How to file a Private Criminal Complaint

Each state or jurisdiction will have its own Rules of Criminal Procedure that outline the methodology for filing this Complaint. This is a model form Criminal Complaint, and it is free and available for use by anyone in any jurisdiction. It can be used as the basis for crafting your own Private Criminal Complaint. The legal requirements for filing such a Complaint in any state or local jurisdiction are all included in this form. It is designed to fulfill the broadest requirements based upon the legal concept of Universal Jurisdiction. 1 The factual assertions and supporting exhibits are intended to establish Probable Cause to believe the Defendants have and are committing, including conspiracy to commit, Genocide and other Crimes Against Humanity as defined in the Complaint. Universal Jurisdiction allows for the filing of this Complaint in any law enforcement agency with powers to investigate and prosecute felonies, including but not limited to police departments, sheriff's offices, district attorney's offices, State Attorney General's offices, State Bureaus of Investigation., federal law enforcement with broad prosecutorial powers (such as the Federal Bureau of Investigation) or even local courts and county clerks' offices.2 Each state will have its own rules.3 Even if the local office or agency you choose to file with does not understand the concept of Universal Jurisdiction, it is your right to bring such a Complaint as a citizen and/or resident of your particular jurisdiction.4 You can use the information contained in these instructions and the form Complaint to inform your local office or agency.

Some jurisdictions may charge a small filing fee for you to do so and it is your obligation to pay it if you are interested in initiating an investigation and prosecution of these claims.

Once downloaded, fill in the empty spaces in the form Criminal Complaint with your personal information as well as your state and/or local jurisdiction specific information. These items are all highlighted in yellow for ease. Be sure to remove the yellow highlighting after you finish filling in the form and before printing it off.

STANDING

Each and every person in every jurisdiction has standing to bring these claims based upon the nature of the crimes alleged. You have already been damaged by the Genocide and Crimes Against Humanity if you have experienced any of the following: (1) you have been exposed to the COVID-19 Virus; (2) you have been coerced into taking a Polymerase Chain Reaction ("PCR") test; (3) you have been coerced into taking a COVID-19 experimental gene therapy shot ("COVID-19 Vaccine"), and/or; (4) you have been in close proximity to someone who has been inoculated with any of the four Western manufactured (Pfizer, Moderna, Johnson & Johnson or Astra Zeneca) "COVID-19 vaccines" and you have standing. If you are asked by the receiving party whether you have been personally injured, then your answer, based upon the foregoing reasons, should be "yes." You will see that each of the foregoing acts of causation (injury) are included in the Complaint. There may also be civil remedies for your damages; although the criminal justice system is not the place to address those.

You may also be asked to swear to the facts contained in the Complaint, and it is your obligation to research the facts and evidence provided to determine for yourself whether or not these facts and allegations are true. If you reasonably believe them to be true and accurate, based upon your own experiences, knowledge and learned information from the Complaint, and you believe Probable Cause5 exists to warrant an investigation into these allegations; then you have the standing and good faith belief necessary to make such an attestation.

If you encounter a reluctant recipient of the Complaint, then we suggest you record the name, position/title, location and forum of such person and the interaction with said person, so long as they are aware you are recording, to keep as potential evidence of Conspiracy in furtherance of the crimes being committed. Please keep, store and share such evidence with your local attorney, who will be able to guide you accordingly.

POST COMPLAINT

Once the case is filed, you should receive a document number that should be printed on the Complaint itself and kept with a copy of the Complaint and receipt you receive after filing it. It is your prerogative to call the receiving agency for follow-up discussions and case progress reports. You may also be called as a witness or as a victim of the crimes alleged and it will be your obligation to appear and give evidence as requested. Some Complainants have filed the original with their local sheriff, then requested a copy of the entire document INCLUDING the stamp and case number. Copies were then made of that copy and mailed by certified or registered mail to the other officials listed at the top of the cover letter requesting a joint investigation be launched between the sheriff and our other officials.

QUESTIONS

If you have any question or concerns, including procedural steps, please check the comments section of the website www.vaxxchoice.com or www.handsforhealthandfreedom.org for further guidance. Your local attorney should also be helpful, and if you do not have local legal counsel, there are pro bono (free) legal services provided in most every county in the United States along with pro bono clinics in local Law Schools, who can also provide you guidance. By the sheer volume of injured persons making complaints, it is unlikely any representative from vaxxchoice.com will be able to address your specific concerns; although we commit to provide ongoing guidance through the Comments section of the website. Congratulations and good luck in your personal effort to stop these crimes and serve your fellow humans. It will take thousands of people in every corner of the World to stop these people who are determined to commit mass murder and injury. Please share and encourage friends and family to do the same.

Re: Comprehensive Investigation

Dear Texas Law Enforcement Agencies & Legislators,

I am requesting the assistance of your offices to conduct a joint comprehensive investigation into the attached criminal complaint which includes crimes committed against me personally as well as against my fellow citizens and residents of _____ County, Texas, U.S.A. I request that your investigation look into the following crimes outlined in detail below and including supporting evidence:

- War Crimes
- Crimes Against Humanity
- Genocide
- Homicide
- Attempted Homicide
- Criminal Assault
- Aggravated Assault
- Endangerment
- Fraud in Connection with Major Disaster or Emergency Benefits
- Unlawful Practices
- Illegal Control of an Enterprise
- Fraudulent Schemes and Artifices
- Fraudulent Schemes and Practices
- Participating in or assisting a Criminal Street Gang
- Participating in or assisting a Criminal Syndicate
- Terrorism
- Unlawful Use of an Infectious Biological Substance
- Racketeering

Your immediate attention and assistance with this investigation is requested.

Respectfully,

Your First & Last Name
Your Address
Your City, State, Zip
Your Phone Number

CRIMINAL COMPLAINT

Your First & Last Name, a citizen of the United States of America and a resident of _____ County, Washington, together with all interested parties and subscribed citizens and residents of the United States of America who received any Emergency Use Authorization investigational injection of genetic biologic material (mRNA or adenoviral DNA) coding for the Wuhan spike protein known to be the pathogenic structure of SARS-CoV-2 designed to provoke the human body to produce antibodies for Covid 19, commonly referred to as the "Covid 19 vaccines," along with all persons living with, near or adjacent to any such person or persons in this county or State (hereinafter the "Complainants").

V.

Joseph Biden, President of the United States, Greg Abbot, Governor of the State of Texas; Members of the Texas Department of State Health Services, John Hellerstedt, MD, Barbara L Klein, Kirk Cole, Scott Merchant, Ricky Garcia, Rachael Hendrickson, Jennifer Van Gilder, Jordan Hill, Chris Van Deusen, Jennifer Shuford, MD, MPH, Diana Martinez, Lisa Wyman, PhD, Carrie Bradford, Stephen Pont, MD, MPH, Courtney Dezendorf, MPH, Peter Hajmasy, Donna Sheppard, Christy Havel, Leslie Aguilar, Barbara Kelly-King, Elaine McHard, Steve Tamez, Ashley Cheatham, Wayne Hill, Roberto Beaty, Patty Melchior, Gabe Pina, Madhavi Koganti, Luis Morales, Chris Drews, Kevin Veal, Lisa Bruedigan, Imelda Garcia, MPH, Monica Gamez, Shawn Tupy, Grace Kubin, PhD, David Gruber, Jeff Hoogheem, Jessica Gutierrez-Rodriguez, Manda Hall, MD, Rachel Jew, Nimisha Bhakta, Jeremy Triplett, Heidi Bojes, PhD, MPH, Karen Ruggiero, PhD, the members of the Counties of Texas Boards of Health, any and all School board district board members mandating vaccination and/or masks in the classroom, any Director, Health Systems Specialist or Area Urban Coordinator of Urban Indian Organizations, including but not limited to Dr. Rose Weahkee; any Officer or Director of Indian Health Service, including but not limited to Elizabeth A. Fowler; any Officer or Director of the Food and Drug Administration ("FDA"), including but not limited to Commissioner Janet Woodcock; any Director of National Institutes of Health ("NIH"), including but not limited to, Dr. Francis S. Collins; Dr. Anthony Fauci, any Director of National Institute of Allergy and Infectious Diseases ("NIAID"), including but not limited to Dr, Anthony Fauci; any Officer or Secretary of the Department of Health and Human Services ("HHS"), including but not limited to Xavier Becerra; any Officer or Director of Centers for Disease Control and Prevention ("CDC"), including but not limited to Rochelle P. Walensky; any Officer or Director of Agency for Healthcare Research & Quality ("AHRQ"), including but not limited to Dr. David Meyers; any Officer or Director of The Wellcome Trust, including but

not limited to Sir Jeremy Farrar; R&D Blueprint Scientific Advisory Group; Secretary General, any Officer or Director of the World Health Organization ("WHO"), including but not limited to Dr. Tedros Adhanom; Dr. Peter Daszak; Dr. Ralph Baric; William Gates, Junior; Theodore ("Ted") Turner; Eli Broad; George Soros; Dr. Deborah Birx; Richard A. Rothschild; any Executive, Director or Scientific Board Member of Moderna Inc., including but not limited to Stéphane Bancel, Noubar Afeyan and Jack Szostak; any Executive or Board Member of Pfizer Inc., including but not limited to Dr. Albert Bourla; any Executive or Board Member of Johnson & Johnson Services Inc., including but not limited to Alex Gorsky; any Executive or Board Member of AstraZeneca Plc., including but not limited to Pascal Soriot and Leif Johansson; any Director, Head, Trustee Board Member Or Science Advisory Board Member of the Pirbright Institute, including but not limited to Professor Bryan Charleston, Professor John Stephenson and Professor Jeffrey Almond; any Director or Officer of Johns Hopkins Bloomberg School of Public Health; any Director or Officer of the World Economic Forum, including but not limited to Klaus Schwab; any Director or Officer of the Bill & Melinda Gates Foundation; any Officer or Director of Coalition for Epidemic Preparedness Innovations ('CEPI"); any Director or Officer of the World Bank; any Director or Officer of the International Monetary Fund ("IMF"); and any other person, governmental, non-governmental or other organization, incorporated or not who knowingly aids and abets or distributes Emergency Use Authorization experimental gene therapy injections commonly referred to as "Covid 19 Vaccines", The 46th President of the United States, Joeseph Biden, (collectively, the "Defendants").

Case No.

CRIMINAL COMPLAINT

Jurisdiction & Statutory Authority

1. This Criminal Complaint contemplates numerous defendants some of which are corporate, trusts, affiliations, governmental and non-governmental entities; each such legal or natural person has minimum contacts in this State and/or county and legal status or representation to effectuate assertion of jurisdiction of this Agency/County/Court in order to investigate, prosecute and try these defendants in accordance with the following legal authority.

2. At all material times as alleged herein one or more defendants was either physically present in this jurisdiction, had an "agent" (as defined in 22 U.S. Code § 611) resident in this jurisdiction, had a Permanent Establishment (supra) in this jurisdiction or committed acts for which local minimum contacts standards for application of jurisdiction are waived by statute, Convention, Common or international law.

3. For the majority of Crimes alleged and exhibited herein, there is no Statute of Limitations and State law allows for the assertion of jurisdiction over the subject matter where reasonable and compelling facts are present. See: 212 F.3d 885 (5th Cir. 2000) et seq.

4. Crimes alleged herein provide minimum contacts for equivalent State and Federal Crimes pursuant to Supplemental Jurisdiction under 28 U.S.C. 1367 (1994).

5. Criminal cases where compelling state interests are at issue provides State, sovereign or local jurisdiction. See Holt v. Hobbs, 574 U.S. 352 (2015).

6. Authority is brought pursuant to 50 U.S.C. §2931(g) under the Universal Jurisdiction provisions which allow "any State" or instrumentality thereof to prosecute Crimes Against Humanity;

7. Jurisdiction and venue are also proper under 18 USC §175 et Seq. in relation to Prohibitions with Respect to Biological Weapons;

8. Universal jurisdiction (State, County, City and Federal) is provided by 18 USC §1091 (e) in relation to Genocide;

9. Universal and local jurisdiction is provided by Articles 3, 4 & 5 of the Convention on the Non-Applicability of Statutory Limitations to War Crimes and Crimes Against Humanity per 18 USC § 2442 et seq.

10. Universal and local jurisdiction is provided by the Convention on the Prevention and Punishment of the Crime of Genocide as further codified under 18 USC § 1091 irrespective of limitations imposed by 18 USCS § 3282];

11. The following Texas statutes:

12. Local Jurisdiction is provided by §19.01 in relation to MURDER (all forms, degrees and intent levels);

13. Local Jurisdiction is provided by §19.03 in relation to CAPITAL MURDER (7) (b), (all forms, degrees and intent levels);

14. Local Jurisdiction is provided by §15.01 in relation to CRIMINAL ATTEMPT

15. Local Jurisdiction is provided by §6.02 REQUIREMENT OF CULPABILITY (any degree or similarly named crime in the State statutes);

16. Local Jurisdiction is provided by §22.01 CRIMINAL ASSAULT (any degree or similarly named crime in the State statutes);

17. Local Jurisdiction is provided by §22.02 AGGRAVATED ASSAULT (all forms, degrees and intent levels)

17. Local Jurisdiction is provided by §15.03 CRIMINAL SOLICITATION (any degree or similarly named crime in the State statutes);

18. Local Jurisdiction is provided by §7.01 PARTIES TO AN OFFENSE-ACCOMPLICE (all forms, degrees and intent levels)

19. §7.02 CRIMINAL RESPONSIBILITY FOR CONDUCT OF ANOTHER (any degree or similarly named crime in the State statutes);

20. Local Jurisdiction is provided by §22.041. (c), ABANDONING OR ENDANGERING CHILD (any degree or similarly named crime in the State statutes);

21. Local Jurisdiction is provided §31.01(1)(A)(B)(C), DECEPTION (any degree or similarly named crime in the State statutes);

22. Local Jurisdiction is provided by §32.42, FRAUD (any degree or similarly named crime in the State statutes);

23. Local Jurisdiction is provided §71.01, ORGANIZED CRIME (all forms, degrees and intent levels);

24. Local Jurisdiction is provided by §71.02, ENGAGING IN ORGANIZED CRIMINAL ACTIVITY (any degree or similarly named crime in the State statutes);

25. Local Jurisdiction is provided by §32.43, COMMERCIAL BRIBERY (b) (any degree or similarly named crime in the State statutes);

26. Local Jurisdiction is provided by §16.01, UNLAWFUL USE OF CRIMINAL INSTRUMENT OR MECHANICAL SECURITY DEVICE (a) (1), (2), (b) (1) (all forms, degrees and intent levels)

27. Local Jurisdiction is provided by §15.02, CRIMINAL CONSPIRACY (any degree or similarly named crime in the State statutes);

28. Local Jurisdiction is provided by §36.02, BRIBERY (1), (3) (all forms, degrees and intent levels);

29. Local Jurisdiction is provided by §32.43, COMMERCIAL BRIBERY (b)

30. Local Jurisdiction is provided by §42.07, HARASSMENT (2) (7)

31. Reasonable Suspicion exists, based on the facts, affidavits and exhibits presented herein to believe that one or more crimes were committed by parties, actors and persons within this jurisdiction to initiate an investigation into the allegations recited herein.

