that reflect the body's immune response beginning; a tiny number of individuals have experienced allergic reactions and have required immediate and successful treatment.

All current data? No serious long-term side effects? Minor side effects?! A tiny number!? As you are fully aware, your so-called "approved vaccines," that you have injected into the arms of captured, unsuspecting but **coerced** Cornell students and staff, have killed and horribly maimed more human beings in the first six months of deployment (post the fraudulent December 11 2020 EUA), than all true vaccines combined during the previous twenty years! **Let us try that again, in large font:**

> Your so-called "approved vaccines," that you have injected into the arms of unsuspecting but coerced Cornell students and staff, have killed and horribly maimed more human beings in the first six months of deployment **than all vaccines combined during the previous twenty years!**

This "knowledge" is well-known . . . on the next page we review a recent Cornell home page.

[R] On Page 7 of Exhibit 1 you will find the US Patent Office rejection verbiage against the profiteering attempts of the **"pathological liar"** Mr. Fauci versus his mRNA concoction applications dating to 2003. See Item (1) Page 3 above.

Summary : Ms. Martha Pollack – *Con't*

Lindsay France/Cornell University

President Martha E. Pollack welcomes incoming freshman, transfer students and returning sophomores gathered at Schoellkopf Field for New Student Convocation Aug. 25.

Pollack to students: Respect knowledge and be kind

Respect knowledge? Be kind? In case you, and Provost Kotlikoff, and Pfizer CEO Albert Bourla ***forgot***, there is nothing kind about the underbelly that motivates your violation of the Nuremberg Code; its letter or spirit. We share more "knowledge" with you. In the Exhibit, I declare on Page 4 (screenshot):

Preview of the 13 July 2021 Headlines – Everything becomes Nothing ?

At the beginning of the Fauci Pandemic, ***everything*** **is COVID**, and the death statistics are exaggerated.

At the end of the Fauci Pandemic, ***nothing*** **is "vaccine,"** and the death statistics are subverted.

From beginning to end . . . one bold-faced lie after another . . . all leading to the following headline:

The world has become *increasingly* aware that promotion of the Dr. Christen Drosten perversion of the RT-PCR protocol as a "test" for "SARS-CoV-2" is an abject fraud:

CDC withdraws fraudulent PCR testing protocol that was used to falsify covid "positives" to push the plandemic

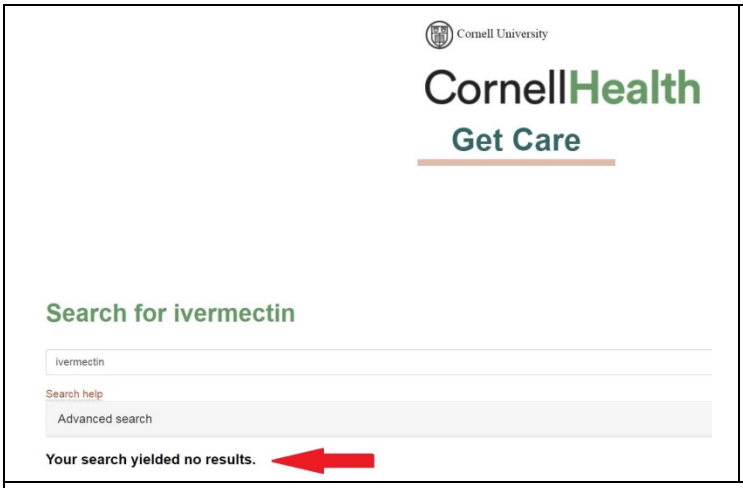
Sunday, July 25, 2021 by: Mike Adams
Tags: badhealth, badmedicine, badscience, CDC, coronavirus, COVID, hoax, junk science, pandemic, PCR, Plandemic, science fraud

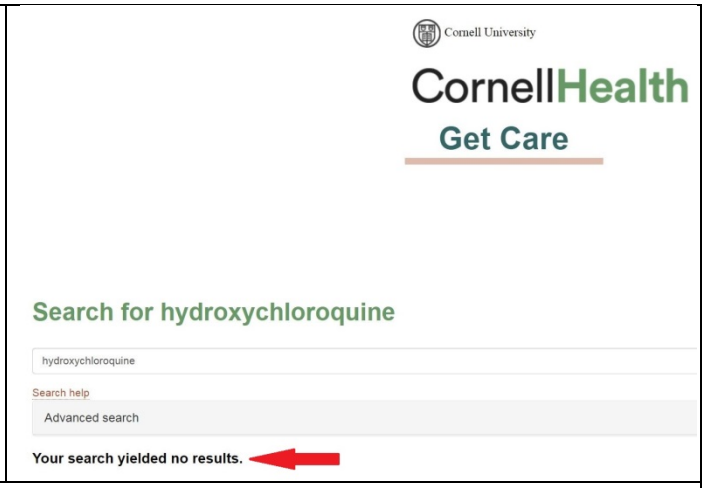
It was well-known ***from the very beginning***, the "test" that you deployed against Cornell students and staff can *not*, and never will be able to distinguish between SARS-causing viruses versus, for example, the flu! Without being **clade specific**, it certainly cannot detect the recently deployed "SARS-CoV-2." In other words, the essence if not the totality of your 'COVID-19 WEBSITE' is not merely incompetent, mistaken, or merely outdated. **You and that website (and what has resulted from it) constitute fraud.** [S]

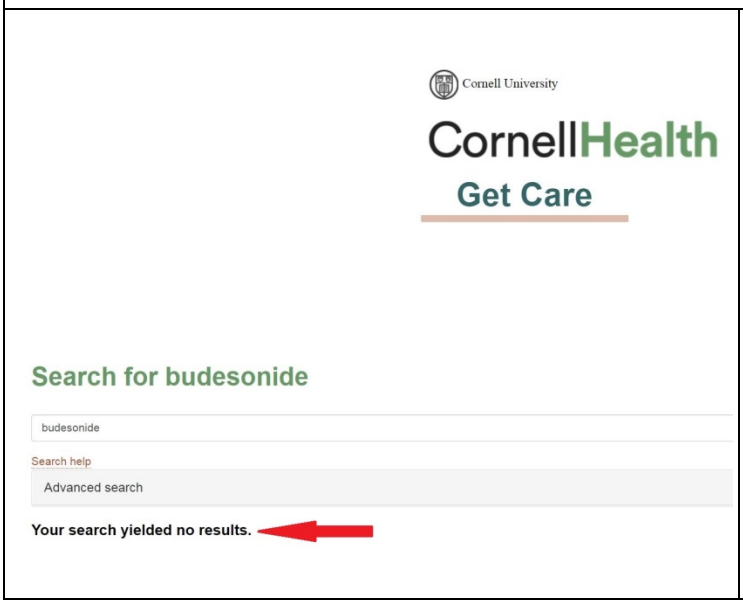
[S] You received my July 21 20*20* letter to Mr. Fauci; on Pages 10-11 I requested his "knowledge" regarding the rt-PCR fraud; he never responded with integrity. If *you* need "knowledge" on my use of the phrase "recently uploaded variant 'SARS-CoV-2,'" have Mr. Fauci explain it to you. As he is aware, the explanation also applies to the recent diversionary sputum from Walensky and Bourla about the "Delta variant," its connection to patent # 7279327, the GISAID database, and on and on and on.

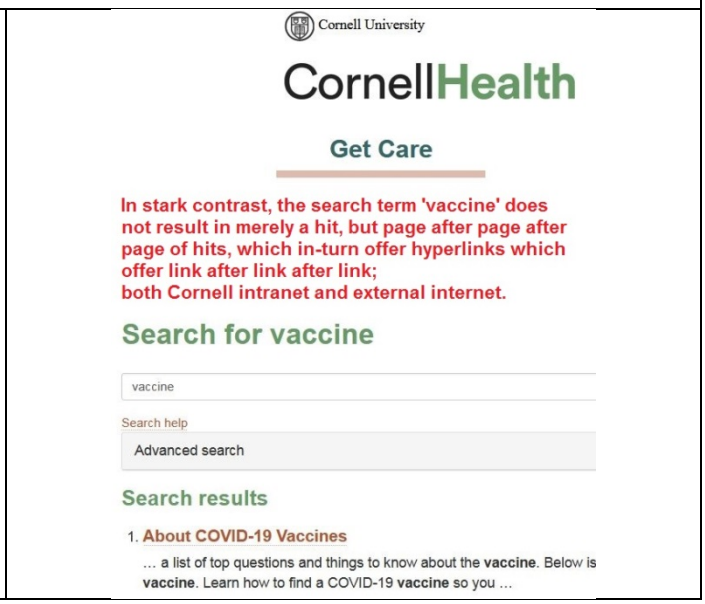
INTERMISSION 3 : The CornellHealth COVID "Vaccine" Fraud

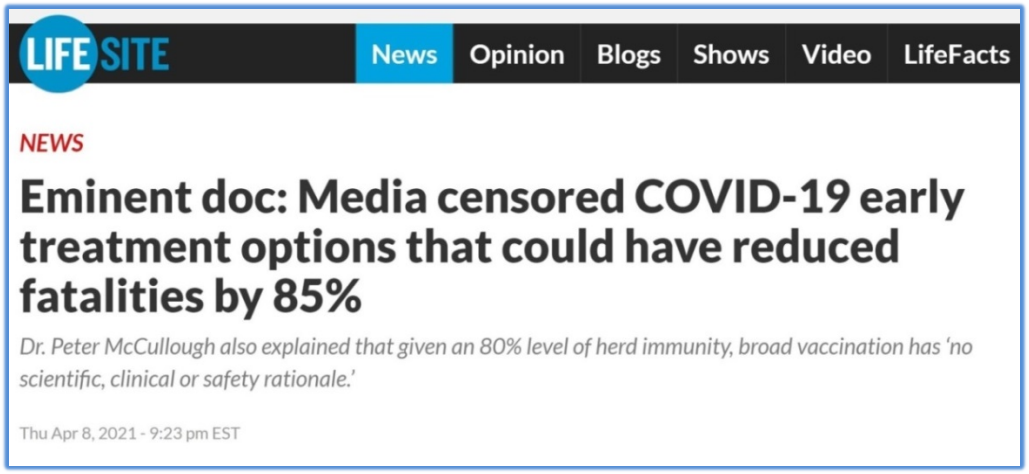
We review another lie from Ms. Martha Pollack, and contrast that lie with very recent headlines from Japan. We contextualize with screenshots of typical searches recently conducted at the CornellHealth website:











INTERMISSION 3 : The CornellHealth COVID "Vaccine" Fraud – *con't*

My 'paulvsheridan' YouTube account enjoyed years of postings that involved geology to history. That account had a million hits, and hundreds of 'thumbs up.' Last year I uploaded **"The Ivermectin Story."** Within hours Ms. Susan Wojcicki, a colleague to Ms. Martha Pollack, did not merely delete the Ivermectin videos, ***she terminated my entire paulvsheridan account.***

Contrary to the motivations and perversions of CornellHealth, and the decrepit news media, **The Ivermectin Story** is not only utterly factual and truthful; in deep irony, its broad censorship by social media confirms that status! Protecting the profiteering of the Pfizer mRNA needles is *also* confirmed, the real perversion; the underbelly of this RICO.

That my alma mater, an institution famed for its good works in life sciences, would openly endorse, by their actions and words, profit over health; this will not be tolerated.

CornellHealth relies on "guidance" from the Acting Commissioner of the Food and Drug Administration (FDA), Dr. Janet Woodcock. From her notorious 'opioid epidemic' failures, to the recent true status of non approval of the deployed mRNA Pfizer needle, **her reputation for double-talk and lying is consistent with the unofficial 'job description' of her FDA position.**

The FDA tweet is typical of the "guidance" which assaults the Cornell and Ithaca NY communities; CornellHealth deploys the murderous Pfizer needle while lying to those communities about the many alternatives, such as the globally recognized COVID record of the lost-cost **off-patent** drug Ivermectin. [T]

[T] **Ms. Pollack**, perhaps you would remind Dr. Woodcock and FDA sycophants that the renowned Cornell University College of Veterinary Medicine is fully versed in the successful uses and deployments of Ivermectin, in humans and animals that spans over **four decades worldwide**. Perhaps Provost Michael Kotlikoff would offer that update to the world given his previous role as Dean of the Cornell University College of Veterinary Medicine!

INTERMISSION 3 : The CornellHealth COVID "Vaccine" Fraud – *Conclusion*

As an alternative to the charlatans of Ms. Susan Wojcicki, Ms. Martha Pollack, Dr. Janet Woodcock, and CornellHealth . . . we have the serious gentleman, Dr. Haruo Ozaki.

Dr. Ozaki is Chairman of the Tokyo Metropolitan Medical Association. In **a news conference streamed on 12 August 2021,** he declared that Japan was already a "country of use" regarding Ivermectin, but the reason for low-use was not lack of known effectiveness among his medical profession, but a lack of availability!

The cause of that Ivermectin shortfall?

Dr. Ozaki points to the company that coined and promoted the pro-vaccine vernacular **"New Normal.'** Dr. Ozaki stated:

"Even if a doctor writes a prescription for Ivermectin, there is no drug in the pharmacy. This (prescription) is virtually unusable. But (Merck) says that Ivermectin does not work, so there should not be any need to limit supply. If it does not work, there is no demand. I believe it works, so block supply. It looks like you are."

Contrary to the Tweet sputum from the FDA about horses, Ivermectin use in humans has zero side-effects and an overwhelmingly positive track record versus "SARS-CoV-2." Dr. Ozaki stated on August 12, 2021:

"I am aware that there are many papers that Ivermectin is effective in the prevention and treatment of corona, mainly in Central and South America and Asia. In Africa, if we compare countries distributing Ivermectin once a year with countries which do not give Ivermectin, I mean they do not give Ivermectin to prevent COVID, but to prevent parasitic diseases…but anyway, if we look at COVID numbers in countries that give Ivermectin, the number of cases is 134.4 per 100,000, and the number of deaths is 2.2 in 100,000.

"Now, African countries which do not distribute Ivermectin: 950.6 cases per 100,000 and 29.3 deaths per 100,000. I believe the difference is clear."

The papers discussed by Dr. Ozaki, regarding use of Ivermectin in Central America, South America, Asia and Africa, were written *a posteriori.*

That is, human use of Ivermectin in those areas is historical, but <u>not</u> for "SARS-CoV-2." Data tabulated for these papers is **after-the-fact;** and as-such is skewed <u>against</u> Ivermectin. Helping CornellHealth with arithmetic, the Africa data suggests that COVID cases drop 86%, and the deaths drop by 92%!

Still going slow for CornellHealth . . . a drug that has been off-patent since 1996, dispensed for humans <u>for decades</u> but for non-COVID uses, that has nonetheless shown miraculous positive effect versus COVID, that costs $10, is banned and censored from the Cornell campus?

Contrary to the Tweet sputum from the FDA about cows, the dispensing of Ivermectin for human use involves proper dosage amounts and **covers four decades worldwide!**, Woodcock and CornellHealth might benefit from The Ivermectin Story documentary, banned by YouTube, but preserved here:

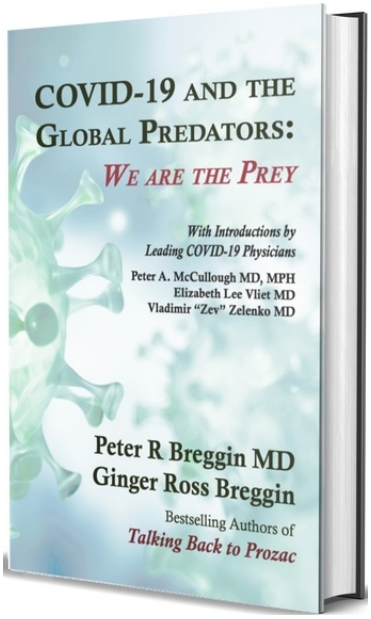
https://pvsheridan.com/Ivermectin-Story_Part-1.mp4

https://pvsheridan.com/Ivermectin-Story_Part-2.mp4

Summary : Ms. Martha Pollack – *Conclusion (from Page 32)*

At the CornellHealth website we find the following **bold-face lie**:

> **How effective is the vaccine?**
>
> Pfizer reports that the vaccine is 95% effective. Moderna reports that their vaccine is 94% effective.



There are so many **bold-faced** lies spewed by the CornellHealth and main Cornell webpages; so many spewed by you, Provost Kotlikoff, and your StayHomecoming cohort Fauci, so many by Weill-Cornell Medical College regarding "SARS-CoV-2" that this letter could easily go to 10,000 pages. As could the book **COVID-19: The Global Predators: We Are the Prey!**

In contrast to The Company *YOU* Keep, experts that you and your cohorts Andrew Cuomo and Albert Bourla did ***not*** invite to the NY Forward Reopening Advisory Board, these Harvard University authors ***did*** invite practicing physicians; true health authorities such as Dr. Peter McCullough, Dr. Elizabeth Vliet and New York Dr. Vladimir Zelenko.

But, regarding your bold-faced lie above, one that characteristically involves *'lies by commission'* and '*lies by omission,'* we ask simple questions that are never addressed by your servitude to "The Vaccine King," Mr. Albert Bourla:

"95% effective" at what?!

(a) Is The Vaccine King's needle 95% effective at preventing viral transmissibility, and therefore the lunatic mandates of 'social distancing' and 'masks' can be relaxed <u>on that basis</u>?

(b) Is The Vaccine King's needle 95% effective at preventing reinfection of the alleged original cause of COVID, the "SARS-CoV-2"?

(c) Is The Vaccine King's needle 95% effective at preventing infection by Bourla's follow-up marketing schemes; the alleged "variants," such as the brand name "Delta variant" ?

(d) Is The Vaccine King's needle 95% effective at preventing infection in the nose and nasopharynx; the exact locations of the fraudulent "COVID test," the basis of your vile COVID-19 Response?

(e) Is The Vaccine King's needle 95% effective at preventing future infection from the common cold or flu, either in the short term or the long term?

OF COURSE NOT, AND ON ALL ACCOUNTS! The "95% effective" verbiage connects to no such claim; indeed, very recent studies indicate that Bourla's needle <u>REDUCES</u> immune response to the flu . . . and you are fully aware of these facts . . . Ms. Pollack.

One of the most indicative of your exploitations involves black people. The "95% effective" CornellHealth *lie-by-omission* is well-known <u>as such</u> to black people. Therefore, I ask you Ms. Pollack:

(1) Is that reality going to increase your use of the label "anti-vaxxer" against them?

(2) Is that reality going to further accredit their <u>refusal to be injected</u> with Bourla's mRNA needle?

(3) If the answer to question (2) is yes, **are you going to preside over <u>the non-admission of black people</u>, hiding behind your dystopian "Consequences of inaction" coercion threats?**

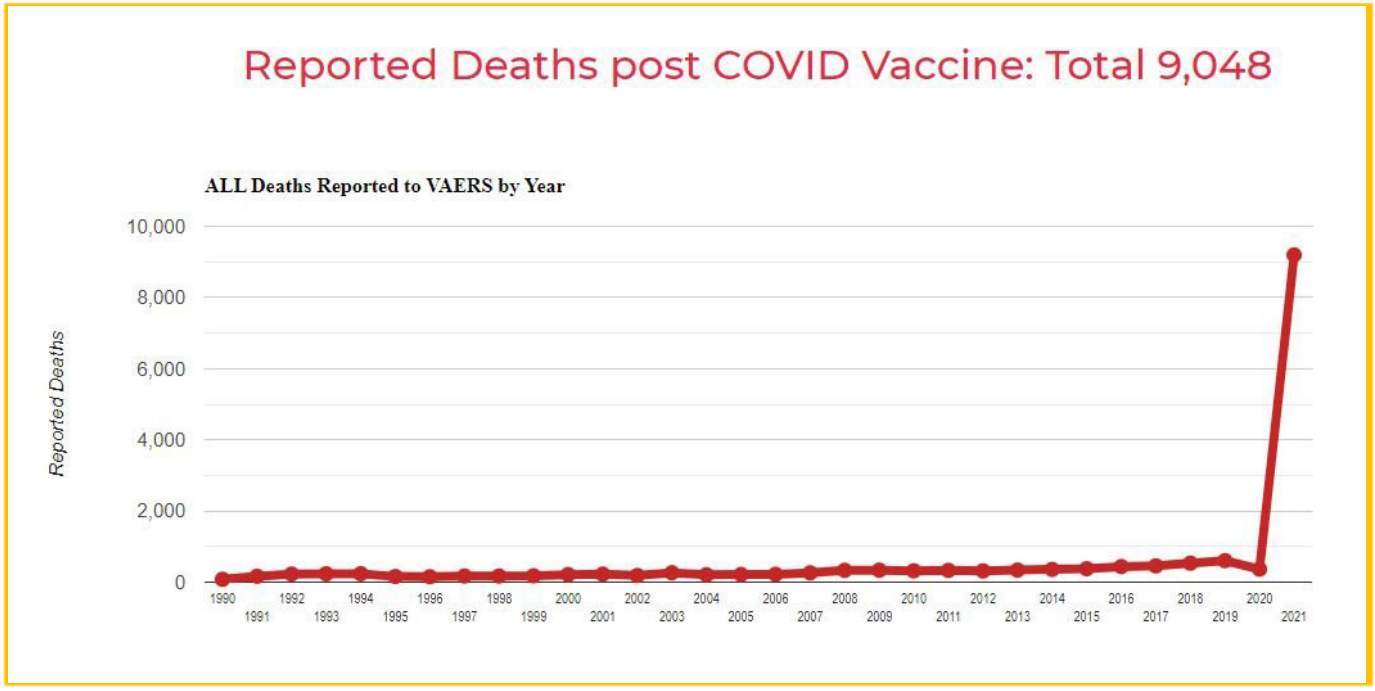
Before you assert your personal angelology, I demand that you review Page 25 above.

Personal Notes : Summary of the Attached Exhibit

The memorial gala of my Cornell President Dr. Frank H. T. Rhodes is scheduled for October 23, 2021. I first met President Rhodes, by accident, in the "green" elevator of Day Hall in 1979. My minor knowledge of his expertise (geology) was a fun introduction. We became, if I may be so bold, friends. Characteristically, of the 15-odd letters I wrote post-graduation, guess how many President Rhodes did *not* respond to ? [U]

The attached Exhibit is a 'thank you' to Oral Robert University President Dr. William M. Wilson. His gracious note to me is under Tab 1.

Unlike the dystopian **crap** you are inflicting upon the world, **and by extension Ms. Jummai Nache**, the path of President Wilson is truthful, fruitful and righteous. As you will see, I had shared the following June 2021 CDC VAERS chart with President Wilson:



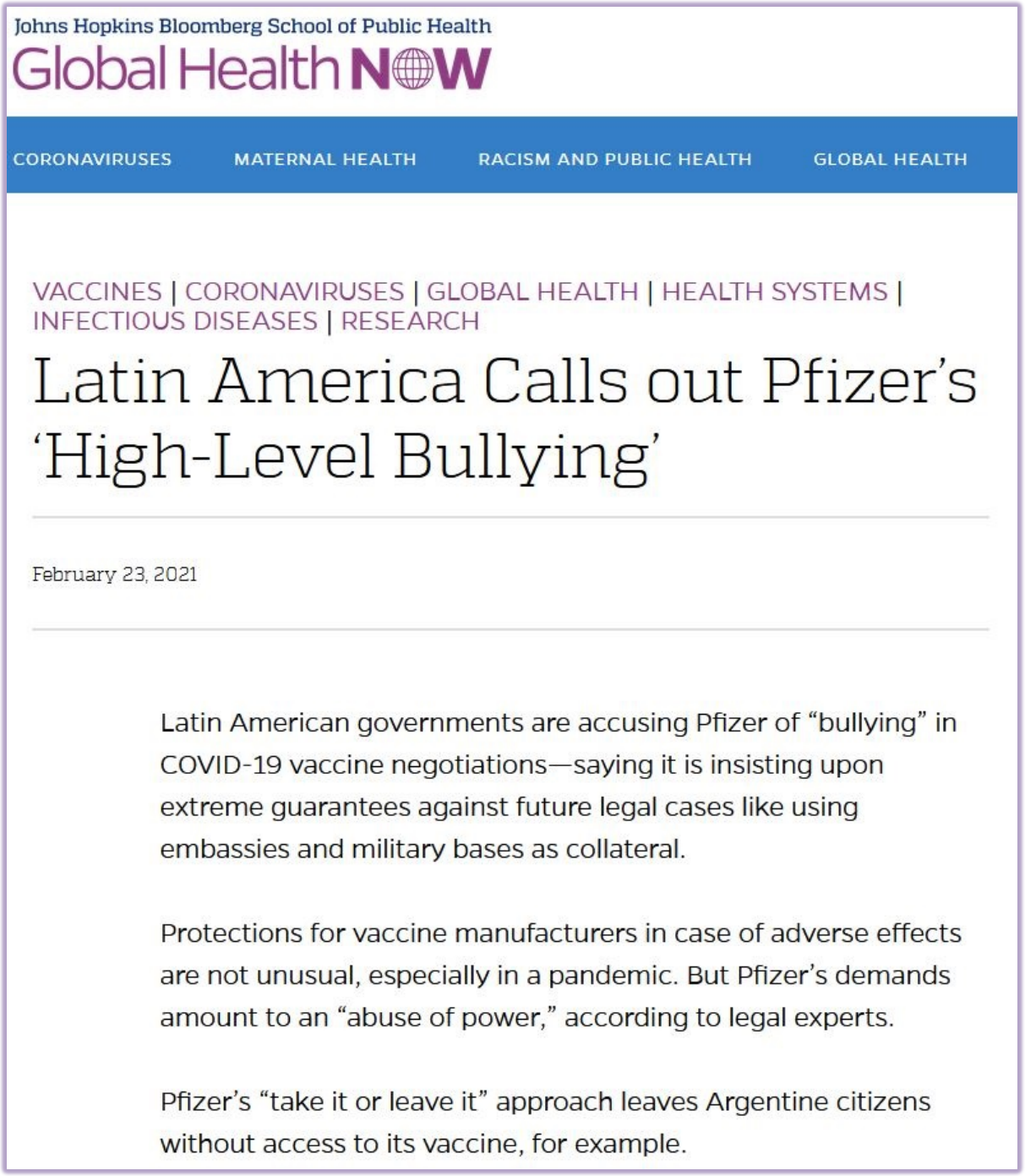
My letter to President Wilson was widely distributed. Shortly thereafter, CDC Director Rochelle Walensky scrubbed the above type of reporting/charting from her website.

With this is mind, please know that President Wilson and Oral Robert University are **not** participating, at any level, in the factual declaration found at the bottom of Page 31.

[U] The same number Fauci and Pollack *have* responded to.

Conclusion

During the time that the servility of Ms. Pollack was serving his profiteering needs as a co-member of the New York Forward Reopening Advisory Board, and the criminality of Mr. Fauci was serving his needs with everything from 'liability immunity' to the fraudulent RICO-based Emergency Use Authorization, the CEO of Pfizer Mr. Albert Bourla was threatening the health and well-being of humanity on a global scale, not the least of which included outright blackmailing of entire nations, especially in Latin and South America:



Johns Hopkins Bloomberg School of Public Health
Global Health NOW

CORONAVIRUSES MATERNAL HEALTH RACISM AND PUBLIC HEALTH GLOBAL HEALTH

VACCINES | CORONAVIRUSES | GLOBAL HEALTH | HEALTH SYSTEMS | INFECTIOUS DISEASES | RESEARCH

Latin America Calls out Pfizer's 'High-Level Bullying'

February 23, 2021

Latin American governments are accusing Pfizer of "bullying" in COVID-19 vaccine negotiations—saying it is insisting upon extreme guarantees against future legal cases like using embassies and military bases as collateral.

Protections for vaccine manufacturers in case of adverse effects are not unusual, especially in a pandemic. But Pfizer's demands amount to an "abuse of power," according to legal experts.

Pfizer's "take it or leave it" approach leaves Argentine citizens without access to its vaccine, for example.

Conclusion

But the bullying by Mr. Bourla did not begin in the New York nursing homes, or end in Latin and South America. A key operative was the continuous, coordinated coercion of the medical, hospital and nursing staffs . . . **not the least of which is Ms. Jummai Nache:**

In a lengthy conversation with husband, Mr. Philip Nache, he explained that prior to the 'vaccine mandate' inflicted upon her, **"Jummai was never hospitalized. She was the healthiest of our family!"**

Meanwhile, vested interests like you two, Ms. Pollack and Mr. Fauci, were vigorously manipulating facts, conspiring from behind closed doors, and boldly doing so in plain view; jointly from the bully pulpit of my beloved alma mater Cornell University during Homecoming 2020, an utterly despicable display of arrogance and implicit inveracity!

In the final assessment, lest your tendency for self-indulgence and raw egotism overwhelms you, you two amount to, at most, *symptoms* of the current epoch; one that is characterized by the betrayal depicted on Page 2 above.

Like spiritual chaff, the status of Judæan Judas Iscariot, your chances of passing through the proverbial keyhole are diminishing with every human soul that suffers as horribly as Jummai. Such are connectable to your promotions and deeds, prior to and ongoing with COVID.

It is only matter of time, under the edict 'Follow the Science,' and your **dystopian crap**, that similar outcomes to that of Ms. Jummai Nache will befall many more; not the least of which is the **coerced** Cornell University students and staffs also afflicted by bullying by your comrade Mr. Albert Bourla.

Please know that the above is highly thrifted, and I took no pleasure in its authorship. However, I will leave Ms. Pollack with one assertion: **In the context of Page 2 above**, had Ms. Jummai Nache been enrolled at Cornell, but decided through true 'informed consent' to reject the Bourla needle; you would have voided her matriculation ***without hesitation.***

Sincerely,

Paul V. Sheridan

Attachment

Statement on the Recent Killings of Black People in America

May 29, 2020

Dear Cornellians,

I am heartbroken, angry and frankly sickened by the recent killing of George Floyd, and before him, Ahmaud Arbery, Breonna Taylor and others whose deaths are less well publicized.

The amount of pain in the Black community is unfathomable, especially as these are occurring in the midst of a pandemic that is having such a disproportionate impact on communities of color.

Decent people and institutions cannot stand silent while such violence against our fellow citizens continues.

I want to make clear, both personally and on behalf of Cornell, that we will do all we can as a university to address this scourge of racism. We will address it directly in our educational programs, in our research and in our engagement and related activities, working through the ways we know best to push for a world that is equitable and kind; where people do not have to fear for their lives because of the color of their skin; and where everyone has the same opportunities to grow, thrive and enjoy their lives.

My heart goes out to everyone who is feeling the pain of these recent incidents.

Sincerely,

Martha

Addendum to Abridged Hard Copy Version

The complete letter of 27 August 2021, including attached Exhibit, up-to-date SPODs, and hyperlinks is available here:

https://pvsheridan.com/sheridan2pollack-fauci-1-21august2021.pdf

The attached Exhibit to the 27 August 2021 letter, as a separate document, is available here:

https://pvsheridan.com/sheridan2wilson-1-19july2021.pdf

The complete video of the Dr. David Martin interview by Dr. Reiner Füllmich of the July 2021 meeting of The Coronavirus Investigation Committee is here:

https://pvsheridan.com/Dr-Fuellmich_Dr-Martin_July-2021-Corona-Investigative-Committee.mp4

This interview is featured on Page 15.

The complete (current) court file of the litigation of:

Mr. Ravi Batra versus Mr. Peter C. Daszak, Janet D. Cottingham, EcoHealth Alliance, Inc.

is available here: http://pvsheridan.com/Batra_versus_Daszak/

This court file is introduced on Page 27.

A recent interview of Dr. Vladimir Zelenko on "SARS-CoV-2" is available here:

https://pvsheridan.com/Dr-Vladimir-Zelenko_Exposes-Global-Genocide.mp4

Dr. Zelenko is discussed on Pages 16, 19, 21 and 36.

Background and availability information on the Dr. Peter Breggin / Ms. Ginger Ross-Breggin book, **COVID-19: The Global Predators: We Are the Prey!** is available here:

https://www.youtube.com/watch?v=rXE-f_HDLTc

This book is discussed on Page 36

A historical sampling of the Paul V. Sheridan letters on COVID is available here:

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

ATTACHMENT FOUR

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1:	**Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2:	**Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3:	**Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4:	**Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5:	**mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**
Reference 1:	**My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2:	**My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3:	**My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4:	***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute Study (JHIS) of January 2022**

62 Pages

Research Publication of January 2022 by:

The Johns Hopkins Institute for Applied Economics, Global Health,
and the Study of Business Enterprise

Subject : A LITERATURE REVIEW AND META-ANALYSIS OF THE EFFECTS OF LOCKDOWNS ON COVID-19 MORTALITY

SAE./No.200/January 2022

Studies in Applied Economics

A LITERATURE REVIEW AND META-ANALYSIS OF THE EFFECTS OF LOCKDOWNS ON COVID-19 MORTALITY

Jonas Herby, Lars Jonung, and Steve H. Hanke

Johns Hopkins Institute for Applied Economics,
Global Health, and the Study of Business Enterprise

A Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality

By Jonas Herby, Lars Jonung, and Steve H. Hanke

About the Series

The *Studies in Applied Economics* series is under the general direction of Prof. Steve H. Hanke, Founder and Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise (hanke@jhu.edu). The views expressed in each working paper are those of the authors and not necessarily those of the institutions that the authors are affiliated with.

About the Authors

Jonas Herby (herby@cepos.dk) is special advisor at Center for Political Studies in Copenhagen, Denmark. His research focuses on law and economics. He holds a master's degree in economics from University of Copenhagen.

Lars Jonung (lars.jonung@nek.lu.se) is professor emeritus in economics at Lund University, Sweden. He served as chairperson of the Swedish Fiscal Policy Council 2012-13, as research advisor at the European Commission 2000-2010, and as chief economic adviser to Prime Minister Carl Bildt in 1992-94. He holds a PhD in Economics from the University of California, Los Angeles.

Steve H. Hanke is a Professor of Applied Economics and Founder & Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise. He is a Senior Fellow and Director of the Troubled Currencies Project at the Cato Institute, a contributor at National Review, a well-known currency reformer, and a currency and commodity trader. Prof. Hanke served on President Reagan's Council of Economic Advisers, has been an adviser to five foreign heads of state and five foreign cabinet ministers, and held a cabinet-level rank in both Lithuania and Montenegro. He has been awarded seven honorary doctorate degrees and is an Honorary Professor at four foreign institutions. He was President of Toronto Trust Argentina in Buenos Aires in 1995, when it was the world's best-performing mutual fund. Currently, he serves as Chairman of the Supervisory Board of Advanced Metallurgical Group N.V. in Amsterdam. In 1998, he was named one of the twenty-five most influential people in the world by World Trade Magazine. In 2020, Prof. Hanke was named a Knight of the Order of the Flag.

Abstract

This systematic review and meta-analysis are designed to determine whether there is empirical evidence to support the belief that "lockdowns" reduce COVID-19 mortality. Lockdowns are defined as the imposition of at least one compulsory, non-pharmaceutical intervention (NPI). NPIs are any government mandate that directly restrict peoples' possibilities, such as policies that limit internal movement, close schools and businesses, and ban international travel. This study employed a systematic search and screening procedure in which 18,590 studies are identified that could potentially address the belief posed. After three levels of screening, 34 studies ultimately qualified. Of those 34 eligible studies, 24 qualified for inclusion in the meta-analysis. They were separated into three groups: lockdown stringency index studies, shelter-in-place-order (SIPO) studies, and specific NPI studies. An analysis of each of these three groups support the conclusion that lockdowns have had little to no effect on COVID-19 mortality. More specifically, stringency index studies find that lockdowns in Europe and the United States only reduced COVID-19 mortality by 0.2% on average. SIPOs were also ineffective, only reducing COVID-19 mortality by 2.9% on average. Specific NPI studies also find no broad-based evidence of noticeable effects on COVID-19 mortality.

While this meta-analysis concludes that lockdowns have had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted. In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.

Acknowledgements

The authors thank Line Andersen, Troels Sabroe Ebbesen, Nicholas Hanlon, and Anders Lund Mortensen for their research assistance.

The authors also with to thank Douglas Allen, Fredrik N. G. Andersson, Jonas Björk, Christian Bjørnskov, Joakim Book, Gunnar Brådvik, Kristoffer Torbjørn Bæk, Ulf Gerdtham, Daniel B. Klein, Fredrik Charpentier Ljungqvist, Christian Heebøl-Nielsen, Martin Paldam, Jonas Ranstam, Spencer Ryan, John Strezewski, Roger Svensson, Ulf Persson, Anders Waldenström, and Joakim Westerlund for their comments.

Key Words: COVID-19, lockdown, non-pharmaceutical interventions, mortality, systematic review, meta-analysis

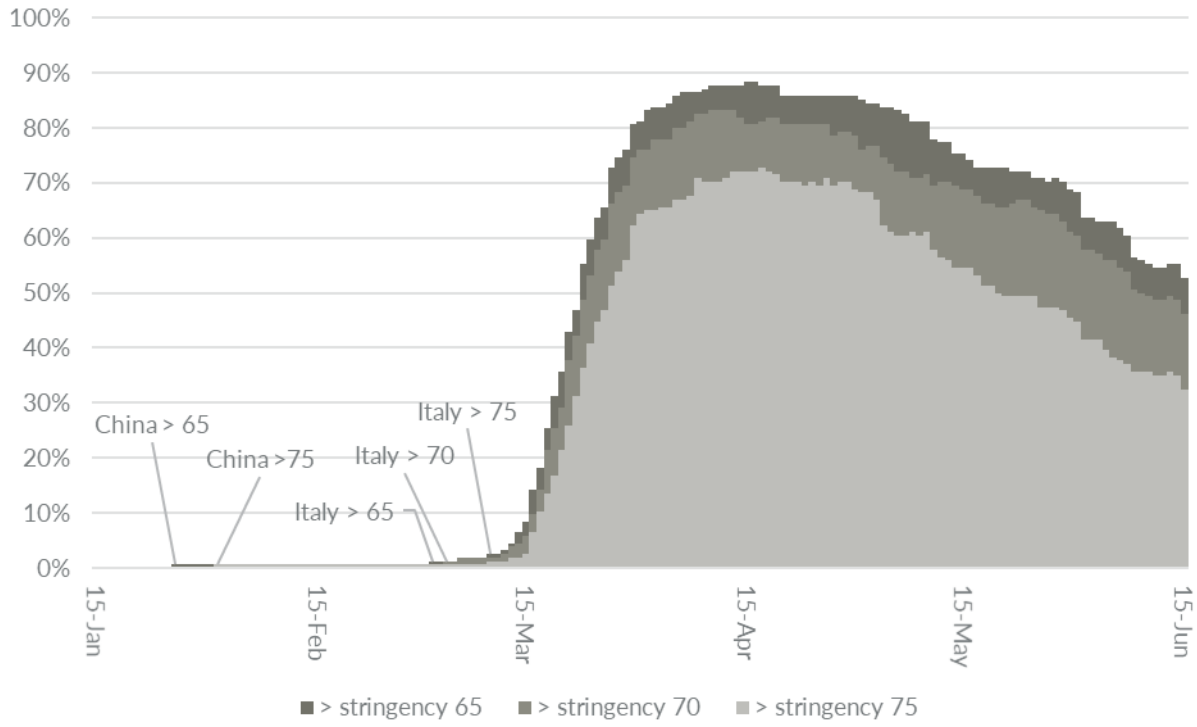
JEL Classification: I18; I38; D19

1 Introduction

The global policy reaction to the COVID-19 pandemic is evident. Compulsory non-pharmaceutical interventions (NPIs), commonly known as "lockdowns" – policies that restrict internal movement, close schools and businesses, and ban international travel – have been mandated in one form or another in almost every country.

The first NPIs were implemented in China. From there, the pandemic and NPIs spread first to Italy and later to virtually all other countries, see Figure 1. Of the 186 countries covered by the Oxford COVID-19 Government Response Tracker (OxCGRT), only Comoros, an island country in the Indian Ocean, did not impose at least one NPI before the end of March 2020.

Figure 1: Share of countries with OxCGRT stringency index above thresholds, January - June 2020



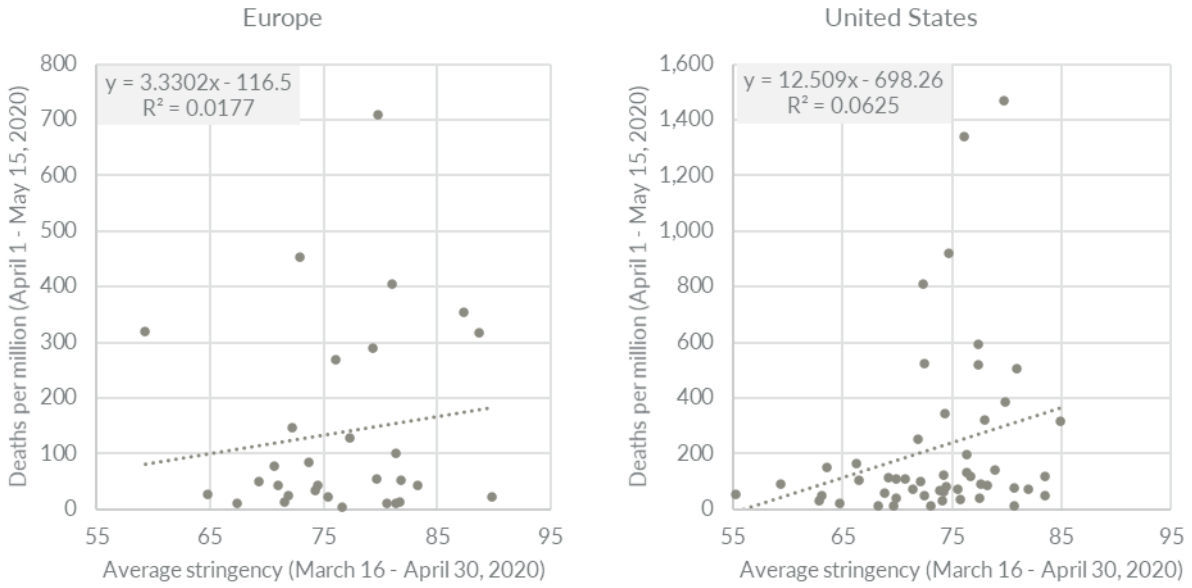
Comment: The figure shows the share of countries, where the OxCGRT stringency index on a given date surpassed index 65, 70 and 75 respectively. Only countries with more than one million citizens are included (153 countries in total). The OxCGRT stringency index records the strictness of NPI policies that restrict people's behavior. It is calculated using all ordinal containment and closure policy indicators (i.e., the degree of school and business closures, etc.), plus an indicator recording public information campaigns.
Source: Our World in Data.

Early epidemiological studies predicted large effects of NPIs. An often cited model simulation study by researchers at the Imperial College London (Ferguson et al. (2020)) predicted that a

suppression strategy based on a lockdown would reduce COVID-19 mortality by up to 98%.[1] These predictions were questioned by many scholars. Our early interest in the subject was spurred by two studies. First, Atkeson et al. (2020) showed that "across all countries and U.S. states that we study, the growth rates of daily deaths from COVID-19 fell from a wide range of initially high levels to levels close to zero within 20-30 days after each region experienced 25 cumulative deaths." Second, Sebhatu et al. (2020) showed that "government policies are strongly driven by the policies initiated in other countries," and less by the specific COVID-19-situation of the country.

A third factor that motivated our research was the fact that there was no clear negative correlation between the degree of lockdown and fatalities in the spring of 2020 (see Figure 2). Given the large effects predicted by simulation studies such as Ferguson et al. (2020), we would have expected to at least observe a simple negative correlation between COVID-19 mortality and the degree to which lockdowns were imposed.[2]

Figure 2: Correlation between stringency index and COVID-19 mortality in European countries and U.S. states during the first wave in 2020



Source: Our World in Data

[1] With R0 = 2.4 and trigger on 60, the number of COVID-19-deaths in Great Britain could be reduced to 8,700 deaths from 510,000 deaths (-98%) with a policy consisting of case isolation + home quarantine + social distancing + school/university closure, cf. Table 4 in Ferguson et al. (2020). R0 (the basic reproduction rate) is the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.

[2] In addition, the interest in this issue was sparked by the work Jonung did on the expected economic effects of the SARS pandemic in Europe in 2006 (Jonung and Röger, 2006). In this model-based study calibrated from Spanish flu data, Jonung and Röger concluded that the economic effects of a severe pandemic would be rather limited—a sharp contrast to the huge economic effects associated with lockdowns during the COVID-19 pandemic.

