

## Opening Statement

It is an insurmountable task to fully quantify the depth and breadth of the damage COVID fascism has inflicted upon the entire human race.

Between the lockdowns, criminalization of human breathing without a Chinese face diaper, denial of lifesaving treatments, and distributing and then mandating what turned out to be shockingly dangerous shots—the physical, social, mental, and economic destruction is too vast to measure. It is quite possible modern existence will not fully recover from this tyrannical episode in our lifetimes, if at all, given the unfortunate precedents set.

However, it would constitute an equal crime against humanity to allow these stories to go untold, and thus allow these atrocities to go unanswered, without fundamental legal and political changes to ensure they never happen again. Including, but not limited to, investigations and then tribunals to hold accountable those most guilty of originating this crime against humanity, along with an immediate plan to erect an impervious legal firewall around those human rights that were breached.

We must not forget what they did to us in the name of “science.” We must not join the clamoring to “move on” and “return to normal” when the “new normal” the perpetrators desire is anything but. Nor should we offer reconciliation with those guilty of this long train of abuses without them first recognizing their crimes, and then repenting publicly for them.

We must also never forget that the Holocaust was perpetrated not in some primitive corner of the world in medieval times, but in Western Europe in the twentieth century. Clearly,

the firewalls of “never again” placed as an obstruction to future medical tyranny during the Nuremberg trials, and embodied throughout the Nuremberg Code, have been breached and deracinated from their foundation. It is the calling of our generation to reconstruct, fortify, and eternalize those legal and political firewalls as they relate to science, medicine, and control over human beings. Because, if we don’t, the next time “that could never happen here” happens here, it will be even worse.

The justification for a renewed version of the Nuremberg Code in the wake of the COVID fascism democide in many respects is more vital than it was in the wake of the Third Reich. Today, we face a Fourth Reich, which is potentially much more dangerous and inescapable than the Third Reich, and therefore needs even greater firewalls to prevent its proliferation.

First, as strong as Hitler’s regime was during the 1930s, it was just one country. At some point, the natural jealousy, competitiveness, and survival instinct of competing nation-states would have to fight back or rebel against the Third Reich. No single nation could dominate the globe forever. The Fourth Reich, on the other hand, induced by the Great Reset of COVID totalitarianism, was the first form of fascism that was instantly global in nature. There was nowhere to escape its tentacles because the ideology of globalism has embedded the fascists as the ruling class in every western [former] democracy. Although America is still the most influential player on the global scene, COVID fascism was not confined to any one country or even region of the world. Thus, one cannot count upon a country or group of countries rising up against it the way the United States neutralized the Third Reich during WWII.

Second, the Fourth Reich is directed by the most dangerous mix of public-private partnerships. Thus, not only is it synchronized by global elites ruling every country, but by every global corporation working in tandem with every country's government to enforce the edicts of the Fourth Reich through censorship, discrimination, denial of basic services, and medical apartheid. We were unable to play the public sector off the private sector, or the private sector off the public sector—for they were the *same sector*.

For example, private emails from June 2021 released via FOIA revealed that the CDC Foundation worked with Facebook, Merck, the WHO, and other pharma entities on an “Alliance for Advancing Health Online” initiative to control the narrative.<sup>1</sup> So whether it's issues of off-label early treatments, vaccine safety and efficacy, science about asymptomatic transmission, or the threat of COVID to children, every morsel of information propagated by the Department of Health and Human Services (HHS) agencies is influenced and controlled by pharma and Big Tech to steer a specific outcome that will always benefit Big Pharma and the global regime.

Leaked Department of Homeland Security documents in June 2022 revealed how DHS officials set up meetings with Twitter executives to work on combating what they called disinformation.<sup>2</sup> The Biden White House worked with the corporate world both on stifling dissent and on enforcing the COVID mandates upon the citizenry.<sup>3</sup>

Perforce, the danger of the Fourth Reich's public-private partnership is akin to a nuclear bomb to individual rights in the sense that government will chase you while their “private” partners will catch you fleeing the tyranny. Everything the government was restrained from doing in the past, thanks to constitutionally protected rights, the courts and politicians were able to assert were kosher for the “private” entities to do. But we all know that it wasn't a free and

unfettered marketplace that was prompting these corporations to impose draconian mandates on the bodies of their workers: it was corporations' incestuous relationship with the government.

The public is therefore left with no options because they can't challenge the incumbent private corporations in the marketplace, given the fact that governments grant them an inveterate monopoly through existing contracts, subsidies, and regulatory capture. Nor could they challenge the policies of the government through elections because they artfully vested most of that legal, economic, and logistical power to enforce their will upon civilization with the "private sector."

Finally, there is the issue of technology, which again, is aggravated by the previous two factors undergirding the menace of the Fourth Reich—globalism and privatization of government tyranny. The Third Reich did not have access to self-spreading vaccines,<sup>4</sup> lipid nanoparticle technology, mRNA technology, or any of the digital tracking and tracing tools global governments have today to monitor every citizen, their entire health care profile, compliance with unethical regime mandates, and their most intimate activities.

CDC documents that *VICE* obtained via FOIA show that CDC bought from a shady data company access to location data harvested from tens of millions of phones in the United States to perform analysis of compliance with the lockdowns.<sup>5</sup> Specifically, the surveillance included neighbor-to-neighbor visits and visits to churches, schools, and pharmacies. Given the extent of digital and nanotechnology, let your mind run wild as to the extent the government is monitoring and possibly controlling us without our consent.

For example, World Economic Forum (WEF) oligarchs have held forums discussing "Mind Control Using Sound Waves."<sup>6</sup> Pfizer CEO Albert Bourla bragged in 2018 at the WEF about "electronic pills" and the ability for insurance companies, and presumably other elite

actors, to know which medicines you take and when you've been taking them.<sup>7</sup> “Imagine the implications of that—the compliance,” exclaimed Bourla excitedly.

Klaus Schwab's top confidante, Israeli history professor Yuval Harari, explained exactly how COVID will allow them to groom the population into this transhumanist agenda. “Covid is critical because this is what convinces people to accept to legitimize total biometric surveillance,” admitted Harari at the WEF without any hint of shame. “We need to not just monitor people, we need to monitor what's happening under their skin.”<sup>8</sup>

At the 2020 WEF meeting, Harari made it clear that nothing short of godlike powers over human beings is the end goal of the self-appointed global ruling class. “In the coming decades, artificial intelligence and bio-technology will give us God-like abilities to reengineer life and even to create completely create to new life forms.”<sup>9</sup> In August 2021, the WEF put out a dystopian video full of masked humans and QR codes titled, “Take a Peek at the Future,” in which it showcased technology invented by NASA that can identify you by your heartbeat. Then, after suggesting children permanently do schooling at home in front of a computer, the WEF asks, “What pandemic era changes would you like to become permanent?”<sup>10</sup>

Along with the dystopian transhumanist agenda to use technology to control us will be the suspension of all freedoms. At the May 2022 Davos meeting, Australian eSafety Commissioner Julie Inman Grant told the WEF that because of “increasingly polarization” (aka dissent from the oligarchs) we need a “recalibration” of freedom of speech.<sup>11</sup> During the 2016 meeting of the WEF, Ida Auken, a Danish member of parliament, opened her remarks by envisioning, “Welcome to 2030. I own nothing, have no privacy, and life has never been

better.”<sup>12</sup> These are echoes of the Orwellian slogan posted at the entrance of Auschwitz—“Arbeit macht frei” which is German for “work sets you free.”

Welcome to the Fourth Reich! Can you imagine if the Third Reich had access to this technology? Well, now that we know about it, we need an updated Nuremberg Code that matches the expansiveness of this technological threat of tyranny—along with the will of its practitioners to use it against our bodies—with ironclad legal shackles of government restraint.

Ladies and gentlemen of the jury, we submit that what humanity endured during the era of COVID fascism was not a “noble lie” of exaggerations designed to get people to the proper state of alert, nor was it even governments caught flat-footed after being ambushed with a pandemic they didn’t see coming. In this book, we intend to offer evidence and testimony that, at best, nefarious elements among societal elites salivated at the prospect of “never letting a good crisis go to waste.”<sup>13</sup> And, at worst, preplanned this societal shift all along—with COVID-19 simply serving as the MacGuffin of the plot.

In March 2020, there was a new global disorder established: a “Great Reset,” in the words of leading globalist Klaus Schwab, that not only vitiated the ethos of the Nuremberg Code, designed to ensure that “never again” could humans be slaughtered like animals, but one that expanded upon the principles of the Third Reich. A global principle was established that a human being simply walking in locomotion, living his life without any signs of disease, is a threat to another human being. Therefore, under this diabolical reset of the Nuremberg ethos, that individual must initiate a set of affirmative actions *against his own body* to protect others, and failure to do so means he forfeits his life, liberty, and property.