THEORY OF THE CASE

32. This Complaint and case presentation arises from a collection of facts, observations, expert opinions, media reports and eye witness testimony that seeks to demonstrate that: Defendants planned, executed on and/ or exploited the intentional release of a bio warfare toxin; (sometimes referred herein as either "SARS-COV-2" or "Covid 19" and/or specifically as the spike protein component) to cause panic, economic hardship, terror, death and injury to global populations through psychological warfare mechanisms; including but not limited to media reports, public policy, coercion, travel restrictions, employment restrictions and liberty restrictions ; for the purpose of a criminal enterprise including, tricking, racketeering, coercing or mandating the global population into receiving a pre-planned experimental gene therapy shot ("Covid 19 Vaccines"); in order to cause mass casualties, sickness, death, computer tracking, programming and control over the survivors of this genocide; in furtherance of Defendants' goals to exploit and control humanity for their own personal, economic, academic and political benefit.

FACTUAL ALLEGATIONS

33. The sequence of dates and times may not follow a linear path in the presentation of the FACTS as stated hereafter, because events contributing to the crimes enumerated herein are vast, international and occurred over the course of many years and involve numerous defendants, criminal actors, conspirators and collaborators.

34. On or about March 1, 2013 persons including, but not limited to: Dr. Anthony Fauci, Eli Broad, Theodore Turner, Warren Buffet, Oprah Winfrey, George Soros, William Gates Jr., and other Defendants met in New York for the purpose of planning mass reduction of the World's population, See Exhibit 1.

35. Between January 2014 and December 2020, Defendant Fauci, along with other named and unnamed Defendants through their instrumentalities, including but not limited to the National Institutes of Health, EcoHealth Alliance and the Department of Health and Human Services, provided samples of bio warfare agents and funding to the Wuhan level 4 biolab for

the purpose of obtaining "gain of function" of said samples to weaponize the samples into a manufactured toxic virus to be released intentionally to cause a global epidemic or pandemic as described and defined in The Fifty-eighth World Health Assembly REVISION OF THE INTERNATIONAL HEALTH REGULATIONS (2005) page 11 attached and annexed as a part of this Criminal Complaint as Exhibit 2. See also https://www.thesun.co.uk/news/15069561/fauci-admits-us-sent-600k-wuhan-lab-covid/ &

36. In or about May 2010, the Rockefeller Foundation and Global Business Network published Scenarios for the Future of Technology and International Development, which outlines a scenario whereby World powers utilize a global pandemic, naturally occurring or man-made, that presents an opportunity to technocratically control humanity and reduce the size of the global population. See: LOCK STEP Scenario, Narratives, A world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing

citizen pushback (page 18). Said publication provided the framework and methodology for the planning and preparation for a planned bio warfare attack on the global population in furtherance of the planned Genocide occurring now and affecting every person in every country and location on the planet; thus, proving motive or the mens rea element of the crimes alleged herein. Attached and annexed as Exhibit 3: (https://www.centerforhealthsecurity.org/news/center-news/2017/2017-10-23_spars-scenario.html)

37. On or about October 2019, Defendants Gates, Fauci, Birx, the NIH, CDC and WHO, together with associated conspirators planned, orchestrated and conducted Event 201 whereby they practiced their global and industry-wide response to their criminal enterprise. See Event 201 attached and annexed as Exhibit 4.

38. On or about September 2015, Defendants Richard A. Rothschild & the Pirbright Institute developed and patented the "Covid 19" Polymerase Chain Reaction ("PCR") test kit, four and a half years before the discovery of the Novel Corona Virus SARS 2, later renamed "Covid 19" in March of 2020. See Exhibit 5 &

https://foreignaffairsintelligencecouncil.files.wordpress.com/2021/02/rothschilds-patented-covid-19-biometric-tests-in-2015.-and-2017.pdf &

http://stateofthenation.co/?p=7130

39. In 2015, Defendant Gates stated, “that an infectious disease pandemic posed a greater threat to the world than nuclear war;” and “If anything kills over 10 million people over the next few decades, it’s most likely to be a highly infectious virus rather than a war — not missiles, but microbes,” See: https://www.rev.com/blog/transcripts/bill-gates-ted-talk-transcript-from-2015-warns-of-pandemics-epidemics & https://pubchem.ncbi.nlm.nih.gov/patent/US-7776521-B1#section=Inventor

40. On or about November 9, 2015 Defendant Baric published A SARS-like Cluster of Circulating Bat Coronaviruses Shows Potential for Human Emergence, which was the result of his research to create such a virulent disease with manufactured “gain of function” in order to increase transmissibility. Said report was directed to and sent to Defendant Fauci and states in part, “Having established that the SHC014 spike has the ability to mediate infection of human cells and cause disease in mice, we next synthesized a full-length SHC014-CoV infectious clone based on the approach used for SARS-CoV (Fig. 3a)2. See:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4797993/

41. On or about November 9, 2015, in the same scientific paper titled A SARS-like Cluster of Circulating Bat Coronaviruses Shows Potential for Human Emergence, Defendant Baric states, “to examine the emergence potential (that is, the potential to infect humans) of circulating bat CoVs, we built a chimeric virus encoding a novel, zoonotic CoV spike protein . . . Using this approach, we characterized CoV infection mediated by the SHC014 spike protein in primary human airway cells and in vivo” and concludes “these results confirm that the DIV vaccine would not be protective against infection with SHC014 and could possibly augment disease in the aged vaccinated group.” [Emphasis added]. See:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4797993/

42. On or about February 17, 2017, Defendant Gates predicted a world-wide pandemic at the 53 Munich Security Conference stating, “Bioterrorism has become feasible enough that a genetic engineer could use computers to create a synthetic airborne pathogen capable of wiping out a fraction of the world’s population quickly.“ The next epidemic could originate on the computer screen of a terrorist intent on using genetic engineering to create a synthetic version of the smallpox virus,” “or a super contagious and deadly strain of the flu. [emphasis added]” See: https://www.huffpost.com/entry/bill-gates-warns-that-a-devastating-pandemic-is-right-around-the-corner_n_58a889a7e4b045cd34c22c71

43. On or about January 17, 2017, Defendant Fauci met with and warned the newly elected President Trump, “There is no question that there will be a challenge to the coming administration in the arena of infectious diseases,” further stating, “The thing we’re extraordinarily confident about is that we are going to see this in the next few years.” See: https://www.huffpost.com/entry/fauci-warned-of-trump-pandemic-2017_n_5e8a0548c5b6e7d76c65c8a4

44. In or about January 2018, the World Bank together with its affiliated financing subsidiaries and associated entities, including the International Monetary Fund (“IMF”), financed the purchase of Covid 19 Polymerase Chain Reaction (“PCR”) Test kits for more than 50 countries world-wide. Said kits were specifically for the purpose of diagnosing Covid 19, which was a disease that did not exist in 2018 and the Novel Corona Virus SARS 2 was not named as “Covid 19” until March of 2020; yet the World Bank not only financed the acquisitions of the tests, but referenced them as being used to detect “Covid 19”, a heretofore undefined disease. See Exhibit 6.

45. On or about March 23, 2019, Defendant WHO declared and published its first “Situation Report” thereby triggering the claim against a $500,000,000 Pandemic Insurance Financing Bond issued by Defendant World Bank for the purpose of ratifying the pandemic declaration and payment of funds to other named and unnamed Defendants, including payments made or recovered pursuant to Covid 19 PCR test kits patented and previously sold or financed in 2015 and 2018 respectively; one to five years prior to the renaming of SARS-COV-2’s official designation as Covid 19. See Exhibits 5 & 6. See also

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donate

46. On or about October 18, 2019, associates of the named and unnamed Defendants caused the release of the manufactured SARS-COV-2 Coronavirus in Wuhan, China at the 7th CISM Military World Games, intentionally or with such wanton disregard for human life that homicidal intent is inferred with knowledge and malice afore- thought of the implications and ramifications on global health and world populations through the enhanced transmissibility and virulent, harmful, deadly and contagious features of the bioweapon later named officially by Defendants as the “Covid 19 Virus.” See:

https://www.news.com.au/world/coronavirus/leaked-chinese-document-reveals-a-sinister-plan-to-unleash-coronaviruses/news-story/53674e8108ad5a655e07e990daa85465

47. In or about January 2020, named and unnamed Defendants together with their conspirators and collaborators caused the Covid 19 Virus to be transmitted into the United States with knowledge and malice aforethought for the purpose of creating and declaring a Global Pandemic as defined by the World Health Organization pursuant to the International Health Regulations 2005 as amended and pursuant to the provisions of Global Preparedness Report of 2019. See Exhibit 2 and https://www.foxnews.com/media/chinese-virologist-government-intentionally-coronavirus

48. On or about March 11, 2020, Defendants Fauci and NIH were made aware of the fabricated nature of the Covid 19 Virus when Adam Gaertner sent an email containing the exact manufacturing process by which the Covid 19 was created, including components designed to impair or obstruct normal immunological response. The mechanism by which the Virus was created ("cookbook") was available to Defendants Fauci and NIH for investigation and analysis at the very beginning of the intentional outbreak in the United States; yet Defendants along with their co-conspirators maintained the narrative that the Virus was naturally occurring until June of 2021. It was Defendants Fauci, NIH, Baric, Collins, Daszak and others that funded, collaborated and disguised the Virus in an effort to ensure their stated goals and warning to President Trump; "The thing we're extraordinarily confident about is that we are going to see this in the next few years." See Exhibit 7 & https://www.huffpost.com/entry/fauci-warned-of-trump-pandemic-2017_n_5e8a0548c5b6e7d76c65c8a4

49. On or about December 24, 2019, Defendants WHO, CDC, NIH, among others, fraudulently and intentionally caused governments, ministries, hospitals and global health services to mandate the use of ineffective face masks and utilize and incorporate the use of knowingly ineffective PCR tests among the global population for the purpose of inciting fear, terror and coercion among the complainants. In fact, the inventor of the PCR test stated, "Anyone can test positive for practically anything with a PCR test, if you run it long enough." See: https://stephenlendman.org/2021/04/pcr-tests-dont-work-and-risk-harm/ & https://www.cdc.gov/media/releases/2020/s1224-CDC-to-require-negative-test.html

50. In and around the dates of September 2020 to May, 2021, named and unnamed Defendants, including but not limited to the CDC, WHO, NIH, fraudulently coerced, mandated, tricked and conducted a criminal scheme to increase the fear and terror among the global population by economically rewarding hospitals, physicians, governments, ministries and health service providers with pecuniary rewards up to US $400,000 per case for diagnosing substantially all sickness, morbidity and fatalities as being caused by Covid 19. See: https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html

& https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Testing-Requirements-FAQs.pdf

51. On or about August 22, 2005, Defendant Fauci and Defendant NIH declared Hydroxychloroquine a 'wonder drug' for the treatment of SARS-COV-1 and MERS, stating in The Virology Journal (Defendant NIH's publication) that "Chloroquine is a potent inhibitor of SARS Coronavirus spread." Yet, on or about July 30, 2020, Defendant Fauci testified to Congress that Hydroxychloroquine has "no therapeutic effect" on Covid 19. See: https://news.yahoo.com/fauci-shoots-down-flawed-hydroxychloroquine-183931215.html

52. On or about January 20 2021, Defendants Fauci and NIH publicly dismissed and subverted the use of Ivermectin, a known and generic antiviral medication that clinically demonstrated a significant reduction in Covid 19 viruses within a 48 hour period. Congressional testimony by Dr. Pierre Kory in December 2020 reported a substantial success rate using Ivermectin as both a prophylactic and cure after conducting a review of dozens of peer reviewed trials, studies and publications. See: https://www.bitchute.com/video/YnSppbsgDBYS/ & https://www.medsearchuk.com/controversy-flares-over-ivermectin-for-covid-19-controversy-flares-over-ivermectin-for-covid-19/ & https://www.thegatewaypundit.com/2021/06/smoking-gun-fauci-lied-millions-died-fauci-informed-hydroxychloroquine-worked-lied-public-instead-despite-science-fauciemails/

53. On or about January 31, 2020, Defendants Fauci, Collins, Farrar and Daszak conspired to and did conduct a fraudulent clinical trial, in response to positive reports about the benefits of HCQ, wherein they overdosed patients with Hydroxychloroquine for the purpose of creating a published report discounting the drug's efficacy and labeling it dangerous and deadly; said conspiratorial conduct, including the publishing of the fraudulent results in several scientific journals, including The Lancet and Nature, is now published in their own notes, emails and documents pursuant to a Freedom of Information Act request by and published by Buzzfeed. See: https://childrenshealthdefense.org/defender/fauci-emails-top-public-health-officials-lies-covid-origin-treatments/ & https://www.msn.com/en-us/health/medical/fda-denies-henry-ford-s-request-for-hydroxychloroquine-approval/ar-BB17VGtg