Today, it remains an open question as to whether lockdowns have had a large, significant effect on COVID-19 mortality. We address this question by evaluating the current academic literature on the relationship between lockdowns and COVID-19 mortality rates.[3] We use "NPI" to describe *any government mandate which directly restrict peoples' possibilities*. Our definition does *not* include governmental recommendations, governmental information campaigns, access to mass testing, voluntary social distancing, etc., but *do* include mandated interventions such as closing schools or businesses, mandated face masks etc. We define *lockdown* as any policy consisting of at least one NPI as described above.[4]

Compared to other reviews such as Herby (2021) and Allen (2021), the main difference in this meta-analysis is that we carry out a systematic and comprehensive search strategy to identify all papers potentially relevant to answer the question we pose. We identify 34 eligible empirical studies that estimate the effect of mandatory lockdowns on COVID-19 mortality using a counterfactual difference-in-difference approach. We present our results in such a way that they can be systematically assessed, replicated, and used to derive overall meta-conclusions.[5]

2 Identification process: Search strategy and eligibility criteria

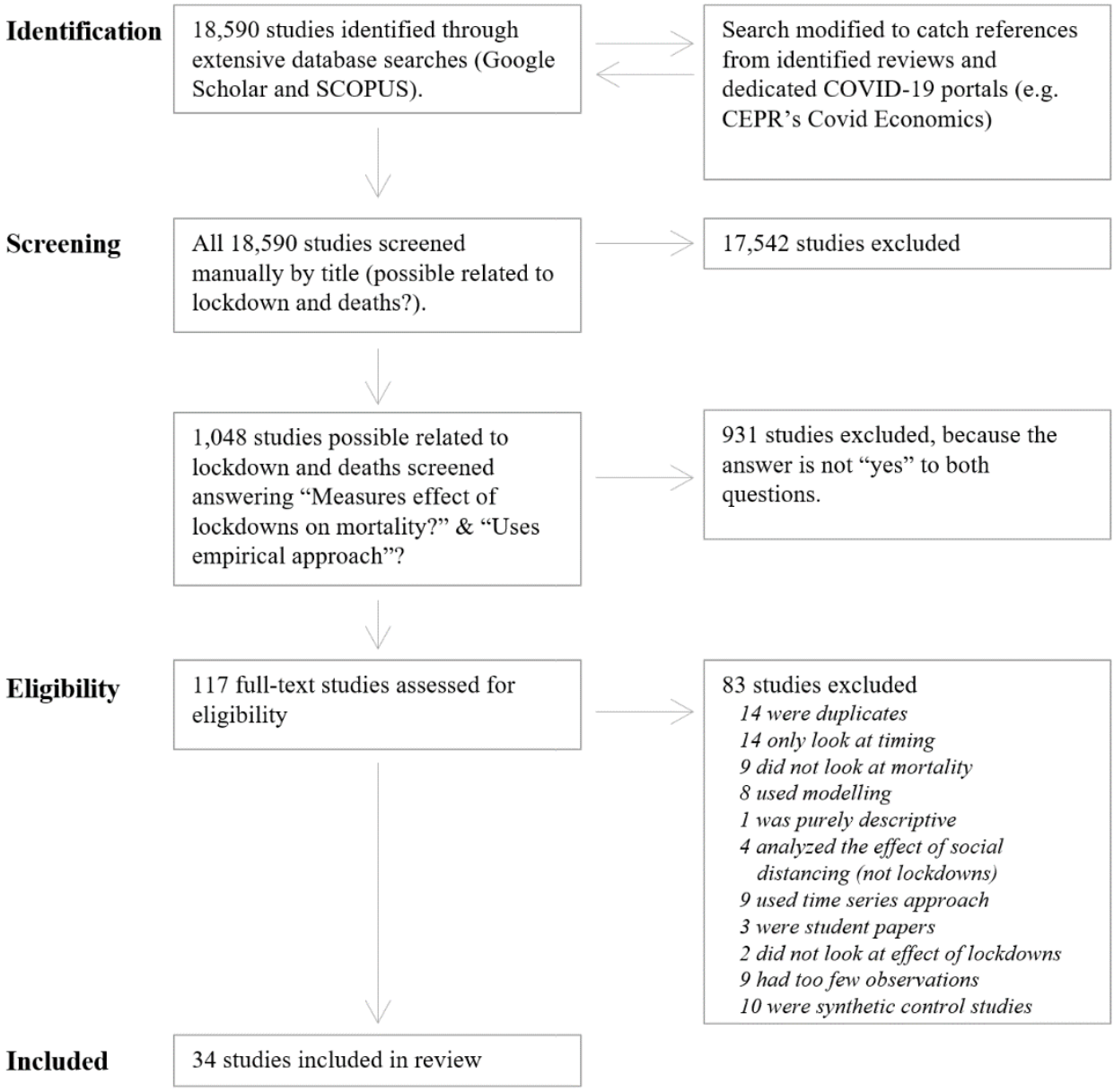
Figure 3 shows an overview of our identification process using a flow diagram designed according to PRISMA guidelines (Moher et al. (2009). Of 18,590 studies identified during our database searches, 1,048 remained after a title-based screening. Then, 931 studies were excluded, because they either did not measure the effect of lockdowns on mortality or did not use an empirical approach. This left 117 studies that were read and inspected. After a more thorough assessment, 83 of the 117 were excluded, leaving 34 studies eligible for our meta-analysis. A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8.

[3] We use "mortality" and "mortality rates" interchangeably to mean COVID-19 deaths per population.

[4] For example, we will say that Country A introduced the *non-pharmaceutical interventions* school closures and shelter-in-place-orders as part of the country's *lockdown.*

[5] An interesting question is, "What damage lockdowns do to the economy, personal freedom and rights, and public health in general?" Although this question is important, it requires a full cost-benefit study, which is beyond the scope of this study.

Figure 3: PRISMA flow diagram for the selection of studies.



Below we present our search strategy and eligibility criteria, which follow the PRISMA guidelines and are specified in detail in our protocol Herby et al. (2021).

2.1 Search strategy

The studies we reviewed were identified by scanning *Google Scholar* and *SCOPUS* for English-language studies. We used a wide range of search terms which are combinations of three search strings: a disease search string ("covid," "corona," "coronavirus," "sars-cov-2"), a government

response search string[6], and a methodology search string[7]. We identified papers based on 1,360 search terms. We also required mentions of "deaths," "death," and/or "mortality." The search terms were continuously updated (by adding relevant terms) to fit this criterion.[8]

We also included all papers published in *Covid Economics*. Our search was performed between July 1 and July 5, 2021 and resulted in 18,590 unique studies.[9] All studies identified using SCOPUS and Covid Economics were also found using Google Scholar. This made us comfortable that including other sources such as VOXeu and SSRN would not change the result. Indeed, many papers found using Google Scholar were from these sources.

All 18,590 studies were first screened based on the title. Studies clearly not related to our research question were deemed irrelevant.[10]

After screening based on the title, 1,048 papers remained. These papers were manually screened by answering two questions:

1. Does the study measure the effect of lockdowns on mortality?
2. Does the study use an empirical *ex post* difference-in-difference approach (see eligibility criteria below)?

Studies to which we could not answer "yes" to both questions were excluded. When in doubt, we made the assessment based on reading the full paper, and in some cases, we consulted with colleagues.[11]

After the manual screening, 117 studies were retrieved for a full, detailed review. These studies were carefully examined, and metadata and empirical results were stored in an Excel

---

[6] The government response search string used was: "non-pharmaceutical," "nonpharmaceutical," "NPI," "NPIs," "lockdown," "social distancing orders," "statewide interventions," "distancing interventions," "circuit breaker," "containment measures," "contact restrictions," "social distancing measures," "public health policies," "mobility restrictions," "covid-19 policies," "corona policies," "policy measures."

[7] The methodology search string used was: ("fixed effects," "panel data," "difference-in-difference," "diff-in-diff," "synthetic control," "counterfactual" , "counter factual," "cross country," "cross state," "cross county," "cross region," "cross regional," "cross municipality," "country level," "state level," "county level," "region level," "regional level," "municipality level," "event study."

[8] If a potentially relevant paper from one of the 13 reviews (see eligibility criteria) did not show up in our search, we added relevant words to our search strings and ran the search again. The 13 reviews were: Allen (2021); Brodeur et al. (2021); Gupta et al. (2020); Herby (2021); Johanna et al. (2020); Nussbaumer-Streit et al. (2020); Patel et al. (2020); Perra (2020); Poeschl and Larsen (2021); Pozo-Martin et al. (2020); Rezapour et al. (2021); Robinson (2021); Zhang et al. (2021).

[9] SCOPUS was continuously monitored between July 5th and publication using a search agent. Although the search agent returned several hits during this period, only one of them, An et al. (2021), was eligible according to our eligibility criteria. The study is not included in our review, but the conclusions are in line with our conclusions, as An et al. (2021) conclude that "The analysis shows that the mask mandate is consistently associated with lower infection rates in the short term, and its early adoption boosts the long-term efficacy. By contrast, the other five policy instruments— domestic lockdowns, international travel bans, mass gathering bans, and restaurant and school closures—show weaker efficacy."

[10] This included studies with titles such as "COVID-19 outbreak and air pollution in Iran: A panel VAR analysis" and "Dynamic Structural Impact of the COVID-19 Outbreak on the Stock Market and the Exchange Rate: A Cross-country Analysis Among BRICS Nations."

[11] Professor Christian Bjørnskov of University of Aarhus was particularly helpful in this process.

spreadsheet. All studies were assessed by at least two researchers. During this process, another 64 papers were excluded because they did not meet our eligibility criteria. Furthermore, nine studies with too little jurisdictional variance (< 10 observations) were excluded,[12] and 10 synthetic control studies were excluded.[13] A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8. Below we explain why these studies are excluded.

2.2 Eligibility criteria

Focus on mortality and lockdowns

We only include studies that attempt to establish a relationship (or lack thereof) between lockdown policies and COVID-19 mortality or excess mortality. We exclude studies that use cases, hospitalizations, or other measures.[14]

Counterfactual difference-in-difference approach

We distinguish between two methods used to establish a relationship (or lack thereof) between mortality rates and lockdown policies. The first uses registered cross-sectional mortality data. These are *ex post* studies. The second method uses simulated data on mortality and infection rates.[15] These are *ex ante* studies.

We include all studies using a counterfactual difference-in-difference approach from the former group but disregard all *ex ante* studies, as the results from these studies are determined by model assumptions and calibrations.

Our limitation to studies using a "counterfactual difference-in-difference approach" means that we exclude all studies where the counterfactual is based on forecasting (such as a SIR-model) rather than derived from a difference-in-difference approach. This excludes studies like Duchemin et al. (2020) and Matzinger and Skinner (2020). We also exclude all studies based on interrupted time series designs that simply compare the situation before and after lockdown, as

[12] The excluded studies with too few observations were: Alemán et al. (2020), Berardi et al. (2020), Conyon et al. (2020a), Coccia (2021), Gordon et al. (2020), Juranek and Zoutman (2021), Kapoor and Ravi (2020), Umer and Khan (2020), and Wu and Wu (2020).

[13] The excluded synthetic control studies were: Conyon and Thomsen (2021), Dave et al. (2020), Ghosh et al. (2020), Born et al. (2021), Reinbold (2021), Cho (2020), Friedson et al. (2021), Neidhöfer and Neidhöfer (2020), Cerqueti et al. (2021), and Mader and Rüttenauer (2021).

[14] Analyses based on cases may pose major problems, as testing strategies for COVID-19 infections vary enormously across countries (and even over time within a given country). In consequence, cross-country comparisons of cases are, at best, problematic. Although these problems exist with death tolls as well, they are far more limited. Also, while cases and death tolls are correlated, there may be adverse effects of lockdowns that are not captured by the number of cases. For example, an infected person who is isolated at home with family under a SIPO may infect family members with a higher viral load causing more severe illness. So even if a SIPO reduces the number of cases, it may theoretically increase the number of COVID-19-deaths. Adverse effects like this may explain why studies like Chernozhukov et al. (2021) finds that SIPO reduces the number of cases but have no significant effect on the number of COVID-19-deaths. Finally, mortality is hierarchically the most important outcome, cf. GRADEpro (2013)

[15] These simulations are often made in variants of the SIR-model, which can simulate the progress of a pandemic in a population consisting of people in different states (Susceptible, Infectious, or Recovered) with equations describing the process between these states.

the effect of lockdowns in these studies might contain time-dependent shifts, such as seasonality. This excludes studies like Bakolis et al. (2021) and Siedner et al. (2020).

Given our criteria, we exclude the much-cited paper by Flaxman et al. (2020), which claimed that lockdowns saved three million lives in Europe. Flaxman et al. assume that the pandemic would follow an epidemiological curve unless countries locked down. However, this assumption means that the only interpretation possible for the empirical results is that lockdowns are the only thing that matters, even if other factors like season, behavior etc. caused the observed change in the reproduction rate, Rt. Flaxman et al. are aware of this and state that "our parametric form of R_t assumes that changes in Rt are an immediate response to interventions rather than gradual changes in behavior." Flaxman et al. illustrate how problematic it is to force data to fit a certain model if you want to infer the effect of lockdowns on COVID-19 mortality.[16]

The counterfactual difference-in-difference studies in this review generally exploit variation across countries, U.S. states, or other geographical jurisdictions to infer the effect of lockdowns on COVID-19 fatalities. Preferably, the effect of lockdowns should be tested using randomized control trials, natural experiments, or the like. However, there are very few studies of this type.[17]

Synthetic control studies

The synthetic control method is a statistical method used to evaluate the effect of an intervention in comparative case studies. It involves the construction of a synthetic control which functions as the counter factual and is constructed as an (optimal) weighted combination of a pool of donors. For example, Born et al. (2021) create a synthetic control for Sweden which consists of 30.0% Denmark, 25.3% Finland, 25.8% Netherlands, 15.0% Norway, and 3.9% Sweden. The effect of the intervention is derived by comparing the actual developments to those contained in the synthetic control.

We exclude synthetic control studies because of their inherent empirical problems as discussed by Bjørnskov (2021b). He finds that the synthetic control version of Sweden in Born et al. (2021) deviates substantially from "actual Sweden," when looking at the period before mid-March 2020, when Sweden decided not to lock down. Bjørnskov estimates that *actual Sweden* experienced

[16] Several scholars have criticized Flaxman et al. (2020), e.g. see Homburg and Kuhbandner (2020), Lewis (2020), and Lemoine (2020).

[17] Kepp and Bjørnskov (2021) is one such study. They use evidence from a quasi-natural experiment in the Danish region of Northern Jutland. After the discovery of mutations of Sars-CoV-2 in mink – a major Danish export – seven of the 11 municipalities of the region went into extreme lockdown in early November, while the four other municipalities retained the moderate restrictions of the remaining country. Their analysis shows that while infection levels decreased, they did so before lockdown was in effect, and infection numbers also decreased in neighbor municipalities without mandates. They conclude that efficient infection surveillance and voluntary compliance make full lockdowns unnecessary, at least in some circumstances. Kepp and Bjørnskov (2021) is not included in our review, because they focus on cases and not COVID-19 mortality. Dave et al. (2020) is another such study. They see the Wisconsin Supreme Court abolishment of Wisconsin's "Safer at Home" order (a SIPO) as a natural experiment and find that "the repeal of the state SIPO impacted social distancing, COVID-19 cases, or COVID-19-related mortality during the fortnight following enactment." Dave et al. (2020) is not included in our review, because they use a synthetic control method.

approximately 500 fewer deaths the first 11 weeks of 2020 and 4,500 fewer deaths in 2019 compared to *synthetic Sweden*.

This problem is inherent in all synthetic control studies of COVID-19, Bjørnskov argues, because the synthetic control should be fitted based on a long period of time before the intervention or the event one is studying the consequences of – i.e., the lockdown Abadie (2021). However, this is not possible for the coronavirus pandemic, as there clearly *is* no long period with coronavirus before the lockdown. Hence, the synthetic control study approach is *by design* not appropriate for studying the effect of lockdowns.

Jurisdictional variance - few observations

We exclude all interrupted time series studies which simply compare mortality rates before and after lockdowns. Simply comparing data from before and after the imposition of lockdowns could be the result of time-dependent variations, such as seasonal effects. For the same reason, we also exclude studies with little jurisdictional variance.[18] For example, we exclude Conyon et al. (2020b) who "exploit policy variation between Denmark and Norway on the one hand and Sweden on the other" and, thus, only have one jurisdictional area in the control group. Although this *is* a difference-in-difference approach, there is a non-negligible risk that differences are caused by much more than just differences in lockdowns. Another example is Wu and Wu (2020), who use all U.S. states, but pool groups of states so they end with basically three observations. None of the excluded studies cover more than 10 jurisdictional areas.[19] One study is a special case of the jurisdictional variance criteria (Auger et al. (2020). Those researchers analyze the effect of school closures in U.S. states and find that those closures reduce mortality by 35%. However, all 50 states closed schools between March 13, 2020, and March 23, 2020, which means that all difference-in-difference is based on maximum 10 days. Given the long lag between infection and death, there is a risk that Auger et al.'s approach is an interrupted time series analysis where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include this study, as it is eligible under our protocol Herby et al. (2021).

Publication status and date

We include all *ex post* studies regardless of publication status and date. That is, we cover both working papers and papers published in journals. We include the early papers because the knowledge of the COVID-19-pandemic grew rapidly in the beginning, making later papers able to stand on the shoulders of previous work. Also, in the early days of COVID-19, speed was

[18] A jurisdictional area can be countries, U.S. states, or counties. With "jurisdictional variance" we refer to variation in mandates across jurisdictional areas.

[19] All studies excluded on this criterion are listed in footnote 12.

crucial which may have affected the quality of the papers. Including them makes it possible to compare the results of early studies to studies carried out at a later stage.[20]

The role of optimal timing

We exclude papers which analyze the effect of early lockdowns in contrast to later lockdowns. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, at least two problems arise with respect to evaluating the effect of well-timed lockdowns.

First, when COVID-19 hit Europe and the United States, it was virtually impossible to determine the right timing. The World Health Organization declared the outbreak a pandemic on March 11, 2020, but at that date, Italy had already registered 13.7 COVID-19 deaths per million. On March 29, 2020, 18 days after the WHO declared the outbreak a pandemic and the earliest a lockdown response to the WHO's announcement could potentially have an effect, the mortality rate in Italy was a staggering 178 COVID-19 deaths per million with an additional 13 per million dying each day.[21]

Secondly, it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns when looking at timing because people and politicians are likely to react to the same information. As Figure 4 illustrates, all European countries and U.S. states that were hit hard and early by COVID-19 experienced high mortality rates, whereas all countries hit relatively late experienced low mortality rates. Björk et al. (2021) illustrate the difficulties in analyzing the effect of timing. They find that a 10-stringency-points-stricter lockdown would reduce COVID-19 mortality by a total of 200 deaths per million[22] if done in week 11, 2020, but would only have approximately 1/3 of the effect if implemented one week earlier or later and no effect if implemented three weeks earlier or later. One interpretation of this result is that lockdowns do not work if people either find them unnecessary and fail to obey the mandates or if people voluntarily lock themselves down. This is the argument Allen (2021) uses for the ineffectiveness of the lockdowns he identifies. If this interpretation is true, what Björk et al. (2021) find is that information and signaling is far more important than the strictness of the lockdown. There may be other interpretations, but the point is that studies focusing on timing cannot differentiate between these interpretations. However, if lockdowns have a notable effect, we should see this effect regardless of the timing, and we should identify this effect more correctly by excluding studies that exclusively analyze timing.

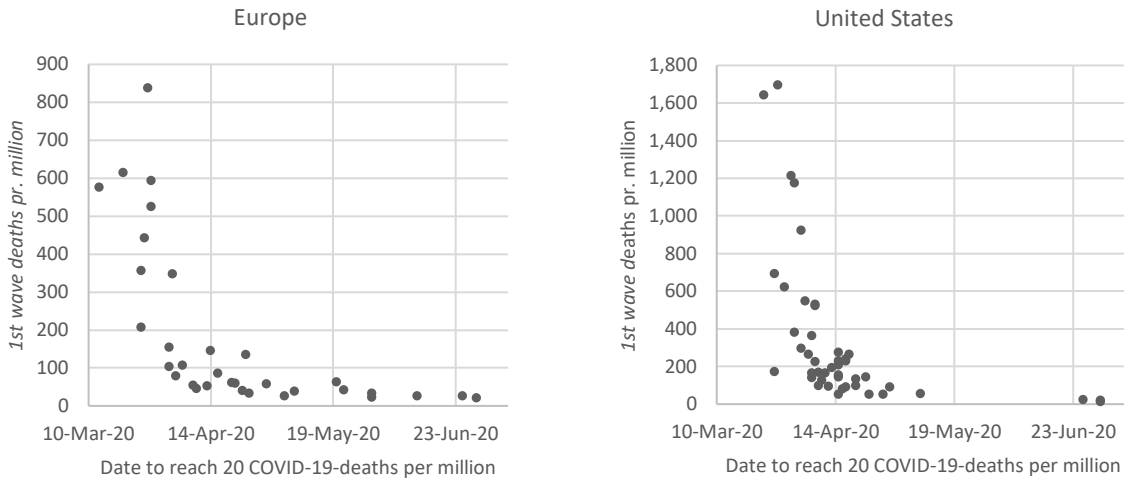
---

[20] We also intended to exclude studies which were primarily based on data from 2021 (as these studies would be heavily affected by vaccines) and studies that did not cover at least one EU-country, the United States, one U.S. U.S. state or Latin America, and where at least one country/state was not an island. However, we did not find any such studies.

[21] There's approximately a two-to-four-week gap between infection and deaths. See footnote 29.

[22] They estimate that 10-point higher stringency will reduce excess mortality by 20 "per week and million" in the 10 weeks from week 14 to week 23.

Figure 4: **Taken by surprise. The importance of having time to prepare**



Comment: The figure shows the relationship between early pandemic strength and total 1st wave of COVID-19 death toll. On the X-axis is "Days to reach 20 COVID-19-deaths per million (measured from February 15, 2020)." The Y-axis shows mortality (deaths per million) by June 30, 2020.
Source: Reported COVID-19 deaths and OxCGRT stringency for European countries and U.S. states with more than one million citizens. Data from Our World in Data.

We are aware of one meta-analysis by Stephens et al. (2020), which looks into the importance of timing. The authors find 22 studies that look at policy and timing with respect to mortality rates, however, only four were multi-country, multi-policy studies, which could possibly account for the problems described above. Stephens et al. conclude that "the timing of policy interventions across countries relative to the first Wuhan case, first national disease case, or first national death, is not found to be correlated with mortality." (See Appendix A for further discussion of the role of timing.)

3 The empirical evidence

In this section we present the empirical evidence found through our identification process. We describe the studies and their results, but also comment on the methodology and possible identification problems or biases.

3.1 Preliminary considerations

Before we turn to the eligible studies, we present some considerations that we adopted when interpreting the empirical evidence.

Empirical interpretation

While the policy conclusions contained in some studies are based on statistically significant results, many of these conclusions are ill-founded due to the tiny impact associated with said statistically significant results. For example, Ashraf (2020) states that "social distancing

measures has proved effective in controlling the spread of [a] highly contagious virus." However, their estimates show that the average lockdown in Europe and the U.S only reduced COVID-19 mortality by 2.4%.[23] Another example is Chisadza et al. (2021). The authors argue that "less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities." Their conclusion is based on a negative estimate for the squared term of *stringency* which results in a total negative effect on mortality rates (i.e. fewer deaths) for stringency values larger than 124. However, the stringency index is limited to values between 0 and 100 by design, so the conclusion is clearly incorrect. To avoid any such biases, we base our interpretations solely on the empirical estimates and not on the authors' own interpretation of their results.

Handling multiple models, specifications, and uncertainties

Several studies adopt a number of models to understand the effect of lockdowns. For example, Bjørnskov (2021a) estimates the effect after one, two, three, and four weeks of lockdowns. For these studies, we select the longest time horizon analyzed to obtain the estimate closest to the long-term effect of lockdowns.

Several studies also use multiple specifications including and excluding potentially relevant variables. For these studies, we choose the model which the authors regard as their main specification. Finally, some studies have multiple models which the authors regard as equally important. One interesting example is Chernozhukov et al. (2021), who estimate two models with and without national case numbers as a variable. They show that including this variable in their model alters the results substantially. The explanation could be that people responded to national conditions. For these studies, we present both estimates in Table 1, but – following Doucouliagos and Paldam (2008) – we use an average of the estimates in our meta-analysis in order to not give more weight to a study with multiple models relative to studies with just one principal model.

For studies looking at different classes of countries (e.g. rich and poor), we report both estimates in Table 1 but use the estimate for rich Western countries in our meta-analysis, where we derive common estimates for Europe and the United States.

Effects are measured "relative to Sweden in the spring of 2020"

Virtually all countries in the world implemented mandated NPIs in response to the COVID-19 pandemic. Hence, most estimates are relative to "doing the least," which in many Western countries means relative to doing as Sweden has done, especially during the first wave, when Sweden, do to constitutional constraints, implemented very few restrictions compared to other western countries (Jonung and Hanke 2020). However, some studies *do* compare the effect of doing something to the effect of doing absolutely nothing (e.g. Bonardi et al. (2020)).

The consequence is that some estimates are relative to "doing the least" while others are relative to "doing nothing." This may lead to biases if "doing the least" works as a signal (or warning)

[23] We describe how we arrive at the 2.4% in Section 4.

which alters the behavior of the public. For example, Gupta et al. (2020) find a large effect of emergency declarations, which they argue "are best viewed as an information instrument that signals to the population that the public health situation is serious and they act accordingly," on social distancing but not of other policies such as SIPOs (shelter-in-place orders). Thus, if we compare a country issuing a SIPO to a country doing nothing, we may overestimate the effect of a SIPO, because it is the sum of the signal *and* the SIPO. Instead, we should compare the country issuing the SIPO to a country "doing the least" to estimate the *marginal* effect of the SIPO.

To take an example, Bonardi et al. (2020) find relatively large effects of doing *something* but no effect of doing *more*. They find no extra effect of stricter lockdowns relative to less strict lockdowns and state that "our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus." Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is "doing nothing" can affect the magnitude of the estimated impacts. There is no obvious right way to resolve this issue, but since estimates in most studies are relative to doing less, we report results as compared to "doing less" when available. Hence, for Bonardi et al. we state that the effect of lockdowns is zero (compared to Sweden's "doing the least").

3.2 Overview of the findings of eligible studies

Table 1 covers the 34 studies eligible for our review.[24] Out of these 34 studies, 22 were peer-reviewed and 12 were working papers. The studies analyze lockdowns during the first wave. Most of the studies (29) use data collected before September 1st, 2020 and 10 use data collected before May 1st, 2020. Only one study uses data from 2021. All studies are cross-sectional, ranging across jurisdictions. Geographically, 14 studies cover countries worldwide, four cover European countries, 13 cover the United States, two cover Europe and the United States, and one covers regions in Italy. Seven studies analyze the effect of SIPOs, 10 analyze the effect of stricter lockdowns (measured by the OxCGRT stringency index), 16 studies analyze specific NIP's independently, and one study analyzes other measures (length of lockdown).

Several studies find no statistically significant effect of lockdowns on mortality. For example, this includes Bjørnskov (2021a) and Stockenhuber (2020) who find no significant effect of stricter lockdowns (higher OxCGRT stringency index), Sears et al. (2020) and Dave et al. (2021), who find no significant effect of SIPOs, and Chaudhry et al. (2020), Aparicio and Grossbard (2021) and Guo et al. (2021) who find no significant effect of any of the analyzed NIP's, including business closures, school closures and border closures.

Other studies find a significant negative relationship between lockdowns and mortality. Fowler et al. (2021 find that SIPOs reduce COVID-19 mortality by 35%, while Chernozhukov et al.

[24] The following information can be found for each study in Table 2.

(2021) find that employee mask mandates reduces mortality by 34% and closing businesses and bars reduces mortality by 29%.

Some studies find a significant positive relationship between lockdowns and mortality. This includes Chisadza et al. (2021), who find that stricter lockdowns (higher OxCGRT stringency index) increases COVID-19 mortality by 0.01 deaths/million per stringency point and Berry et al. (2021), who find that SIPOs increase COVID-19 mortality by 1% after 14 days.

Most studies use the number of official COVID-19 deaths as the dependent variable. Only one study, Bjørnskov (2021a), looks at total excess mortality which – although is not perfect – we perceive to be the best measure, as it overcomes the measurement problems related to properly reporting COVID-19 deaths.

Several studies explicitly claim that they estimate the actual causal relationship between lockdowns and COVID-19 mortality. Some studies use instrumental variables to justify the causality associated with their analysis, while others make causality probable using anecdotal evidence.[25] But, Sebhatu et al. (2020) show that government policies are strongly driven by the policies initiated in neighboring countries rather than by the severity of the pandemic in their own countries. In short, it is not the severity of the pandemic that drives the adoption of lockdowns, but rather the propensity to copy policies initiated by neighboring countries. The Sebhatu et al. conclusion throws into doubt the notion of a causal relationship between lockdowns and COVID-19 mortality.

Table 1: Summary of eligible studies

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	COVID-19 mortality	Use State-level data from the COVID-19 Tracking Project data all U.S. states, and a multivariate regression analysis to empirically investigate the impacts of the duration of shelter-in-place orders on mortality.	Find that shelter-in-place orders are - for the average duration - associated with 1% (insignificant) fewer deaths per capita.	
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	COVID-19 mortality	Their main focus is to explain the gap in COVID-19-fatalities between Europe and the United States based on COVID-deaths and other data from 85 nations/states. They include status for "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset in a country/state. None of these interventions have a significant effect on COVID-19 mortality. They also find no	Find no effect of "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset.	In the abstract the authors states that "various types of social distance measures such as school closings and lockdowns, and how soon they were implemented, help explain the U.S./EUROPE gap in cumulative deaths measured 100 days after the pandemic's onset in a state or country" although their estimates are insignificant.

[25] E.g. Dave et al. (2021) states that "estimated case reductions accelerate over time, becoming largest after 20 days following enactment of a SIPO. These findings are consistent with a causal interpretation."

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		significant effect of early cancelling of social events, school closures, shop closures, partial lockdowns and full lockdowns.		
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	COVID-19 mortality	Their main focus is on the effectiveness of policies targeted to diminish the effect of socioeconomic inequalities (economic support) on COVID-19-deaths. They use data from 80 countries worldwide and include the OxCGRT stringency as a control variable in their models. The paper finds a significant negative (fewer deaths) effect of stricter lockdowns. The effect of lockdowns is insignificant, when they include an interaction term between the socioeconomic conditions index and the economic support index in their model.	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality changes by -0.326 deaths per million (fewer deaths). The estimate is -0.073 deaths per million but insignificant, when including an interaction term between the socioeconomic conditions index and the economic support index.	
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	COVID-19 mortality	U.S. population-based observational study which uses interrupted time series analyses incorporating a lag period to allow for potential policy-associated changes to occur. To isolate the association of school closure with outcomes, state-level nonpharmaceutical interventions and attributes were included in negative binomial regression models. Models were used to derive the estimated absolute differences between schools that closed and schools that remained open. The main outcome of the study is COVID-19 daily incidence and mortality per 100000 residents.	State that they adjust for several factors (e..g percentage of state's population aged 15 years and 65 years, CDC's social vulnerability index, stay-at-home or shelter-in-place order, restaurant and bar closure, testing rate per 1000 residents etc.), but does not specify how and do not present estimates.	All 50 states closed schools between March 13, 2020, and March 23, 2020. Hence, all difference-in-difference is based on maximum 10 days, and given the long lag between infection and death, there is a risk that their approach is more an interrupted time series analysis, where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include the study in our review as it - objectively speaking - lives up to the eligibility criteria specified in our protocol.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	COVID-19 mortality	The authors use U.S. county data on COVID-19 deaths from Johns Hopkin and SIPO data from the University of Washington to estimate the effect of SIPO's. They find no detectable effects of SIPO on deaths. The authors stress that their findings should not be interpreted as evidence that social distancing behaviors are not effective. Many people had already changed their behaviors before the introduction of shelter-in-place orders, and shelter-in-place orders appear to have been ineffective precisely because they did not meaningfully alter social distancing behavior.	SIPO increases the number of deaths by 0,654 per million after 14 days (see Fig. 2)	The authors conclude that "We do not find detectable effects of these policies [SIPO] on disease spread or deaths." However, this statement does not correspond to their results. In figure 2 they show that the effect on deaths is significant after 14 days. Looks at the effect 14 days after SIPO's are implemented which is a short lag given that the time between infection and deaths is at least 2-3 weeks.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Excess mortality	Uses excess mortality and OxCGRT stringency from 24 European countries to estimate the effect of lockdown on the number of deaths one, two, three and four weeks later. Finds no effect (negative but insignificant) of (stricter) lockdowns. The author's specification using instrument variables yields similar results.	A stricter lockdown (OxCGRT stringency) does not have a significant effect on excess mortality.	Finds a positive (more deaths) effect after one and two weeks, which could indicate that other factors (omitted variables) affect the results.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	COVID-19 mortality	Use data for deaths and NPIs from Hale et al. (2020) covering 158 countries between January and August 2020 to evaluate the effect of eight different NPIs (stay at home, bans on gatherings, bans on public	When using the naïve dummy variable approach, all parameters are statistically	Run the same model four times for each of the different NPIs (stay at home-orders, ban on meetings, ban on public events and mobility restrictions). These NPIs were often introduced almost simultaneously so there is a high risk of

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		events, closing schools, lockdowns of workplaces, interruption of public transportation services, and international border closures. They address the possible endogeneity of the NPIs by using instrumental variables.	insignificant. On the contrary, estimates using the instrumental variable approach indicate that NPIs are effective in reducing the growth rate in the daily number of deaths 14 days later.	multicollinearity with each run capturing the same underlying effect. Indeed, the size and standard errors of the estimates are worryingly similar. Looks at the effect 14 days after NPIs are implemented which is a fairly short lag given the time between infection and deaths is 2-3 weeks, cf. e.g. Flaxman et al. (2020), which according to Bjørnskov (2020) appears to be the minimum typical time from infection to death).
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Growth rates	Use NPI data scraped from news headlines from LexisNexis and death data from Johns Hopkins University up to April 1st 2020 in a panel structure with 184 countries. Controls for country fixed effects, day fixed effects and within-country evolution of the disease.	Find that certain interventions (SIPO, regional lockdown and partial lockdown) work (in developed countries), but that stricter interventions (SIPO) do not have a larger effect than less strict interventions (e.g. restrictions on gatherings). Find no effect of border closures.	Find a positive (more deaths) effect on day 1 after lockdown which may indicate that their results are driven by other factors (omitted variables). We rely on their publicly available version submitted to CEPR Covid Economics, but estimates on the effect of deaths can be found in Supplementary material, which is available in an updated version hosted on the Danish Broadcasting Corporation's webpage: https://www.dr.dk/static/documents/2021/03/04/managing_pandemics_e3911c11.pdf
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	COVID-19 mortality	Uses variation in exposure to closed sectors (e.g. tourism) in municipalities within Italy to estimate the effect of business closures. Assuming that municipalities with different exposures to closed sectors are not inherently different, they find that municipalities with higher exposure to closed sectors experienced subsequently lower mortality rates.	Business shutdown saved 9,439 Italian lives by April 13th 2020. This corresponds to a reduction of deaths by 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.	They (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different. This assumption could be problematic, as more touristed municipalities can be very different from e.g. more industrialized municipalities.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	COVID-19 mortality	Uses information on COVID-19 related national policies and health outcomes from the top 50 countries ranked by number of cases. Finds no significant effect of any NPI on the number of COVID-19-deaths.	Finds no significant effect on mortality of any of the analyzed interventions (partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews).	
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Growth rates	Uses COVID-deaths from the New York Times and Johns Hopkins and data for U.S. States from Raifman et al. (2020) to estimate the effect of SIPO, closed nonessential businesses, closed K-12 schools, closed restaurants except takeout, closed movie theaters, and face mask mandates for employees in public facing businesses.	Finds that mandatory masks for employees and closing K-12 schools reduces deaths. SIPO and closing business (average of closed businesses, restaurants and movie theaters) has no statistically significant effect. The effect of school closures is highly sensitive to the	States that ”our regression specification for case and death growths is explicitly guided by a SIR model although our causal approach does not hinge on the validity of a SIR model.” We are uncertain if this means that data are managed to fit an SIR-model (and thus should fail our eligibility criteria).

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			inclusion of national case and death data.	
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 144 countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant positive (more deaths) non-linear association between government response indices and the number of deaths.	An increase by 1 on "stringency index" increases the number of deaths by 0.0130 per million. The sign of the squared term is negative, but the combined non-linear estimate is positive (increases deaths) and larger than the linear estimate for all values of the OxCGRT stringency index.	The author states that "less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities." However, according to their estimates this is not correct, as the combined non-linear estimate cannot be negative for relevant values of the OxCGRT stringency index (0 to 100).
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	COVID-19 mortality	Uses smartphone location tracking and state data on COVID-19 deaths and SIPO data (supplemented by their own searches) collected by the New York Times to estimate the effect of SIPO's. Finds that SIPO was associated with a 9%–10% increase in the rate at which state residents remained in their homes full-time, but overall they do not find an significant effect on mortality after 20+ days (see Figure 4). Indicate that the lacking significance may be due to long term estimates being identified of a few early adopting states.	Finds no overall significant effect of SIPO on deaths but does find a negative effect (fewer deaths) in early adopting states.	Find large effects of SIPO on deaths after 6-14 days in early adopting states (see Table 8), which is before an SIPO-related effect would be seen. This could indicate that other factors rather than SIPO's drive the results.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	COVID-19 mortality	Uses daily deaths from the European Centre for Disease Prevention and Control and OxCGRT stringency from 32 countries worldwide (including U.S.) to estimates the effect of lockdown on the number of deaths.	Finds that the greater the strength of government interventions at an early stage, the more effective these are in slowing down or reversing the growth rate of deaths.	Focus is on the effect of early stage NPIs and thus does not absolutely live up to our eligibility criteria. However, we include the study as it differentiates between lockdown strength at an early stage.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	COVID-19 mortality	Uses data from 127 countries. combining high-frequency measures of mobility data from Google's daily mobility reports, country-date-level information on the stringency of restrictions in response to the pandemic from Oxford's Coronavirus Government Response Tracker (OxCGRT), and daily data on deaths attributed to COVID-19 from Our World In Data and the Johns Hopkins University. Instrument stringency using day-to-day changes in the stringency of the restrictions in the rest of the world.	Find large causal effects of stricter restrictions on the weekly growth rate of recorded deaths attributed to COVID-19. Show that more stringent interventions help more in richer, more educated, more democratic, and less corrupt countries with older, healthier populations and more effective governments.	Finds a larger effect on deaths after 0 days than after 14 and 21 days (Table 3). This is surprising given that it takes 2-3 weeks from infection to death, and it may indicate that their results are driven by other factors.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	COVID-19 mortality	Uses U.S. county data on COVID-19 deaths and SIPO data collected by the New York Times to estimate the effect of SIPO's using a two-way fixed-effects difference-in-differences model. Find a large and early (after few days) effect of SIPO on COVID-19 related deaths.	Stay-at-home orders are also associated with a 59.8 percent (18.3 to 80.2) average reduction in weekly fatalities after three weeks. These results suggest that stay-at-home orders	Finds the largest effect of SIPO on deaths after 10 days (see Figure 4), before a SIPO-related effect could possibly be seen as it takes 2-3 weeks from infection to death. This could indicate that other factors drive their results.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			might have reduced confirmed cases by 390,000 (170,000 to 680,000) and fatalities by 41,000 (27,000 to 59,000) within the first three weeks in localities that implemented stay-at-home orders.	
Fuller et al. (2021); "Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency in 37 European countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant negative (fewer deaths) effect of stricter lockdowns after mortality threshold is reached (the threshold is a daily rate of 0.02 new COVID-19 deaths per 100,000 population (based on a 7-day moving average))	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000.	
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	COVID-19 mortality	Uses data for every county in the United States from March through June 1, 2020, to estimate the effect of SIPO (called "lockdown") on COVID-19 mortality. Policy data are acquired from American Red Cross reporting on emergency regulations. His control variables include county population and density, the elder share, the share in nursing homes, nine other demographic and economic characteristics and a set of regional fixed effects. Handles causality problems using instrument variables (IV).	Find no statistically significant effect of SIPO.	Gibson use the word "lockdown" as synonym for SIPO (writes "technically, government-ordered community quarantine")
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	COVID-19 mortality	Uses panel data from 152 countries with data from the onset of the pandemic until December 31, 2020. Finds that lockdowns tend to reduce the number of COVID-19 related deaths, but also that this benign impact declines over time: after four months of strict lockdown, NPIs have a significantly weaker contribution in terms of their effect in reducing COVID-19 related fatalities.	Stricter lockdowns reduce deaths for the first 60 days, whereafter the cumulative effect begins to decrease. If reintroduced after 120, the effect of lockdowns is smaller in the short run, but after 90 days the effect is almost the same as during first lockdown (only app. 10% lower).	There is little documentation in the study (e.g. no tables with estimates).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	COVID-19 mortality	Uses policy data from 1,470 executive orders from the state–government websites for all 50 states and Washington DC and COVID-19-deaths from Johns Hopkins University in a random-effect spatial error panel model to estimate the effect of nine NPIs (SIPO, strengthened SIPO, public school closure, all school closure, large-gathering ban of more than 10 people, any gathering ban, restaurant/bar limit to dining out only, nonessential business closure, and mandatory self-quarantine of travelers) on COVID-19 deaths.	Two mitigation strategies (all school closure and mandatory self-quarantine of travelers) showed positive (more deaths) impact on COVID-19-deaths per 10,000. Six mitigation strategies (SIPO, public school closure, large gathering bans (>10), any gathering ban, restaurant/bar limit to dining out only, and nonessential business	Only conclude on NPIs which reduce mortality. However, the conclusion is based on one-tailed tests, which means that all positive estimates (more deaths) are deemed insignificant. Thus, in their mortality-specification (Table 3, Proportion of Cumulative Deaths Over the Population), the estimate of all school closures (.204) and mandatory self-quarantine of travelers (0.363) is deemed insignificant based on schools CI [.029, .379] and quarantine CI [.193, .532]. We believe, these results should be interpreted as a significant increase in mortality, and that these results should have been part of their conclusion.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			closure) did not show any impact (Table 3, "Proportion of Cumulative Deaths Over the Population).	
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	COVID-19 mortality	Uses the OxCGRT stringency and COVID-19-deaths from the European Centre for Disease Prevention and Control for 170 countries. Estimates both cross-sectional models in which countries are the unit of analysis, as well as longitudinal models on time-series panel data with country-day as the unit of analysis (including models that use both time and country fixed effects).	Finds that higher stringency in the past leads to a lower growth rate in the present, with each additional point of stringency corresponding to a 0.039%-point reduction in daily deaths growth rates six weeks later.	
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	COVID-19 mortality	Uses death data from the European Centre for Disease Prevention and Control (ECDC) and NPI-data from the Institute of Health Metrics and Evaluation. Argues that they use a quasi-experimental approach to identify the effect of NPIs because no analyzed intervention was imposed by all European countries and interventions were put in place at different points in the development of the epidemics.	Finds that mass gathering restrictions and initial business closures (businesses such as entertainment venues, bars and restaurants) reduces the number of deaths, whereas closing educational facilities and issuing SIPO increases the number of deaths. Finds no effect of closing non-essential services and mandating/recommending masks (Table 3)	Finds an effect of closing educational facilities and non-essential services after 1-7 days before lockdown could possibly have an effect on the number of deaths. This may indicate that other factors are driving their results.
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	COVID-19 mortality	Estimates the effect of state-level lockdowns on COVID-19 deaths using multiple quasi-Poisson regressions with lockdown time length as the explanatory variable. Does not specify how lockdown is defined and what their data sources are.	Finds no significant effect of SIPO on the number of deaths after 2-4, 4-6 and 6+ weeks.	They write that "6+ weeks of lockdown is the only setting where the odds of dying are statistically higher than in the no lockdown case." However, all estimates are insignificant in Table C. Looks as if lockdown duration may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	COVID-19 mortality	Use COVID-19 deaths from Worldometer and info about NPIs (mask/mask recommendations, international travel restrictions and lockdowns (defined as any closure of schools or workplaces, limits on public gatherings or internal movement, or stay-at-home orders) from Hale et al. (2020) for 200 countries to estimate the effect of the duration of NPIs on the number of deaths.	Finds that masking (mask recommendations) reduces mortality. For each week that masks were recommended the increase in per-capita mortality was 8.1% (compared to 55.7% increase when masks were not recommended). Finds no significant effect of the number of weeks with internal lockdowns and international travel restrictions (Table 2).	Their "mask recommendation" category includes some countries, where masks were mandated (see Supplemental Table A1) and may (partially) capture the effect of mask mandates. Looks at duration which may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational	Other	Use data from 27 U.S. states and 12 European countries to analyze the effect of NPIs on peak morality rate using general linear mixed effects modelling.	Finds that no mandate (school closures, prohibition on mass gatherings, business closures, stay at home	

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Correlation to Mortality in the United States and Europe"			orders, severe travel restrictions, and closure of non-essential businesses) was effective in reducing the peak COVID-19 mortality rate.	
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	COVID-19 mortality	Uses county-level data for all U.S. states. Mortality is obtained from Johns Hopkins, while policy data are obtained from official governmental websites. Categorizes 12 policies into 4 levels of disease control; Level 1 (low) - State of Emergency; Level 2 (moderate) - school closures, restricting access (visits) to nursing homes, or closing restaurants and bars; Level 3 (high) - non-essential business closures, suspending non-violent arrests, suspending elective medical procedures, suspending evictions, or restricting mass gatherings of at least 10 people; and Level 4 (aggressive) - sheltering in place / stay-at-home, public mask requirements, or travel restrictions. Use stepped-wedge cluster randomized trial (SW-CRT) for clustering and negative binomial mixed model regression.	Concludes that only (duration of, see comment in next column) level 4 restrictions are associated with reduced risk of death, with an average 15% decline in the COVID-19 death rate per day. Implementation of level 3 and level 2 restrictions increased death rates in 6 of 6 regions, while longer duration increased death rates in 5 of 6 regions.	They focus on the negative estimate of duration of Level 4. However, their implementation estimate is large and positive, and the combined effect of implementation and duration is unclear.
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	COVID-19 mortality	Uses daily data for 113 countries on cumulative COVID-19 death counts over 130 days between February 15, 2020, and June 23, 2020, to examine changes in mortality growth rates across the World Bank's income group classifications following shelter-in-place recommendations or orders (they use one variable covering both recommendations and orders).	Finds that shelter-in-place recommendations/orders reduces mortality growth rates in high income countries (although insignificant) but increases growth rates in countries in other income groups.	
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	COVID-19 mortality	Uses cellular location data from all 50 states and the District of Columbia to investigate mobility patterns during the pandemic across states and time. Adding COVID-19 death tolls and the timing of SIPO for each state they estimate the effect of stay-at-home policies on COVID-19 mortality.	Find that SIPOs lower deaths by 0.13- 0.17 per 100,000 residents, equivalent to death rates 29-35% lower than in the absence of policies. However, these estimates are insignificant at a 95% confidence interval (see Table 4). The study also finds reductions in activity levels prior to mandates. Human encounter rate fell by 63 percentage points and nonessential visits by 39 percentage points relative to pre-COVID-19 levels, prior to any state implementing a statewide mandate	In the abstract the authors state that death rates would be 42-54% lower than in the absence of policies. However, this includes averted deaths due to pre-mandate social distancing behavior (p. 6). The effect of SIPO is a reduction in deaths by 29%-35% compared to a situation without SIPO but with pre-mandate social distancing. These estimates are insignificant at a 95% confidence interval.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Shiva and Molana (2021); "The Luxury of Lockdown"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 169 countries to estimate the effect of lockdown on the number of deaths 1-8 weeks later. Finds that stricter lockdowns reduce COVID-19-deaths 4 weeks later (but insignificant 8 weeks later) and have the greatest effect in high income countries. Finds no effect of workplace closures in low-income countries.	A stricter lockdown (1 stringency point) reduces deaths by 0,1% after 4 weeks. After 8 weeks the effect is insignificant.	
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	COVID-19 mortality	Use data for every county in the United States from March through December 2020 to estimate the effect of various NPIs on the COVID-19-deaths growth rate. Derives causality by 1) assuming that state regulators primarily focus on the state's most populous counties, so state regulation in smaller counties can be viewed as a quasi randomized experiment, and 2) conducting county pair analysis, where similar counties in different states (and subject to different state policies) are compared.	Finds that some interventions (e.g. mask mandates, restaurant and bar closures, gym closures, and high-risk business closures) reduces mortality growth, while other interventions (closures of low- to medium-risk businesses and personal care/spa services) did not have an effect and may even have increased the number of deaths.	In total they analyze the lockdown effect of 21 variables. 14 of 21 estimates are significant, and of these 6 are negative (reduces deaths) while 8 are positive (increases deaths). Some results are far from intuitive. E.g. mask recommendations increases deaths by 48% while mask mandates reduces deaths by 12%, and closing restaurants and bars reduces deaths by 50%, while closing bars but not restaurants only reduces deaths by 5%.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	COVID-19 mortality	Uses data for the number of COVID-19 infections and deaths and policy information for 24 countries from OxCGRT to estimate the effect of stricter lockdowns on the number of deaths using principal component analysis and a generalized linear mixed model.	Finds no significant effect of stricter lockdowns on the number of fatalities (Table 4).	Groups data on lockdown strictness into four groups and lose significant information and variation.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	COVID-19 mortality	Uses daily Covid-19 deaths for 130 countries from the European Centre for Disease Prevention and Control (ECDC) and daily policy data from the Oxford COVID-19 Government Response Tracker (OxCGRT). Looks at all levels of restrictions for each of the nine sub-categories of the OxCGRT stringency index (school, work, events, gatherings, transport, SIPO, internal movement, travel).	Of the nine sub-categories in the OxCGRT stringency index, only travel restrictions are consistently significant (with level 2 "Quarantine arrivals from high-risk regions" having the largest effect, and the strictest level 4 "Total border closure" having the smallest effect). Restrictions on very large gatherings (>1,000) has a large significant negative (fewer deaths) effect, while the effect of stricter restrictions on gatherings are insignificant. Authors recommend that the closing of schools (level 1) has a very large (in absolute terms it's twice the effect of border quarantines) positive	Their results are counter intuitive and somewhat inconclusive. Why does limiting very large gatherings (>1,000) work, while stricter limits do not? Why do recommending school closures cause more deaths? Why is the effect of border closures before 1st death insignificant, while the effect of closing borders after 1st death is significant (and large)? And why does quarantining arrivals from high-risk regions work better than total border closures? With 23 estimated parameters in total these counter intuitive and inconclusive results could be caused by multiple test bias (we correct for this in the meta-analysis), but may also be caused by other factors such as omitted variable bias.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			effect (more deaths) while stricter interventions on schools have no significant effect. Required cancelling of public events also has a significant positive (more deaths) effect. We focus on their 14-38 days results, as they catch the longest time frame (their 0-24 day model returns mostly insignificant results).	
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	COVID-19 mortality	Uses COVID-19-deaths and lockdown info from various sources from 159 countries in a cross-country event study. Controls for country specifics by including socio-economic, political, geographic, and policy information. Finds little evidence for the efficacy of NPIs.	Complete travel restrictions prior to April 2020 reduced deaths by -0.226 per 100.000 by April 1st 2021, while mandatory national lockdown prior to April 2020 increased deaths by 0.166 by April 1st 2021. Recommended local lockdowns reduced deaths but results are based on one observation. Partial travel restrictions, mandatory local lockdowns and recommended national lockdowns did not have a significant effect on deaths.	The study looks at the lockdown status prior to April 2020 and the effect on deaths the following year (until April 1st 2021). The authors state this is to reduce concerns about endogeneity but do not explain why the lockdowns in the spring of 2020 are a good instrument for lockdowns during later waves are.
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	Reproduction rate, Rt	Uses data for NPIs that were implemented and/or relaxed in U.S. states between 10 March and 15 July 2020. Using segmented linear regression, they estimate the extent to which relaxation of social distancing affected epidemic control, as indicated by the time-varying, state-specific effective reproduction number (Rt). Rt is based on death tolls.	Finds that in the 8 weeks prior to relaxing NPIs, Rt was declining, while after relaxation Rt started to increase.	Their Figure 1 shows that Rt on average increases app. 10 days before relaxation, which could indicate that other factors (omitted variables) affect the results.