Oh, and all standards of safety, efficacy, evidence, prudence, compassion, due process, scientific debate, dissenting opinions, and legal authority go out the window when determining what those ever-changing actions are. Nothing that objectively determines what works and what doesn't, what is moral and what isn't, could remain. The only standard would be a subjective one of no standard at all, except to comply with the edicts or face public ostracization, loss of livelihood, and even denial of lifesaving medical care.

All things equal, one could chalk up the triple axis of evil—the lockdowns, masks, and shots—to ignorance, panic, and carelessness. However, there are two factors that demonstrate the global powers behind this travesty in government and the medical-industrial complex acted with malfeasance and willful intent to destroy human life:

- 1) The perpetuation of these policies long after they were incontestably proven anywhere from harmful to ineffective
- 2) The vicious and cruel denial of treatment options that could have saved millions of lives—options that were established as much safer and cheaper than the ones that were promoted, then mandated

These two factors will be explored thoroughly through the testimony of experts, witnesses, and victims of the COVID crimes throughout the chapters of this book. They will demonstrate, conclusively, that the culture of cruelty within the medical field and government was purposeful, planned, and has now become permanent—even after their colossal harms and counterproductive efficacy have been proven in plain sight.

That absent an equal and opposing force of good, motivated by preservation of basic human rights and bodily freedoms, the COVID regime beginning in early 2020 will become the “new normal” in government, law, medicine, and science.

With that in mind, let’s confront the first factor demonstrating there is no innocent and benign explanation for the set of policies pursued by our government and the medical field. Namely, the duration and perpetuation of these human experimentations well beyond when any reasonable person would have aborted them.

Even if one believes that locking people down, shuttering schools, and forcibly masking human breathing is a necessary evil (assuming the enforcers are not indeed evil themselves), they will eventually recognize that these policies are indeed a *form of evil*—even if they believe they are (hopefully) temporarily necessary.

As such, even if they believed they had the moral and legal right to institute these policies initially, they would have enacted them in the least restrictive manner, for the shortest period of time necessary, and would have immediately rescinded them the minute there was a suspicion they were ineffective and/or damaging.

Instead, the leaders in politics and medicine doubled and tripled down on these demonic policies for months, and, in some realms, even years on end to the very days this was being written. Long after it was clear that masks absolutely did not affect the epidemiological outcome of the virus in any part of the world,<sup>14</sup> they continued to forcibly mask two-year-olds, deny medical care to people with disabilities who couldn’t wear a mask,<sup>15</sup> and prevent rape victims who couldn’t have their mouths covered from living a normal life.<sup>16</sup> Kids were forcibly masked

for eight hours a day in most parts of the country for nearly two years, assuming they even had in-person learning for much of that time period.

Nowhere is this maleficence—a long-term and inexcusable disregard for human rights, basic science, and sane risk-benefit analysis, along with a refusal to change course regardless of the new information—more evident than with the tragic human experiment of closing schools. Like with all the other policies, there was nothing immutable about the decision to close schools for months and years on end. It was a forgivable sin to shut down the schools for a week or two in the face of the immediate panic. But the facts were clear from nearly the first few weeks that children were not at elevated risk from this virus beyond the typical risks they assume every day.

After just a few weeks, it became incontrovertibly clear that the school closures had no bearings on the trajectory of the pandemic, induced a calamitous mental health crisis, and inhibited the learning development of a generation of civilization. Within the first month of the lockdowns, data from Iceland,<sup>17</sup> UK,<sup>18</sup> Australia,<sup>19</sup> Switzerland,<sup>20</sup> Canada,<sup>21</sup> Netherlands,<sup>22</sup> France,<sup>23</sup> and Taiwan<sup>24</sup> showed that children were responsible for little to none of the transmission to adults.

Already on May 2, 2020, the CDC posted in its COVIDView Summary, “For children (0-17 years), COVID-19 hospitalization rates are *much lower* than influenza hospitalization rates during recent influenza seasons.”<sup>25</sup>

CDC and state departments of health, along with all of the state and federal election officials who went along with it, could have aborted this cruel experiment on children after only one month of the shutdown and could have avoided the calamitous *long-term* educational, social, mental, behavioral, and developmental damage we are now fully realizing. As the tenth precept

of the Nuremberg Code States, “During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe...that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.”<sup>26</sup> Yet they continued...and continued...and continued to shut down schools.

Each day, the CDC and various state health and education departments could have decided to do the right thing and follow the undeniable science and data on school closures and masking of children. Even as the suicides increased and the grades from Zoom school plummeted, they continued these policies without any evidence they served a purpose.

These sort of policies were akin to the most vicious form of chemotherapy: something you would administer only as a last-ditch effort in the most minimal dose, not as the first-choice effort indiscriminately without any precision.

These were not wartime decisions where a military or political leader is often forced to make one sudden immutable decision that could determine who lives and who dies instantaneously. Every day, they could have opened their eyes to what was before them and realized that school closures, small business closures (while the big retailers were open), masking, and endless testing and spying (aka “contact tracing”) violated human rights without any appreciable benefit—but did come with copious personal and societal side effects.

Unlike in war, this was not a zero-sum game beyond each day’s decision. We could have mitigated the harm one day earlier by choosing to do the right thing the following day. After the initial “two weeks to flatten the curve,” we had ample evidence that even the most favorable risk-benefit analysis of these policies revealed them as a net liability on humanity,

unquestionably as they related to children who always had the most to lose and the least to gain from the “new normal.”

Had we frozen those policies in April 2020, the harm from just two weeks would have been minimal. Instead, we continued them for two years in many parts of the country and the masking never stopped in some places. In fact, the policies failed so miserably that the more we enacted them, the more the virus got worse,<sup>27</sup> which should have been an obvious sign that the expressed need to perpetuate those policies beyond those first few weeks bore witness to the circuitous, convoluted, and even *evil* logic of continuing them. But the pleas for public debate fell on deaf ears for weeks, then months—and in many parts of the country and the world—for years and until this very day.

Then there were the COVID shots, originally advertised as just as safe and effective as traditional vaccines, albeit with a quicker timeline that will accelerate the future of vaccine development.<sup>28</sup> We intend to bring expert testimony attesting to the fact that the key players in government and Big Pharma knew about the risks of these shots from day one. But just like with school closures, each day was a new decision point. They could have administered them with proper informed consent, and only to the people who absolutely needed them. Then they could have pulled them from the market as soon as they realized that the shots did not stay in the shoulder muscle while creating an increasing litany of inflammatory maladies throughout the body, including permanent disability and death.

Yet, the more the evidence showed the shots were dangerous and ineffective—and then eventually made it *more likely* you would get the virus—the more they not only doubled down on the shots, but then began mandating them on every human being alive regardless of age, risk

factors, and whether one already had natural immunity, which was about half the population at the time.

We know based on a court-released document that as early as February 28, 2021, which was before most people got their first dose (especially those under sixty), there were enough problems with these shots, pursuant to the Nuremberg Code, they should have been removed from the market. Instead, they were mandated and expanded to younger people and those with natural immunity. We typically pull a product off the market after a few dozen suspected deaths. The swine flu vaccine in 1976 was pulled from the market after only a few dozen deaths and was halted in nine states after just three reported deaths in Pittsburgh.<sup>29</sup>

Yet Pfizer disclosed to the FDA at the time, but unbeknownst to the public, the existence of 42,086 adverse event case reports containing 158,893 total events, including 1,227 deaths. 25,957 of the events were classified as “nervous system disorders.”<sup>30</sup> During the 1976 rollout of the swine flu vaccine, there were a mere 362 cases of Guillen Barre Syndrome (GBS), a condition in which the immune system attacks the nerves and causes forms of paralysis, reported before it was pulled from the market.<sup>31</sup> As of May 20, 2022, there were a thousand cases of GBS, and 15,568 cases of Bell’s Palsy, reported to VAERS from the COVID shots.<sup>32</sup>

In the document that Pfizer and the FDA wanted to conceal for seventy-five years, Pfizer reveals that “due to the large numbers of spontaneous adverse event reports,” staff were forced to prioritize “the processing of serious adverse events” and the company had to hire large numbers of staff to handle all the adverse side effects.

“To date, Pfizer has onboarded approximately six hundred additional fulltime employees (FTEs),” reveals Pfizer on page six of the confidential document. “More are joining each month

with an expected total of more than eighteen hundred additional resources by the end of June 2021.”

In other words, Pfizer was preemptively ramping up in preparation for an avalanche of adverse side effects the public wasn't warned about ahead of time.