54. Furthermore, Dr. Peter McCullough, consultant cardiologist at Baylor University Medical Center and educator at Texas A&M, who opines frequently as an expert on the use of antiviral medications for the treatment of Covid 19 infections and prevention, testified to on November 19, 2020 to the Senate Homeland Security Committee Hearing on COVID-19

Outpatient Treatment; wherein he describes in detail the success of the antiviral medications, clinical studies and treatment protocols that were saving lives at the time. Dr. McCullough also provided statistical data in his testimony to the US senate that 50% of the American lives lost could have been saved with early treatment (4-6 drugs in combination). On March 10, 2021, Dr. McCullough testified in the Texas Senate that 85% of the lives lost could have been saved since "we had evolved better treatment programs." The current estimate is 85% of lives lost could have been saved, according to Dr. McCullough. See:

a) https://www.authorea.com/users/414448/articles/522499-sars-cov-2-mass-vaccination-urgent-questions-on-vaccine-safety-that-demand-answers-from-international-health-agencies-regulatory-authorities-governments-and-vaccine-developers

55. Said testimony patently contradicted the subversive messaging and publications Defendants Fauci, Daszak, Collins and Farrar orchestrated with their co-conspirators. Effectively no policy change resulted even after a redaction by said publications (Exhibit 7 Continued) as it relates to the conduct of the Defendants aforementioned; and the FDA persisted in its banning of the emergency use of HCQ as a treatment alternative. See:

https://ratical.org/PandemicParallaxView/DrMcCulloughC19OutpatientTreatmnt.html & https://www.nejm.org/doi/full/10.1056/NEJMoa2012410

IN RELATION TO DEFENDANT VACCINE MANUFACTURERS, THEIR OFFICERS, DIRECTORS & CONSPIRATORS

56. On or about October 2016, Defendant National Institutes of Health together with other interested parties filed for US Patent WO/2018/081318 to create an injectable compound to cause the recipient to produce prefusion coronavirus Spike proteins. This injectable is known as the "Moderna Covid 19 Vaccine" See Exhibit 7.

57. Said Moderna Covid 19 Vaccine contains SM-102 (also Luciferase), which is a known poison fatal to humans and animals as disclosed in Moderna's Food and Drug Administration's published ingredients list. See Exhibit 8 (list of ingredients and toxicity report for SM-102).

58. Said Moderna Covid 19 Vaccine, per Exhibit 7, is designed to cause the human recipients to mass produce Corona Virus Spike Proteins through messenger RNA stimulus; such Spike Proteins are known to cause acute cardiovascular disease. See Exhibit 9.

59. Animal testing conducted with the Moderna Covid 19 mRNA Vaccine was undertaken in 2012, which included a "Challenge" study whereby inoculated animals were exposed to the SARS-Cov-2 virus (later called "Covid 19") and in each and every instance, the test animals developed Pulmonary Immunopathology causing a 100% fatality rate. The conclusions of various scientific journals opine that the deaths of the test animals were not caused directly by the vaccine; rather they were caused by the test subject's immune response of Spike Protein creation from the changes made to the animals' immune system by virtue of the messenger RNA in the Vaccine. See Exhibit 10 & https://varjager.wordpress.com/2021/01/30/dr-lee-merritt-in-animal-studies-after-being-injected-with-mrna-technology-all-animals-died-upon-reinfection/& http://www.uphs.upenn.edu/cep/COVID/mRNA%20vaccine%20review%20final.pdf & https://www.lewrockwell.com/2021/04/no_author/dr-lee-merritt-in-animal-studies-after-being-injected-with-mrna-technology-all-animals-died-upon-reinfection/

60. Thirteen (13) people died in the Moderna human clinical trials as a result of the said enhanced autoimmune response, which is beyond the industry standard threshold of continued development for marketable use. See Exhibit 11.

61. All of the Vaccines produced by the Defendant manufacturers (Johnson & Johnson, Moderna, Pfizer and Astra Zeneca) caused the same immunopathological response in their animal challenge tests conducted years in advance of the Emergency Use Authorization and all experienced up to a 100% fatality rate in their challenge studies. Furthermore, the science was so dispositive that on or about January 25, 2021, Pfizer's former Chief Science Officer (Dr. Michael Yeadon) warned "Governments are lying because they are going to kill you and your family." See Exhibit 12.

62. All of the Defendant manufacturers knew, or should have known, that their Vaccines caused this immunopathological response and were warned by the FDA against conducting human trials. See Exhibit 13.

63. As of July 7, 2021, the Vaccine Adverse Reaction Reporting System details in excess of 9,000 fatalities and more than 438,000 Serious Adverse Events ("SAE") and serious

injuries resulting from all four mRNA vaccines produced by the Defendant Manufacturers. It is worth noting that the VAERS system only collects approximately 1% (and at most 10%) of the actual injury or fatality rates because the reporting format and process is so cumbersome that substantially all people negatively affected by any vaccine or those treating them, simply skip reporting into the system. This means that the real fatality rate is currently somewhere between 51,000 to 510,000. See Exhibit 14 & https://www.openvaers.com/covid-data#modal-anaphylaxis

64. On or about April 20, 2012, the Federation of Registration Agencies (DOI) published a report that analyzed all of the mRNA vaccines at the time and arrived at the conclusion that each such injection presents a near certainty that all SARS Coronavirus vaccinations lead to Pulmonary Immunopathology upon challenge of the user; meaning that the inoculated person or animal will die when exposed to the virus or (relative thereto) being vaccinated against. This peer-reviewed, common conclusion of scientists responsible for registration of vaccines arrived at this conclusion more than 8 years in advance of the release, distribution and sale of the Covid Vaccines. See Exhibit 15.

65. At all material times Defendants Fauci, Birx, Gates, Tedros, Baric, Daszak and others were acting in their official capacities and had the authority to represent the interest of and contractually bind the institutions or entities by whom they were employed or compensated.

66. At all material times, Defendants Fauci, Rothschild, Gates, Baric, Daszak, NIH, CDC, WHO and other named and unnamed Defendants had economic interests in the intellectual property rights of the Covid 19 Virus or the various Covid 19 Vaccines or both and conspired to economically benefit from the exploitation of these bio weapons. See: https://www.niaid.nih.gov/research/anthony-s-fauci-md &

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866602/ & https://fort-russ.com/2020/04/breaking-kennedy-exposes-dr-faucis-role-in-creating-highly-infectious-mutant-strain-of-coronavirus/

IN RELATION TO LOCAL DEFENDANT VACCINE MANDATORS, THEIR OFFICERS, DIRECTORS & CONSPIRATORS

67. Publicly Available Opinions of Medical Doctors and Scientists

68. Medical Doctors and scientists in the biological health and treatment of human beings confirm:

a) the fatality rate of the SARS-COV-2, also known as COVID-19, virus (hereinafter "Virus") is .0046% across combined age groups under age 70 in the United States; See: https://www.cdc.gov/coronavirus/2019-ncov/index.html

b) the case fatality rate was purposefully inflated by Defendants World Health Organization, Centers for Disease Control and Prevention, The National Institutes of Health or any other governmental or non-governmental agency or entity acting with authority to make such a declaration; See: https://www.cnsnews.com/article/washington/melanie-arter/cdc-director-i-think-youre-correct-about-inflated-covid-death

c) there are widely available and extremely effective therapeutic medicines, inclusive of hydroxychloroquine and ivermectin, that both prevent and treat said Virus; see: https://pubmed.ncbi.nlm.nih.gov/32283237/

d) Defendants named herein caused people, entities, organizations and health care services to avoid the use, prescription and delivery of said therapeutic medicines to patients and the public at large and caused the therapeutic medicines to be unavailable to infected individuals and the public, resulting in large numbers of unnecessary injuries and deaths in those that were infected with the Virus; see: https://noqreport.com/2021/05/31/dr-pierre-kory-exposed-whos-suppression-of-ivermectin-youtube-keeps-deleting-this-video/

e) credible evidence exists to support a conclusion that interested parties and stakeholders disregarded scientific data and alternative, efficient therapies to coerce people and entities to require COVID-19 injectables as a condition of employment, entry to properties, purchase of goods and services and admission to gatherings; See: https://stateofthenation.co/?p=64361

f) the Defendant manufacturers of the four "COVID-19 Vaccines" identified herein, have attempted and failed to create a messenger RNA styled vaccine that is suitable for sale or distribution due to safety concerns, fatalities and morbidities experienced during both animal

and human trials despite more than 10 years of testing; See: https://edition.cnn.com/2020/09/01/health/eua-coronavirus-vaccine-history/index.html

g) the Defendants, manufacturers and other participants, were warned in multiple scientific and media papers that mRNA designed to increase spike protein production is and was hazardous to the users' autoimmune systems; See: https://principia-scientific.com/halt-covid-vaccine-prominent-scientist-tells-cdc/

h) the mRNA and adenoviral injections all code for the original spike protein that was the product of Gain of Function (hereinafter "GOF") research in Wuhan, China; See: https://childrenshealthdefense.org/defender/covid-vaccine-spike-protein-travels-from-injection-site-organ-damage/

i) this laboratory engineered spike protein component created in Wuhan, China is intentionally caused to be produced in humans via the subject COVID-19 injections. Furthermore, said spike protein was intentionally modified at the furin cleavage site of the protein, making the spike protein elicited to be produced in the body by the COVID-19 injections far more dangerous and infectious to the human body than the original spike protein created in Wuhan, China; See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7859469/

j) the spike protein elicited to be produced by injection of the purported COVID-19 "vaccines" has intentionally placed sequences of RNA that code for known epitopes of the HIV virus (see: https://www.thegatewaypundit.com/2021/06/caught-top-official-thanks-dr-fauci-email-april-2020-insisting-covid-19-naturally-occurring-men-knew-lie/);

k) once administered to humans, all COVID-19 injections cause the human body to produce the modified Wuhan spike protein product of Gain of Function ("GOF") research in an uncontrolled fashion for as long as two weeks with no regulation mechanism for 1) the concentration of spike protein, 2) the tissues or locations in the body where it is created, 3) its distribution in the body, and 4) the duration of its ability to be produced in the body; see:

https://www.pnas.org/content/117/41/25254

l) this Wuhan spike protein product of GOF research directly causes damage to blood vessels and major organs, including the lungs, heart, brain, kidneys and liver and directly promotes the development of blood clots in critical organs resulting in permanent disability and

death in some cases; See: https://drmalcolmkendrick.org/2021/06/03/covid19-the-spike-protein-and-blood-clotting/

m) the United States mass vaccination program is investigational and Defendants, either knowingly or with a duty to know and with a reckless disregard for human life, committed egregious malfeasance that has resulted in harm to at least hundreds of thousands and death to at least many thousands of people, in failing to establish an external unbiased clinical event adjudication committee, data safety monitoring committee, or human ethics committee. As a result, there is no mechanism for risk mitigation in the investigational program (critical event committee, data safety monitoring board, human ethics committee) and this has contributed to causing the aforementioned injuries and deaths. Remarkably, 46% of the deaths that have occurred following the injections have taken place on days 1, 2 or 3 post injection; See: https://www.wsj.com/articles/people-harmed-by-coronavirus-vaccines-will-have-little-recourse-11602432000

n) furthermore, in an act of egregious malfeasance, Defendants recommended administration of the experimental injections in large patient groups that were excluded from the registrational trials on the basis of either anticipated lack of benefit or excessive harm, resulting in severe harm and/or death to at least many thousands of people in these groups that were administered the injections. These groups include: COVID-recovered, suspected COVID-recovered, those with positive serologies, pregnant women, and childbearing women who could not assure contraception. In fact, Defendants knowingly administered the COVID-19 injections to individuals with durable natural immunity due to prior infection with COVID-19, despite many known studies spanning decades and demonstrating that these individuals were more susceptible to serious injury from the injections; See: https://www.thelancet.com/journals/langas/article/PIIS2468-1253(21)00008-X/fulltext

o) intentional disregard of the results of the animal challenge studies which resulted in up to 100% fatality rates, was egregious conduct under the norms of the medical communities' policies, procedures, ethical, licensing and other mandates which govern such conduct; See: https://foreignaffairsintelligencecouncil.files.wordpress.com/2021/02/horrific-latent-deaths-predicted-among-the-elderly-by-genetics-professor-after-immunization-with-rna-vaccines.pdf

p) Defendant Manufacturers knew or should have known their Emergency Use Authorization would result in mass fatalities of the Users; See:

https://www.lifesitenews.com/news/vaccine-researcher-admits-big-mistake-says-spike-protein-is-dangerous-toxin

q) Defendants threatened medical doctors who prescribed widely available, safe and effective therapeutic medicines in furtherance of coercing the public to take the COVID-19 injections; See: https://www.reuters.com/article/us-health-coronavirus-usa-hydroxychloroq-idUSKBN23B340

r) Defendants defrauded and coerced the public by knowingly failing to disclose scientific study results and facts as well as knowingly disseminating fraudulent information to the public; See:

http://amsterdamnews.com/news/2020/dec/24/why-black-people-cannot-trust-pfizer-vaccine/

s) Defendants failed to provide notice of risks and the right of informed consent to the public (per Nuremberg Code); See: https://pubmed.ncbi.nlm.nih.gov/33113270/

t) the modified spike protein product produced by the body from the COVID-19 injections, along with the nano lipid coating that surround it, does not remain in the injection site of recipients but rather has been found to be carried through the blood stream to other parts of the body, accumulating in high concentrations in the bone marrow, liver, ovaries, spleen. The spike protein from COVID-19 is known to cause harm to organs and tissues in the human body, and the injections demonstrate an affinity for critical organs, resulting in bleeding and clotting issues as well as possible infertility. See:

https://www.pmda.go.jp/drugs/2021/P20210212001/672212000_30300AMX00231_I100_1.pdf#page11

u) sufficient evidence exists to support a determination that: 1) a bioweapon in the form of a spike protein created in Wuhan, China through GOF research was released into the civilian population; 2) for the purpose of or intent to cause a demand for COVID-19 injections; 3) irrespective of or with intent to diminish, disregard or subvert known and efficient, existing therapies; 4) with the intent to cause harm or without regard to the consequences of harm that was known or foreseeable to the users; 5) for purposes of injuring, harming, controlling or killing the users; 6) while Defendant stakeholders enjoy and/or enjoyed monetary or other

economic, academic or political rewards. See: https://thetruthaboutvaccines.com/stop-damage-mrna-vaccines/ & Supra.