Note: All comments on the significance of estimates are based on a 5% significance level unless otherwise stated.

It is difficult to make a conclusion based on the overview in Table 1. Is -0.073 to -0.326 deaths/million per stringency point, as estimated by Ashraf (2020), a large or a small effect relative to. the 98% reduction in mortality predicted by the study published by the Imperial College London (Ferguson et al. (2020). This is the subject for our meta-analysis in the next section. Here, it turns out that -0.073 to -0.326 deaths/million per stringency point is a relatively modest effect and only corresponds to a 2.4% reduction in COVID-19 mortality on average in the U.S. and Europe.

4 Meta-analysis: The impact of lockdowns on COVID-19 mortality

We now turn to the meta-analysis, where we focus on the impact of lockdowns on COVID-19 mortality.

In the meta-analysis, we include 24 studies in which we can derive the relative effect of lockdowns on COVID-19 mortality, where mortality is measured as COVID-19-related deaths per million. In practice, this means that the studies we included estimate the effect of lockdowns on mortality or the effect of lockdowns on mortality growth rates, while using a counterfactual estimate.[26]

Our focus is on the effect of compulsory non-pharmaceutical interventions (NPI), policies that restrict internal movement, close schools and businesses, and ban international travel, among others. We do not look at the effect of voluntary behavioral changes (e.g. voluntary mask wearing), the effect of recommendations (e.g. recommended mask wearing), or governmental services (voluntary mass testing and public information campaigns), but only on mandated NPIs.

The studies we examine are placed in three categories. Seven studies analyze the effect of stricter lockdowns based on the OxCGRT stringency indices, 13 studies analyze the effect of SIPOs (6 studies only analyze SIPOs, while seven analyze SIPOs among other interventions), and 11 studies analyze the effect of specific NPIs independently (lockdown vs. no lockdown).[27] Each of these categories is handled so that comparable estimates can be made across categories. Below, we present the results for each category and show the overall results, as well as those based on various quality dimensions.

Quality dimensions

We include quality dimensions because there are reasons to believe that can affect a study's conclusion. Below we describe the dimensions, as well as our reasons to believe that they are necessary to fully understand the empirical evidence.

- *Peer-reviewed vs. working papers*: We distinguish between peer-reviewed studies and working papers as we consider peer-reviewed studies generally being of higher quality than working papers.[28]

- *Long vs. short time period*: We distinguish between studies based on long time periods (with data series ending *after* May 31, 2020) and short time periods (data series ending at or before May 31, 2020), because the first wave did not fully end before late June in the U.S. and Europe. Thus, studies relying on short data periods lack the last part of the first wave and may yield biased results if lockdowns only "flatten the curve" and do not prevent deaths.

[26] As a minimum requirement, one needs to know the effect on the top of the curve.
[27] The total is larger than 21 because the 11 SIPO studies include seven studies which look at multiple measures.
[28] Vetted papers from CEPR Covid Economics are considered as working papers in this regard.

- *No early effect on mortality*: On average, it takes approximately three weeks from infection to death.[29] However, several studies find effects of lockdown on mortality almost immediately. Fowler et al. (2021) find a significant effect of SIPOs on mortality after just four days and the largest effect after 10 days. An early effect may indicate that other factors (omitted variables) drive the results, and, thus, we distinguish between studies which find an effect on mortality sooner than 14 days after lockdown and those that do not.[30] Note that many studies do not look at the short term and thus fall into the latter category by default.

- *Social sciences vs. other sciences*: While it is true that epidemiologists and researchers in natural sciences should, in principle, know much more about COVID-19 and how it spreads than social scientists, social scientists are, in principle, experts in evaluating the effect of various policy interventions. Thus, we distinguish between studies published by scholars in social sciences and by scholars from other fields of research. We perceive the former as being better suited for examining the effects of lockdowns on mortality. For each study, we have registered the research field for the corresponding author's associated institute (e.g., for a scholar from "Institute of economics" research field is registered as "Economics"). Where no corresponding author was available, the first author has been used. Afterwards, all research fields have been classified as either from the "Social Science" or "Other.""[31]

We also considered including a quality dimension to distinguish between studies based on excess mortality and studies based on COVID-19 mortality, as we believe that excess mortality is potentially a better measure for two reasons. First, data on total deaths in a country is far more precise than data on COVID-19 related deaths, which may be both underreported (due to lack of tests) or overreported (because some people die *with* – but not *because of* – COVID-19). Secondly, a major purpose of lockdowns is to save lives. To the extend lockdowns shift deaths *from* COVID-19 *to* other causes (e.g. suicide), estimates based on COVID-19 mortality will overestimate the effect of lockdowns. Likewise, if lockdowns save lives in other ways (e.g. fewer traffic accidents) lockdowns' effect on mortality will be underestimated. However, as only one

[29] Leffler et al. (2020) writes, "On average, the time from infection with the coronavirus to onset of symptoms is 5.1 days, and the time from symptom onset to death is on average 17.8 days. Therefore, the time from infection to death is expected to be 23 days." Meanwhile, Stokes et al. (2020) writes that "evidence suggests a mean lag between virus transmission and symptom onset of 6 days, and a further mean lag of 18 days between onset of symptoms and death."

[30] Some of the authors are aware of this problem. E.g. Bjørnskov (2021a) writes "when the lag length extends to three or fourth weeks, that is, the length that is reasonable from the perspective of the virology of Sars-CoV-2, the estimates become very small and insignificant" and "these results confirm the overall pattern by being negative and significant when lagged one or two weeks (the period when they cannot have worked) but turning positive and insignificant when lagged four weeks."

[31] Research fields classified as social sciences were economics, public health, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology, and anesthesiology.

of the 34 studies (Bjørnskov (2021a)) is based on excess mortality, we are unfortunately forced to disregard this quality dimension.

Meta-data used for our quality dimensions as well as other relevant information are shown in Table 2.

Table 2: Metadata for the studies included in the meta-analysis

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	Yes	Peer-review	11-Jun-20	n/a	Economics (Social science)	SIPO	United States
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	Yes	Peer-review	22-Jul-20	n/a	Economics (Social science)	Specific NPIs	Europe and United States
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	Yes	WP	20-May-20	n/a	Economics (Social science)	Stringency	World
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	Yes	Peer-review	07-May-20	>21 days	Medicine (Other)	Specific NPIs	United States
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	Yes	Peer-review	30-May-20	8-14 days	Public policy (Social science)	SIPO	United States
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Yes	Peer-review	30-Jun-20	<8 days	Economics (Social science)	Stringency	Europe
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	No	WP	31-Aug-20	8-14 days	Economics (Social science)	Specific NPIs	World
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Yes	WP	13-Apr-20	<8 days	Economics (Social science)	Specific NPIs	World
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	Yes	Peer-review	13-Apr-20	8-14 days	Management (Social science)	Specific NPIs	One country
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	Yes	Peer-review	01-Apr-20	n/a	Anesthesiology (Other)	Specific NPIs	World
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Yes	Peer-review	03-Aun-20	n/a	Economics (Social science)	Specific NPIs	United States
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	Yes	Peer-review	01-Sep-20	n/a	Economics (Social science)	Stringency	World
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	Yes	Peer-review	20-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	No	WP	30-Apr-20	n/a	Management (Social science)	Stringency	World
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	No	Peer-review	30-Jul-20	<8 days	Economics (Social science)	Stringency	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Yes	Peer-review	07-May-20	<8 days	Public Health (Social science)	SIPO	United States
Fuller et al. (2021); "Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020"	Yes	WP	30-Jun-20	n/a	Epidemiology (Other)	Stringency	Europe
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	Yes	Peer-review	01-Jun-20	Finds no effect	Economics (Social science)	SIPO	United States
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	Yes	WP	31-Dec-20	<8 days	International Development (Social science)	Stringency	World
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	Yes	Peer-review	07-Apr-20	n/a	Social work (Social science)	Specific NPIs	United States
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	No	WP	27-May-20	n/a	Government (Social science)	Stringency	World
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	No	Peer-review	24-Apr-20	<8 days	Medicine (Other)	Specific NPIs	Europe
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	No	WP	Not specified	Finds no effect	Political Science (Social science)	Other	United States
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	Yes	Peer-review	09-May-20	n/a	Ophthalmology (Other)	Specific NPIs	World
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	No	Peer-review	12-Apr-20	Finds no effect	Ophthalmology (Other)	Specific NPIs	Europe and United States
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	No	WP	29-May-20	n/a	Environment (Other)	Specific NPIs	United States
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	No	Peer-review	23-Jun-20	n/a	Health Science (Social science)	SIPO	World
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	Yes	WP	29-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Shiva and Molana (2021); "The Luxury of Lockdown"	Yes	Peer-review	08-Jun-20	15-21 days	Government (Social science)	Stringency	World
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	Yes	Peer-review	31-Dec-20	<8 days	Management (Social science)	Specific NPIs	United States
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	Yes	Peer-review	12-Jul-20	n/a	Evolutionary Biology and Environment (Other)	Stringency	Europe
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early	Yes	WP	01-Jun-20	n/a	Economics (Social science)	Specific NPIs	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Covid-19 mortality: natural experiment in 130 countries"							
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	Yes	WP	01-Apr-21	n/a	Economics (Social science)	Specific NPIs	World
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	No	Peer-review	15-Jul-20	<8 days	Psychiatry (Social science)	Specific NPIs	United States

Note: Research fields classified as social sciences were economics, public health, health science, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology and anesthesiology.

Interpreting and weighting estimates

The estimates used in the meta-analysis are not always readily available in the studies shown in Table 2. In Appendix B Table 9, we describe for each paper how we interpret the estimates and how they are converted to a common estimate (the relative effect of lockdowns on COVID-19 mortality) which is comparable across all studies.

Following Paldam (2015) and Stanley and Doucouliagos (2010), we also convert standard errors[32] and use the precision of each estimate (defined as 1/SE) to calculate the precision-weighted average of all estimates and present funnel plots. The precision-weighted average is our primary indicator of the efficacy of lockdowns, but we also report arithmetic averages and medians in the meta-analysis.

In the following sections, we present the meta-analysis for each of the three groups of studies (stringency index-studies, SIPO-studies, and studies analyzing specific NPIs).

4.1 Stringency index studies

Seven eligible studies examine the link between lockdown stringency and COVID-19 mortality. The results from these studies, converted to common estimates, are presented in Table 3 below. All studies are based on the COVID-19 Government Response Tracker's (OxCGRT) stringency index of Oxford University's Blavatnik School of Government (Hale et al. (2020)).

The OxCGRT stringency index neither measures the expected effectiveness of the lockdowns nor the expected costs. Instead, it describes the stringency based on nine equally weighted parameters.[33] Many countries followed similar patterns and almost all countries closed schools,

[32] Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

[33] The nine parameters are "C1 School closing," "C2 Workplace closing," "C3 Cancel public events," "C4 Restrictions on gatherings," "C5 Close public transport," "C6 Stay at home requirements," "C7 Restrictions on internal movement," "C8 International travel controls" and "H1 Public information campaigns." The latter, "H1

while only a few countries issued SIPOs without closing businesses. Hence, it is reasonable to perceive the stringency index as continuous, although not necessarily linear. The index includes recommendations (e.g. "workplace closing" is 1 if the government recommends closing (or work from home), cf. Hale et al. (2021)), but the effect of including recommendations in the index is primarily to shift the index parallelly upward and should not alter the results relative to our focus on mandated NPIs. It is important to note that the index is not perfect. As pointed out by Book (2020), it is certainly possibly to identify errors and omissions in the index. However, the index is objective and unbiased and as such, useful for cross-sectional analysis with several observations, even if not suitable for comparing the overall strictness of lockdowns in two countries.

Since the studies examined use different units of estimates, we have created common estimates for Europe and United States to make them comparable. The common estimates show the effect of the average lockdown in Europe and United States (with average stringencies of 76 and 74, respectively, between March 16th and April 15th, 2020, compared to a policy based solely on recommendations (stringency 44)). For example, Ashraf (2020) estimates that the effect of stricter lockdowns is -0.073 to -0.326 deaths/million per stringency point. We use the average of these two estimates (-0.200) in the meta-analysis (see Table 9 in Appendix B for a description for all studies). The average lockdown in Europe between March 16th and April 15th, 2020, was 32 points stricter than a policy solely based on recommendations (76 vs. 44). In United States, it was 30 points. Hence, the total effect of the lockdowns compared to the recommendation policy was -6.37 deaths/million in Europe (32 x -0.200) and -5.91 deaths/million in United States. With populations of 748 million and 333 million, respectively the total effect as estimated by Ashraf (2020) is 4,766 averted COVID-19 deaths in Europe and 1,969 averted COVID-19 deaths in United States. By the end of the study period in Ashraf (2020), which is May 20, 2020, 164,600 people in Europe and 97,081 people in the United States had died of COVID-19. Hence, the 4,766 averted COVID-19 deaths in Europe and the 1,969 averted COVID-19 deaths in the United States corresponds to 2.8% and 2.0% of all COVID-19 deaths, respectively, with an arithmetic average of 2.4%. Our common estimate is thus -2.4%, cf. Table 3. So, this means that Ashraf (2020) estimates that without lockdowns, COVID-19 deaths in Europe would have been 169,366 and COVID-19 deaths in the U.S. would have been 99,050. Our approach is not unproblematic. First of all, the level of stringency varies over time for all countries. We use the stringency between March 16th and April 15th, 2020 because this period covers the main part of the first wave which most of the studies analyze. Secondly, OxCGRT has changed the index over time and a 10-point difference today may not be exactly the same as a 10-point difference when the studies were finalized. However, we believe these problems are unlikely to significantly alter our results.

Public information campaigns," is not an intervention following our definition, as it is not a mandatory requirement. However, of 97 European countries and U.S. States in the OxCGRT database, only Andorra, Belarus, Bosnia and Herzegovina, Faeroe Islands, and Moldova – less than 1.6% of the population – did not get the maximum score by March 20, 2020, so the parameter simply shifts the index parallelly upward and should not have notable impact on the analyzes.

Table 3 demonstrates that the studies find that lockdowns, on average, have reduced COVID-19 mortality rates by 0.2% (precision-weighted). The results yield a median of -2.4% and an arithmetic average of -7.3%. Only one of the seven studies, Fuller et al. (2021), finds a significant *and* (relative to the effect predicted in studies like Ferguson et al. (2020)) substantial effect of lockdowns (-35%). The other six studies find much smaller effects. Hence, based on the stringency index studies, we find little to no evidence that mandated lockdowns in Europe and the United States had a noticeable effect on COVID-19 mortality rates. And, as will be discussed in the next paragraph, the fifth column of Table 3 displays the number of quality dimensions (out of 4) met by each study.

Table 3: Overview of common estimates from studies based on stringency indexes

Effect on COVID-19 mortality	**Estimate (Estimated Averted Deaths / Total Deaths)**	**Standard error**	**Weight (1/SE)**	**Quality dimensions**
Bjørnskov (2021)	-0.3%	0.8%	119	3
Shiva and Molana (2021)	-4.1%	0.4%	248	4
Stockenhuber (2020)*	0.0%	n/a	n/a	3
Chisadza et al. (2021)	0.1%	0.0%	7,390	4
Goldstein et al. (2021)	-9.0%	3.8%	26	2
Fuller et al. (2021)	-35.3%	9.1%	11	2
Ashraf (2020)	-2.4%	0.4%	256	2
Precision-weighted average (arithmetic average / median)	**-0.2% (-7.3%/-2.4%)**			

Note: The table shows the estimates for each study converted to a common estimate, i.e. the implied effect on COVID-19 mortality in Europe and United States. A negative number corresponds to fewer deaths, so -5% means 5% lover COVID-19 mortality. For studies which report estimates in deaths per million, the common estimate is calculated as: (COVID-19 mortality with "common area's" policy) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((COVID-19 mortality with "common area's" policy) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). For the conversion of other studies see Table 9 in appendix B.

** It is not possible to calculate a common estimate for Stockenhuber (2020). When calculating arithmetic average / median, the study is included as 0%, because estimates are insignificant and signs of estimates are mixed (higher strictness can cause both lower and higher COVID-19 mortality).*

We now turn to the quality dimensions. Table 4 presents the results differentiated by the four quality dimensions. Two studies, Shiva and Molana (2021) and Chisadza et al. (2021), meet all quality dimensions. The precision-weighted average for these studies is 0.0%, meaning that lockdowns had no effect on COVID-19 mortality. Two studies live up to 3 of 4 quality dimensions (Bjørnskov (2021a) and Stockenhuber (2020)). The precision-weighted average for these studies is -0.3%, meaning that lockdowns reduced COVID-19 mortality by 0.3%. Three studies lack at least two quality dimensions.[34] These studies find that lockdowns reduce COVID-19 mortality by 4.2%. To sum up, we find that the studies that meet at least 3 of 4 quality measures find that lockdowns have little to no effect on COVID-19 mortality, while studies that

[34] In fact, the working papers by P. Goldstein et al. (2021), Fuller et al. (2021) and Ashraf (2020) all lack exactly two quality parameters.

meet 2 of 4 quality measures find a small effect on COVID-19 mortality. These results are far from those estimated with the use of epidemiological models, such as the Imperial College London (Ferguson et al. (2020).

Table 4: Overview of common estimates split on quality dimensions for studies based on stringency indexes

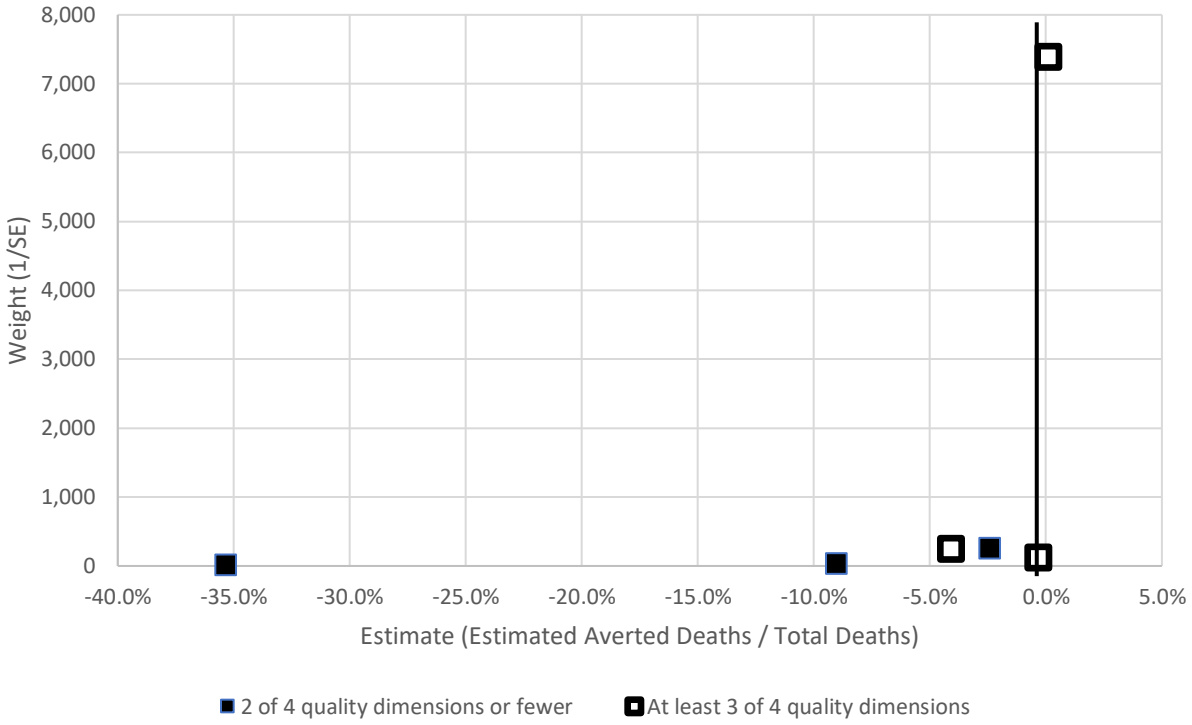
Values show effect on COVID-19 mortality	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-reviewed [4]	0.0%	-1.1%	-0.2%
Working paper [3]	-4.2%	-15.6%	-9.0%
Long vs. short time period			
Data series ends after 31 May 2020 [6]	-0.1%	-8.1%	-0.2%
Data series ends before 31 May 2020 [1]	-2.4%	-2.4%	-9.0%
No early effect on mortality			
Does not find an effect within the first 14 days (including n/a) [5]	-0.2%	-8.3%	-2.4%
Finds effect within the first 14 days [2]	-1.9%	-4.7%	-4.7%
Social sciences vs. other sciences			
Social sciences [5]	-0.1%	-3.1%	-2.4%
Other sciences [2]	-35.3%	-17.7%	-17.7%
4 of 4 quality dimensions [2]	**0.0%**	**-2.0%**	**-2.0%**
3 of 4 quality dimensions [2]	**-0.3%**	**-0.2%**	**-0.2%**
2 of 4 quality dimensions or fewer [3]	**-4.2%**	**-15.6%**	**-9.0%**

*Note: The table shows the common estimate as described in Table 3 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 3.*

Figure 5 shows a funnel plot for the studies in Table 3, except Stockenhuber (2020), where common estimate standard errors cannot be derived. Chisadza et al. (2021) has a far higher precision than the other studies (1/SE is 7,398 and the estimate is 0.1%)[35], and there are indications that the estimate from Fuller et al. (2021) (the bottom left) is an imprecise outlier.[36] Figure 5 The plot also shows that the studies with at least 3 of 4 quality dimensions are centered around zero and generally have higher precision than other studies.

[35] Excluding Chisadza et al. (2021) from the precision-weighted average changes the average to -3.5%.
[36] Excluding Fuller et al. (2021) from the precision-weighted average only marginally changes the average because the precision is very low.

Figure 5: Funnel plot for estimates from studies based on stringency indexes



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 3 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on stringency index studies

Compared to a policy based solely on recommendations, we find little evidence that lockdowns had a noticeable impact on COVID-19 mortality Only one study, Fuller et al. (2021), finds a substantial effect, while the rest of the studies find little to no effect. Indeed, according to stringency index studies, lockdowns in Europe and the United States reduced only COVID-19 mortality by 0.2% on average.

In the following section we will look at the effect of SIPOs. The section follows the same structure as this section.

4.2 Shelter-in-place order (SIPO) studies

We have identified 13 eligible studies which estimate the effect of Shelter-In-Place Orders (SIPOs) on COVID-19 mortality, cf. Table 5. Seven of these studies look at multiple NPIs of which a SIPO is just one, while six studies estimate the effect of a SIPO vs. no SIPO in the United States. According to the containment and closure policy indicators from OxCGRT, 41 states in the U.S. issued SIPOs in the spring of 2020. But usually, these were introduced after implementing other NPIs such as school closures or workplace closures. On average, SIPOs

were issued 7½ days after *both* schools and workplaces closed, and 12 days after the first of the two closed. Only one state, Tennessee, issued a SIPO before schools and workplaces closed. The 10 states that did not issue SIPOs all closed schools. Moreover, of those 10 states, three closed some non-essential businesses, while the remaining 7 closed all non-essential businesses. Because of this, we perceive estimates for SIPOs based on U.S.-data as the marginal effect of SIPOs on top of other restrictions, although we acknowledge that the estimates may capture the effects of other NPI measures as well.

The results of eligible studies based on SIPOs are presented in Table 5. The table demonstrates that the studies generally find that SIPOs have reduced COVID-19 mortality by 2.9% (on a precision-weighted average). There is an apparent difference between studies in which a SIPO is one of multiple NPIs, and studies in which a SIPO is the only examined intervention. The former group generally finds that SIPOs *increase* COVID-19 mortality *marginally*, whereas the latter finds that SIPOs *decrease* COVID-19 mortality. As we will see below, this difference could be explained by differences in the quality dimensions, and especially the time period covered by each study.

Table 5: Overview of estimates from studies based on SIPOs

Values show effect on COVID-19 mortality	**Estimate (Estimated Averted Deaths / Total Deaths)**	**Standard error**	**Weight (1/SE)**	**Quality dimensions**
Studies where SIPO is one of several examined interventions and not (as) likely to capture the effect of other interventions				
Chernozhukov et al. (2021)	-17.7%	14.3%	7	4
Chaudhry et al. (2020) *	0.0%	n/a	n/a	2
Aparicio and Grossbard (2021)	2.6%	2.8%	35	4
Stokes et al. (2020)	0.8%	11.1%	9	3
Spiegel and Tookes (2021)	13.1%	6.6%	15	3
Bonardi et al. (2020)	0.0%	n/a	n/a	1
Guo et al. (2021)	4.6%	14.8%	4	3
Average (median) where SIPO is one of several variables	2.8% (0.5%/0.8%)			
Studies where SIPO is the only examined intervention and may capture the effect of other interventions				
Sears et al. (2020)	-32.2%	17.6%	6	2
Alderman and Harjoto (2020)	-1.0%	0.6%	169	4
Berry et al. (2020)	1.1%	n/a	n/a	2
Fowler et al. (2021)	-35.0%	7.0%	14	2
Gibson (2020)	-6.0%	24.3%	4	4
Dave et al. (2020)	-40.8%	36.1%	3	3
Average (median) where SIPO is the only variable	-5.1% (-19.0%/-19.1%)			
Precision-weighted average (arithmetic average / median) for all studies	**-2.9% (-8.5%/0.0%)**			

*Note: * Chaudhry et al. (2020) does not provide an estimate but states that SIPO is insignificant. We use 0% when calculating the arithmetic average and median. Chaudhry et al. (2020) and Berry et al. (2021) do not affect the precision-weighted average, as we do not know the standard errors.*

Table 6 presents the results differentiated by quality dimensions. Four studies (Chernozhukov et al. (2021), Aparicio and Grossbard (2021), Alderman and Harjoto (2020) and Gibson (2020))

meet all quality dimensions but find vastly different effects of SIPOs on COVID-19 mortality. The precision weighted average of the four studies is -1.0%. Four studies meet 3 of 4 quality dimensions. They overall find that SIPOs *increase* COVID-19 mortality, as the precision-weighted average is positive (3.7%). The five studies that meet 2 of 4 quality dimensions or fewer[37] find a substantial reduction in COVID-19-mortality (-34.2%). This substantial reduction seems to be driven by relatively short data series. The latest data point for the three studies which find large effects of lockdowns (Sears et al. (2020), Fowler et al. (2021), and Dave et al. (2021)) are April 29, May 7, and April 20, respectively. This may indicate that SIPOs can delay deaths but not eliminate them completely. Disregarding these studies with short data series, the precision-weighted average is -0.1%.

Table 6: Quality dimensions for studies based on SIPOs

Values show effect on COVID-19 mortality	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-review [10]	-2.4%	-7.9%	-0.5%
Working paper [3]	-12.0%	-10.5%	0.0%
Long vs. short time period			
Data serie ends after 31 May 2020 [6]	-0.1%	-1.4%	-0.1%
Data serie ends before 31 May 2020 [7]	-25.9%	-14.6%	0.0%
No early effect on mortality			
Finds effect within the first 14 days [9]	-2.0%	-10.0%	-1.0%
Does not find an effect within the first 14 days (including n/a) [4]	-10.3%	-5.2%	0.0%
Social sciences vs. other sciences			
Social sciences [12]	-2.9%	-9.2%	-0.5%
Other sciences [1]	n/a	0.0%	0.0%
4 of 4 quality dimensions [4]	-1.0%	-5.5%	-3.5%
3 of 4 quality dimensions [4]	3.7%	-5.6%	2.7%
2 of 4 quality dimensions or fewer [5]	-34.2%	-13.2%	0.0%

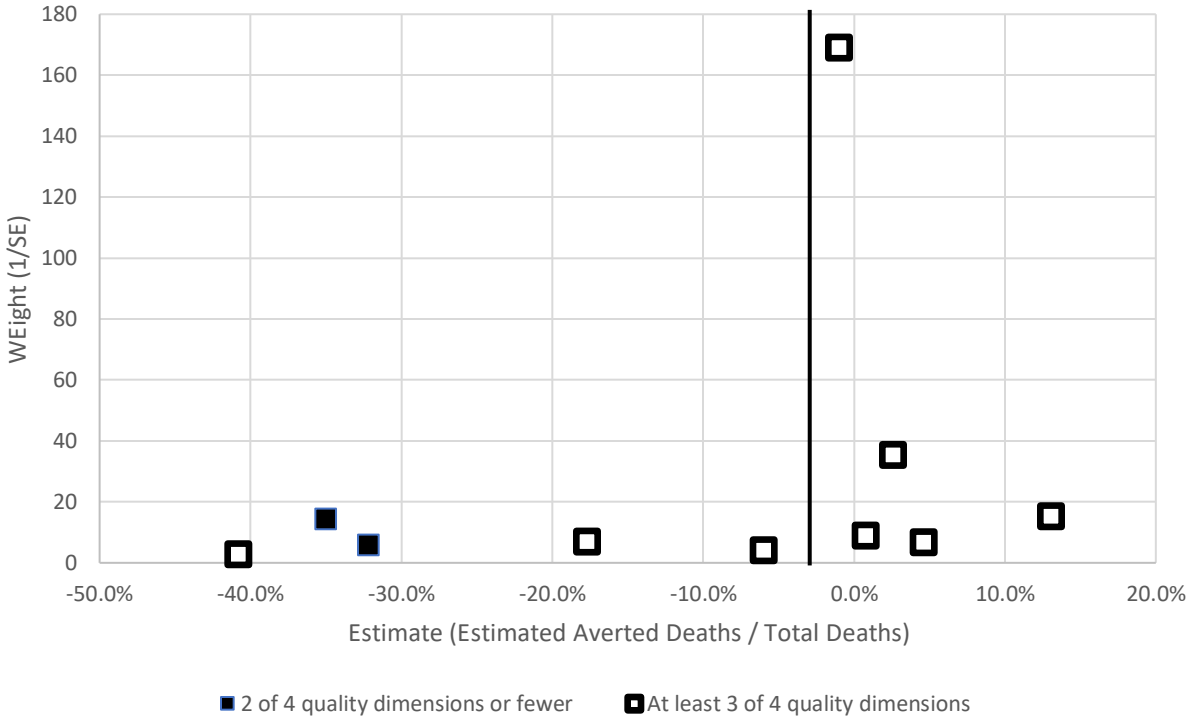
*Note: The table shows the common estimate as described in Table 5 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 5.*

Figure 6 shows a funnel plot for the studies in Table 5, except Chaudhry et al. (2020) and Berry et al. (2021), where common standard errors cannot be derived. Sears et al. (2020) stands out with a precision far higher than those of the other studies. But generally, the precisions of the studies are low and the estimates are placed on both sides of the zero-line with some 'tail' to the

[37] Bonardi et al. (2020) only meet one quality dimension (social science).

left.[38] Figure 5 also shows that four of eight studies with at least 3 of 4 quality dimensions find that SIPOs *increase* COVID-19 mortality by 0.8% to 13.1%.

Figure 6: Funnel plot for estimates from SIPO studies



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 4 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on SIPO studies

We find no clear evidence that SIPOs had a noticeable impact on COVID-19 mortality. Some studies find a large negative relationship between lockdowns and COVID-19 mortality, but this seems to be caused by short data series which does not cover a full COVID-19 'wave'. Several studies find a small positive relationship between lockdowns and COVID-19 mortality. Although this appears to be counterintuitive, it could be the result of an (asymptomatic) infected person being isolated at home under a SIPO can infect family members with a higher viral load causing more severe illness.[39] The overall effect measured by the precision-weighted average is -2.9%. The result is in line with Nuzzo et al. (2019), who state that "In the context of a high-impact

[38] This could indicate some publication bias, but the evidence is weak and with only 13 estimates, this cannot be formally tested

[39] E.g. see Guallar et al. (2020), who concludes, "Our data support that a greater viral inoculum at the time of SARS-CoV-2 exposure might determine a higher risk of severe COVID-19."

respiratory pathogen, quarantine may be the least likely NPI to be effective in controlling the spread due to high transmissibility" and World Health Organization Writing Group (2006), who conclude that "forced isolation and quarantine are ineffective and impractical."[40]

In the following section, we will look at the effect found in studies analyzing specific NPIs.

4.3 Studies of specific NPIs

A total of 11 eligible studies look at (multiple) specific NPIs independently or simply lockdown vs. no lockdown.[41] The definition of the specific NPIs varies from study to study and are somewhat difficult to compare. The variety in the definitions can be seen in the analysis of non-essential business closures and bar/restaurant closures. Chernozhukov et al. (2021) focus on a combined parameter (the average of business closure and bar/restaurant closure in each state), Aparicio and Grossbard (2021) look at business closure but not bar/restaurant closure, Spiegel and Tookes (2021) examine bar/restaurant closure but not business closure, and Guo et al. (2021) look at both business closures and bar/restaurant closures independently.

Some studies include several NPIs (e.g. Stokes et al. (2020) and Spiegel and Tookes (2021)), while others cover very few. Bongaerts et al. (2021) only study business closures, and Leffler et al. (2020) look at internal lockdown and international travel restrictions). Few NPIs in a model are potentially a problem because they can capture the effect of excluded NPIs. On the other hand, several NPIs in a model increase the risk of multiple test bias.

The differences in the choice of NPIs and in the number of NPIs make it challenging to create an overview of the results. In Table 7, we have merged the results in six overall categories but note that the estimates may not be fully comparable across studies. In particular, the lockdown-measure varies from study to study and in some cases is poorly defined by the authors. Also, there are only a few estimates within some of the categories. For instance, the estimate of the effect of facemasks is based on only two studies.

Table 7 illustrates that generally there is no evidence of a noticeable relationship between the most-used NPIs and COVID-19. Overall, lockdowns and limiting gatherings seem to increase COVID-19 mortality, although the effect is modest (0.6% and 1.6%, respectively) and border closures has little to no effect on COVID-19 mortality, with a precision-weighted average of -0.1% (removing the imprecise outlier from Guo et al. (2021) changes the precision-weighted average to -0.2%). We find a small effect of school closure (-4.4%), but this estimate is mainly driven by Auger et al. (2020), who – as noted earlier – use an "interrupted time series study"

[40] Both Nuzzo et al. (2019) and World Health Organization Writing Group (2006) focus on quarantining infected persons. However, if quarantining infected persons is not effective, it should be no surprise that quarantining uninfected persons could be ineffective too.

[41] Note that we – according to our search strategy – did not search on specific measures such as "school closures" but on words describing the overall political approach to the COVID-19 pandemic such as "non-pharmaceutical," "NPIs," "lockdown" etc.

approach and may capture other effects such as seasonal and behavioral effects. The absence of a notable effect of school closures is in line with Irfan et al. (2021), who – based on a systematic review and meta-analysis of 90 published or preprint studies of transmission in children – concluded that "risks of infection among children in educational-settings was lower than in communities. Evidence from school-based studies demonstrate it is largely safe for young children (<10 years of age) to be at schools; however, older children (between 10 and 19 years of age) might facilitate transmission." UNICEF (2021) and ECDC (2020) reach similar conclusions.[42]

Mandating facemasks – an intervention that was not widely used in the spring of 2020, and in many countries was even discouraged – seems to have a large effect (-21.2%), but this conclusion is based on only two studies.[43] Again, our categorization may play a role, as the larger mask-estimate from Chernozhukov et al. (2021) is in fact "employee facemasks," not a general mask mandate. Our findings are somewhat in contrast to the result found in a review by Liu et al. (2021), who conclude that "fourteen of sixteen identified randomized controlled trials comparing face masks to no mask controls failed to find statistically significant benefit in the intent-to-treat populations." Similarly, a pre-COVID Cochrane review concludes, "There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18). There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)" (Jefferson et al. (2020)).[44] However, it should be noted that even if no effect is found in controlled settings, this does not necessarily imply that mandated face masks does not reduce mortality, as other factors may play a role (e.g. wearing a mask may function as a tax on socializing if people are bothered by wearing a face masks when they are socializing).

---

[42] UNICEF (2021) concludes, "The preliminary findings thus far suggest that in-person schooling – especially when coupled with preventive and control measures – had lower secondary COVID-19 transmission rates compared to other settings and do not seem to have significantly contributed to the overall community transmission risks." Whereas, ECDC (2020) conclude, "School closures can contribute to a reduction in SARS-CoV-2 transmission, but by themselves are insufficient to prevent community transmission of COVID-19 in the absence of other nonpharmaceutical interventions (NPIs) such as restrictions on mass gathering," and states, "There is a general consensus that the decision to close schools to control the COVID-19 pandemic should be used as a last resort. The negative physical, mental health and educational impact of proactive school closures on children, as well as the economic impact on society more broadly, would likely outweigh the benefits."

[43] Note again, that we – according to our search strategy – did not search on the specific measures such as "masks," "face masks," "surgical masks" but on words describing the overall political approach to the COVID-19 pandemic such as "non-pharmaceutical," "NPIs," "lockdown" etc. Thus, we do not include most of the studies in mask reviews such as Liu et al. (2021) and Jefferson et al. (2020).

[44] Lipp and Edwards (2014) also find no evidence of an effect and – looking at disposable surgical face masks for preventing surgical wound infection in clean surgery – conclude, "Three trials were included, involving a total of 2113 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials." Meanwhile, Li et al. (2021) – based on six case-control studies – conclude, "In general, wearing a mask was associated with a significantly reduced risk of COVID-19 infection (OR = 0.38, 95% CI: 0.21-0.69, I^2 = 54.1%).

Only business closure consistently shows evidence of a negative relationship with COVID-19 mortality, but the variation in the estimated effect is large. Three studies find little to no effect, and three find large effects. Two of the larger effects are related to closing bars and restaurants. The "close business" category in Chernozhukov et al. (2021) is an average of closed businesses, restaurants, and movie theaters, while that same category is "closing restaurants and bars" in Spiegel and Tookes (2021). The last study finding a large effect is Bongaerts et al. (2021), the only eligible single-country study.[45]

As a final observation on Table 7, studies with fewer quality dimensions seem to find larger effects, but the pattern is not systematic.[46]

Table 7: Overview of estimates from studies of specific NPIs

	Lockdown (complete/ partial)	Facemasks/ Employee face masks	Business closure (/bars & restaurants)	Border closure (/quarantine)	School closures	Limiting gatherings	Quality dimensions
Chernozhukov et al. (2021)		-34.0%	-28.6%				4
Bongaerts et al. (2021)			-31.6%				2
Chaudhry et al. (2020)*	0.0%			0.0%			2
Toya & Skidmore (2021)	0.5%			-0.1%			3
Aparicio & Grossbard (2021)			-1.3%		0.5%	0.8%	4
Auger et al. (2020)					-58.0%		2
Leffler et al. (2020)	1.7%			-15.6%			2
Stokes et al. (2020)			0.3%	-24.6%	-0.1%	-6.3%	3
Spiegel & Tookes (2021)		-13.5%	-50.2%			11.8%	3
Bonardi et al. (2020) *	0.0%			0.0%			1
Guo et al. (2021)			-0.4%	36.3%	-0.2%	5.7%	3
Precision-weighted average	**0.6%**	**-21.2%**	**-10.6%**	**-0.1%**	**-4.4%**	**1.6%**	
Arithmetic average	**0.6%**	**-23.8%**	**-18.6%**	**-0.7%**	**-14.4%**	**3.0%**	
Median	**0.3%**	**-23.8%**	**-14.9%**	**0.0%**	**-0.1%**	**3.2%**	
4 of 4 quality dimensions	**n/a [0]**	**-34.0% [1]**	**-2.9% [2]**	**n/a [0]**	**0.5% [1]**	**0.8% [1]**	
3 of 4 quality dimensions	**0.5% [1]**	**-13.5% [1]**	**-21.5% [3]**	**0.0% [3]**	**-0.1% [2]**	**5.6% [3]**	
2 of 4 quality dimensions or fewer	**1.7% [2]**	**n/a [1]**	**-31.6% [2]**	**-15.6% [2]**	**-58.0% [1]**	**n/a [1]**	

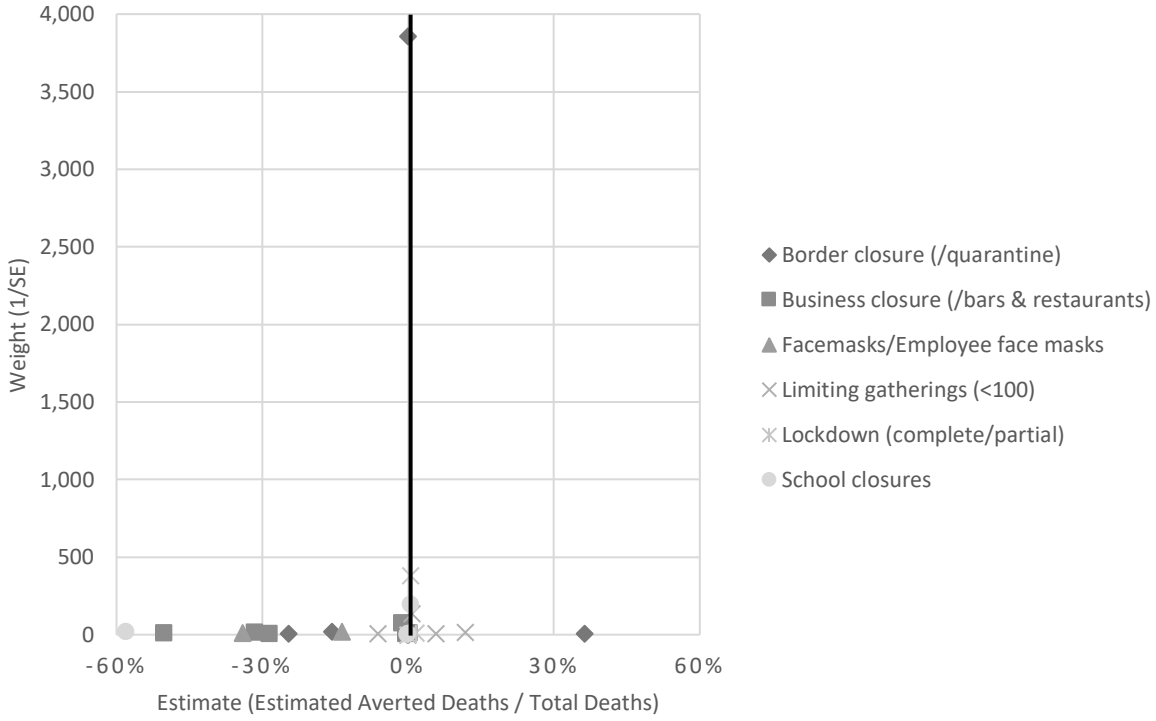
*Note: * It is not possible to derive common estimates and standard errors from Chaudhry et al. (2020) and Bonardi et al. (2020). Chaudhry et al. (2020) states that the effect of the various NPIs is insignificant without listing the estimates and standard errors. Bonardi et al. (2020) states that partial or regional lockdowns are as effective as stricter NPIs but does not provide information to calculate common estimates. Instead, we assume the estimate is 0% when calculating arithmetic average and median, while the estimates are excluded from the calculation of precision-weighted averages because there are no standard errors.*

[45] Bongaerts et al. (2021) (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different, which may be a relatively strong assumption and could potentially drive their results.