Furthermore, Pfizer details nine pages of several thousand known categories of adverse effects, which reveals the massive scope of injuries that were being reported to Pfizer. Pfizer knew that these were just the self-reported and *immediate* effects for a vaccine that had undergone absolutely no long-term safety studies and for which all of the control groups were unblinded and vaccinated. Pfizer and the FDA had access to this information and never released it to the public at the time, but nevertheless pushed the vaccine on the public in the biggest mass vaccination campaign of all time. This included the eventual success in jabbing children and babies with the old, failed sequence of the shot, even as the virus had already muted multiple times.

Then there is Pfizer's own all-cause mortality data from very early on in the process. Amid all the studies thrown around the debate table, there is nothing so revealing as the all-cause mortality rates of those in the actual clinical trials after a few months—trial arm compared with placebo. Such a measure will factor in COVID deaths, natural deaths, and vaccine-related deaths. In Pfizer's very own biologics license application that was used by the FDA to grant it full licensure (for the Comirnaty shot), Pfizer reveals, “From Dose 1 [started on July 27, 2020] through the March 13, 2021 data cutoff date, there were a total of 38 deaths, 21 in the COMIRNATY [Pfizer's mRNA vaccine] group and 17 in the placebo group.”<sup>33</sup>

Say again?! Pfizer knew from early on—before the children were jabbed—that there were more all-cause deaths in the trial group in the adult trial? How can that be? Pfizer claims without evidence that “None of the deaths were considered related to vaccination.” But if the vaccines were so effective, how could we see negative efficacy in the measure of all-cause mortality? Yet, pursuant to that very document, the FDA granted Comirnaty—de facto Pfizer—full licensure, which greased the skids for the military mandate.

From day one, it was clear that after subjecting people to so much known and unknown short-term and long-term risk of severe adverse events, there was no all-cause mortality benefit—and very likely a detriment.

What about the claimed benefits against hospitalizations? An analysis of Pfizer’s and Moderna’s own clinical trial participants coauthored by Dr. Peter Doshi, editor of the world-renowned *British Medical Journal*, found clearly that the trial participants were more likely to be hospitalized from adverse events from both Pfizer and Moderna’s shots than to benefit from reduced COVID hospitalizations.

Specifically, Dr. Doshi and his colleagues found that the Pfizer shot was associated with an increased risk of serious “adverse events of special interest” unrelated to COVID of 10.1 events per ten thousand vaccinated for Pfizer and 15.1 per ten thousand for Moderna. In absolute terms, they did find a small benefit in reduced COVID hospitalizations, but when weighed against the increased risk of hospitalizations from vaccine injury, there was a net *increase* in serious adverse events of 7.8 per ten thousand vaccinated with Pfizer and 8.7 per ten thousand vaccinated with Moderna *over the supposed protection against COVID hospitalizations*.<sup>34</sup>

Thus, from early on, before they jabbed most of the public, the manufacturers and the “regulators” knew that the shots caused more harm than good. And this was for the *original* strain when there was slight efficacy, but very few people were vaccinated when the Wuhan strain was still circulating. They continued to push the shots for the new strains and introduced them to children and eventually babies long after we saw not just a net liability, but an absolute liability because there was no discernible efficacy and growing evidence of negative efficacy against the new COVID strains.<sup>35</sup>

Accordingly, all along, as they were spending more money, time, effort, government control, and public shaming to promote these shots, they knew they were violating the sixth precept of the Nuremberg Code: “The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.”

Fast-forward to early September 2021, and we already knew from weekly U.K. COVID case data that the vaccine had negative efficacy.<sup>36</sup> Furthermore, there were already a thousand deaths and hundreds of thousands of injuries reported to VAERS at that time. Not only did the FDA decline to pull the shots off the market, but our government did three things in late summer of 2021:

- 1) Issued full licensure to the Pfizer shot (technically only Pfizer’s sister vaccine, Comirnaty, which is still not available for use here in the U.S. at the time this book was being written).
- 2) Approved Pfizer booster shots, which is itself evidence of the waning efficacy of the original ones.<sup>37</sup>

3) Accelerated federal and state mandates on a good chunk of the American public, especially federal workers, health care staff, and the military.<sup>38</sup> And they did so knowing full well that the shot not only came with an escalating number of potential side effects, but it was concocted for a version of the virus that had no longer been in circulation for months.

In doing so, the FDA acknowledged that despite months of safety problems with myocarditis, there was also a huge unknown risk of subclinical myocarditis, which was likely much more widespread.

In the Pharmacovigilance Plan Review Addendum for Comirnaty,<sup>39</sup> the FDA conceded, “Incidence of subclinical myocarditis and potential long-term sequelae following COMIRNATY are unknown.” However, it did note that a previous study on a smallpox vaccine “suggested an incidence of possible subclinical myocarditis (based on cardiac troponin T elevations) sixty-times higher than the incidence rate of overt clinical myocarditis.” That would bring up the one in a thousand rate among young males that Pfizer acknowledged<sup>40</sup> to as high as one in seventeen for subclinical cardiac ticking time bombs!

The FDA reviewers flatly stated, “Based on review of available data, there are known risks for myocarditis and pericarditis and an unexpected serious risk for subclinical myocarditis, which warrant PMR safety studies to assess these serious risks.” They called on Pfizer BioNTech to conduct studies but noted that the sponsor rebuffed them. In other words, we don’t regulate Pfizer; Pfizer regulates us...while enjoying free taxpayer funding, marketing, distribution, mandating, and complete immunity from liability. Seven and a half months after Pfizer’s full

approval, we still have no studies on subclinical myocarditis, and they aren't due to be completed until July 2023!

Jab first, study the effects later became the modus operandi, the starkest violation of the Nuremberg Code imaginable. As late as January 25, 2022, CDC researchers published a paper in *JAMA* asserting their belief that the tens of thousands of myocarditis reports to VAERS were “likely” underreported, yet that did not change their policies.<sup>41</sup> Instead, the FDA went on to approve the shots for even younger cohorts of young children, including third doses in the ensuing months. At best, this isn't science whatsoever but cognitive dissonance. At worst, this is *The Island of Dr. Moreau*.

And again, the Biden administration pushed it on every population, despite the risk status or prior immunity, and despite the negative efficacy and the fact that the vaccine was for an obsolete strain of the virus. There is no benign or innocent explanation for this.

Nowhere was the Third Reich—era ethos of jab first and study consequences later more evident than with the push to pressure and, in some circumstances, mandate the shots upon pregnant women. In medicine, we are so careful *never* to give any substance to pregnant women that has not affirmatively been proven safe with numerous long-term studies that directly examined its effects on pregnant and nursing women.

Nevertheless, a copy of the Pfizer trial informed consent document made public through FOIA lawsuits from the Informed Consent Action Network stated unambiguously, “The effects of the COVID-19 vaccine on sperm, a pregnancy, a fetus, or a nursing child are not known.”<sup>42</sup> Nonetheless, this shot was pushed upon pregnant and nursing women and women of childbearing

age without informed consent to the public, regardless of their risk level and immunity status. This was particularly true for those in the military and the health care field.

Shockingly, this novel gene therapy, after the manufacturers and the FDA already knew of countless safety signals concerning hundreds of maladies, was pushed upon pregnant women, even *after* all the safety signals were blaring red and even after the FDA knew the proinflammatory lipid nanoparticles<sup>43</sup> deposited, to a large degree, in the ovaries. Already in 2018, a study published in *the International Journal of Nanomedicine* showed that nanoparticles can “detrimentally affect the reproductive systems of mice in vivo and in vitro. At the cellular level, NPs can induce infertility by altering the activity, morphology, quality, and quantity of sperm.”<sup>44</sup>

In the FDA’s “Summary Basis for Regulatory Action on Comirnaty”—published nearly a year after the shot had already been administered and, in some cases, mandated upon pregnant women—the drug regulator stated plainly that proper information for use for pregnant and nursing women was missing. “Missing information: Use in pregnancy and lactation; Vaccine effectiveness; Use in pediatric individuals <12 years of age,” the FDA divulged.<sup>45</sup>

Indeed, in Comirnaty’s (Pfizer BNT162b2) purple-cap package insert, the label states unmistakably that “available data on Comirnaty administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy.”<sup>46</sup> However, this informed consent written in fine print was never divulged to patients by the government, media, and most doctors. In fact, they lied and asserted conclusively that it was safe. In the ultimate violation of medical ethics, it was quite commonplace for OBGYNs to expel women from their practice if they declined to take the shot.<sup>47</sup>

They did this all months *after* seeing so many VAERS reports of adverse reproductive issues. As of early May 2022, there were 4,690 miscarriages reported to VAERS, 10,575 instances of vaginal/uterine hemorrhaging, and ubiquitous reports of menstrual irregularities.<sup>48</sup> In fact, menstrual irregularities were so common that a University of Chicago survey sought to recruit five hundred women with menstrual irregularities in order to study the cause and effect, and instead, researchers received one hundred forty thousand submissions.<sup>49</sup> One preprinted study found that 42 percent of women experienced heavier bleeding, while only 44 percent reported no changes to their menstrual cycles at all. A mind-boggling 66 percent of *post-menopausal* women experienced breakthrough bleeding sometime after receiving the shots.<sup>50</sup>

Then there is the issue of fertility among men, which will obviously take longer to detect. The lipid nanoparticles deposit in large quantities in the testes just like they do in the ovaries. In the same week that the FDA approved the COVID shots on babies and toddlers in June 2022, an Israeli study of sperm donors published in *Andrology* found a 15.4 percent decrease in sperm concentration between two and five months after donors got the shots. Considering the shots lose their efficacy after five to six months by even the most optimistic data out there, that begs the question of what the routine and frequent booster shots the elites are demanding do to the male reproductive system long-term. That is a question the study didn't explore.