CONCLUSION

69. Based upon the above information there is probable cause to believe that one or more of the named Defendants has committed the offenses set forth above in this Criminal Complaint. All or some of the Defendants intentionally, with malice aforethought and/or with reckless regard for human life and in criminal coordination and planning with steps in furtherance thereof, among Conspirators and Co-Conspirators, engaged in acts that:

1) Planned, coordinated, colluded and collaborated among two or more named and unnamed Defendants to design a criminal enterprise and took steps in furtherance thereof for the following acts;

2) Involved the creation of the Covid 19 Virus as a Bio warfare weapon;

3) Involved the enhancement of it the Virus' efficacy to infect, contaminate and transfer among the global population for the purpose of killing human beings;

4) Orchestrated and implemented fraudulent acts, statements and publications in order to diminish the knowledge, use and efficacy of existing therapeutic medicines for the purpose of coercing, intimidating or forcing the Complainants into receiving one of the four enumerated knowingly deadly experimental gene therapy injections collectively called "Covid 19 Vaccines";

5) Pre-planned the use and distribution of fraudulent, non-efficacious PCR tests for the purpose of creating false positive results, false narratives, false pretenses and false conditions about infection in order to terrorize, incite fear, intimidation and coercion in the general population in support of their sales, marketing and distribution of deadly Covid 19 Vaccines;

6) Conceived, created, manufactured, sold and distributed deadly Covid 19 Vaccines for the purpose of stimulating a well-known and established hyper or enhanced immune response in the victims and users of the experimental gene therapy injectables;

7) Falsified data and reports in scientific and news media publications regarding the safety and efficacy of the Covid 19 Vaccines for the purpose of hiding the deadly effects of the injectables;

8) Conspired with and among the many named and unnamed Defendants to use the afore-stated manipulation, tactics and coercion in furtherance of their economic benefit and genocidal pursuits;

9) Conspired to terrorize, kill and infect non-vaccinated persons by ensuring, by virtue of the enhanced immune response, the four Covid 19 Vaccines would cause production, shedding of transmissible and contagious prions and Spike proteins by the inoculated persons;

10) Conspired to Racketeer by causing injury, death and other felonious harm in pursuit of their criminal enterprise for monetary and other gain;

11) Engaged in, conspired, coordinated and executed on this criminal homicidal enterprise for their pecuniary, economic, academic or political benefit as a plan to infect, inoculate and kill members of this jurisdiction and of the global population;

In particular the evidenced elements of the crimes alleged here in are as follows:

A. CRIMES AGAINST HUMANITY (18 USC § 2441(d)(1)(c)):

i) The act of a person who subjects, or conspires or attempts to subject, one or more persons within his custody or physical control to biological experiments without a legitimate medical or dental purpose and in so doing endangers the body or health of such person or persons.

B. PROHIBITIONS WITH RESPECT TO BIOLOGICAL WEAPONS (18 USC §175(a))

ii) Whoever knowingly develops, produces, stockpiles, transfers, acquires, retains, or possesses any biological agent, toxin, or delivery system for use as a weapon, or knowingly assists a foreign state or any organization to do so, or attempts, threatens, or conspires to do the same, shall be fined under this title or imprisoned for life or any term of years, or both. There is extraterritorial Federal jurisdiction over an offense under this section committed by or against a national of the United States.

iii) Whoever knowingly possesses any biological agent, toxin, or delivery system of a type or in a quantity that, under the circumstances, is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose, shall be fined under this title, imprisoned not more than 10 years, or both. In this subsection, the terms “biological agent” and “toxin” do not encompass any biological agent or toxin that is in its naturally occurring environment, if the biological agent or toxin has not been cultivated, collected, or otherwise extracted from its natural source.

C. GENOCIDE

iv) Whoever, whether in time of peace or in time of war and with the specific intent to destroy, in whole or in substantial part, a national, ethnic, racial, or religious group as such—

(1) kills members of that group;

(2) causes serious bodily injury to members of that group;

(3) causes the permanent impairment of the mental faculties of members of the group through drugs, torture, or similar techniques;

(4) subjects the group to conditions of life that are intended to cause the physical destruction of the group in whole or in part;

(5) imposes measures intended to prevent births within the group; or

(6) transfers by force children of the group to another group;

(7) shall be punished as provided in subsection (b).

D. WAR CRIMES AND CRIMES AGAINST HUMANITY (18 USC § 2442)

v) Whoever knowingly—

1) recruits, enlists, or conscripts a person to serve while such person is under 15 years of age in an armed force or group; or

2) uses a person under 15 years of age to participate actively in hostilities;

E. MURDER (18 U.S. Code § 1111(a))

vi) Murder is the unlawful killing of a human being with malice aforethought. Every murder perpetrated by poison, lying in wait, or any other kind of willful, deliberate, malicious, and premeditated killing; or committed in the perpetration of, or attempt to perpetrate, any arson, escape, murder, kidnapping, treason, espionage, sabotage, aggravated sexual abuse or sexual abuse, child abuse, burglary, or robbery; or perpetrated as part of a pattern or practice of assault or torture against a child or children; or perpetrated from a premeditated design unlawfully and maliciously to effect the death of any human being other than him who is killed, is murder in the first degree.

F. ATTEMPTED MURDER (18 U.S. Code § 1113)

vii) Except as provided in section 113 of this title, whoever, within the special maritime and territorial jurisdiction of the United States, attempts to commit murder or manslaughter, shall, for an attempt to commit murder be imprisoned not more than twenty years or fined under this title, or both, and for an attempt to commit manslaughter be imprisoned not more than seven years or fined under this title, or both.

G. CONSPIRACY TO MURDER (18 U.S. Code § 1117)

viii) If two or more persons conspire to violate section 1111, 1114, 1116, or 1119 of this title, and one or more of such persons do any overt act to effect the object of the conspiracy, each shall be punished by imprisonment for any term of years or for life.

H. ASSAULT WITHIN MARITIME AND TERRITORIAL JURISDICTION (18 U.S. Code § 113)

ix) Whoever, within the special maritime and territorial jurisdiction of the United States, is guilty of an assault shall be punished as follows:

(1) Assault with intent to commit murder or a violation of section 2241 or 2242, by a fine under this title, imprisonment for not more than 20 years, or both.

(2) Assault with intent to commit any felony, except murder or a violation of section 2241 or 2242, by a fine under this title or imprisonment for not more than ten years, or both.

(3) Assault with a dangerous weapon, with intent to do bodily harm, by a fine under this title or imprisonment for not more than ten years, or both.

(4) Assault by striking, beating, or wounding, by a fine under this title or imprisonment for not more than 1 year, or both.

(5) Simple assault, by a fine under this title or imprisonment for not more than six months, or both, or if the victim of the assault is an individual who has not attained the age of 16 years, by fine under this title or imprisonment for not more than 1 year, or both.

(6) Assault resulting in serious bodily injury, by a fine under this title or imprisonment for not more than ten years, or both.

(7) Assault resulting in substantial bodily injury to a spouse or intimate partner, a dating partner, or an individual who has not attained the age of 16 years, by a fine under this title or imprisonment for not more than 5 years, or both.

(8) Assault of a spouse, intimate partner, or dating partner by strangling, suffocating, or attempting to strangle or suffocate, by a fine under this title, imprisonment for not more than 10 years, or both.

I. FRAUD IN CONNECTION WITH MAJOR DISASTER OR EMERGENCY BENEFITS (18 U.S. Code § 1040)

x) Whoever, in a circumstance described in subsection (b) of this section, knowingly—

(1) falsifies, conceals, or covers up by any trick, scheme, or device any material fact; or

(2) makes any materially false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation, in any matter involving any benefit authorized, transported, transmitted, transferred, disbursed, or paid in connection with a major disaster declaration under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170) or an emergency declaration under section 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5191), or in connection with any procurement of property or services related to any emergency or major disaster declaration as a prime contractor with the United States or as a subcontractor or supplier on a contract in which there is a prime contract with the United States, shall be fined under this title, imprisoned not more than 30 years, or both.

J. RACKETEERING 18 U.S. Code § 1959 - Violent crimes in aid of racketeering activity

xi. (a) Whoever, as consideration for the receipt of, or as consideration for a promise or agreement to pay, anything of pecuniary value from an enterprise engaged in racketeering activity, or for the purpose of gaining entrance to or maintaining or increasing position in an enterprise engaged in racketeering activity, murders, kidnaps, maims, assaults with a dangerous weapon, commits assault resulting in serious bodily injury upon, or threatens to commit a crime of violence against any individual in violation of the laws of any State or the United States, or attempts or conspires so to do, shall be punished—

(1) for murder, by death or life imprisonment, or a fine under this title, or both; and for kidnapping, by imprisonment for any term of years or for life, or a fine under this title, or both;

(2) for maiming, by imprisonment for not more than thirty years or a fine under this title, or both;

(3) for assault with a dangerous weapon or assault resulting in serious bodily injury, by imprisonment for not more than twenty years or a fine under this title, or both;

(4) for threatening to commit a crime of violence, by imprisonment for not more than five years or a fine under this title, or both;

(5) for attempting or conspiring to commit murder or kidnapping, by imprisonment for not more than ten years or a fine under this title, or both; and

(6) for attempting or conspiring to commit a crime involving maiming, assault with a dangerous weapon, or assault resulting in serious bodily injury, by imprisonment for not more than three years or a fine of [1] under this title, or both.

(b) As used in this section—

(1) “racketeering activity” has the meaning set forth in section 1961 of this title; [EMPHASIS ADDED] and

(2) “enterprise” includes any partnership, corporation, association, or other legal entity, and any union or group of individuals associated in fact although not a legal entity, which is engaged in, or the activities of which affect, interstate or foreign commerce.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

_____ (Complainant name)

Citizen and resident of _____ (county) in the State of _____.

_____

_____

Signature, Complainant Date

Subscribed and sworn to before me at _____ (place), on this _____ day of _____ , 2021.

_____ (Judge/Law Enforcement Officer/County Clerk/Notary)

Signed: _____

Sealed: _____

Exhibit 1 https://www.wsj.com/articles/BL-WHB-1322

DJIA 34600.38 0.07% ▲ S&P 500 4208.12 0.14% ▲ U.S. 10 Yr 2/32 Yield 1.588% ▲ Euro 1.2211 0.01% ▼

THE WALL STREET JOURNAL.

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Billionaires Try to Shrink World's Population, Report Says

By Robert Frank
May 26, 2009 11:57 am ET

SHARE AA TEXT

Last week's meeting of the Great and the Good (or the Richest and Richer) was bound to draw criticism.

Associated Press

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of billionaires Bill Gates, Warren Buffett, David George Soros, Ted Turner, Oprah, Michael Bloomberg and y the Chronicle of Philanthropy as an informal gathering philanthropy. Just a few billionaires getting together for drinks and dinner and a friendly chat about how to promote charitable giving.

we were told. And no plan for a follow-up meeting.

But in an age of fallen wealth idols, it was inevitable that a meeting of billionaire minds would draw scrutiny. Surely all that money and power in one room had to

Email Shows Researcher Who Funded Wuhan Lab, Admits Manipulating Coronaviruses, Thanked Fauci For Dismissing Lab-Leak Theory

BY TYLER DURDEN

WEDNESDAY, JUN 02, 2021 - 08:16 AM

Authored by Steve Watson via Summit News,

Dr Fauci's emails have been released via a Freedom of Information Act request, and there is some pretty interesting stuff in them, particularly one email where a researcher who funded the Wuhan Institute of Virology thanks Fauci for publicly dismissing the lab leak theory early on during the pandemic.