[46] We saw with SIPOs that studies based on short data series tended to find larger effects than studies based on short data series. This is also somewhat true for studies examining multiple specific measures. If we focus on studies with long data series (>May 31st, 2020), the precision-weighted estimates are as follows (average for all studies in parentheses for easy comparison): Lockdown (complete/partial): 0.5% (0.6%), Facemasks/Employee face masks: -21.2% (-21.2%), Business closures (/bars & restaurants): -8.1% (-10.6%), Border closures (/quarantine): -0.1% (-0.1%), School closures: 0.5% (-4.4%), Limiting gatherings: 1.4% (1.6%).

Figure 7 shows a funnel plot for all estimates in Table 7, except Chaudhry et al. (2020) and Bonardi et al. (2020), where common standard errors cannot be derived. Two estimates from Toya and Skidmore (2020) stands out with a precision far higher than those of other studies, and estimates are placed with some 'tail' to the left, which could indicate some publication bias, i.e. reluctance to publish results that show large positive (more deaths) effects of lockdowns. The most precise estimates are gathered around 0%, while less precise studies are spread out between -58% and 36%. The precision-weighted average of all estimates across all NPIs is -0.6%.

Figure 7: Funnel plot for estimates from studies of specific NPIs



Note: The figure displays all estimates except two (se text in figure) of specific NPIs and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included.

Overall conclusion on specific NPIs

Because of the heterogeneity in NPIs across studies, it is difficult to draw strong conclusions based on the studies of multiple specific measures. We find no evidence that lockdowns, school closures, border closures, and limiting gatherings have had a noticeable effect on COVID-19 mortality. There is some evidence that business closures reduce COVID-19 mortality, but the variation in estimates is large and the effect seems related to closing bars. There may be an effect of mask mandates, but just two studies look at this, one of which one only looks at the effect of employee mask mandates.

5 Concluding observations

Public health experts and politicians have – based on forecasts in epidemiological studies such as that of Imperial College London (Ferguson et al. (2020) – embraced compulsory lockdowns as an effective method for arresting the pandemic. But, have these lockdown policies been effective in curbing COVID-19 mortality? This is the main question answered by our meta-analysis.

Adopting a systematic search and title-based screening, we identified 1,048 studies published by July 1st, 2020, which potentially look at the effect of lockdowns on mortality rates. To answer our question, we focused on studies that examine the actual impact of lockdowns on COVID-19 mortality rates based on registered cross-sectional mortality data and a counterfactual difference-in-difference approach. Out of the 1,048 studies, 34 met our eligibility criteria.

Conclusions

Overall, our meta-analysis fails to confirm that lockdowns have had a large, significant effect on mortality rates. Studies examining the relationship between lockdown strictness (based on the OxCGRT stringency index) find that the average lockdown in Europe and the United States only reduced COVID-19 mortality by 0.2% compared to a COVID-19 policy based solely on recommendations. Shelter-in-place orders (SIPOs) were also ineffective. They only reduced COVID-19 mortality by 2.9%.

Studies looking at specific NPIs (lockdown vs. no lockdown, facemasks, closing non-essential businesses, border closures, school closures, and limiting gatherings) also find no broad-based evidence of noticeable effects on COVID-19 mortality. However, closing non-essential businesses seems to have had some effect (reducing COVID-19 mortality by 10.6%), which is likely to be related to the closure of bars. Also, masks may reduce COVID-19 mortality, but there is only one study that examines universal mask mandates. The effect of border closures, school closures and limiting gatherings on COVID-19 mortality yields precision-weighted estimates of -0.1%, -4.4%, and 1.6%, respectively. Lockdowns (compared to no lockdowns) also do not reduce COVID-19 mortality.

Discussion

Overall, we conclude that lockdowns are not an effective way of reducing mortality rates during a pandemic, at least not during the first wave of the COVID-19 pandemic. Our results are in line with the World Health Organization Writing Group (2006), who state, "Reports from the 1918 influenza pandemic indicate that social-distancing measures did not stop or appear to dramatically reduce transmission […] In Edmonton, Canada, isolation and quarantine were instituted; public meetings were banned; schools, churches, colleges, theaters, and other public gathering places were closed; and business hours were restricted without obvious impact on the epidemic." Our findings are also in line with Allen's (2021) conclusion: "The most recent research has shown that lockdowns have had, at best, a marginal effect on the number of Covid-19 deaths." Poeschl and Larsen (2021) conclude that "interventions are generally effective in

mitigating COVID-19 spread". But, 9 of the 43 (21%) results they review find "no or uncertain association" between lockdowns and the spread of COVID-19, suggesting that evidence from that own study contradicts their conclusion.

The findings contained in Johanna et al. (2020) are in contrast to our own. They conclude that "for lockdown, ten studies consistently showed that it successfully reduced the incidence, onward transmission, and mortality rate of COVID-19." The driver of the difference is three-fold. First, Johanna et al. include modelling studies (10 out of a total of 14 studies), which we have explicitly excluded. Second, they included interrupted time series studies (3 of 14 studies), which we also exclude. Third, the only study using a difference-in-difference approach (as we have done) is based on data collected before May 1st, 2020. We should mention that our results indicate that early studies find relatively larger effects compared to later studies.

Our main conclusion invites a discussion of some issues. Our review does not point out *why* lockdowns did not have the effect promised by the epidemiological models of Imperial College London (Ferguson et al. (2020). We propose four factors that might explain the difference between our conclusion and the view embraced by some epidemiologists.

First, people respond to dangers outside their door. When a pandemic rages, people believe in social distancing regardless of what the government mandates. So, we believe that Allen (2021) is right, when he concludes, "The ineffectiveness [of lockdowns] stemmed from individual changes in behavior: either non-compliance or behavior that mimicked lockdowns." In economic terms, you can say that the demand for costly disease prevention efforts like social distancing and increased focus on hygiene is high when infection rates are high. Contrary, when infection rates are low, the demand is low and it may even be morally and economically rational not to comply with mandates like SIPOs, which are difficult to enforce. Herby (2021) reviews studies which distinguish between mandatory and voluntary behavioral changes. He finds that – on average – voluntary behavioral changes are 10 times as important as mandatory behavioral changes in combating COVID-19. If people voluntarily adjust their behavior to the risk of the pandemic, closing down non-essential businesses may simply reallocate consumer visits away from "nonessential" to "essential" businesses, as shown by Goolsbee and Syverson (2021), with limited impact on the total number of contacts.[47] This may also explain why epidemiological model simulations such as Ferguson et al. (2020) – which do not model behavior endogenously – fail to forecast the effect of lockdowns.

Second, mandates only regulate a fraction of our potential contagious contacts and can hardly regulate nor enforce handwashing, coughing etiquette, distancing in supermarkets, etc. Countries like Denmark, Finland, and Norway that realized success in keeping COVID-19 mortality rates relatively low allowed people to go to work, use public transport, and meet privately at home during the first lockdown. In these countries, there were ample opportunities to legally meet with others.

[47] In economic terms, lockdowns are substitutes for – not complements to – voluntary behavioral changes.

Third, even if lockdowns are successful in initially reducing the spread of COVID-19, the behavioral response may counteract the effect completely, as people respond to the lower risk by changing behavior. As Atkeson (2021) points out, the economic intuition is straightforward. If closing bars and restaurants causes the prevalence of the disease to fall toward zero, the demand for costly disease prevention efforts like social distancing and increased focus on hygiene also falls towards zero, and the disease will return.[48]

Fourth, unintended consequences may play a larger role than recognized. We already pointed to the possible unintended consequence of SIPOs, which may isolate an infected person at home with his/her family where he/she risks infecting family members with a higher viral load, causing more severe illness. But often, lockdowns have limited peoples' access to safe (outdoor) places such as beaches, parks, and zoos, or included outdoor mask mandates or strict outdoor gathering restrictions, pushing people to meet at less safe (indoor) places. Indeed, we do find some evidence that limiting gatherings was counterproductive and increased COVID-19 mortality.

One objection to our conclusions may be that we do not look at the role of timing. If timing is very important, differences in timing may empirically overrule any differences in lockdowns. We note that this objection is not necessarily in contrast to our results. If timing is very important relative to strictness, this suggests that well-timed, but very mild, lockdowns should work as well as, or better than, less well-timed but strict lockdowns. This is not in contrast to our conclusion, as the studies we reviewed analyze the effect of lockdowns compared but to doing very little (see Section 3.1 for further discussion). However, there is little solid evidence supporting the timing thesis, because it is inherently difficult to analyze (see Section 2.2 for further discussion). Also, even if it can be empirically stated that a well-timed lockdown is effective in combating a pandemic, it is doubtful that this information will ever be useful from a policy perspective.

But, what explains the differences between countries, if not differences in lockdown policies? Differences in population age and health, quality of the health sector, and the like are obvious factors. But several studies point at less obvious factors, such as culture, communication, and coincidences. For example, Frey et al. (2020) show that for the same policy stringency, countries with more obedient and collectivist cultural traits experienced larger declines in geographic mobility relative to their more individualistic counterpart. Data from Germany Laliotis and Minos (2020) shows that the spread of COVID-19 and the resulting deaths in predominantly Catholic regions with stronger social and family ties were much higher compared to non-Catholic ones at the local NUTS 3 level.[49]

Government communication may also have played a large role. Compared to its Scandinavian neighbors, the communication from Swedish health authorities was far more subdued and embraced the idea of public health vs. economic trade-offs. This may explain why Helsingen et

[48] This kind of behavior response may also explain why Subramanian and Kumar (2021) find that increases in COVID-19 cases are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. When people are vaccinated and protected against severe disease, they have less reason to be careful.

[49] The NUTS classification (Nomenclature of territorial units for statistics) is a hierarchical system for dividing up the economic territory of the EU and the UK. There are 1215 regions at the NUTS 3-level.

al. (2020), found, based on questionnaire data collected from mid-March to mid-April, 2020, that even though the daily COVID-19 mortality rate was more than four times higher in Sweden than in Norway, Swedes were less likely than Norwegians to not meet with friends (55% vs. 87%), avoid public transportation (72% vs. 82%), and stay home during spare time (71% vs. 87%). That is, despite a more severe pandemic, Swedes were less affected in their daily activities (legal in both countries) than Norwegians.

Many other factors may be relevant, and we should not underestimate the importance of coincidences. An interesting example illustrating this point is found in Arnarson (2021) and Björk et al. (2021), who show that areas where the winter holiday was relatively late (in week 9 or 10 rather than week 6, 7 or 8) were hit especially hard by COVID-19 during the first wave because the virus outbreak in the Alps could spread to those areas with ski tourists. Arnarson (2021) shows that the effect persists in later waves. Had the winter holiday in Sweden been in week 7 or week 8 as in Denmark, the Swedish COVID-19 situation could have turned out very differently.[50]

Policy implications

In the early stages of a pandemic, before the arrival of vaccines and new treatments, a society can respond in two ways: mandated behavioral changes or voluntary behavioral changes. Our study fails to demonstrate significant positive effects of mandated behavioral changes (lockdowns). This should draw our focus to the role of voluntary behavioral changes. Here, more research is needed to determine how voluntary behavioral changes can be supported. But it should be clear that one important role for government authorities is to provide information so that citizens can voluntarily respond to the pandemic in a way that mitigates their exposure.

Finally, allow us to broaden our perspective after presenting our meta-analysis that focuses on the following question: "What does the evidence tell us about the effects of lockdowns on mortality?" We provide a firm answer to this question: The evidence fails to confirm that lockdowns have a significant effect in reducing COVID-19 mortality. The effect is little to none.

The use of lockdowns is a unique feature of the COVID-19 pandemic. Lockdowns have not been used to such a large extent during any of the pandemics of the past century. However, lockdowns during the initial phase of the COVID-19 pandemic have had devastating effects. They have contributed to reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, and undermining liberal democracy. These costs to society must be compared to the benefits of lockdowns, which our meta-analysis has shown are marginal at best. Such a standard benefit-cost calculation leads to a strong conclusion: lockdowns should be rejected out of hand as a pandemic policy instrument.

[50] Another case of coincidence is illustrated by Shenoy et al. (2022), who find that areas that experienced rainfall early in the pandemic realized fewer deaths because the rainfall induced social distancing.

6 Appendix A. The role of timing

Some of the included papers study the importance of the timing of lockdowns, while several other papers only looking at timing of (but not on the inherent effect of) lockdowns have been excluded from the literature list in this review. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, two problems arise with respect to imposing early lockdowns.

First of all, it was virtually impossible to determine the right timing when COVID-19 hit Europe and the United States. The World Health Organization declared the outbreak of a pandemic on 11 March 2020, but at that date Italy had already registered 13.7 COVID-19-deaths per million (all infected before approximately 22 February, because of the roughly 18 day gap between infection and death, c.f. e.g.. Bjørnskov (2021a)). On 29 March 2020, 18 days after WHO declared the outbreak a pandemic and the earliest a lockdown response to WHO's announcement could have an effect, the death toll in Italy was a staggering 178 COVID-19-deaths per million with an additionally 13 per million dying each day.

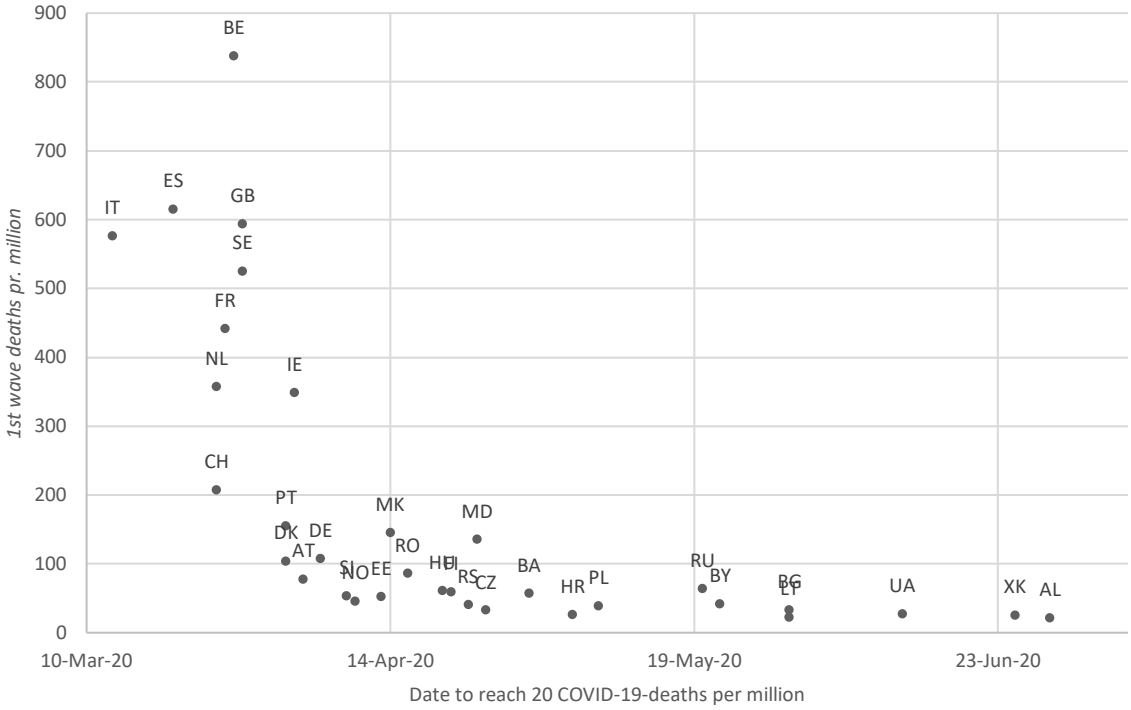
There are reasons to believe that many countries and regions were hit particularly hard during the first wave of COVID, because they had no clue about how bad it really was. This point is illustrated in Figure 8 (and Figure 9), which show that countries (and states), which were hit hard and early, experienced large death tolls compared to countries where the pandemic had a slower start. Björk et al. (2021) and Arnarson (2021) show that areas with a winter holiday in week 10 and – especially – week 9 were hit hard, because they imported cases from the Alps *before* they knew the pandemic was wide spread at the ski resorts. Hence, while acting early by warning citizens and closing business may be an effective strategy; this was not a feasible strategy for most countries in the spring of 2020.

The second problem is that it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns. If people and politicians react to the same information, for example deaths in geographical neighboring countries (many EU-countries reacted to deaths in Italy) or in another part of the same country, the effect of lockdowns cannot easily be separated from the effect of voluntary social distancing or, use of hand sanitizers. Hence, we find it problematic to use national lockdowns and differences in the progress of the pandemic in different regions to say anything about the effect of early lockdowns on the pandemic, as the estimated effect might just as well come from voluntary behavior changes, when people in Southern Italy react to the situation in Northern Italy.

We have seen no studies which we believe credibly separate the effect of early lockdown from the effect of early voluntary behavior changes. Instead, the estimates in these studies capture the effects of lockdowns *and* voluntary behavior changes. As Herby (2021) illustrates, voluntary behavior changes are essential to a society's response to an pandemic and can account for up to 90% of societies' total response to the pandemic.

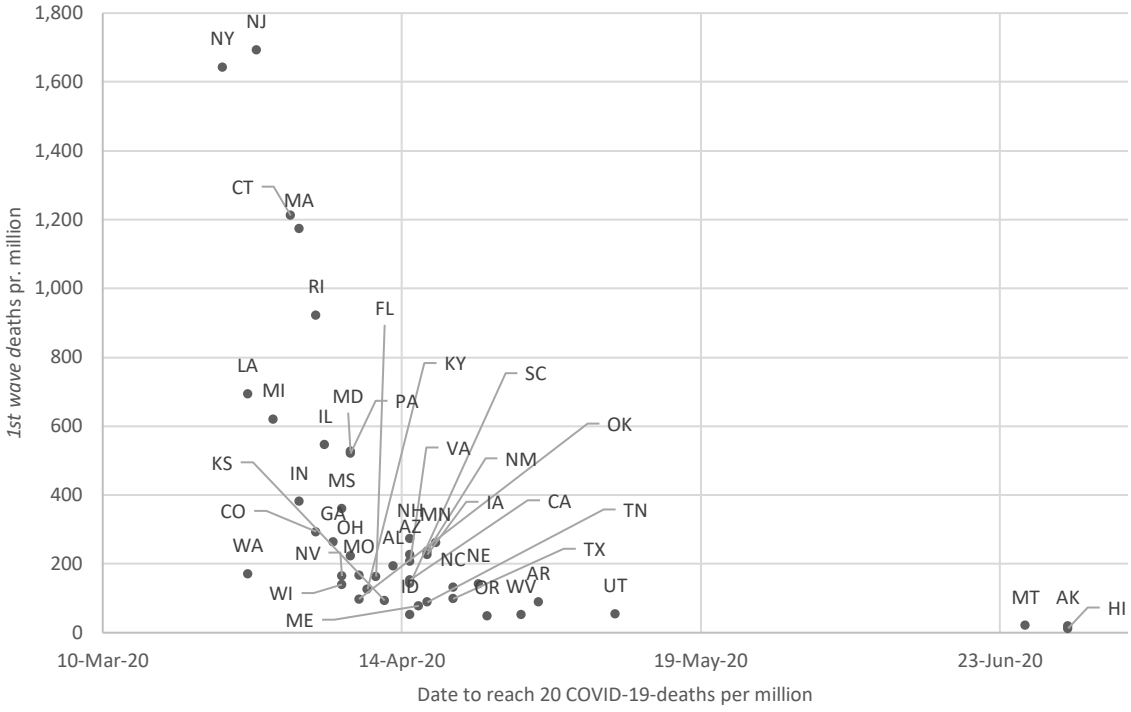
Including these studies will greatly overestimate the effect of lockdowns, and, hence, we chose not to include studies focusing on timing of lockdowns in our review.

Figure 8: Taken by surprise. The importance of having time to prepare in Europe



Description: European countries with more than one million citizens.
Source: Our World in Data

Figure 9: Taken by surprise. The importance of having time to prepare in U.S. states



Description: U.S. states with more than one million citizens.
Source: Our World in Data

7 Appendix B. Supplementary information

7.1 Excluded studies

Below is a list will the studies excluded during the eligibility phase of our identification process and a short description of our basis for excluding the study.

Table 8: Studies excluded during the eligibility phase of our identification process

1. Study (Author & title)	2. Reason for exclusion
Alemán et al. (2020); "Evaluating the effectiveness of policies against a pandemic"	Too few observations
Alshammari et al. (2021); "Are countries' precautionary actions against COVID-19 effective? An assessment study of 175 countries worldwide"	Is purely descriptive
Amuedo-Dorantes et al. (2020); "Timing is Everything when Fighting a Pandemic: COVID-19 Mortality in Spain"	Duplicate
Amuedo-Dorantes et al. (2021); "Early adoption of non-pharmaceutical interventions and COVID-19 mortality"	Only looks at timing
Amuedo-Dorantes, Kaushal and Muchow (2020); "Is the Cure Worse than the Disease? County-Level Evidence from the COVID-19 Pandemic in the United States"	Duplicate
Amuedo-Dorantes, Kaushal and Muchow (2021); "Timing of social distancing policies and COVID-19 mortality: county-level evidence from the U.S."	Only looks at timing
Arruda et al. (2021); "ASSESSING THE IMPACT OF SOCIAL DISTANCING ON COVID-19 CASES AND DEATHS IN BRAZIL: AN INSTRUMENTED DIFFERENCE-IN-	Social distancing (not
Bakolis et al. (2021); "Changes in daily mental health service use and mortality at the commencement and lifting of COVID-19 'lockdown' policy in 10 UK sites: a regression	Uses a time series approach
Bardey, Fernández and Gravel (2021); "Coronavirus and social distancing: do non-pharmaceutical-interventions work (at least) in the short run?"	Only looks at timing
Berardi et. Al. (2020); "The COVID-19 pandemic in Italy: policy and technology impact on health and non-health outcomes"	Too few observations
Bhalla (2020); "Lockdowns and Closures vs COVID–19: COVID Wins"	Uses modelling
Björk et al. (2021); "Impact of winter holiday and government responses on mortality in Europe during the first wave of the COVID-19 pandemic"	Only looks at timing
Bongaerts, Mazzola and Wagner (2020); "Closed for business"	Duplicate
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Synthetic control study
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Duplicate
Bushman et al. (2020); "Effectiveness and compliance to social distancing during COVID-19"	Social distancing (not
Castaneda and Saygili (2020); "The effect of shelter-in-place orders on social distancing and the spread of the COVID-19 pandemic: a study of Texas"	Uses a time series approach
Cerqueti et al. (2021); "The sooner the better: lives saved by the lockdown during the COVID-19 outbreak. The case of Italy"	Synthetic control study
Chernozhukov, Kasahara and Schrimpf (2021); "Mask mandates and other lockdown policies reduced the spread of COVID-19 in the U.S."	Duplicate
Chin et al. (2020); "Effects of non-pharmaceutical interventions on COVID-19: A Tale of Three Models"	Uses modelling
Cho (2020); "Quantifying the impact of nonpharmaceutical interventions during the COVID-19 outbreak: The case of Sweden"	Synthetic control study
Coccia (2020); "The effect of lockdown on public health and economic system: findings from first wave of the COVID-19 pandemic for designing effective strategies to cope	Only looks at timing
Coccia (2021); "Different effects of lockdown on public health and economy of countries: Results from first wave of the COVID-19 pandemic"	Too few observations
Conyon and Thomsen (2021); "COVID-19 in Scandinavia"	Synthetic control study
Conyon et al. (2020); "Lockdowns and COVID-19 deaths in Scandinavia"	Too few observations
Dave et al. (2020); "Did the Wisconsin Supreme Court restart a COVID-19 epidemic? Evidence from a natural experiment"	Synthetic control study
Delis, Iosifidi and Tasiou (2021); "Efficiency of government policy during the COVID-19 pandemic"	Do not look at mortality
Dreher et al. (2021); "Policy interventions, social distancing, and SARS-CoV-2 transmission in the United States: a retrospective state-level analysis"	Do not look at mortality
Duchemin, Veber and Boussau (2020); "Bayesian investigation of SARS-CoV-2-related mortality in France"	Uses modelling
Fair et. Al. (2021); "Estimating COVID-19 cases and deaths prevented by non-pharmaceutical interventions in 2020-2021, and the impact of individual actions: a retrospective	Uses modelling
Filias (2020); "The impact of government policies effectiveness on the officially reported deaths attributed to covid-19."	Student paper
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Duplicate
Friedson et al. (2020); "Did California's shelter-in-place order work? Early coronavirus-related public health effects"	Duplicate
Friedson et al. (2020); "Shelter-in-place orders and public health: evidence from California during the COVID-19 pandemic"	Synthetic control study
Fuss, Weizman and Tan (2020); "COVID19 pandemic: how effective are interventive control measures and is a complete lockdown justified? A comparison of countries and	Do not look at mortality
Ghosh, Ghosh and Narymanchi (2020); "A Study on The Effectiveness of Lock-down Measures to Control The Spread of COVID-19"	Synthetic control study
Glogowsky et al. (2021); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19"	Only looks at timing
Glogowsky, Hansen and Schächtele (2020); "How effective are social distancing policies? Evidence on the fight against COVID-19 from Germany"	Duplicate
Glogowsky, Hansen and Schächtele (2020); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19 from Germany"	Duplicate
Gordon, Grafton and Steinshamn (2021); "Cross-country effects and policy responses to COVID-19 in 2020: The Nordic countries"	Do not look at mortality
Gordon, Grafton and Steinshamn (2021); "Statistical Analyses of the Public Health and Economic Performance of Nordic Countries in Response to the COVID-19 Pandemic"	Too few observations
Guo et al. (2020); "Social distancing interventions in the United States: An exploratory investigation of determinants and impacts"	Duplicate
Huber and Langen (2020); "The impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Duplicate
Huber and Langen (2020); "Timing matters: the impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Only looks at timing
Jain et al. (2020); "A comparative analysis of COVID-19 mortality rate across the globe: An extensive analysis of the associated factors"	Do not look at mortality
Juranek and Zoutman (2021); "The effect of non-pharmaceutical interventions on the demand for health care and mortality: evidence on COVID-19 in Scandinavia"	Too few observations
Kakpo and Nuhu (2020); "Effects of Social Distancing on COVID-19 Infections and Mortality in the U.S."	Social distancing (not
Kapoor and Ravi (2020); "Impact of national lockdown on COVID-19 deaths in select European countries and the U.S. using a Changes-in-Changes model"	Too few observations
Khatiwada and Chalise (2020); "Evaluating the efficiency of the Swedish government policies to control the spread of Covid-19."	Student paper
Korevaar et al. (2020); "Quantifying the impact of U.S. state non-pharmaceutical interventions on COVID-19 transmission"	Do not look at mortality
Kumar et. Al. (2020); "Prevention-Versus Promotion-Focus Regulatory Efforts on the Disease Incidence and Mortality of COVID-19: A Multinational Diffusion Study Using	Do not look at mortality
Le et al. (2020); "Impact of government-imposed social distancing measures on COVID-19 morbidity and mortality around the world"	Uses a time series approach
Liang et al. (2020); "Covid-19 mortality is negatively associated with test number and government effectiveness"	Not effect of lockdowns
Mader and Rütternauer (2021); "The effects of non-pharmaceutical interventions on COVID-19-related mortality: A generalized synthetic control approach across 169 countries"	Synthetic control study
Matzinger and Skinner (2020); "Strong impact of closing schools, closing bars and wearing masks during the Covid-19 pandemic: results from a simple and revealing analysis"	Uses modelling
Mccafferty and Ashley (2020); "Covid-19 Social Distancing Interventions by State Mandate and their Correlation to Mortality in the United States"	Duplicate
Medline et al. (2020); "Evaluating the impact of stay-at-home orders on the time to reach the peak burden of Covid-19 cases and deaths: does timing matter?"	Only looks at timing

1. Study (Author & title)	2. Reason for exclusion
Mu et al. (2020); "Effect of social distancing interventions on the spread of COVID-19 in the state of Vermont"	Uses modelling
Nakamura (2020); "The Impact of Rapid State Policy Response on Cumulative Deaths Caused by COVID-19"	Student paper
Neidhöfer and Neidhöfer (2020); "The effectiveness of school closures and other pre-lockdown COVID-19 mitigation strategies in Argentina, Italy, and South Korea"	Synthetic control study
Oliveira (2020); "Does' Staying at Home'Save Lives? An Estimation of the Impacts of Social Isolation in the Registered Cases and Deaths by COVID-19 in Brazil"	Social distancing (not
Palladina et al. (2020); "Effect of Implementation of the Lockdown on the Number of COVID-19 Deaths in Four European Countries"	Uses a time series approach
Palladina et al. (2020); "Effect of timing of implementation of the lockdown on the number of deaths for COVID-19 in four European countries"	Duplicate
Palladino et al. (2020); "Excess deaths and hospital admissions for COVID-19 due to a late implementation of the lockdown in Italy"	Uses a time series approach
Peixoto et al. (2020); "Rapid assessment of the impact of lockdown on the COVID-19 epidemic in Portugal"	Uses modelling
Piovani et. Al. (2021); "Effect of early application of social distancing interventions on COVID-19 mortality over the first pandemic wave: An analysis of longitudinal data from 37	Only looks at timing
Reinbold (2021); "Effect of fall 2020 K-12 instruction types on CoViD-19 cases, hospital admissions, and deaths in Illinois counties"	Synthetic control study
Renne, Roussellet and Schwenkler (2020); "Preventing COVID-19 Fatalities: State versus Federal Policies"	Uses modelling
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest–posttest comparison group study"	Duplicate
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest–posttest comparison group study"	Uses a time series approach
Silva, Filho and Fernandes (2020); "The effect of lockdown on the COVID-19 epidemic in Brazil: evidence from an interrupted time series design"	Uses a time series approach
Stamam et al. (2020); "IMPACT OF LOCKDOWN MEASURE ON COVID-19 INCIDENCE AND MORTALITY IN THE TOP 31 COUNTRIES OF THE WORLD."	Uses a time series approach
Steinegger et al. (2021); "Retrospective study of the first wave of COVID-19 in Spain: analysis of counterfactual scenarios"	Only looks at timing
Stephens et al. (2020); "Does the timing of government COVID-19 policy interventions matter? Policy analysis of an original database."	Only looks at timing
Supino et al. (2020); "The effects of containment measures in the Italian outbreak of COVID-19"	Uses a time series approach
Timelli and Girardi (2021); "Effect of timing of implementation of containment measures on Covid-19 epidemic. The case of the first wave in Italy"	Only looks at timing
Trivedi and Das (2020); "Effect of the timing of stay-at-home orders on COVID-19 infections in the United States of America"	Only looks at timing
Umer and Khan (2020); "Evaluating the Effectiveness of Regional Lockdown Policies in the Containment of Covid-19: Evidence from Pakistan"	Too few observations
VoPham et al. (2020); "Effect of social distancing on COVID-19 incidence and mortality in the U.S."	Do not look at mortality
Wu and Wu (2020); "Stay-at-home and face mask policies intentions inconsistent with incidence and fatality during U.S. COVID-19 pandemic"	Too few observations
Xu et al. (2020); "Associations of Stay-at-Home Order and Face-Masking Recommendation with Trends in Daily New Cases and Deaths of Laboratory-Confirmed COVID-19 in	Do not look at mortality
Yehya, Venkataramani and Harhay (2020); "Statewide Interventions and Coronavirus Disease 2019 Mortality in the United States: An Observational Study"	Only looks at timing
Ylli et al. (2020); "The lower COVID-19 related mortality and incidence rates in Eastern European countries are associated with delayed start of community circulation Alban	Not effect of lockdowns

7.2 Interpretation of estimates and conversion to common estimates

In Table 9, we describe for each study used in the meta-analysis how we interpret their results and convert the estimates to our common estimate. Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

Table 9: Notes on studies included in the meta-analysis

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	26-Nov-20	Transforming Government: People, Process and Policy	We use the 1% effect noted by the authors in "We find that the natural log of the duration (in days) that the state instituted shelter-in-place reduces percentages of mortality by 0.0001%, or approximately 1% of the means of percentages of deaths per capita in our sample. The standard error is calculated on basis of the t-value in Table 3.
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	16-Jan-21	Review of Economics of the Household	We use estimates from Table 3, model 5. For each estimate the common estimate is calculated as (difference in COVID-19 mortality with NPI)/(difference in COVID-19 mortality without NPI)-1, where (difference in COVID-19 mortality with NPI) is 237.89 (Table 2 states that deaths per million is 406.99 in U.S. and 169.10 in Europe) and (difference in COVID-19 mortality without NPI) is estimated as exp(ln(difference in COVID-19 mortality with NPI)-estimate).
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	1-Jul-20	ResearchGate	It is unclear whether they prefer the model with or without the interaction term. In the meta-analysis, we use an average of -0.326 (Table 3, without) and -0.073 (Table 6, with) deaths per million per stringency point (i.e. -0.200). The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	1-Sep-20	JAMA	Estimate that school closure was associated with a 58% decline in COVID-19 mortality and that the effect was largest in states with low cumulative incidence of COVID-19 at the time of school closure. States with the lowest incidence of COVID-19 had a −72% relative change in incidence compared with −49% for those states with the highest cumulative incidence.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	24-Feb-21	PNAS	The estimated effect of SIPO's, an increase in deaths by 0,654 per million after 14 days (significant, cf. Fig. 2), is converted to a relative effect on a state basis based on data from OurWorldInData. For states which did implement SIPO, we calculate the number of deaths without SIPO as the number of official COVID-19 deaths 14 days after SIPO was implemented minus 0,654 extra deaths per million. For states which did not implement SIPO, we calculate the number of deaths with SIPO as the number of official COVID-19 deaths 14 days after March 31 2020 plus 0,654 extra deaths per million. We use March 31 2020 as this was the average date on which SIPO was implemented in the 40 states which did implement SIPO. Using this approximation, the effect of SIPO's in the U.S. is 1,1% more deaths after 14 days. Common standard errors are not available.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	29-Mar-21	CESifo Economic Studies	We use estimates from Table 2 (four weeks). Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as (ln(policy stringency) - ln(recommendation stringency)) x estimate.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	1-Dec-20	World Bank Group	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	8-Jun-20	0	Find that, world-wide, internal NPIs have prevented about 650,000 deaths (3.11 deaths were prevented for each death that occurred, i.e. 76% effect). However, this effect is for any lockdown including a Swedish lockdown. They do not find an extra effect of stricter lockdowns and state that "our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus." Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is "doing nothing" can affect the magnitude of the estimated impacts. Since all Western countries did something and estimates in other reviewed studies are relative to doing less – and, hence not to doing nothing, we report the result from Bonardi et al. as compared to "doing less." Hence, for Bonardi et al. we use 0% as the common estimate in the meta-analysis for each NPI (SIPO, regional lockdown, partial lockdown, and border closure (stage 1, stage 2 and full) because all NPIs are insignificant (compared to Sweden's "doing the least"-lockdown).
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	14-May-21	PLOS ONE	Business shutdown saved 9,439 Italian lives by 13th 2020. This corresponds to 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	1-Aug-20	EClinacal-Medicine	Finds no effect of partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews. In the meta-analysis we use a common estimate of 0%, as estimates and standard errors are not available.
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	1-Jan-21	Journal of Econometrics	The study looks at the effect of NPIs on growth rates but does include an estimate of the effect on total mortality at the end of the study period for employee face masks (-34%), business closure (-29%). and SIPO (-18%), but not for school closures (which we therefore exclude). In reporting the results of their counterfactual, they alter between "fewer deaths with NPI" and "more deaths without NPI." We have converted the latter to the former as estimate/(1+estimate) so "without business closures deaths would be about 40% higher" corresponds to "with business closures deaths would be about 29% lower."
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	10-Mar-21	MDPI	The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). In the meta-analysis we use the non-linear estimate, but the squared estimate yields similar results.
Dave et al. (2021); "When Do Shelter-in-Place Orders	3-Aug-20	Economic Inpuiry	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after 20+ days for model 1 and 2 in Table 7. Since model 3, 4 and 5 have estimates

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"			similar to model 2, we use an average of model 1 to 5, where the estimates of model 3 to 5 are calculated as (common estimate model 2) / (estimate model 2) x estimate model 3/4/5.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	28-Aug-20	SSRN	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	28-Jun-21	PLOS ONE	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	10-Jun-21	PLOS ONE	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after three weeks (35% reduction in deaths) which is used in the meta-analysis.
Fuller et al. (2021); "Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020"	15-Jan-21	Morbidity and Mortality Weekly Report	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	18-Aug-20	New Zealand Economic Papers	We use the two graphs to the left in figure 3, where we extract the data from the rightmost datapoint (I.e. % impact of county lockdowns on Covid-19 deaths by 1/06/2020). We then take the average of the estimates found in the two graphs, because it is unclear which estimate the author prefers.
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	4-Feb-21	CID Faculty Working	We convert the effect in Figure 4 after 90 days (log difference -1.16 of a standard deviation change) to deaths per million per stringency following footnote 3 (the footnote says "weekly deaths," but we believe this should be "daily deaths"), so the effect is e^-1.16 − 1 = −0.69 decline in daily deaths per million per SD. We convert to total effect by multiplying with 90 days and "per point" by dividing with SD = 22.3 (corresponding to the SD for the 147 countries with data before March 19, 2020 - using all data yields similar results) yielding -2.77 deaths per million per stringency point. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	21-Sep-20	Research on Social Work Practice	We use estimates for "Proportion of Cumulative Deaths Over the Population" (per 10,000) in Table 3. We interpret this number as the change in cumulative deaths over the population in percent and is therefore the same as our common estimate.
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	6-Jul-20	medRxiv	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality. They ascertain that "sustained over three months, this would correspond to a cumulative number of deaths 30% lower," however this is not a counterfactual estimate and three months goes beyond the period they have data for.
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	15-Jul-21	Eurosurveillance	The study is not included in the meta-analysis, as they report the effect of NPIs in incident risk ratio which are not easily converted to relative effects.

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	5-Mar-21	Culture & Crisis Conference	The study is not included in the meta-analysis, as it looks at the effect of NPIs on odds-ratios and does not include an estimate of the effect on total mortality.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	26-Oct-20	ASTMH	Their "mask recommendation" includes some countries, where masks were mandated and may (partially) capture the effect of mask mandates. However, the authors' focus is on recommendation, so we do interpret their result as a voluntary effect - not an effect of mask mandate. Using estimates from Table 2 and assuming NPIs were implemented March 15 (8 weeks in total by end of study period), common estimates are calculated as 8^est-1.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	27-Apr-21	Pragmatic and Observational Research	The study is not included in the meta-analysis, as it looks at the effect of NPIs on peak mortality and does not include an estimate of the effect on total mortality.
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	20-Aug-20	medRxiv	The study is not included in the meta-analysis, as the cluster the NPIs (e.g. SIPO, mask mandata amd travel restricions are clustered in Level 4).
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	4-May-21	Health Policy and Planning	Policy implementations were assigned according to the first day that a country received a policy stringency rating above 0 in the OxCGRT stay-at-home measure. As the value 1 is a recommendation "recommend not leaving house," we cannot distinguish recommendations from mandates, and, thus, the study is not included in the meta-analysis.
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	6-Aug-20	medRxiv	Find that SIPOs lower mortality by 29-35%. We use the average (32%) as our common estimate. Common standard errors are calculated based on estimates and standard errors from (Table 4) assuming they are linearly related to estimates.
Shiva and Molana (2021); "The Luxury of Lockdown"	9-Apr-21	The European Journal of Develepment Research	The estimate with 8 weeks lag is insignificant, and preferable given our empirical strategy. However, they use the 4-week lag when elaborating the model to differentiate between high- and low-income countries, so the 4-week lag estimate for rich countries is used in our meta-analysis. Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as (policy stringency - recommendation stringency) x estimate.
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	18-Jun-21	The Review of Financial Studies	We use weighted average of estimates for Table 4, 6, and 9. Since authors state that they place more weight on the findings in Table 9, Table 9 weights by 50% while Table 4 and 6 weights by 25%. We estimate the effect on total mortality from effect on growth rates based on authors calculation showing that estimates of -0.049 and -0.060 reduces new deaths by 12.5% 15.3% respectively. We use the same relative factor on other estimates.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	10-Nov-20	World Medical & Health Policy	When calculating arithmetic average / median, the study is included as 0%, because estimates in Table 6 are insignificant and signs of estimates are mixed (higher strictness can cause both fewer and more deaths). We don't calculate common standard errors.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	6-Oct-20	medRxiv	We use estimates from regression on strictness alone (Right panel in Table "Regression results, policy strictness. Baseline is "policy not introduced within policy analysis period" in "Additional file"). We use the average of 24 and 38 days from model 5. There are 23 relevant estimates in total (they analyze all levels within the eight NPI measures in the OxCGRT stringency index). We calculate the effect of each NPI (e.g. closing schools) as the average effect in all of U.S./Europe. This is done by calculating the effect for each state/country based on the maximum level for each measure between Mar 16 and Apr 15 (e.g. if all schools in a state/country are required to close (school closing level 3) the relevant estimate for that state/level is -0.031 (average of -0.464 and 0.402). We assume all NPIs are effective for 54 days (from March 15 to June 1 minus 24 days to reach full effect). Standard errors are converted to common standard errors following the same process (this approach is unique for Stokes, as our general approach is not possible).

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	1-Apr-20	CESifo Working Papers	It is unclear how they define "lockdown." They write that "many countries [...] imposed lockdowns of varying degrees, some imposing mandatory nationwide lockdowns, restricting economic and social activity deemed to be non-essential," and since all European countries and all states in the U.S. imposed restrictions on economic (closing unessential businesses) and/or social (limiting large gatherings) activity, we interpret this as all European countries and all U.S. states had mandatory nationwide lockdowns. The effect of recommended lockdowns is set to zero in the meta-analysis, as only one country was in this lockdown category (i.e. too few observations, cf. eligibility criteria). The estimate for complete travel closure is -0.226 COVID-deaths per 100,000. Hence, if all of Europe imposed complete travel closure, the total effect would be -0.266 * 748 million (population) * 10 (100,000/1,000,000) equal to 1,690 averted COVID-19 deaths. However, according to OxCGRT-data European countries only had complete travel bans (Level 4: "Ban on all regions or total border closure") in 11% of the time between March 16 and April 15, 2020. So the total effect is 1,690 * 11% = 194 averted deaths. During the first wave 188,000 deaths in Europe was related to COVID-19 (by June 30, 2020), so the total effect is approximated to -0.1% in Europe and, following the same logic, 0% in U.S., where no states closed their borders completely. We use the average, -0.05%, in the meta-analysis. The estimate for mandatory national lockdown is 0.166 (>0) COVID-deaths per 100,000. Since all European countries (and U.S. states) imposed lockdowns, the total effect is 1,241 (553) extra COVID-19 deaths corresponding to 0.7% (0.4%). We use the average of Europe and the U.S., 0.5%, in the meta-analysis. Calculations of the effect of "Mandatory national lockdown" follow the same logic, but we assume 100% of Europe and United States have had "Mandatory national lockdown."
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	3-Oct-20	Oxford academic	The study is not included in the meta-analysis, as they report the effect of NPIs on Rt which are not easily converted to relative effects.

8 References

Abadie, Alberto. 2021. “Using Synthetic Controls: Feasibility, Data Requirements, and Methodological Aspects.” *Journal of Economic Literature* 59 (2):391–425. https://doi.org/10.1257/jel.20191450.

Alderman, Jillian, and Maretno Harjoto. 2020. “COVID-19: US Shelter-in-Place Orders and Demographic Characteristics Linked to Cases, Mortality, and Recovery Rates.” *Transforming Government: People, Process and Policy* ahead-of-print (ahead-of-print). https://doi.org/10.1108/TG-06-2020-0130.

Alemán, Christian, Christopher Busch, Alexander Ludwig, and Raül Santàeulalia-Llopis. 2020. “Evaluating the Effectiveness of Policies Against a Pandemic.” ZEW - Centre for European Economic Research Discussion Paper.