Furthermore, "total motile count," which represents the number of sperm in a sample of ejaculated semen, decreased 22 percent from prevaccine baseline and barely recovered after five months.<sup>51</sup> None of this was even discussed during the barbaric approval of vaccines on children, even though this study was the first of its kind on this question of vital importance to all of humanity.

According to the Declaration of Helsinki on medical ethics, “Physicians may not be involved in a research study involving human subjects unless they are confident that the risks have been adequately assessed and can be satisfactorily managed.”<sup>52</sup> This is not just any research study but one involving two billion human beings, with hundreds of thousands of pregnant women being used as lab rats before risks were adequately assessed and after some risks are already apparent. It’s a new biomedical paradigm of mandate first, study never.

As abhorrent and detestable as the issues we’ve already discussed happen to be, it is the government’s relentless war—joined by the entire medical establishment—on safe and effective treatments that best demonstrates an undeniable and particularly cruel form of malice we shudder to consider. This point will consume a large portion of the testimony laid out in this book.

The Rosetta Stone to understanding the nefarious motivations behind the government-medical complex’s response to COVID—or perhaps involvement in it—is the war on early treatment. You see, logic would dictate that anyone who is truly motivated by his desire to combat COVID—perhaps naively and even to a fault, but nonetheless altruistically—would have embraced and even obsessed over early treatment options from day one. After all, if COVID is so deadly that you are going to treat someone with no symptoms as if they are afflicted, then you most certainly would move heaven and earth to treat someone who has the virus with that same supposed urgency of life and death.

At least you would if you still took the Hippocratic Oath seriously.

Consider the fact that the same medical officials who would kick a rape victim off a plane for not wearing a mask, or forcibly mask a healthy preschooler for eight hours out of an alleged “abundance of caution,” would also tell an elderly patient with heart disease or diabetes upon

testing positive for COVID to go home and wait until he can't breathe before coming to the hospital as the only available protocol treatment for COVID.

Not only did these medical officials eschew any evidence of effective treatment with cheap and safe medications, vitamins, and supplements, they went to war over them. They censored and even fired doctors who promoted such treatments. They got pharmacies to refuse prescriptions to patients for whom every hour counted. They refused even the safest treatments at all stages, including when the patient was on a ventilator. And in some cases, even called child protective services on parents who would treat these children with safe medications.

*And they did so without ever offering alternatives.*

They did so even long before the vaccines and the supposed wonder of Big Pharma's expensive and dubious new outpatient drugs, which didn't come out until late 2021. Thus, the same people who felt COVID was a big enough threat that it was worth risking the ruination of modern society suddenly ignored the threat of the virus when a person actually got it, and then worked tenaciously to block the treatments.

Despite long-standing evidence throughout the pandemic that there were numerous safe options to treat and even somewhat preempt the virus—including the inflammatory response, respiratory distress, and blood clotting—the entire medical establishment vociferously opposed any and every suggestion. To this very day, there is not a single cheap therapeutic the establishment has endorsed, even though everything it has used has failed in the real world, despite the establishment spending billions of taxpayer dollars on development and free distribution.

The list obviously includes hydroxychloroquine and ivermectin, but also many other suggestions. Off-label medications include nitazoxanide, metformin, aviptadil, budesonide, fluvoxamine, fenofibrate, famotidine, cyproheptadine, methylprednisolone, and dozens of other vitamins and supplements, such as vitamin D, vitamin C, selenium, black seed oil, NAC, zinc, quercetin, and melatonin—just to name a few.

Even venerable aspirin was attacked instead of promoted once it was known to prevent the blood clotting.<sup>53</sup>

Nasal and oral rinse with a betadine solution was possibly the simplest and most effective way to cut down the viral load and the ensuing commensurate inflammatory response,<sup>54</sup> yet it was mocked and panned by the media as a tool of “anti-vaxxers.”<sup>55</sup>

Again, all *without providing any alternative solutions*—both before the vaccines came out and after it was clear they were not working.

Why was it that the people who claimed to fear COVID the most believed in treating it the least? There is no benign or innocent explanation for this.

Just vitamin D alone could have saved countless lives. Over a hundred studies, many of them conducted early in the pandemic, showed the near-perfect correlation between higher vitamin D levels and better outcomes in COVID patients. Most of the COVID deaths occurred well after six months into the pandemic, which could have given people ample time to bulk up their levels. An Israeli study showed 25 percent of hospitalized COVID patients with vitamin D deficiency died compared with just 3 percent among those without a deficiency.<sup>56</sup> And those with a deficiency were also fourteen times more likely to end up with a severe or critical

condition. A meta-analysis of forty pooled studies found that vitamin D supplementation correlated with a 65 percent reduction of risk for ICU admission.<sup>57</sup>

Even Dr. Anthony Fauci, America's so-called "leading infectious disease expert," admitted in an interview with a Hollywood actress in 2020, long before we knew if/when we would have the alleged vaccines, that he takes ample doses of vitamin D daily to boost his immune system.<sup>58</sup> So then how come he didn't launch a national campaign to get his countrymen to do the same with the massive platform he had? There is no benign or innocent explanation for this.

Furthermore, such an approach also wouldn't have come with a sundry list of complications like the vaccines, and it would have bestowed immeasurable positive side effects upon the population to safeguard against an array of other health concerns such as cancer and heart disease.<sup>59, 60</sup>

How many COVID deaths could've been prevented with wide use of all these treatments? We will never know because the establishment instead attacked those few doctors who were saving lives, and even fired them and sometimes stripped them of their licenses.

Accordingly, there is no middle ground when ascertaining the motivations behind the COVID fascism pursued by our government and the medical profession. There is no benign or innocent explanation for what they did regarding the other policies as well.

We could have potentially saved millions of lives from COVID and avoided the ongoing mental health crisis, all of the damage from the COVID shots, trillions of dollars in spending and economic damage, and diminishing a generation of children's mental, behavioral, physical, and

language development had we simply aggressively treated COVID with protocols we knew were working.

How did we know? There were doctors screaming from the rooftops from day one on how to treat the virus, such as Dr. Vladimir Zelenko who treated hundreds in the very first wave that hit New York, and they had remarkable results to show for it. On April 30, 2022, Brazilian daily newspaper *Folha de São Paulo* conducted an analysis of the clinical outcomes of nine doctors around the world known for treating COVID early, including a few in the United States. Out of roughly twenty-five thousand patients treated, they had a 0.13 percent case fatality rate.<sup>61</sup>

*That is about a 93 percent reduction in mortality from the cumulative case fatality rate in the U.S. throughout the pandemic.*<sup>62</sup>

And remember, these actual doctors were overrun with patient demands because they had to do the jobs of thousands of other medical tyrant physicians who inexcusably ignored their own regular patients. Imagine if every doctor would have been instructed to aggressively treat early with some of these protocols, buttressed by government posting helpful information and actively researching even better concoctions and protocols throughout the pandemic?

Imagine if a fraction of the money spent on failed therapeutics, vaccines, lockdowns, and subsidizing people to vegetate at home would have been channeled into fine-tuning some of the protocols from people like Drs. Vladimir Zelenko, Brian Tyson, George Fareed, Pierre Kory, Paul Marik, Peter McCullough, Ryan Cole, and Richard Urso? Imagine if the system would've supported such healers, instead of vilifying, censoring, and threatening them?

The true malfeasance of our government and medical establishment can be proven from the powerful juxtaposition of the standards with which they used to judge cheap, FDA-approved,

long-standing safe therapeutics to the ones they used for expensive, novel therapies with known safety problems that did not yet have full FDA approval.