EXHIBIT 2 (continued) See: https://www.thesun.co.uk/news/15069561/fauci-admits-us-sent-600k-wuhan-lab-covid/ **&** https://www.zerohedge.com/covid-19/email-shows-researcher-who-funded-wuhan-lab-admits-manipulating-coronaviruses-thanked

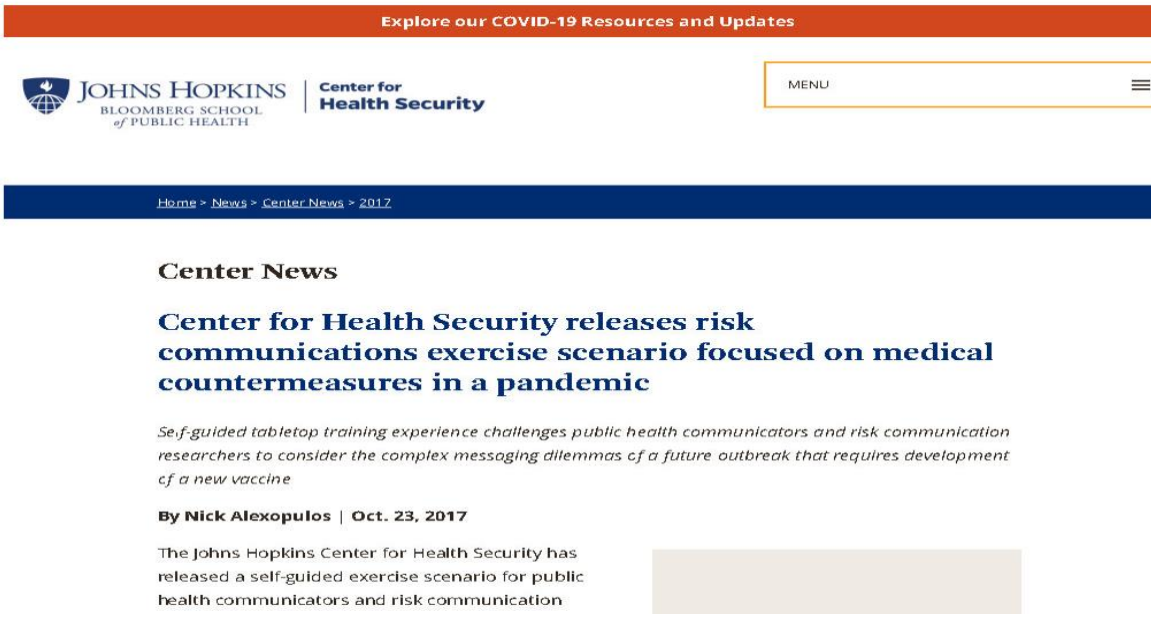

EXHIBIT 2 Continued See: https://www.who.int/ihr/9789241596664/en/

REVISION OF THE INTERNATIONAL HEALTH REGULATIONS

The Fifty-eighth World Health Assembly,

Having considered the draft revised International Health Regulations[1];

Having regard to articles 2(*k*), 21(*a*) and 22 of the Constitution of WHO;

Recalling references to the need for revising and updating the International Health Regulations in resolutions WHA48.7 on revision and updating of the International Health Regulations, WHA54.14 on global health security: epidemic alert and response, WHA55.16 on global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radio nuclear material that affect health, WHA56.28 on revision of the International Health Regulations, and WHA56.29 on severe acute respiratory syndrome (SARS), with a view to responding to the need to ensure global public health;

Welcoming resolution 58/3 of the United Nations General Assembly on enhancing capacity building in global public health, which underscores the importance of the International Health Regulations and urges that high priority should be given to their revision;

Affirming the continuing importance of WHO's role in global outbreak alert and response to public health events, in accordance with its mandate;

Underscoring the continued importance of the International Health Regulations as the key global instrument for protection against the international spread of disease;

Commending the successful conclusion of the work of the Intergovernmental Working Group on Revision of the International Health Regulations,

1. ADOPTS the revised International Health Regulations attached to this resolution, to be referred to as the "International Health Regulations (2005)";

2. CALLS UPON Member States and the Director-General to implement fully the International Health Regulations (2005), in accordance with the purpose and scope set out in Article 2 and the principles embodied in Article 3;

3. DECIDES, for the purposes of paragraph 1 of Article 54 of the International Health Regulations (2005), that States Parties and the Director-General shall submit their first report to the Sixty-first World Health Assembly, and that the Health Assembly shall on that occasion consider the schedule for the submission of further such reports and the first review on the functioning of the Regulations pursuant to paragraph 2 of Article 54;

4. FURTHER DECIDES that, for the purposes of paragraph 1 of Article 14 of the International Health Regulations (2005), the other competent intergovernmental organizations or international bodies with which WHO is expected to cooperate and coordinate its activities, as appropriate, include the following: United Nations, International Labour Organization, Food and Agriculture Organization, International Atomic Energy Agency, International Civil Aviation Organization, International Maritime Organization, International Committee of the Red Cross, International Federation of Red

[1] See document A58/4

EXHIBIT 3 See: https://principia-scientific.com/2010-rockefellers-operation-lockstep-predicted-2020-lockdown/

LOCK STEP

A world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing citizen pushback

In 2012, the pandemic that the world had been anticipating for years finally hit. Unlike 2009's H1N1, this new influenza strain —originating from wild geese —was extremely virulent and deadly. Even the most pandemic-prepared nations were quickly overwhelmed when the virus streaked around the world, infecting nearly 20 percent of the global population and killing 8 million in just seven months, the majority of them healthy young adults. The pandemic also had a deadly effect on economies: international mobility of both people and goods screeched to a halt, debilitating industries like tourism and breaking global supply chains. Even locally, normally bustling shops and office buildings sat empty for months, devoid of both employees and customers.

The pandemic blanketed the planet —though disproportionate numbers died in Africa, Southeast Asia, and Central America, where the virus spread like wildfire in the absence of official containment protocols. But even in developed countries, containment was a challenge. The United States's initial policy of "strongly discouraging" citizens from flying proved deadly in its leniency, accelerating the spread of the virus not just within the U.S. but across borders. However, a few countries did fare better —China in particular. The Chinese government's quick imposition and enforcement of mandatory quarantine for all citizens, as well as its instant and near-hermetic sealing off of all borders, saved millions of lives, stopping the spread of the virus far earlier than in other countries and enabling a swifter post-pandemic recovery.

EXHIBIT 4 See: https://www.centerforhealthsecurity.org/event201/about

EVENT 201

A GLOBAL PANDEMIC EXERCISE

ABOUT PLAYERS VIDEOS RECOMMENDATIONS RESOURCES

CONTACT SEARCH

Event 201 > scenario

The Event 201 scenario

Event 201 simulates an outbreak of a novel zoonotic coronavirus transmitted from bats to pigs to people that eventually becomes efficiently transmissible from person to person, leading to a severe pandemic. The pathogen and the disease it causes are modeled largely on SARS, but it is more transmissible in the community setting by people with mild symptoms.

Media

Event 201 Media

Videos

Photos

#Event201

EXHIBIT 5 See: https://jdfor2020.com/2020/10/us-patent-2020279585-pcr-test-submitted-by-richard-rothschild/

Patents

System and Method for Testing for COVID-19

Abstract

A method is provided for acquiring and transmitting biometric data (e.g., vital signs) of a user, where the data is analyzed to determine whether the user is suffering from a viral infection, such as COVID-19. The method includes using a pulse oximeter to acquire at least pulse and blood oxygen saturation percentage, which is transmitted wirelessly to a smartphone. To ensure that the data is accurate, an accelerometer within the smartphone is used to measure movement of the smartphone and/or the user. Once accurate data is acquired, it is uploaded to the cloud (or host), where the data is used (alone or together with other vital signs) to determine whether the user is suffering from (or likely to suffer/form) a viral infection, such as COVID-19. Depending on the specific requirements, the data changes the rate, and/or the determination can be used to alert medical staff and take corresponding actions.

Images (24)

Classifications

- G16H50/20 ICT specially adapted for medical diagnosis, medical simulation or medical data mining; ICT specially adapted for detecting, monitoring or modelling epidemics or pandemics for computer-aided diagnosis, e.g. based on medical expert systems

View 9 more classifications

US20200279585A1
United States

Download PDF Find Prior Art Similar

Inventor: Richard A. ROTHSCHILD

Worldwide applications
2020 US

Application US16/876,114 events

2015-10-13	Priority to US201562240783P
2016-10-13	Priority to US201615293211A
2017-04-24	Priority to US15/495,435
2019-02-11	Priority to US16/273,141
2019-12-05	Priority to US16/704,844
2020-05-17	Application filed by Richard A. ROTHSCHILD
2020-05-17	Priority to US16/876,114
2020-09-03	Publication of US20200279585A1
Status	Pending

Info. Cited by (1), Legal events, Similar documents, Priority and Related Applications

External links: USPTO, USPTO Assignment, Espacenet, Global Dossier, Discuss

Description

BACKGROUND OF THE INVENTION

1. Field of the Invention

[0001] The present invention relates to diagnosing an individual's health/wellness, and more particularly, to a system and method for using a mobile computing device (e.g., a smartphone) to acquire and provide vital signs, which can then be used to determine (or aid in the determination of) an individual's health/wellness, including whether an individual is suffering from a bacterial and/or viral infection (e.g., COVID-19, etc.) or other respiratory conditions or symptoms. The present invention could be used in conjunction with a telemedicine or "digital health" system to provide a reliable and convenient method for remote collection and observation of a patient's vital signs.

2. Description of Related Art

[0002] Recently, devices have been developed that are capable of measuring, sensing or estimating in a convenient form factor at least one or more metric related to a physiological characteristics, commonly referred to as biometric data. For example, devices that resemble watches have been developed which are capable of measuring an individual's heart rate or pulse, and, using that data together with other information (e.g., the individual's age, weight, etc.), to calculate a resultant such as the total calories burned by the individual in a given day. Similar devices have been developed for measuring, sensing, or estimating other kinds of metrics, such as blood pressure, blood oxygenation levels, breathing patterns, breath composition, sleep patterns, and blood-alcohol level, to name a few. These devices are generically referred to as biometric devices or biometrics devices.

[0003] The types of biometric devices continue to grow, as do the ways in which both the core biometric data and the data that can additionally be derived or further extrapolated from that biometric data. For example, heart rate data is typically used to give an individual information on their pulse and calories burned, whereas HRV or heart rate variability is sometimes also increasingly being used as a determinant of an individual's stress levels. The data measured from oximeters (perfusion index, oxygen saturation level and pulse) can additionally be used to derive algorithmically the individual's respiratory rate or RR. By way of another example, blood-alcohol data is typically used to give an individual information on their blood-alcohol level, and hence to inform the individual on whether or not they can safely or legally operate a motor vehicle.

[0004] By way of other examples, an individual's breathing pattern (measurable for example either by loudness level in decibels, or by variations in decibel level over a time interval) or measurable changes over a short space of time in levels of oxygen saturation in their blood caused by a stopped or snore breathing event (SBE), or by the total number of SBEs occurring during sleep, may be monitored by a doctor, nurse, or medical technician to help determine whether the individual suffers from sleep apnea. Similarly, an individual's vital signs (e.g., pulse, breathing rate, oxygen saturation levels, etc.) may be monitored (e.g., by a doctor, etc.) to determine the individual's health and/or wellness in relation to certain medical conditions or symptoms. Such information can also be used to determine whether a person is suffering from a bacterial and/or viral infection, such as coronavirus, or COVID-19.

[0005] With that being said, it would be beneficial if biometric data could be acquired and provided to a medical facility or the like without requiring human contact between the patient and the monitoring staff (i.e., remotely) for reasons including convenience, cost and diminished risk of infection or cross-infection. The biometric data would also be more informative or dynamic if it could be combined with other data (e.g., video data, etc.), provided (e.g., wirelessly, over a network, etc.) to a remote device, and/or searchable (e.g., allowing certain conditions, such as an elevated heart rate or hypoxia, to be quickly identified) and/or

Exhibit 6, See:

https://wits.worldbank.org/trade/comtrade/en/country/ALL/year/2018/tradeflow/Imports/partner/WLD/nomen/h5/product/382

- Training overview
- Video Tutorials
- eLearning
- Support Links
  - Did you know
  - FAQ
  - WITS manual
  - Help
  - eLearning

Medical Test kits (382200) imports by country

in 2018

Additional Product information: Diagnostic reagents based on polymerase chain reaction (PCR) nucleic acid test.
Category: **Medical Test kits/ Instruments, apparatus used in Diagnostic Testing**
The data here track previously existing medical devices that are now classified by the World Customs Organization as critical to tackling COVID-19

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- Delicious
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Change selection (Reporter, Year, Trade Flow, Partner and HS 6 digit Product)
In 2018, Top **importers** of **Medical Test kits** are European Union ($4,330,527.34K , 44,362,800 Kg), United States ($3,882,156.16K , 27,745,600 Kg), Germany ($3,001,344.10K , 32,722,000 Kg), China ($1,785,607.10K , 10,867,600 Kg), Netherlands ($1,676,833.03K , 16,201,200 Kg).

Medical Test kits exports by country in 2018
£)

Reporter	TradeFlow	ProductCode	Product Description	Year	Partner	Trade Value 1000USD	Quantity	Quantity Unit
European Union	Import	382200	Medical Test kits	2018	World	4,330,527.34	44,362,800	Kg
United States	Import	382200	Medical Test kits	2018	World	3,882,156.16	27,745,600	Kg
Germany	Import	382200	Medical Test kits	2018	World	3,001,344.10	32,722,000	Kg

Exhibit 7 See: https://www.ott.nih.gov/technology/e-234-2016

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:19:13 -0400
To: NIAID Public Inquiries
Subject: Fwd: Coronavirus bioweapon production method

Sent from my iPhone

Begin forwarded message:

From: Adam Gaertner (b) (6)
Date: March 11, 2020 at 6:16:40 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Subject: Coronavirus bioweapon production method

Hello Anthony,

This is how the virus was created.

Intervirion Fusion. HIV-luc(ACE2) (500 ng of p24) was mixed with 1,000 ng of p24 of HIV-gfp particles incorporating ASLV-A envelope, SARS-CoV S protein, or both envelopes in PBS at 4°C for 30 min to allow binding. Samples were raised to 37°C for 15 min to allow for conformational rearrangements. Virions were adjusted to the desired pH with 0.1 M citric acid. PBS, TPCK-trypsin (final concentration 10 µg/ml), CTSL, cathepsin B (CTSB) (final concentrations 2 µg/ml) or CTSL buffer alone was then added. Recombinant CTSL (R &D Systems) was preactivated by incubation for 15 min at 10 µg/ml in 50 mM Mes, pH 6.0, on ice. Recombinant CTSB (R &D Systems) was preactivated in 25 mM Mes, 5 mM DTT, pH 5.0, for 30 min at 25°C. After a 10-min incubation at 25°C, proteolysis was halted by the addition of 300 µl of DMEM10 containing leupeptin (25 µg/ml) and STI (75 µg/ml). Virions were then incubated at 37°C for 30 min to allow membrane fusion. 100 µl of the virion mixture was added in quadruplicate to HeLa-Tva cells pretreated for 1 h with leupeptin (20 µg/ml). The cells were spin-infected and incubated at 37°C for 5 h

Exhibit 7 (continued)

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

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

Summary

Background Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.

Methods We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in six continents. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory result for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagnosis were included in one of four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychloroquine alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed the control group. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis or who were on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outcomes of interest were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias (sustained or non-sustained ventricular tachycardia or ventricular fibrillation).