Allen, Douglas W. 2021. “Covid-19 Lockdown Cost/Benefits: A Critical Assessment of the Literature.” *International Journal of the Economics of Business*, September, 1–32. https://doi.org/10.1080/13571516.2021.1976051.

An, Brian Y., Simon Porcher, Shui-Yan Tang, and Eunji Emily Kim. 2021. “Policy Design for COVID -19: Worldwide Evidence on the Efficacies of Early Mask Mandates and Other Policy Interventions.” *Public Administration Review* 81 (6):1157–82. https://doi.org/10.1111/puar.13426.

Aparicio, Ainoa, and Shoshana Grossbard. 2021. “Are COVID Fatalities in the US Higher than in the EU, and If so, Why?” *Review of Economics of the Household* 19 (2):307–26. https://doi.org/10.1007/s11150-020-09532-9.

Arnarson, Björn Thor. 2021. “Breaks and Breakouts: Explaining the Persistence of COVID-19.” *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3775506.

Ashraf, Badar Nadeem. 2020. “Socioeconomic Conditions, Government Interventions and Health Outcomes during COVID-19,” July. http://dx.doi.org/10.13140/RG.2.2.21141.55520.

Atkeson, Andrew. 2021. “A Parsimonious Behavioral SEIR Model of the 2020 COVID Epidemic in the United States and the United Kingdom,” February, w28434. https://doi.org/10.3386/w28434.

Atkeson, Andrew, Karen Kopecky, and Tao Zha. 2020. “Four Stylized Facts about COVID-19.” *NBER Working Paper*, August, 44. https://doi.org/10.3386/w27719.

Auger, Katherine A., Samir S. Shah, Troy Richardson, David Hartley, Matthew Hall, Amanda Warniment, Kristen Timmons, et al. 2020. “Association Between Statewide School Closure and COVID-19 Incidence and Mortality in the US.” *JAMA* 324 (9):1–13. https://doi.org/10.1001/jama.2020.14348.

Bakolis, Ioannis, Robert Stewart, David Baldwin, Jane Beenstock, Paul Bibby, Matthew Broadbent, Rudolf Cardinal, et al. 2021. “Changes in Daily Mental Health Service Use and Mortality at the Commencement and Lifting of COVID-19 ‘Lockdown’ Policy in 10 UK Sites: A Regression Discontinuity in Time Design.” *BMJ Open* 11 (5). British Medical Journal Publishing Group:e049721. https://doi.org/10.1136/bmjopen-2021-049721.

Berardi, Chiara, Marcello Antonini, Mesfin G. Genie, Giovanni Cotugno, Alessandro Lanteri, Adrian Melia, and Francesco Paolucci. 2020. “The COVID-19 Pandemic in Italy: Policy and Technology Impact on Health and Non-Health Outcomes.” *Health Policy and Technology* 9 (4):454–87. https://doi.org/10.1016/j.hlpt.2020.08.019.

Berry, Christopher R., Anthony Fowler, Tamara Glazer, Samantha Handel-Meyer, and Alec MacMillen. 2021. “Evaluating the Effects of Shelter-in-Place Policies during the COVID-19 Pandemic.” *Proceedings of the National Academy of Sciences* 118 (15):e2019706118. https://doi.org/10.1073/pnas.2019706118.

Björk, Jonas, Kristoffer Mattisson, and Anders Ahlbom. 2021. “Impact of Winter Holiday and Government Responses on Mortality in Europe during the First Wave of the COVID-19 Pandemic.” *European Journal of Public Health*, February, ckab017. https://doi.org/10.1093/eurpub/ckab017.

Bjørnskov, Christian. 2021a. “Did Lockdown Work? An Economist’s Cross-Country Comparison.” *CESifo Economic Studies* 00 (00):14. https://doi.org/10.1093/cesifo/ifab003.

———. 2021b. “Born et al. Om Epidemien i Sverige – Hvad Er Der Galt Og Hvordan Ser Det Ud Nu?” *Punditokraterne* (blog). June 14, 2021. http://punditokraterne.dk/2021/06/14/born-et-al-om-epidemien-i-sverige-hvad-er-der-galt-og-hvordan-ser-det-ud-nu/.

Blanco, Fernando, Drilona Emrullahu, and Raimundo Soto. 2020. “Do Coronavirus Containment Measures Work? Worldwide Evidence,” Policy Research Working Papers, , December. https://doi.org/10.1596/1813-9450-9490.

Bonardi, Jean-Philippe, Quentin Gallea, Dimtrija Kalanoski, and Rafael Lalive. 2020. “Fast and Local: How Lockdown Policies Affect the Spread and Severity of Covid-19.” *CEPR Covid Economics*, 27.

Bongaerts, Dion, Francesco Mazzola, and Wolf Wagner. 2021. “Closed for Business: The Mortality Impact of Business Closures during the Covid-19 Pandemic.” *PLOS ONE* 16 (5). Public Library of Science:e0251373. https://doi.org/10.1371/journal.pone.0251373.

Book, Joakim. 2020. “Oxford’s Stringency Index Is Falling Apart – AIER.” December 24, 2020. https://www.aier.org/article/oxfords-stringency-index-is-falling-apart/.

Born, Benjamin, Alexander M. Dietrich, and Gernot J. Müller. 2021. “The Lockdown Effect: A Counterfactual for Sweden.” *PLOS ONE* 16 (4). Public Library of Science:e0249732. https://doi.org/10.1371/journal.pone.0249732.

Brodeur, Abel, David Gray, Anik Islam, and Suraiya Bhuiyan. 2021. “A Literature Review of the Economics of COVID-19.” *Journal of Economic Surveys*, April, joes.12423. https://doi.org/10.1111/joes.12423.

Cerqueti, Roy, Raffaella Coppier, Alessandro Girardi, and Marco Ventura. 2021. “The Sooner the Better: Lives Saved by the Lockdown during the COVID-19 Outbreak. The Case of Italy.” *ArXiv:2101.11901 [Econ]*, January. http://arxiv.org/abs/2101.11901.

Chaudhry, Rabail, George Dranitsaris, Talha Mubashir, Justyna Bartoszko, and Sheila Riazi. 2020. “A Country Level Analysis Measuring the Impact of Government Actions, Country Preparedness and Socioeconomic Factors on COVID-19 Mortality and Related Health Outcomes.” *EClinicalMedicine* 25 (August):100464. https://doi.org/10.1016/j.eclinm.2020.100464.

Chernozhukov, Victor, Hiroyuki Kasahara, and Paul Schrimpf. 2021. “Causal Impact of Masks, Policies, Behavior on Early Covid-19 Pandemic in the U.S.” *Journal of Econometrics*, Pandemic Econometrics, 220 (1):23–62. https://doi.org/10.1016/j.jeconom.2020.09.003.

Chisadza, Carolyn, Matthew Clance, and Rangan Gupta. 2021. “Government Effectiveness and the COVID-19 Pandemic.” *Sustainability* 13 (6). Multidisciplinary Digital Publishing Institute:3042. https://doi.org/10.3390/su13063042.

Cho, Sang-Wook (Stanley). 2020. “Quantifying the Impact of Nonpharmaceutical Interventions during the COVID-19 Outbreak: The Case of Sweden.” *The Econometrics Journal* 23 (3):323–44. https://doi.org/10.1093/ectj/utaa025.

Coccia, Mario. 2021. “Different Effects of Lockdown on Public Health and Economy of Countries: Results from First Wave of the COVID-19 Pandemic.” *Journal of Economics Library* 8 (1):45–63. https://doi.org/10.1453/jel.v8i1.2183.

Conyon, Martin J., Lerong He, and Steen Thomsen. 2020a. “Lockdowns and COVID-19 Deaths in Scandinavia.” *CEPR Covid Economics*. https://doi.org/10.2139/ssrn.3616969.

———. 2020b. “Lockdowns and COVID-19 Deaths in Scandinavia.” *SSRN Electronic Journal*, June. https://doi.org/10.2139/ssrn.3616969.

Conyon, Martin J., and Steen Thomsen. 2021. “COVID-19 in Scandinavia.” https://doi.org/10.2139/ssrn.3793888.

Dave, Dhaval, Andrew I. Friedson, Kyutaro Matsuzawa, and Joseph J. Sabia. 2021. “When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time.” *Economic Inquiry* 59 (1):29–52. https://doi.org/10.1111/ecin.12944.

Dave, Dhaval, Andrew Friedson, Kyutaro Matsuzawa, Drew McNichols, and Joseph Sabia. 2020. “Did the Wisconsin Supreme Court Restart a Covid-19 Epidemic? Evidence from a Natural Experiment.” *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3620628.

Dergiades, Theologos, Costas Milas, Theodore Panagiotidis, and Elias Mossialos. 2020. “Effectiveness of Government Policies in Response to the COVID-19 Outbreak.” *SSRN Electronic Journal*, August. https://doi.org/10.2139/ssrn.3602004.

Doucouliagos, Hristos, and Martin Paldam. 2008. “Aid Effectiveness on Growth: A Meta Study.” *European Journal of Political Economy* 24 (1):1–24. https://doi.org/10.1016/j.ejpoleco.2007.06.002.

Duchemin, Louis, Philippe Veber, and Bastien Boussau. 2020. “Bayesian Investigation of SARS-CoV-2-Related Mortality in France,” June. https://doi.org/10.1101/2020.06.09.20126862.

ECDC. 2020. “COVID-19 in Children and the Role of School Settings in Transmission - First Update.” https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission.

Fakir, Adnan M. S., and Tushar Bharati. 2021. “Pandemic Catch-22: The Role of Mobility Restrictions and Institutional Inequalities in Halting the Spread of COVID-19.” *PLOS ONE* 16 (6). Public Library of Science:e0253348. https://doi.org/10.1371/journal.pone.0253348.

Ferguson, Neil M, Daniel Laydon, Gemma Nedjati-Gilani, Natsuko Imai, Kylie Ainslie, Marc Baguelin, Sangeeta Bhatia, et al. 2020. “Impact of Non-Pharmaceutical Interventions (NPIs) to Reduce COVID- 19 Mortality and Healthcare Demand,” March, 20.

Flaxman, Seth, Swapnil Mishra, Axel Gandy, H. Juliette T. Unwin, Thomas A. Mellan, Helen Coupland, Charles Whittaker, et al. 2020. “Estimating the Effects of Non-Pharmaceutical Interventions on COVID-19 in Europe.” *Nature* 584 (7820):257–61. https://doi.org/10.1038/s41586-020-2405-7.

Fowler, James H., Seth J. Hill, Remy Levin, and Nick Obradovich. 2021. “Stay-at-Home Orders Associate with Subsequent Decreases in COVID-19 Cases and Fatalities in the United States.” *PLOS ONE* 16 (6). Public Library of Science:e0248849. https://doi.org/10.1371/journal.pone.0248849.

Frey, Carl Benedikt, Chinchih Chen, and Giorgio Presidente. 2020. “Democracy, Culture, and Contagion: Political Regimes and Countries’ Responsiveness to Covid-19.” *CEPR Covid Economics*. https://cepr.org/sites/default/files/CovidEconomics18.pdf.

Friedson, Andrew I., Drew McNichols, Joseph J. Sabia, and Dhaval Dave. 2021. “Shelter-in-Place Orders and Public Health: Evidence from California During the Covid-19 Pandemic.” *Journal of Policy Analysis and Management* 40 (1):258–83. https://doi.org/10.1002/pam.22267.

Fuller, James A., Avi Hakim, Kerton R. Victory, Kashmira Date, Michael Lynch, Benjamin Dahl, and Olga Henao. 2021. “Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020.” *Morbidity and Mortality Weekly Report* 70 (2):58–62. https://doi.org/10.15585/mmwr.mm7002e4.

Ghosh, Subhas Kumar, Sachchit Ghosh, and Sai Shanmukha Narumanchi. 2020. “A Study on The Effectiveness of Lock-down Measures to Control The Spread of COVID-19.” *ArXiv:2008.05876 [Physics]*, August. http://arxiv.org/abs/2008.05876.

Gibson, John. 2020. “Government Mandated Lockdowns Do Not Reduce Covid-19 Deaths: Implications for Evaluating the Stringent New Zealand Response.” *New Zealand Economic Papers*, November, 1–12. https://doi.org/10.1080/00779954.2020.1844786.

Goldstein, Patricio, Eduardo Levy Yeyati, and Luca Sartorio. 2021. “Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19,” June. https://doi.org/10.21203/rs.3.rs-621368/v1.

Goolsbee, Austan, and Chad Syverson. 2021. “Fear, Lockdown, and Diversion: Comparing Drivers of Pandemic Economic Decline 2020.” *Journal of Public Economics* 193 (January):104311. https://doi.org/10.1016/j.jpubeco.2020.104311.

Gordon, Daniel V., R. Quentin Grafton, and Stein Ivar Steinshamn. 2020. “Statistical Analyses of the Public Health and Economic Performance of Nordic Countries in Response to the COVID-19 Pandemic,” November, 2020.11.23.20236711. https://doi.org/10.1101/2020.11.23.20236711.

GRADEpro. 2013. “GRADE Handbook.” October 2013. https://gdt.gradepro.org/app/handbook/handbook.html.

Guallar, María Pilar, Rosa Meiriño, Carolina Donat-Vargas, Octavio Corral, Nicolás Jouvé, and Vicente Soriano. 2020. “Inoculum at the Time of SARS-CoV-2 Exposure and Risk of Disease Severity.” *International Journal of Infectious Diseases* 97 (August):290–92. https://doi.org/10.1016/j.ijid.2020.06.035.

Guo, Shenyang, Ruopeng An, Timothy D. McBride, Danlin Yu, Linyun Fu, and Yuanyuan Yang. 2021. “Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts.” *Research on Social Work Practice* 31 (1):26–41. https://doi.org/10.1177/1049731520957415.

Gupta, Sumedha, Kosali Simon, and Coady Wing. 2020. “Mandated and Voluntary Social Distancing During The COVID-19 Epidemic: A Review.” *NBER Working Paper Series*, June, w28139. https://doi.org/10.3386/w28139.

Hale, Thomas, Noam Angrist, Rafael Goldszmidt, Beatriz Kira, Anna Petherick, Toby Phillips, Samuel Webster, et al. 2021. “Variation in Government Responses to COVID-19.” *Nature Human Behaviour* 5 (4):529–38. https://doi.org/10.1038/s41562-021-01079-8.

Hale, Thomas, Andrew J. Hale, Beatriz Kira, Anna Petherick, Toby Phillips, Devi Sridhar, Robin N. Thompson, Samuel Webster, and Noam Angrist. 2020. “Global Assessment of the

Relationship between Government Response Measures and COVID-19 Deaths," July, 2020.07.04.20145334. https://doi.org/10.1101/2020.07.04.20145334.

Helsingen, Lise M., Erle Refsum, Dagrun Kyte Gjøstein, Magnus Løberg, Michael Bretthauer, Mette Kalager, Louise Emilsson, and for the Clinical Effectiveness Research group. 2020. "The COVID-19 Pandemic in Norway and Sweden – Threats, Trust, and Impact on Daily Life: A Comparative Survey." *BMC Public Health* 20 (1):1597. https://doi.org/10.1186/s12889-020-09615-3.

Herby, Jonas. 2021. "A First Literature Review: Lockdowns Only Had a Small Effect on COVID-19." *SSRN Electronic Journal*. https://dx.doi.org/10.2139/ssrn.3764553.

Herby, Jonas, Lars Jonung, and Steve H. Hanke. 2021. "Protocol for 'What Does the First XX Studies Tell Us about the Effects of Lockdowns on Mortality? A Systematic Review and Meta-Analysis of COVID-19 Lockdowns.'" *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3872977.

Homburg, Stefan, and Christof Kuhbandner. 2020. "Comment on Flaxman et al. (2020, Nature: The Illusory Effects of Non-Pharmaceutical Interventions on COVID-19 in Europe." *Nature* 584 (7820):257–61.

Hunter, Paul R, Felipe J Colón-González, Julii Brainard, and Steven Rushton. 2021. "Impact of Non-Pharmaceutical Interventions against COVID-19 in Europe in 2020: A Quasi-Experimental Non-Equivalent Group and Time Series Design Study." *Eurosurveillance* 26 (28). https://doi.org/10.2807/1560-7917.ES.2021.26.28.2001401.

Irfan, Omar, Jiang Li, Kun Tang, Zhicheng Wang, and Zulfiqar A Bhutta. 2021. "Risk of Infection and Transmission of SARS-CoV-2 among Children and Adolescents in Households, Communities and Educational Settings: A Systematic Review and Meta-Analysis." *Journal of Global Health* 11 (July):05013. https://doi.org/10.7189/jogh.11.05013.

Jefferson, Tom, Chris B Del Mar, Liz Dooley, Eliana Ferroni, Lubna A Al-Ansary, Ghada A Bawazeer, Mieke L van Driel, et al. 2020. "Physical Interventions to Interrupt or Reduce the Spread of Respiratory Viruses." Edited by Cochrane Acute Respiratory Infections Group. *Cochrane Database of Systematic Reviews* 2020 (11). https://doi.org/10.1002/14651858.CD006207.pub5.

Johanna, Nadya, Henrico Citrawijaya, and Grace Wangge. 2020. "Mass Screening vs Lockdown vs Combination of Both to Control COVID-19: A Systematic Review." *Journal of Public Health Research*, 9. https://dx.doi.org/10.4081%2Fjphr.2020.2011.

Jonung, Lars, and Steve H. Hanke. 2020. "Freedom and Sweden's Constitution." *Wall Street Journal*, May 20, 2020. https://www.wsj.com/articles/freedom-and-swedens-constitution-11589993183.

Jonung, Lars, and Werner Röger. 2006. "The Macroeconomic Effects of a Pandemic in Europe. A Model-Based Assessment", *European Economy*, Economic papers, nr 251, juni, 2006. European Commission. Brussels. https://ec.europa.eu/economy_finance/publications/pages/publication708_en.pdf

Juranek, Steffen, and Floris T. Zoutman. 2021. "The Effect of Non-Pharmaceutical Interventions on the Demand for Health Care and on Mortality: Evidence from COVID-19 in Scandinavia." *Journal of Population Economics* 34 (4):1299–1320. https://doi.org/10.1007/s00148-021-00868-9.

Kapoor, Mudit, and Shamika Ravi. 2020. “Impact of National Lockdown on COVID-19 Deaths in Select European Countries and the US Using a Changes-in-Changes Model.” *ArXiv:2006.12251 [Physics, q-Bio, q-Fin]*, June. http://arxiv.org/abs/2006.12251.

Kepp, Kasper Planeta, and Christian Bjørnskov. 2021. “Lockdown Effects on Sars-CoV-2 Transmission – The Evidence from Northern Jutland.” *MedRxiv*, January. https://doi.org/10.1101/2020.12.28.20248936.

Laliotis, Ioannis, and Dimitrios Minos. 2020. “Spreading the Disease: The Role of Culture.” *CEPR Covid Economics*, June. https://doi.org/10.31235/osf.io/z4ndc.

Langeland, Andy, Jose Marte, and Kyle Connif. 2021. “The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates,” March, 23.

Leffler, Christopher T., Edsel Ing, Joseph D. Lykins, Matthew C. Hogan, Craig A. McKeown, and Andrzej Grzybowski. 2020. “Association of Country-Wide Coronavirus Mortality with Demographics, Testing, Lockdowns, and Public Wearing of Masks.” *The American Journal of Tropical Medicine and Hygiene* 103 (6):2400–2411. https://doi.org/10.4269/ajtmh.20-1015.

Lemoine, Philippe. 2020. “Lockdowns, Science and Voodoo Magic.” Nec Pluribus Impar. December 4, 2020. https://necpluribusimpar.net/lockdowns-science-and-voodoo-magic/.

Lewis, Nic. 2020. “Did Lockdowns Really Save 3 Million COVID-19 Deaths, as Flaxman et al. Claim?” Climate Etc. June 21, 2020. https://judithcurry.com/2020/06/21/did-lockdowns-really-save-3-million-covid-19-deaths-as-flaxman-et-al-claim/.

Li, Yanni, Mingming Liang, Liang Gao, Mubashir Ayaz Ahmed, John Patrick Uy, Ce Cheng, Qin Zhou, and Chenyu Sun. 2021. “Face Masks to Prevent Transmission of COVID-19: A Systematic Review and Meta-Analysis.” *American Journal of Infection Control* 49 (7):900–906. https://doi.org/10.1016/j.ajic.2020.12.007.

Lipp, Allyson, and Peggy Edwards. 2014. “Disposable Surgical Face Masks for Preventing Surgical Wound Infection in Clean Surgery.” In *Cochrane Database of Systematic Reviews*, edited by The Cochrane Collaboration, CD002929.pub2. Chichester, UK: John Wiley & Sons, Ltd. https://doi.org/10.1002/14651858.CD002929.pub2.

Liu, Ian T., Vinay Prasad, and Jonathan J. Darrow. 2021. “Evidence for Community Cloth Face Masking to Limit the Spread of SARS-CoV-2: A Critical Review,” November. https://www.cato.org/working-paper/evidence-community-cloth-face-masking-limit-spread-sars-cov-2-critical-review.

Mader, Sebastian, and Tobias Rüttenauer. 2021. “The Effects of Non-Pharmaceutical Interventions on COVID-19-Related Mortality: A Generalized Synthetic Control Approach across 169 Countries.” SocArXiv. https://doi.org/10.31235/osf.io/v2ef8.

Matzinger, Polly, and Jeff Skinner. 2020. “Strong Impact of Closing Schools, Closing Bars and Wearing Masks during the COVID-19 Pandemic: Results from a Simple and Revealing Analysis.” https://doi.org/10.1101/2020.09.26.20202457.

Mccafferty, Sean, and Sean Ashley. 2021. “Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe.” *Pragmatic and Observational Research* 12 (April). Dove Press:15–24. https://doi.org/10.2147/POR.S298309.

Moher, D., A. Liberati, J. Tetzlaff, D. G Altman, and for the PRISMA Group. 2009. “Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement.” *BMJ* 339 (jul21 1):b2535–b2535. https://doi.org/10.1136/bmj.b2535.

Neidhöfer, Guido, and Claudio Neidhöfer. 2020. “The Effectiveness of School Closures and Other Pre-Lockdown COVID-19 Mitigation Strategies in Argentina, Italy, and South Korea.” *SSRN Electronic Journal*, July. https://doi.org/10.2139/ssrn.3649953.

Nussbaumer-Streit, Barbara, Verena Mayr, Andreea Iulia Dobrescu, Andrea Chapman, Emma Persad, Irma Klerings, Gernot Wagner, et al. 2020. “Quarantine Alone or in Combination with Other Public Health Measures to Control COVID-19: A Rapid Review.” Edited by Cochrane Infectious Diseases Group. *Cochrane Database of Systematic Reviews*, April. https://doi.org/10.1002/14651858.CD013574.

Nuzzo, Jennifer B, Lucia Mullen, Michael Snyder, Anita Cicero, Thomas V Inglesby, Amesh A Adalja, Nancy Connell, et al. 2019. “Preparedness for a High-Impact Respiratory Pathogen Pandemic,” September, 84.

Paldam, Martin. 2015. “Meta-Analysis in a Nutshell: Techniques and General Findings.” *Economics* 9 (1):20150011. https://doi.org/10.5018/economics-ejournal.ja.2015-11.

Pan, William K., Stefanos Tyrovolas, Giné-Vázquez Iago, Rishav Raj Dasgupta, Fernández Daniel, Ben Zaitchik, Paul M. Lantos, and Christopher W. Woods. 2020. “COVID-19: Effectiveness of Non-Pharmaceutical Interventions in the United States before Phased Removal of Social Distancing Protections Varies by Region.” https://doi.org/10.1101/2020.08.18.20177600.

Patel, Urvish, Preeti Malik, Deep Mehta, Dhaivat Shah, Raveena Kelkar, Candida Pinto, Maria Suprun, Mandip Dhamoon, Nils Hennig, and Henry Sacks. 2020. “Early Epidemiological Indicators, Outcomes, and Interventions of COVID-19 Pandemic: A Systematic Review.” *Journal of Global Health* 10 (2):020506. https://doi.org/10.7189/jogh.10.020506.

Perra, Nicola. 2020. “Non-Pharmaceutical Interventions during the COVID-19 Pandemic: A Rapid Review.” *ArXiv:2012.15230 [Physics]*, December. http://arxiv.org/abs/2012.15230.

Pincombe, Morgan, Victoria Reese, and Carrie B Dolan. 2021. “The Effectiveness of National-Level Containment and Closure Policies across Income Levels during the COVID-19 Pandemic: An Analysis of 113 Countries.” *Health Policy and Planning* 36 (7):1152–62. https://doi.org/10.1093/heapol/czab054.

Poeschl, Johannes, and Rasmus Bisgaard Larsen. 2021. “How Do Non- Pharmaceutical Interventions Affect the Spread of COVID-19? A Literature Review.” *Nationalbanken Economic Memo*, no. 4:20. https://www.nationalbanken.dk/en/publications/Documents/2021/04/Economic%20Memo%20nr.%204-2021.pdf.

Pozo-Martin, Francisco, Florin Cristea, Charbel El Bcheraoui, and Robert Koch-Institut. 2020. “Rapid Review Der Wirksamkeit Nicht-Pharmazeutischer Interventionen Bei Der Kontrolle Der COVID-19-Pandemie.” *Robert Koch*, September, 17. https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Projekte_RKI/Rapid-Review-NPIs.pdf?__blob=publicationFile.

Reinbold, Gary W. 2021. “Effect of Fall 2020 K-12 Instruction Types on COVID-19 Cases, Hospital Admissions, and Deaths in Illinois Counties.” *American Journal of Infection Control* 0 (0). Elsevier. https://doi.org/10.1016/j.ajic.2021.05.011.

Rezapour, Aziz, Aghdas Souresrafil, Mohammad Mehdi Peighambari, Mona Heidarali, and Mahsa Tashakori-Miyanroudi. 2021. “Economic Evaluation of Programs against COVID-19: A Systematic Review.” *International Journal of Surgery* 85 (January):10–18. https://doi.org/10.1016/j.ijsu.2020.11.015.

Robinson, Oliver. 2021. “COVID-19 Lockdown Policies: An Interdisciplinary Review.” *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3782395.

Sears, James, J. Miguel Villas-Boas, Vasco Villas-Boas, and Sofia Berto Villas-Boas. 2020. “Are We #Stayinghome to Flatten the Curve?,” August, 2020.05.23.20111211. https://doi.org/10.1101/2020.05.23.20111211.

Sebhatu, Abiel, Karl Wennberg, Stefan Arora-Jonsson, and Staffan I. Lindberg. 2020. “Explaining the Homogeneous Diffusion of COVID-19 Nonpharmaceutical Interventions across Heterogeneous Countries.” *PNAS*, August, 202010625. https://doi.org/10.1073/pnas.2010625117.

Shenoy, Ajay, Bhavyaa Sharma, Guanghong Xu, Rolly Kapoor, Haedong Aiden Rho, and Kinpritma Sangha. 2022. “God Is in the Rain: The Impact of Rainfall-Induced Early Social Distancing on COVID-19 Outbreaks.” *Journal of Health Economics* 81 (January):102575. https://doi.org/10.1016/j.jhealeco.2021.102575.

Shiva, Mehdi, and Hassan Molana. 2021. “The Luxury of Lockdown.” *The European Journal of Development Research*, April. https://doi.org/10.1057/s41287-021-00389-x.

Siedner, Mark J., Guy Harling, Zahra Reynolds, Rebecca F. Gilbert, Sebastien Haneuse, Atheendar S. Venkataramani, and Alexander C. Tsai. 2020. “Social Distancing to Slow the US COVID-19 Epidemic: Longitudinal Pretest–Posttest Comparison Group Study.” *PLOS Medicine* 17 (8). Public Library of Science:e1003244. https://doi.org/10.1371/journal.pmed.1003244.

Spiegel, Matthew, and Heather Tookes. 2021. “Business Restrictions and COVID-19 Fatalities.” Edited by Itay Goldstein. *The Review of Financial Studies*, June, hhab069. https://doi.org/10.1093/rfs/hhab069.

Stanley, T.D., and Hristos Doucouliagos. 2010. “PICTURE THIS: A SIMPLE GRAPH THAT REVEALS MUCH ADO ABOUT RESEARCH.” *Journal of Economic Surveys* 24 (1):170–91. https://doi.org/10.1111/j.1467-6419.2009.00593.x.

Stephens, M., J. Berengueres, S. Venkatapuram, and I. A. Moonesar. 2020. “Does the Timing of Government COVID-19 Policy Interventions Matter? Policy Analysis of an Original Database.” https://doi.org/10.1101/2020.11.13.20194761.

Stockenhuber, Reinhold. 2020. “Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe.” *World Medical & Health Policy* 12 (4):413–29. https://doi.org/10.1002/wmh3.374.

Stokes, Jonathan, Alex James Turner, Laura Anselmi, Marcello Morciano, and Thomas Hone. 2020. “The Relative Effects of Non-Pharmaceutical Interventions on Early Covid-19 Mortality: Natural Experiment in 130 Countries,” October, 2020.10.05.20206888. https://doi.org/10.1101/2020.10.05.20206888.

Subramanian, S. V., and Akhil Kumar. 2021. “Increases in COVID-19 Are Unrelated to Levels of Vaccination across 68 Countries and 2947 Counties in the United States.” *European Journal of Epidemiology*, September. https://doi.org/10.1007/s10654-021-00808-7.

Toya, Hideki, and Mark Skidmore. 2020. “A Cross-Country Analysis of the Determinants of Covid-19 Fatalities.” *CESifo Working Papers*, April, 14.

Tsai, Alexander C, Guy Harling, Zahra Reynolds, Rebecca F Gilbert, and Mark J Siedner. 2021. “Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures.” *Clinical Infectious Diseases* 73 (Supplement_2):S120–26. https://doi.org/10.1093/cid/ciaa1502.

Umer, Hamza, and Muhammad Salar Khan. 2020. “Evaluating the Effectiveness of Regional Lockdown Policies in the Containment of Covid-19: Evidence from Pakistan.” *ArXiv:2006.02987 [Physics, q-Bio]*, June. http://arxiv.org/abs/2006.02987.

UNICEF. 2021. “In-Person Schooling and COVID-19-Transmission: Review of Evidence 2020.” https://www.unicef.org/media/89046/file/In-person-schooling-and-covid-19-transmission-review-of-evidence-2020.pdf.

World Health Organization Writing Group. 2006. “Nonpharmaceutical Interventions for Pandemic Influenza, National and Community Measures.” *Emerging Infectious Diseases* 12 (1):88–94. https://doi.org/10.3201/eid1201.051371.

Wu, Samuel X., and Xin Wu. 2020. “Stay-at-Home and Face Mask Policies Intentions Inconsistent with Incidence and Fatality during US COVID-19 Pandemic.” https://doi.org/10.1101/2020.10.25.20219279.

Zhang, Mengxi, Siqin Wang, Tao Hu, Xiaokang Fu, Xiaoyue Wang, Yaxin Hu, Briana Halloran, et al. 2021. “Human Mobility and COVID-19 Transmission: A Systematic Review and Future Directions.” Preprint. Infectious Diseases (except HIV/AIDS). https://doi.org/10.1101/2021.02.02.21250889.

ATTACHMENT FIVE

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1:	**Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2:	**Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3:	**Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4:	**Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5:	**mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**
Reference 1:	**My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2:	**My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3:	**My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4:	***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute Study (JHIS) of January 2022**

19 Pages

Letters of June / July 2021 to and from
Oral Roberts University President Dr. William Wilson

Subject 1:	mRNA "vaccine" as Ongoing Cause of Death (COD)
Subject 2:	Fraudulent Promotions of "COVID vaccine" and "Delta Variant"
Subject 3:	Fox News Interview of Pastor Robert Jeffress (15 July 2021)

ORU | MAKE NO LITTLE PLANS HERE

June 27, 2021

Paul Sheridan
President
DDM Consulting
22357 Columbia Street
Dearborn, Michigan 48124-3431

Dear Mr. Sheridan,

Blessings and grace to you.

I have received your packet and auxiliary materials dated June 9, 2021. Thank you for your hard work in putting this together.

My prayers are with you and with our nation as we continue to move back to normal after the pandemic.

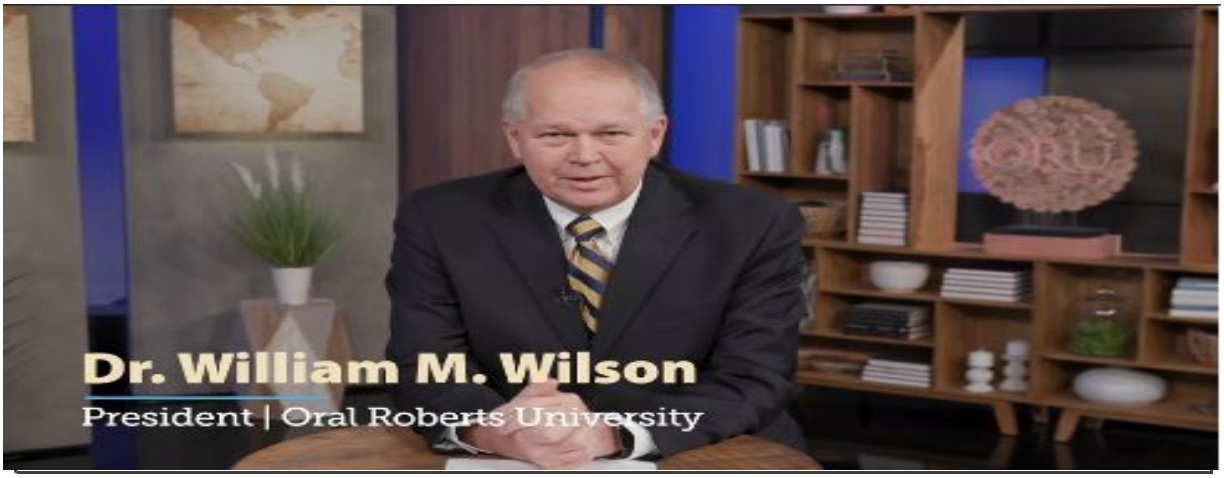
Sincerely,

William M. Wilson
President

Dr. William M. Wilson | President
ORAL ROBERTS UNIVERSITY
7777 South Lewis Avenue, Tulsa, Oklahoma 74171 | 918.495.6175 | www.oru.edu

ORU HEALTH AND SAFETY INFORMATION

ORU President Dr. William Wilson announces a return to normal operations at ORU.



- Students will not be required to have a vaccination for COVID-19 in order to attend ORU this Fall. We have not been requiring, nor will we require, COVID-19 vaccinations of staff or faculty in order to serve or work at this university.
- Students will not be required to test for COVID-19 before entering the dorms.
- Masks will be optional in all campus venues and at all campus events. They will not be required anywhere on campus.
- Our cafeteria, food outlets, Chapel, classrooms and all departments will return to normal operations without social distancing. Classroom sizes will return to normal, and we will have normal student-faculty interactions.
- There will be no temperature checks and no check-in apps when you come onto campus this Fall.
- All residential classes will continue to be taught in-person, face-to-face and virtually.
- We will maintain quarantine and isolation space should we need them.
- Testing for COVID-19 and the influenza virus will be available to staff, faculty and students free of charge, allowing anyone who is symptomatic to be tested.
- We will maintain our hand sanitizing stations on campus to ensure good hygiene.

July 20, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 774299080065

Delivery Information:

Status:	Delivered	**Delivered To:**	Shipping/Receiving
Signed for by:	D.DAVIS	**Delivery Location:**	7777 S LEWIS AVE
Service type:	FedEx First Overnight		
Special Handling:	Deliver Weekday		TULSA, OK, 74171
		Delivery date:	Jul 20, 2021 09:07

Shipping Information:

Tracking number:	774299080065	**Ship Date:**	Jul 19, 2021
		Weight:	6.1 LB/2.77 KG

Recipient:
President Dr. William Wilson, Oral Roberts University
7777 South Lewis Avenue
TULSA, OK, US, 74171

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference Ltr to Pres Wilson (ORU)

Thank you for choosing FedEx

19 July 2021

President Dr. William Wilson
Oral Roberts University
7777 South Lewis Avenue
Tulsa, OK 74171
918-495-6161
Shipper tracking 7742-9908-0065

Subject 1: **mRNA "vaccine" as Ongoing Cause of Death (COD)**
Subject 2: **Fraudulent Promotions of "COVID vaccine" and "Delta Variant"**
Subject 3: **Fox News Interview of Pastor Robert Jeffress (15 July 2021)**

Reference 1: **My Letter to the Presidents of the Ivy League (6 March 2021)**
Reference 2: **My Letter to Anthony Fauci and Ivy League Law School Deans (12 April 2021)**
Reference 3: **My Letter to Governor DeSantis / Governor Noem (23 April 2021)**
Reference 4: **My Letter to Fox News CEO Mr. Jack Abernethy (24 June 2021)**
Reference 5: **Dr. Reiner Fuellmich Interview of Dr. David Martin of July 2021: The Coronavirus Investigation Committee (Enclosed USB Drive)**

Courtesy Copy List

Pastor Bruce Wesley
Clear Creek Community Church
999 North Egret Bay Blvd.
League City, TX 77573
281-338-5433
Shipper tracking 774309405970

Dr. Robert Jeffress, Pastor
First Baptist Church Dallas
1707 San Jacinto
Dallas, TX 75201
214-969-0111
Shipper tracking TBD

Congressman Jim Jordan
United States Congress
2056 Rayburn House Office Building
Washington, DC 20515
202-225-2676
Shipper tracking 774309258409

Senator Rand Paul
United States Senate
167 Russell Senate Office Building
Washington DC, 20510
202-224-4343
Shipper tracking 774309210632

Congressman Mark Green
United States Congress
2446 Rayburn HOB
Washington, DC 20515
202-225-2811
Shipper tracking 774320542652

Congressman James Comer
United States Congress
2410 Rayburn HOB
Washington, DC 20515
202-225-3115
Shipper tracking 774320500965

Senator Ron Johnson
United States Senate
328 Hart Senate Office Building
Washington, DC 20510
202-224-5323
Shipper tracking 774309312042

Mr. Tucker Carlson
Fox News Washington
400 North Capitol St NW
Washington, DC 20001
202-824-6300
Shipper tracking 774309446558

Dr. Anthony S. Fauci, Director
NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov
Shipper tracking 7764-0397-4114

Ms. Martha E. Pollack
Office of the President
Cornell University - 300 Day Hall
Ithaca, NY 14853
607-255-5201
Shipper tracking 7764-0393-1589

22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095
pvs6@cornell.edu

19 July 2021 VIA FEDEX AIRBILL 7742-9908-0065

President Dr. William Wilson
Oral Roberts University
7777 South Lewis Avenue
Tulsa, OK 74171

Subject 1:	**mRNA "vaccine" as Ongoing Cause of Death (COD)**
Subject 2:	**Fraudulent Promotions of "COVID vaccine" and "Delta Variant"**
Subject 3:	**Fox News Interview of Pastor Robert Jeffress (15 July 2021)**
Reference 1:	**My Letter to the Presidents of the Ivy League (6 March 2021)**
Reference 2:	**My Letter to Anthony Fauci and Ivy League Law School Deans (12 April 2021)**
Reference 3:	**My Letter to Governor DeSantis / Governor Noem (23 April 2021)**
Reference 4:	**My Letter to Fox News CEO Mr. Jack Abernethy (24 June 2021)**
Reference 5:	**Dr. Reiner Fuellmich Interview of Dr. David Martin of July 2021: The Coronavirus Investigation Committee (Enclosed USB Drive)**

Dear President Wilson:

Thank you sincerely for your letter of 27 June 2021. Anticipating such courtesy, from a person and an institution (ORU) that has a demonstrated track record of true-caring, bravery, intelligence and integrity; I am grateful to have made our acquaintance (Attachment 1). [1]

Context

When discussing current affairs, I sometimes refer to The Big Five (in approximate historical order):

Big Religion

Big Government

Big Corporate

Big Media

Big Academia

None are problematic *per se*. But in our time it is clear that all have been infiltrated, corrupted, and diminished in grace and purpose. If major revisions in behavior/priority are not enacted by The Big Five, individually and in unison, then their collective fate as irredeemable is assured.

In my hard-won experience, Big Academia is the most insidious. Big Academia does the "best job" of promoting itself as pure, as intelligent, as moral/ethical. It is Big Academia that the other four (1) look to for realization, (2) rely upon for longevity and (3) literally employ for justification (research?).

I can assure The Big Five that their wares & ways are not new to The World, and that the latter has a long history of enforcing . . . *course correction.* But our issue is the toll in human suffering, the demise of the innocent; **both of which are avoidable by leaders making a proper interpretation of Hosea 4:6.**

[1] Alternatively, I correctly anticipated not receiving similar courtesy from *any* member of the *many* other recipients of the References/telephone calls, including non-response from those at my alma mater, Cornell University.

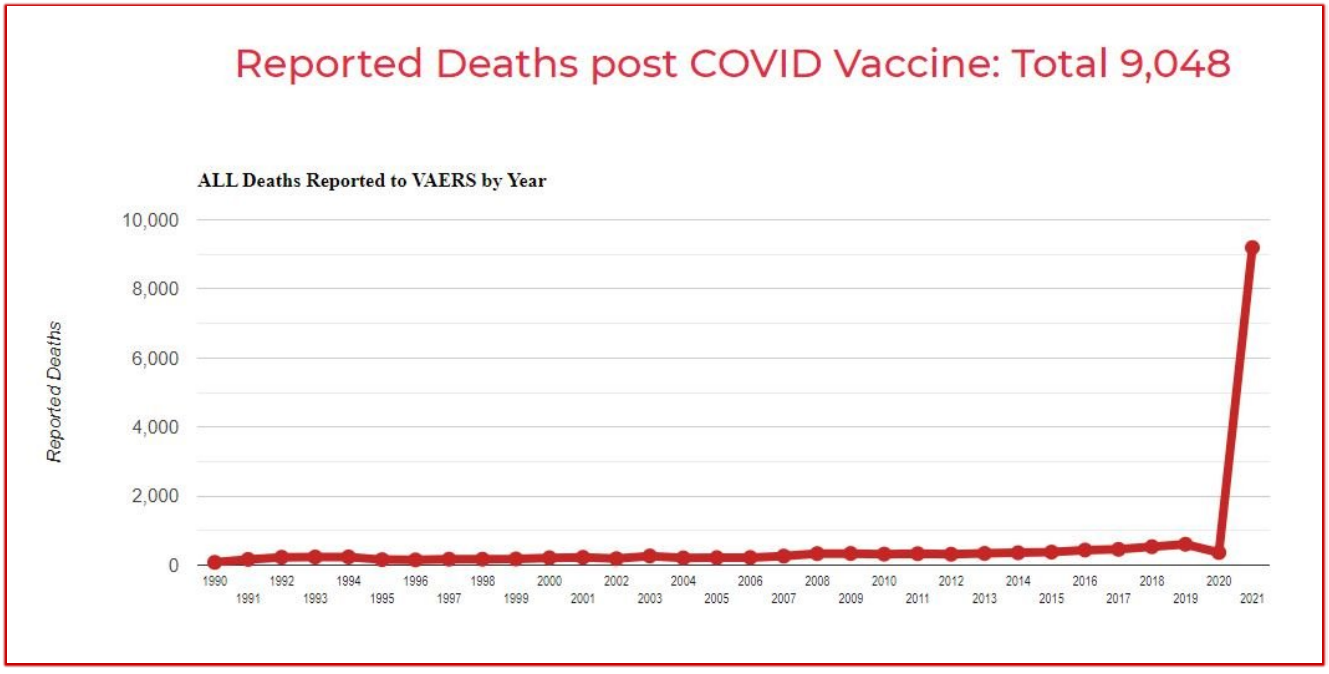
Subject 1 : mRNA "vaccine" as Ongoing Cause of Death (COD) [2]

In Reference 2 (Page 3), and on Page 19 in my letter of 9 June 2021, I directed the following historical reality at Anthony Fauci (screenshot):

> It is your well-documented historical practice of deriding and discarding, at every opportunity, the merits of non-vaccine based treatments and cures for a variety of health issues. You have dictated that "vaccination is key" to disease mitigation. Vaccination is Fauci's priority; especially the experimental. You have a long record of discrediting and subverting the use of now-inexpensive, proven/safe treatments, and health/immune system enhancement protocols. You have a long record of orchestrating **investment-intensive, taxpayer-funded,** corporate pharmaceutical, shareholder promoted, university Development Office prospect endorsed, globally-scaled **vaccine** development and deployment. Those that question your methods are ridiculed, their employment terminated, and reputations publically tarnished.

On Page 6 of my letter of 2 July 2021 to US Michigan Senators Debbie Stabenow and Gary Peters, I offered the May 2021 summary chart of the Vaccine Adverse Events Reporting System (VAERS). The fraudulent **VAERS was once again underreporting: Since the Emergency Use Authorization (EUA) of the mRNA "vaccine" in December 2020, 5,888 Americans had already lost their lives to what Fauci and Cornell University forcefully declare as "safe & effective."** [3]

By June 2021, the VAERS tally skyrocketed by an <u>additional</u> 3,160 to 9,048!!!



[2] Please note that the key Subject 1 word is within quotation marks; please see Page 7 below.

[3] VAERS is run by two of the most unreliable and distrusted organizations in history: Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). Repeated requests for system accuracy updates have been ignored. Experts <u>conservatively</u> correct the VAERS COVID-19 death data by 40x, and the injury data by 100x. Above I emphasize 'Americans.' It is well-known that thousands have suffered worse mRNA inoculation fates *outside the USA;* data which are strenuously avoided by CDC/FDA and their media mouthpieces.

Subject 1 : mRNA "vaccine" as Ongoing Cause of Death (COD) – con't

Context is needed to truly comprehend a 13 July 2021 headline (Please see Page 5 below).

A. At the beginning of this so-called pandemic, hospitals and doctors and nurses **worldwide** were coerced into recording *any* new death as "COVID-19" on the death certificate. A motorcycle accident death in Florida was caused by blunt-force-trauma. But that true causation was deemed inconsequential versus COVID-19. This COD **farce** caught the attention of Governor Ron DeSantis.