After rejecting every single safe, common drug, what was the one standard of care they used in the hospital beginning in May 2020? The worst choice imaginable—antiviral remdesivir, which incidentally, was developed by Dr. Ralph Baric of the University of North Carolina—Chapel Hill—the same individual who dabbled in the coronavirus spike protein gain of function research.<sup>63, 64</sup>

On December 12, 2019, less than five months before Fauci and the FDA pushed approval of remdesivir without consulting with an outside panel of experts, the *New England Journal of Medicine* published a study on remdesivir use in Ebola that should have gotten the drug permanently banned for *any* use.<sup>65</sup> Over the preceding year, the researchers conducted a randomized controlled trial of four therapeutics for use against Ebola in the Democratic Republic of the Congo: remdesivir and three types of monoclonal antibodies, including Regeneron. Of the four drugs, remdesivir had the worst outcome with a 53.1 percent death rate, which is higher than the death rate from the virus. In fact, both remdesivir and ZMapp (death rate of 49.7 percent) were deemed to be so dangerous that they were pulled from the study on August 9, 2019.<sup>66</sup>

On April 29, Fauci announced that remdesivir would become the standard of care, and another study he cited was a March 2020 study by the drug's own maker, Gilead Sciences, (eventually published in the *NEJM* in June)<sup>67</sup> of fifty-three coronavirus patients in the U.S. Canada, Europe, and Japan who used remdesivir for ten days.<sup>68</sup> Sixty percent reported adverse events and 23 percent reported serious adverse events. The most common being “multiple-organ-dysfunction syndrome, septic shock, acute kidney injury, and hypotension.” Furthermore, “Four

patients (eight percent) discontinued remdesivir treatment prematurely: one because of worsening of preexisting renal failure, one because of multiple organ failure, and two because of elevated aminotransferases, including one patient with a maculopapular rash.”

This is why the NIH to this day warns about renal failure and liver toxicity from the use of this drug that is bankrupting us and killing people in the hospitals.<sup>69</sup> The World Health Organization, hardly a bastion for medical freedom, even recommends against using it.<sup>70</sup> The WHO’s Solidarity trial, which was conducted on 2,750 patients in 405 hospitals across thirty countries, found “little or no effect of remdesivir on mortality,” even though “the proportion of lower-risk patients happened to be appreciably greater in the remdesivir group than in the placebo group.”

Consider the fact that remdesivir was known to be so dangerous, had no anti-inflammatory qualities so it couldn’t conceivably work at the hospitalization stage, and was \$3,000 a course of treatment. Yet it remains the standard of care to this very day, while Nobel Prize-winning drugs and long-standing, broadly safe and beneficial therapeutics and supplements are repudiated.

Indeed, not a single officially approved inpatient COVID treatment did not contain a black box warning from the FDA. Not. A. Single. One.

The only other treatments approved throughout the pandemic for severely ill patients, at the time of this writing, were baricitinib and tofacitinib. Baricitinib has an FDA black box warning for blood clots, of all things, and was used to treat a disease that was prone to clotting! Tofacitinib has a black box warning for “serious infections and malignancy.”<sup>71, 72</sup>

What about our government's choice drugs for outpatient treatment after going nearly two years without approving a single drug outside the hospital? Merck's molnupiravir was so widely panned even by the sympathetic corporate media that it was barely ever used.<sup>73</sup> Yet the same FDA committee that admitted that the drug was likely mutagenic, caused birth defects in rats, and never really worked wound up approving the drug anyway.<sup>74</sup> Merck received over a billion dollars for this toxic drug.<sup>75</sup>

Pfizer's Paxlovid wound up being the king of outpatient treatment because Pfizer is king. However, the drug is mixed with dangerous AIDS medicine, ritonavir, contraindicated with numerous classes of common drugs used by vulnerable patients, and left a horrible metallic taste in people's mouths.<sup>76</sup> Then, it became clear, despite the "90% efficacy," that it never worked in vaccinated people, and that it caused a rebound of even worse symptoms several days later.<sup>77</sup>

If there is one story that emblemizes the level of absurdity and depravity of the past few years, it was the story of Dr. Fauci himself contracting COVID in June 2022 after receiving *four* doses of the vaccine. He then admitted that after taking Paxlovid, *he got a rebound of the virus that made him feel "much worse" than the original round.*<sup>78</sup>

You couldn't make this stuff up.

There is quite literally not a single pharmaceutical and nonpharmaceutical intervention implemented by our government that didn't make the virus worse and cause side effects. And to this day, we have no understanding of the long-term effects of Paxlovid, just like with the "vaccines." At the same time, hospitals would deny people with no options the Nobel Prize-winning drug ivermectin, which was dubbed "generally well tolerated" by the NIH,<sup>79</sup> listed

among the most “essential medicines” by the WHO,<sup>80</sup> and regarded as providing “immeasurable” benefit to humanity by the Nobel Assembly.<sup>81</sup>

*There is no benign, or innocent, explanation for this.*

Coming full circle on the juxtaposition of the measures they pursued versus the ones they essentially criminalized, the entire COVID regime began with the justification of flattening the curve to ensure there would be no overrunning of the hospitals. However, these same people instituted a de facto embargo on outpatient treatment that ensured that anyone who gets a serious case of COVID would wind up *only* in the hospital.

Then they experimented on humans with therapeutics and shots that were known to be trouble long after their lack of safety and efficacy was proven, while they went to the mattresses to block proven safe therapeutics as the first- and last-ditch efforts to save lives.

It is for this reason we allocate a good chunk of this book to testimony from experts, doctors, witnesses, and victims of the war on treatment. Commensurate with one’s view of the severity of COVID—and the immutably destructive policies they were willing to implement to combat it—is the culpability of those who denied the treatment for it. We need the world to hear the extent of the malfeasance so that we can resolve to never allow this to occur again.

Every one of the interviews you’re about to read were conducted with the actual witness. There are no anonymous sources cited. Everyone is on the record making these claims as their individual selves. And we have also captured the actual audio of each interview to verify their authenticity if requested. Should anyone come forth to question the claims contained therein, we will enter into evidence those recordings so you can hear the witnesses testify in their own voices. Several of these interviews are already a matter of public record.

It should be noted, though, that there are so many more witnesses to and victims of horrific biomedical crimes who declined to participate in this trial for fear of reprisal. That alone demonstrates that we are no longer living in the dreamy Western democratic world in which we were born, and exposes the urgent need for a reformation of our government and medical system. We need a new Nuremberg trial and we need a new Nuremberg Code.

Although some of our witnesses in this book will attest to a growing form of medical kidnapping and even hospitals tying down patients and forcibly giving them dangerous treatments, we don't even need to focus on these most odious forms of biomedical terrorism. Just the mere notion that government and big medicine can collude to absolve themselves of all liability for their products, censor all reports of adverse events, discriminate in medical care and all forms of public accommodation on behalf of those who don't join the experiment, and destroy their livelihood is a clear violation of the Nuremberg Code.

That is the medical authoritarianism the Nuremberg doctors and lawyers sought to remove from the medical field and sovereign governments for the rest of time; sadly, seventy-five years later, it's quite obvious they weren't successful.

You will sadly see this for yourself as you are confronted with testimony from witness after witness of the indifference and brutality deployed by the COVID fascists. Rest assured, we forced ourselves to limit the number of witnesses we will soon call to the stand. We did so for two reasons.

First, for the sake of time, because tragically there is a seemingly endless stream of those who have suffered from this barbarism from which to draw. Second, for your sake, ladies and gentlemen of the jury, out of concern for your ability to handle hearing in one volume the sheer

depths of depravity that were unleashed upon us. For it is the very people most prone to be provoked to prevent such a tragedy from ever reoccurring, such as yourselves, who are also the least able to tolerate prolonged exposure to it.

With that said, however, some descent into the mouth of madness is required here lest we unjustifiably sentence our children and grandchildren to something unspeakably worse still to come, and currently being conjured deep in the bowels of the depraved minds who conjured this.

Therefore, ladies and gentlemen of the jury, we ask you to consider the testimonies of the witnesses we are about to call with courage of conviction to both render the proper verdict at the end, as well as the righteous punishment that is called for.

Because we will prove, beyond a shadow of a doubt, there was no benign or innocent explanation *for any of this*. And that therefore, you must take this evidence and demand your elected representatives plunge this evil back to the depths of hell from whence it came, and never permit it to return to haunt us ever again.