Findings 96 032 patients (mean age 53·8 years, 46·3% women) with COVID-19 were hospitalised during the study period and met the inclusion criteria. Of these, 14 888 patients were in the treatment groups (1868 received chloroquine, 3783 received chloroquine with a macrolide, 3016 received hydroxychloroquine, and 6221 received hydroxychloroquine with a macrolide) and 81 144 patients were in the control group. 10 698 (11·1%) patients died in hospital. After controlling for multiple confounders (age, sex, race or ethnicity, body-mass index, underlying cardiovascular disease and its risk factors, diabetes, underlying lung disease, smoking, immunosuppressed condition, and baseline disease severity), when compared with mortality in the control group (9·3%), hydroxychloroquine (18·0%; hazard ratio 1·335, 95% CI 1·225–1·457), hydroxychloroquine with a macrolide (23·8%; 1·447, 1·368–1·531), chloroquine (16·4%; 1·365, 1·218–1·531), chloroquine with a macrolide (22·2%; 1·368, 1·273–1·469) were each independently associated with an increased risk of in-hospital mortality. Compared with the control group (0·3%), hydroxychloroquine (0·5%; 2·369, 1·935–2·900), hydroxychloroquine with a macrolide (8·1%; 5·106, 4·106–5·983), chloroquine (4·3%; 3·581, 2·760–4·596), and chloroquine with a macrolide (6·5%; 4·011, 3·344–4·812) were independently associated with an increased risk of de-novo ventricular arrhythmia during hospitalisation.

Interpretation We were unable to confirm a benefit of hydroxychloroquine or chloroquine, when used alone or with a macrolide, on in-hospital outcomes for COVID-19. Each of these drug regimens was associated with decreased in-hospital mortality and increased frequency of ventricular arrhythmias when used for treatment of COVID-19.

Funding William Harvey Distinguished Chair in Advanced Cardiovascular Medicine at Brigham and Women's Hospital.

Published Online May 22, 2020 https://doi.org/10.1016/S0140-6736(20)31180-6

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

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

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

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

Introduction

The absence of an effective treatment against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection has led clinicians to redirect drugs that are known to be effective for other medical conditions to the treatment of COVID-19. Key among these repurposed therapeutic agents are the antimalarial drug chloroquine and its analogue hydroxychloroquine, which is used for the treatment of autoimmune diseases, such as systemic lupus erythematosus and rheumatoid arthritis.[1,2] These drugs have been shown in laboratory conditions to have antiviral properties as well as immunomodulatory effects.[3,4] However, the use of this class of drugs for COVID-19 is based on a small number of anecdotal experiences that have shown variable responses in uncontrolled observational analyses, and small, open-label, randomised trials that have largely been inconclusive.[5,6] The combination of hydroxychloroquine with a second-generation macrolide, such as azithromycin (or clarithromycin), has also been advocated,

Exhibit 8 See: https://www.fda.gov/media/144638/download

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE MODERNA COVID-19 VACCINE?

Tell your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

WHO SHOULD GET THE MODERNA COVID-19 VACCINE?

FDA has authorized the emergency use of the Moderna COVID-19 Vaccine in individuals 18 years of age and older.

WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE?

You should not get the Moderna COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

WHAT ARE THE INGREDIENTS IN THE MODERNA COVID-19 VACCINE?

The Moderna COVID-19 Vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

HOW IS THE MODERNA COVID-19 VACCINE GIVEN?

The Moderna COVID-19 Vaccine will be given to you as an injection into the muscle.

The Moderna COVID-19 Vaccine vaccination series is 2 doses given 1 month apart.

If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series.

HAS THE MODERNA COVID-19 VACCINE BEEN USED BEFORE?

The Moderna COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 15,400 individuals 18 years of age and older have received at least 1 dose of the Moderna COVID-19 Vaccine.

WHAT ARE THE BENEFITS OF THE MODERNA COVID-19 VACCINE?

In an ongoing clinical trial, the Moderna COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 1 month apart. The duration of protection against COVID-19 is currently unknown.

Exhibit 8 (continued)

Safety Data Sheet
acc. to OSHA HCS

Printing date 04/11/2021 Revision date 04/11/2021

1 Identification

· **Product identifier**

· **Trade name: SM-102**
· **Synonym** 8-[(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino]-octanoic acid, 1-octylnonyl ester

· **Article number:** 33474
· **Application of the substance / the mixture** For research use only, not for human or veterinary use.

· **Details of the supplier of the safety data sheet**
· **Manufacturer/Supplier:**
Cayman Chemical Co.
1180 E. Ellsworth Rd.
Ann Arbor, MI 48108
USA

· **Information department:** Product safety department
· **Emergency telephone number:**
During normal opening times: +1 (734) 971-3335
US/CANADA: 800-424-9300
Outside US/CANADA: 703-741-5970

2 Hazard(s) identification

· **Classification of the substance or mixture**


GHS02 Flame

Flam. Liq. 2 H225 Highly flammable liquid and vapor.


GHS06 Skull and crossbones

Acute Tox. 2 H310 Fatal in contact with skin.


GHS08 Health hazard

Carc. 2 H351 Suspected of causing cancer.
Repr. 2 H361 Suspected of damaging fertility or the unborn child.
STOT RE 1 H372 Causes damage to the central nervous system, the kidneys, the liver and the respiratory system through prolonged or repeated exposure.


GHS09 Environment

Aquatic Chronic 1 H410 Very toxic to aquatic life with long lasting effects.


GHS07

(Contd. on page 2)

Exhibit 9 See: https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/

The novel coronavirus' spike protein plays additional key role in illness

Salk researchers and collaborators show how the protein damages cells, confirming COVID-19 as a primarily vascular disease

April 30, 2021

LA JOLLA – Scientists have known for a while that SARS-CoV-2's distinctive "spike" proteins help the virus infect its host by latching on to healthy cells. Now, a major new study shows that the virus spike proteins (which behave very differently than those safely encoded by vaccines) also play a key role in the disease itself.

The paper, published on April 30, 2021, in ***Circulation Research*** also shows conclusively that COVID-19 is a vascular disease, demonstrating exactly how the SARS-CoV-2 virus damages and attacks the vascular system on a cellular level. The findings help explain COVID-19's wide variety of seemingly unconnected complications, and could open the door for new research into more effective therapies.

"A lot of people think of it as a respiratory disease, but it's really a vascular disease," says Assistant Research Professor **Uri Manor**, who is co-senior author of the study. "That could explain why some people have strokes, and why some people have issues in other parts of the body. The commonality between them is that they all have vascular underpinnings."

Salk researchers collaborated with scientists at the University of California San Diego on the paper, including co-first author Jiao Zhang and co-senior author John Shyy, among others.

Exhibit 10 See: https://pubmed.ncbi.nlm.nih.gov/22536382/

FULL TEXT LINKS

PLOS ONE

PLoS One. 2012;7(4):e35421. doi: 10.1371/journal.pone.0035421. Epub 2012 Apr 20.

Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus

Chien-Te Tseng *, Elena Sbrana, Naoko Iwata-Yoshikawa, Patrick C Newman, Tania Garron, Robert L Atmar, Clarence J Peters, Robert B Couch

Affiliations

PMID: 22536382 PMCID: PMC3335060 DOI: 10.1371/journal.pone.0035421

Free PMC article

Erratum in

PLoS One. 2012;7(8). doi:10.1371/annotation/2965cfae-b77d-4014-8b7b-236e01a03492

Abstract

Background: Severe acute respiratory syndrome (SARS) emerged in China in 2002 and spread to other countries before brought under control. Because of a concern for reemergence or a deliberate release of the SARS coronavirus, vaccine development was initiated. Evaluations of an inactivated whole virus vaccine in ferrets and nonhuman primates and a virus-like-particle vaccine in mice induced protection against infection but challenged animals exhibited an immunopathologic-type lung disease.

Design: Four candidate vaccines for humans with or without alum adjuvant were evaluated in a mouse model of SARS, a VLP vaccine, the vaccine given to ferrets and NHP, another whole virus vaccine and an rDNA-produced S protein. Balb/c or C57BL/6 mice were vaccinated i.m. on day 0 and 28 and sacrificed for serum antibody measurements or challenged with live virus on day 56. On day 58, challenged mice were sacrificed and lungs obtained for virus and histopathology.

Results: All vaccines induced serum neutralizing antibody with increasing dosages and/or alum significantly increasing responses. Significant reductions of SARS-CoV two days after challenge was seen for all vaccines and prior live SARS-CoV. All mice exhibited histopathologic changes in lungs two days after challenge including all animals vaccinated (Balb/C and C57BL/6) or given live virus, influenza vaccine, or PBS suggesting infection occurred in all. Histopathology seen in animals given one of the SARS-CoV vaccines was uniformly a Th2-type immunopathology with prominent eosinophil infiltration, confirmed with special eosinophil stains. The pathologic changes seen in all control groups lacked the eosinophil prominence.

Conclusions: These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated.

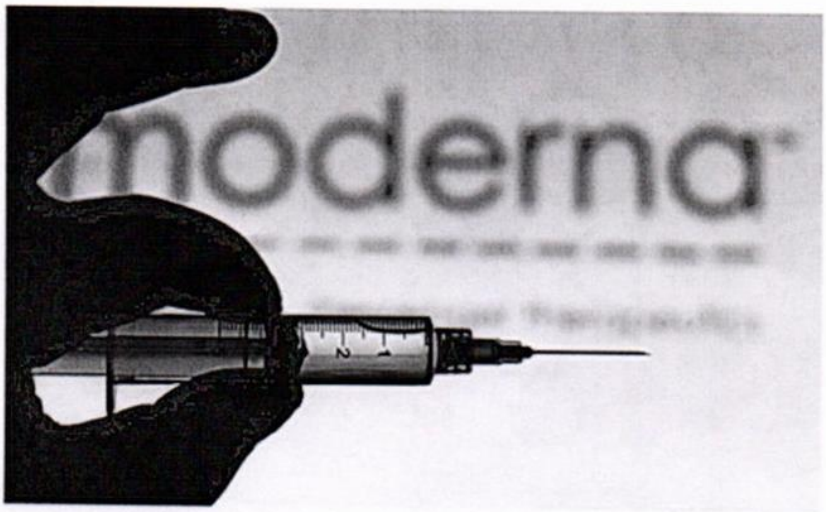
Figures

Exhibit 11 See: https://principia-scientific.com/13-people-died-during-modernas-covid-vaccine-trial/

13 People Died During Moderna's COVID Vaccine Trial

Published on December 22, 2020

Written by Michael Haynes

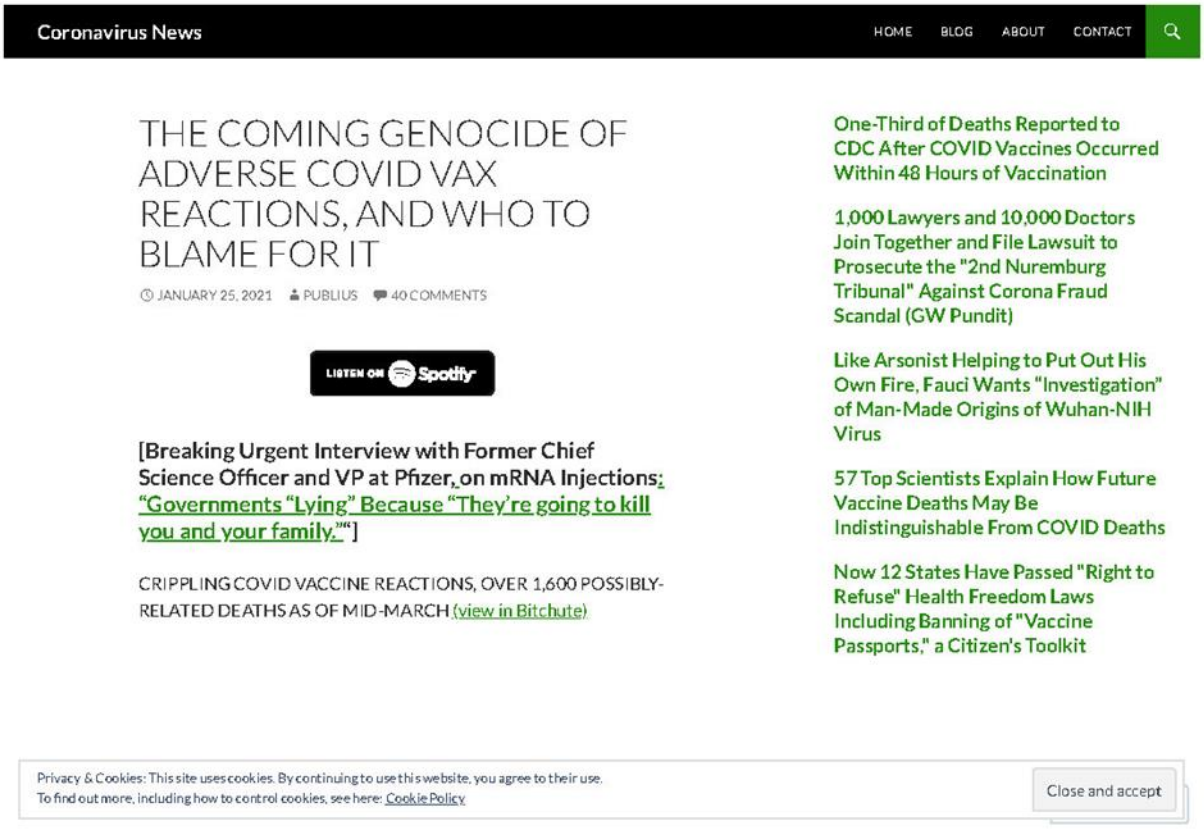


RAFAPRESS / SHUTTERSTOCK.COM

WASHINGTON, D.C, December 21, 2020 (LifeSiteNews) — Official documents from the U.S Food and Drug Administration (FDA) record that 13 people died during trials of the Moderna vaccine, while the FDA has also issued a new warning regarding Bell's Palsy as a potential effect of the vaccine.