Over a year ago, Page 17 of 36 in my 21 July 2020 letter to Fauci, I displayed (screenshot) :

Should "COVID-19" be reported on the death certificate only with a confirmed test?

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

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

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

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

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

The first MD to expose this fraud, Dr. Annie Bukacek was vilified by "health authorities" and their media mouthpieces. She received zero blessings and support from various "religious leaders" (See page 9 below).

Subject 1 : mRNA "vaccine" as Ongoing Cause of Death (COD) – con't

B. A model of physical health & condition, Mr. Hank Aaron was *specifically chosen* to rectify "vaccine hesitancy" among Black people. Certainly the geniuses that comprise CDC/FDA, and their suitors in Big Pharma, would not deploy a person that was so frail, so tentative that their death was imminent. Such would subvert their schemes. Aaron's longevity status was well-known; ***THAT*** pre-condition was ***WHY*** he was chosen . . . and that is why his death was anything but "natural."

As his tragic destiny attests, within a short time after being inoculated with Fauci's mRNA "vaccine," we all lost a beloved hero. **An even shorter time later,** the 'damage control' headlines began spewing from the vested-interests of both media and hospital: [4]

'A boomerang effect': Hank Aaron's death is falsely linked to Covid vaccine

The Hall of Famer died of natural causes, the medical examiner said. That hasn't stopped people from linking his death to the Covid-19 vaccine.

Baseball Hall of Famer Hank Aaron sits for a portrait after receiving his Covid-19 vaccination on Jan. 5 at the Morehouse School of Medicine in Atlanta.

Preview of the 13 July 2021 Headlines – Everything becomes Nothing ?

At the beginning of the Fauci Pandemic, ***everything*** **is COVID**, and the death statistics are exaggerated.

At the end of the Fauci Pandemic, ***nothing*** **is "vaccine,"** and the death statistics are subverted.

From beginning to end . . . one bold-faced lie after another . . . all leading to the following headline:

[4] Obviously, Mr. Hank Aaron is not listed in the VAERS data base . . . his COD was listed as "natural."

<u>Subject 1 : mRNA "vaccine" as Ongoing Cause of Death (COD)</u> – Conclusion

GATEWAY PUNDIT
We report the truth — and leave the Russia-Collusion fairy tale to the Conspiracy media

SHOCK REPORT: There Were More COVID-19 Vaccine Deaths Last Week in US than COVID-19 Deaths

By Jim Hoft
Published July 13, 2021 at 7:30am
904 Comments

Share (5.1k) | Tweet | Share to Gab | Telegram | Share | Email

There are now 9,125 reported deaths from the COVID-19 vaccinations across the United States this year.

Shock? For whom? Certainly not the undersigned. And certainly not the "humanitarians" here:

SHARE

LIFE & ARTS | IDEAS | THE SATURDAY ESSAY

Bill Gates: The Best Investment I've Ever Made

Global health groups that buy and distribute medicines are a sure bet for saving lives, but their government funding is now in danger, and even the biggest philanthropies can't fill the gap

By Bill Gates
Jan. 16, 2019 7:01 pm ET

Subject 2 : Fraudulent Promotions of "COVID vaccine" and "Delta Variant"

Written during the final, but revised-timing of the COVID plan, the Wall Street Journal marketing hype above, which masquerades as news, begs elaboration.[5] Medicines, in the Bill Gates byline, especially the off-patent medicines, are not moneymakers. **The profit margins, required by New World Order criminals such as Gates, are to be found, historically speaking, in patented vaccines.**

Unknown to most, the Global Alliance for Vaccines and Immunizations (GAVI) was founded in 1999 with $750,000,000 of bribery/seed money from . . . Bill Gates. In 2010 GAVI announced, at its founder's behest, that 2010 through 2020 be declared **'The Decade of the Vaccine.'**

My "introduction" to Anthony Fauci occurred in the early 1980s during his 'HIV = AIDS' charade. My mentors were Dr. Terrance Gordon, Dr. Gary Null, and Dr. Kary Mullis; among others. Of the four letters I wrote to Fauci about his charade, he responded to none. My primary theme was outpatient treatments.

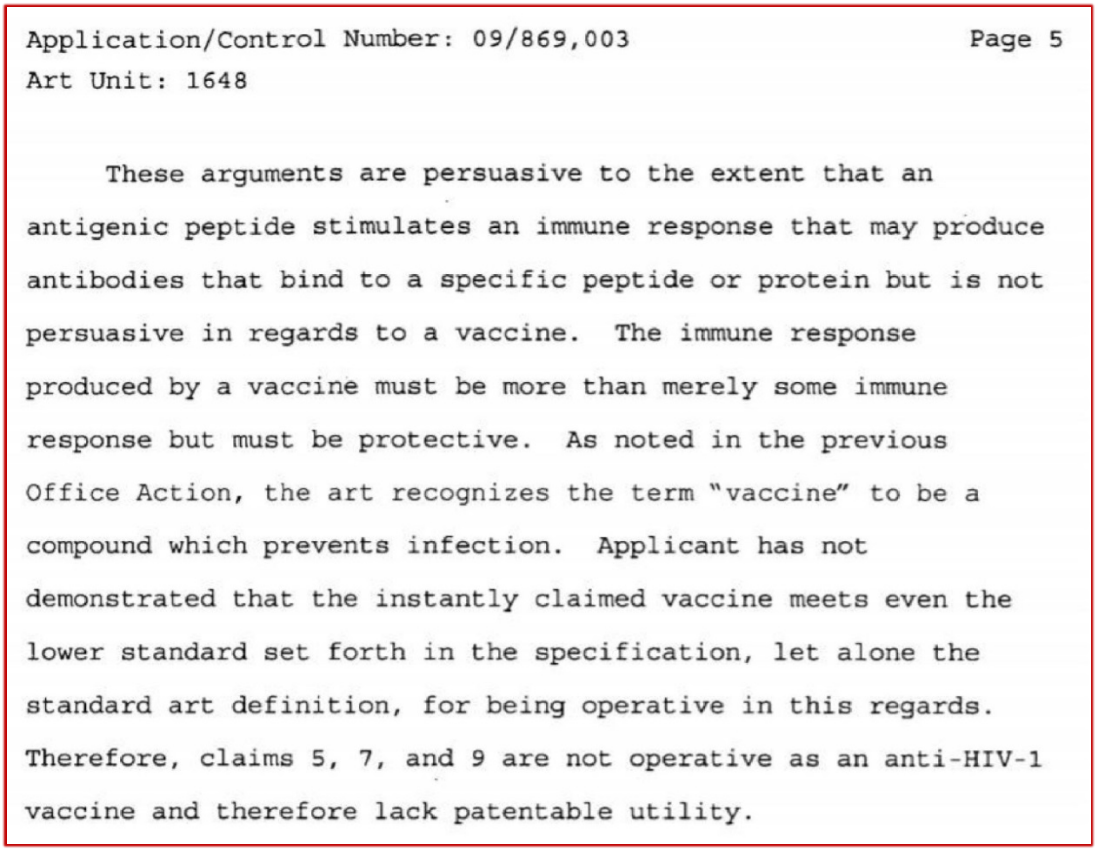
During his 'HIV = AIDS' storyline, Fauci attempted to patent an early version of the mRNA contraption. This "vaccine" targeted (what has *still* not been identified as a "novel") Human Immuno-Deficiency Virus (HIV).

SPEAKING OUT, ACTING UP: AIDS activists from around the country came together to "Storm the NIH" on May 21, 1990, setting off colored smoke bombs en route to buildings where NIH and NIAID directors had their offices. The demonstration "made a huge statement" about activists' demands for increased patient access to clinical trial decisions, says activist Peter Staley. "The people whose minds were ultimately changed: this action made very clear to them how important this goal was to us."

[5] I am drafting material that will qualify/quantify the 'revised-timing of the COVID plan' verbiage. An important portion of the associated facts will be drawn from Reference 5, please see Page 12 below.

Subject 2 : Fraudulent Promotions of "COVID vaccine" and "Delta Variant" – Conclusion

Motivated by historical reality (screenshot, Page 2 above), Fauci sought to gorge himself on profits derived from (1) The death of AIDS victims and (2) simultaneous denial of inexpensive non-vaccine off-patent treatments. The outrage directed at Cornell graduate Fauci is depicted in the 1990 photo (Page 6).
But the response to Fauci from the US Patent and Trademarks Office? [6]



Application/Control Number: 09/869,003 Page 5
Art Unit: 1648

These arguments are persuasive to the extent that an antigenic peptide stimulates an immune response that may produce antibodies that bind to a specific peptide or protein but is not persuasive in regards to a vaccine. The immune response produced by a vaccine must be more than merely some immune response but must be protective. As noted in the previous Office Action, the art recognizes the term "vaccine" to be a compound which prevents infection. Applicant has not demonstrated that the instantly claimed vaccine meets even the lower standard set forth in the specification, let alone the standard art definition, for being operative in this regards. Therefore, claims 5, 7, and 9 are not operative as an anti-HIV-1 vaccine and therefore lack patentable utility.

With a documented priority of "career success" rather than service-to-others, Fauci failed to deliver an "AIDS vaccine." During his time as errand boy for AIDS profiteers, Fauci denied approval of off-patent treatments (such as sulfamethoxazole Bactrim™). On Page 6 in my letter to Fauci of 21 December 2020, I quoted Yale Professor Dr. Harvey Risch regarding the AIDS death toll attributed to "America's Doctor" :

"Seventeen-thousand people died because of Dr. Fauci's insistence on not allowing even a statement supporting consideration of the use (of Bactrim)." [7]

Again, the sub context of Subject 2 is the Page 2 screenshot. Regarding COVID-19, the mRNA inoculation being mandated is also **not** a vaccine . . . its content, delivery and true purpose does not meet the most loosely defined medical, legal, moral . . . or even patent office criteria . . . and Fauci knows it! Hence the use of quotation marks is not picayune, but is meant to expose ***another fraud.*** [8]

I will discuss a similar, but even more dangerous fraud labeled as *"Delta variant,"* in the Conclusion. That discussion will rely on Reference 5.

---

[6] Please see Reference 2, Tab 10, Page 6 (Many thanks to Dr. David E. Martin).

[7] For additional discussion see Reference 2, Page 16 of 26.

[8] As such, this may require an update to Attachment 1, your Page 2 verbiage.

I N T E R M I S S I O N

NIH director: We asked God for help with COVID-19, and vaccines are the 'answer to that prayer'

'This is about saving lives,' NIH Director Francis Collins told RNS.

National Institutes of Health Director Dr. Francis Collins speaks during a Senate Health, Education, Labor and Pensions Committee hearing on new coronavirus tests on Capitol Hill in Washington on May 7, 2020. (AP Photo/Andrew Harnik, Pool)

NATURAL NEWS
Defending Health, Life and Liberty

EXPLORE MORE: NEWSTARGET.COM BRIGHTEON.COM CENSORED.NEWS BRIGHTEON.SOCIAL AUDIO BOOKS STORE

Most Viewed Articles

Today | Week | Month | Year

ALERT: Doctor says mRNA vaccines "will kill most people" through heart failure, 62% of vaccinated people already show microscopic blood clots - NaturalNews.com

Miscarriages skyrocket 366% in six weeks due to Covid vaccines

Monday, March 29, 2021 by: Ethan Huff

Tags: abortions, AstraZeneca, badhealth, badmedicine, badscience, BioNTech, coronavirus, COVID, covid-19, death, depopulation, genocide, infanticide, miscarriage, Moderna, Pfizer, pregnancy, Skyrocket, vaccination, vaccines, women's health

Subject 3 : Fox News Interview of Pastor Robert Jeffress (15 July 2021) – Introduction

In the epic movie *Excalibur,* film genius Director John Boorman scripted a key scene where the Boy King is perplexed by doubts presented by his Knights about the spiritual condition of the kingdom. At the Round Table, King Arthur poses the question to his mentor and life-long friend, Merlin the Magician:

King Arthur	**Where hides evil then, in my kingdom?**
Merlin the Magician	**Always where you never expect it . . . *ALWAYS!***

Subject 3 : Fox News Interview of Pastor Robert Jeffress – *"Thou Shall Be No Priest to Me"*

Two weeks prior to the Fox News interview with Pastor Robert Jeffress, the VAERS data shown on Page 2 above was published.

Two days prior to the Fox News interview with Pastor Jeffress, the "shock" headlines sampled on Page 5 were published . . . as of this letter, 19 July 2021, **that VAERS death toll is now over 11,000 !!**

Months prior to the Fox News interview with Pastor Jeffress, the headlines on the bottom of Page 8 above were published **and known to Jeffress** and the general public :

My people are destroyed for lack of knowledge: because thou hast rejected knowledge, I will also reject thee, that thou shalt be no priest to me: seeing thou hast forgotten the law of thy God, I will also forget thy children. **Hosea 4:6**

Subject 3 : Fox News Interview of Pastor Robert Jeffress – "*Thou Shall Be No Priest to Me*"

Big Media anchors like Shannon Bream are known quantities. But where *"we least expect it"* is twofold:

(1) The Kingdom never expected evil of such magnitude to emerge from those swearing to protect us under the Hippocratic Oath, the medical, pharmaceutical and hospital professions.

(2) But the Kingdom never, never, expects that evil hides in plain sight at the religious bully pulpit.

But the "knowledge" referred to by Lord Jesus had/has ***nothing*** to do with that lauded by Big Academia, and their clients in Big Religion, Big Government, Big Corporate, and Big Media.

Praying alongside common criminals like Francis Collins (Page 8 above), Pastor Jeffress openly declared that the mRNA inoculation is from God (!?); while conflating everything from the *'sanctity of life'* to *'my body my choice'* (in the polemical sense), to the *'attitude that is in Christ Jesus.'*

Working in lockstep with Anthony Fauci, Francis Collins, Bill Gates, Klaus Schwab. Joe Biden, and the entire anti-Jesus New World Order demons, **Pastor Jeffress** never offered the mountains of **worldly** knowledge regarding the known fraud of rt-PCR "testing," a fraud deployed from the very beginning of the "pandemic," but of late specifically targeting the Christian churches for pre-planned headlines: [9]

Pastor begs God for 'mercy' as COVID-19 sweeps megachurch: 'Lord we didn't want to be in the news'

By Leonardo Blair, Christian Post Reporter

Bruce Wesley, lead pastor of the multisite Clear Creek Community Church in League City, Texas, prays against COVID-19 infections on Sunday July 11, 2021. | YouTube/Clear Creek Community Church

At no time did Pastor Jeffress protest the ***"Vacina Salva!"*** crap spattered upon "Christ the Redeemer" in Rio de Janeiro, Brazil; **quite the contrary, he endorsed it !** (Please see Page 8 above.)

[9] For introduction to the rt-PCR fraud, see Pages 10/11: http://pvsheridan.com/sheridan2fauci-1-21july2020.pdf

Subject 3 : Fox News Interview of Pastor Robert Jeffress – CONCLUSION

Since Pastor Robert Jeffress apparently missed a major detail, let us go real slow for him and his ilk.

The Lord Jesus said that, upon His return, He would address **"the nations."**

Jesus never said that He would speak at a one-world government forum that was orchestrated by a New World Order, regardless of the "Great Reset" machinations to inflict such upon His earthy Kingdom.

For viewing of the 15 July 2021 Fox News segment between Shannon Bream and Pastor Robert Jeffress:

http://pvsheridan.com/jeffress-foxnews-15july2021.m4v (no spaces)

Reference 5: Dr. Reiner Fuellmich Interview of Dr. David Martin of July 2021: The Coronavirus Investigation Committee (Enclosed USB Drive)

In regard to the crimes and the criminals that led to COVID-19, great incrementality is presented by the works of Dr. David E. Martin and Dr. Reiner Fuellmich:

If you do nothing else, with the materials I have forwarded to you, I ask that at the very least you view the 70-minute interview by Dr. Fuellmich of Dr. Martin; **that video is offered in the enclosed USB drive.**

Everything you think you know about COVID-19 will be revised or, at the very least, re-contextualized. One of the more sinister sales & marketing frauds exposed by Reference 5 will be the so-called *"Delta variant."*

CONCLUSION

We are rapidly approaching a worldwide condition where quarantine will be required of the "vaccinated."

Unlike Pastor Jeffress who, on national television, openly endorsed the 'wares & ways' of criminals such as NIH Director Dr. Francis Collins (whose direct connection to the Gain of Function [GOF] research at the Wuhan Laboratory of Virology was *further* confirmed by FOIA releases of the Fauci emails), you led Oral Roberts University on a path the endorses the true portent of Hosea 4:6. **You are to be congratulated.**

It is your decision (Page 2 of Attachment 1) that is the "answer to prayer," versus the vileness of an mRNA contraption that criminals and ignoramuses refer to as a "vaccine." Your decision and that of ORU is the anti-thesis of the vileness demonstrated on Exhibit 1 (overleaf).

Please remember, at the beginning *EVERYTHING* was COVID; at the end *NOTHING* is "vaccine."

Respectfully yours,

Paul V. Sheridan

Enclosures / attachments

Exhibit 1

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

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

Memo

During my mathematics/physics degree at Albany State, I lived with medical students at Albany Medical (Albany, New York). I am retired from nearly three decades of consultancy in Transportation Safety. The latter has involved regulatory affairs, accident reconstruction, injury and death causation, coroner's reports, autopsies, preparation-for and attendance-at depositions for attending physicians, etc. Although not a medical expert, my familiarity and periodic direct contact with the medical profession has spanned nearly 50 years. Regarding the rt-PCR testing fraud inflicted upon the world (and of-late the *Clear Creek Community Church* in League City, Texas) my knowledge of the **Nobel Prize winning work of Dr. Kary Mullis** is included throughout my COVID-19 letters. A sampling of the latter is available here:

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

For further detail / historical perspective on the rt-PCR testing fraud, please see Attachments 2 and 3.

Attachments / Tabs to Instant Memorandum

Page 1 Letter of 27 June 2021, to Paul V. Sheridan from President William Wilson of Oral Roberts University (ORU) **Page 2** Announcement from Oral Roberts University (ORU) President Dr. William Wilson: A Return to Normal Operations at ORU: Students will not be required to have a vaccination for COVID-19 in order to attend ORU this Fall. We have not been requiring, nor will we require, COVID-19 vaccinations of staff or faculty in order to serve or work at this university. Students will not be required to test for COVID-19 before entering the dorms. Masks will be optional in all campus venues and at all campus events. They will not be required anywhere on campus.	**Tab 1**
Transcript testimony of Dr. Reiner Fuellmich (rt-PCR testing fraud, etc.)	**Tab 2**
Mandatory Reporting of COVID-19 Lab Test Results: Reporting of Cycle Threshold Values (CTV): State of Florida - December 3, 2020	**Tab 3**

Addendum to Instant Memorandum

Lawsuit filed 19 July 2021: America's Frontline Doctors *versus* Health and Human Services Secretary Xavier Becerra	**Tab 4**

ATTACHMENT SIX

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1:	**Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2:	**Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3:	**Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4:	**Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5:	**mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**
Reference 1:	**My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2:	**My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3:	**My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4:	***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute Study (JHIS) of January 2022**

4 Pages

Court Order of 6 January 2022, issued by:

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

Litigation:

PUBLIC HEALTH AND MEDICAL PROFESSIONALS FOR TRANSPARENCY

versus

FOOD AND DRUG ADMINISTRATION (FDA)

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

This case involves the Freedom of Information Act ("FOIA"). Specifically, at issue is Plaintiff's FOIA request seeking "[a]ll data and information for the Pfizer Vaccine enumerated in 21 C.F.R. § 601.51(e) with the exception of publicly available reports on the Vaccine Adverse Events Reporting System" from the Food and Drug Administration ("FDA"). *See* ECF No. 1. As has become standard, the Parties failed to agree to a mutually acceptable production schedule; instead, they submitted dueling production schedules for this Court's consideration. Accordingly, the Court held a conference with the Parties to determine an appropriate production schedule.[1] *See* ECF Nos. 21, 34.

"Open government is fundamentally an American issue"—it is neither a Republican nor a Democrat issue.[2] As James Madison wrote, "[a] popular Government, without popular information, or the means of acquiring it, is but a Prologue to a Farce or a Tragedy; or, perhaps, both. Knowledge will forever govern ignorance: And a people who mean to be their own Governors, must arm themselves with the power which

[1]Surprisingly, the FDA did not send an agency representative to the scheduling conference.

[2]151 CONG. REC. S1521 (daily ed. Feb. 16, 2005) (statement of Sen. John Cornyn).

knowledge gives."[3] John F. Kennedy likewise recognized that "a nation that is afraid to let its people judge the truth and falsehood in an open market is a nation that is afraid of its people."[4] And, particularly appropriate in this case, John McCain (correctly) noted that "[e]xcessive administrative secrecy . . . feeds conspiracy theories and reduces the public's confidence in the government."[5]

Echoing these sentiments, "[t]he basic purpose of FOIA is to ensure an informed citizenry, [which is] vital to the functioning of a democratic society." *NLRB v. Robbins Tire & Rubber Co.*, 437 U.S. 214, 242 (1977). "FOIA was [therefore] enacted to 'pierce the veil of administrative secrecy and to open agency action to the light of public scrutiny.'" *Batton v. Evers*, 598 F.3d 169, 175 (5th Cir. 2010) (quoting *Dep't of the Air Force v. Rose*, 425 U.S. 352, 361 (1976)). And "Congress has long recognized that 'information is often useful only if it is timely' and that, therefore 'excessive delay by the agency in its response is often tantamount to denial.'" *Open Soc'y Just. Initiative v. CIA*, 399 F. Supp. 3d 161, 165 (S.D.N.Y. 2019) (quoting H.R. REP. NO. 93-876, at 6271 (1974)). When needed, a court "may use its equitable powers to require an agency to process documents according to a court-imposed timeline." *Clemente v. FBI*, 71 F. Supp. 3d 262, 269 (D.D.C. 2014).

Here, the Court recognizes the "unduly burdensome" challenges that this FOIA request may present to the FDA. *See generally* ECF Nos. 23, 30, 34. But, as expressed at the scheduling conference, there may not be a "more important issue at the Food and Drug Administration . . . than the pandemic, the Pfizer vaccine, getting every American vaccinated, [and] making sure that the American public is assured that this was not [] rush[ed] on behalf of the United States . . . ." ECF No. 34 at 46.

---

[3]Letter from James Madison to W.T. Barry (August 4, 1822), *in* 9 WRITINGS OF JAMES MADISON 103 (S. Hunt ed., 1910).

[4]John F. Kennedy, Remarks on the 20th Anniversary of the Voice of America (Feb. 26, 1962).

[5]*America After 9/11: Freedom Preserved or Freedom Lost?: Hearing Before the S. Comm. on the Judiciary*, 108th Cong. 302 (2003).

Accordingly, the Court concludes that this FOIA request is of paramount public importance.

"[S]tale information is of little value." *Payne Enters., Inc. v. United States*, 837 F.2d 486, 494 (D.C. Cir. 1988). The Court, agreeing with this truism, therefore concludes that the expeditious completion of Plaintiff's request is not only practicable, but necessary. *See Bloomberg, L.P. v. FDA*, 500 F. Supp. 2d 371, 378 (S.D.N.Y. Aug. 15, 2007) ("[I]t is the compelling need for such public understanding that drives the urgency of the request."). To that end, the Court further concludes that the production rate, as detailed below, appropriately balances the need for unprecedented urgency in processing this request with the FDA's concerns regarding the burdens of production. *See Halpern v. FBI*, 181 F.3d 279, 284–85 (2nd Cir. 1991) ("[FOIA] emphasizes a preference for the fullest possible agency disclosure of such information consistent with a responsible balancing of competing concerns . . . .").

Accordingly, having considered the Parties' arguments, filings in support, and the applicable law, the Court **ORDERS** that:

1. The FDA shall produce the "more than 12,000 pages" articulated in its own proposal, *see* ECF No. 29 at 24, **on or before January 31, 2022.**
2. The FDA shall produce the remaining documents at a rate of **55,000** pages every **30 days**, with the first production being due **on or before March 1, 2022**, until production is complete.
3. To the extent the FDA asserts any privilege, exemption, or exclusion as to any responsive record or portion thereof, FDA shall, concurrent with each production required by this Order, produce a redacted version of the record, redacting only those portions as to which privilege, exemption, or exclusion is asserted.

4. The Parties shall submit a Joint Status Report detailing the progress of the rolling production by **April 1, 2022**, and every **90 days** thereafter.[6]

SO ORDERED on this **6th day** of **January, 2022.**

Mark T. Pittman
UNITED STATES DISTRICT JUDGE

[6]Although the Court does not decide whether the FDA correctly denied Plaintiff's request for expedited processing, the issue is *not* moot. Should the Parties seek to file motions for summary judgment, the Court will take up the issue then.

ATTACHMENT SEVEN

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1:	**Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2:	**Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3:	**Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4:	**Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5:	**mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**
Reference 1:	**My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2:	**My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3:	**My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4:	***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute Study (JHIS) of January 2022**

13 Pages

Preamble to 'Willful Misconduct' on a Global Scale

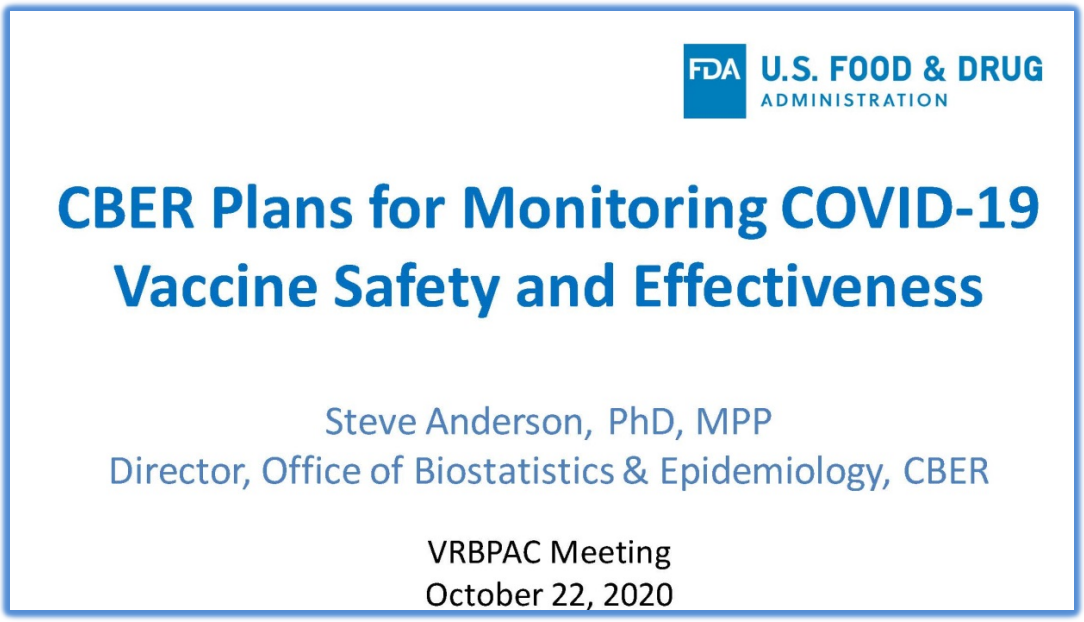
Disease Progression Photograph File of Mrs. Jummai Nache, forced to take Pfizer mRNA injection under University of Minnesota "Vaccine Mandate" versus losing her employment.

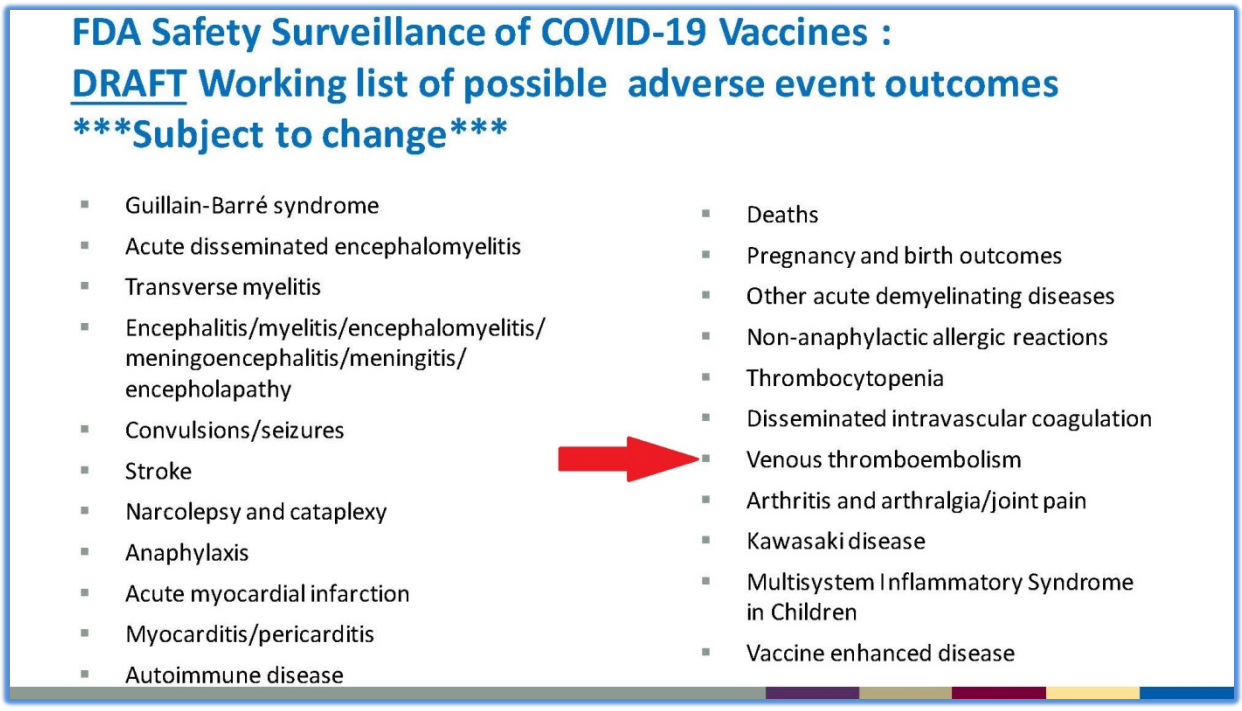
Cause of legs, hand, and digit **amputations** determined to be venous thromboembolism ("blood clots") as a prior known but concealed adverse event to Pfizer mRNA injection

Preamble to 'Willful Misconduct' on a Global Scale

The following documents/screenshots have been shared with **Mr. Anthony Fauci and Ms. Martha Pollack** on multiple occasions. Consistent with their blatant, if not flaunted lack of character, neither has responded in any way connectable to ethics/competence. The only addition in the version below is the red arrow.

Note that this material was presented at the 22 October 2020 FDA VRBPAC meeting. It comes as no surprise that these issues in-general, and certainly these pages, **were NOT presented at the VRBPAC meeting of 10 December 2020** wherein, not only was the Pfizer mRNA needle approved under an Emergency Use Authorization, but Pfizer representatives were in-that-room making sure it did!





With this as partial context, I offer the following progression photographs of Mrs. Jummai Nache, which depicts the destruction of her health after the second injection of the Pfizer mRNA needle.

* A special 'thank you' to the Tom Renz Law firm, for representing the Pfizer/FDA whistleblowers who disclosed the above type of criminal conduct by the most corrupt corporation in human history.

Philip and Jummai Nache are from the African country of Nigeria. They moved to the United States and now they tell other Africans who moved here about Jesus.

Nache Photos

Instructions: Print and use as directed in the leader guide.


PHYSICIANS

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Nache — Last Name

Jumonji — First Name

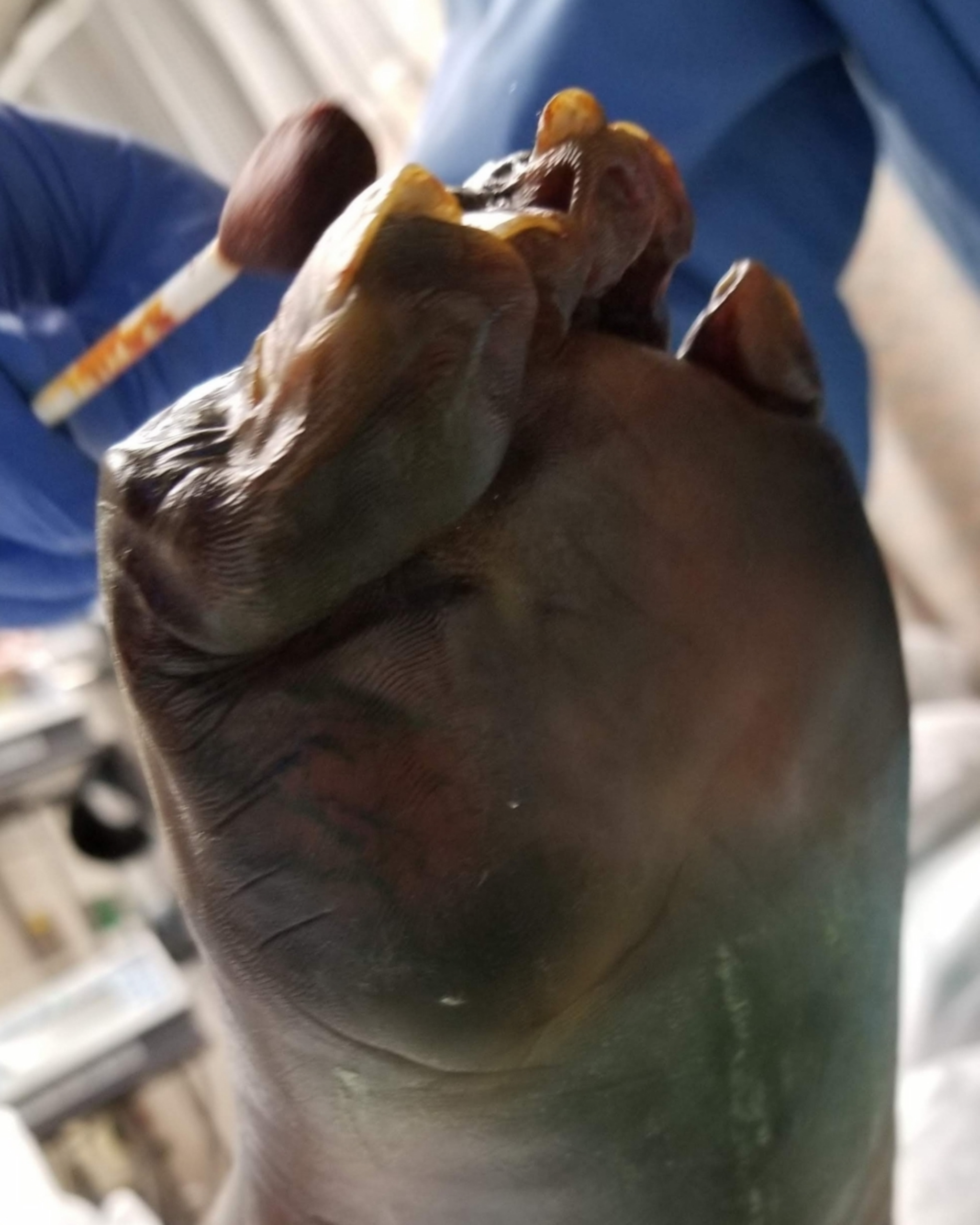
P — MI

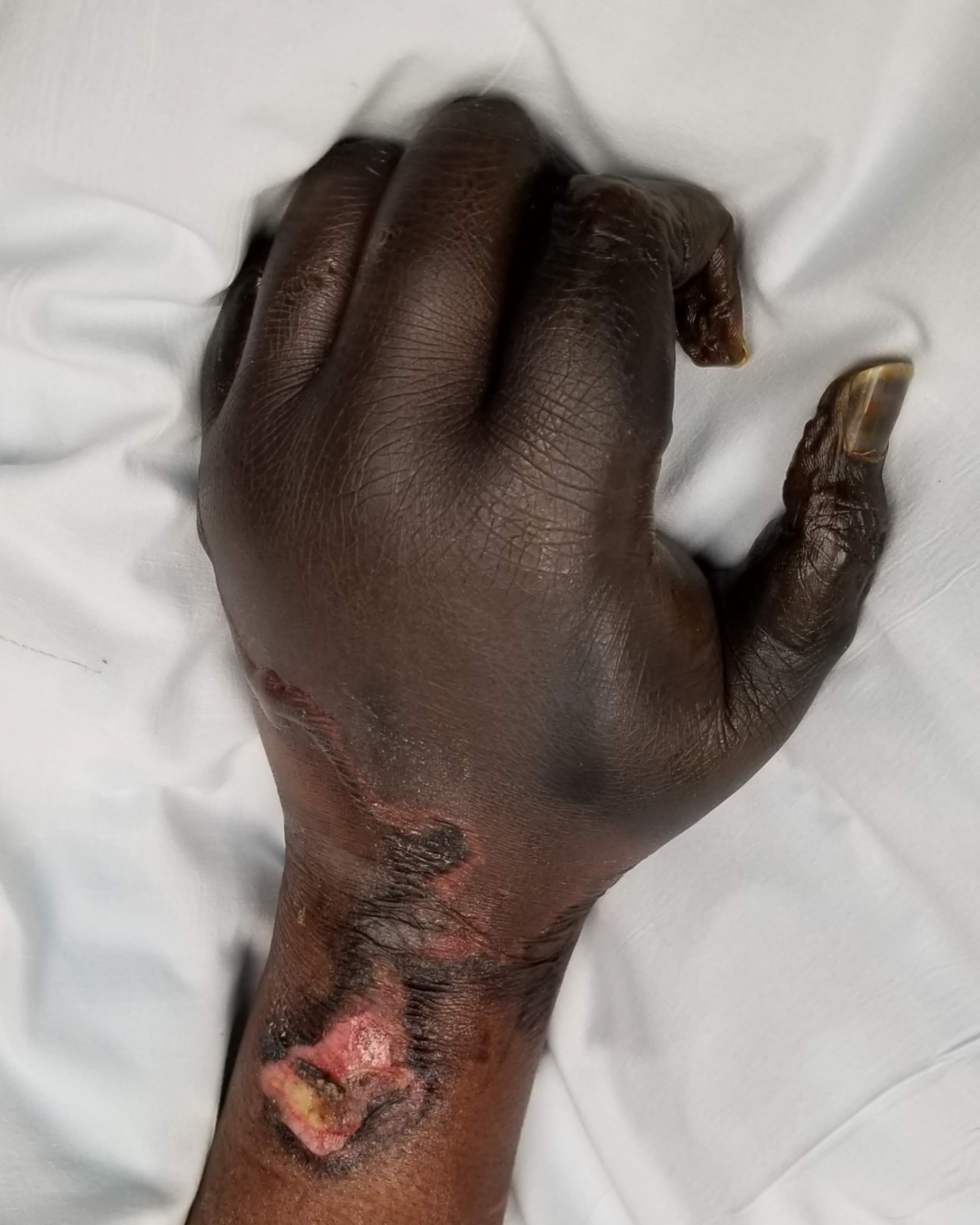
03/02/1971 — Date of birth

Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	COVID-19 Vaccine Mfg: Pfizer BioNTech Lot:EK9231 Exp:4/30/21	1/13/21 mm dd yy	M Health Fairview Southdale
2nd Dose COVID-19	COVID-19 Vaccine Mfg: Pfizer BioNTech Lot: EL9262 Exp: 5/31/21	2/1/21 mm dd yy	M Health Fairview Southdale
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	


Lucozade
ENERGY






V.A.C.ULTA
ON

ATTACHMENT EIGHT

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1:	**Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2:	**Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3:	**Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4:	**Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5:	**mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**
Reference 1:	**My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2:	**My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3:	**My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4:	***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute Study (JHIS) of January 2022**

15 Pages

Physic of Fluids publication of March 2022

Title:

Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales

Subject matter:

Non-effectiveness of COVID-19 facemask mandates; possible harm due to breathing difficulties under high fluidic impedances

Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales

Cite as: Phys. Fluids **34**, 033301 (2022); https://doi.org/10.1063/5.0074229
Submitted: 07 October 2021 • Accepted: 14 January 2022 • Published Online: 01 March 2022

Ioatzin Rios de Anda, Jake W. Wilkins, Joshua F. Robinson, et al.

Physics of Fluids ARTICLE scitation.org/journal/phf

Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales

Cite as: Phys. Fluids **34**, 033301 (2022); doi: 10.1063/5.0074229
Submitted: 7 October 2021 · Accepted: 14 January 2022 ·
Published Online: 1 March 2022

Ioatzin Rios de Anda,[1,2] Jake W. Wilkins,[3] Joshua F. Robinson,[1,4] C. Patrick Royall,[1,5,6] and Richard P. Sear[3,a)]

AFFILIATIONS

[1]H. H. Wills Physics Laboratory, University of Bristol, Tyndall Avenue, Bristol BS8 1TL, United Kingdom
[2]School of Mathematics, University of Bristol, University Walk, Bristol BS8 1TW, United Kingdom
[3]Department of Physics, University of Surrey, Guildford GU2 7XH, United Kingdom
[4]Institut für Physik, Johannes Gutenberg-Universität Mainz, Staudingerweg 7-9, 55128 Mainz, Germany
[5]Gulliver UMR CNRS 7083, ESPCI Paris, Université PSL, 75005 Paris, France
[6]School of Chemistry, University of Bristol, Cantock's Close, Bristol, BS8 1TS, UK

Note: This paper is part of the special topic, Flow and the Virus.
[a)]**Author to whom correspondence should be addressed:** r.sear@surrey.ac.uk. **URL:** https://richardsear.me/

ABSTRACT

During the COVID-19 pandemic, many millions have worn masks made of woven fabric to reduce the risk of transmission of COVID-19. Masks are essentially air filters worn on the face that should filter out as many of the dangerous particles as possible. Here, the dangerous particles are the droplets containing the virus that are exhaled by an infected person. Woven fabric is unlike the material used in standard air filters. Woven fabric consists of fibers twisted together into yarns that are then woven into fabric. There are, therefore, two lengthscales: the diameters of (i) the fiber and (ii) the yarn. Standard air filters have only (i). To understand how woven fabrics filter, we have used confocal microscopy to take three-dimensional images of woven fabric. We then used the image to perform lattice Boltzmann simulations of the air flow through fabric. With this flow field, we calculated the filtration efficiency for particles a micrometer and larger in diameter. In agreement with experimental measurements by others, we found that for particles in this size range, the filtration efficiency is low. For particles with a diameter of 1.5 μm, our estimated efficiency is in the range 2.5%–10%. The low efficiency is due to most of the air flow being channeled through relatively large (tens of micrometers across) inter-yarn pores. So, we conclude that due to the hierarchical structure of woven fabrics, they are expected to filter poorly.

I. INTRODUCTION

During the COVID-19 (Corona Virus Infectious Disease 2019) pandemic, billions of people have worn masks (face coverings) to protect both themselves and others from infection.[1–5] There are three basic types of mask or face covering. Surgical masks and respirators are made of non-woven materials, while cloth masks are made of woven material. Filtration of air by non-woven materials is well studied.[6] However, pre-pandemic, very little research was done into filtration by woven materials, which have a different structure to that of non-woven materials. Here, we try and address this, by studying how a woven fabric filters small particles out of the air.

Woven fabrics have a very different structure from surgical masks. We compare the structures of woven fabrics and surgical masks in Fig. 1. Surgical masks are meshes of long, thin fibers,[6] with diameters of a few micrometers to ten micrometers, see Fig. 1(b). However, fabrics are different; they are woven from cotton (or polyester, silk, etc.) yarn. Cotton yarn is a few hundred micrometers thick, and is composed of cotton fibers, each of an order of ten micrometers thick. These fibers are twisted into yarns, which are, in turn, woven into the fabric,[7] see Fig. 1. This two-lengthscale (fiber and yarn) hierarchical structure of fabrics is known to affect the fluid flow through them, which has been studied in the context of laundry.[8,9] However, there has been little effort to study its effect in the context of particle filtration.[10]

To understand how woven fabrics filter air, we started by using a confocal microscope to obtain a three-dimensional image of a sample of fabric, at a spatial sampling rate of 1.8 μm. This image is then used as input to lattice Boltzmann (LB) simulations of air flow inside a woven face mask during breathing. That flow field is then used to calculate large numbers of particle trajectories through the fabric to estimate filtration efficiencies.

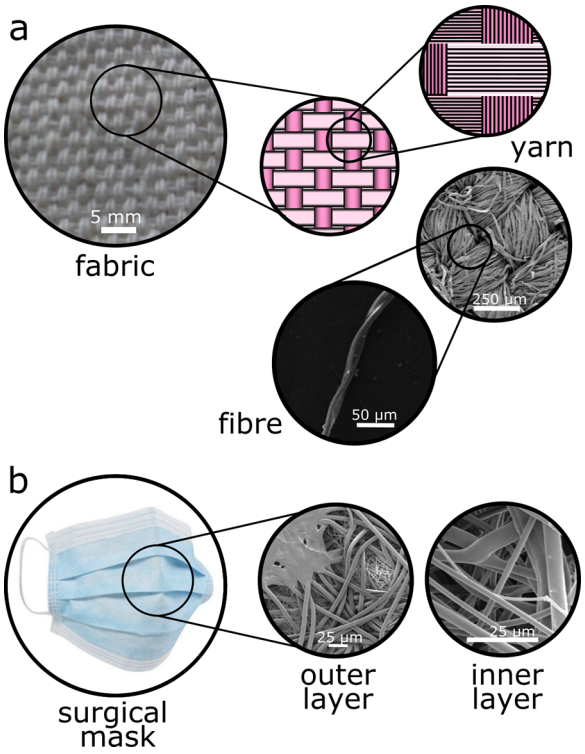


FIG. 1. (a) Fabric is a porous material with structure on multiple lengthscales. For the top three images, from left to right we look at successively smaller lengthscales. At the largest lengthscale, the fabric is a lattice woven from perpendicular yarns that go over and under other yarns at right angles to them. In the middle schematic, vertical yarns are shown as dark pink, horizontal yarns as pale pink. As illustrated in both the top right schematic and the SEM images on the right, these yarns are made by twisting together many, much smaller fibers. At the bottom of figure (a), we show a single fiber. Fibers are of order 10 μm in diameter while yarns are a few hundred μm across. (b) From left to right, we have an image of a typical surgical mask, and SEM images of the fibers of which it is made. Note that the fibers are randomly distributed, there is no lengthscale above that of the fibers, and the fibers in a filtering inner layer of a surgical masks typically have diameters a little less than 10 μm, Lee *et al.*[11] quote a mean diameter of 5.5 μm.