## Endnotes

- 
- <sup>1</sup> Payton IHEME, email to Georgeta Dragiou, Becca G. Siegel, Tericka Lambert, and Monica Vines, June 15, 2021, <https://www.icandecide.org/wp-content/uploads/2022/01/Page-35.pdf>.
- <sup>2</sup> Department of Homeland Security information leaked to the offices of Senator Charles Grassley and Senator John Hawley, June 7, 2022, [https://www.grassley.senate.gov/imo/media/doc/grassley\\_hawley\\_to\\_deptofhomelandsecuritydisinformationgovernanceboard.pdf](https://www.grassley.senate.gov/imo/media/doc/grassley_hawley_to_deptofhomelandsecuritydisinformationgovernanceboard.pdf)
- <sup>3</sup> Spencer Kimball, “Biden Asks Businesses to Proceed with Vaccine Mandate after Omicron Variant Arrives in U.S.,” CNBC, December 2, 2021, <https://www.cnbc.com/2021/12/02/biden-asks-businesses-to-proceed-with-vaccine-mandate-after-omicron-variant-arrives-in-us.html>.
- <sup>4</sup> Jonas Sandbrink, “As Self-Spreading Vaccine Technology Moves Forward, Dialogue on Its Risks Should Follow,” *The Bulletin of the Atomic Sciences*, June 10, 2022, <https://thebulletin.org/2022/06/as-self-spreading-vaccine-technology-moves-forward-dialogue-on-its-risks-should-follow/>.
- <sup>5</sup> Joseph Cox, “Phones to See If Americans Followed COVID Lockdown Orders,” *VICE*, March 3, 2022, <https://www.vice.com/en/article/m7vymn/cdc-tracked-phones-location-data-curfews>.
- <sup>6</sup> Antoine Jérusalem, “Mind Control Using Sound Waves? We Ask a Scientist How It Works,” World Economic Forum, November 7, 2019, <https://web.archive.org/web/20181107172700/https://www.weforum.org/agenda/2018/11/mind-control-ultrasound-neuroscience/>.
- <sup>7</sup> Albert Bourla, World Economic Forum 2018, “Albert Bourla at World Economic Forum 2018 Is Excited about Electronic Compliance Pills,” uploaded by kalibhakta, YouTube video, 1:13, [https://www.youtube.com/watch?v=1NR1b2NmD4A&feature=emb\\_title](https://www.youtube.com/watch?v=1NR1b2NmD4A&feature=emb_title).
- <sup>8</sup> Maajid Nawaz (@MaajidNawaz), “World Economic Forum shill, Yuval Noah Hariri: ‘Covid is critical because this is what convinces people to accept to legitimize total biometric surveillance. We need to not just monitor people, we need to monitor what’s happening under their skin,’” Twitter, May 21, 2022, 6:32 AM, <https://twitter.com/MaajidNawaz/status/1527975589235376128?s=20&t=NPOvKDeccKEHsZIVTG1thQ>.
- <sup>9</sup> Young Americans for Liberty (@YALiberty), “The globalists who want individual rights to be a relic of the past truly believe they are fit to play ‘god.’ This is a speech given at the World Economic Forum... and it’s terrifying. This man’s name is Yuval Harari,” Twitter, March 18, 2022, 3:30 PM, <https://twitter.com/YALiberty/status/1504918060842450945?s=20&t=TWu8mOGLtFsJqEuoRnL2eW>
- <sup>10</sup> World Economic Forum (@wef), “This is how our lives could soon look. Take a peak at the future,” Twitter, August 17, 2021, 3:00 PM, [https://twitter.com/wef/status/1427721919483326470?ref\\_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Cwtwerm%5E1427721919483326470%7Ctwgr%5E%7Ctwcon%5Es1\\_&ref\\_url=https%3A%2F%2Fvigilantcitizen.com%2Fvigilantreport%2Ftop-10-insane-wef%2F](https://twitter.com/wef/status/1427721919483326470?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Cwtwerm%5E1427721919483326470%7Ctwgr%5E%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Fvigilantcitizen.com%2Fvigilantreport%2Ftop-10-insane-wef%2F)
- <sup>11</sup> Andrew Lawton (@AndrewLawton), “Australian eSafety commissioner Julie Inman Grant tells the World Economic Forum we need a ‘recalibration’ of freedom of speech,” Twitter, May 23, 2022, 11:48 AM, [https://twitter.com/AndrewLawton/status/1528779966644731906?s=20&t=CcLhCRm\\_ye4GIVDczHijbg](https://twitter.com/AndrewLawton/status/1528779966644731906?s=20&t=CcLhCRm_ye4GIVDczHijbg)

- 
- <sup>12</sup> World Economic Forum (@wef), “Welcome to 2030. I own nothing, have no privacy, and life has never been better @IdaAuken,” Twitter, April 8, 2017, 6:22 AM, <https://twitter.com/wef/status/850670073278812160?s=20&t=NPOvKDDeecKEHsZIVTG1thQ>
- <sup>13</sup> Andrew O’Reilly, “Rahm Emanuel on coronavirus response: ‘Never allow a crisis to go to waste,’” Fox News, March 23, 2021, <https://www.foxnews.com/politics/rahm-emanuel-on-coronavirus-response-never-allow-a-crisis-to-go-to-waste>
- <sup>14</sup> Daniel Horowitz, “Horowitz: 6 times the media credited masks with stopping a pandemic that then spread even more,” Blaze Media, July 29, 2021, <https://www.theblaze.com/op-ed/horowitz-6-times-the-media-credited-masks-with-stopping-a-pandemic-that-then-spread-even-more>
- <sup>15</sup> Beth Brelje, “Pennsylvania Trauma Survivor, Unable to Wear Mask, Is Denied Medical Treatment,” *The Epoch Times*, March 29, 2022, [https://www.theepochtimes.com/pennsylvania-trauma-survivor-unable-to-wear-mask-is-denied-medical-treatment\\_4369511.html](https://www.theepochtimes.com/pennsylvania-trauma-survivor-unable-to-wear-mask-is-denied-medical-treatment_4369511.html)
- <sup>16</sup> Donna Ferguson, “Rape survivors say they are being stigmatised for not wearing masks,” *The Guardian*, August 10, 2020, <https://www.theguardian.com/society/2020/aug/10/survivors-say-they-are-being-stigmatised-for-not-wearing-masks>
- <sup>17</sup> Roger Highfield, “Coronavirus: Hunting Down Covid-10,” Science Museum Group, April 27, 2020, <https://www.sciencemuseumgroup.org.uk/blog/hunting-down-covid-19/>
- <sup>18</sup> Hayley Dixon, “No reported case of a child passing coronavirus to an adult exists, evidence review shows,” *The Telegraph*, April 29, 2020, <https://www.telegraph.co.uk/news/2020/04/29/no-case-child-passing-coronavirus-adult-exists-evidence-review/>
- <sup>19</sup> “Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statements on 24 April 2020,” Australian Government Department of Health and Aged Care, April 25, 2020, <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statements-on-24-april-2020#updated-advice-regarding-schools>
- <sup>20</sup> Justin Huggler and Robert Mendick, “Grandparents can safely hug under-10s, say Swiss,” *Sydney Morning Herald*, April 29, 2020, <https://www.smh.com.au/world/europe/grandparents-can-safely-hug-under-10s-say-swiss-20200429-p54o9r.html>
- <sup>21</sup> Sarah Silverberg and Laura Sauv e, “Caring for Children with COVID-19,” British Columbia Ministry of Health, April 3, 2020, <http://www.bccdc.ca/Health-Info-Site/Documents/Caring-for-children.pdf>
- <sup>22</sup> “Children, school and COVID-19,” National Institute for Public Health and the Environment, modified July 16, 2022, <https://www.rivm.nl/en/coronavirus-covid-19/children-and-covid-19>
- <sup>23</sup> Salom e Vincendon, “‘Peu porteurs, peu transmetteurs’: une  tude confirme le r le minime des enfants dans l’ pid mie de Covid-19,” BFM TV, May 12, 2020, [https://www.bfmtv.com/sante/peu-porteurs-peu-transmetteurs-une-etude-confirme-le-role-minime-des-enfants-dans-l-epidemie-de-covid-19\\_AV-202005120233.html](https://www.bfmtv.com/sante/peu-porteurs-peu-transmetteurs-une-etude-confirme-le-role-minime-des-enfants-dans-l-epidemie-de-covid-19_AV-202005120233.html)
- <sup>24</sup> Keoni Everington, “Taiwan one of only 6 countries on Earth where schools are open,” *Taiwan News*, April 1, 2020, <https://www.taiwannews.com.tw/en/news/3908444>
- <sup>25</sup> “COVIDView Summary ending on May 2, 2020,” CDC, May 8, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/past-reports/05082020.html>
- <sup>26</sup> “Nuremberg Code,” United States Holocaust Memorial Museum, <https://www.ushmm.org/information/exhibitions/online-exhibitions/special-focus/doctors-trial/nuremberg-code>