A sponsor briefing document prepared for the Vaccines and Related Biological Products Advisory Committee (VRBPAC) recorded the various outcomes on participants in the Moderna vaccine trial, listing the effects of those who had received the vaccine and those who had taken the placebo.

Exhibit 12 See: https://coronanews123.wordpress.com/2021/01/25/the-coming-genocide-of-adverse-covid-vax-reactions-and-who-to-blame-for-it/



Coronavirus News

HOME BLOG ABOUT CONTACT

THE COMING GENOCIDE OF ADVERSE COVID VAX REACTIONS, AND WHO TO BLAME FOR IT

JANUARY 25, 2021 PUBLIUS 40 COMMENTS

LISTEN ON Spotify

[Breaking Urgent Interview with Former Chief Science Officer and VP at Pfizer, on mRNA Injections; "Governments "Lying" Because "They're going to kill you and your family.""]

CRIPPLING COVID VACCINE REACTIONS, OVER 1,600 POSSIBLY-RELATED DEATHS AS OF MID-MARCH (view in Bitchute)

One-Third of Deaths Reported to CDC After COVID Vaccines Occurred Within 48 Hours of Vaccination

1,000 Lawyers and 10,000 Doctors Join Together and File Lawsuit to Prosecute the "2nd Nuremburg Tribunal" Against Corona Fraud Scandal (GW Pundit)

Like Arsonist Helping to Put Out His Own Fire, Fauci Wants "Investigation" of Man-Made Origins of Wuhan-NIH Virus

57 Top Scientists Explain How Future Vaccine Deaths May Be Indistinguishable From COVID Deaths

Now 12 States Have Passed "Right to Refuse" Health Freedom Laws Including Banning of "Vaccine Passports," a Citizen's Toolkit

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Exhibit 12 (continued) See also: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/reactogenicity.html

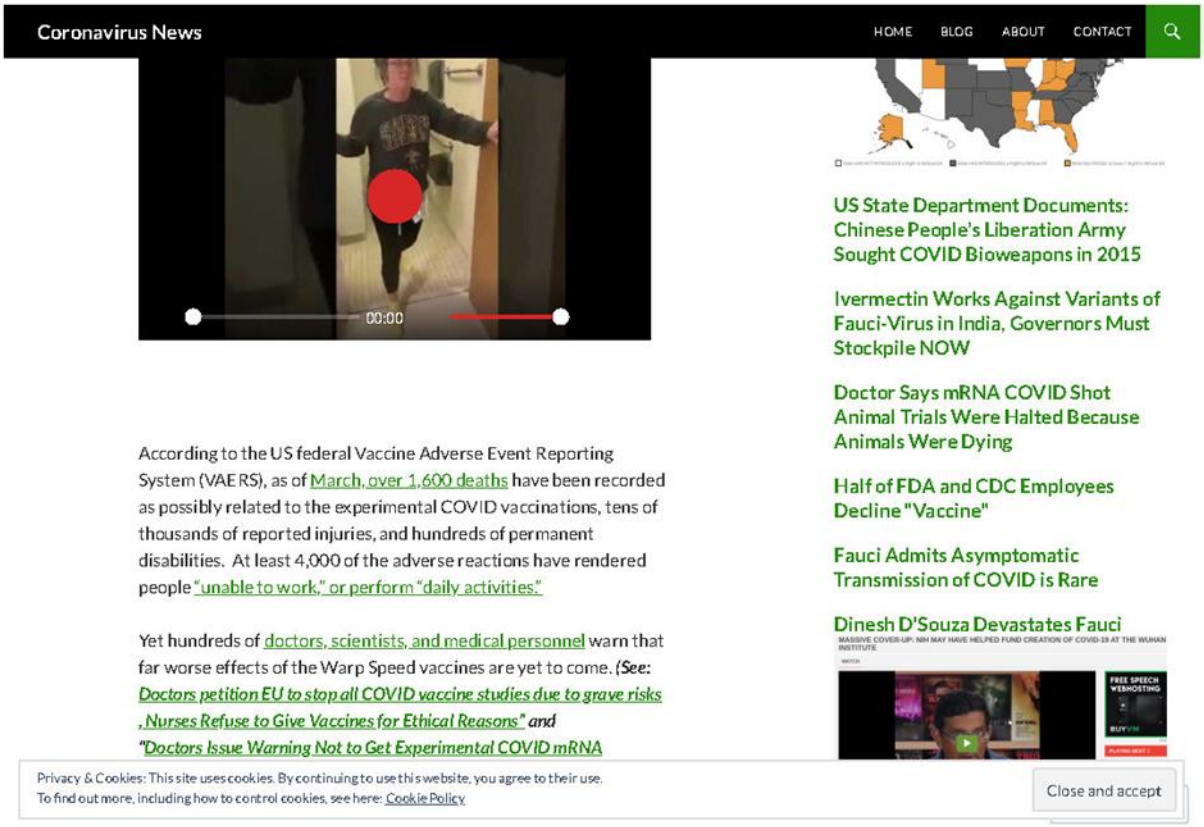

Exhibit 13 See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7162764/

Microbes and Infection 22 (2020) 165–167

Contents lists available at ScienceDirect

Microbes and Infection

journal homepage: www.elsevier.com/locate/micinf

Commentary

The potential role of Th17 immune responses in coronavirus immunopathology and vaccine-induced immune enhancement

ABSTRACT

Increasing evidence points to host Th17 inflammatory responses as contributing to the severe lung pathology and mortality of lower respiratory tract infections from coronaviruses. This includes host inflammatory and cytokine responses to COVID-19 caused by the SARS-2 coronavirus (SARS CoV2). From studies conducted in laboratory animals, there are additional concerns about immune enhancement and the role of potential host immunopathology resulting from experimental human COVID-19 vaccines. Here we summarize evidence suggesting there may be partial overlap between the underlying immunopathologic processes linked to both coronavirus infection and vaccination, and a role for Th17 in immune enhancement and eosinophilic pulmonary immunopathology. Such findings help explain the link between viral-vectored coronavirus vaccines and immune enhancement and its reduction through alum adjuvants. Additional research may also clarify links between COVID-19 pulmonary immunopathology and heart disease.

1. Introduction: COVID19 and Th17

COVID19 caused by the SARS-2 coronavirus (SARS CoV2) has emerged as the third major lower respiratory tract coronavirus infection in the 21st century, after severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). The hallmark of each of these infections is a viral pneumonia accompanied by host inflammation leading to pulmonary edema and a syndrome that resembles acute respiratory distress syndrome (ARDS) [1]. New information has highlighted a critical role for host Th17 inflammatory responses in the pathogenesis of COVID19 pneumonia and edema [2]. This includes the release of key cytokines including IL-17 and GM-CSF [2], and other elements of exacerbating viral immunopathogenesis through downregulating Treg cells, promoting neutrophil migration, but simultaneously inducing Th2 responses [2,3]. Importantly, IL-17 can also induce pulmonary eosinophilic responses and allergic disease, in part by promoting eosinophil production from the bone marrow and recruitment and extravasation into the lungs [4–6].

Th17 cells differentiate in part through the actions of IL-6 [7], and IL-6 has been shown to have an important role in the lung pathology associated with SARS infection [8]. There is additional evidence to suggest the SARS N protein is a potent inducer of IL-6 responses, and may mediate coronavirus lung pathology [9].

Although confirmatory studies have yet to be performed, IL-6 induced by the presence of coronaviruses in the lung appears to promote in susceptible hosts Th17 responses that may lead to severe lung pathology that includes eosinophilia. These findings potentially provide a rational basis for evaluating anti-IL-6 monoclonal antibodies as new therapies for COVID19 [10]. In addition, IL-8 production is also generated under Th17-polarizing conditions [11].

2. Immune enhancement and coronavirus vaccines

Beyond direct virus-induced pathology, immune enhancement associated with eosinophilic infiltration and immunopathology is a potential safety concern linked to first-generation vaccines to prevent severe acute respiratory syndrome (SARS) [12]. A similar phenomenon may have derailed early efforts to develop an inactivated whole virus human vaccine against respiratory syncytial virus (RSV) [13].

The mechanisms of immune enhancement from SARS vaccinations are still not well understood. In some cases, they have been postulated as a component of antibody-dependent enhancement (ADE) seen in several other human viral infections such as dengue fever [14], while others differentiate eosinophilic immunopathology from ADE. A key element of eosinophilic immunopathology is the appearance of inflammatory infiltrates comprised of mononuclear cells, especially eosinophils, in histopathologic sections of the lungs or livers of vaccinated experimental animals, following live virus challenge. The prominence of lung eosinophils has led some investigators to conclude that immune enhancement occurs through Th2-type immunity [15]. Indeed, a document titled "Consensus considerations on the assessment of the risk of disease enhancement with COVID-19 vaccines: Outcome of a Coalition for Epidemic Preparedness from the CEPI alliance (https://taskforce.

https://doi.org/10.1016/j.micinf.2020.04.005
1286-4579/© 2020 Published by Elsevier Masson SAS on behalf of Institut Pasteur.

Exhibit 14 See: https://cleverjourneys.com/2021/05/31/serious-adverse-events-after-covid-vaccines-soar-for-12-17-year-olds/ & https://www.openvaers.com/covid-data & https://childrenshealthdefense.org/defender/vaers-data-deaths-reported-following-covid-vaccines/?utm_source=salsa&eType=EmailBlastContent&eId=d7469d69-4a7b-4b6b-9134-963532bbd874

Through May 21, 2021

https://www.openvaers.com/covid-data

Reported Deaths post COVID Vaccine: Total 4,406

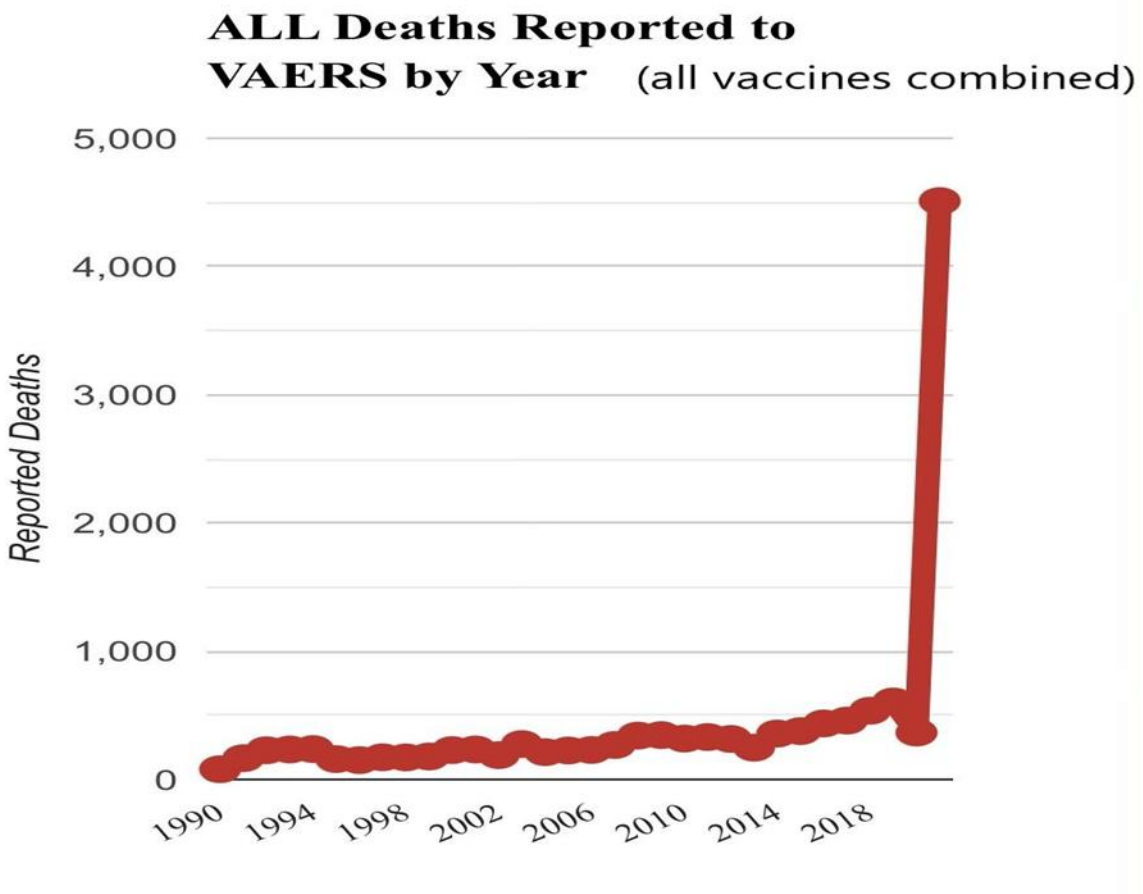

Exhibit 14 (continued)