A. Previous work on filtration by woven fabrics

Konda *et al.*,[12,13] Duncan *et al.*,[14] and Sankhyan *et al.*[15] have all measured filtration efficiencies for a number of fabrics. They studied the filtration of particles in the size range we consider, which is $\geq$1 μm. Zangmeister *et al.*[16] studied the mechanism of filtration for smaller particles. Note that the original measurements of Konda and co-workers suffered from methodological problems,[13,17–19] which were later corrected.[13]

This work directly measured filtration efficiencies but did not image the fabric in three dimensions. Lee *et al.*,[20] Du *et al.*,[21] and Lee *et al.*[11] imaged the filtration media of surgical masks,[20,21] or of respirators with the surface charges removed, making the filtration media similar to that of many surgical masks.[11] However, Lee *et al.*[20] and Du *et al.*[21] did not use these imaging data to compute filtration efficiencies, while Lee *et al.*[11] only performed relatively limited studies of filtration efficiency.

B. Evidence that droplets approximately a micrometer in diameter carry infectious SARS-CoV-2 virus

The literature on COVID-19 transmission is large but it is worth briefly summarizing the part most relevant to this work. The breath we exhale is an aerosol of small mucus droplets in air that is warm and humid because it has come from our lungs.[22] These droplets range in size from much less than a micrometer to hundreds of micrometers.[23] Vocalization (i.e., speech or singing) produces more aerosol than ordinary breathing.[23–25] The peak in the size distribution function of exhaled droplets is around 1.6 μm—this is the count median diameter of Johnson and co-workers.[23]

The median diameter of 1.6 μm is for droplets as exhaled in our breath, breath which is essentially saturated with water vapor, i.e., at essentially 100% relative humidity (RH).[22] It takes only a few milliseconds for droplets to pass through a mask filter (see Sec. VII) and this short time combined with the 100% RH means that droplets do not evaporate while passing out through a mask filter. If a person inhales another person's breath more-or-less directly, for example if they are close and talking to each other, then the droplets inhaled will not have left the humid breath, and still have the same diameter as when they were exhaled.

However, when our breath mixes with room air,[22,26–28] the humidity drops. Then, micrometer-sized droplets evaporate in timescales of order 10 ms.[29] After this evaporation, the droplet diameter is smaller by a factor of 2 to 3.[23,29,30] So, typical droplet sizes are around 1.6 μm as we breathe them out through a mask, but around 0.5–0.8 μm when we breathe them in. We do not expect droplets to pick up significant amounts of water on inhalation through a filter, as the droplets will be in air from the surroundings, and they spend only a few milliseconds passing through the filter.

Both 1.6 μm and around 0.5–0.8 μm are approximate (count) medians of broad distributions.[23] Due to this evaporation after exhalation, there are two sets of droplet size distributions to consider when studying filtration, with the distribution on exhalation being two to three times larger in diameter than on inhalation. The particles that need to be filtered for source control are larger than those needed to be filtered to protect the wearer.

Coleman and co-workers[31] found SARS-CoV-2 viral RNA in both particles with diameters smaller than and larger than 5 μm, and found that most of the viral RNA was in droplets with diameters less than 5 μm. These correspond to diameters after evaporation. Santarpia and co-workers[32] found infectious virus in particles both with diameters <1 μm and in the range 1–4 μm, but not in particles larger than 4.1 μm. Hawks and co-workers[33] were also able to obtain infectious virus in aerosols smaller than 8 μm. It should be noted that the study of Hawks and co-workers was of infected hamsters, not humans. Finally, Dabisch and co-workers infected macaques with an aerosol of droplets with median diameter 1.4 μm.[34] This body of very recent work suggests that aerosol particles of order a micrometer carry most of the virus.

It is also worth noting that Coleman and co-workers[31] also found that the amount of viral RNA varied widely from one person to another. Some infected people breathed out no measurable RNA. Those that did breathed out an amount that varied by a factor of almost a hundred. Viral RNA was found even for those who never developed COVID-19 symptoms, i.e., who always remained asymptomatic.

As we state above, we use the term "droplet" to cover all sizes from much less than a micrometer to hundreds of micrometers and more. This is in line with the aerosol and fluid mechanics literature, but some works in the medical literature reserve the term "droplet" for diameters over 5 μm, despite there being no justification for this distinction.[35,36]

C. Evidence that masks filter out SARS-CoV-2

Adenaiye and co-workers[37] studied the effect of masks on the amount of viral SARS-CoV-2 RNA breathed out. This study tested a wide range of masks as the participants were asked to bring their own masks. They found that in "fine aerosols ($<5\,\mu$m)," masks reduced the amount of viral RNA detected by 48% (95% confidence interval 3%–72%), while for larger aerosols, masks reduced the viral RNA by 77% (95% confidence interval 51%–89%). Here, 5 μm is presumably the evaporated diameter (not radius) but this was not specified by the authors.

D. Mechanism of filtration

Filtration is traditionally ascribed to a sum of four mechanisms,[6] the idea being that a particle with zero size, zero inertia, zero diffusion, and zero charge will follow the streamlines perfectly and not be filtered out. However, deviations from any one of those four conditions can cause a collision and hence filtration.

The four mechanisms are as follows:

1. *Interception:* Particles whose center of mass follows streamlines perfectly can still collide with fibers, if the particles have a non-zero size. This is a purely geometric mechanism that does not require inertia.
2. *Inertial:* With inertia, particles cannot follow the air streamlines perfectly. While a streamline goes around an obstacle, a particle with inertia will deviate from the streamline and so may collide.
3. *Diffusion:* Particles diffuse in air, creating further deviations from streamlines and thus potential collisions with the obstacle.
4. *Electrostatic interactions:* Charges, dipole moments, etc., on the fibers and on the droplets will interact with each other. If they pull the two toward each other, this will enhance filtration. Cotton fibers have no charge distribution as far as we know, so we do not expect this to be a significant mechanism here.

Note that in practice, these mechanisms are never completely independent.[6]

Flow through masks is sufficiently slow, and the lengthscales are sufficiently small that the flow is close to Stokes flow, i.e., the Reynolds number is small. This means that streamlines do not depend on the flow speed/pressure difference. In turn, this implies that interception filtration is independent of the flow speed. Inertial filtration becomes more important with increasing flow speeds, as the faster moving particles have more inertia. While diffusion filtration becomes less efficient at faster flow speeds, as then particles spend shorter times passing through the mask. The particles then have less time to diffuse into the material of the mask, and be filtered out.

Here, we will focus on particles a micrometer or larger in size, where diffusion is less important as a filtration mechanism because particles this large diffuse slowly. So, we will focus on interception and inertial filtration. However, in the Conclusion we will return to filtration by diffusion and argue that filtration by diffusion in our fabric should be very inefficient.

The remainder of this paper is laid out as follows: Sec. II describes how we imaged the fabric and analyzed the imaging data. Section III describes our lattice Boltzmann (LB) simulations of air flow through the mask. Section IV characterizes this air flow. Sections V and VI discuss our method for calculating particle trajectories and our results for filtration, respectively. Section VII briefly discusses filtration via diffusion. Section VIII presents our conclusions.

II. IMAGE ACQUISITION AND ANALYSIS OF A SAMPLE OF WOVEN FABRIC

In order to study filtration by woven fabrics, a high-resolution 3D image of the fabric is needed. We used confocal optical imaging to obtain an image of the fabric, at a voxel size of 1.8 μm. Recent work by Lee *et al.*[20] and by Du *et al.*[21] has used x-ray tomography to obtain 3D images of the internal structure of surgical masks; but, to our knowledge, nobody has been able to image woven fabrics or to use confocal microscopy for this purpose, before.

The fabric was obtained from a commercial fabric mask. Square pieces of 1, 2.25, and 4 cm^2 were weighed individually, giving a mass per unit area of 120 $\mathrm{g\,m^{-2}}$, see Table I. Using brightfield optical microscopy (Leica DMI3000 B) with a Leica 4× objective, we estimated the thickness of the fabric in air to be $285\pm 24\,\mu$m, which we determined through different measurements along the fabric. Using the mass density of cotton, ρ_c, from Table II, this corresponds to the fabric being on average about 28% cotton fibers and 72% air.

A. Image acquisition

In order to study the 3D structure of the fabric, square pieces of 0.5 cm of cotton were dyed with fluorescein (Sigma Aldrich) following Baatout *et al.*[38] The dyed cotton squares were then washed in deionized water to eliminate any dye excess and left to dry under ambient conditions for 48 h. Once dried, the fabric was re-submerged in 1,2,3,4-tetrahydronaphthalene (tetralin, Sigma Aldrich). We chose this solvent due to its refractive index being close to the index of cotton [$\eta_{D\mathrm{tetralin}} = 1.544$ (Ref. 39) and $\eta_{D\mathrm{cotton}} = 1.56$–$1.59$ (Ref. 40)]. Such matching is needed to allow imaging with fluorescence confocal microscopy.

The dyed fabric samples were immersed in tetralin. They were confined in cells constructed using three coverslips on a microscope slide. Two of the coverslips acted as a spacer, and they were sealed using epoxy glue. The spacing coverslips have a height of 0.56 mm, which prevented fabric compression. A confocal laser scanning microscope, Leica TCS SP8, equipped with a white light laser, was used to study the fiber structures, using a Leica HC PL APO 20× glycerol immersion objective with a 0.75 numerical aperture and a correction

TABLE I. Measurements of the mass of samples of the fabric, used to determine its mass per unit area.

Area of sample (cm^2)	Mass (g)	Mass/area ($\mathrm{g\,cm^{-2}}$)
1	0.012 10	0.012 10
2.25	0.027 42	0.012 19
4	0.048 13	0.012 03

TABLE II. Parameter values for masks, air, water, and mucus—all at 20 °C and atmospheric pressure 10^5 Pa. Note that small droplets dry rapidly and this will cause their viscosity to increase. Flow rates are determined from the volume typically exhaled during one minute. Moderate exertion is defined as that readily able to be sustained daily during 8 h of work, whereas maximal exertion is the upper limit of what can be sustained for short periods of time (e.g., during competitive sports). Flow speeds are calculated for the stated mask area and flow rates assuming perfect face seal.

Quantity	Value	Reference
Air		
Mass density	$1.2\,\mathrm{kg\,m^{-3}}$	41
Dynamic viscosity μ	1.8×10^{-5} Pa s	41
Kinematic viscosity ν	$1.5\times10^{-5}\,\mathrm{m^2 s^{-1}}$	41
Water/mucus		
Mass density ρ_p (water)	$998\,\mathrm{kg\,m^{-1}}$	41
Dynamic viscosity (mucus)	0.1 Pa s	42
Mucus/air surface tension γ	$0.05\,\mathrm{N\,m^{-1}}$	42
Cotton fibers		
Mass density ρ_c	$1500\,\mathrm{kg\,m^{-3}}$	43
Typical breathing flow rates		
Tidal breathing at rest	$6\,\mathrm{l\,min^{-1}}$	44
During mild exertion	$20\,\mathrm{l\,min^{-1}}$	44
During moderate exertion	$30\,\mathrm{l\,min^{-1}}$	44
During maximal exertion	$85\,\mathrm{l\,min^{-1}}$	44
Average flow speeds		
Effective mask area	$190\,\mathrm{cm^2}$	45
Flow speed (rest)	$0.5\,\mathrm{cm\,s^{-1}}$	
Flow speed (mild)	$1.8\,\mathrm{cm\,s^{-1}}$	
Flow speed (moderate)	$2.7\,\mathrm{cm\,s^{-1}}$	
Flow speed (maximal)	$7.5\,\mathrm{cm\,s^{-1}}$	

ring. The excitation/emission settings used for the fluorescein dye were 488 and 500 nm, respectively. Scans of the cell in the z axis were acquired to analyze the fiber network in 3D, where care was taken to ensure the pixel size (1.8 μm) was equal along all axes.

The confocal microscopy data are in the form of a stack of $n_z = 62$ images of the xy plane, each of which is $n_x = 756$ by $n_y = 756$ voxels. Each voxel is a cube of side 1.8 μm, see Table III. Slice number 19 (starting at zero) is shown in Fig. 2. In each slice, approximately two-thirds of the field of view is taken up with a strip of the fabric, which runs left to right in Fig. 2.

Of the 62 slices, the image quality in the bottom ten is poor, due to attenuation from imperfect refractive index matching. So in effect, we can obtain good images for 52 slices, i.e., we can reliably image a section of fabric that is approximately 93.6 μm thick.

B. Fiber size distribution

To obtain estimates of the distribution of fiber diameters, we imaged the surface of the fabric using a scanning electron microscope (FEI Quanta 200 FEGSEM, Thermo Fisher Scientific), see Fig. 3. We then estimated the diameter of at least 50 fibers from this image, and obtained the mean and standard deviation of fiber diameters as 16.7 ± 4.8 μm, which we determined by analyzing the SEM images.

TABLE III. Parameter values for the fabric we have imaged, and for our lattice Boltzmann simulations. TPI is calculated by adding together number of yarns per inch along the x and along y axes.

Quantity	Value
Fabric imaged	
Cubic voxel side length	1.8 μm
Total thickness imaged	62 voxels = 111.6 μm
Thickness used	$L_F = 52$ voxels = 93.6 μm
Area imaged	756×756 voxels $= 1\,360.8\times1\,360.8$ $\mu\mathrm{m}^2$
Area used	$n_x = 310$ to $310+330$ $n_y = 280$ to $280+280$ $= 594\times504$ $\mu\mathrm{m}^2$
Yarn lattice constants	297 and 252 μm
Threads per inch (TPI)	186
Lattice Boltzmann parameters	
Box size $n_x\times n_y\times n_z$	$330\times280\times462$ $= 594\times504\times471.6$ $\mu\mathrm{m}^3$
Darcy velocity $U = Q/A$	5.6×10^{-7}
Re for lengthscale 297 μm	6×10^{-4}
Pressure drop	6.7×10^{-6}

C. Image analysis

The analysis of the image stack output by the confocal microscope was performed in Python using the OpenCV[46] and cc3d[47] packages. The confocal image stack is processed as follows:

FIG. 2. Slice (number 19, starting at 0) of the confocal image of the fabric. Slice is in the xy plane. The area simulated using LB is enclosed by a white box.

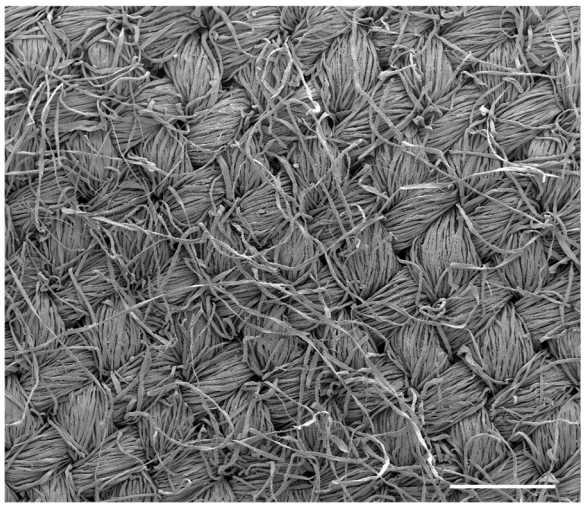


FIG. 3. A scanning electron microscope (SEM) image of the surface of our fabric. The fabric has been coated with gold/palladium. Secondary electron images were taken at 8 kV with a 100× magnification. Scale bar = 500 μm.

1. We first delete the fiber voxels in the bottom ten slices due to the poorer image quality, leaving us with 52 slices of the imaged fabric. We then add 200 slices to the top, and 200 slices to the bottom, each of entirely zero intensity voxels. These additional slices are needed as the array produced for the simulations needs to cover fluid flow into and out of the fabric, i.e., we cannot just simulate flow inside the fabric, we need the approach and exit flows.
2. We then blur the image by convolving with a three-dimensional Gaussian filter that is implemented as a sequence of 1D convolution filters, with a standard deviation $\sigma_B = 1$ voxel side (1.8 μm).
3. Next, we threshold the blurred image, setting all voxels with values less than the threshold value $T = 10$ to zero, and all voxels greater than or equal to the threshold value to one. Thus we get a binary image.
4. Then, we use a 3D connected components algorithm to identify the connectivity of voxels that are one. We assign each voxel with value one to a cluster of connected voxels. All voxels of value one that are part of clusters of size $N_{CL} = 25$ or less are set to zero; all other voxels of value one are assumed to be fiber voxels. N.B. Applying the Gaussian filter greatly reduces the number of connected clusters we obtain.

It is worth noting that step 4 only deletes a total of 507 voxels while keeping 11 681 929 voxels so that deleting a few isolated clusters has very little effect, and that in the final array almost 99.9% of the voxels are part of the largest cluster. This is as we should expect. Most voxels should be in a single cluster, as the fabric needs to be one connected structure in order not to fall apart.[7] Varying the width of the Gaussian filter in the range 0.5–2 voxels has little effect. The number of voxels deleted does increase as σ decreases, but at $\sigma = 0.5$ (and a threshold $T = 10$) we still only delete 3099 voxels from over 11×10^6, and the largest cluster has over 99.8% of the voxels.

Varying the threshold T (keeping $\sigma = 1$) in the range $T = 5$–15 varies the number of fiber voxels by order 10%, from 13.6×10^6 for $T = 5$ to 10.2×10^6 for $T = 15$. Reducing the value of T makes the fibers and yarns thicker and thus the gaps in between narrower. This suggests that there is an uncertainty of about 10% in the volume of our fibers and yarns. Finally, varying the minimum cluster size N_{CL} has little effect. Increasing it from 25 to 50 only increases the total number of fiber voxels deleted from 507 to 922, out of over 11×10^6 (at $T = 10$ and $\sigma = 1$).

D. Region of the fabric studied

The fabric is essentially a rectangular lattice, woven from yarns that cross at right angles. The estimated lattice constants are given in Table III. The lattice constants are around 20 times the average fiber diameter.

We want to model a representative part of the fabric of a face covering, so we study an area of two by two lattice sites. This area is shown by a white box in Fig. 2, and in Fig. 4(a). Note that we put the edges of the white rectangle in the densest part of the fabric where flow is the least. The dimensions of the white rectangle are given in Table III. A full three-dimensional rendering of the region we study is shown in the supplementary material, with a snapshot in Fig. 5. The full image stack is available on Zenodo.

E. Estimation of what fraction of the fabric thickness is in our simulation box

Using a mass density for cotton in Table II, then simply counting each voxel as $(1.8\,\mu\text{m})^3$ of cotton, we have a mass/unit area of cotton of $96\,\text{g}\,\text{m}^{-2}$ in our fabric array of $330 \times 280 \times 52$ voxels. Our directly measured value is $120\,\text{g}\,\text{m}^{-2}$, so we estimate that our 52 slices or 93.6 μm of fabric contains 80% of the mass of the fabric. However, our estimate for the fabric thickness using optical microscopy is 285 μm, three times the thickness of our image.

The thickness of fabric measured in air is not perfectly well defined; the fabric, being mostly air, is compressible and at the edges there are stray fibers. We have plotted the average fraction α of voxels that are fiber voxels, as a function of z in Fig. 6. Note that this is measured in the solvent. It is mostly above the average value of 28% we obtained in air, and the average value α inside the fabric of this plot is 69%. It is possible that the fabric may have compacted and/or the fibers swollen in our solvent.

To conclude, there is significant uncertainty in what fraction of the fabric thickness is included in the 52 slices. We can only say that our 52 slices contain at least one-third of the fabric, but probably no more than two-thirds.

III. LATTICE BOLTZMANN SIMULATIONS OF AIR FLOW THROUGH FABRIC

Lattice Boltzmann (LB) simulations are performed on a three-dimensional lattice of n_x by n_y by n_z lattice sites; z is the flow direction. We used the Palabos LB code from the University of Geneva.[49] The code uses a standard one-relaxation-time LB algorithm on a cubic D3Q19 lattice. The speed of sound $c_s = 1/\sqrt{3}$ in LB units where both the lattice spacing and the time step are set to one.[50] It has a kinematic viscosity $\nu_{\text{LB}} = c_s^2(\omega^{-1} - 1/2)$. We set the relaxation rate $\omega = 1$ in LB units, giving a kinematic viscosity $\nu_{\text{LB}} = 1/6$ in LB units.[50,51]

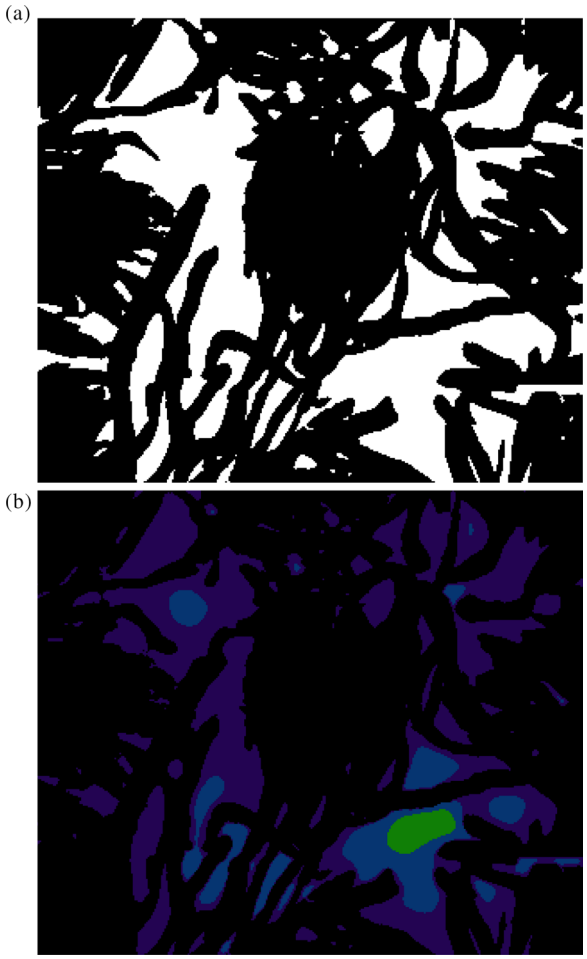


FIG. 4. (a) The thresholded and, so, binary image produced by image analysis of the area in the white box in Fig. 2. Fiber voxels are in black and air voxels are in white. (b) Heatmap of the z component of velocity in the same area. Again, the black region corresponds to the fabric. The dark purple, blue, and pale green regions correspond to velocities less than the mean, between the mean and ten times the mean, and over ten times the mean velocity, respectively. The area of both images is $594 \times 504\ \mu\text{m}^2$.

We run the LB simulations until the change in mean flow speed along z is very small so we are at steady state. We then insert particles into the resulting steady flow field to evaluate their trajectories.

Our code reads in the $330 \times 280 \times 462$ array obtained from our image analysis. Fiber voxels have standard LB on-site bounce back[52,53] to model stick boundary conditions for the air flow.

The box is configured such that the x and y edges are in denser parts of the fabric, so there is little flow near and at these edges. In the LB simulations, we use periodic boundary conditions (PBCs) along the x and y directions. Real fabrics are not perfectly periodic and so our flow field has artifacts near the edges. However, there is no way of avoiding artifacts at the edges, and PBCs are a simple choice.

We impose a pressure gradient along the z axis to drive the flow. We do this by fixing the densities in the first and last xy slices of the lattice along z. We fix the density in the $z = 0$ slice to be $1 + 10^{-5}$, and

FIG. 5. Snapshot of the movie in supplementary material that shows the part of the fabric we calculate the flow field for. Rendering done using Blender.[48] Multimedia view: https://doi.org/10.1063/5.0074229.1

that in the $z = n_z - 1$ slice to be $1 - 10^{-5}$. This corresponds to a pressure difference of $(2/3) \times 10^{-5}$ across the fabric.

This small density/pressure difference across the fabric is chosen to keep the Reynolds number small, so we have Stokes flow. The Reynolds number for a flow with characteristic lengthscale L is

$$\text{Re} = \frac{UL}{\nu}, \tag{1}$$

where ν is the kinematic viscosity and U is the velocity. For the velocity, we use the Darcy velocity, see Sec. IV A. The Reynolds number for the largest lengthscale (yarn lattice constant along x) in our simulation box is given in Table III and is much less than one; so, we have Stokes flow in our simulations.

For an air flow speed of $2.7\ \text{cm s}^{-1}$ (moderate exercise), the Reynolds number for air flow with a characteristic lengthscale of a few hundred micrometers is $\text{Re} \simeq 1$. So in a fabric mask, there will be small deviations from Stokes flow, but we expect them to have little effect.

The LB simulations only give flow fields on a cubic lattice, so we use trilinear interpolation to obtain a continuous flow field $\vec{u}(\vec{r})$.

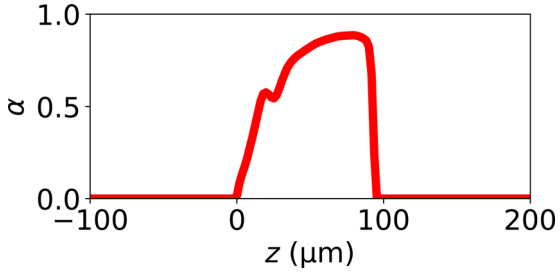


FIG. 6. Plot of the fraction of voxels belonging to a fiber α (averaged over x and y), as a function of z. The zero of z is at the top of the fabric (slice 0). This is for the volume used in our simulations.

Trilinear interpolation is the extension to three dimensions of linear interpolation in one dimension.[54]

IV. AIR FLOW THROUGH THE WOVEN FABRIC

The air flow through a fabric is heavily concentrated in the inter-yarn pores, and there is essentially no flow through the centers of the yarns. This can be seen in the heatmap of the z velocity in Fig. 4(b). Note that all the fastest voxels (shown in pale green) are in a single patch in the middle of the biggest inter-yarn gap. There are 718 of these voxels, out of 27 190 air voxels, and they contribute over a third of the total air flow through this slice.

The flow through the fabric is illustrated by streamlines in Fig. 7. Note that all the streamlines shown flow around the yarns and through the gaps between the yarns. We conclude that as the air goes through inter-yarn pores, the filtration efficiency will depend on whether or not particles flowing through these pores collide with the pore sides, or stray fibers across these pores.

The spacing between the fibers of a yarn is mostly too small to be resolved by our imaging technique, so presumably is mostly a micrometer or less. Note that the integrity of yarns relies on the number of physical contacts,[7] so the fibers must touch in many places. Our limited resolution means we cannot model any flow in between the fibers. However, as the inter-yarn gaps are $\sim 50\,\mu$m across, the flow through any gaps between fibers of order $\sim 1\,\mu$m or less will be negligible. Assuming that flow speeds through gaps scale as one over the gap size squared, as it does in Poiseuille flow, any flow through the sub-micrometer inter-yarn gaps will be thousands of times slower than flow in the inter-yarn pores.[8,9]

Finally, the fact that the bottom-right inter-yarn pore has the largest air flow illustrates that the fabric is disordered. It is not a perfect lattice of inter-yarn pores, each of which is the same. This also means that small (in the sense of difficult to detect with the naked eye) amounts of damage to the fabric significantly affect the flow through it.

A. Darcy's law

Fluid flow through fabrics has been studied in earlier works on the washing of fabric (laundry). The removal of dirt from fabric relies on the flow of water through it.[8,9,56,57] These earlier works, starting with the pioneering work of van den Brekel,[8] assumed that inter-yarn flow was dominant, which is corroborated by the present work. They modeled the flow through a fabric using the standard approach for (low Reynolds number) flow through porous media: Darcy's law.

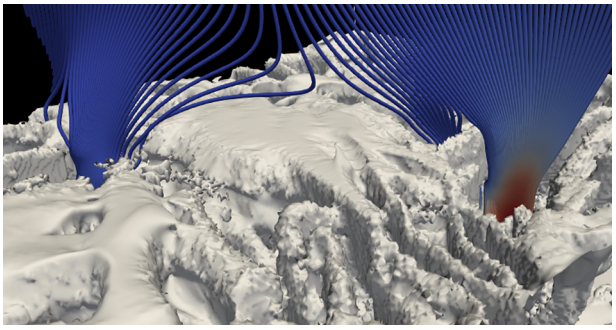


FIG. 7. Plot of the fabric surface (white) together with streamlines. The streamlines are color coded with local velocity: blue is slow, red is fast. The flat region in the center of the image is the top of a yarn. Image produced by ParaView.[55]

A mask is a porous medium, and so at low Reynolds number the air flow Q through the fabric is given by Darcy's law[58] as follows:

$$Q = \frac{kA}{\mu}\frac{\Delta p_F}{L_F}, \tag{2}$$

which defines the permeability k. Q is the volume of air crossing the fabric per unit time, A is the area of the fabric the air flows through, and μ is the viscosity of air.

For our thin fabric, there are end effects. We neglect these and just consider the pressure drop across the fabric, Δp_F, and the thickness of the fabric, L_F. The flow Q is proportional to the size of the pressure drop across the fabric Δp_F and inversely proportional to the thickness L_F of the fabric. The Darcy velocity U is defined by

$$U = \frac{Q}{A}. \tag{3}$$

In free space, U is the actual flow velocity, while inside a porous medium, some of the area A is occupied by the solid material and so does not contribute to Q. Then, the local flow velocity varies from point to point and is mostly higher than the Darcy velocity U.

In our LB simulations, we impose the pressure difference Δp_F (via setting the densities at bottom and top along z), measure Q, and evaluate the permeability from

$$k = \frac{Q\mu}{A}\frac{L_F}{\Delta p_F}. \tag{4}$$

The viscosity of our LB fluid is $\mu = \rho_{LB}\nu_{LB} = 1/6$, because $\rho_{LB} = 1$ is the mass density in LB units and $\nu_{LB} = 1/6$ is the kinematic viscosity also in LB units. In the same units, $L_F = 52$.

We find a permeability of $k \simeq 0.73$ in LB units, or $k \simeq 2.4\ \mu\text{m}^2$ on conversion using our known voxel size. This value is comparable to the value $k \simeq 4\ \mu\text{m}^2$ found for cotton sheets (with water as the fluid) in the experiments of van den Brekel.[8]

Note that our fabric is imaged in liquid and van den Brekel's measurements are for fabric immersed in a liquid. So it is possible that in both cases, the cotton may have swelled due to absorbing the liquid, reducing k. We imaged the masks in SEM (under vacuum) before and after immersion in tetralin for confocal imaging and observed no change. While, of course, it is possible that swelling occurred *during* immersion in the said solvent, we find no evidence for irreversible change due to immersion in tetralin.

B. Impedance and pressure drop across fabric

The pressure drop across a mask must be low enough to allow easy breathing through the mask. As we have Stokes flow, the pressure drop is linearly proportional to the flow velocity, and the proportionality constant defines the mask's impedance I,[19] i.e.,

$$\Delta p_F = IU. \tag{5}$$

Using Eqs. (2) and (3), we have

$$I = \mu L_F/k. \tag{6}$$

Using the viscosity of air and our estimated k, $I = 7.1\ \text{Pa s cm}^{-1}$. This is of the same order as Hancock *et al.*[19] found for 300 threads per inch

(TPI) cotton. Konda *et al.*[13] found an impedance of 4.2 Pa s cm^{-1} for a 180 TPI cotton/polyester blend. Sankhyan *et al.*[15] reported pressure drops in the range 40–55 Pa for an air speed of 8 cm s^{-1}, which gives impedances in the range 5–7 Pa s cm^{-1}.

Hancock *et al.*[19] estimated that the American N95 standard for breathability requires a maximum impedance of around 30 Pa s cm^{-1}, four times our fabric's value. So, we conclude that the impedance of our imaged fabric is well within the range of values that are easy to breathe through.

1. Model for the Darcy's law permeability

Van den Brekel[8] used the Kozeny, or Kozeny–Carman, model for k. This model was developed for beds composed of packed spheres. Although van den Brekel proposed that the vast majority of the flow is through inter-yarn pores, these pores do not resemble the gaps between the sphere in beds of packed spheres. They are channels partially obstructed by stray fibers. Thus, we model k of our fabric by Poiseuille flow in cylinders of effective diameter d_{EFF} that occupy an area fraction ε_{by} of the fabric. This gives

$$k \sim \frac{\varepsilon_{by} d_{EFF}^2}{32}. \tag{7}$$

We estimate the effective free diameter to be in between a fiber diameter and a yarn diameter, $d_{EFF} \sim 50\,\mu$m, while the area fraction of inter-yarn pores $\varepsilon_{by} \sim 0.1$. These values give $k \sim 8\ \mu$m^2—the same order of magnitude as our measured value. Given the numerous approximations—we estimate the channel size and pore fraction, the channels are too short for a fully developed Poiseuille flow, and there are fibers that cross the channels—we consider this reasonable agreement. Bourrianne *et al.*[27] found a similar value, $k = 12\ \mu$m^2 for a surgical mask. This is consistent with the flow being predominantly through pores tens of micrometers across, occupying about ten percent of the total area.

C. Curvature of streamlines

The inertia of a particle only affects its motion when the streamlines are curving. For flow that is just straight ahead, the particle will just follow the flow. So, we need to characterize the curvature of the streamlines going through the fabric. We do this by determining a characteristic lengthscale for this curvature, which we call Σ.

The lengthscale Σ for the curvature of a streamline at a point on the streamline of the flow field is defined by

$$\Sigma = \frac{\vec{u}.\vec{u}}{a_\perp}, \tag{8}$$

where $\vec{u}$ is the flow field at that point and $a_\perp$ is the magnitude of the normal component of the acceleration $\vec{a}$ along the streamline at this point. Streamlines are defined by velocities and accelerations and so one way to obtain the lengthscale is to square the velocity and divide by the acceleration.

The acceleration is that along the streamline, i.e., rate of change of streamline velocity while being advected along the streamline. The normal component is obtained by subtracting the parallel component from $\vec{a}$ as follows:

$$\vec{a}_\perp = a - \hat{u}(\hat{u}.\vec{a}). \tag{9}$$

We have plotted Σ along a set of streamlines in Fig. 8. The local curvature along streamlines within the fabric varies greatly but is mostly around tens to hundreds of micrometers. This is different from the flow in a mesh of single fibers, as found in surgical masks. In surgical masks, there is only one lengthscale, that of the fiber diameter, which varies but can, for example, be around 15 μm.[10] So in non-woven filters such as surgical masks, the curvature lengthscale is expected to fall as low as around 10 μm for trajectories near the surfaces of fibers.

V. CALCULATING PARTICLE TRAJECTORIES AND COLLISIONS

In this section, we first introduce the theory for particles moving in a flowing fluid, then describe the details of our calculations.

A. Theory for a particle in a flowing fluid

The particles are spheres of diameter d_p, and feel only the Stokes drag of the surrounding air. We neglect any perturbation by the particles of the flow field, and assume that the drag force on a particle couples to its center of mass. Then Newton's Second Law for the particle becomes

$$m_p \frac{\mathrm{d}\vec{v}}{\mathrm{d}t} = -\frac{3\pi\mu d_p}{C}(\vec{v} - \vec{u}) \tag{10}$$

for a particle of mass m_p and velocity $\vec{v}$ in a flow field $\vec{u}$ of fluid with viscosity μ. Here, C is the Cunningham slip correction factor.[59,60] We consider particles with $d_p \geq 1\ \mu$m (due to limited imaging resolution). In this size range, C is always close to one (within 15%). Therefore, we just set $C = 1$ here.

The particles are spheres of mucus, which we assume has the mass density of water, ρ_p. Then, $m_p = (\pi/6)d_p^3\rho_p$, and Eq. (10) becomes

$$\frac{\mathrm{d}\vec{v}}{\mathrm{d}t} = -\frac{18\mu}{\rho_p d_p^2 C}(\vec{v} - \vec{u}) = -\frac{(\vec{v} - \vec{u})}{t_I}, \tag{11}$$

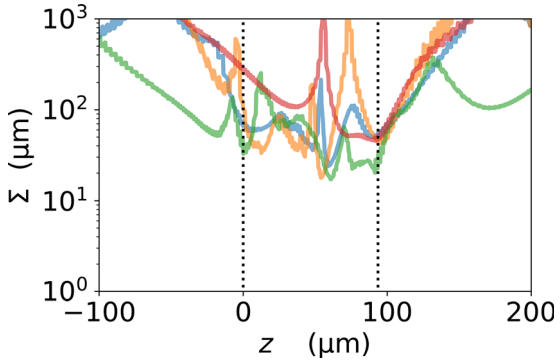


FIG. 8. Plot of the local curvature Σ along four streamlines, as a function of their position along the flow direction z. The vertical dotted lines mark the start and end of the fabric, so outside of these lines we are outside the fabric. N.B. the curves are not smooth because Σ depends on the acceleration. The flow field velocity is obtained by interpolation; so, the velocity is continuous but its derivative, the acceleration, is not.

where we have introduced $t_I = \rho_p d_p^2 C/(18\mu)$: the timescale for viscous drag to accelerate the particle.

1. The Stokes number

When integrating Eq. (11), if the timescale t_I is short then the particle closely follows (the streamlines of) the fluid flow; so when the fluid flows around an obstacle, the particle follows the fluid. However, if t_I is large, then when the fluid flow changes direction the particle's inertia results in it carrying on and moving in the direction of the fluid before it changed direction. This inertial effect can result in a particle colliding with an obstacle, although the fluid flows around it, and is the cause of inertial filtration.[6] The short and long timescales t_I are relative to the timescale for the change of direction of the fluid flow, and the ratio of these two timescales defines a dimensionless number: the Stokes number.

The ratio of the timescale t_I to the timescale for fluid flow to change direction as it goes around an obstacle of size L_O defines the Stokes number, i.e.,

$$\mathrm{St}(d_p, L_O, U) = \frac{t_I}{L_O/U}, \tag{12}$$

where we use the Darcy speed U. Then,

$$\mathrm{St}(d_p, L_O, U) = \frac{\rho_p d_p^2 UC}{18\mu L_O} \sim \frac{3.08 \times 10^6}{\mathrm{m^2 s^{-1}}} \frac{d_p^2}{L_O} U. \tag{13}$$

The parameter values in Table II were used. For $\mathrm{St} \ll 1$, viscous forces dominate inertia and the particle follows streamlines faithfully. However, for $\mathrm{St} \gg 1$, inertia dominates and the particle's trajectory will strongly deviate from streamlines. As the streamlines go around obstacles, deviating from streamlines can result in the particle colliding with an obstacle and being filtered out. This is inertial filtration.

The Stokes number depends on the flow speed, and on both the size of the particle and of the obstacle the flow is going around. Figure 9 shows the Stokes number as a function of particle diameter, for particles in flow fields curving over lengthscales of 10 and 100 μm. Note that for flow fields curving over a distance 10 μm, a Stokes number of one is only reached for particles greater than 10 μm in diameter. So, our fabric where the curvature Σ is mainly at least tens of micrometers (see Fig. 8) is expected to show little inertial filtration of any particle around 10 μm or smaller in diameter.

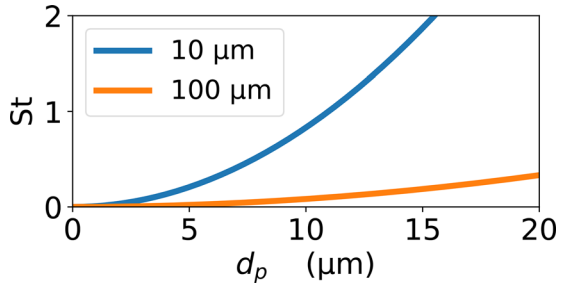


FIG. 9. Plot of the Stokes number as a function of particle diameter d_p, using Eq. (13). The blue and orange curves are for obstacle sizes $L_O = 10$ and 100 μm, respectively. The flow speed is set to $U = 2.7\,\mathrm{cm\,s^{-1}}$.

B. Evaluation of filtration using our lattice Boltzmann flow field

The filtration efficiency is estimated from the fraction of particles that collide with the fabric. We calculate the trajectories of N_{samp} particles that start in a uniform grid that occupies the central quarter of the area in the white rectangle in Fig. 2. This area in the white rectangle is two lattice constants of the fabric across along both the x and y axes, and so the area the particles start from fills one unit cell of the fabric lattice. Our filtration efficiency should therefore be a good representation of the average filtration efficiency of a large area of fabric. Once we have computed the trajectories of the N_{samp} particles and determined which ones collide with the fabric, the filtration efficiency is computed as follows:

$$\text{Filtration efficiency} = \frac{\sum_i^{\text{coll}} v_{zi}}{\sum_i^{\text{coll}} v_{zi} + \sum_i^{\text{pen}} v_{zi}}, \tag{14}$$

where the sum with superscript "coll" is over all particles that collided with a fiber voxel, and the sum with superscript "pen" is over all particles that pass through the fabric without colliding. v_{zi} is the z component of the velocity of particle i at the starting point of its trajectory. Note that as we are interested in the fraction of particles filtered, each particle is weighted by the local velocity. We assume the particle concentration is uniform in the air, so regions where the air is flowing faster contribute more than where the regions are flowing more slowly.

See the Appendix for further details of how we compute trajectories, and the condition for collisions. All calculations are for flow at the speed $U = 2.7\,\mathrm{cm\,s^{-1}}$, corresponding to breathing under moderate exertion (see Table II).

VI. RESULTS FOR PARTICLE FILTRATION

In Fig. 10, we have plotted results for the fraction of particles that collide with a fiber and are filtered out, as a function of the diameter of the particle. These are the red data points. We see that the efficiency is less than 10% for micrometer-sized particles, and although it increases with increasing size we are still filtering less than half of the particles at a diameter of 10 μm. We breathe out droplets with a wide range of sizes but the peak of this distribution is around one micrometer.[23] We predict that the fabric we have imaged is very poor at filtering out droplets of this size. Note that we could only image approximately half of one cotton fabric layer; presumably the filtration efficiency of the full layer is higher.

Both Konda *et al.*[12,13] and Duncan *et al.*[14] have measured the filtration efficiency of woven fabrics, for particles up to five micrometers. Both groups find a large variability in filtration efficiency from one material to another, with filtration efficiencies in the range less than 10% to almost 100%, for particles with diameters of a few micrometers. Sankhyan *et al.*[15] found comparable filtration efficiencies to Konda *et al.* and Duncan *et al.* They also found that the fabric masks were systematically less good at filtering than non-woven surgical masks.

Two data sets from Konda *et al.*[13] are plotted in Fig. 10. Konda *et al.*[12,13] found that the filtration efficiency of a fabric increased with its TPI. In Fig. 10, we see that they found that the filtration efficiency

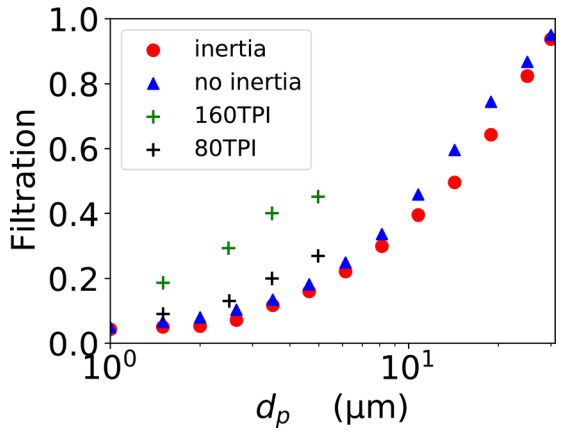


FIG. 10. Plot of the fraction of particles filtered, as a function of their diameter d_p. This is in air with flow speed $U = 2.7\,\mathrm{cm\,s^{-1}}$. The red circles are with the inertia of a particle with the mass density of water and the blue triangles are without inertia. They are each averages over $N_{\mathrm{samp}} = 1600$ particle trajectories. The green and black pluses are measurements of Konda *et al.*[13] [obtained from Fig. 2(b)[61]]. These measurements are for a pressure drop across the fabric of 10 Pa, whereas at our value of U, the estimated pressure drop is 19 Pa. The impedances measured by Konda *et al.*[13] are lower than our value ($7.1\,\mathrm{Pa\,s\,cm^{-1}}$), they find values of $1.3\,\mathrm{Pa\,s\,cm^{-1}}$ for 80 TPI, and $4.2\,\mathrm{Pa\,s\,cm^{-1}}$ for 160 TPI. Thus, especially for the 80 TPI fabric, although their pressure drop is lower, the air speed is higher.

for a 160 TPI cotton/polyester fabric is higher than for 80 TPI cottons. We estimate that our fabric's TPI is 186. Our efficiencies are lower than those measured by Konda *et al.*[13] but the slope is very similar. At a diameter of 1.5 μm, we find an efficiency of 5%, whereas Konda *et al.*[13] found efficiencies of 9% and 19% for TPIs of 80 and 180, respectively. Our model makes a number of approximations—flow field on a 1.8 μm lattice, possible changes in the fibers and yarns due to immersion in the solvent, coupling at center of mass, etc.—so our estimated efficiencies are likely only accurate to within a factor of two in either direction. With this estimate of uncertainty in our calculation, we estimate an efficiency in the range 2.5%–10%. Thus, within our large uncertainties our results are essentially consistent with the measurements.

A. Inertia can cause collisions to be avoided and so reduce filtration efficiency

In order to understand the role of inertia in filtration by woven fabrics, we calculated the filtration efficiency without inertia. In other words, the Stokes number is zero and the particles follow the streamlines perfectly. The results are shown as blue triangles in Fig. 10, and are for pure interception filtration. If we compare those points with the red points, which correspond to the case with inertia, we see that the difference is small. Inertia has a small effect and the filtration is mainly through interception.