- 
- <sup>27</sup> Paul Elias Alexander, “More than 150 Comparative Studies and Articles on Mask Ineffectiveness and Harms,” Brownstone Institute, December 20, 2021, <https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/>
- <sup>28</sup> Philip Ball, “The lightning-fast quest for COVID vaccines — and what it means for other diseases,” *Nature*, December 18, 2020, <https://www.nature.com/articles/d41586-020-03626-1>
- <sup>29</sup> Harold M. Schmeck Jr., “Swine Flu Program Is Halted in 9 States as 3 Die After Shots,” *New York Times*, October 13, 1976, <https://www.nytimes.com/1976/10/13/archives/swine-flu-program-is-halted-in-9-states-as-3-die-after-shots.html>
- <sup>30</sup> “Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021,” Pfizer, April 30, 2021, [https://phmpt.org/wp-content/uploads/2022/04/reissue\\_5.3.6-postmarketing-experience.pdf](https://phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf)
- <sup>31</sup> Kenrad E. Nelson, “Invited Commentary: Influenza Vaccine and Guillain-Barre Syndrome—Is There a Risk?” *American Journal of Epidemiology* 175, no. 11 (June 2012): 1129-1132, <https://academic.oup.com/aje/article/175/11/1129/140385?login=false>
- <sup>32</sup> “VAERS COVID Vaccine Adverse Event Reports,” OpenVAERS, <https://openvaers.com/covid-data>
- <sup>33</sup> Ramachandra Naik, “Summary Basis for Regulatory Action,” FDA, November 8, 2021, <https://www.fda.gov/media/151733/download> (p. 23)
- <sup>34</sup> Joseph Fraiman, Juan Erviti, Mark Jones, et al., “Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials,” SSRN, June 23, 2022, [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4125239](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4125239)
- <sup>35</sup> Venkata R. Emani, Vivek K. Pallipuram, Kartik K. Goswami, et al., “Increasing SARS-CoV2 cases, hospitalizations and deaths among the vaccinated elderly populations during the Omicron (B.1.1.529) variant surge in UK,” medRxiv, June 28, 2022, <https://www.medrxiv.org/content/10.1101/2022.06.28.22276926v1>
- <sup>36</sup> Don Wolt (@tlowdon), “The latest PHE Vaccine Surveillance Report shows UK CoV2 infection rates are as high or higher among the fully vaccinated in all age cohorts ≥40 years old. They’re lower in the younger cohorts, but still significant. Vaccine passports are pointless in mitigating spread,” Twitter, September 10, 2021, 9:53 AM, [https://twitter.com/tlowdon/status/1436342146538164233?s=20&t=I8A\\_oyvw7psaxm5x3QGtYg](https://twitter.com/tlowdon/status/1436342146538164233?s=20&t=I8A_oyvw7psaxm5x3QGtYg)
- <sup>37</sup> Berkeley Lovelace Jr. and Robert Towney, “The leader of CDC just made a rare call to allow Covid booster shots for more people,” CNBC, September 23, 2021, <https://www.cnbc.com/2021/09/23/covid-booster-shots-cdc-panel-endorses-third-pfizer-doses-for-millions.html>
- <sup>38</sup> Jim Garamone, “Biden to Approve Austin’s Request to Make COVID-19 Vaccine Mandatory for Service Members,” DOD News, August 9, 2021, <https://www.defense.gov/News/News-Stories/Article/Article/2724982/biden-to-approve-austins-request-to-make-covid-19-vaccine-mandatory-for-service/>
- <sup>39</sup> “COMIRNATY,” U.S. Food & Drug Administration, <https://www.fda.gov/vaccines-blood-biologics/comirnaty>
- <sup>40</sup> Informed Consent Form for “A Study to Evaluate Additional Dose(s) of BNT162b2 in Healthy individuals Previously Vaccinated With BNT162b2,” BioNTech/Pfizer, January 4, 2022, <https://www.icandecide.org/wp-content/uploads/2022/02/Substudy-C.pdf> (p. 5)
- <sup>41</sup> Matthew E. Oster, David K. Shay, John R. Su, et al., “Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021,” *JAMA* 327, no. 4 (January 2022): 331-340, <https://jamanetwork.com/journals/jama/fullarticle/2788346>

- 
- <sup>42</sup> Parent Permission Form for “A Study to Evaluate Additional Dose(s) of BNT162b2 in Healthy individuals Previously Vaccinated With BNT162b2,” BioNTech/Pfizer, January 4, 2022, <https://www.icandecide.org/wp-content/uploads/2022/02/Substudy-B-Informed-Consent-Form-002.pdf> (p. 10)
- <sup>43</sup> Sonia Ndeupen, Zhen Qin, Sonya Jacobsen, et al., “The mRNA-LNP platform's lipid nanoparticle component used in preclinical vaccine studies is highly inflammatory,” *iScience* 24, no. 12 (December 2021), [https://www.cell.com/iscience/fulltext/S2589-0042\(21\)01450-4?\\_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS2589004221014504%3FshowaIl%3Dtrue](https://www.cell.com/iscience/fulltext/S2589-0042(21)01450-4?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS2589004221014504%3FshowaIl%3Dtrue)
- <sup>44</sup> Ruolan Wang, Bin Song, Junrong Wu, et al., “Potential adverse effects of nanoparticles on the reproductive system,” *International Journal of Nanomedicine* 13 (December 2018): 8487-8506, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6294055/>
- <sup>45</sup> Ramachandra Naik, “Summary Basis for Regulatory Action,” FDA, November 8, 2021, <https://www.fda.gov/media/151733/download> (p. 25)
- <sup>46</sup> “Package Insert – COMIRNATY (purple cap),” BioNTech/Pfizer, <https://www.fda.gov/media/151707/download> (p. 16)
- <sup>47</sup> Lincoln Tan, “Pregnant mum told she can't see her private obstetrician because she is unvaccinated,” NZHerald, December 4, 2021, <https://www.nzherald.co.nz/nz/pregnant-mum-told-she-cant-see-her-private-obstetrician-because-she-is-unvaccinated/XRWK724DZEK4GTLBL42MJR2YEI/>
- <sup>48</sup> “VAERS COVID Vaccine Reproductive Health Related Reports,” OpenVAERS, accessed June 8, 2022, <https://openvaers.com/covid-data/reproductive-health>
- <sup>49</sup> Geoff Brumfiel, “Why Reports Of Menstrual Changes After COVID Vaccine Are Tough To Study,” NPR, August 9, 2021, <https://www.npr.org/sections/health-shots/2021/08/09/1024190379/covid-vaccine-period-menstrual-cycle-research>
- <sup>50</sup> Katharine M.N. Lee, Eleanor J. Junkins, Urooba A. Fatima, et al., “Characterizing menstrual bleeding changes occurring after SARS-CoV-2 vaccination,” medRxiv, October 12, 2021, <https://www.medrxiv.org/content/10.1101/2021.10.11.21264863v1.full.pdf>
- <sup>51</sup> Itai Gat, Alon Kedem, Michal Dviri, et al., “Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors,” Wiley Online Library, June 17, 2022, <https://onlinelibrary.wiley.com/doi/10.1111/andr.13209>
- <sup>52</sup> Principle 18 from “WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects,” World Medical Association, July 9, 2018, <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>
- <sup>53</sup> Daniel Horowitz, “Horowitz: The stifling of COVID treatment: The case study of aspirin,” Blaze Media, March 31, 2022, <https://www.theblaze.com/op-ed/horowitz-the-stifling-of-covid-treatment-the-case-study-of-aspirin>
- <sup>54</sup> Mostafa Kamal Arefin, “Povidone Iodine (PVP-I) Oro-Nasal Spray: An Effective Shield for COVID-19 Protection for Health Care Worker (HCW), for all,” *Indian Journal of Otolaryngology and Head & Neck Surgery* (April 2021): 1-6, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8026810/>.
- <sup>55</sup> Samantha Berlin, “Some Anti-Vaxxers Are Allegedly Gargling the Antiseptic Betadine as a COVID ‘Cure,’” Newsweek, September 14, 2021, [https://www.newsweek.com/some-anti-vaxxers-are-allegedly-gargling-antiseptic-betadine-covid-cure-1629091?utm\\_medium=Social&utm\\_source=Twitter#Echobox=1631648713](https://www.newsweek.com/some-anti-vaxxers-are-allegedly-gargling-antiseptic-betadine-covid-cure-1629091?utm_medium=Social&utm_source=Twitter#Echobox=1631648713)

- 
- <sup>56</sup> Nathan Jeffay, “1 in 4 COVID patients hospitalized while vitamin D deficient die – Israeli study,” *The Times of Israel*, June 17, 2021, <https://www.timesofisrael.com/1-in-4-hospitalized-covid-patients-who-lack-vitamin-d-die-israeli-study/>
- <sup>57</sup> Banafsheh Hosseini, Asmae El Abd, and Francine M. Ducharme, “Effects of Vitamin D Supplementation on COVID-19 Related Outcomes: A Systematic Review and Meta-Analysis,” *nutrients*, May 20, 2022, <https://www.mdpi.com/2072-6643/14/10/2134>
- <sup>58</sup> Jade Scipioni, “The supplement Dr. Fauci takes to help keep his immune system healthy,” CNBC, September 14, 2020, <https://www.cnbc.com/2020/09/14/supplements-white-house-advisor-fauci-takes-every-day-to-help-keep-his-immune-system-healthy.html>
- <sup>59</sup> Reviewed by Emily Henderson, B.Sc., “Vitamin D therapy may be a useful addition to the treatment of ovarian cancer, study suggests,” News Medical, May 30, 2022, <https://www.news-medical.net/news/20220530/Vitamin-D-therapy-may-be-a-useful-addition-to-the-treatment-of-ovarian-cancer-study-suggests.aspx>
- <sup>60</sup> Hassan Yahaya, “Could vitamin D deficiency increase the risk of heart disease?” Medical News Today, January 6, 2022, <https://www.medicalnewstoday.com/articles/could-vitamin-d-deficiency-increase-the-risk-of-heart-disease>
- <sup>61</sup> MVP Writing, “COVID-19: Folha de S. Paulo reveals numbers by David Uip. See the comparison with doctors who do early treatment,” MédicosPelaVida, May 9, 2022, [https://medicospelavidacovid19-com-br.translate.google.com/translate/editoriais/folha-de-s-paulo-revela-numeros-de-david-uip-veja-a-comparacao-com-medicos-que-fazem-tratamento-precoce/?x\\_tr\\_sl=pt&x\\_tr\\_tl=en&x\\_tr\\_hl=pt-BR&x\\_tr\\_pto=wapp](https://medicospelavidacovid19-com-br.translate.google.com/translate/editoriais/folha-de-s-paulo-revela-numeros-de-david-uip-veja-a-comparacao-com-medicos-que-fazem-tratamento-precoce/?x_tr_sl=pt&x_tr_tl=en&x_tr_hl=pt-BR&x_tr_pto=wapp)
- <sup>62</sup> Estimated based on average CFR from our world in data. “Case fatality rate of COVID-19,” Our World in Data, January 22, 2020, <https://ourworldindata.org/grapher/covid-cfr-exemplars?tab=table&time=earliest&country=~USA>
- <sup>63</sup> The UNC Gillings School of Global Public Health communications team, “Remdesivir, developed through a UNC-Chapel Hill partnership, proves effective against COVID-19 in NIAID human clinical trials,” Gillings School of Global Public Health, April 29, 2020, <https://sph.unc.edu/sph-news/remdesivir-developed-at-unc-chapel-hill-proves-effective-against-covid-19-in-niaid-human-clinical-trials/>
- <sup>64</sup> Sharon Lerner and Maia Hibbett, “Leaked Grant Proposal Details High-Risk Coronavirus Research,” The Intercept, September 23, 2021, <https://theintercept.com/2021/09/23/coronavirus-research-grant-darpa/>
- <sup>65</sup> Jon Cohen and Kai Kupferschmidt, “The ‘very, very bad look’ of remdesivir, the first FDA-approved COVID-19 drug,” *Science*, October 28, 2020, <https://www.science.org/content/article/very-very-bad-look-remdesivir-first-fda-approved-covid-19-drug>
- <sup>66</sup> Sabue Mulangu, M.D., Lori E. Dodd, Ph.D., Richard T. Davey, Jr., M.D., Olivier Tshiani Mbaya, M.D., Michael Proschan, Ph.D., Daniel Mukadi, M.D., Mariano Lusakibanza Manzo, Ph.D., et al., “A Randomized, Controlled Trial of Ebola Virus Disease Therapeutics,” *The New England Journal of Medicine*, December 12, 2019, <https://www.nejm.org/doi/full/10.1056/NEJMoa1910993>
- <sup>67</sup> Jonathan Grein, M.D., Norio Ohmagari, M.D., Ph.D., Daniel Shin, M.D., George Diaz, M.D., Erika Asperges, M.D., Antonella Castagna, M.D., Torsten Feldt, M.D., et al., “Compassionate Use of Remdesivir for Patients with Severe Covid-19,” *The New England Journal of Medicine*, June 11, 2020, <https://www.nejm.org/doi/full/10.1056/NEJMoa2007016>
- <sup>68</sup> Eamon N. Dreisbach, Gerard Gallagher, and Caitlyn Stulpin, “Fauci on remdesivir for COVID-19: ‘This will be the standard of care,’” Healio, April 29, 2020, <https://www.healio.com/news/infectious-disease/20200429/fauci-on-remdesivir-for-covid19-this-will-be-the-standard-of-care>
- <sup>69</sup> Daniel Horowitz, “The Science of remdesivir vs. ivermectin: A tale of two drugs,” Blaze Media, October 18, 2021, <https://www.theblaze.com/op-ed/horowitz-the-science-of-remdesivir-vs-ivermectin-a-tale-of-two-drugs>

---

<sup>70</sup> “WHO recommends against the use of remdesivir in COVID-19 patients,” World Health Organization, November 20, 2020, <https://www.who.int/news-room/feature-stories/detail/who-recommends-against-the-use-of-remdesivir-in-covid-19-patients>

<sup>71</sup> Daniel Horowitz, “FDA warns about blood clots from Big Pharma COVID treatment. Hospitals use it anyway,” Blaze Media, September 28, 2021, <https://www.theblaze.com/op-ed/horowitz-fda-warns-about-blood-clots-from-big-pharma-covid-treatment-hospitals-use-it-anyway>

<sup>72</sup> Pfizer Labs, “Highlights of Prescribing Information,” FDA, May 2018, [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2018/203214s0181bl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/203214s0181bl.pdf)

<sup>73</sup> Max Kozlov, “Merck’s COVID pill loses its lustre: what that means for the pandemic,” Nature, December 13, 2021, <https://www.nature.com/articles/d41586-021-03667-0>

<sup>74</sup> Spencer Kimball, “FDA advisory panel narrowly endorses Merck’s oral Covid treatment pill, despite reduced efficacy and safety questions,” CNBC, November 30, 2021, <https://www.cnbc.com/2021/11/30/fda-advisory-panel-narrowly-endorses-mercks-oral-covid-treatment-pill-despite-reduced-efficacy.html>

<sup>75</sup> Manas Mishra, “U.S. government to buy \$1 billion more worth of Merck's COVID-19 pill,” Reuters, November 9, 2021, <https://www.reuters.com/world/us/us-government-buy-14-mln-more-courses-mercks-covid-19-pill-2021-11-09/>

<sup>76</sup> Rachel Gutman-Wei, “Paxlovid Mouth Is Real—And Gross,” *The Atlantic*, May 5, 2022, <https://www.theatlantic.com/health/archive/2022/05/pfizer-paxlovid-covid-pill-side-effects/629772/>

<sup>77</sup> Igor Chudov, “Did Pfizer Know that Paxlovid will NOT Work in the Vaccinated?” Igor’s Newsletter, May 1, 2022, [https://igorchudov.substack.com/p/did-pfizer-know-that-paxlovid-will?utm\\_source=substack&utm\\_campaign=post\\_embed&utm\\_medium=web](https://igorchudov.substack.com/p/did-pfizer-know-that-paxlovid-will?utm_source=substack&utm_campaign=post_embed&utm_medium=web)

<sup>78</sup> Paul Farrell, “Anthony Fauci says that he's experienced rebound Covid symptoms after taking a Pfizer's antiviral Paxlovid - which studies now show is NOT effective for people who are vaccinated,” Daily Mail, June 28, 2022, <https://www.dailymail.co.uk/news/article-10963301/Anthony-Fauci-says-hes-experienced-rebound-Covid-symptoms-Paxlovid-course.html>

<sup>79</sup> Daniel Horowitz, “The treatment nihilism of our government continues unabated,” Blaze Media, January 4, 2022, <https://www.theblaze.com/op-ed/horowitz-the-treatment-nihilism-of-our-government-continues-unabated>

<sup>80</sup> “WHO Model Lists of Essential Medicines,” World Health Organization, 2022, <https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists>

<sup>81</sup> “Press Release,” The Nobel Prize, October 5, 2015, <https://www.nobelprize.org/prizes/medicine/2015/press-release/>