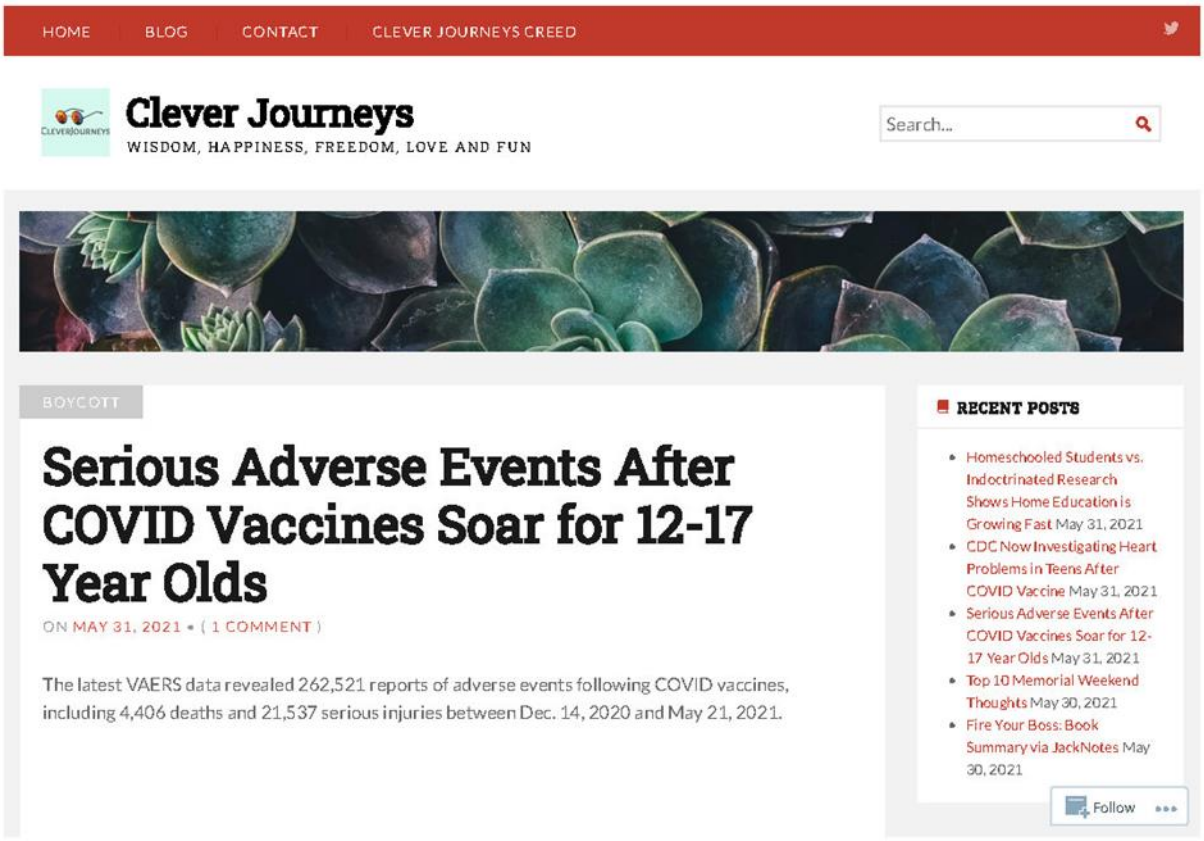

Exhibit 14 (continued)

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S. The CDC uses it for their data.

Friday's data show that between Dec. 14, 2020 and May 21, showed an increase of 205 deaths over the previous week — and 21,537 serious injuries, up 3,009 since last week.

Last week's data showed 3,449 total adverse events, compared with 943 reports last week, among 12- to 17-year-olds. Last **week's data included 58 reports of serious adverse events in the 12- to -17-year-old age group.**

In the U.S 281.6 million COVID vaccine doses had been administered as of May 21. This includes 120 million doses of Moderna's vaccine, 152 million doses of Pfizer and 10 million doses of the Johnson & Johnson (J&J) COVID vaccine.

Of the 4,406 deaths reported as of May 21, **23% occurred within 48 hours of vaccination, 16% occurred within 24 hours and 38% occurred in people who became ill within 48 hours of being**

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Between December 14, 2020 and May 21, 2021 an increase of 205 deaths in one week reported and in increase in 3009 serious injuries. Total deaths at this time was 4,406.

Exhibit 14 (continued)

COVID-19 Vaccine Related Fatalities Updated — Precision Vaccinations

Home Covid-19 Flu Hepatitis Herpes HPV Measles Polio RSV Vaccines

Fatalities Updated

Fact checked by Robert Carlson, MD + 1
Published July 21, 2021
Fact checked August 2, 2021

VAERS confirmed over 6000 additional COVID-19 vaccine death reports

Exhibit 14 (continued)

COVID-19 Vaccine Related Fatalities Updated — Precision Vaccinations

ATLANTA (Precision Vaccinations)

The US Centers for Disease Control and Prevention (CDC) confirmed an increased number of deaths reported after a COVID-19 vaccination. Between December 14, 2020, through July 19, 2021, the Vaccine Adverse Event Reporting System (VAERS) received 12,313 reports of death among people who received a COVID-19 vaccine.

UPDATE: *As of 2:30 PM CT on July 21, 2021, the CDC's website modified the number of VAERS reports related to COVID-19 vaccination deaths from 12,313 to 6,079, through July 13, 2021. The CDC's webpage's Last Update date remains July 19, 2021.*

UPDATE #2: *As of 6:30 PM CT on July 21, 2021, the CDC's website stated through July 19, 2021, VAERS had received 6,207 reports of death (0.0018%) among people who received a COVID-19 vaccine. The CDC's webpage's Last Update date reflects July 21, 2021.*

Since more than 338 million doses of COVID-19 vaccines were administered in the USA, this data reflects a vaccination-death ratio of 0.0018%.

(Frist report above was May 31, 2021 at 4406 Deaths reported. On July 21, this article, it had to update the number to 12,313 reports of death among people who received a COVID-19 vaccine. This is an increase or correction of 7,907 deaths in less than 3 months.)

Exhibit 15 CDC Reports Safe and Effective

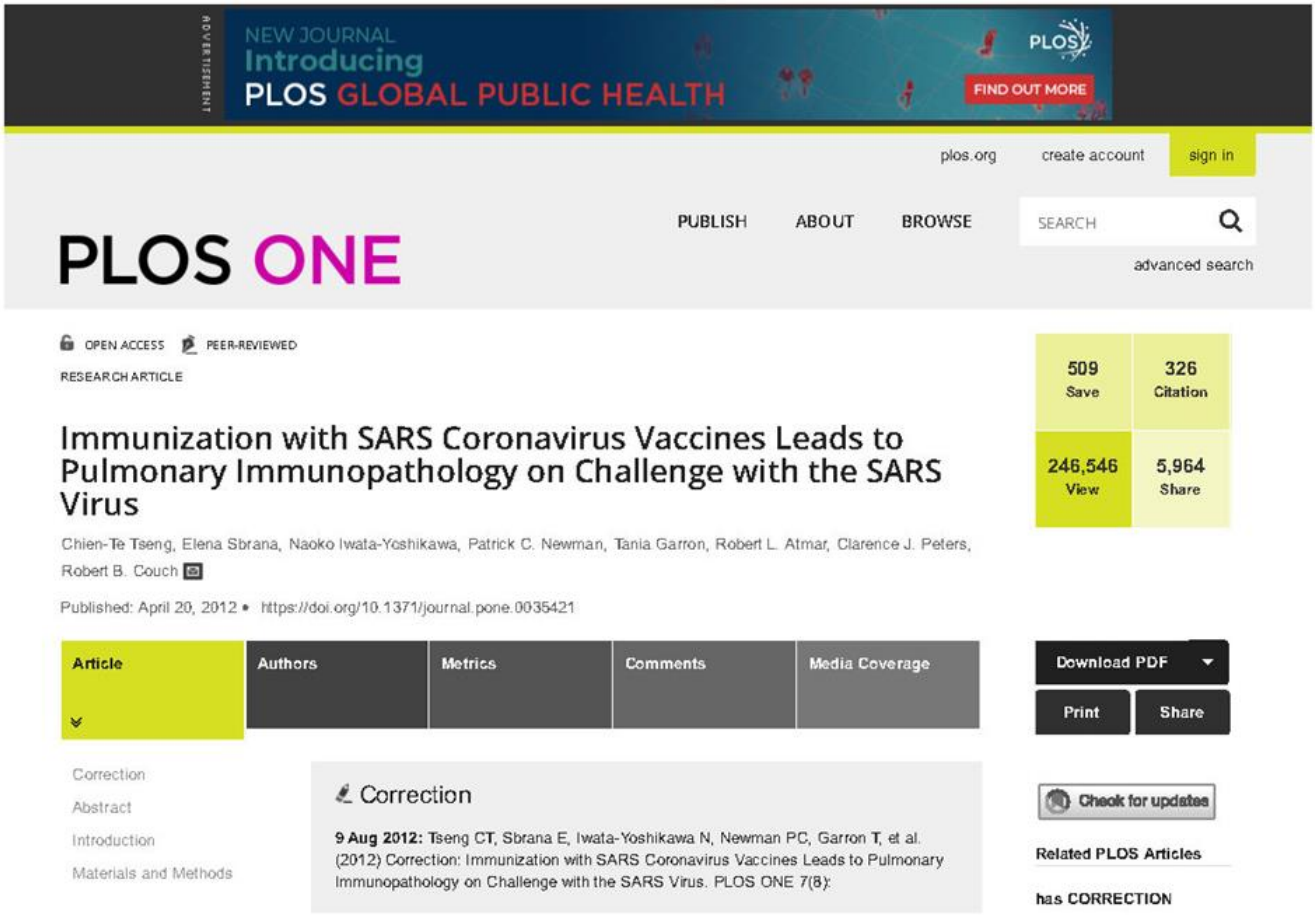
Selected Adverse Events Reported after COVID-19 Vaccination | CDC

What You Need to Know

- COVID-19 vaccines are **safe and effective**.
- CDC recommends everyone ages 5 years and older get vaccinated as soon as possible to help protect against COVID-19 and the related, potentially severe complications that can occur.
- Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.
- CDC, the U.S. Food and Drug Administration (FDA), and other federal agencies are monitoring the safety of COVID-19 vaccines.
- Adverse events described on this page have been reported to the Vaccine Adverse Event Reporting System (VAERS)external icon.
- VAERS accepts reports of any adverse event following vaccination.
- Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem**.**

EXHIBIT 16 See:

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421



Testing report above is from 2012, showing COVID “VACCINES” lead to Pulmonary Immunopathology with “SARS” Virus.

EXHIBIT 16 See:
https://www.pmda.go.jp/drugs/2021/P20210212001/672212000_30300AMX00231_I100_1.pdf#page11

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Article: [^{3}H]-Labelled LNP-mRNA formulation containing ALC-0315 and ALC-0159
Report Number: 185350

Species (Strain):	Rat (Wistar Han)
Sex/Number of Animals:	Male and female/3 animals/sex/timepoint (21 animals/sex total for the 50 µg dose)
Feeding Condition:	Fed ad libitum
Method of Administration:	Intramuscular injection
Dose:	50 µg [^{3}H]-08-A01-C0 (lot # NC-0552-1)
Number of Doses:	1
Detection:	Radioactivity quantitation using liquid scintillation counting
Sampling Time (hour):	0.25, 1, 2, 4, 8, 24, and 48 hours post-injection

Sample	Mean total lipid concentration (µg lipid equivalent/g (or mL) (males and females combined)							% of administered dose (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Adipose tissue	0.057	0.100	0.126	0.128	0.093	0.084	0.181	--	--	--	--	--	--	--
Adrenal glands	0.271	1.48	2.72	2.89	6.80	13.8	18.2	0.001	0.007	0.010	0.015	0.035	0.066	0.106
Bladder	0.041	0.130	0.146	0.167	0.148	0.247	0.365	0.000	0.001	0.001	0.001	0.001	0.002	0.002
Bone (femur)	0.091	0.195	0.266	0.276	0.340	0.342	0.687	--	--	--	--	--	--	--
Bone marrow (femur)	0.479	0.960	1.24	1.24	1.84	2.49	3.77	--	--	--	--	--	--	--
Brain	0.045	0.100	0.138	0.115	0.073	0.069	0.068	0.007	0.013	0.020	0.016	0.011	0.010	0.009
Eyes	0.010	0.035	0.052	0.067	0.059	0.091	0.112	0.000	0.001	0.001	0.002	0.002	0.002	0.003
Heart	0.282	1.03	1.40	0.987	0.790	0.451	0.546	0.018	0.056	0.084	0.060	0.042	0.027	0.030
Injection site	128	394	311	338	213	195	165	19.9	52.6	31.6	28.4	21.9	29.1	24.6
Kidneys	0.391	1.16	2.05	0.924	0.590	0.426	0.425	0.050	0.124	0.211	0.109	0.075	0.054	0.057
Large intestine	0.013	0.048	0.093	0.287	0.649	1.10	1.34	0.008	0.025	0.065	0.192	0.405	0.692	0.762
Liver	0.737	4.63	11.0	16.5	26.5	19.2	24.3	0.602	2.87	7.33	11.9	18.1	15.4	16.2
Lung	0.492	1.21	1.83	1.50	1.15	1.04	1.09	0.052	0.101	0.178	0.169	0.122	0.101	0.101

Exhibit 16 (continued)

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Article: [^{3}H]-Labelled LNP-mRNA formulation containing ALC-0315 and ALC-0159
Report Number: 185350

Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)							% of Administered Dose (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	--	--	--	--	--	--	--
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37	--	--	--	--	--	--	--
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192	--	--	--	--	--	--	--
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3	0.001	0.009	0.008	0.016	0.025	0.037	0.095
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599	0.003	0.007	0.014	0.015	0.015	0.011	0.019
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694	0.000	0.001	0.001	0.001	0.000	0.000	0.001
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170	0.001	0.001	0.002	0.003	0.003	0.004	0.003
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264	0.003	0.007	0.008	0.008	0.005	0.006	0.009
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253	--	--	--	--	--	--	--
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47	0.024	0.130	0.319	0.543	0.776	0.906	0.835
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112	0.001	0.002	0.002	0.003	0.001	0.001	0.001
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4	0.013	0.093	0.325	0.385	0.982	0.821	1.03
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215	0.006	0.019	0.034	0.030	0.040	0.037	0.039
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320	0.007	0.010	0.017	0.030	0.034	0.074	0.074
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331	0.004	0.007	0.010	0.012	0.008	0.007	0.008
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00	0.000	0.001	0.001	0.001	0.001	0.001	0.001
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456	0.002	0.011	0.015	0.008	0.016	0.018	0.022
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420	--	--	--	--	--	--	--
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805	--	--	--	--	--	--	--
Blood:Plasma ratio[a]	0.815	0.515	0.550	0.510	0.555	0.530	0.540	--	--	--	--	--	--	--