However, the difference is that the effect of inertia is to slightly decrease filtration. We have found that the effect of inertia can be to cause a collision that occurs without inertia to be avoided, see Fig. 11. There, we have plotted two trajectories with the same starting point but with inertia (purple) and without inertia (orange). The particle with inertia penetrates the fabric, while without inertia it collides with the side of the inter-yarn pore and is filtered out. Inertia carries a particle closer to the center of an inter-yarn pore where it is further from the sides and so escapes colliding with these walls.

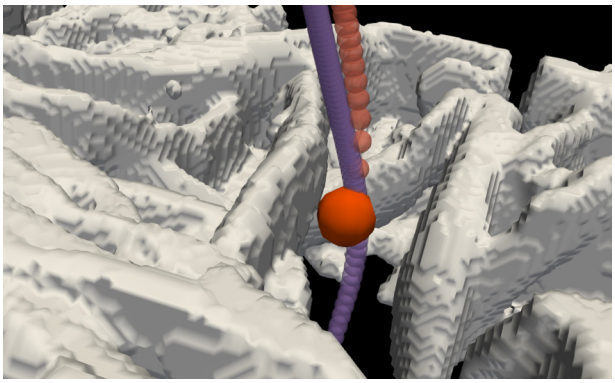


FIG. 11. A pair of trajectories with and without inertia that start at the same point. This is for a particle of diameter 20 μm. The fabric is shown in white, and trajectories with and without inertia are traced out by purple and by orange spheres, respectively. The sphere at the collision point is shown at the true particle size, others along the path are smaller, for clarity. Note that with inertia, the particle penetrates the fabric, while without it, the particle collides at the point shown by the large orange sphere. Here, inertia carries the particle a little farther out from the side of the inter-yarn pore, avoiding a collision. Image produced with ParaView.[55]

In the standard picture of filtration of particles from air, the effect of inertia is always to increase the filtration efficiency.[6] In that standard picture, deviations of particle trajectories from streamlines due to inertia always increase the probability of a collision. This is not what we have found, see Fig. 11. Here and in Robinson *et al.*,[10] we find that at small Stokes numbers the situation can be more complex and subtle. Inertia at small Stokes number can make filtration a little less efficient. However, at large Stokes number, we indeed find that inertia increases the filtration efficiency.

The zero Stokes number (i.e., zero inertia) limit, often called interception filtration,[6] corresponds to the limit in which the air speed $U \to 0$, as $U = 0$ gives a Stokes number of zero. Thus, we have shown that reducing U from a speed characteristic of moderate exercise to zero has little effect on the filtration efficiency. Filtration by our fabric is almost independent of U or, equivalently, of the pressure drop across the fabric. This is in agreement with the findings of Konda *et al.*[13] who found that filtration did not vary significantly when they varied the pressure drop across the sample.

VII. FILTRATION VIA PARTICLES DIFFUSING INTO CONTACT

The filtration of particles of order 100 nm is typically dominated by the diffusion of these particles onto the surfaces of the filter.[6] The nanoparticles then stick and are filtered out. With a flow field based on imaging at 1.8 μm resolution, we are unable to be quantitative about the filtration efficiency for particles in this size range. However, we are able to argue that the efficiency of filtration by diffusion should be low. The argument is as follows:

For our fabric, almost all air flows through inter-yarn pores ~50 μm across. So, filtration by diffusion depends on particle diffusion across the flowing air stream in contact with the sides of the inter-yarn pore, during the short time the particle is being advected through the

fabric. Thus, the filtration efficiency is determined by the ratio of the diffusive time t_{DX} to the advection time t_A. t_{DX} is the time taken to diffuse across (i.e., in xy plane) an inter-yarn pore. t_A is the time taken for air to flow through the pore.

The ratio of diffusive to flow timescales defines a Péclet number. Here, the Péclet number is

$$\mathrm{Pe} = \frac{t_{DX}}{t_A}. \tag{15}$$

For a particle 100 nm in diameter, the Stokes–Einstein relation gives $D = kT/(3\pi\mu d_p) \sim 240\,\mu\mathrm{m}^2\mathrm{s}^{-1}$, and so for a distance of 50 μm, $t_{DX} \sim (50^2)/80$–10 s. The advection timescale is just the time taken for air to flow through the fabric $t_A \sim 100\,\mu\mathrm{m}/2.7\,\mathrm{cm\,s}^{-1} \sim 4$ ms. Thus,

$$\mathrm{Pe} \sim 3000. \tag{16}$$

As $\mathrm{Pe} \gg 1$, particles with $d_p = 100$ nm are carried through the fabric much faster than they can diffuse across the inter-yarn pores, and we expect the efficiency of filtration by diffusion to be very low. Note that for larger particles, D is smaller; so, filtration by diffusion is even less efficient.

Our prediction that filtration via diffusion should be very inefficient is consistent with a number of experimental studies.[13,14,16,62] These studies all found that woven fabrics are poor at filtering particles much less than a micrometer in diameter, which is the size range where particle diffusion is fastest. Here, poor filtration means typically less than 50%, and in some cases much less. For diameters less than a micrometer, woven fabrics are typically poorer filters than the non-woven materials used in surgical masks. For the non-woven materials in surgical masks, at diameters around 100 nm, the efficiency increases as the diameter decreases, due to diffusion becoming increasingly important as the diameter increases.[6,10,13,14,16,30,62] This increase is also seen in woven fabrics[13,14,16,62] but is mostly weaker for woven than for non-woven materials.

VIII. CONCLUSION

Measurements of the filtration efficiency of woven fabrics have consistently shown poorer filtration efficiency than for the non-woven materials used in surgical masks or other air filters.[13,14,16,19,62] This is for the filtration of particles both smaller than and larger than a micrometer, and for a range of different fabrics of different TPIs and materials (cotton, polyester, etc.). For the first time, we have the complete flow field (at a resolution of 1.8 μm) inside the fabric, and we can also control the inertia of the particles, so we can see why the efficiency is so low. The efficiency is low because essentially all the air flows through relatively large (tens of micrometers) inter-yarn pores, which are only obstructed by a few stray fibers, see Fig. 5. Particles just follow the air through these gaps and so few are filtered out.

Inter-yarn pores will vary in size from one woven fabric to another, for example they should be smaller when the TPI is larger. Some data suggest that fabrics with higher TPIs are better filters,[13] possibly because the inter-yarn pores are smaller. However, all woven fabrics are made of yarn and so all will have inter-yarn pores. This, together with the multiple experimental studies reporting poor filtration efficiency,[13,14,16,19,62] suggests that poor filtration is generic, because as we have seen particles are just carried through the relatively large inter-yarn gaps. These gaps are an order of magnitude greater in size than typical fiber spacings in the non-woven material in surgical masks.[10,11]

We estimate that the filtration efficiency of our imaged fabric is in the range 2.5%–10%. This is for particles of diameter 1.5 μm, which is around the most probable size for droplets exhaled while speaking.[23] Thus, this is the most probable droplet size for source control. To protect the mask wearer, the mask must filter droplets that have evaporated in the surrounding air. Because the ?ltration ef?ciency decreases with decreasing particle size, the filtration efficiency will be even lower for droplets once they have[23,29,30] entered room air, and evaporation has reduced their diameter by a factor of 2 to 3.[23,30] Our filtration efficiency is for approximately half a layer of woven fabric with an estimated TPI of 186. Konda *et al.*[13] found filtration efficiencies of 9% and 18% for (complete single layers of) woven fabrics of 80 and 160 TPI. Sankhyan *et al.*[15] also found similar values.

A. It may be impossible to make good filters from woven fabrics

The efficiency of filtration by fabrics can be improved by using multiple layers.[15] However, both multiple layers and higher TPI lead to higher impedance to air flow. Making a practical air filter always involves a trade-off between maximizing filtration and keeping the impedance (pressure drop) low enough to be acceptable to the user. In other words, the

$$\text{figure of merit for a filter} = \frac{-\ln\left[1 - \text{Fraction Filtered}\right]}{I}. \tag{17}$$

Our estimated impedance of $I = 7.1\,\mathrm{Pa\,s\,cm}^{-1}$ is low in the sense that it is approximately one-quarter the maximum impedance allowed by the American N95 standard.[19] However, due to the very low filtration efficiency, the value of the figure of merit is low for our fabric. Taking our 5% filtration efficiency for 1.5 μm, our estimated figure of merit is $0.007\,\mathrm{cm\,Pa}^{-1}\,\mathrm{s}^{-1}$. Achieving 95% filtration at the maximum impedance allowed by an N95 mask requires a figure of merit of $0.1\,\mathrm{cm\,Pa}^{-1}\,\mathrm{s}^{-1}$, more than ten times the value for our cotton fabric. Here, we used the estimated maximum impendance of the N95 standard of $30\,\mathrm{Pa\,s\,cm}^{-1}$ of Hancock *et al.*[19] It may be that it is impossible or almost impossible to make good filters from fabrics, because their figures of merit for filtration are too low.

B. The effect of particle inertia on filtration

We find that for our woven fabric, filtration is mostly due to interception over the size range from one to a few tens of micrometers. In other words, filtration is due to particles that largely follow the streamlines but collide with cotton fibers due to the particle's size.[6] Note that filtration is only weakly affected by setting the inertia of particles to zero, compare the blue and red points in Fig. 10. Surprisingly, over this size range, the effect of inertia is to decrease filtration efficiencies, although the effect is small. Modest amounts of inertia decrease the filtration efficiency by pushing more particle trajectories away from collisions with fibers, than they do trajectories toward collisions. Very large amounts of inertia (for example, due to a sneeze greatly increasing U) will increase the efficiency due to most of the fabric area being occupied by yarns.

The non-woven filters in surgical masks and respirators (such as the European standard FFP and American standard N95 respirators) force the air around single fibers of typical size around 5 μm.[11] This smaller lengthscale for the curvature of streamlines in surgical masks brings inertial filtration into play for droplets around a few micrometers in diameter.[10] This makes inertial filtration much more effective for surgical masks and respirators than for woven fabrics, for particles one or a few micrometers in diameter.

C. Limitations of the present work, and future work

We have simulated the flow field through one sample of woven fabric at a resolution of 1.8 μm, and used this to understand the observed poor filtration performance. Future work could look at different fabrics, with different TPIs, and go to higher resolutions, as well as compare with the materials used in surgical masks.[20,21] Higher resolution images will improve the estimation of filtration of smaller particles in particular, as this is likely to be sensitive to yarn/fiber roughness of lengthscales of a micrometer and smaller.

ACKNOWLEDGMENTS

The authors would like to thank Fergus Moore, Jonathan Reid, and Patrick Warren for very useful discussions. They also acknowledge the support of the University of Surrey's High Performance Computing centre. Finally, the authors would like to thank Judith Mantell from the Wolfson Bioimaging Facility (EPSRC Grant "Atoms to Applications," No. EP/K035746/1) and Jean-Charles Eloi of the Chemical Imaging Facility, for the SEM images and assistance in this work.

AUTHOR DECLARATIONS

Conflict of Interest

R.P.S. has undertaken consultancy for PolarSeal Tapes and 794 Conversions Ltd., Farnham, UK.

DATA AVAILABILITY

The data and computer code that support the findings of this study are openly available in Zenodo at http://doi.org/10.5281/zenodo.5552357, Ref. 63.

APPENDIX: COMPUTATIONAL DETAILS FOR INTEGRATING PARTICLE TRAJECTORIES

Each particle trajectory is obtained by starting the particle at $z = 5$ in LB units, and at x and y coordinates on a square grid in the central quarter of the box, i.e., from $n_x/4$ to $3n_x/4$ along the x axis and from $n_y/4$ to $3n_y/4$ along the y axis. We varied the starting region for the trajectories to observe the dependence of efficiency on the starting region, and the efficiency varied by amounts around 10%. The particle starts with the same velocity as the local flow velocity. Weighting the trajectories by their initial velocities using Eq. (14) makes a difference of approximately twenty percent for our box with 200 LB lattice spacings in front of the fabric. It makes more of a difference for shorter boxes along z, hence our box size is a trade-off between accuracy and computational cost.

A fraction of order 20% of the trajectories leave the box at the sides. These are not counted in our flux calculations. Although the LB flow field has periodic boundary conditions at the sides, this does not reproduce well the true conditions in the fabric, which is not perfectly periodic in the x and y directions. In the xy-plane the simulation box cannot be larger than shown by the white box in Fig. 2. Enlarging it to the left expands the box to include the defect immediately to the left of the white box, while enlarging it along the y axis reaches the edges of the strip of fabric imaged.

So, we have multiple sources of uncertainties, each ten or a few tens of percent. Plus, we only couple the particle to the fluid flow at the particle's center of mass, and are using a flow field with spatial resolution larger than the smallest particles we consider. Considering all these sources of uncertainty, and the approximations of the model, we estimate that our results are accurate to about a factor of 2.

Each trajectory is integrated forward in time, using adaptive-step-size modified Euler integration of Eq. (11), until the particle either collides with a fiber voxel, or reaches the bottom (large z) edge of the simulation box. At each time step, we check for a collision. A collision occurs if the center of the particle is within a distance $(1/2)(d_p + \delta)$, i.e., the radius of the particle plus a correction δ. We estimate that the optimal value of δ is 0.5 in LB units. So, we use this value throughout this work.

The integration of Eq. (11) requires that we determine t_I in LB units. This is done as follows, for the example of a particle with $d_p = 5$ μm. First, we obtain the mean velocity in the LB flow field in a slice far from the fabric, as $U = 5.8 \times 10^{-7}$ in LB units. Second, we use Eq. (13) to determine that $\mathrm{St} = 1.16$, for lengthscale $L = 1.8$ μm and $U = 2.7\,\mathrm{cm\,s^{-1}}$. Then, we use Eq. (12) in LB units to obtain, with $L = 1$ and our LB U, that $t_I = 20.8 \times 10^6$ in LB units. This value of t_I reproduces the correct Stokes number for a particle 5 μm in diameter. The particle then collides with any lattice site within a distance of 1.89 LB units.

REFERENCES

[1]T. Greenhalgh, M. B. Schmid, T. Czypionka, D. Bassler, and L. Gruer, "Face masks for the public during the COVID-19 crisis," BMJ **369**, m1435 (2020).
[2]T. Greenhalgh, J. L. Jimenez, K. A. Prather, Z. Tufekci, D. Fisman, and R. Schooley, "Ten scientific reasons in support of airborne transmission of SARS-CoV-2," Lancet **397**, 1603–1605 (2021).
[3]V. Stadnytskyi, P. Anfinrud, and A. Bax, "Breathing, speaking, coughing or sneezing: What drives transmission of SARS-CoV-2?," J. Intern. Med. **290**, 1010 (2021).
[4]C. C. Wang, K. A. Prather, J. Sznitman, J. L. Jimenez, S. S. Lakdawala, Z. Tufekci, and L. C. Marr, "Airborne transmission of respiratory viruses," Science **373**, eabd9149 (2021).
[5]J. Xu, X. Xiao, W. Zhang, R. Xu, S. C. Kim, Y. Cui, T. T. Howard, E. Wu, and Y. Cui, "Air-filtering masks for respiratory protection from $PM_{2.5}$ and pandemic pathogens," One Earth **3**, 574–589 (2020).
[6]C.-S. Wang and Y. Otani, "Removal of nanoparticles from gas streams by fibrous filters: A review," Ind. Eng. Chem. Res. **52**, 5–17 (2013).
[7]P. B. Warren, R. C. Ball, and R. E. Goldstein, "Why clothes don't fall apart: Tension transmission in staple yarns," Phys. Rev. Lett. **120**, 158001 (2018).
[8]L. D. M. van den Brekel, "Hydrodynamics and mass transfer in domestic drum-type fabric washing machines," Ph.D. thesis (TU Delft, 1987).
[9]S. Shin, P. B. Warren, and H. A. Stone, "Cleaning by surfactant gradients: Particulate removal from porous materials and the significance of rinsing in laundry detergency," Phys. Rev. Appl. **9**, 034012 (2018).

[10]J. F. Robinson, I. Rios de Anda, F. J. Moore, J. P. Reid, R. P. Sear, and C. P. Royall, "Efficacy of face coverings in reducing transmission of COVID-19: Calculations based on models of droplet capture," Phys. Fluids **33**, 043112 (2021).
[11]K. Lee, Y.-W. Jung, H. Park, D. Kim, and J. Kim, "Sequential multiscale simulation of a filtering facepiece for prediction of filtration efficiency and resistance in varied particulate scenarios," ACS Appl. Mater. Interfaces **13**, 57908–57920 (2021).
[12]A. Konda, A. Prakash, G. A. Moss, M. Schmoldt, G. D. Grant, and S. Guha, "Aerosol filtration efficiency of common fabrics used in respiratory cloth masks," ACS Nano **14**, 6339 (2020).
[13]A. Konda, A. Prakash, G. A. Moss, M. Schmoldt, G. D. Grant, and S. Guha, "Response to letters to the editor on aerosol filtration efficiency of common fabrics used in respiratory cloth masks: Revised and expanded results," ACS Nano **14**, 10764–10770 (2020).
[14]S. Duncan, P. Bodurtha, and S. Naqvi, "N95 respirators, disposable procedure masks and reusable cloth face coverings: Total inward leakage and filtration efficiency of materials against aerosol," medRxiv2020.11.24.20237446.
[15]S. Sankhyan, K. N. Heinselman, P. N. Ciesielski, T. Barnes, M. E. Himmel, H. Teed, S. Patel, and M. E. Vance, "Filtration performance of layering masks and face coverings and the reusability of cotton masks after repeated washing and drying," Aerosol Air Qual. Res. **21**, 210117 (2021).
[16]C. D. Zangmeister, J. G. Radney, E. P. Vicenzi, and J. L. Weaver, "Filtration efficiencies of nanoscale aerosol by cloth mask materials used to slow the spread of SARS-CoV-2," ACS Nano **14**, 9188–9200 (2020).
[17]A. Rule, G. Ramachandran, and K. Koehler, "Comment on aerosol filtration efficiency of common fabrics used in respiratory cloth masks: Questioning their findings," ACS Nano **14**, 10756–10757 (2020).
[18]I. A. Carr, P. Hariharan, and S. Guha, "Letter to the editor regarding aerosol filtration efficiency of common fabrics used in respiratory cloth masks," ACS Nano **14**, 10754–10755 (2020).
[19]J. N. Hancock, M. J. Plumley, K. Schilling, D. Sheets, and L. Wilen, "Comment on 'Aerosol filtration efficiency of common fabrics used in respiratory cloth masks,'" ACS Nano **14**, 10758–10763 (2020).
[20]H. R. Lee, L. Liao, W. Xiao, A. Vailionis, A. J. Ricco, R. White, Y. Nishi, W. Chiu, S. Chu, and Y. Cui, "Three-dimensional analysis of particle distribution on filter layers inside N95 respirators by deep learning," Nano Lett. **21**, 651–657 (2021).
[21]W. Du, F. Iacoviello, T. Fernandez, R. Loureiro, D. J. L. Brett, and P. R. Shearing, "Microstructure analysis and image-based modelling of face masks for COVID-19 virus protection," Commun. Mater. **2**, 69 (2021).
[22]L. Bourouiba, "Turbulent gas clouds and respiratory pathogen emissions: Potential implications for reducing transmission of COVID-19," JAMA **323**, 1837 (2020).
[23]G. Johnson, L. Morawska, Z. Ristovski, M. Hargreaves, K. Mengersen, C. Chao, M. Wan, Y. Li, X. Xie, D. Katoshevski, and S. Corbett, "Modality of human expired aerosol size distributions," J. Aerosol Sci. **42**, 839–851 (2011).
[24]F. K. A. Gregson, N. A. Watson, C. M. Orton, A. E. Haddrell, L. P. McCarthy, T. J. R. Finnie, N. Gent, G. C. Donaldson, P. L. Shah, J. D. Calder, B. R. Bzdek, D. Costello, and J. P. Reid, "Comparing aerosol concentrations and particle size distributions generated by singing, speaking and breathing," Aerosol Sci. Technol. **55**, 681–691 (2021).
[25]S. Asadi, A. S. Wexler, C. D. Cappa, S. Barreda, N. M. Bouvier, and W. D. Ristenpart, "Aerosol emission and superemission during human speech increase with voice loudness," Sci. Rep. **9**, 2348 (2019).
[26]M. Abkarian, S. Mendez, N. Xue, F. Yang, and H. A. Stone, "Speech can produce jet-like transport relevant to asymptomatic spreading of virus," Proc. Natl. Acad. Sci. U. S. A. **117**, 25237–25245 (2020).
[27]P. Bourrianne, P. R. Kaneelil, M. Abkarian, and H. A. Stone, "Tracking the air exhaled by an opera singer," Phys. Rev. Fluids **6**, 110503 (2021).
[28]P. Bourrianne, N. Xue, J. Nunes, M. Abkarian, and H. A. Stone, "Quantifying the effect of a mask on expiratory flows," Phys. Rev. Fluids **6**, 110511 (2021).
[29]R. R. Netz, "Mechanisms of airborne infection via evaporating and sedimenting droplets produced by speaking," J. Phys. Chem. B **124**, 7093–7101 (2020).
[30]J. F. Robinson, I. Rios de Anda, F. J. Moore, F. K. A. Gregson, J. P. Reid, L. Husain, R. P. Sear, and C. P. Royall, "How effective are face coverings in reducing transmission of COVID-19?," arXiv:2012.01314.
[31]K. K. Coleman, D. J. W. Tay, K. Sen Tan, S. W. X. Ong, T. T. Son, M. H. Koh, Y. Q. Chin, H. Nasir, T. M. Mak, J. J. H. Chu, D. K. Milton, V. T. K. Chow, P. A. Tambyah, M. Chen, and T. K. Wai, "Viral load of SARS-CoV-2 in respiratory aerosols emitted by COVID-19 patients while breathing, talking, and singing," Clin. Infect. Dis. **2020**, ciab691.
[32]J. L. Santarpia, V. L. Herrera, D. N. Rivera, S. Ratnesar-Shumate, S. P. Reid, D. N. Ackerman, P. W. Denton, J. W. S. Martens, Y. Fang, N. Conoan, M. V. Callahan, J. V. Lawler, D. M. Brett-Major, and J. J. Lowe, "The size and culturability of patient-generated SARS-CoV-2 aerosol," J. Expo. Sci. Environ. Epidemiol. **18**, 1 (2021).
[33]S. A. Hawks, A. J. Prussin, S. C. Kuchinsky, J. Pan, L. C. Marr, and N. K. Duggal, "Infectious SARS-CoV-2 is emitted in aerosols," mBio **12**, e0252721 (2021).
[34]P. A. Dabisch, J. Biryukov, K. Beck, J. A. Boydston, J. S. Sanjak, A. Herzog, B. Green, G. Williams, J. Yeager, J. K. Bohannon, B. Holland, D. Miller, A. L. Reese, D. Freeburger, S. Miller, T. Jenkins, S. Rippeon, J. Miller, D. Clarke, E. Manan, A. Patty, K. Rhodes, T. Sweeney, M. Winpigler, O. Price, J. Rodriguez, L. A. Altamura, H. Zimmerman, A. S. Hail, V. Wahl, and M. Hevey, "Seroconversion and fever are dose-pependent in a nonhuman primate model of inhalational COVID-19," PLoS Pathogens **17**, e1009865 (2021).
[35]J. Tang, W. Bahnfleth, P. Bluyssen, G. Buonanno, J. Jimenez, J. Kurnitski, Y. Li, S. Miller, C. Sekhar, L. Morawska, L. Marr, A. Melikov, W. Nazaroff, P. Nielsen, R. Tellier, P. Wargocki, and S. Dancer, "Dismantling myths on the airborne transmission of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2)," J. Hosp. Infect. **110**, 89–96 (2021).
[36]K. Randall, E. T. Ewing, L. Marr, J. Jimenez, and L. Bourouiba, "How did we get here: What are droplets and aerosols and how far do they go? A historical perspective on the transmission of respiratory infectious diseases," Interface Focus **11**, 20210049 (2021).
[37]O. O. Adenaiye, J. Lai, P. J. B. de Mesquita, F. Hong, S. Youssefi, J. German, S.-H. S. Tai, B. Albert, M. Schanz, S. Weston, J. Hang, C. Fung, H. K. Chung, K. K. Coleman, N. Sapoval, T. Treangen, I. M. Berry, K. Mullins, M. Frieman, T. Ma, D. K. Milton, and University of Maryland StopCOVID Research Group, "Infectious SARS-CoV-2 in exhaled aerosols and efficacy of masks during early mild infection," Clin. Infect. Dis. **2021**, ciab797.
[38]K. Baatout, F. Saad, A. Baffoun, B. Mahltig, D. Kreher, N. Jaballah, and M. Majdoub, "Luminescent cotton fibers coated with fluorescein dye for anti-counterfeiting applications," Mater. Chem. Phys. **234**, 304–310 (2019).
[39]X. Gong, Y. Guo, J. Xiao, Y. Yang, and W. Fang, "Densities, viscosities, and refractive indices of binary mixtures of 1,2,3,4-tetrahydronaphthalene with some *n*-alkanes at T = (293.15 to 313.15) K," J. Chem. Eng. Data **57**, 3278–3282 (2012).
[40]W. E. Morton and J. W. S. Hearle, *Physical Properties of Textile Fibres*, 4th ed., Woodhead Publishing in Textiles Vol. 68 (CRC Press, Boca Raton, FL, 2008).
[41]W. M. Haynes, *CRC Handbook of Chemistry and Physics*, 95th ed. (CRC Press, Boca Raton, 2014).
[42]S. Gittings, N. Turnbull, B. Henry, C. J. Roberts, and P. Gershkovich, "Characterisation of human saliva as a platform for oral dissolution medium development," Eur. J. Pharm. Biopharm. **91**, 16–24 (2015).
[43]S. Gordon and Y. Hsieh, *Cotton: Science and Technology*, Woodhead Publishing Series in Textiles (Elsevier Science, 2006).
[44]D. M. Caretti, P. D. Gardner, and K. M. Coyne, "Workplace breathing rates: Defining anticipated values and ranges for respirator certification testing," Technical Report No. ECBC-TR-316, Defense Technical Information Center, Fort Belvoir, VA, 2004.
[45]C. C. Coffey, D. L. Campbell, and Z. Zhuang, "Simulated workplace performance of N95 respirators," Am. Ind. Hygiene Assoc. J. **60**, 618–624 (1999).
[46]G. Bradski, "The OpenCV library," Dr. Dobb's J. Software Tools **120**, 122 (2000).
[47]W. Silversmith, cc3d: Connected components on multilabel 3D images, 2021.
[48]B. O. Community, *Blender—A 3D Modelling and Rendering Package* (Blender Foundation, Stichting Blender Foundation, Amsterdam, 2018).
[49]J. Latt, O. Malaspinas, D. Kontaxakis, A. Parmigiani, D. Lagrava, F. Brogi, M. B. Belgacem, Y. Thorimbert, S. Leclaire, S. Li, F. Marson, J. Lemus, C. Kotsalos, R. Conradin, C. Coreixas, R. Petkantchin, F. Raynaud, J. Beny, and B. Chopard, "Palabos: Parallel lattice Boltzmann solver," Comput. Math. Appl. **81**, 334 (2021).

[50]Z. Guo and C. Shu, *Lattice Boltzmann Method and Its Application in Engineering* (World Scientific Publishing Company, 2013).
[51]O. Behrend, R. Harris, and P. B. Warren, "Hydrodynamic behavior of lattice Boltzmann and lattice Bhatnagar–Gross–Krook models," Phys. Rev. E **50**, 4586–4595 (1994).
[52]D. P. Ziegler, "Boundary conditions for lattice Boltzmann simulations," J. Stat. Phys. **71**, 1171–1177 (1993).
[53]Y. B. Bao and J. Meskas, *Lattice Boltzmann Method for Fluid Simulations* (Department of Mathematics, Courant Institute of Mathematical Sciences, New York University, New York, 2011).
[54]P. Bourke, *Interpolation methods* (1999); available at http://paulbourke.net/miscellaneous/interpolation/.
[55]J. Ahrens, B. Geveci, and C. Law, "Paraview: An end-user tool for large data visualization," in *Visualization Handbook* (Elsevier, 2005), pp. 717.
[56]V. Moholkar and M. Warmoeskerken, "Investigations in mass transfer enhancement in textiles with ultrasound," Chem. Eng. Sci. **59**, 299–311 (2004).
[57]L. Bueno, C. Amador, and S. Bakalis, "Modeling the deposition of fluorescent whitening agents on cotton fabrics," AIChE J. **64**, 1305–1316 (2018).
[58]S. Whitaker, "Flow in porous media I: A theoretical derivation of Darcy's law," Transp. Porous Media **1**, 3–25 (1986).
[59]K. W. Lee and B. Y. H. Liu, "On the minimum efficiency and the most penetrating particle size for fibrous filters," J. Air Pollut. Control Assoc. **30**, 377–381 (1980).
[60]C. Kanaoka, H. Emi, Y. Otani, and T. Iiyama, "Effect of charging state of particles on electret filtration," Aerosol Sci. Technol. **7**, 1–13 (1987).
[61]A. Rohatgi, Webplotdigitizer: Version 4.4, 2020.
[62]F. Drewnick, J. Pikmann, F. Fachinger, L. Moormann, F. Sprang, and S. Borrmann, "Aerosol filtration efficiency of household materials for homemade face masks: Influence of material properties, particle size, particle electrical charge, face velocity, and leaks," Aerosol Sci. Technol. **55**, 63–79 (2021).
[63]R. P. Sear, I. Rios de Anda, J. W. Wilkins, J. F. Robinion, and C. Patrick Royall (2021). "Dataset for: Modelling the filtration efficiency of a woven fabric: The role of multiple lengthscales," Zenodo. http://doi.org/10.5281/zenodo.5552357

ATTACHMENT NINE

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1:	**Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2:	**Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3:	**Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4:	**Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5:	**mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**
Reference 1:	**My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2:	**My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3:	**My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4:	***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute Study (JHIS) of January 2022**

4 Pages

Letter of 23 March 2022 to Joe Biden from Airlines for America Federation

Demanding that face mask mandate be rescinded from airlines

Airlines for America®
We Connect the World

March 23, 2022

The Honorable Joseph R. Biden Jr.
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear Mr. President:

We appreciate your leadership throughout the COVID-19 crisis and now as the country recovers from the impacts of the pandemic. During the global health crisis, U.S. airlines have supported and cooperated with the federal government's measures to slow the spread of COVID-19. We are encouraged by the current data and the lifting of COVID-19 restrictions from coast to coast, which indicate it is past time to eliminate COVID-era transportation policies.

Our industry has leaned into science at every turn. At the outset, we voluntarily implemented policies and procedures -- mandating face coverings; requiring passenger health acknowledgements and contact tracing information; and enhancing cleaning protocols – to form a multi-layered approach to mitigate risk and prioritize the wellbeing of passengers and employees. We supported the Centers for Disease Control and Prevention (CDC) as they made some of these policies federal mandates and imposed additional measures, like predeparture testing and vaccination requirements for international travelers, in an to attempt to slow the introduction of variants into the United States.

However, much has changed since these measures were imposed and they no longer make sense in the current public health context. The persistent and steady decline of hospitalization and death rates are the most compelling indicators that our country is well protected against severe disease from COVID-19. Given that we have entered a different phase of dealing with this virus, we strongly support your view that "COVID-19 need no longer control our lives." **Now is the time for the Administration to sunset federal transportation travel restrictions – including the international predeparture testing requirement and the federal mask mandate – that are no longer aligned with the realities of the current epidemiological environment**.

Predeparture Test Requirement

The predeparture test requirement, imposed to slow the introduction of variants into the U.S., has outlived its utility and stymies the return of international travel. The United Kingdom (UK), the European Union and Canada have recognized this reality and lifted travel restrictions. The U.S. inconsistency with these practices creates a competitive disadvantage for U.S. travel and tourism by placing an additional cost and burden on travel to the U.S. Further, many outbound travelers are not willing to risk being stranded overseas. In the Tenth Meeting of the Emergency Committee on January 19, 2022, the World Health Organization (WHO) noted that **"the failure**

of travel restrictions introduced after the detection and reporting of Omicron variant to limit international spread of Omicron demonstrates the ineffectiveness of such measures over time." The WHO recommended that countries consider a risk-based approach to the facilitation of international travel by lifting measures, like testing and/or quarantine requirements, for individual travelers who are fully vaccinated with COVID-19 vaccines listed by the WHO.[1] Finally, a recent study by Oxera and Edge Health that examined the effectiveness of travel restrictions in Europe concluded that such measures have failed to prevent the spread of COVID-19.[2]

Mask Mandate

The science clearly supports lifting the mask mandate, as demonstrated by the recently released CDC framework indicating that 99 percent of the U.S. population no longer need to wear masks indoors. Several studies completed **before we had the added layer of widespread availability of vaccines**, including one from Harvard's T.H. Chan School of Public Health[3] and another from the U.S. Department of Defense[4], have concluded that an airplane cabin is one of the safest indoor environments due to the combination of highly filtered air and constant air flow coupled with the downward direction of the air. Lifting the mask mandate in airports and onboard aircraft can be done safely as England has done. Importantly, the effectiveness and availability of high-quality masks for those who wish to wear them gives passengers the ability to further protect themselves if they choose to do so. It makes no sense that people are still required to wear masks on airplanes, yet are allowed to congregate in crowded restaurants, schools and at sporting events without masks, despite none of these venues having the protective air filtration system that aircraft do.

It is critical to recognize that the burden of enforcing both the mask and predeparture testing requirements has fallen on our employees for two years now. This is not a function they are trained to perform and subjects them to daily challenges by frustrated customers. This in turn takes a toll on their own well-being.

The high level of immunity in the U.S., availability of high-quality masks for those who wish to use them, hospital-grade cabin air, widespread vaccine availability and newly available therapeutics provide a strong foundation for the Administration to lift the mask mandate and predeparture testing requirements. We urge you to do so now.

We are requesting this action not only for the benefit the of the traveling public, but also for the thousands of airline employees charged with enforcing a patchwork of now-outdated regulations implemented in response to COVID-19.

Respectfully,

---

[1] https://www.who.int/news/item/19-01-2022-statement-on-the-tenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic
[2] https://www.iata.org/contentassets/31f976cb5de0427cbe4a85958857a472/oxera.pdf
[3] https://npli.sph.harvard.edu/resources-2/aviation-public-health-initiative-aphi/
[4] https://www.ustranscom.mil/cmd/panewsreader.cfm?ID=C0EC1D60-CB57-C6ED-90DEDA305CE7459D

Ben Minicucci
CEO
Alaska Air Group

W. Douglas Parker
Chairman & CEO
American Airlines

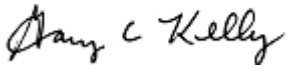
John W. Dietrich
President & CEO
Atlas Air Worldwide

Ed Bastian
CEO
Delta Air Lines

Scot Struminger
EVP & CEO, Aviation
FedEx Express

Peter R. Ingram
President & CEO
Hawaiian Airlines

Robin Hayes
CEO
JetBlue Airways



Gary C. Kelly
Chairman
Southwest Airlines

Scott Kirby
CEO
United Airlines Holdings

Brendan Canavan
President
UPS Airlines

Nicholas E. Calio
President & CEO
Airlines for America

cc: The Honorable Pete Buttigieg, U.S. Secretary of Transportation
The Honorable Alejandro Mayorkas, U.S. Secretary of Homeland Security
The Honorable Gina Raimondo, U.S. Secretary of Commerce
The Honorable Ron Klain, White House Chief of Staff
The Honorable Steve Ricchetti, Counselor to the President
The Honorable Jeffrey Zients, White House Coronavirus Response Coordinator
The Honorable Brian Deese, Director of the National Economic Council

ATTACHMENT TEN

28 March 2022

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

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

Subject 1:	**Reassertion – Cornell University Degree/Affiliation FORFEITURE DEMAND**
Subject 2:	**Reassertion – Manslaughter Charge Against Mr. Anthony Fauci**
Subject 3:	**Ms. Martha Pollack Participations with Causes Related to Subject 2**
Subject 4:	**Conspiracy and Crime of 'Fraudulent Marketing'**
Subject 5:	**mRNA Technology Investment Amortization and Long-Term Profitability as Motivation for SARS-CoV-2 Synthesis and COVID-19 Deployment**
Reference 1:	**My Letter to Fauci, Pollack, et al., of 19 January 2022**
Reference 2:	**My Letter to Fauci, Pollack, et al., of 21 December 2020**
Reference 3:	**My Letter to Fauci, Pollack, et al., of 27 August 2021**
Reference 4:	***Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute Study (JHIS) of January 2022**

14 Pages

Letter of 3 March 2022 from Paul V. Sheridan to Fauci

DEMANDS: **Your Public Correction and Apology as 'Chief Medical Advisor to the President' Addressing the Blatant Lie Proclaimed by President Biden Regarding "vaccine" Liability Immunity**

March 04, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 776203904270

Delivery Information:

Status:	Delivered	**Delivered To:**	Receptionist/Front Desk
Signed for by:	K.BAUSCH	**Delivery Location:**	9000 ROCKVILLE PIKE
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		ROCKVILLE, MD, 20852
		Delivery date:	Mar 4, 2022 12:43

Shipping Information:

Tracking number:	776203904270	**Ship Date:**	Mar 3, 2022
		Weight:	0.5 LB/0.23 KG

Recipient:
Dr. Anthony S. Fauci, NIAID
31 Center Drive
NIAID Central Drop Off
ROCKVILLE, MD, US, 20852

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference Biden Liability Immunity LIE

Thank you for choosing FedEx

March 08, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 776213811785

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	Signature release on file	**Delivery Location:**	300 DAY HALL
Service type:	FedEx Express Saver		
Special Handling:	Deliver Weekday		ITHACA, NY, 14853
		Delivery date:	Mar 8, 2022 11:55

Shipping Information:

Tracking number:	776213811785	**Ship Date:**	Mar 5, 2022
		Weight:	1.0 LB/0.45 KG

Recipient:
Ms. Martha Pollack, Cornell University
300 Day Hall
Office of the President
ITHACA, NY, US, 14853

Shipper:
Paul V. Sheridan, DDM Consulting
22357 Columbia Street
DDM Consulting
Dearborn, MI, US, 48124

Reference Fauci Forfeiture and Biden LIE

Proof-of-delivery details appear below; however, no signature is available for this FedEx Express shipment because a signature was not required.

Thank you for choosing FedEx

22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095 / pvs6@cornell.edu

3 March 2022 VIA FEDEX AIRBILL 7762-0390-4270

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

DEMANDS: **Your Public Correction and Apology as 'Chief Medical Advisor to the President' Addressing the Blatant Lie Proclaimed by President Biden Regarding "vaccine" Liability Immunity**

Reference 1: State of the Union Address – 1 March 2022
Reference 2: My Letter to Fauci, Pollack, et al., of 19 January 2022

Preliminary Courtesy Copy List

Mr. Philip Nache
Hope of Nations Gospel Church
1021 Hennepin Ave # 2
Minneapolis, MN 55403
502-379-5428
By Email

Mr. Thomas Renz, Esq
Renz Law Firm, PC - Suite 162
1907 W. State Street
Fremont, OH 43420
419-351-4248
By Email

Mr. Ravi Batra, Esq.
Law Firm of Ravi Batra, PC
142 Lexington Avenue
New York, NY 10016
212-545-1993
By Email

Mr. Michael van der Veen, Esq.
van der Veen, O'Neill, et al
1219 Spruce Street
Philadelphia, PA 19107
215-515-6892
Shipper trackg 776217214945

Dr. Vladimir Zelenko
Suite 770
745 State Route 17m
Monroe, NY 10950
845-782-0000
By Email

Dr. Pierre D. Kory
FLCCC Alliance
6006 N Highlands Ave
Madison, WI 53705
513-486-4696
By Email

Senator Rand Paul
United States Senate
167 Russell Senate Office Bldg.
Washington DC, 20510
202-224-4343
Shipper trackg 776217275502

Mr. Eric Trump
The Trump Organization
725 Fifth Avenue
New York, NY 10022
212-832-2000
Shipper trackg 776217228161

Senator Ron Johnson
United States Senate
328 Hart Senate Office Bldg.
Washington, DC 20510
202-224-5323
Shipper trackg 776217218940

Mr. Tucker Carlson
Fox News Washington
400 North Capitol St NW
Washington, DC 20001
202-824-6300
Shipper trackg 776217272948

Governor Kathy Hochul
Governor of New York State
NYS State Capitol Bldg.
Albany, NY 12224
518-474-8390
Shipper trackg 776217252063

Ms. Martha E. Pollack
Office of the President
Cornell University - 300 Day Hall
Ithaca, NY 14853
607-255-5201
Shipper trackg 776213811785

This letter including SPODs : http://pvsheridan.com/sheridan2fauci-7-3march2022.pdf

Reference 2 available : http://pvsheridan.com/sheridan2fauci-5-19january2022.pdf

22357 Columbia Street
Dearborn, MI 48124-3431
313-277-5095
pvs6@cornell.edu

3 March 2022 VIA FEDEX AIRBILL 7762-0390-4270

Mr. Anthony S. Fauci
Director - NIAID
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

DEMANDS: **Your Public Correction and Apology as 'Chief Medical Advisor to the President' Addressing the Blatant Lie Proclaimed by President Biden Regarding "vaccine" Liability Immunity**

Reference 1: State of the Union Address – 1 March 2022
Reference 2: My Letter to Fauci, Pollack, et al., of 19 January 2022

Dear Mr. Fauci:

You were present for Reference 1, and you are in-receipt of my many COVID letters including Reference 2.

During the State of the Union address of Tuesday, you personally observed the following **bold-faced and purposeful lie** proclaimed by your boss President Joe Biden:

"Repeal the liability shield that makes gun manufacturers the only industry in America that can't be sued. The only one! "

Let us be clear, that outburst from the person many refer to as *"America's first mail order president,"* was not a misstatement or a mistake. You, of all people, are aware of ***that*** inveracity; that it was a bold-faced lie:

"Repeal the liability shield that makes gun manufacturers the only industry in America that can't be sued. The only one! "

This Administration lie was not accidentally spewed into a "hot mic." This lie was openly declared during the State of the Union! **A lie so outrageous, that even Tucker Carlson remains in a state of shock:**

To put this Administration lie in perspective, I am once-again attaching the *'Mrs. Jummai Nache Photograph Progression'* file. **As you are fully aware**, but ignore, the horror that befell the Christian family from Nigeria is not isolated. The adverse events data (being forcibly revealed by legal actions, overcoming the inveracity of your Big Pharma suitors) continues to confirm the "willful misconduct" that was central to your so-called 'Emergency Use Authorization' of 11 December 2020 (Attachment).

Before I assert and specify the instant DEMANDS, we review your highly motivated and self-absorbed quote to the Financial Times of London on 10 July 2020:

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

This quote came shortly after your bold-faced lies about hydroxychloroquine, and the "research" conducted by your suitors at Surgisphere, during your May 27, 2020 interview with the political dweebs at *Politico*.

Your big money quote came shortly before your "vaccine" promotional stunt at the Cornell University *StayHomecoming 2020* event, orchestrated by Ms. Martha Pollack, et al. This is relevant since at no time during that stunt, or thereafter, did you or Pollack declare that liability immunity existed for Big Pharma and their needles; needles that you were going to mandate against the Cornell students and staff, and the entire nation. That is, both of you are guilty of lying by omission; failing in your 'duty to warn' in the context of informed consent, and in the context of other legal and moral basics.

FORMAL DEMANDS

1. You are to assert in the Public Domain that you are thee person that is, in the largest part, responsible for the 'liability immunity' that existed/was-enacted in behalf of Big Pharma and their "vaccines," and that such was pre-emptive/central to the so-called "COVID-19 pandemic."

2. You are to assert in the Public Domain that you were present at the 1 March 2022 State of the Union address, hearing first-hand the following statement by your boss, President Joe Biden:

"Repeal the liability shield that makes gun manufacturers the only industry in America that can't be sued. The only one! "

3. You are to assert in the Public Domain that the above declaration by the president of the United States is not merely a misstatement, **but a two-part bold-faced lie.**

4. You are to assert in the Public Domain your personal apology, for your intimate connections to Demand Item 1 above; an apology **directed to Mrs. Jummai Nache and her family.**

5. You are to assert in the Public Domain your personal apology, for your intimate connections to Demand Item 1 above; an apology directed to the Cornell University family.

6. You are to assert in the Public Domain your personal apology for your intimate connections to Demand Item 1 above; an apology directed to citizens and taxpayers of the United States.

7. You are to assert in the Public Domain your personal apology for not addressing openly and honestly, the existence of 'liability immunity' which resides with and was orchestrated solely for your Big Pharma comrades, **regarding the issue of informed consent.**

8. You are to assert in the Public Domain the following legal fact : As more truth is revealed regarding (a) the manner in which SARS-CoV-2 and its variants came into existence, (b) the decades-old history of how "COVID-19 vaccines" were developed, (c) how the "COVID-19 vaccines" were deployed under the Emergency Use Authorization, and (d) the concealment of ongoing adverse events data (worldwide); that as these revelations confirm **the long-standing and ongoing existence of "willful misconduct,"** that such revelations vacate the protections/provisions of your liability immunity; that the latter is no longer legally valid, and that civil liability lawsuits are justified and viable.

Please do not hesitate to contact me at any time.

Cordially,

Paul V. Sheridan

Attachment

Philip and Jummai Nache are from the African country of Nigeria. They moved to the United States and now they tell other Africans who moved here about Jesus.

Nache Photos

Instructions: Print and use as directed in the leader guide.


PHYSICIANS


Lucozade
ENERGY


V.A.C.ULTA
ON

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

18 April 2022 VIA FEDEX AIRBILL 7766 – 0841 – 3403

Ms. Susan K. Neely, CEO
American Council of Life Insurers (ACLI)
101 Constitution Avenue, NW - Suite 700
Washington, DC 20001-2133
202-624-2000

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"**

Reference 1: Letter to Mr. Fauci (NIAID) / Ms. Pollack (Cornell) of 28 March 2022

Reference 2: *Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute (January 2022)

Reference 3: *Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales* – Physics of Fluids (March 2022)

Reference 4: *Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic* – AJPH (March 2021)

Reference 5: **January 2022 - Lower and Upper Court Rulings in France: Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause**