January 12, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 288254519240

Delivery Information:

Status:	Delivered	**Delivered To:**	Shipping/Receiving
Signed for by:	N.JONES	**Delivery Location:**	1 THE CAPITOL
Service type:	FedEx Express Saver		
Special Handling:	Deliver Weekday; Direct Signature Required		TALLAHASSEE, FL, 32399
		Delivery date:	Jan 4, 2022 09:28

Shipping Information:

Tracking number:	288254519240	**Ship Date:**	Dec 31, 2021
		Weight:	3.0 LB/1.36 KG

Recipient:
Attorny General Ashley Moody,
107 W GAINES ST
TALLAHASSEE, FL, US, 32399

Shipper:
KATHLEEN M SHERIDAN,
6642 FEDERAL ST
NAVARRE, FL, US, 32566

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January 12, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 288254628502

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Signed for by:	A.MOON	**Delivery Location:**	813 LAKE BRADFORD RD
Service type:	FedEx 2Day AM		
Special Handling:	Deliver Weekday; Direct Signature Required		TALLAHASSEE, FL, 32399
		Delivery date:	Jan 4, 2022 09:10

Shipping Information:

Tracking number:	288254628502	**Ship Date:**	Dec 31, 2021
		Weight:	3.0 LB/1.36 KG

Recipient:
The Honorable Ronald DeSantis, Governor of Florida
400 S MONROE ST
TALLAHASSEE, FL, US, 32399

Shipper:
KATHLEEN M SHERIDAN,
6642 FEDERAL ST
NAVARRE, FL, US, 32566

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January 12, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 288254747912

Delivery Information:

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Signed for by:	Signature release on file	**Delivery Location:**	111 N ADAMS ST 4
Service type:	FedEx Express Saver		
Special Handling:	Deliver Weekday		Tallahassee, FL, 32301
		Delivery date:	Jan 4, 2022 09:08

Shipping Information:

Tracking number:	288254747912	**Ship Date:**	Dec 31, 2021
		Weight:	3.0 LB/1.36 KG

Recipient:
Mr Jason R Coody, Acting United States Attorney
North District of Florida
111 N Adams St.,Court House 4thFL
Tallahassee, FL, US, 32301

Shipper:
KATHLEEN M SHERIDAN,
6642 FEDERAL ST
NAVARRE, FL, US, 32566

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

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January 12, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 288254946716

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Status:	Delivered	**Delivered To:**	Mailroom
Signed for by:	M.THOMAS	**Delivery Location:**	4052 BALD CYPRESS WAY
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday; Direct Signature Required		Tallahassee, FL, 32399
		Delivery date:	Jan 4, 2022 10:01

Shipping Information:

Tracking number:	288254946716	**Ship Date:**	Dec 31, 2021
		Weight:	2.0 LB/0.91 KG

Recipient:
Joseph A Ladapo MD PHD, Florida State Surgon General
4052 Bald Cypress Way
Mail Bin A00
Tallahassee, FL, US, 32399

Shipper:
KATHLEEN M SHERIDAN,
6642 FEDERAL ST
NAVARRE, FL, US, 32566

Thank you for choosing FedEx

6642 Federal Street
Navarre, Florida 32566
December 27, 2021

The Honorable Ashley B. Moody
Attorney General of Florida
107 West Gaines Street
Tallahassee, FL 32399-1050

SUBJECT: Indictment – Multiple Violations of U.S. Code – Reference: COVID-19

Dear Attorney General Moody:

Thank you for joining the multi-state challenge to the Biden Administration's rules forcing staff and children in the Head Start Program to undergo injection. These rules represent the federal government's ongoing overreach and violation of fundamental civil liberties protected by federal law!

Indictment

Accompanying this letter you will find the following:

- A five-page, eight-count draft indictment representing the decades of research and efforts of Dr. David E. Martin*. It documents the multiple violations of U.S. Code by such parties as Dr. Anthony Fauci, former HHS Secretary Alex Azar, Dr. Ralph Baric, Dr. Peter Daszak, and agencies such as the FDA, CDC, and NIAID connected to funding and research related to SARS Coronavirus. (Tab 1)
- A slide deck created by David Martin and used in his recent presentation in Dallas, TX. (Tab 2)
- Dr. Martin's Fauci Dossier, abridged. This document, excerpted from Dr. Martin's 200-page Fauci Dossier, provides further detail on multiple U.S. code violations, including 35 U.S. Code §101 that prohibits patenting nature. (Tab 3)
    - Of particular pertinence to Florida, Dr. Martin documents violation of 21 C.F.R. § 50.24 et. seq., (See Page 25 of the Dossier - Illegal Clinical Trials). Under this code, it is unlawful to conduct medical research (even in the case of emergency) without a series of steps taken to
        - Establish the research with a duly authorized and independent institutional review board;
        - Secure informed consent of all participants, including a statement of risks and benefits, and;
        - Engage in consultation with the community in which the study is to be conducted

- Criminal complaint filed with the International Criminal Court (ICC). (Tab 4) While acknowledging that the United States neither signed nor ratified the Rome Statute that formed the ICC, I provide the complaint here (for you, Governor DeSantis, and Acting U.S. Attorney James Coody) for informational purposes and as an international complement to the case for indictment in the United States.

Informed Consent/Liability Immunity

As you know, across all Florida counties, those choosing injection must sign a document that confirms the participants' understanding of the experimental status of this injection, its risks and benefits, *and* their freedom to decline this medical treatment. By signing, participants also acknowledge in the event of their injury or death the full ***liability immunity*** afforded the DeSantis Administration and all individuals within the State involved in *any way* with the administration of this injection. To my knowledge, *only* the DeSantis Administration has, as part of its injection program, provided the means of securing this fully informed consent.

Yet Florida, like all States, already *had* liability immunity under the Public Readiness and Emergency Preparedness Act (PREP) passed by Congress in 2005 (codified into federal law in 2012 as Title 42 U.S. Code § 247d-6d). The informed consent/release form signed by Florida's participants ensured that they too knew of and acknowledged the reality of liability immunity.

Willful Misconduct

While providing for targeted liability immunity, the PREP Act does have an exception– *willful misconduct*. From the Act:

> "The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a PREP Act declaration. The declaration provides immunity from liability (except for ***willful misconduct***)…" (Bold/italics added)

The evidence in Dr. Martin's indictment and *other evidence already in the public domain* depict multiple instances of willful misconduct by the Defendants (and others). Provable outcomes of this misconduct include severe injury and *death*.

"The COVID Coup d'Etat"

Many of us recognized the roll out of a global crime against humanity. In early 2020 when governments around the world announced the shutdown of their economies in response to what they told us was a "novel" virus, I called it an "operation". They told us that this "novel" virus could kill millions in a matter of weeks. A middle school level understanding of how natural viruses work and a simple back-of-the-envelope calculation made clear immediately that something was seriously *off*. Thus, the only "novelty" stemming from this operation? Stunning criminality and the unprecedented destruction of human rights on a global scale.

Thanks to David Martin, you now have preliminary evidence sufficient to begin proceedings against this operation—decades in the making. Those named in Dr. Martin's Draft Indictment and many others violated federal laws and codes in order to bring about what Dr. Martin has called "The COVID Coup d'Etat".

With your experience and position—and the open support of the best governor in the United States—you can be the Attorney General that initiates the beginning of the end of this catastrophic *global* crime. The same U.S. law that reflects and protects the unique *American* commitment to liberty and justice can also save the world. You can trust that the millions of people like me who believe in and cherish these values—who want to see liberty restored, truth emerge, and justice done—also stand with you.

I have taken the liberty of including Governor DeSantis as a recipient of this letter also shipped via FedEx with signature confirmation. Other recipients include Florida's distinguished Surgeon General, Dr. Joseph Ladapo, Acting U.S. Attorney James Coody, U.S. Representative Matt Gaetz, U.S. Senators Marco Rubio and Rick Scott, my State Senator and Representative, Doug Broxson and Jayer Williamson, respectively, et.al. See Courtesy Copy list.

Weight or Lightness?

I realize this represents a great burden—to be the one potentially who leads America back to the promise she has represented for the world. A great burden indeed. On that point, I will leave you with another excerpt, this time from Milan Kundera's classic book, *The Unbearable Lightness of Being*, written about a time during which Prague's citizens faced being shot in their streets by occupying Soviet forces:

> ***"The heaviest of burdens is therefore simultaneously an image of life's most intense fulfillment. The heavier the burden, the closer our lives come to the earth, the more real and truthful they become. Conversely, the absolute absence of burden causes man to be lighter than air, to soar into heights, take leave of the earth and his earthly being, and become only half real, his movements as free as they are insignificant. What then shall we choose? Weight or lightness?"***

Florida is already an example for the country, Attorney General Moody. You could help it be one for the world. It is in this spirit that I ask that you give serious consideration to pursuing this indictment. A reading of the enclosed documents will prove…*the evidence is there.*

Best regards,

Kathleen M Sheridan
617.312.0566 (m)
sheridan.kathleenm@verizon.net

* Dr. David E. Martin is the Founder and Chairman of M·CAM Inc., the international leader in innovation finance, trade, and intangible asset finance. He is the developer of the first innovation-based quantitative index of public equities and is the Managing Partner of the Purple Bridge Funds. He is the creator of the world's first quantitative public equity index – the CNBC IQ100 powered by M·CAM.

Dr. Martin has been in the business of tracking patent applications and approvals since 1998. His company, M-Cam International Innovation Risk Management, is the world's largest underwriter of intangible assets used in finance in 168 countries. M-Cam has also monitored biological and chemical weapons treaty violations on behalf of the U.S. government, following the anthrax scare in September 2001.

Dr. Martin is a Batten Fellow at the University of Virginia's Darden Graduate School of Business Administration. He served as Chair of Economic Innovation for the UN-affiliated Intergovernmental Renewable Energy Organization and has served as an advisor to numerous Central Banks, global economic forums, the World Bank and International Finance Corporation, and national governments.

A speaker, author, business executive and futurist, Dr. Martin's work has been engaged in every country on Earth. He works with his family in every endeavor of life. Together with his wife Kim, he directs the Breathing Enterprise workshops and facilitates implementation of Integral Accounting. Dr. Martin received his undergraduate (BA) from Goshen College, his Masters of Science from Ball State University, and his Doctorate (PhD) from the University of Virginia.

Enclosures
Courtesy Copy List

The Honorable Ronald D. DeSantis
Governor of Florida
400 South Monroe Street
Tallahassee, FL 32399

Mr. Jason R. Coody
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111 North Adams Street
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The Honorable Rick Scott
United States Senator
221 Palafox Place Suite 420
Pensacola, FL 32502

The Honorable Matthew L. Gaetz II
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Pensacola, FL 32502

The Honorable Doug Broxson
Florida State Senator
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The Honorable Jayer Williamson
Florida State Representative
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Pace, FL 32571-8706

The Honorable Henry D. McMaster
Governor of South Carolina
1100 Gervais Street
Columbia, SC 29201

The Honorable Alan M. Wilson
Attorney General of South Carolina
Rembert Dennis Building
1000 Assembly Street Suite 519
Columbia, SC 29201

Tab 1

The Honorable Ashley B. Moody
Attorney General of Florida
107 West Gaines Street
Tallahassee, FL 32399-1050

December 27, 2021

SUBJECT: Indictment – Multiple Violations of U.S. Code – Reference: COVID-19

Five Pages

Eight-count draft indictment representing decades of efforts of Dr. David E. Martin

In the United States Courts

United States of America
Attorney General with a Conscience

v

Mr. Alex Azar
Dr. Anthony Fauci
Dr. Peter Daszak
Dr. Ralph Baric
FDA
CDC
NIAID
NIH
MODERNA
PFIZER

Count 1: 18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Count 2: 18 USC § 2339– Conspiring to Commit Acts of Terrorism

Count 3. 15 U.S.C. §1-3 – conspiring to criminal commercial activity

Count 4. 18 USC § 175 – Funding and Creating a Biological Weapon

Count 5. 15 U.S.C. §8 – market manipulation and allocation

Count 6. 18 U.S.C. § 1001 – lying to Congress

Count 7. 15 U.S.C. § 19 – interlocking directorates

Count 8. 18 U.S. Code § 2384 - Seditious conspiracy

The Proposed Indictment

Throughout the 1990s, Pfizer sought to research, develop, and patent a coronavirus (CoV) vaccine. Their first patent filing specifically recognizing the S-protein as the immunologic target for vaccines was filed on November 14, 1990 (U.S. Patent 6,372,224). With a focus on swine and canine gastroenteritis, these efforts showed little commercial promise and the patent was abandoned in April 2000. During the same period, the National Institute for Allergy and Infectious Disease (NIAID) under the vaccine obsession of Dr. Anthony Fauci, funded Professor Ralph Baric at the University of North Carolina Chapel Hill. This taxpayer-funded program, designed to commercially weaponize a naturally occurring toxin, is the beginning of the criminal conspiracy and **violates 18 USC § 175, 15 USC § 1-3, and 15 USC § 8**)

Dr. Baric's expertise was understanding how to modify components of the coronavirus associated with cardiomyopathy. NIAID Grants AI 23946 and GM63228 (leading to patent U.S. 7,279,327, "Methods for Producing Recombinant Coronavirus") enabled the NIH's first Gain-of-Function (GoF) project in which Dr. Baric created an "infectious, replication defective" clone of recombinant coronavirus. This work clearly defined a means of making a natural pathogen more harmful to humans by manipulating the Spike Protein and other receptor targets. A year after filing a patent on this GOF CoV, the world experienced the first outbreak of Severe Acute Respiratory Syndrome (SARS).

On April 25, 2003 under the guise of responding to a public health emergency, the United States Centers for Disease Control and Prevention (CDC) filed a patent application on the genome of SARS CoV. By accessing and then manipulating the genomic data supplied by China and then making an "invention" claim, this U.S.-based entity violated **35 USC §101, 103.** Dr. Baric, Dr. Fauci, and the CDC also **violated 18 USC § 175** (a felony). One year earlier in 2002, Dr. Baric and his team *had already filed* a patent on the pathogen the CDC declared "novel" in 2003.

On April 28, 2003, a mere three days after the CDC's filing for a patent on the SARS CoV *genome*, NIH-funded Sequoia Pharmaceuticals filed a patent for the *vaccine* they claimed would fight the virus associated with that *same* SARS CoV genome. At the same time, in **violation of 15 USC § 19,** Dr. Fauci accepted an appointment to a Board position with the Bill & Melinda Gates Foundation (a competitor in vaccine manufacturing) thereby initiating the interlocking directorate anti-trust crime. [1]

In 2005, the Defense Advanced Research Projects Administration (DARPA) and MITRE Corporation hosted a conference in which the intentions of the U.S. Department of Defense were explicit. In a presentation focused on "Synthetic Coronaviruses Biohacking: Biological Warfare Enabling Technologies", Dr. Baric presented the malleability of CoV as a biological warfare agent. Dr. Baric and the U.S. Department of Defense spent over $45 million in amplifying the toxicity of CoV and its chimeric derivatives in violation of **18 USC § 175** while inducing a non-competitive market allocation for years to follow in violation of **15 USC § 8**.

From 2011 until the alleged COVID-19 pandemic, Dr. Fauci has routinely lamented the inadequacy of public funding for his vaccine programs and the public's general unwillingness to succumb to his insistence that everyone MUST be vaccinated against influenza. Despite repeated appropriations to advance vaccine dependency, his efforts have been largely unsuccessful. In a letter dated October 21, 2014, NIAID – under Dr. Fauci's direct authorization – encouraged UNC Chapel Hill and Dr. Baric's lab to *ignore* the GoF moratorium. At that time, Drs. Fauci, Baric and EcoHealthAlliance's Peter Daszak were in possession of an extremely dangerous Chinese pathogen identified a year earlier in Wuhan.[2]

While the conspirators/defendants committed many illegal acts leading up to 2015, NIAID-funded Daszak announced the domestic terrorism program (**in violation of 18 USC § 2339**) at the National Academy of Sciences. During these proceedings, Daszak announced what was to become the domestic and global terrorism event branded COVID-19:

---

[1] We note that gain-of-function specialist, Dr. Ralph Baric, was both the recipient of millions of dollars of U.S. research grants from several federal agencies and sat on the World Health Organization's International Committee on Taxonomy of Viruses (ICTV) and the *Coronaviridae* Study Group (CSG). In this capacity, he was both responsible for determining "novelty" of clades of virus species but directly benefitted from determining declarations of novelty in the form of new research funding authorizations and associated patenting and commercial collaboration. Together with CDC, NIAID, WHO, academic and commercial parties (including Johnson & Johnson; Sanofi and their several coronavirus patent-holding biotech companies; Moderna; Pfizer; Merck; BioNTech; AstraZeneca; Janssen; Ridgeback; Gilead (Dr. Baric's alter ego); Sherlock Biosciences; and others), a powerful group of interests constituted what are "interlocking directorates" under U.S. anti-trust laws. Further, most of these entities, including the Federal Government ones **violated 35 USC § 200-206** by failing to disclose Federal Government interest in the remedies proposed.

These entities were affiliated with the WHO's Global Preparedness Monitoring Board (GPMB) whose members were instrumental in the Open Philanthropy-funded global coronavirus pandemic "desk-top" exercise EVENT 201 in October 2019. This event, funded by the principal investor in Sherlock Biosciences (a beneficiary of the SARS CoV-2 EUA for CRISPR technology) and linking interlocking funding partner, the Bill and Melinda Gates Foundation into the GPMB mandated a respiratory disease global preparedness exercise to be completed by September 2020 and alerted us to anticipate an "epidemic" scenario. We expected to see such a scenario emerge from Wuhan or Guangdong China, northern Italy, Seattle, New York or a combination thereof, as Dr. Zhengli Shi and Dr. Baric's work on zoonotic transmission of coronavirus identified overlapping mutations in coronavirus in bat populations located in these areas.

[2] By October 2013, the Wuhan Institute of Virology 1 coronavirus S1 spike protein was described in NIAID's funded work in China. This work involved NIAID, USAID, and Peter Daszak, the head of EcoHealth Alliance. This work, funded under R01AI079231, was pivotal in isolating and manipulating viral fragments selected from sites across China, which contained high risk for severe human response. (Ge, XY., Li, JL., Yang, XL. *et al.* Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. *Nature* **503,** 535–538 (2013).) The GoF work NIAID allowed to persist in the face of the moratorium was Dr. Baric's work with this pathogen

"*…until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored.* ***To sustain the funding base beyond the crisis, we need to increase public understanding of the need for MCMs such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process."***[3]

It is not surprising that one year later NIAID's funding paid off with Dr. Baric's lab announcing that the Wuhan-derived pathogen was "poised for human emergence".[4]

Conspiracy to Commit Acts of Terror

Knowing that the U.S. Department of Health and Human Services (through CDC, NIH, NIAID, and their funded laboratories and commercial partners) had patents on each proposed element of medical counter measures (MCMs) and their funding, Dr. Fauci, Dr. Gao (China CDC), and Dr. Christopher J. Elias (Bill and Melinda Gates Foundation) conspired to commit acts of terror on the global population – including the citizens of the United States – when, in September 2019, they published the following mandate in ***A World At Risk***:

"Countries, donors and multilateral institutions must be prepared for the worst. A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries. Progress indicator(s) by September 2020:

> *• Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.*
>
> *• Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.*
>
> *• WHO, the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum."*[5]

As if to confirm the utility of the September 2019 demand for "financing and development of" vaccines and the fortuitous SARS CoV-2 alleged outbreak in December of 2019, Dr. Fauci began gloating that his fortunes for

---

[3] Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: https://www.ncbi.nlm.nih.gov/books/NBK349040/

[4] Menachery VD, Yount BL Jr, Sims AC, Debbink K, Agnihothram SS, Gralinski LE, Graham RL, Scobey T, Plante JA, Royal SR, Swanstrom J, Sheahan TP, Pickles RJ, Corti D, Randell SH, Lanzavecchia A, Marasco WA, **Baric RS**. 2016. *SARS-like WIV1-CoV poised for human emergence*. **Proc Natl Acad Sci U S A. 2016** Mar 14. pii: 201517719

[5] https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf (page 8)

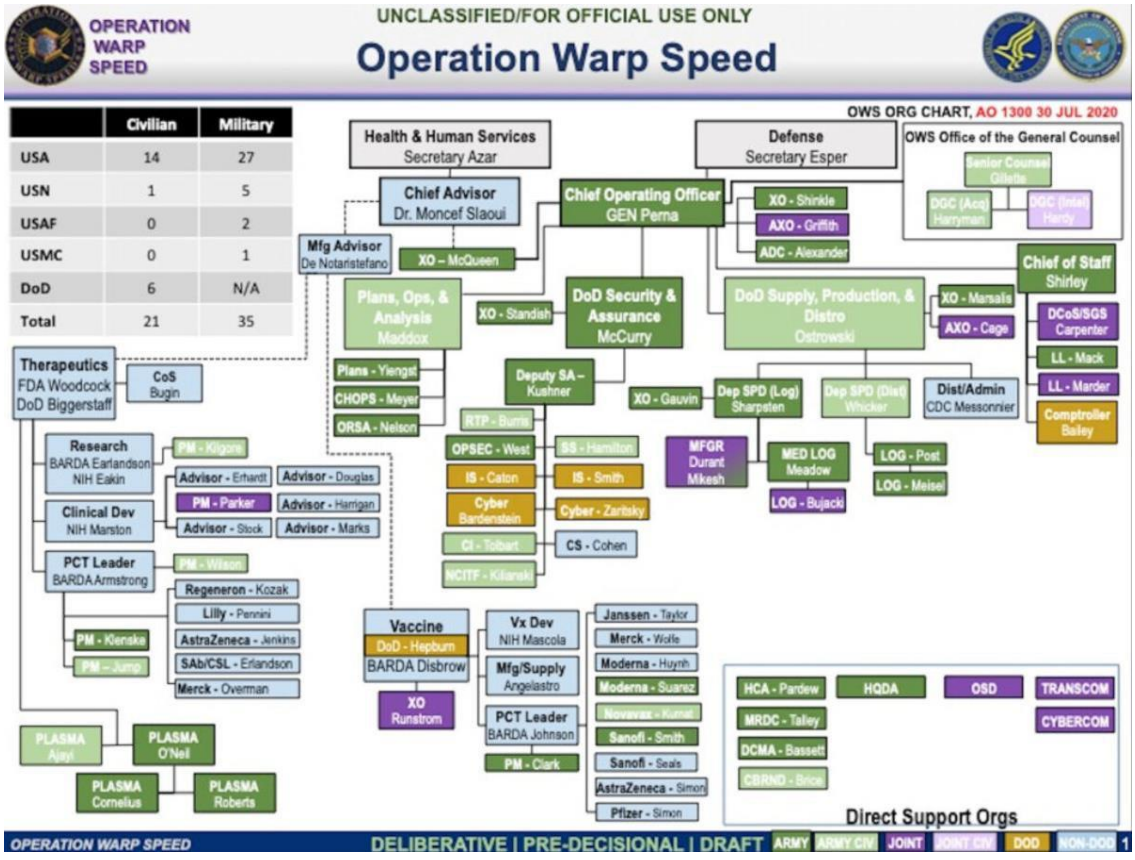
additional funding were likely changing for the better. In a February 2020 interview in ***STAT***, he was quoted as follows:

"*The emergence of the new virus is going to change that figure, likely considerably, Fauci said. "I don't know how much it's going to be. But I think it's going to generate more sustained interest in coronaviruses because it's very clear that coronaviruses can do really interesting things*."[6]

In November 2019 – one month before the alleged "outbreak" in Wuhan, Moderna entered into a material transfer agreement – brokered by the Vaccine Research Center at NIAID (where UNC Chapel Hill alum Dr. Kizzy Corbett worked) – to access Dr. Baric's Spike Protein data to commence vaccine development. In his own written statement obtained by the ***Financial Times***, Dr. Baric refers to this agreement as being the foundation for the mRNA Moderna vaccine.[7]

Racketeering & Anti-Trust Criminal Conspiracy

To finalize the nature of the racketeering and anti-trust criminal conspiracy, when it came time to commercialize the NIH and DARPA owned spike protein and pass it off as a "vaccine" (in conflict with the standard for vaccines in statutory and scientific application), the Operation Warp Speed contract was awarded to DoD contractor, South Carolina-based Advanced Technology International (ATI), a subsidiary of Analytic Services, Inc., a.k.a. ANSER. In a graph reminiscent of the anti-trust hearings at the formation of the Clayton Act in the early 20th century, the identity of the interlocking conflicts of interests are presented in graphic relief. It is no surprise that the result of this price-fixing conspiracy was the enrichment of the conspiring parties and the harm of consumers.



[6] https://www.statnews.com/2020/02/10/fluctuating-funding-and-flagging-interest-hurt-coronavirus-research/
[7] https://pubmed.ncbi.nlm.nih.gov/32756549/

Indeed, *the money followed the hype* and they *used the hype to get to the real issues. Investors follow where they see profit at the end of the process.*

And real Americans are dying each day because a criminal organization unleashed terror resulting in their deaths.

18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Pub. L. No. 107-52 expanded the definition of terrorism to cover "domestic," as opposed to international, terrorism. A person engages in domestic terrorism if they do an act "dangerous to human life" that is a violation of the criminal laws of a state or the United States, if the act appears to be intended to: (i) intimidate or coerce a civilian population; (ii) influence the policy of a government by intimidation or coercion;

SUMMARY: Every single Act, the declaration of the State of Emergency, the Emergency Use Authorization, the fraudulent face masks, the business closures, and the OSHA and CMS vaccine mandates are ALL admitted by the conspirators to be acts to coerce the population into taking a vaccine. Further, these acts disrupted the democracy of the United States of America and resulted in the violation of **18 USC § 2384**. The conspirators announced it in 2015, prepared the pathogen in 2016, and laid out the terror campaign in September 2019. All of this led to the economic devastation and direct physical harm, including death, of Americans.


The COVID
Coup d'état
EUA
Dr. David E. Martin

March to a UNIVERSAL VACCINE...

Tar on their Heels...Blood on their hands

HIV Inc (1984)

Immunity Shield "The Act" (1986)

Wellcome AZT Patent Challenge Fails (1991-1996)... ...and expires

UNC Chapel Hill Begins Gain of Function (Weaponization) of CoV for Vaccine Platform 1996 - 1999

Fauci and Baric Make FrankenCoV... ...and patent it 1999 - 2002

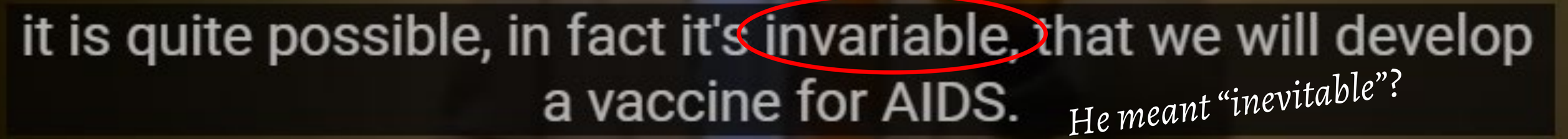
National Institute of Allergy and Infectious Diseases

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

1984 . . . The Vaccine Nightmare . . .

$191 Billion Later...*Burn the Village*

- 1986 – 1999: **HIV Vaccines fail on every trial**
- 2001: **Anthrax...Although production of an efficient anthrax vaccine is an ultimate goal, the benefits of vaccination can be expected only if a large proportion of the population at risk is immunized.** https://www.govinfo.gov/content/pkg/FR-2020-02-21/pdf/2020-03444.pdf
- 2016: **The AMP Study (UNC Chapel Hill) that just launched, HVTN 704/HPTN 085, will take place at 24 sites in Brazil, Peru and the United States, and will enroll 2,700 men and transgender people who have sex with men.** https://www.niaid.nih.gov/news-events/nih-launches-large-clinical-trials-antibody-based-hiv-prevention
- 2018: **Dr. Fauci outlined some of the challenges of seasonal and pandemic influenza, showing data for this influenza season in comparison to previous seasons and noting that NIAID has created a strategic plan for universal influenza vaccine research.** https://www.niaid.nih.gov/about/niaid-council-minutes-january-29-2018
- 2019: **Hepatitis C... Dr. Stanley Lemon, DMID Subcommittee member and professor of medicine, microbiology and immunology, University of North Carolina at Chapel Hill, provided an update on the state of HCV vaccine development. Dr. Lemon described various scientific and other challenges associated with developing HCV vaccines, for example, critical immune correlates of protection are not known, and clinical trials to assess vaccine efficacy are extremely daunting and lengthy, complicated by difficulty accessing at-risk populations. He outlined a compelling case for the need for an HCV vaccine, noting that HCV-related deaths have exceeded deaths from HIV/AIDS within the United States since 2007, and that the current opioid epidemic has profoundly altered the epidemiology of HCV, increasing the rates of new infection. He described current research activities and outlined a number of activities that could be pursued to accelerate HCV vaccine development efforts.** niaid.nih.gov/about/niaid-council-minutes-january-28-2019



He meant "inevitable"?

Nobody's Listening, Everybody Hates Me...I'm going to go make worms

A Bioweapon

- "It is quite possible, in fact it is invariable, that we will develop a vaccine for AIDS"...epic fail

  1984

- H_5N_1...Vaccine first, Tamiflu second...epic fail

  2005

- Influenza...Vaccine first, pleading with the public and Congress for years...epic fail 2006

  2019

SARS Reverse Genetics

Baric, Ralph S.

University of North Carolina Chapel Hill, Chapel Hill, NC, United States

Abstract

Severe acute respiratory syndrome is a life-threatening human illness characterized by mortality rates exceeding 50% in the elderly. The SARS coronavirus contains a approximately 30Kb single-stranded, positive polarity RNA genome. The availability of a full-length infectious cDNA of the SARS genome would not only provide complete genetic control over the virus, but allow for rational design of live viruses as candidate vaccines. Consequently, we believe that a SARS reverse genetic system must rank near the top of the priorities for controlling this important human pathogen. We are the only group in the US to have successfully assembled full-length infectious cDNAs of the coronaviruses, mouse hepatitis virus (MHV) and transmissible gastroenteritis virus (TGEV) and have demonstrated that these full length constructs provide novel opportunities for studying the genetics of coronavirus replication and pathogenesis.
In **aim 1,** we will develop a full length SARS cDNA clone and compare the phenotype of rescued molecular cloned viruses with wildtype using biochemical assays and macaque challenge experiments.
In **Aim 2,** we will develop high titer SARS single hit replicons for use as expression vectors and vaccines.
In **aim 3,** we will select for SARS host range mutants that replicate in murine cells, identify the mechanism of SARS cross species transmission using reverse genetic approaches and evaluate the pathogenicity of these viruses in rodents and non human primates. The goal of this application is to establish genetic control over the SARS genome and provide uniform reagents that will be used by other groups throughout the country.

Funding Agency

Agency	National Institute of Health (NIH)	**Project Start**	2004-02-15
Institute	National Institute of Allergy and Infectious Diseases (NIAID)	**Project End**	2009-01-31
		Budget Start	2007-02-01
Type	Research Project (R01)	**Budget End**	2008-01-31
Project #	5R01AI059136-04	**Support Year**	4
Application #	7174658	**Fiscal Year**	2007
Study Section	Virology Study Section (VR)	**Total Cost**	$276,869
Program Officer	Cassels, Frederick J	**Indirect Cost**	

What happened between January 29 and 31, 2020?

So What's Next?

- We PROSECUTE the criminals for:
  - Domestic Terrorism
  - Premeditated Murder
  - Biological Weapons

- We CANCEL the EUA:
  - Put '86 Act and PREP Act Liability on Pfizer, Moderna, J&J and NOVAVAX for criminal conspiracy
- We REVOKE NIAID, FDA, and CDC Funding immediately
  - Congress must reform '86 and PREP immunity shields to mandate conformity to ESTABLISHED clinical trials only

- Stop funding ANY LAWSUIT that stipulates "Vaccine"; "COVID-19"; "SARS CoV-2"
- Stop supporting individuals and organizations that don't collaborate on the criminal prosecution
- Honor the valiant contributions of those who have served... and who have been ignored by "personalities"

What YOU MUST DO

In the United States Courts

United States of America
Attorney General with a Conscience

v

Mr. Alex Azar, DEFENDANT
Dr. Anthony Fauci, DEFENDANT
Dr. Peter Daszak, DEFENDANT
Dr. Ralph Baric, DEFENDANT
FDA, DEFENDANT
CDC, DEFENDANT
NIAID, DEFENDANT
MODERNA, DEFENDANT
PFIZER, DEFENDANT

Count 1: 18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Count 2: 18 USC § 2339– Conspiring to Commit Acts of Terrorism

Count 3. 15 U.S.C. §1-3 – conspiring to criminal commercial activity

Count 4. 18 USC § 175 – Funding and Creating a Biological Weapon

Count 5. 15 U.S.C. §8 – market manipulation and allocation

Count 6. 18 U.S.C. § 1001 – lying to Congress

Count 7. 15 U.S.C. § 19 – interlocking directorates

Count 8. 18 U.S. Code § 2384 - Seditious conspiracy

The Proposed Indictment

Throughout the decade of the 90s Pfizer sought to research, develop and patent a coronavirus (CoV) vaccine. Their first patent filing specifically recognizing the S-protein as the immunologic target for vaccines was filed on November 14, 1990 (U.S. Patent 6,372,224). With a focus on swine and canine gastroenteritis, these efforts showed little commercial promise and the patent was abandoned in April of 2000. During the same period, the

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www.fullyliveacademy.com

Tab 3

The Honorable Ashley B. Moody
Attorney General of Florida
107 West Gaines Street
Tallahassee, FL 32399-1050

December 27, 2021

SUBJECT: Indictment – Multiple Violations of U.S. Code – Reference: COVID-19

Twenty-Six Pages

The Fauci Dossier (abridged).

Excerpt from Dr. David Martin's 200-page dossier provides detail on multiple fU.S. code violations, including 35 U.S. Code §101 which prohibits the patenting nature.

The Fauci/COVID-19 Dossier

This document is prepared for humanity by Dr. David E. Martin.

The Fauci/COVID-19 Dossier

This document is prepared for humanity by Dr. David E. Martin.

This work was supported, in part, by a fund-raising effort in which approximately 330 persons contributed funds in support of the New Earth technology team and Urban Global Health Alliance.

Background:

Over the past two decades, my company – M·CAM – has been monitoring possible violations of the 1925 Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous, or other Gases, and of Bacteriological Methods of Warfare (the Geneva Protocol) 1972 Convention on the Prohibition of the Development, Production, and Stockpiling of Bacteriological and Toxin Weapons and Their Destruction (the BTWC). In our 2003-2004 ***Global Technology Assessment: Vector Weaponization*** M·CAM highlighted China's growing involvement in Polymerase Chain Reaction (PCR) technology with respect to joining the world stage in chimeric construction of viral vectors. Since that time, on a weekly basis, we have monitored the development of research and commercial efforts in this field, including, but not limited to, the research synergies forming between the United States Centers for Disease Control and Prevention (CDC), the National Institutes for Allergies and Infectious Diseases (NIAID), the University of North Carolina at Chapel Hill (UNC), Harvard University, Emory University, Vanderbilt University, Tsinghua University, University of Pennsylvania, many other research institutions, and their commercial affiliations.

The National Institute of Health's grant AI23946-08 issued to Dr. Ralph Baric at the University of North Carolina at Chapel Hill (officially classified as affiliated with Dr. Anthony Fauci's NIAID by at least 2003) began the work on synthetically altering the *Coronaviridae* (the coronavirus family) for the express purpose of general research, pathogenic enhancement, detection, manipulation, and potential therapeutic interventions targeting the same. As early as May 21, 2000, Dr. Baric and UNC sought to patent critical sections of the coronavirus family for their commercial benefit.[1] In one of the several papers derived from work sponsored by this grant, Dr. Baric published what he reported to be the full length cDNA of SARS CoV in which it was clearly stated that SAR CoV was based on a composite of DNA segments.

> *"Using a panel of contiguous cDNAs that span the entire genome, we have assembled a full-length cDNA of the SARS-CoV Urbani strain, and have rescued molecularly cloned SARS viruses (infectious clone SARS-CoV) that contained the expected marker mutations inserted into the component clones."*[2]

On April 19, 2002 – the Spring before the first SARS outbreak in Asia – Christopher M. Curtis, Boyd Yount, and Ralph Baric filed an application for U.S. Patent 7,279,372 for a method of producing recombinant coronavirus. In the first public record of the claims, they sought to patent a means of producing, "an infectious, replication defective, coronavirus." This work was supported by the NIH grant referenced above and GM63228. In short, the U.S. Department of Health and Human Services was involved in the funding of amplifying the infectious nature of coronavirus between 1999 and 2002 ***before SARS*** was ever detected in humans.

[1] U.S. Provisional Application No. 60/206,537, filed May 21, 2000

[2] https://www.pnas.org/content/100/22/12995

Against this backdrop, we noted the unusual patent prosecution efforts of the CDC, when on April 25, 2003 they sought to patent the SARS coronavirus isolated from humans that had reportedly transferred to humans during the 2002-2003 SARS outbreak in Asia. 35 U.S.C. §101 prohibits patenting nature. This legality did not deter CDC in their efforts. Their application, updated in 2007, ultimately issued as U.S. Patent 7,220,852 and constrained anyone not licensed by their patent from manipulating SARS CoV, developing tests or kits to measure SARS coronavirus in humans or working with their patented virus for therapeutic use. Work associated with this virus by their select collaborators included considerable amounts of chimeric engineering, gain-of-function studies, viral characterization, detection, treatment (both vaccine and therapeutic intervention), and weaponization inquiries.

In short, with Baric's U.S. Patent 6,593,111 (Claims 1 and 5) and CDC's '852 patent (Claim 1), no research in the United States could be conducted without permission or infringement.

We noted that gain-of-function specialist, Dr. Ralph Baric, was both the recipient of millions of dollars of U.S. research grants from several federal agencies but also sat on the World Health Organization's International Committee on Taxonomy of Viruses (ICTV) and the *Coronaviridae* Study Group (CSG). In this capacity, he was both responsible for determining "novelty" of clades of virus species but directly benefitted from determining declarations of novelty in the form of new research funding authorizations and associated patenting and commercial collaboration. Together with CDC, NIAID, WHO, academic and commercial parties (including Johnson & Johnson; Sanofi and their several coronavirus patent holding biotech companies; Moderna; Ridgeback; Gilead; Sherlock Biosciences; and, others), a powerful group of interests constituted what we would suggest are "interlocking directorates" under U.S. anti-trust laws.

These entities also were affiliated with the WHO's Global Preparedness Monitoring Board (GPMB) whose members were instrumental in the Open Philanthropy-funded global coronavirus pandemic "desk-top" exercise EVENT 201 in October 2019. This event, funded by the principal investor in Sherlock Biosciences and linking interlocking funding partner, the Bill and Melinda Gates Foundation into the GPMB mandate for a respiratory disease global preparedness exercise to be completed by September 2020 alerted us to anticipate an "epidemic" scenario. We expected to see such a scenario emerge from Wuhan or Guangdong China, northern Italy, Seattle, New York or a combination thereof, as Dr. Zhengli Shi and Dr. Baric's work on zoonotic transmission of coronavirus identified overlapping mutations in coronavirus in bat populations located in these areas.

This dossier is by no means exhaustive. It is, however, indicative the numerous criminal violations that may be associated with the COVID-19 terrorism. All source materials are referenced herein. An additional detailed breakdown of all the of individuals, research institutions, foundations, funding sources, and commercial enterprises can be accessed upon request.

Contents

35 U.S.C. § 101

From Justice Clarence Thomas' opinion for the majority

Section 101 of the Patent Act provides: "Whoever invents or discovers any new and useful ... composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title." 35 U.S.C. § 101.

We have "long held that this provision contains an important implicit exception[:] Laws of nature, natural phenomena, and abstract ideas are not patentable." Mayo, 566 U.S., at ___, 132 S.Ct., at 1293 (internal quotation marks and brackets omitted). Rather, "`they are the basic tools of scientific and technological work'" that lie beyond the domain of patent protection. Id., at ___, 132 S.Ct., at 1293. As the Court has explained, without this exception, there would be considerable danger that the grant of patents would "tie up" the use of such tools and thereby "inhibit future innovation premised upon them." Id., at ___, 132 S.Ct., at 1301. This would be at odds with the very point of patents, which exist to promote creation. Diamond v. Chakrabarty, 447 U.S. 303, 309, 100 S.Ct. 2204, 65 L.Ed.2d 144 (1980) (Products of nature are not created, and "`manifestations... of nature [are] free to all men and reserved exclusively to none'").[3]

In their majority opinion in 2013, the U.S. Supreme Court made it abundantly clear that the Court had "long held" that nature was not patentable. Merely isolating DNA does not constitute patentable subject matter. In their patent, the CDC made false and misleading claims to the United States Patent & Trademark Office by stating that, "A newly isolated human coronavirus has been identified as the causative agent of SARS, and is termed SARS-CoV."[4] No "causal" data was provided for this statement.

When they filed their patent application on April 25, 2003 their first claim (and the only one that survived to ultimate issuance over the objection of the patent examiner in 2006 and 2007) was the genome for SARS CoV.

While this patent is clearly illegal under 35 U.S.C. §101, not only did the CDC insist on its granting over non-final and final rejections, but they also continued to pay maintenance fees on the patent after the 2013 Supreme Court decision confirmed that it was illegal.

In addition, the CDC patented the detection of SARS CoV using a number of methods including reverse transcription polymerase chain reaction (RT-PCR). With this patent, they precluded anyone outside of their licensed or conspiring interest from legally engaging in independent verification of their claim that they had isolated a virus, that it was a causative agent for SARS, or that any therapy could be effective against the reported pathogen.

It is important to note that the CDC's patent applications were also rejected in non-final and final rejections for ineligibility under 35 U.S.C. § 102 for being publicly disclosed prior to their own filing. In the first non-final rejection, the USPTO stated that the CDC's genome was published in four Genbank accession entries on April 14, 18, and 21, 2003 with identity ranging from 96.8% to 99.9% identical sequences.[5] Dr. Fauci knew, and failed to disclose evidence that the CDC patent was illegal, based on work he had funded in the years leading up to the SARS outbreak.

After seeking an illegal patent, petitioning to override the decision of an examiner to reject it, and ultimately prevailing with the patent's grant, the CDC lied to the public by stating they were controlling the patent so that it would be "publicly available".[6] Tragically, this public statement is falsified by the simple fact that their own publication in

[3] ***Association for Molecular Pathology v. Myriad Genetics, Inc.***, 569 U.S. 576 (2013)
[4] U.S. Patent 7,220,852
[5] USPTO Non-Final Rejection File #10822904, September 7, 2006, page 4.
[6] https://apnews.com/article/145b4e8d156cddc93e996ae52dc24ec0

Genbank had, in fact, made it public domain and thereby unpatentable. This fact, confirmed by patent examiners, was overridden by CDC in a paid solicitation to override the law.

While not covered under 35 U.S.C. §101, Dr. Fauci's abuse of the patent law is detailed below. Of note, however, is his willful and deceptive use of the term "vaccine" in patents and public pronouncements to pervert the meaning of the term for the manipulation of the public.

In the 1905 Jacobson v. Mass case, the court was clear that a PUBLIC BENEFIT was required for a vaccine to be mandated. Neither Pfizer nor Moderna have proved a disruption of transmission. In Jacobson v. Massachusetts, 197 U.S. 11 (1905), the court held that the context for their opinion rested on the following principle:

"This court has more than once recognized it as a fundamental principle that 'persons and property are subjected to all kinds of restraints and burdens in order to secure the general comfort, health, and prosperity of the state…"

The Moderna and Pfizer "alleged vaccine" trials have explicitly acknowledged that their gene therapy technology has no impact on viral infection or transmission whatsoever and merely conveys to the recipient the capacity to produce an S1 spike protein endogenously by the introduction of a synthetic mRNA sequence. Therefore, the basis for the Massachusetts statute and the Supreme Court's determination is moot in this case.
Further, the USPTO, in its REJECTION of Anthony Fauci's HIV vaccine made the following statement supporting their rejection of his bogus "invention"

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

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

18 U.S.C. §2339 C *et seq*. – Funding and Conspiring to Commit Acts of Terror

Indirectly, unlawfully and willfully provides or collects funds with the intention that such funds be used, or with the knowledge that such funds are to be used, in full or in part, in order to carry out—

> **(A) an act which constitutes an offense within the scope of a treaty specified in subsection (e)(7), as implemented by the United States, or**
>
> **(B) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in the hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act….**

By no later than April 11, 2005, Dr. Anthony Fauci was publicly acknowledging the association of SARS with bioterror potential. Leveraging the fear of the anthrax bioterrorism of 2001, he publicly celebrated the economic boon that domestic terror had directed towards his budget. He specifically stated that NIAID was actively funding research on a "SARS Chip" DNA microarray to rapidly detect SARS (something that was not made available during the current "pandemic") and two candidate vaccines focused on the SARS CoV spike protein.[7] Led by three Chinese researchers under his employment – Zhi-yong Yang, Wing-pui Kong, and Yue Huang – Fauci had at least one DNA vaccine in animal trials by 2004.[8] This team, part of the Vaccine Research Center at NIAID, was primarily focused on HIV vaccine development but was tasked to identify SARS vaccine candidates as well. Working in collaboration with Sanofi, Scripps Institute, Harvard, MIT and NIH, Dr. Fauci's decision to unilaterally promote vaccines as a primary intervention for several designated "infectious diseases" precluded ***proven therapies*** from being applied to the sick and dying.[9]

The CDC and NIAID led by Anthony Fauci entered into trade among States (including, but not limited to working with EcoHealth Alliance Inc.) and with foreign nations (specifically, the Wuhan Institute of Virology and the Chinese Academy of Sciences) through the 2014 *et seq* National Institutes of Health Grant R01AI110964 to exploit their patent rights. This research was known to involve surface proteins in coronavirus that had the capacity to directly infect human respiratory systems. In flagrant violation of the NIH moratorium on gain of function research, NIAID and Ralph Baric persisted in working with chimeric coronavirus components specifically to amplify the pathogenicity of the biologic material.

By October 2013, the Wuhan Institute of Virology 1 coronavirus S1 spike protein was described in NIAID's funded work in China. This work involved NIAID, USAID, and Peter Daszak, the head of EcoHealth Alliance. This work, funded under R01AI079231, was pivotal in isolating and manipulating viral fragments selected from sites across China which contained high risk for severe human response.[10]

By March 2015, both the virulence of the S1 spike protein and the ACE II receptor was known to present a considerable risk to human health. NIAID, EcoHealth Alliance and numerous researchers lamented the fact that the public was not sufficiently concerned about coronavirus to adequately fund their desired research.[11]

Dr. Peter Daszak of EcoHealth Alliance offered the following assessment:

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[7] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3320336/

[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7095382/

[9] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/

[10] Ge, XY., Li, JL., Yang, XL. *et al.* Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. *Nature* **503,** 535–538 (2013).

[11] Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: https://www.ncbi.nlm.nih.gov/books/NBK349040/

"*Daszak reiterated that, until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process, Daszak stated*."[12]

Economics will follow the hype.

The CDC and NIAID entered into trade among States (including, but not limited to working with University of North Carolina, Chapel Hill) and with foreign nations (specifically, the Wuhan Institute of Virology and the Chinese Academy of Sciences represented by Zheng-Li Shi) through U19AI109761 (Ralph S. Baric), U19AI107810 (Ralph S. Baric), and National Natural Science Foundation of China Award 81290341 (Zheng-Li Shi) et al. 2015-2016. These projects took place during a time when the work being performed was prohibited by the United States National Institutes of Health.

The public was clearly advised of the dangers being presented by NIAID-funded research by 2015 and 2016 when the Wuhan Institute of Virology material was being manipulated at UNC in Ralph Baric's lab.

"The only impact of this work is the creation, in a lab, of a new, non-natural risk," agrees Richard Ebright, a molecular biologist and biodefence expert at Rutgers University in Piscataway, New Jersey. Both Ebright and Wain-Hobson are long-standing critics of gain-of-function research.

In their paper, the study authors also concede that funders may think twice about allowing such experiments in the future. "Scientific review panels may deem similar studies building chimeric viruses based on circulating strains too risky to pursue," they write, adding that discussion is needed as to "whether these types of chimeric virus studies warrant further investigation versus the inherent risks involved".

But Baric and others say the research did have benefits. The study findings "move this virus from a candidate emerging pathogen to a clear and present danger", says Peter Daszak, who co-authored the 2013 paper. Daszak is president of the EcoHealth Alliance, an international network of scientists, headquartered in New York City, that samples viruses from animals and people in emerging-diseases hotspots across the globe.

Studies testing hybrid viruses in human cell culture and animal models are limited in what they can say about the threat posed by a wild virus, Daszak agrees. But he argues that they can help indicate which pathogens should be prioritized for further research attention."[13]

Knowing that the U.S. Department of Health and Human Services (through CDC, NIH, NIAID, and their funded laboratories and commercial partners) had patents on each proposed element of medical counter measures and their funding, Dr. Fauci, Dr. Gao (China CDC), and Dr. Elias (Bill and Melinda Gates Foundation) conspired to commit acts of terror on the global population – including the citizens of the United States – when, in September 2019, they published the following mandate:

"Countries, donors and multilateral institutions must be prepared for the worst. A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any

[12] *Ibid.*

[13] https://www.nature.com/news/engineered-bat-virus-stirs-debate-over-risky-research-%201.18787

new pathogen for public health purposes along with the means to share limited medical countermeasures across countries.

Progress indicator(s) by September 2020

> *• Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.*
>
> *• Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.*
>
> *• WHO, the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum."*[14]

As if to confirm the utility of the September 2019 demand for "financing and development of" vaccine and the fortuitous SARS CoV-2 alleged outbreak in December of 2019, Dr. Fauci began gloating that his fortunes for additional funding were likely changing for the better. In a February 2020 interview in ***STAT***, he was quoted as follows:

""*The emergence of the new virus is going to change that figure, likely considerably, Fauci said. "I don't know how much it's going to be. But I think it's going to generate more sustained interest in coronaviruses because it's very clear that coronaviruses can do really interesting things*.""[15]

[14] https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf (page 8)

[15] https://www.statnews.com/2020/02/10/fluctuating-funding-and-flagging-interest-hurt-coronavirus-research/

18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Section 802 of the USA PATRIOT Act (Pub. L. No. 107-52) expanded the definition of terrorism to cover "domestic," as opposed to international, terrorism. A person engages in domestic terrorism if they do an act "dangerous to human life" that is a violation of the criminal laws of a state or the United States, if the act appears to be intended to: (i) intimidate or coerce a civilian population; (ii) influence the policy of a government by intimidation or coercion;

Dr. Anthony Fauci has intimidated and coerced a civilian population and sought to influence the policy of a government by intimidation and coercion.

With no corroboration, Dr. Anthony Fauci promoted[16] Professor Neil Ferguson's computer simulation derived claims that,

"The world is facing the most serious public health crisis in generations. Here we provide concrete estimates of the scale of the threat countries now face.

"We use the latest estimates of severity to show that policy strategies which aim to mitigate the epidemic might halve deaths and reduce peak healthcare demand by two-thirds, but that this will not be enough to prevent health systems being overwhelmed. More intensive, and socially disruptive interventions will therefore be required to suppress transmission to low levels. It is likely such measures – most notably, large scale social distancing – will need to be in place for many months, perhaps until a vaccine becomes available." [17]

Reporting to the President that as many as 2.2 million deaths may result from a pathogen that had not yet been isolated and could not be measured with any accuracy, Dr. Fauci intimidated and coerced the population and the government into reckless, untested, and harmful acts creating irreparable harm to lives and livelihoods.[18] Neither the Imperial College nor the "independent" Institute for Health Metrics and Evaluation (principally funded by the Bill and Melinda Gates Foundation)[19] had any evidence of success in estimating previous burdens from coronavirus but, without consultation or peer-review, Dr. Fauci adopted their terrifying estimates as the basis for interventions that are explicitly against medical advice.

- The imposition of social distancing was based on computer simulation and environmental models with NO disease transmission evidence whatsoever.
- The imposition of face mask wearing was directly against controlled clinical trial evidence and against the written policy in the Journal of the American Medical Association.

  > *"Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill."*[20]

- In both the Imperial College and the IHME simulations, ***quarantines were modeled for the sick, not the healthy.***

[16] https://www.cato.org/blog/did-mitigation-save-two-million-lives
[17] https://www.imperial.ac.uk/news/196234/covid-19-imperial-researchers-model-likely-impact/
[18] https://www.npr.org/2020/03/31/823916343/coronavirus-task-force-set-to-detail-the-data-that-led-to-extension-of-guideline
[19] https://www.gatesfoundation.org/Media-Center/Press-Releases/2017/01/IHME-Announcement
[20] https://jamanetwork.com/journals/jama/fullarticle/2762694?fbclid=IwAR2RE-c4V-fhUodui0JQRbiHRcgEJuDKG_21N4oL5zAfciQfWCyHAsetJmo

Insisting on vaccines while blockading the emergency use of proven pharmaceutical interventions may have contributed to the death of many patients and otherwise healthy individuals.[21]

Using the power of NIAID during the alleged pandemic, Dr. Anthony Fauci actively suppressed proven medical countermeasures used by, and validated in scientific proceedings, that offered alternatives to the products funded by his conspiring entities for which he had provided direct funding and for whom he would receive tangible and intangible benefit.

[21] https://www.reuters.com/investigates/special-report/health-coronavirus-usa-cost/

18 U.S.C. § 1001 – Lying to Congress

(a)Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully—

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

(2) makes any materially false, fictitious, or fraudulent statement or representation; or

(3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

On October 22, 2020, the United States Government Accountability Office (GAO) published a report entitled: ***BIOMEDICAL RESEARCH: NIH Should Publicly Report More Information about the Licensing of Its Intellectual Property***. In this document, the authors reported that the National Institutes of Health (NIH) received, "up to $2 billion in royalties from its contributions to 34 drugs sold from 1991-2019."[22]

A casual review of the NIH Office of Technology Transfer report of active licenses[23] appears to conflict with the GAO report on several important facts. Conspicuously absent from the GAO report are over 30 patents associated with active compounds generating billions of dollars in revenue. Why would it be that the GAO and the NIH couldn't agree on something as simple as drugs generating income for NIH?

Since the passage of the Bayh Dole Act (Pub. L. 96-517, December 12, 1980), federally funded research has been an economic bonanza for U.S. universities, federal agencies, and their selected patronage. For the first decade following Bayh Dole, NIH funding doubled from $3.4 billion to $7.1 billion. A decade later, it doubled again to $15.6 billion. In the wake of September 2001, the National Institute for Allergy and Infectious Diseases (NIAID) saw its direct budget increase over 300% without accounting for DARPA funds of as much as $1.7 billion annually from 2005 forward. In 2020, NIH's budget was over $41 billion.

What has become of the $763 billion of taxpayer funds allocated to making America healthier since inventors have been commercially incentivized? Who has been enriched?

The answer, regrettably, is that no accountability exists to answer these questions.

The NIH is the named owner of at least 138 patents since 1980.

The United States Department of Health and Human Services is the named owner of at least 2,600 patents.

NIAID grants or collaboration have resulted in 2,655 patents and patent applications of which only 95 include an assignment to the Department of Health and Human Services as an owner. Most of these patents are assigned to universities thereby making the ultimate commercial beneficiaries entirely opaque. One of the largest holders is SIGA Technologies (NASDAQ: SIGA) who, while publicly reporting close affiliation with NIAID, is not referenced in the NIH GAO report. SIGA's CEO, Dr. Phillip L. Gomez spent 9 years at NIAID developing its vaccine program for HIV, SARS, Ebola, West Nile Virus, and Influenza before exiting to commercial ventures. While their technology is clearly derived from NIAID science, the company reports revenue from NIAID but no royalty or commercial payments to NIH or any of its programs.

[22] https://www.gao.gov/products/GAO-21-52

[23] https://www.ott.nih.gov/reportsstats/hhs-license-based-vaccines-therapeutics

NIAID's Director, Dr. Anthony Fauci is listed as an inventor on 8 granted U.S. patents. None of them are reported in NIAID, NIH, or GAO reports of active licensing despite the fact that Dr. Fauci reportedly was compelled to get paid for his interleukin-2 "invention" – payments he reportedly donated to an unnamed charity.[24]

Of the 21 patents listed in the U.S. Food and Drug Administration's (FDA) Orange book itemized in the GAO report, none of Dr. Anthony Fauci's patents are listed. Furthermore, none of the NIAID patents are listed despite clear evidence that Gilead Sciences and Janssen Pharmaceuticals (a division of Johnson & Johnson) have generated over $2 billion annually from sales that were the direct result of NIAID funded science. Missing from the GAO report are 2 patents for Velclade® which has been generating sales in excess of $2.18 billion annually for several years. None of the patents for Yescarta® are listed in the GAO report. None of the Lumoxiti® patents are listed in the GAO report. None of the Kepivance® patents are listed in the GAO report. In violation of 37 USC §410.10 and 35 USC §202(a), over 13 of the 21 patents in the GAO report fail to disclose government interest despite being the direct result of NIH funding.

Dr. Anthony Fauci's Own Patent Track Record:

US Patent 6,190,656 and 6,548,055 **Immunologic enhancement with intermittent interleukin-2 therapy**

A method for activating a mammalian immune system entails a series of IL-2 administrations that are effected intermittently over an extended period. Each administration of IL-2 is sufficient to allow spontaneous DNA synthesis in peripheral blood or lymph node cells of the patient to increase and peak, and each subsequent administration follows the preceding administration in the series by a period of time that is sufficient to allow IL-2 receptor expression in peripheral or lymph node blood of the patient to increase, peak and then decrease to 50% of peak value. This intermittent IL-2 therapy can be combined with another therapy which targets a specific disease state, such as an anti-retroviral therapy comprising, for example, the administration of AZT, ddI or interferon alpha. In addition, IL-2 administration can be employed to facilitate in situ transduction of T cells in the context of gene therapy. By this approach the cells are first activated in vivo via the aforementioned IL-2 therapy, and transduction then is effected by delivering a genetically engineered retroviral vector directly to the patient.

This application is a continuation of U.S. patent application Ser. No. 08/487,075, filed Jun. 7, 1995, now abandoned, which is a continuation in part of U.S. patent application Ser. No. 08/063,315, filed May 19, 1993, now issued as U.S. Pat. No. 5,419,900, and U.S. patent application Ser. No. 08/452,440, filed May 26, 1995, now issued as U.S. Pat. No. 5,696,079, which is the National Stage filed under 35 USC 371 of PCT/US94/05397, filed May 19, 1994, the contents of which are incorporated herein by reference.

Filed May 19, 1993

Issued a Final Rejection January 20, 1998. Rejected after abandonment August 14, 1998 and April 12, 1999. Reduced and modified claims granted May 8, 2000.

*This family of patents was the basis of Fauci's lie to the **British Medical Journal** in which he falsely stated:*

"Dr Anthony Fauci told the BMJ that as a government employee he was required by law to put his name on the patent for the development of interleukin 2 and was also required by law to receive part of the payment the government received for use of the patent. He said that he felt it was inappropiate (sic) to receive payment and donated the entire amount to charity."[25]

He was not "required by law" to commit fraud on the patent office and then get paid for it!

[24] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC545012/
[25] *Ibid.*

US Patent 6,911,527 **HIV related peptides**

This invention is the discovery of novel specific epitopes and antibodies associated with long term survival of HIV-1 infections. These epitopes and antibodies have use in preparing vaccines for preventing HIV-1 infection or for controlling progression to AIDS.

Filed May 6, 1999

Rejected as unpatentable January 22, 2003. Issued with a final rejection on July 15, 2004 after submitting reconsideration requests. Modified and restricted claims allowed September 29, 2004.

US Patent 7,368,114 **Fusion protein including of CD4**

Novel recombinant polypeptides are disclosed herein that include a CD4 polypeptide ligated at its C-terminus with a portion of an immunoglobulin comprising a hinge region and a constant domain of a mammalian immunoglobulin heavy chain. The portion or the IgG is fused at its C-terminus with a polypeptide comprising a tailpiece from the C-terminus of the heavy chain of an IgA antibody ara tailpiece from a C-terminus of the heavy chain of an IgM antibody. Also disclosed herein are methods for using these CD4 fusion proteins.

Filed October 24, 2002

Rejected as unpatentable August 18, 2006. Paid appeal to overturn examiner's findings February 15, 2007. Rejected again May 11, 2007. On October 10, 2007 applicants further narrowed the construction of what was clearly not a patent and the USPTO granted less than half the claims that had been sought in the original filing.

US Patent 9,896,509, 9,193,790 and 9,441,041 **Use of antagonists of the interaction between HIV GP120 and .alpha.4.beta.7 integrin**

Methods are provided for the treatment of a HIV infection. The methods can include administering to a subject with an HIV infection a therapeutically effective amount of an agent that interferes with the interaction of gp120 and .alpha.4 integrin, such as a .alpha.4.beta.1 or .alpha.4.beta.7 integrin antagonist, thereby treating the HIV infection. In several examples, the .alpha.4 integrin antagonist is a monoclonal antibody that specifically binds to a .alpha.4, .beta.1 or .beta.7 integrin subunit or a cyclic hexapeptide with the amino acid sequence of CWLDVC. Methods are also provided to reduce HIV replication or infection. The methods include contacting a cell with an effective amount of an agent that interferes with the interaction of gp120 and .alpha.4 integrin, such as a .alpha.4.beta.1 or .alpha.4.beta.7 integrin antagonist. Moreover, methods are provided for determining if an agent is useful to treat HIV.

Rejected May 22, 2017 as Double Patenting. In their response, the applicants acknowledge the illegal act and seek only those components of their application that extend beyond the life of the issued patents. On October 11, 2017, the limited claims were issued.

A sample of the convoluted flow of funds that evades public disclosure.

U.S. Patent 8,999,351 was issued to Tekmira Pharmaceuticals Corporation in Burnaby, British Columbia. In their patent, they disclose that their research was supported by a grant from the National Institute of Allergy and Infectious Disease (Grant HHSN266200600012C). Ironically, this $23 million grant was awarded in 2006 to Alnylam Pharmaceuticals, Inc., not to Tekmira.[26]

[26] https://www.technologynetworks.com/genomics/news/alnylam-awarded-23-million-us-government-contract-to-develop-rnai-therapeutics-186097

In 2012, Alnylam agreed to pay Tekmira $65 million to settle legal disputes including a $1 billion damages claim for "relentless and egregious" misappropriation of Tekmira's trade secrets. From the patent filing's earliest priority of November 10, 2008, there is no public record stating Tekmira as the beneficiary of this NIAID grant. Notwithstanding, the lipid nanoparticle technology developed from this grant is the technology now used in the Moderna COVID-19 intervention. In their 10-Q filing, Alnylam reports to have a license to technology from Arbutus – formerly Tekmira – which has accused Acuitas of misappropriating trade secrets and licensing them to Moderna and Pfizer's collaboration with BioNTech.

Additional references can be found at:

https://www.ott.nih.gov/nih-and-its-role-technology-transfer
https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2017/206288Orig1s000TAltr.pdf
https://www.gao.gov/assets/720/710287.pdf
https://grantome.com/search?q=%22National%20Institute%20of%20Allergy%20and%20Infectious%20Diseases%22

15 U.S.C. §1-3 – Conspiring to Criminal Commercial Activity

Every contract, combination in the form of trust or otherwise, or conspiracy, in restraint of trade or commerce among the several States, or with foreign nations, is declared to be illegal. Every person who shall make any contract or engage in any combination or conspiracy hereby declared to be illegal shall be deemed guilty of a felony, and, on conviction thereof, shall be punished by fine not exceeding $100,000,000 if a corporation, or, if any other person, $1,000,000, or by imprisonment not exceeding 10 years, or by both said punishments, in the discretion of the court.

The National Institute of Health's grant AI23946-08 issued to Dr. Ralph Baric at the University of North Carolina at Chapel Hill (officially classified as affiliated with Dr. Anthony Fauci's NIAID by at least 2003) began the work on synthetically altering the *Coronaviridae* (the coronavirus family) for the express purpose of general research, pathogenic enhancement, detection, manipulation, and potential therapeutic interventions targeting the same. As early as May 21, 2000, Dr. Baric and UNC sought to patent critical sections of the coronavirus family for their commercial benefit.[27] In one of the several papers derived from work sponsored by this grant, Dr. Baric published what he reported to be the full length cDNA of SARS CoV in which it was clearly stated that SAR CoV was based on a composite of DNA segments.

> *"Using a panel of contiguous cDNAs that span the entire genome, we have assembled a full-length cDNA of the SARS-CoV Urbani strain, and have rescued molecularly cloned SARS viruses (infectious clone SARS-CoV) that contained the expected marker mutations inserted into the component clones."*[28]

On April 19, 2002 – the Spring before the first SARS outbreak in Asia – Christopher M. Curtis, Boyd Yount, and Ralph Baric filed an application for U.S. Patent 7,279,372 for a method of producing recombinant coronavirus. In the first public record of the claims, they sought to patent a means of producing, "an infectious, replication defective, coronavirus." This work was supported by the NIH grant referenced above and GM63228. In short, the U.S. Department of Health and Human Services was involved in the funding of amplifying the infectious nature of coronavirus between 1999 and 2002 ***before SARS*** was ever detected in humans.

Against this backdrop, we noted the unusual patent prosecution efforts of the CDC, when on April 25, 2003 they sought to patent the SARS coronavirus isolated from humans that had reportedly transferred to humans during the 2002-2003 SARS outbreak in Asia. 35 U.S.C. §101 prohibits patenting nature. This legality did not deter CDC in their efforts. Their application, updated in 2007, ultimately issued as U.S. Patent 7,220,852 and constrained anyone not licensed by their patent from manipulating SARS CoV, developing tests or kits to measure SARS coronavirus in humans or working with their patented virus for therapeutic use. Work associated with this virus by their select collaborators included considerable amounts of chimeric engineering, gain-of-function studies, viral characterization, detection, treatment (both vaccine and therapeutic intervention), and weaponization inquiries.

In short, with Baric's U.S. Patent 6,593,111 (Claims 1 and 5) and CDC's '852 patent (Claim 1), no research in the United States could be conducted without permission or infringement.

We noted that gain-of-function specialist, Dr. Ralph Baric, was both the recipient of millions of dollars of U.S. research grants from several federal agencies but also sat on the World Health Organization's International Committee on Taxonomy of Viruses (ICTV) and the *Coronaviridae* Study Group (CSG). In this capacity, he was both responsible for determining "novelty" of clades of virus species but directly benefitted from determining declarations of novelty in the form of new research funding authorizations and associated patenting and commercial collaboration. Together with CDC, NIAID, WHO, academic and commercial parties (including Johnson & Johnson; Sanofi and their several coronavirus patent holding biotech companies; Moderna; Ridgeback; Gilead; Sherlock Biosciences; and, others), a powerful group of interests constituted what we would suggest are "interlocking directorates" under U.S. anti-trust laws.

[27] U.S. Provisional Application No. 60/206,537, filed May 21, 2000
[28] https://www.pnas.org/content/100/22/12995

1986-1990	NIAID Grant AI 23946 leading to patent U.S. 7,279,327 "Methods for Producing Recombinant Coronavirus" Filed 2002 and issued 2007 https://patents.google.com/patent/US7279327B2/ru The paper first published from the NIAID grant is https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC7109931&blobtype=pdf
1990	Pfizer files U.S. Patent 6,372,224 on a vaccine for the *S*-protein on coronavirus November 14, 2000 which was abandoned April 2010 making it public domain.
1990s	Work focused on CoV association with cardiomyopathy (see above) Early reference to the "emergence" of CoV as a ***respiratory pathogen*** in https://link.springer.com/content/pdf/10.1007%2F978-1-4615-1899-0_91.pdf
2000	Ralph Baric AI23946 and GM63228 from the National Institutes of Health actively working recombinant CoV
2001	National Institute of Health, Allergy and Infectious diseases. "Reverse Genetics with a Coronavirus Infectious cDNA Construct." 4/1/2001-3/31/005 $1.0 million total costs/yr. RS Baric, PI
2002	Asia CoV SARS outbreak
2003	April 25, 2003 CDC Patent filed and ultimately becomes US7,220,852 (the patent on the RNA sequence) and 7,776,521 (the patent on the testing methodology. These patents give the U.S. Department of Health and Human Services the ability to control the commercial exploitation of SARS coronavirus. Dr. Anthony Fauci appointed to the Bill and Melinda Gates Foundation's Global Grand Challenges Scientific Advisory Board (served through 2010). April 28, 2003 Sequoia Pharmaceuticals $953K for pathogen response and patent US7,151,163 https://www.sbir.gov/node/305319 July 21, 2003 Ralph Baric's team (using AI23946 and GM63228) file U.S. Patent 7,618,802 which issued on November 17, 2009. https://patents.google.com/patent/US7618802B2 Dana Farber Cancer Institute files U.S. Patent 7,750,123 on a monoclonal antibody to neutralize SARS CoV. This research is supported by several NIH grants including National Institutes of Health Grants A128785, A148436, and A1053822.
2004	January 6, 2004 – ***SARS and Bioterrorism linked*** at Bioterrorism and Emerging Infectious Diseases: antimicrobials, therapeutics and immune modulators. https://tks.keystonesymposia.org/index.cfm?e=web.meeting.program&meetingid=706 ***At this conference, the term "The New Normal" was introduced by Merck*** ***FAUCI AND BARIC start making money!!!*** National Institutes of Health, Allergy and Infectious Diseases. SARS Reverse Genetics. AI059136-01. $1.7 million total costs, RS Baric, PI. 10% effort. 4/1/04- 3/31/09. The project develops a SARS-CoV full length infectious cDNA, the development of SARS-CoV replicon particles expressing heterologous genes, and seeks to adapt SARS-CoV to mice, producing a pathogenic mouse model for SARS-CoV infection.

National Institutes of Health, Allergy and Infectious Diseases. R01. Remodeling the SARS Coronavirus Genome Regulatory Network. RS Baric, PI 10% effort. 7/1/04-6/30/09. $2.1 million

November 22, 2004 University of Hong Kong patents SARS associated spike protein on CoV and pursues patent US 7,491,489

2005 DARPA gets in on the game Synthetic Coronaviruses. Biohacking: Biological Warfare Enabling Technologies, June 2005. Washington, DC. DARPA/MITRE sponsored event. Invited Speaker

Review timeline from https://www.youtube.com/watch?v=rO_EeYB0i0U and https://www.davidmartin.world/wp-content/uploads/2020/04/20APRBotWslides.pdf

2008 Biodefense Grant U54 AI057157 commences with $10,189,682 to UNC Chapel Hill https://taggs.hhs.gov/Detail/AwardDetail?arg_awardNum=U54AI057157&arg_ProgOfficeCode=104

2009 Biodefense Grant U54 AI057157 continues with $5,448,656 to UNC Chapel Hill (non-competitive grant from NIAID)

2010 Biodefense Grant U54 AI057157 continues with $8,747,142 to UNC Chapel Hill (non-competitive grant from NIAID)

Patent issuance for SARS coronavirus patents peak post the Asia outbreak at 391 issued patents.

August 6, 2010, Moderna (prior to its establishment) files U.S. Patent 9,447,164 which attracted the investment of (and "inventorship" for) venture capitalists at Flagship Ventures. This patent grew out of the work of Dr. Jason P. Schrum of Harvard Medical School supported by National Science Foundation Grant **#0434507. While the application claims priority to August 2010, the application didn't get finalized until October, 2015. On November 4, 2015, the USPTO issued a non-final rejection on this original patent rejecting all claims.** https://www.nsf.gov/awardsearch/showAward?AWD_ID=0434507 with reference to the grant funding in https://molbio.mgh.harvard.edu/szostakweb/publications/Szostak_pdfs/Schrum_et_al_JACS_2009.pdf

2011 Crucell joined the Janssen Pharmaceutical Companies of Johnson & Johnson in February taking with it all of its SARS technology.

Biodefense Grant U54 AI057157 continues with $7,344,820 to UNC Chapel Hill (non-competitive grant from NIAID)

2012 MERS isolated in Egypt

Biodefense Grant U54 AI057157 continues with $7,627,657 to UNC Chapel Hill (non-competitive grant from NIAID)

2013 Biodefense Grant U54 AI057157 continues with $7,226,237 to UNC Chapel Hill (non-competitive grant from NIAID)

2014 April 23, 2014, Moderna files patent on nucleic acid vaccine with Patents US9872900 and US10022435

2015	Moderna signs a vaccine development agreement with NIAID and executes it with the lead on the mRNA-1273 lead developer and inventor Guiseppe Ciaramella. https://www.documentcloud.org/documents/6935295-NIH-Moderna-Confidential-Agreements.html
2016	NIH through Scripps Institute and Dartmouth College file patent application WO 2018081318A1 "Prefusion Coronavirus Spike Proteins and their Use" disclosing mRNA technology that overlaps (and is used in tandem with) Moderna's technology. https://patents.google.com/patent/WO2018081318A1/en Lead Inventor Barney Scott Graham was well known to Moderna as he's the person at NIH that Moderna "e-mailed" to get the sequence for SARS CoV-2 according to Moderna's report here *("In January 2020, once it was discovered that the infection in Wuhan was caused by a novel coronavirus, Bancel quickly emailed Dr. Barney Graham, deputy director of the Vaccine Research Center at the National Institutes of Health, asking him to send the genetic sequence for the virus.")* https://www.wsws.org/en/articles/2020/05/26/vacc-m26.html In addition, co-inventor Jason McLellan worked with Graham on a vaccine patent jointly owned with the Chinese government filed in Australia in 2013 https://patents.google.com/patent/AU2014231357A1/en?inventor=Jason+MCLELLAN.
2017	August – Sanofi buys Protein Science Corp with considerable SARS patent holdings
2018	June – Sanofi buys Ablynx with considerable SARS patent holdings
2019	March, https://wyss.harvard.edu/news/sherlock-biosciences-licenses-wyss-technology-to-create-affordable-molecular-diagnostics/ funded by Open Philanthropy – the same organization that would be the financial sponsor of the Event 201 "table-top" exercise that laid out the entire "pandemic" plan in October 2019.

15 U.S.C. §8 – Market Manipulation and Allocation

Every combination, conspiracy, trust, agreement, or contract is declared to be contrary to public policy, illegal, and void when the same is made by or between two or more persons or corporations, either of whom, as agent or principal, is engaged in importing any article from any foreign country into the United States, and when such combination, conspiracy, trust, agreement, or contract is intended to operate in restraint of lawful trade, or free competition in lawful trade or commerce, or to increase the market price in any part of the United States of any article or articles imported or intended to be imported into the United States, or of any manufacture into which such imported article enters or is intended to enter. Every person who shall be engaged in the importation of goods or any commodity from any foreign country in violation of this section, or who shall combine or conspire with another to violate the same, is guilty of a misdemeanor, and on conviction thereof in any court of the United States such person shall be fined in a sum not less than $100 and not exceeding $5,000, and shall be further punished by imprisonment, in the discretion of the court, for a term not less than three months nor exceeding twelve months.

Through non-competitive grant awards to UNC Chapel Hill's Ralph Baric, to selection of the Bio-Safety Level 4 laboratory locations, to the setting of prices for Remdesivir and mRNA therapies from Moderna and Pfizer, NIAID, CDC, and the U.S. Department of Health and Human Services have been involved in allocating Federal funds to conspiring parties without independent review.

Around March 12, 2020, in an effort to enrich their own economic interests by way of securing additional funding from both Federal and Foundation actors, the CDC and NIAID's Dr Fauci elected to suspend testing and classify COVID-19 by capricious symptom presentation alone. Forcing the public to rely on The COVID Tracking Project – funded by the Bloomberg, Zuckerberg and Gates Foundation and presented by a media outlet (***The Atlantic***) – not a public health agency – Dr. Fauci used fraudulent testing technology (RT-PCR) to conflate "COVID cases" with positive PCR tests in the living while insisting that COVID deaths be counted by symptoms alone. This perpetuated a market demand for his desired vaccine agenda which was recited by him and his conspiring parties around the world until the present. Not surprisingly, this was necessitated by the apparent fall in cases that constituted Dr. Fauci's and others' criteria for depriving citizens of their 1st Amendment rights.

15 U.S.C. § 19 – Interlocking Directorates

(1) No person shall, at the same time, serve as a director or officer in any two corporations (other than banks, banking associations, and trust companies) that are—

(A) engaged in whole or in part in commerce; and

(B) by virtue of their business and location of operation, competitors, so that the elimination of competition by agreement between them would constitute a violation of any of the antitrust laws; if each of the corporations has capital, surplus, and undivided profits aggregating more than $10,000,000 as adjusted pursuant to paragraph (5) of this subsection.

Dr. Fauci is on the Leadership Council of the Bill and Malinda Gates Global Vaccine Action Plan

Dr. Fauci while controlling the economic dispensation of Federal research funding, Dr. Fauci has been, and continues to be, on the World Health Organization's Global Preparedness Monitoring Board. He is joined on this board by the conflicted donor from the Bill and Melinda Gates Foundation's Dr. Chris Elias and the State Council of China's Dr. George F. Gao of the Chinese CDC. This GPMB stipulated that all member states must take part in a global simulation of the release of a respiratory pathogen.

Dr. Baric is one of the primary beneficiaries of U.S. Federal funds, runs a BSL-4 facility and sits on the International Committee on Taxonomy of Virus *Coronaviridae* Working Group tasked to confirm the presence of absence of the pathogen for which he is directly compensated.

As referenced in the section covering violations of 18 U.S.C. § 1001 above, numerous undisclosed commercial relationships exist between funded researchers, their funding agencies, and commercial interests in which disclosed and undisclosed commercial terms exist. A complete list of all potential implicated parties is listed in the section below entitled "The Commercial Actors".

It appears that, during the period of patent enforcement and after the Supreme Court ruling confirming that patents on genetic material were illegal, the CDC and National Institute of Allergy and Infectious Diseases led by Anthony Fauci (hereinafter "NIAID" and "Dr Fauci", respectively) entered into trade among States (including, but not limited to working with Ecohealth Alliance Inc.) and with foreign nations (specifically, the Wuhan Institute of Virology and the Chinese Academy of Sciences) through the 2014 et seq National Institutes of Health Grant R01AI110964 to exploit their patent rights.

It further appears that, during the period of patent enforcement and after the Supreme Court ruling confirming that patents on genetic material was illegal, the CDC and National Institute of Allergy and Infectious Diseases (hereinafter "NIAID") entered into trade among States (including, but not limited to working with University of North Carolina, Chapel Hill) and with foreign nations (specifically, the Wuhan Institute of Virology and the Chinese Academy of Sciences represented by Zheng-Li Shi) through U19AI109761 (Ralph S. Baric), U19AI107810 (Ralph S. Baric), and National Natural Science Foundation of China Award 81290341 (Zheng-Li Shi) et al. 2015-2016.

It further appears that, during the period of patent enforcement and after the Supreme Court ruling confirming that patents on generic material was illegal, the CDC and NIAID entered into trade among States (including, but not limited to working with University of North Carolina, Chapel Hill) and with foreign nations to conduct chimeric construction of novel coronavirus material with specific virulence properties prior to, during, and following the determination made by the National Institutes for Health in October 17, 2014 that this work was not sufficiently understood for its biosecurity and safety standards.

In this inquiry, it is presumed that the CDC and its associates were: a) fully aware of the work being performed using their patented technology; b) entered into explicit or implicit agreements including licensing, or other consideration; and, c) willfully engaged one or more foreign interests to carry forward the exploitation of their proprietary technology

when the U.S. Supreme Court confirmed that such patents were illegal and when the National Institutes of Health issued a moratorium on such research.

Reportedly, in January 2018, the U.S. Embassy in China sent investigators to Wuhan Institute of Virology and found that, "During interactions with scientists at the WIV laboratory, they noted the new lab has a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory." The Washington Post reported that this information was contained in a cable dated 19 January 2018. Over a year later, in June 2019, the CDC conducted an inspection of Fort Detrick's U.S. Army Medical Research Institute of Infectious Diseases (hereinafter "USAMRIID") and ordered it closed after alleging that their inspection found biosafety hazards. A report in the journal Nature in 2003 (423(6936): 103) reported cooperation between CDC and USAMRIID on coronavirus research followed by considerable subsequent collaboration. The CDC, for what appear to be the same type of concern identified in Wuhan, elected to continue work with the Chinese government while closing the U.S. Army facility.

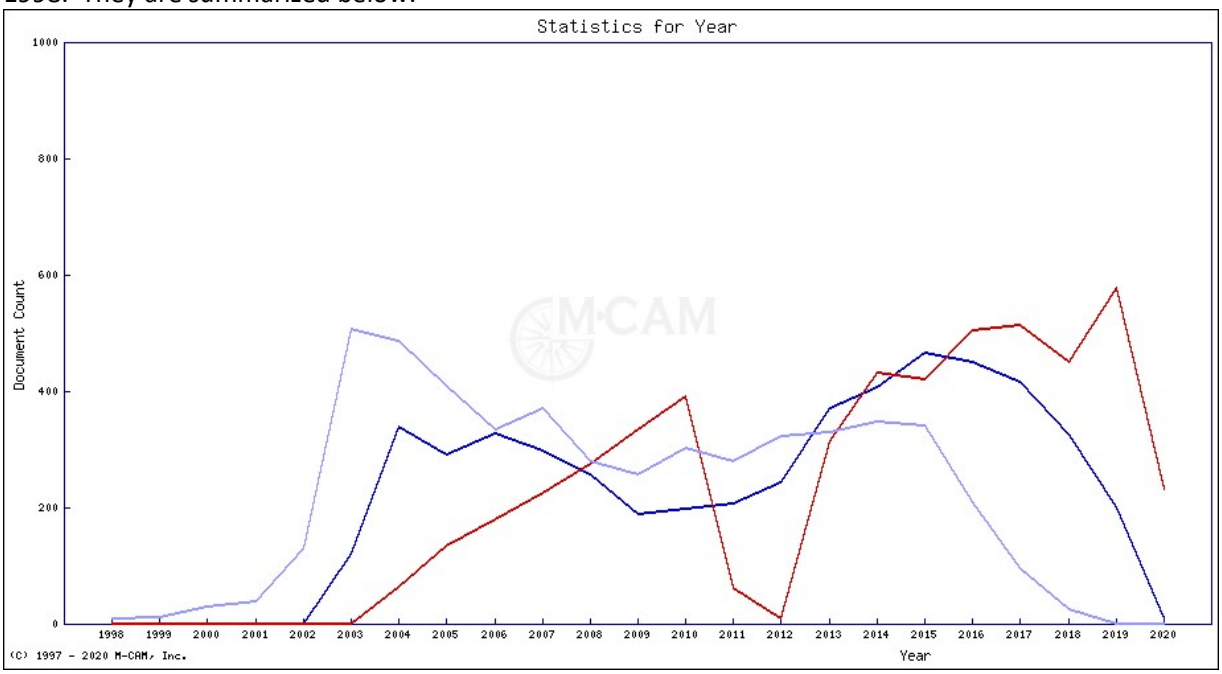
The CDC reported the first case of SARS-CoV like illness in the United States in January 2020 with the CDC's Epidemic Intelligence Service reporting 650 clinical cases and 210 tests. Given that the suspected pathogen was first implicated in official reports on December 31, 2019, one can only conclude that CDC: a) had the mechanism and wherewithal to conduct tests to confirm the existence of a "novel coronavirus"; or, b) did not have said mechanism and falsely reported the information in January. It tests credulity to suggest that the WHO or the CDC could manufacture and distribute tests for a "novel" pathogen when their own subsequent record on development and deployment of tests has been shown to be without reliability

35 U.S.C. §200 - 206 – Disclosure of Government Interest

35 U.S.C. §202 (c)(6)

An obligation on the part of the contractor, in the event a United States patent application is filed by or on its behalf or by any assignee of the contractor, to include within the specification of such application and any patent issuing thereon, a statement specifying that the invention was made with Government support and that the Government has certain rights in the invention.

Over 5000 patents and patent applications have included reference to SARS Coronavirus dating back to priority dates of 1998. They are summarized below.



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		total
file	0	0	0	0	1	120	338	290	328	297	256	188	198	207	244	371	407	466	451	416	426	199	8	file	5111
issue	0	0	0	0	0	1	63	135	179	224	275	334	391	61	8	314	431	420	504	513	449	578	231	issue	5111
priority	10	12	29	38	129	506	487	408	335	370	279	256	303	279	322	330	348	342	208	95	25	0	0	priority	5111
total	10	12	29	38	129	627	888	833	842	891	810	778	892	547	574	1015	1186	1228	1163	1024	800	777	240	total	15333

On July 23, 2020, the Patent Trial and Appeal Board of the United States Patent and Trademark Office rejected Moderna's efforts to invalidate U.S. Patent 8,058,069. This patent, owned by Arbutus Biopharma Corp (principally owned by Roivant Science Ltd), covers the lipid nanoparticle (LNP) required to deliver an mRNA vaccine. Some of the core technology was based on work originally done at the University of British Columbia and was first licensed in 1998.

mRNA-1273 – the experimental vaccine developed by Moderna for COVID-19 – uses the LNP technology that Moderna thought it had licensed from Acuitas Therapeutics Inc., a firm developed by a former principal of Arbutus' prior company Tekmira. That license did not authorize Moderna to use the technology for the COVID-19 vaccine.

M·CAM and Knowledge Ecology International have independently confirmed that Moderna has violated U.S. law in failing to disclose the U.S. government's funding interest in their patents and patent applications. While this negligence impacts all of Moderna's over 130 granted U.S. patents, it is particularly problematic for U.S. Patent 10,702,600 ('600) which is the patent relating to, "a messenger ribonucleic acid (mRNA) comprising an open reading frame encoding a betacoronavirus (BetaCoV) S protein or S protein subunit formulated in a lipid nanoparticle." The specific claims addressing the pivot to the SARS Coronavirus were patented ***on March 28, 2019 – 9 months before the SARS CoV-2***

outbreak! Both the patent and the DARPA funding for the technology were disclosed in scientific publication (*New England Journal of Medicine*) but the government funds were not acknowledged in the patent.

In 2013, the Autonomous Diagnostics to Enable Prevention and Therapeutics (ADEPT) program awarded grant funding to Moderna Therapeutics for the development of a new type of vaccine based on messenger RNA. The initial DARPA grant was W911NF-13-1-0417. ***The company used that technology to develop its COVID-19 vaccine, currently undergoing Phase I clinical trials in conjunction with NIH***.[29]

Under the Federal Acquisition Regulation (FAR) rules, contractor to the Federal Government must provide information regarding intellectual property infringement issues as part of their contract. Under FAR §27.201-1(c) and (d), the Government both requires a notice of infringement or potential infringement as well as retention of economic liability for patent infringements. Specifically, in FAR §52.227.3 (a), the "Contractor shall indemnify the Government and its officers, agents, and employees against liability, including costs for infringement of any United States Patent…". In addition to the patents cited by the USPTO in their examination of '600, M·CAM has identified fourteen other issued patents preceding the '600 patent which were used by patent examiners to limit patents arising from the same funded research including patents sought by CureVac.

In short, while Moderna enjoys hundreds of millions of dollars of funding allegiance and advocacy from Anthony Fauci and his NIAID, since its inception, it has been engaged in illegal patent activity and demonstrated contempt for U.S. Patent law. To make matters worse, the U.S. Government has given it financial backing in the face of undisclosed infringement risks potentially contributing to the very infringement for which they are indemnified.

[29] https://crsreports.congress.gov/product/pdf/IN/IN11446

21 C.F.R. § 50.24 et seq., Illegal Clinical Trial

It is unlawful to conduct medical research (even in the case of emergency) without a series of steps taken to:

a. **Establish the research with a duly authorized and independent institutional review board;**
b. **Secure informed consent of all participants including a statement of risks and benefits; and,**
c. **Engage in consultation with the community in which the study is to be conducted.**

Dr. Anthony Fauci has forced upon the healthy population of the United States an unlawful clinical trial in which the U.S. Department of Health and Human Services are extrapolating epidemiologic data. No informed consent has been sought or secured for any of the "medical countermeasures" forced upon the population and no independent review board – as defined by the statute – has been empaneled.

Through April 2020, the official recommendation by the ***Journal of the American Medical Association*** was unambiguous.

"Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill."[30]

Part of that lack of evidence in fact showed that cloth facemasks actually increased influenza-linked illness.[31]

In contravention to established science, States, municipalities, and businesses have violated the legal requirements for the promulgation of medical counter measures during a public health emergency stating a "belief" that face masks limit the spread of SARS CoV-2. To date, not a single study has confirmed that a mask prevented the transmission of, or the infection by SARS CoV-2.

All parties mandating the use of facemasks are not only willfully ignoring established science but are engaging in what amounts to a whole population clinical trial. This conclusion is reached by the fact that facemask use and COVID-19 incidence are being reported in scientific opinion pieces promoted by the United States Centers for Disease Control and Prevention and others.[32]

Social distancing of up to 6 feet has been promoted as a means of preventing person-to-person transmission of influenza-like viruses. While one study hypothesized that infection could happen in a 6 foot range, the study explicitly states that person-to-person transfer was not tested and viability of the virus at 6 feet was not even a subject of the investigation.[33] That did not stop the misrepresentation of the study to be used as the basis for an unverified medical counter measure of social distancing. To date, no study has established the efficacy of social distancing to modify the transmission of SARS CoV-2. Public health officials have referenced:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5907354/#CR43

In contravention to established science, States, municipalities, and businesses have violated the legal requirements for the promulgation of medical counter measures during a public health emergency stating a "belief" that social distancing of a healthy population limits the spread of SARS CoV-2. To date, not a single study has confirmed that social distancing of any population prevented the transmission of, or the infection by SARS CoV-2.

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[30] https://jamanetwork.com/journals/jama/fullarticle/2762694
[31] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/
[32] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html
[33] *Werner E. Bischoff, Katrina Swett, Iris Leng, Timothy R. Peters, Exposure to Influenza Virus Aerosols During Routine Patient Care,* The Journal of Infectious Diseases*, Volume 207, Issue 7, 1 April 2013, Pages 1037–1046,* ***https://doi.org/10.1093/infdis/jis773***

It is unlawful under the FTC Act, 15 U.S.C. § 41 et seq., to advertise that a product or service can prevent, treat, or cure human disease unless you possess competent and reliable scientific evidence, including, when appropriate, well-controlled human clinical studies, substantiating that the claims are true at the time they are made. As a result, every party promoting the use of face masks is violating the FTC Act.

All of these laws have been broken. All relevant authorities in the United States must cease and desist the use of face masks until the matters above are rectified.

Tab 4

The Honorable Ashley B. Moody
Attorney General of Florida
107 West Gaines Street
Tallahassee, FL 32399-1050

December 27, 2021

SUBJECT: Indictment – Multiple Violations of U.S. Code – Reference: COVID-19

Forty-Five Pages

Criminal complaint filed with the International Criminal Court (ICC) of December 6, 2021:

Subject of ICC complaint:

- Violations of the Nuremberg Code
- Violation of Article 6 of the Rome Statute
- Violation of Article 7 of the Rome Statute
- Violation of Article 8 of the Rome Statute
- Violation of Article 8 bis3 of the Rome Statute

December 6, 2021

International Criminal Court
Office of the Prosecutor
Communications
Post Office Box 19519
2500 CM The Hague
The Netherlands
EMAIL: otp.informationdesk@icc-cpi.int

BEFORE THE INTERNATIONAL CRIMINAL COURT
(TREATY OF ROME STATUTE, ART. 15.1 AND 53)

Subject of complaint:
- **Violations of the Nuremberg Code**
- **Violation of Article 6 of the Rome Statute**
- **Violation of Article 7 of the Rome Statute**
- **Violation of Article 8 of the Rome Statute**
- **Violation of Article 8 bis3 of the Rome Statute**

Based on the extensive claims and enclosed documentation, we charge those responsible for numerous violations of the Nuremberg Code, crimes against humanity, war crimes and crimes of aggression in the United Kingdom, but not limited to individuals in these countries.

Perpetrators: Prime Minister for the United Kingdom BORIS JOHNSON, Chief Medical Officer for England and Chief Medical Adviser to the UK Government CHRISTOPHER WHITTY, (former) Secretary of State for Health and Social Care MATTHEW HANCOCK, (current) Secretary of State for Health and Social Care SAJID JAVID, Chief Executive of Medicines and Healthcare products Regulatory Agency (MHRA) JUNE RAINE, Director-General of the World Health Organisation TEDROS ADANHOM GHEBREYESUS, Co-chair of the Bill and Melinda Gates Foundation WILLIAM GATES III and Co-chair of the Bill and Melinda Gates Foundation, MELINDA GATES, Chairman and Chief executive officer of Pfizer ALBERT BOURLA, Chief Executive Officer of AstraZeneca STEPHANE BANCEL, Chief Executive Officer of Moderna PASCAL SORIOT, Chief Executive of

Johnson and Johnson ALEX GORSKY, President of the Rockefeller Foundation DR RAJIV SHAH, Director of the National Institute of Allergy and Infectious Disease (NIAID) DR ANTHONY FAUCI, Founder and Executive Chairman of the World Economic Forum KLAUS SCHWAB, President of EcoHealth Alliance DR PETER DASZAK

Victim(s): THE PEOPLES OF THE UNITED KINGDOM

Applicants:

Hannah Rose – Lawyer and human rights activist

Dr Mike Yeadon – Qualified life science researcher with a degree in biochemistry in toxicology, and a research-based PhD in respiratory pharmacology, former Vice President and Chief Scientist of allergy and respiratory research at Pfizer

Piers Corbyn – Astrophysicist and activist

Mark Sexton – Retired Police officer

John O'Loony – Funeral Director and activist

Johnny McStay – Activist

Louise Shotbolt – Nurse and human rights activist

Legal representation and election of domicile

The applicants will be represented for the purposes of this procedure by Hannah Rose

Email: hannahroses111@hotmail.com

Consequently, all subsequent correspondence shall be sent only to the email address given above. Any notification within the meaning of the Statute of the Court addressed in this way will be considered valid.

Mr Prosecutor,

1 This communication and complaint is provided to the office of the Prosecutor pursuant to the United Kingdom's accession to the International Criminal Court's Rome Statute deposited with the Secretary-General of the United Nations on October 4, 2000.

2 We have tried to raise this case through the local English police and the English Court system without success. We have been unable to even get the case registered either with the police or with the court after several attempts. The statute for the ICC declares that *"The ICC is intended to complement, not to replace, national criminal systems;* ***it prosecutes cases only when a State is unwilling or unable genuinely to carry out the investigation or prosecution*** **(Article 17(1)(a)). This is such a case which is why we are addressing the ICC directly.**

A. BACKGROUND

3 **The Corona virus 'vaccines'**

are an innovative medical treatment, which have only received temporary Authorisation under Regulation 174 of the Human Medicine Regulations Act (2012). The long-term effects and safety of the treatment in recipients are unknown. It is important to note that the Corona Virus 'vaccines' are the world's first introduction to the synthetic m-RNA technology and all previous immunisations worked in a totally different manner by way of introducing a deactivated or weakened virus to the body to trigger a natural arousal of the immune system against it. As detailed by Dr Mike Yeadon, the risks anticipated by this innovative medical treatment are hereby enclosed as Appendix 1 to this request.

4 All Phase 3 COVID-19 vaccine trials are ongoing and not due to conclude until late 2022/early 2023. The vaccines are, therefore, currently experimental with only limited short-term and no long-term adult safety data available. In addition, they are using a completely new mRNA vaccine technology, which has never previously been approved for use in humans. The mRNA is effectively a pro-drug and it is not known how much spike protein any individual will produce. Potential late-onset effects can take months or years to become apparent. The limited children's trials undertaken to date are totally underpowered to rule out uncommon but severe side effects.

5 The Covid-19 'vaccines' do not meet the requirements to be categorised as vaccines and are in fact gene therapy (Appendix 8). The Merriam-Webster dictionary quietly changed the definition of the term 'vaccine' to include components of the COVID-19 m-RNA injection. The definition of vaccine was specifically changed due to the Covid-19 injection on February 5th 2021. Dr Mike Yeadon, joint applicant on this request, asserts that claims calling the Covid-19 injections a 'vaccine is public manipulation and misrepresentation of clinical

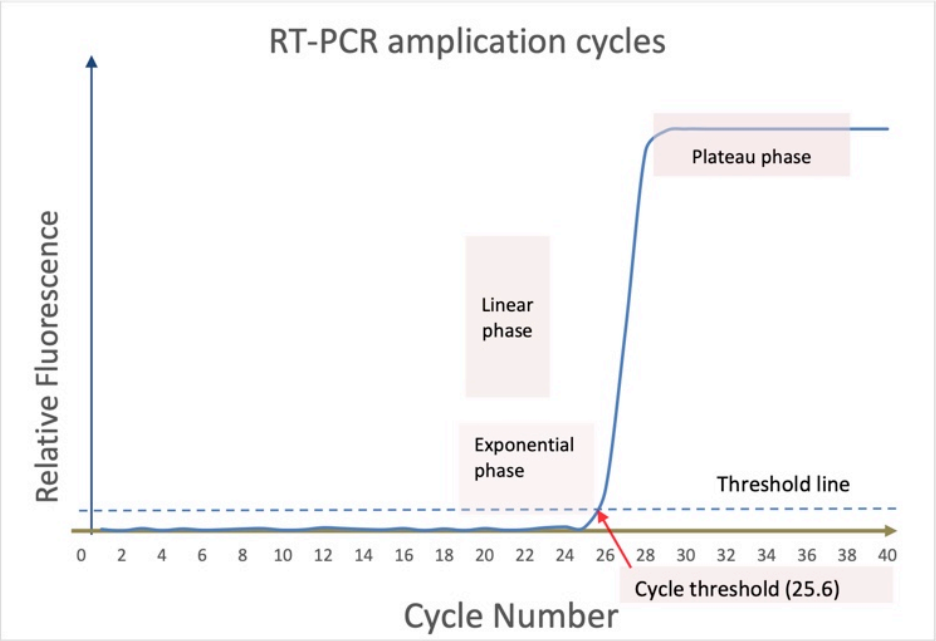
treatment. It's not a vaccination. It's not prohibiting infection. It's not a prohibiting transmission device. It's a means by which your body is conscripted to make the toxin that then allegedly your body somehow gets used to dealing with it, but unlike a vaccine, which is to trigger the immune response, this is to trigger the creation of the toxin.' MRNA uses the cell's machinery to synthesize proteins that are supposed to resemble the SPIKE protein of the virus, which is what it uses to enter cells via the ACE2 receptor. These proteins are then identified by the immune system, which builds antibodies against them. The real concern is that these proteins could accumulate in the body especially in regions of high concentration of ACE2 receptors, such as the gonads. If the immune system then attacks the location where they accumulate, then you could be dealing with an auto-immune condition.

6 **PCR Tests**

A review from the University of Oxford's Centre for Evidence-Based Medicine (Appendix 2) found that the standard PRC test is so sensitive that it can detect old infections by picking up fragments of dead viral cells. Originally developed to detect the presence of DNA and RNA in biological samples, even its Nobel Prize-winning inventor Kary Mullis declared that PCR was never intended to diagnose a disease. It simply detects the presence of specific genetic material, which may or may not indicate infection. As Dr. Kary Mullis put it, the PCR technique can find almost anything in anybody. The PCR test uses amplification cycles to find viral RNA. The sample is repeatedly chemically amplified to increase the RNA copies until they can be detected. Each "cycle" of amplification doubles the number of molecules in a sample. If you run enough cycles, you can effectively find a single molecule of any substance. Public Health England (PHE) policy confirms that the cycle threshold should be set around 25.6 and if the machine must run more than 25 to 35 cycles (Appendix 2a) to get the sample to the test's Limit of Detection, there isn't enough virus in the sample to matter clinically.

Understanding cycle threshold (Ct) in SARS-CoV-2 RT-PCR

Figure 1 demonstrates the stages for RT-PCR post run analysis.



(Appendix 2a)

We have information from freedom of information requests that as many as 40-45 cycles are being carried out (Appendix 3, 3a, 3b, 3c) which is too many because it increases the chance of a positive result even without coronavirus RNA being present in the original sample – hence the 'asymptomatic' individuals. In addition to being completely unreliable, the PCR tests also contain carcinogenic ethylene oxide. (Appendix 48)

7 **<u>Covid is a biological weapon - Gain of function research</u>**

Chinese Virologist Li-Meng Yan was among the first researchers to study covid-19 in China after she was enlisted to investigate the origin of the virus by superior Leo Poon. Dr Li-Meng Yan and her team published a report (Appendix 4) claiming that the novel coronavirus was developed "as a laboratory product created by using bat coronaviruses ZC45 and/or ZXC21 as a template and/or backbone." The report states that "ZC45 and ZXC21 were discovered between July 2015 and February 2017 and isolated and characterized by the aforementioned military research laboratories." It also says that when a non-military lab, the Shanghai Public Health Clinical Centre, published a *Nature* article reporting "a conflicting close phylogenetic relationship between SARS-CoV-2 and ZC45/ZXC2 rather than with RaTG13 was quickly shut down for 'rectification.'" The report also accuses several publications of bowing to

political pressure or of experiencing “conflicts of interest” so as not to publish findings that differ from the natural origin theory. “The existing scientific publications supporting a natural origin theory rely heavily on a single piece of evidence – a previously discovered bat coronavirus named RaTG13, which shares a 96% nucleotide sequence identity with SARS-CoV-2,”.

8 The National Institutes of Health (NIH) in the USA has admitted to funding gain of function research on bat coronaviruses at China’s Wuhan lab – despite Dr. Anthony Fauci repeatedly denying this. In a letter to Republican James Comer (Appendix 5), NIH’s principal deputy director A. Tabak, blamed EcoHealth Alliance – that funnelled US funds to the Wuhan lab – for not being transparent about the work it was doing. British scientist Peter Daszak who runs EcoHealth is accused by Tabak of failing to comply with the terms of the grant. As recently as November 2021, Fauci was accused of lying about gain of function research after documents obtained by the intercept (Appendix 6) detailed grants given to EcoHealth Alliance for bat coronavirus studies. The $3.1 million grant was awarded for a five-year period between 2014 and 2019. After the funding was renewed in 2019, it was suspended by the Trump administration in April 2020. The grant directed $599,000 to the Wuhan Institute of Virology for bat coronavirus research.

9 British Professor Angus Dalgleish and Norwegian scientist Dr. Birger Sørensen, published a report in the *Quarterly Review of Biophysics* (Appendix 7) and claim that the coronavirus's spike protein contains sequences that appear to be artificially inserted. They claim they had 'prima facie evidence of retro-engineering in China' for a year - but were ignored by academics and major journals. Dalgleish is a professor of oncology at St George's University, London, and is best known for his breakthrough creating the first working 'HIV vaccine’ to treat diagnosed patients and allow them to go off medication for months. While analysing COVID-19 samples last year in an attempt to create a vaccine, Dalgleish and Sørensen discovered 'unique fingerprints' in the virus that they say could only have arisen from manipulation in a laboratory. They said they tried to publish their findings but were rejected by major scientific journals, which were at the time resolute that the virus jumped naturally from bats or other animals to humans. Even when former MI6 chief Sir Richard Dearlove spoke out publicly saying the scientists' theory should be investigated, the idea was dismissed as 'fake news.’

10 **Graphene hydroxide**

Dr Andreas Noack is a German chemist and one of the EU's top graphene experts, carbon expert, and doctored in the field of activated carbon whereby for his doctoral thesis he converted graphene oxide into graphene hydroxide. Professor Dr Pablo Campra comes from the university of Almeria, and alongside Dr Andreas Noack, he examined the covid 'vaccines' for the presence of graphene oxide with the Micro-Raman Spectroscopy, the study of frequencies. According to both doctors, the vaccines don't contain graphene oxide but do contain graphene hydroxide. On November 23, 2021, Dr Andreas Noack released a video explaining what graphene hydroxide is and how the nano structures injected into the human body act as 'razor blades' inside the veins of 'vaccine' recipients. Dr Andreas goes on to explain how due to the nano size of the graphene oxide structures they would not show up on an autopsy as toxicologists can't imagine that there are structures that can cut up blood vessels causing people to bleed to death on the inside so they would not be looking for them, given their atomic size.

11 On 18th November 2020 Dr Andreas Noack was on a 'livestream' on YouTube discussing the dangers of the Covid-19 'vaccines' when he was arrested on camera by armed German police (Appendix 41). On 26th November 2021, just hours after publishing his latest video about graphene oxide and graphene hydroxide (Appendix 42) he was **attacked and murdered.**

12 **We request a full investigation be done into the inclusion of graphene hydroxide in the Covid-19 'vaccines' and into the assassination of Dr Andreas Noack.**

13 **Inflated Covid figures**

The numbers of Covid-19 cases have been artificially inflated due to the inaccuracy and unreliability of the PCR testing, and the number Covid-19 deaths in the UK have been massively artificially inflated due to the fact that a Covid death is recorded if an individual died for any reason within 28 days of a positive Covid-19 test (that was confirmed with the inaccurate and unreliable PRC tests). These deaths are being recorded as Covid-19 regardless of whether Covid-19 was the factual cause of death.

14 A Freedom of Information request (Appendix 43) shows us that between March and June 2020 the total number of Covid-19 related deaths in England and Wales with no pre-existing health conditions was 4,476.

Table 6a: Number of deaths involving COVID-19 by main pre-existing condition, sex and age, England and Wales, deaths occurring between March and June 2020

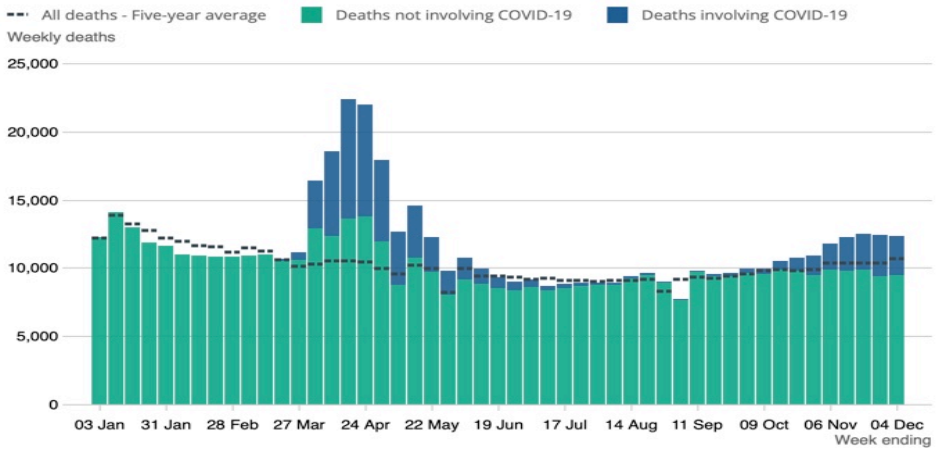
Country	Sex	Age	Main pre-existing condition	Number of deaths
England and Wales	Persons	0-44	No pre-existing condition	101
England and Wales	Persons	45-49	No pre-existing condition	91
England and Wales	Persons	50-54	No pre-existing condition	123
England and Wales	Persons	55-59	No pre-existing condition	227
England and Wales	Persons	60-64	No pre-existing condition	230
England and Wales	Persons	65-69	No pre-existing condition	293
England and Wales	Persons	70-74	No pre-existing condition	407
England and Wales	Persons	75-79	No pre-existing condition	519
England and Wales	Persons	80-84	No pre-existing condition	699
England and Wales	Persons	85-89	No pre-existing condition	802
England and Wales	Persons	90+	No pre-existing condition	984

(Appendix 43)

15 However, the Covid-19 deaths for the same period were recorded at 49,607 (Appendix 44)

1. Deaths since March were 20% above average

Death registrations in England and Wales compared with the five-year average (2015 to 2019), by whether or not COVID-19 was mentioned on the death certificate



Source: Office for National Statistics – Deaths registered weekly in England and Wales

(Appendix 44)

16 We submit that a further way that the Covid-19 statistics have been artificially inflated is by the 'rebranding' of the common influenza, pneumonia and other respiratory infections as Covid -19. Epidemiologist Knut Wittowski, the former head of biostatistics, epidemiology and research design at Rockefeller University, claims '*there may be quite a number of influenza cases included in the 'presumed Covid' category of people who have Covid symptoms (which influenza symptoms can be mistaken for), but are not tested for SARS RNA'*. Those patients, he argued, '*also may have some SARS RNA sitting in their nose while being infected with influenza, in which case the influenza would be 'confirmed' to be Covid'*.

17 Data from the ONS (Appendix 45) showed that deaths in 2018 from influenza and pneumonia amounted to 29,516 and in 2019, was 26,398. However, deaths in 2020 for influenza was recorded at just 394 and pneumonia at 13,619 (Appendix 46).

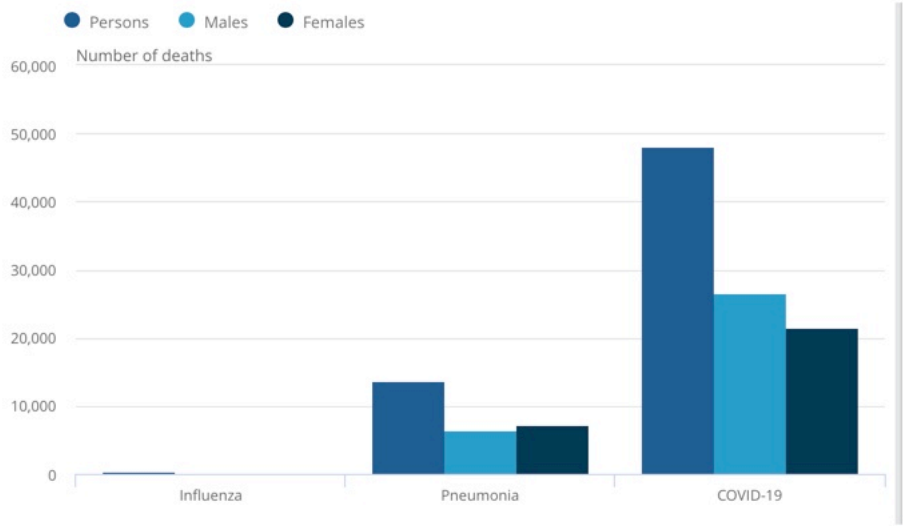
Influenza and Pneumonia

Country	2018	2019
Total mortality	29,516	26,398
England	27,142	24,400
Wales	2,309	1,942
England and Wales	29,451	26,342
Resident outside England and Wales	65	56

(Appendix 45)

Figure 1: There were more deaths due to COVID-19 between January and August 2020 than influenza or pneumonia

Number of deaths due to influenza, pneumonia or COVID-19 by sex, England and Wales, occurring between 1 January and 31 August 2020 and registered by 5 September 2020



Source: Office for National Statistics

(Appendix46)

18 John O'Loony, a joint applicant on this request is a funeral director running his own funeral home in Milton Keynes. He has testified (Appendix 47) that as a funeral director he saw *'a massive effort made to deliberately inflate Covid death numbers. Cancer patients and stroke victims and even one guy that was run over all ended up with Covid on their death certificate'.*

18a We submit that the misrepresentation of Covid cases and Covid deaths warrants a full investigation by the Court.

19 **Ineffectiveness of masks**

The World Health Organisation (WHO) has admitted that there is no evidence available on the usefulness of masks to protect non-sick individuals (Appendix 9). In addition to hypoxia and hypercapnia, breathing through facemask residues bacterial and germ components on the inner and outside layer of the facemask. These toxic components are repeatedly breathed back into the body, causing self-contamination. Breathing through facemasks also increases temperature and humidity in the space between the mouth and the mask, resulting in a release of toxic particles from the mask's materials. A systematic literature review estimated that aerosol contamination levels of facemasks, including 13 to 202,549 different viruses. Rebreathing contaminated air with high bacterial and toxic particle concentrations along with low O2 and high CO2 levels continuously challenge the body homeostasis, causing self-toxicity and immunosuppression. (Appendix 10)

20 **Alternative treatments**

Dr. Peter McCullough is an internist, cardiologist, and professor of medicine at Texas A and M College of Medicine. He has completed his bachelor's degree at Baylor University and has completed his medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas. He also completed his internal medicine residency at the University of Washington in Seattle, his cardiology fellowship – including service as Chief Fellow – at William Beaumont Hospital, and his master's degree in public health at the University of Michigan.

21 **Hydroxychloroquine**

The most widely studied and utilized drug in all of COVID-19. It basically has three mechanisms of action. It reduces the viral entry through endosomes. It helps work as a zinc ionophore. Zinc actually works to impair the RNA-dependent polymerase. Lastly, it's an anti-inflammatory. It changes the overall profile of cells so there's less inflammation. 259 supportive trials, 385,000 individuals and Hydroxychloroquine is, like I say, our mainstay in COVID-19 treatment. We have large studies as outpatients demonstrating hazard ratios here, much less than one, implying a 50% reduction in hospitalization and death from outpatient studies. We have a very large study from Iran where there's been, as you can see here, 28,000

individuals, they treat about 25% of their high-risk patients with a short course of Hydroxychloroquine plus other drugs, 30% reduction in hospitalization and death (Appendix 15)

22 **Ivermectin**

Another drug that impairs viral entry to the nucleus also has some properties against the spike protein. We have 60 trials with Ivermectin, a much smaller amount of information than Hydroxychloroquine, but that's still substantial. And here, Ivermectin has favourable hazard ratios for both inpatient and outpatient use, about a 70% reduction in mortality. (Appendix 16)

23 **Favipiravir**

Available in five countries overall, it's like **oral Remdesivir**. Remdesivir is currently approved in Japan as a treatment for patients infected with SARS-CoV-2, the virus that causes COVID-19. Outside of Japan, Remdesivir is an investigational, unapproved drug.

A report in the New England Journal of Medicine in May concludes that the broad spectrum antiviral medication developed by the biopharmaceutical company, Gilead Sciences, was superior to placebo in shortening the time to recovery in adults hospitalized with COVID-19 and who had evidence of lower respiratory tract infection (Appendix 17).

24 **Corticosteroids**

This is a mainstay of inpatient treatment. A meta-analysis suggests a 30% reduction in mortality. Inhaled Budesonide, known in the United States as Pulmicort, a randomized trial called the Stoic Trial. There was an 87% reduction in hospitalizations with inhaled Budesonide. So we have positive data for both oral and inhaled steroids (Appendix 18).

25 **Colchicine (off label)**

Colchicine is an anti-inflammatory drug. The largest, highest quality, randomized prospective double-blind placebo-controlled trial. This was coordinated at Montreal Heart Institute. Over 4,000 outpatients with symptomatic COVID-19, and among those who were confirmed positive, a 25% reduction in hospitalization and death (Appendix 19)

26 **Clade x and Event 201 Scenario**

In May, 2018, the World Economic Forum (WEF) partnered with Johns Hopkins to simulate a fictitious pandemic dubbed 'Clade X' (Appendix 12) to see how prepared the world be if ever faced with a catastrophic pandemic. A little over a year later, the WEF once again teamed up with Johns Hopkins, along with the **Bill and Melinda Gates Foundation**, to stage another pandemic exercise called 'Event 201' in October, 2019 (Appendix 13). Both simulations concluded that the world wasn't prepared for a global pandemic. A few short months following the conclusion of Event 201, **which specifically simulated a coronavirus outbreak**, the World Health Organization (WHO) officially declared that the coronavirus had reached pandemic status on March 11, 2020.

27 "*The next severe pandemic will not only cause great illness and loss of life, but could also trigger major cascading economic and societal consequences that could contribute greatly to global impact and suffering*" — Event 201 pandemic simulation (October, 2019)

27a Since then, just about every scenario covered in the Clade X and Event 201 simulations has come into play, including:

- Governments implementing lockdowns worldwide
- The collapse of many industries
- Growing mistrust between governments and citizens
- A greater adoption of biometric surveillance technologies
- Social media censorship in the name of combating misinformation
- The desire to flood communication channels with "authoritative" sources
- A global lack of personal protective equipment
- The breakdown of international supply chains
- Mass unemployment
- Rioting in the streets

28 After the nightmare scenarios had fully materialized by mid-2020, the WEF founder, Klaus Schwab, declared "*now is the time for a great reset*" in June 2021.

29 **We submit that it is highly unlikely, to the point that it is <u>unbelievable</u>, that this is purely excellent forecasting, planning, and modelling on the part of the WEF and partners that Clade X and Event 201 turned out to be so prophetic.**

30 **<u>Agenda 21/30 and the Great Reset Agenda</u>**

"*The pandemic represents a rare but narrow window of opportunity to reflect, reimagine, and reset our world to create a healthier, more equitable, and more prosperous future*" — Klaus Schwab, World Economic Forum

31 The so-called "great reset" promises to build *'a more secure, more equal, and more stable world*" if everyone on the planet agrees to "*act jointly and swiftly to revamp all aspects of our societies and economies, from education to social contracts and working conditions.*" (Appendix 11) But it wouldn't have been possible to contemplate materializing such an all-encompassing plan for a new world order without a global crisis, be it manufactured or of unfortunate happenstance, that shocked society to its core.

32 Together, the Johns Hopkins Centre for Health Security, the World Economic Forum, and the Bill and Melinda Gates Foundation submitted seven recommendations for governments, international organizations, and global business to follow in the event of a pandemic (Appendix 14). The Event 201 recommendations call for greater collaboration between the public and private sectors while emphasizing the importance of establishing partnerships with un-elected, global institutions such as the WHO, the World Bank, the International Monetary Fund, and the International Air Transport Organization, to carry out a centralized response. One of the recommendations calls for governments to partner with social media companies and news organization to censor content and control the flow of information.

33 According to the report,

"Governments will need to partner with traditional and social media companies to research and develop nimble approaches to countering misinformation. National public health agencies should work in close collaboration with WHO to create the capability to rapidly develop and release consistent health messages. For their part, media companies should commit to ensuring that ***authoritative messages are prioritized and that false messages are suppressed*** *including though [sic] the use of technology."*

34 **Censorship**

Throughout 2020, Twitter, Facebook, and YouTube have been censoring, suppressing, and flagging any coronavirus-related information that goes against World Health Organisation (WHO) recommendations as a matter of policy, just as Event 201 had recommended. Big tech companies have also deployed the same content suppression tactics during the 2020 US presidential elections — attaching "disputed" claims on content that question election integrity. The UK government and governments around the world are using the 'pandemic' to crack down on free expression and access to information. From the onset of Covid-19, political considerations have clashed with concerns about public health and free expression. Authorities have blocked legitimate websites and ordered the removal of unwanted content. Officials have reinforced these controls by criminalising more categories of online expression and arresting journalists, activists, and members for public speaking about the government's performance. To suppress unfavourable health statistics, critical reporting, and other COVID-19 content, the UK government has blocked websites or forced users, social media platforms, or online outlets to delete information. There has been an unprecedented assault on the freedom of doctors to care for their patients. Dr. Robert Malone, the **INVENTOR** of the RNA vaccines has been de-platformed on all social media for speaking out against the Covid injections. Some academic journals are blocking the publication of studies showing the effectiveness of drugs such as Ivermectin and hydroxychloroquine. Smear campaigns are being waged against any doctors and scientists who challenge the WHO narrative on Covid-19 and the Covid-19 'vaccines'. We are in a situation where governments and global NGO's have seized control of the medical profession.

Parallels to 1930's Germany

34a There are several survivors of the German Holocaust drawing stark parallels between Covid restrictions and the beginning of the Holocaust. An open letter sent to the European Medical Agency (EMA), The Medicines and Healthcare Products Regulatory Agency (MHRA), U.K, The Australian Health Regulation Agency, (AHPRA), Therapeutic Goods Administration (TGA), Australia, Medsafe, New Zealand and the Federation of Medical Regulatory Authorities (FMRAC), Canada (Appendix 50) states,

"We, the survivors of the atrocities committed against humanity during the Second World War, feel bound to follow our conscience. … Another holocaust of greater magnitude is taking place before our eyes. We call upon you to stop this ungodly medical experiment on

*humankind immediately. It is a medical experiment to which the Nuremberg Code must be applied." (**Rabbi Hillel Handler, Hagar Schafrir, Sorin Shapira, Mascha Orel, Morry Krispijn et al)***

34b During an interview with Dr. Reiner Fuellmich, (Appendix 51) Holocaust survivor Vera Sharav draws on her experience during Nazi Germany to form her perspective on what is happening in the world today. During the interview she goes on to say:

34c *"Under the Nazi Regime, moral norms were systematically obliterated. The medical profession and institutions were radically transformed, academic science, the military, industry and clinical medicine were tightly interwoven, as they are NOW. The Nazi system destroyed a social conscience in the name of Public Health. Violations against individuals and classes of human beings were institutionalised. Eugenics driven public health policies replaced the Physician's focus on the good of the individual. [The] German medical profession and institutions were perverted. Coercive public health policies violated individual civil and human rights. Criminal methods were used to enforce policy. Nazi Propaganda used fear of infectious epidemics to demonise Jews as spreaders of disease, as a menace to public health…. Fear and propaganda were the psychological weapons the Nazis used to impose a genocidal regime and today, some are beginning to understand why the German people didn't rise up, fear kept them from doing the right thing. Medical mandates are a major step backwards towards a fascist dictatorship and genocide. Government dictates, medical intervention, these undermine our dignity, as well as our FREEDOM….The stark lesson of the Holocaust is that whenever doctors join forces with government and deviate from their personal, professional, clinical commitment to do no harm to the individual, medicine can then be perverted from a healing, humanitarian profession to a murderous apparatus… What sets the Holocaust apart from all other mass genocides is the pivotal role played by the medical establishment, the entire medical establishment. Every step of the murderous process was endorsed by the academic, professional medical establishment. Medical doctors and prestigious medical societies and institutions lent the veneer of legitimacy to infanticide, mass murder of civilians. T4 was the first industrialised medical murder project in history. The first victims were disabled German infants and children under 3…. The next victims were the mentally ill, followed by the elderly in nursing homes. The murderous operations were methodical, and followed protocol very, very carefully. "*

B. **THE NUREMBERG CODE -**

35 A medical code of ethics based on the laws under which the Nazi criminals were judged in *U.S.A. vs. Karl Brandt, et al*. (Nuremberg physicians' trial), for their role in conducting horrific medical experiments during the Second World War. The Nuremberg Code later constituted the basis for the Helsinki Declaration 1965, which binds the World Medical Association and practicing physicians to '*act in the [individual] patient's best interest when providing medical care*'.

36 Article 21 of the Rome Statute sets out the legal sources upon which the ICC may draw. The statute defines three primary sources of international law: international treaties, international custom, and general principles of law recognised by civilized nations. It is recognised that the three sources are of equal value and that there is no hierarchy among them. According to the Statute, subsidiary means for determining the rules of law are judicial decisions and academic writings. Besides these enumerated sources, international legal rules can also be created by unilateral acts, such as declaration or a reservation (Shabas William, *An Introduction to the International Criminal Court,* 155, (2017))

36a We submit to the Court that the Nuremberg Code qualifies as a source of international law by way of Article 21(1)(b) of the Rome Statute. Article 21(3) states that the application and interpretation of law 'must be consistent with internationally recognised human rights'. We submit that that 'Physician's trial case' established a precedent that must be drawn upon for the purpose of this request, and we submit for consideration the notion that the Nuremberg code qualifies as a source of international law under the jus cogens principle.

37 The elements of customary (jus cogens) international law include:

- the widespread repetition by States of similar international acts over time (State practice);
- the requirement that the acts must occur out of a sense of obligation (opinio juris); and
- that the acts are taken by a significant number of States and not rejected by a significant number of States.

38 In 1950, the International Law Commission listed as evidence of customary international law: treaties, decisions of national courts and international tribunals, national legislation, diplomatic correspondence, opinions of national legal advisors, and the practice of

international organizations ("Report of the International Law Commission to the General Assembly (Part II): Ways and Means of Making the Evidence of Customary International Law More Readily Available," [1950] 2 *Y.B. Int'l L. Comm'n* 367, ILC Doc. A/1316).

39 i. **Practice requirement** – We submit that this requirement is satisfied by way of the pharmaceutical manufacturers operating internationally and the Nuremberg code for medical practice being extended into general codes of medical ethics by both States, Global NGO's and to which all physicians and pharmaceutical companies are bound. The Nuremberg Code has not been officially adopted in its entirety as law by any nation; nonetheless, its basic requirement of informed consent, has been universally accepted and is articulated in international law in Article 7 of the United Nations International Covenant on Civil and Political Rights (1966). Informed consent, with specific reliance on the Nuremberg Code, is also the basis of the International Ethical Guidelines for Biomedical Research Involving Human Subjects, the most recent guidelines promulgated by the World Health Organization and the Council for International Organizations of Medical Sciences (1993).

40 ii. **Opinio Juris sive necessitatis requirement** – We submit that the worldwide recognition, acceptance, adoption, and practice of the ethical standards of the Nuremberg Code through general codes of medical ethics amounts to an obligation on physicians and pharmaceutical manufacturers to abide by the principles. Any physician or research scientist found to have breached any of the 10 principles of the Nuremberg code would face criminal liability. Therefore, we submit that the opinion juris requirement is satisfied qualifying the Nuremberg Code as a source of international law under the Jus cogens customary norm principle.

41 It is our intention to present to you, and detail how, in the United Kingdom this year, the Government of the United Kingdom, with its Ministers and senior officials have violated the Nuremberg Code not only in a single aspect but in many aspects.

42 a) **Informed consent to participate in a medical experiment**

The first principle of the Nuremberg Code **is a willingness and informed consent by the person** to receive treatment and participate in an experiment. The person is supposed to activate freedom of choice without the intervention, either through force, deceit, fraud, threat, solicitation, or any other type of binding or coercion.

43 When the heads of the Ministry of Health, as well as the Prime Minister presented the vaccine in the United Kingdom and began the vaccination of United Kingdom residents, the vaccinated were not advised, that in practice, they would be taking part in a **medical experiment** and that their consent is required under the Nuremberg Code. This as a matter of fact is a **genetic medical experiment** on human beings performed without informed consent under a severe and blatant offense of the Nuremberg Code.

44 b) **Alternative treatments**

– On the subject of informed consent for medical treatment, and based on the Nuremberg Code principles, an obligation exists to detail and suggest to a patient several treatment alternatives, detailing the medical process, (and all that is included in it) as well as the advantages and disadvantages/benefits and risks, existing in every treatment, to enable him to **make an intelligent personal decision** regarding the treatment he prefers. As stated, this choice must be made freely by the individual.

45 Despite all of the above-stated, the Government of the United Kingdom and the Ministry of Health continue to fail to present the citizens of the United Kingdom with the currently existing alternatives for treating Covid 19. Alternative treatments that have now been proven to be both extremely safe and extremely efficacious in the treatment of Covid 19 with up to a 100% success rate with alternative treatments mentioned above. The government of the United Kingdom continue to solicit their citizens, pressuring and manipulating them in blatant violation of the informed consent process, intentionally concealing information regarding the vaccinations and creating an atmosphere of fear and coercion.

c) **The experiment will be conducted to prevent suffering or physical injury.**

46 It is known that the m-RNA ‘vaccination’ treatments have caused the death of many, as well as injury and severe damage (including disablement and paralysis) after the ‘vaccine’ was administered. Despite this fact, the government did not instruct the initiation of an investigation into the matter. It is also questionable that given the experimental nature of these vaccinations, that there are not any full reports available of the numbers of dead or injured, as may be expected in such a medical process for the benefit of the public participating in the experiment.

d) **The experiment must not be conducted when there is reason to assume that death or real injury will occur.**

47 **-** Regarding the violation of this principle, as stated above, the data on cases of death from the treatment is suppressed and we the citizens hear only by word of mouth and on social networks (friends, neighbours or relatives) not from the state media.

e) **The individual in charge of the experiment must be prepared to terminate the experiment at any stage if he has probable cause to believe it will cause injury, disability or death of the experiment participant.**

48 - It has already been proven that many have died from the m-RNA treatments, were injured or became disabled; however the Government of the United Kingdom continues to compel this dangerous experiment on its citizens.

C. THE ROME STATUTE

49 It is our further intention to present to you, and detail how, in the United Kingdom this year, the Government of the United Kingdom, with its Ministers and senior officials have violated the Rome Statute of the International Criminal Court not only in a single aspect but in many aspects.

ARTICLE 6 – Genocide

50 Pursuant to the Rome Statute's Article 6, - "*genocide"* means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial, or religious group, as such:

(a) Killing members of these groups:

51 - The group in this case is in principle "the entire population of the United Kingdom" (and the world) starting with the elderly, chronically ill, and disabled.

(b) Causing serious bodily harm or mental harm to members of the group:

52 - Proven long-term effects 8 months after first being infected by the virus (appendix 20

53 - Massive short-term damage and death from the 'vaccines'. As of 24th November 2021, for the UK 136,582 yellow cards have been reported for the Pfizer 'vaccine', 238,086 have been reported for the AstraZeneca, 19,101 for the Moderna, and 1,280 have been reported where the brand was not specified. That is a total of 395,049 reported adverse reactions in the UK alone that were serious enough to warrant being reported to the Yellow Card reporting system (Appendix 20)

54 - Expected long term effects as above in the vaccinated

55 - Statistical evidence suggests massive increase in deaths after 'vaccination' (Appendix 21)

56 - Immeasurable mental harm caused by 24/7 psychological warfare propaganda, false positive PCR tests, lack of medical care, and mass vaccinations.

57 - Increase in alcoholics relapsing, eating disorders relapsing and not being managed in the community due to lockdowns.

58 - The number of vulnerable children calling ChildLine was up 37% over lockdowns (Appendix 22)

(c) Deliberately inflicting on the group conditions of life, calculated to bring about its physical destruction in whole or in part:

59 - Destruction of wealth and businesses by the imposed lockdowns (Appendix 23)

60 - Inflicting damage on the immune systems of all those who either got ill from the virus and/or received the m-RNA 'vaccine', the mask mandates, and mandatory test regimes

61 Statistics prove that those who received a covid-'vaccine' are at greater risk of getting seriously ill, and even family members of the vaccinated are become ill and in some cases dying. This is an extremely alarming signal of what the future holds. (Appendix 24)

(d) Imposing measures intended to prevent births within the group:

62 - Proven increase in spontaneous abortion after a Covid m-RNA 'vaccination. A recent study in the New England Medical Journal showed 8 in 10 women had a miscarriage after taking a Covid 'vaccine' before the third trimester (Appendix 25)

63 - Expected reduction in fertility after a Covid-'vaccination' due to the deliberate change in DNA sequencing from the m-RNA (Appendix 26)

ARTICLE 7 – Crimes against humanity

64 Pursuant to the Rome Statute's Article 7 – *Crimes against humanity,* means any of the following acts when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack:

(a) Murder:

65 - Statistics from the Office for National Statistics (ONS) shown below (also Appendix 27) have recorded between January 2nd 2021 and July 2nd 202l, 18,653 deaths within 21 days of the first dose of a Covid Vaccine – 4,388 (30%) of those involving the Covid-19 virus. 73,822 deaths 21 days or more after the first dose – 7,289 (11%) of those involved the Covid-19 Virus. 11,652 deaths within 21 days of a second dose – 182 (1.5%) involved the Covid-19 virus and 57,721 deaths 21 days or more after second dose – 458 (0.8%).

Table 1: There were 640 deaths involving COVID-19 of people who had received both vaccination doses

Count of deaths involving COVID-19 and percentage of all deaths by vaccination status, England, deaths occurring between 2 January and 2 July 2021

Vaccination status	Deaths involving COVID-19	Non-COVID-19 deaths	COVID-19 deaths as percent of all deaths
All deaths regardless of vaccination status	51,281	214,701	19.3
Unvaccinated	38,964	65,170	37.4
Deaths within 21 days of first dose	4,388	14,265	23.5
Deaths 21 days or more after first dose	7,289	66,533	9.9
Deaths within 21 days of second dose	182	11,470	1.6
Deaths 21 days or more after second dose	458	57,263	0.8

Source: Office for National Statistics – National Immunisation Management Service, NHS Test and Trace

66 Further data from the ONS shown in the tables below (also Appendix 28) demonstrates that there was a 23% increase in the deaths registered in January 2021 compared with January 2020. Similarly with February 2021 compared with February 2020 there was increase in overall deaths of 26%. We know that the Covid 19 'vaccines' were rolled out in the UK in December of 2020. Anyone who was genuinely willing to take the 'vaccines' freely and without political pressure or coercion was going to do so within the first few weeks of the rollout. This staggering increase in death within the first 8 weeks of the introduction of the experimental vaccines is alarming to say the least and warrants a full investigation by the Court.

Monthly figures on deaths registered by area of usual residence, 2020 — England and Wales

Area of usual residence		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
K04000001, J99000001	ENGLAND, WALES AND ELSEWHERE [1]	56,704	43,650	49,723	88,141	52,363	42,614	40,778	37,184	42,494	46,282	51,317	56,672
K04000001	ENGLAND AND WALES	56,595	43,552	49,643	88,038	52,305	42,573	40,729	37,130	42,428	46,242	51,263	56,601
E92000001	ENGLAND	53,043	40,803	46,510	83,494	49,405	39,881	38,182	34,752	39,818	43,250	47,902	52,660
E12000001	NORTH EAST	2,892	2,250	2,497	4,352	3,052	2,249	2,216	1,948	2,257	2,551	2,876	3,088

Monthly provisional figures on deaths registered by area of usual residence, 2021 [1,2,3,4]

Footnotes — England and Wales

Area of usual residence		Jan-21[2]	Feb-21[2]	Mar-21[2]	Apr-21[2]	May-21[2]	Jun-21[2]	Jul-21[2]	Aug-21[2]	Sep-21[2]	Oct-21[2]	Nov-21[2]	Dec-21[2]
K04000001, J99000001	ENGLAND, WALES AND ELSEWHERE [1]	73,315	58,767	48,624	41,513	37,864	41,223	43,264	43,151	47,520	46,511		
K04000001	ENGLAND AND WALES	73,227	58,688	48,551	41,461	37,817	41,171	43,205	43,074	47,438	46,428		
E92000001	ENGLAND	68,796	55,489	45,567	38,899	35,401	38,611	40,467	40,460	44,474	43,435		
E12000001	NORTH EAST	3,244	2,793	2,522	2,188	2,057	2,223	2,327	2,400	2,498	2,461		

67 The protocol in the UK for an individual who tests positive for Covid-19 has been to self-isolate and stay home until you absolutely can't breathe, at which point you go to the hospital to be put on a ventilator and in most cases die. A study (Appendix 29) of 1023 Covid-19 patients on ventilators found that 42% of them died and 57% survived. We submit that the suppression of safe and effective alternative treatments for Covid-19 amounts to murder and warrants a full investigation by the Court.

68 Data taken from the ONS below shows that during April 2020 there were 26,541 deaths that occurred in care homes, an increase of 17,850 on the five-year average. (Appendix 52)

69 The Liverpool Care Pathway was abandoned in 2014 after being deemed inhumane, but evidence suggests it was brought back at the start of the pandemic in early 2020 and is being implemented in care homes across the UK. In a House of Commons document, Matt

Hancock and Conservative MP Dr. Luke Evans discuss the use of medications to give Covid patients a 'good death' (euthanasia).

HOUSE OF COMMONS

Q377 **Dr Evans:** A good death needs three things: equipment, medication and the staff to administer it. On equipment, do you have enough syringe drivers in the NHS to deliver medications to keep people comfortable when they are passing away?

Matt Hancock: Yes, we have. A challenge was raised on that about eight days ago—it was not as big a challenge as was made public, and we have resolved it. Yes; right now we have enough.

Q378 **Dr Evans:** The syringe drivers are used to deliver medications such as midazolam and morphine. Do you have any precautions in place to ensure that we have enough of those medications?

Matt Hancock: Yes. We have a big project to make sure that the global supply chains for those sorts of medications, as well as the ITU medications that I spoke about earlier, are clear. In fact, those medicines are made in a relatively small number of factories around the world, so it is a delicate supply chain and we are in contact with the whole supply chain.

(Appendix 30)

70 In March 2020 Hancock ordered two years' worth of a sedative called **Midazolam** from a French supplier (Appendix 31). At the time the order was made it was claimed that Midazolam was for the treatment of covid 19 patients – Midazolam suppresses the respiratory system – Covid-19 is a respiratory disease. We request the Court carry out a full investigation into why the UK government would purchase two years' worth of Midazolam, a drug associated with respiratory suppression and respiratory arrest, to treat a disease that causes respiratory suppression and respiratory arrest.

WARNINGS

Personnel and Equipment for Monitoring and Resuscitation

Adults and Pediatrics: Intravenous midazolam hydrochloride has been associated with respiratory depression and respiratory arrest, especially when used for sedation in noncritical care settings. In some cases, where this was not recognized promptly and treated effectively, death or hypoxic encephalopathy has resulted. Intravenous midazolam hydrochloride should be used only in hospital or ambulatory care settings, including physicians' and dental offices, that provide for continuous monitoring of respiratory and cardiac function, e.g., pulse oximetry. Immediate availability of resuscitative drugs and age- and size-appropriate equipment for bag/valve/mask ventilation and intubation, and personnel trained in their use and skilled in airway management should be assured (see WARNINGS). For deeply sedated pediatric patients, a dedicated individual, other than the practitioner performing the procedure, should monitor the patient throughout the procedure.

(Appendix 32)

71 The document (Appendix 32) also provides a table confirming dosage of Midazolam for the elderly or unwell should be no more than 0.5mg-1mg. Side effects include cardiorespiratory depression and the drug should be used with caution in those suffering respiratory disease.

Table of Preferred Drugs - list including safe dosages

Sedative	Dose	Onset	Side effects	Cautions
Midazolam	Healthy adult: 1-2mg bolus. Titrate further small boluses with at least 2 minutes between doses. Usually max 5mg required. Elderly or unwell: 0.5-1mg bolus. Titrate further small boluses with at least 2 minutes between doses. Often no more than 2 mg required.	3-5 minutes for peak effect. Half life 1.5-3.5 hours.	CARDIORESPIRATORY DEPRESSION especially associated with opioids. Gastro-intestinal disturbances, anaphylaxis, drowsiness, confusion, ataxia, amnesia, headache, paradoxical excitement and aggression (especially in children and elderly), dysarthria; injection-site reactions. For complete list see BNF	Cardiac disease; hepatic impairment; renal impairment; (increases plasma half life x2-2.5) respiratory disease; myasthenia gravis; history of drug or alcohol abuse; risk of severe hypotension in hypovolaemia, vasoconstriction, hypothermia; pregnancy and breast-feeding

72 A document produced by the NHS (Appendix 33) states that Midalozam should be used for comfort at the end of life care due to Covid-19 to ease fear, anxiety and agitation. The document states that Midazolam should be used for sedation prior to the patient requiring mechanical ventilation. The same document also provides confirmation that Midazolam has the potential to impair the respiration system, particularly in the presence of disease or old age and clearly states that dosage should be kept to a minimum and should be within the manufacturers' guidelines.

University Hospitals Birmingham NHS
NHS Foundation Trust

Benzodiazepines = FIRST LINE for anxiety, fear and agitation

Midazolam – suggest start with **low doses** for patients naïve to this drug but be prepared, if response is poor or short lived and anxiety is severe, to **escalate dosing sharply if required**.

- **Generally**: Start with 2.5 mg SC or IV
- If patient **is particularly frail**: use 1.25mg
- If **extremely distressed** or show **tolerance** to this group of drugs: may require higher doses e.g. 5 -10 mg

If ward areas **cannot access midazolam** then lorazepam can be used as a substitute – generally **2.5 mg of midazolam can be regarded as 'equivalent' to 500 mcg of injectable lorazepam**.
Seek advice.

For patients not responding to midazolam – this might be because doses have been too low or not frequent enough. Some patients might need much higher doses than normal. **Seek advice** if needed.

73 We submit that creating policy for treating patient allegedly suffering anxiety due to Covid-19 with a starting dose of 2.5mg of Midazolam when the recommended dose for elderly and/or frail patients is 0.25mg amounts to unlawful euthanasia and murder and warrants a full investigation by the Court.

74 Additionally, a large number of vaccinated people are getting seriously ill and are at risk of dying from an immune system failure, antibody dependent enhancement, in the near future (Appendix 34)

(b) Extermination:

75 There is good reason to assume that a large percentage of the UK population (and world population) is now at risk of either serious illness or death due to the recent mRNA 'vaccines'. Animal studies conducted in 2012-2013 (Appendix 35 and 36) to test mRNA vaccines found most animals died within two weeks of receiving the treatmen; this is equivalent to 1.5 years for humans. The vaccinated have been exposed to the very same 'man-made spike protein' as the virus. Both the virus and the 'vaccines' have been proven to be able to change human DNA (Appendix 37). The immune system is unlikely to ever return to what it was after receiving a Covid 'vaccination'. Several high-level immunologists and vaccine designers, including joint applicant on this request, Dr Mike Yeadon, have warned, in the worst possible scenario, most of the human race who have received these m-RNA treatments will perish.

(e) Imprisonment or other severe deprivation of physical liberty in violation of fundamental rules of international law:

76 - Ban on freedom of travel both national and international

77 - Forced lockdown and economic warfare – especially on small business owners – forcing people to be dependent on the State for survival

78 - Forced quarantine in hotels for both healthy and false positive PCR tests and rapid flow tests returning from international travel.

79 - Forced 'self -isolation' at the demand of NHS Track and Trace app

80 - Severe deprivation of physical liberties on travel, visiting friends, arranging parties, taking part in cultural and sports activities, religious congregations

(f) Torture:

81 - Psychological terror and warfare (mental torture) is being administered by the Government, State Media and mainstream media along with Social Media platforms such as Facebook, Twitter, YouTube and Google.

(g) Rape, sexual slavery, enforced prostitution, forced pregnancies, enforced sterilisations, or any other form of sexual violence of comparable gravity:

82 - One effect of the 'vaccines' suggested by a number of medical doctors and scientists is 'enforced sterilisations' with a number of spontaneous abortions/ miscarriages reported by pregnant women who received a covid 'vaccine' (Appendix 38, 39)

(h) Persecution against any identifiable group or collectively on political, racial, national, ethnic, cultural, religious, gender as defined in paragraph 3, or other grounds that are universally recognised as impermissible under international law, in connection with any act referred to in this paragraph or any crime within the jurisdiction of the Court:

83 - Persecution against the unvaccinated, loss of jobs, refusal to public events

84 - Persecution against all religious groups being hindered to attend places of worship

(j) Apartheid:

85 - The real effect of the new 'vaccine passport' will introduce a new form of medical apartheid, for the benefit of pressuring people to get vaccinated and to deprive those who are not vaccinated of the right to travel, work and participate in society as normal.

(k) Other inhumane acts of a similar character intentionally causing great suffering or serious injury to the body or to mental or physical health:

86 - Social distancing measures, mask mandates, fear mongering, vaccination pressure, as well as the 'vaccines' themselves are all reasons for serious injury to the body, mind and soul.

ARTICLE 8 – War crimes

87 **Contextual element of a war crime -** We submit to you that a covert war has been waged against the people of the United Kingdom (and the world) through the release of the biological weapon SARS-Cov-2 and the additional bioweapon, m-RNA gene therapy

'vaccines'. We submit that the people of the United Kingdom (and the world) are under systemic attack from those who released the beforementioned biological weapons and by those individuals within the UK Government and international leaders against which we have brought this request who seek to serve the same agenda. We therefore submit that the contextual element of a war crime has been met and the alleged crimes took place in the context of an international and non-international armed conflict.

88 **Mens Rea element:** We further submit that the members of the UK government and world international leaders against which we have brought this complaint are knowingly working on behalf of this global agenda for depopulation through the biological weapons known as SARS-Cov-2 and the m-RNA 'vaccines'. We submit therefore that the members of the UK government and world leaders against which we have brought this complaint have both knowledge and intent with respect to these alleged crimes.

89 The Court shall have jurisdiction in respect of war crimes in particular when committed as part of a plan or policy or as part of a large-scale commission of such crimes.

90 Pursuant to the Rome Statute Article 8 *'war crimes'* means:
(a) Grave breaches of the Geneva Conventions of August 12, 1949, namely, any of the following acts against persons or property protected under the provisions of the relevant Geneva Convention:

(i) Wilful killing:

91 - We have provided statistical data of the death rate of the 'vaccines' killing a relatively large proportion of recipients, with numbers increasing as a result of more 'vaccinations' being administered; it is a logical conclusion that the continuing use of these 'vaccines' constitutes a wilful killing. Even if the victims are predominantly elderly, we also have a relatively high proportion of deaths and harm for younger and healthier people.

92 - We have provided evidence that the use of five times the recommended amount of Midazolam for patients in care homes amounts to wilful killing

93 - Graphene hydroxide in the vaccines

(ii) Torture

94 - The Cov-SARS-2 Virus is a man-made "gain of function virus". It was created as a "biological experiment" at the Wuhan Institute of Virology during a period of at least 10-15 years, according to massive documentation enclosed hereby. The Virus was released either by an accident or deliberately.

95 - The development of such a biological weapon is a crime on its own merit.

96 - The use of the masks by a mandate also constitutes a biological experiment, which has caused massive harms as documented in the Danish Mask study (Appendix 40)

97 - The use of the test pins and the use of cancer-rated chemicals in the noses of millions of humans are also clearly a biological experiment or warfare.

98 - The so-called vaccines are only approved for emergency use only, and the massive use of these gene therapy drugs constitute the largest biological experiment in human history, causing an irreversible change to the DNA through the Vaccination.

99 - Such an experiment on our DNA is the worst crime ever committed against the human race, totally without informed consent.

(iii) Wilfully causing great suffering or serious injury to body or health:

100 - The forced use of face masks has caused great harm, both physically and mentally.

101 - The closing down of doctors' offices has clearly caused serious injury to body and health with a number of serious illnesses going undiagnosed and/or untreated for months due to closures

102 - The vaccines are proven to kill and cause major damage to health, based on the short-term effects only.

103 - The psychological warfare, and economic warfare by the lock downs, combined with the medical and biological warfare causes immense injury to the health.

104 - The denial of use of effective medicine (HCQ, Ivermectin), against Cov-Sars2 is a cause of serious injury to body or health and the cause of many preventable deaths in the UK

105 - Suppression of alternative treatments

106 - Use of ventilators with such low success rate

107 - Midazolam used to euthanise elderly in care homes

(iv) Extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and want only:

108 **-** The extensive economical destruction of business activity, as well as private wealth and personal and business income due to UK lockdowns has led to a massive appropriation of private property by the banks, from people, who are not able to achieve a normal income due to all the effects of the lockdowns

109 - A massive transfer of property from the middle class to the ultrarich Globalists will be the consequence of these policies worldwide. This can be interpreted as the biggest land and power grab in modern history.

(v) Intentionally directing attacks against the civilian population as such or against individual civilians not taking direct part in hostilities:

110 - The people of the United Kingdom (and the entire human race) are currently under attack by way of these draconian measures and biological warfare, which is an integrated part of psychological and economic warfare.

(iv) Intentionally launching an attack in the knowledge that such attack will cause incidental loss of life or injury to civilians or damage to civilian objects or widespread, long-term and severe damage to the natural environment which would be clearly excessive in relation to the concrete and direct overall military advantage anticipated:

111 - The creation of the Cov-SARS-2 virus was the pre-condition for launching this attack.

112 - There is a timeline going back to the 1990s and the first SARS1 virus, as to the MERS Virus. And to both US Military biological research (DARPA), linked to French, British, Australian and to a large extent the Chinese efforts done during more than 15 years.

113 - There is a clear link to the so-called Globalist Elite, the Club of Rome, the WEF (Davos Group), Globalist politicians, the biggest capitalists on earth, and their plan of Agenda 2030 (UN), WHO, and "the Great Reset".

114 - These people have clearly spoken of a need for a great global depopulation and Bill Gates, among others, has stated that the Vaccinations are one way to do it.

115 - Gain of Function manipulation of the Virus has given the virus properties that makes it able to spread 10-20 times compared to the SARS 1 and MERS and all other Corona viruses. The scientists behind this gain of function research have created a dangerous synthetic Virus, as documented enclosed. With a dangerous "Hiv GP120" component to make it dormant, like HIV. (Appendix 49)

116 - The project seems to be a Global conspiracy to radically change both the demographical as well as the political landscape, by a transformation from a democratic system into a totalitarian world, to be ruled by a centralised unelected elite.

117 - The massive destruction of life, the effects of economic warfare, connected to an alleged medical emergency, and a massive psychological warfare operation, with the initial aim of brainwashing the population into accepting mass vaccination, as the only remedy for returning to a less than normal situation, and the only available the first step.

118 - The massive economic meltdown is leading to a financial collapse of epic proportions, causing states and currencies, at least in Europe, to collapse totally.

119 - Based on the economic ruin and catastrophe, it is likely that martial law will be introduced, a result of the economic collapse and the coming social unrest. Under the Defence Act 2020 new powers were given to the police to 'strengthen enforcement powers to reduce the spread of Corona virus, protect the NHS and save lives'

120 - The financial crisis will most likely lead to the collapse of both banks and central banks, and loss of private property on a massive scale, to the benefit of the ultrarich elite only.

121 - New bail out rules, and delays on financial reporting, has only delayed this crash.

122 - On top of all of this and other measures, the medium and long-term effects of both the Cov-SARS2, as well as the "Vaccines" will soon be apparent, causing massive illness and death of biblical proportions, never seen before.

ARTICLE 8 *bis*3 - Crimes of aggression

123 For the purpose of this Statute, *"crime of aggression"* means the planning, preparation, initiation or execution, by a person in a position effectively to exercise control over or to direct the political or military action of a State, of an act of aggression which, by its character, gravity and scale, constitutes a manifest violation of the Charter of the United Nations.

124 This is a global criminal conspiracy, which has been planned for several decades.

125 It is now obvious that "the plan" involves the ultrarich and leaders of most nation states, with a few exceptions. It is also clear that powerful think-tanks, including WEF in Davos as well as the Club of Rome, and other NGOs like WHO and GAVI among others, are at the centre of this draconian criminal conspiracy. Under the official slogan; "BUILD BACK BETTER", used by the President of WHO, the President of the USA, as well as the President of WEF, the Prime Minister of the UK as well as countless other World leaders.

126 The goal of this activity is to create a new world order, through the UN¨s Agenda 2030, by dismantling all the Democratic Nation States, step by step, controlled by an un-elected elite and to destroy the freedoms and basic human rights of the peoples of the Earth. In addition to this, the aim is to destroy small and medium sized businesses, moving the market shares to the largest corporations, owned by the Global Elite. The fulfilment of this goal will most likely lead to full enslavement of mankind.

127 This is being done by means of the threat from both a dangerous biological weapon, the virus, the vaccines, the testing test pins, the mask mandates, and all other measures. All of

which constitute not only a breach of National laws, but also a fundamental breach of the Charter of the United Nations and the Treaty of Rome and our Fundamental Human rights.

128 **It is of the utmost urgency that ICC take immediate action, taking all of this into account, to stop the rollout of Covid vaccinations, introduction of unlawful vaccination passports, and all other types of illegal warfare mentioned herein currently being waged against the people of the United Kingdom by way of a court injunction.**

D. REQUEST FOR THE OPENING OF AN ENQUIRY

129 **Jurisdiction**

Alleged crimes within the jurisdiction of the court

On the basis of the information available, there is a reasonable basis to believe that violations of the Nuremberg Code, genocide, crimes against humanity, and war crimes have been committed.

Place and date of alleged commission of the crimes:

Territory:

130 - The above crimes are alleged to have been committed in the territory of the United Kingdom (and the world)

131 - Since the United Kingdom is a State Party, the Court may exercise jurisdiction over all alleged crimes committed on United Kingdom Territory since October 4, 2000, irrespective of the nationality of the accused.

132 - In particular, Article 12(2)(a) provides that the Court may exercise its jurisdiction over crimes referred to in Article 5 if the "State on the territory of which the conduct in question occurred" is a Party to the Statute. Thus, since the alleged crimes identified in this Request have been committed on the territory of a State Party to the Rome Statute, the Court has territorial jurisdiction over these alleged crimes, regardless of whether the alleged suspects are nationals of a State Party *(D. Akande, 'The Jurisdiction of the International Criminal Court over Nationals of Non-Parties: Legal Basis and Limits', Jrnl Int'l Crim Justice 1 (2003), pp. 618-650; G. Danilenko, 'ICC Statute and Third States', in A. Cassese, P. Gaeta & J. Jones eds., The Rome Statute Of The International Criminal Court: A Commentary, (2002), pp. 1871-1897).*

133 - A suspect is not required to be physically present in the territory of a State Party when a crime is committed for the Court to be able to exercise jurisdiction over his or her conduct, as long as the crime imputed to the suspect occurred within the confines of such territory *(Prosecutor v. Saif Al-Islam Gaddafi and Abdullah Al-Senussi, Appeals Chamber, "Judgment on the appeal of Libya against the decision of Pre-Trial Chamber I of 31 May 2013 entitled 'Decision on the admissibility of the case against Saif Al- Islam Gaddafi'", ICC-01/11-01/11-547-Red, 21 May 2014, para. 62)*

134 **Date**

- The crimes allegedly committed on the territory of the United Kingdom between …….. and …… fall within the Court's jurisdiction ratione temporis

135 **<u>Admissibility</u>**

Complementarity

a. Legal references

Article 17(1)(a) and (b) establishes a two-fold test for complementarity:

136 (i) whether, at the time of the proceedings in respect of an admissibility challenge, there is an ongoing investigation or prosecution of the same case at the national level (first limb); and, if this is answered in the affirmative,

137 (ii) whether the State is unwilling or unable genuinely to carry out such investigations or prosecutions (second limb) *(Prosecutor v. Germain Katanga and Mathieu Ngudjolo Chui, Appeals Chamber, "Judgment on the Appeal of Mr. Germain Katanga against the Oral Decision of Trial Chamber II of 12 June 2009 on the Admissibility of the Case", ICC-01/04-01/07-1497, 25 September 2009 ("Katanga Admissibility Appeals Judgment"), paras. 1 and 75-79).*

138 Inaction by a State under the first limb renders a case admissible before the Court, subject to an assessment of gravity under Article 17(1)(d) (*Katanga Admissibility Appeals Judgment,*

para. 78). The Prosecution conducts its determination(s) on complementarity in relation to the potential cases that are likely to be the focus of an investigation by the Prosecution.

139 The admissibility provisions of the Statute are founded on the complementary relationship between the ICC and "national criminal jurisdictions". As such, in principle, it is only national criminal investigations and/or prosecutions of a State that can trigger the application of Article 17(1)(a)-(c).

140 **Gravity**

The gravity assessment has been conducted against the backdrop of the potential cases that are likely to arise from an investigation into the Situation *(Kenya Article 15 Decision, paras. 50, 58, and 188; Côte d'Ivoire Article 15 Decision, para. 202).*

141 A gravity assessment involves a generic examination of whether the persons or groups of persons relevant to the assessment capture those who may bear the greatest responsibility for the alleged crimes committed. The assessment must also be done from both a quantitative and a qualitative viewpoint, and factors such as nature, scale and manner of commission of the alleged crimes, as well as their impact on victims, are all indicators of the gravity of a given case ***(Kenya Article 15 Decision, paras. 60-62; Côte d'Ivoire Article 15 Decision, paras 203-205; Georgia Article 15 Decision, para. 51).***

142 Accordingly, the Prosecution's submissions on gravity relate to an assessment of gravity of the entire situation rather than the gravity one or more potential cases.

143 Based on the information available, the potential case concerning alleged crimes committed by members of the United Kingdom Government and world leaders mentioned herein are of sufficient gravity to justify further action by the Court.

144 The alleged crimes have been committed on a large scale, with reports that murder has been practised institutionally

145 **Interests of Justice**

The seriousness and extent of the crimes committed in the United Kingdom, highlighted by the scope of people that these crimes affect, that these crimes continue to be committed, the

wide range of perpetrators, the recurring patterns of criminality, and the limited prospects for accountability at the national level, all weigh heavily in favour of an investigation.

146 Victims of alleged crimes within the context of the situation have manifested their interest in seeing justice done. We have sought to ascertain the interests of victims, through direct consultations with victims' organisations in the United Kingdom, as well as through examination of communications and publicly available information.

147 In light of the gravity of the acts committed, and the absence of relevant national proceedings against those who appear to be most responsible for the most serious crimes within the situation, the potential case that would arise from an investigation of the situation would be admissible. Taking into account the gravity of the crimes and the interests of the victims, there are no substantial reasons to believe that an investigation would not serve the interests of justice.

148 Experience shows that impunity is a factor that aggravates the commission of crimes

149 The decision to seize the Pre-Trial Chamber for the initiation of the investigation would be hailed by the peoples of the United Kingdom and the world.

150 This decision would have a particularly useful role as it would be a response to crimes currently being committed. It would inevitably bring about a change in practices, at least in the extent to mandated vaccinations and vaccine passports, and this decision would save lives limiting the number of new wounded by these m-RNA treatments.

151 The request for investigation meets the criteria of the Statute and will constitute progress in the fight against impunity and ultimately secure the survival of the human race as we know it.

152 And Justice will be done

153 **WE WANT TO REPEAT: It is of the utmost urgency that ICC take immediate action, taking all of this into account, to stop the rollout of Covid vaccinations, introduction of unlawful vaccination passports, and all other types of illegal warfare mentioned herein**

currently being waged against the people of the United Kingdom by way of an IMMEDIATE court injunction.

APPENDICIES

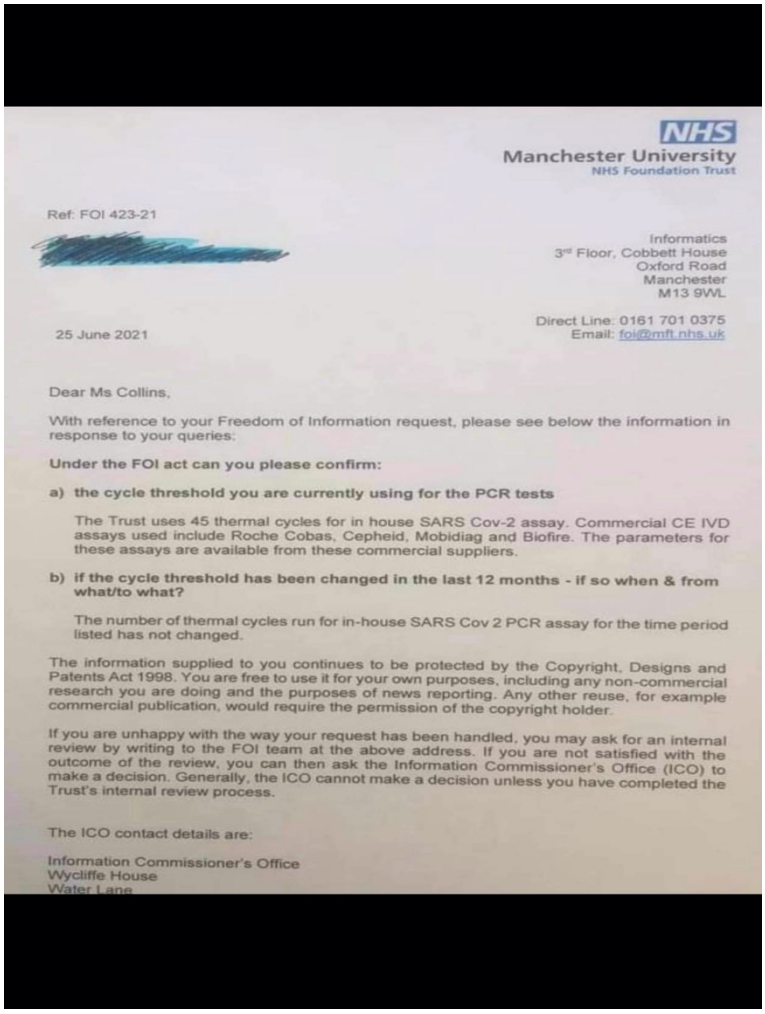
1 https://www.heartmindhealing.org/wp-content/uploads/2021/07/Dr-Michael-Yeadon-Warning.pdf

2 https://www.bmj.com/content/370/bmj.m3374

2a https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/926410/Understanding_Cycle_Threshold__Ct__in_SARS-CoV-2_RT-PCR_.pdf

3 https://www.gov.je/government/freedomofinformation/pages/foi.aspx?ReportID=4517

3a



NHS
Manchester University
NHS Foundation Trust

Ref: FOI 423-21

[redacted]

Informatics
3rd Floor, Cobbett House
Oxford Road
Manchester
M13 9WL

Direct Line: 0161 701 0375
Email: foi@mft.nhs.uk

25 June 2021

Dear Ms Collins,

With reference to your Freedom of Information request, please see below the information in response to your queries:

Under the FOI act can you please confirm:

a) **the cycle threshold you are currently using for the PCR tests**

The Trust uses 45 thermal cycles for in house SARS Cov-2 assay. Commercial CE IVD assays used include Roche Cobas, Cepheid, Mobidiag and Biofire. The parameters for these assays are available from these commercial suppliers.

b) **if the cycle threshold has been changed in the last 12 months - if so when & from what/to what?**

The number of thermal cycles run for in-house SARS Cov 2 PCR assay for the time period listed has not changed.

If you are unhappy with the way your request has been handled, you may ask for an internal review by writing to the FOI team at the above address. If you are not satisfied with the outcome of the review, you can then ask the Information Commissioner's Office (ICO) to make a decision. Generally, the ICO cannot make a decision unless you have completed the Trust's internal review process.

The ICO contact details are:

Information Commissioner's Office
Wycliffe House
Water Lane

3b

[redacted]

NHS
Liverpool University Hospitals
NHS Foundation Trust

Telephone: 0151 529 6923
Email: FOIRequests@liverpoolft.nhs.uk

09 July 2021
Our Ref: DS/JM/FOI 7594

Dear Applicant,

Freedom of Information Act 2000 – Request for Information Reference: FOI 7594

Further to your request for information received on 10th June 2021; please find the Trust's response below.

I would like to know the number of cycles you have been using on the PCR (Polymerase Chain Reaction) test as standard and if that number has ever been changed at anytime for whatever reason.
40 cycles for TaqPath, 45 cycles for Viasure. The Trust has not changed cycles at any time

I would also like to know how many children under the age of 16 have been logged as a death from SARSCoV2 without any underlying health issues.
Section 1 of the Freedom of Information Act 2000 (FOIA) – establish if information is held
In accordance with Section 1 of the FOIA, we can confirm that the Trust does not hold the information you have requested.
Please be advised that Liverpool University Hospitals NHS Foundation Trust is an adult acute hospital and is not commissioned to provide paediatric services.

Section 16 of the FOIA – duty to provide advice and assistance
In accordance with Section 16, the Trust has a duty to provide advice and assistance. May we advise contacting Alder Hey Children's NHS Foundation Trust who provide these services for our area, their Freedom of Information team can be contacted via:

info.gov@alderhey.nhs.uk

And can you tell me if you have any records of SARCoV2 going through Koch's Postulates.
The Trust can confirm that the Laboratory Service has not isolated or purified any such material

If you have any queries about this response or wish to discuss your request further please contact the Freedom of Information Team.

[redacted]

3c

Isle of Man Government
Reiltys Ellan Vannin

Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Mr Steven Gardner
[redacted]

Interim Chief Executive: Kathryn Magson
Freedom of Information Team
Crookall House
Demesne Road
Douglas
Isle of Man
IM1 3QA

Tel: (01624) 642621
Email: dhsc@foi.gov.im
Website: www.gov.im/dhsc

Our ref: 1646813

18th February 2021

Dear Mr Gardner

We write further to your request which was received on the 26th January 2021 and states:

Question 1:
Has Covid 19/21 been isolated?

Question 2:
Has covid 19/21 been purified?

Question 3:
Has there been a risk assessment on masks?

Question 4:
Have all places of business who have mandatory masks done a risk assessment or should they do a risk assessment, in regards to masks? For their employees and customers.

Question 5:
Is the sequence in the PCR test SarsCov2?

Question 6:
What amplifications has the PCR test been run at?

Question 7:
Can you provide the season flu death numbers for 2019 & 2020?

Clarification sought:
Regarding questions 1 & 2 when you say 'Has Covid 19/21 been isolated' do you mean has SARS-CoV-2 been isolated? If you don't please can you clarify what you are referring to?

Clarification received:
Yes, SarsCov2 has it been isolated and purified.

Our response:

Clarification sought:
Regarding questions 1 & 2 when you say 'Has Covid 19/21 been isolated' do you mean has SARS-CoV-2 been isolated? If you don't please can you clarify what you are referring to?

Clarification received:
Has the SarsCov2 been isolated and purified. To be proven scientifically and proven the virus causes disease.

Question 1:
Has Covid 19/21 been isolated?
Regarding SARS-CoV-2 the virus is not isolated.

Question 2:
Has covid 19/21 been purified?
Regarding SARS-CoV-2 it is not purified.

Question 3:
Has there been a risk assessment on masks?
The Department has and does risk assessments on masks.

Question 4:
Have all places of business who have mandatory masks done a risk assessment or should they do a risk assessment, in regards to masks? For their employees and customers.
While our aim is to provide information whenever possible, in this instance the Department of Health and Social Care ("the Department") is unable to provide the information that you have requested. This is in line with Section 11(3)a of the Act, as a practical refusal reason applies; namely we do not hold or cannot, after taking reasonable steps to do so, find the information that you have requested.

Places of business are responsible for undertaking their own risk assessments and setting their own policies for wearing masks.

To provide further advice and assistance guidance on face coverings, including 'face coverings at work' is available within the public domain at:
https://covid19.gov.im/general-information/guidance-on-face-coverings/

Question 5:
Is the sequence in the PCR test SarsCov2?
Yes, the sequence in the PCR test is SARsCov2

Question 6:
What amplifications has the PCR test been run at?
The amplification is 45 cycles.

4 https://zenodo.org/record/4028830#.YaSgdS2cbUr

5 https://twitter.com/GOPoversight/status/1450934193177903105

6 https://theintercept.com/2021/09/06/new-details-emerge-about-coronavirus-research-at-chinese-lab/

7 https://www.cambridge.org/core/services/aop-cambridge-core/content/view/DBBC0FA6E3763B0067CAAD8F3363E527/S2633289220000083a.pdf/biovacc19_a_candidate_vaccine_for_covid19_sarscov2_developed_from_analysis_of_its_general_method_of_action_for_infectivity.pdf

8 https://pubmed.ncbi.nlm.nih.gov/33772572/

9 https://apps.who.int/iris/bitstream/handle/10665/330987/WHO-nCov-IPC_Masks-2020.1-eng.pdf?sequence=1&isAllowed=y

10 https://www.sciencedirect.com/science/article/pii/S0306987720333028

11 https://www.weforum.org/agenda/2020/06/now-is-the-time-for-a-great-reset/

12 https://www.centerforhealthsecurity.org/our-work/events/2018_clade_x_exercise/index.html

13 https://www.centerforhealthsecurity.org/event201/

14 https://www.centerforhealthsecurity.org/event201/recommendations.html

15 https://pubmed.ncbi.nlm.nih.gov/33734044/

16 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8248252/

17 https://www.nejm.org/doi/full/10.1056/nejmoa2023184

18 https://pubmed.ncbi.nlm.nih.gov/33249945/

19 https://pubmed.ncbi.nlm.nih.gov/33845715/

20 https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

21 https://www.gov.uk/government/publications/investigation-of-novel-SARS-cov-2-variant-variant-of-concern-20201201

22 https://www.bbc.co.uk/newsround/53355529

23 https://www.simplybusiness.co.uk/downloads/simply-business-report-covid-19-impact-on-small-business.pdf

24 https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075

25 https://www.nejm.org/doi/full/10.1056/NEJMoa2104983

26 https://www.pnas.org/content/118/21/e2105968118

27 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19byvaccinationstatusengland/deathsoccurringbetween2januaryand2july2021

28 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/monthlyfiguresondeathsregisteredbyareaofusualresidence

29 https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0242651

30 https://committees.parliament.uk/oralevidence/288/default/

31 https://pharmaceutical-journal.com/article/news/supplies-of-sedative-used-for-covid-19-patients-diverted-from-france-to-avoid-potential-shortages

32 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d71724e5-0613-4e01-a589-433eb29a9bbb&audience=professional

33 https://www.uhb.nhs.uk/coronavirus-staff/clinical-info-pathways/clinical-info-pathways-downloads/End%20of%20Life%20Care%20for%20Patients%20with%20COVID-19.pdf

34 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7943455/

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

36 https://pubmed.ncbi.nlm.nih.gov/22536382/

37 https://pubmed.ncbi.nlm.nih.gov/33330870/

38 https://www.mdpi.com/2076-2607/9/6/1318

39 https://www.nejm.org/doi/full/10.1056/NEJMoa2104983

40 http://www.acpjournals.org/doi/10.7326/m20-681741

41 https://fort-russ.com/2020/11/watch-dr-andreas-noack-arrested-in-brutal-display-of-german-lockdown-police-state/

42 https://www.bitchute.com/video/X9oMvf6dbhCi/

43 https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/deathsfromcovid19ofpeoplewithnounderlyinghealthconditionsbyage

44 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid192020incharts/2020-12-18

45 https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/influenzadeathsin20182019and2020

46 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsduetocoronaviruscovid19comparedwithdeathsfrominfluenzaandpneumoniaenglandandwales/deathsoccurringbetween1januaryand31august2020

47

I am a funeral director running his own funeral home - for the doubters this is me, I have been in the trade 15 years.
http://MKFFS.co.uk
What I will say is last year the death rate was totally normal in fact many of my colleagues turned their fridges off before because there was no one to put in them.
We returned after Christmas, and they began v... locally on January 6th and the death rate immediately went through the roof. In fact, in fifteen years, I've never seen a death rate like it. Then as suddenly as it began it ceased.
We haven't seen a C... death for three months now. I had a government sponsored pandemic guy who used to call me every Monday he would ask me 2 questions.
How many deceased have I collected that week where they come from and how many were C. & this was in order to collect C. numbers.
I explained I had collected people from care homes who were not C... but had simply passed to old age. He then began steering me saying "but wasn't there C.. in that care home or hospital? Deliberately inflating C.. numbers despite me insisting they were not.
After some months he finally admitted to me he did not know why he was doing the job as everyone was saying the same thing – there were no C... deaths.
Some months ago I looked after a snr consultant who lost his wife. We got quite close, and he told me openly never to take a jab and he told me they are very very dangerous.
When it first appeared like everyone else I was very concerned.
One of the first deceased I had in my care when the event started was a six-year-old girl who had passed due to cancer. Naturally her family wanted to see her and this was at a time when funeral directors were taking Coffins straight to the hospital and sealing them. No washing no dressing and frankly because they could get away with it.
How could I tell this family they could not see their little girl?
So, I washed and dressed this little girl and had her embalmed and I then thought "if I can do this for them I can do this for everyone"
So that's exactly what I've done through this whole C... episode I have washed and dressed every C.. labelled deceased personally this is dozens and dozens and dozens of people and I did so without a mask because I could not get any.
I'm 53 I have high blood pressure and I am an asthmatic.
This is supposedly the worlds deadliest event - it's a miracle I'm alive eh... Face with rolling eyes
Now I will tell you as a funeral director I have seen massive effort made to deliberately inflate C... death numbers. Cancer patients and stroke victims and even one guy that was run over all ended up with C... on their death certificates - why?
I've also spoken to numerous families who were extremely angry and upset that C... was on the d certificate - they know their love ones did not have. Many of the alleged positive tests were performed on those that passed away post-mortem as well raising obvious concern for their legitimacy I even heard whispers of local health authorities being paid a premium for every death certificate with C... on it -a clear incentive to do so and there is no smoke without fire.
I can tell you with confidence being on the front line I have spoken to many doctors many nurses and even a midwife who all agree with me as well as other funeral directors that this has nothing to do with C
C... and everything to do with you taking an experimental g3ne therapy jab.

I predict that this winter the mortality rate will be primarily in recipients of this jab, it will be blamed on a newly named variant and those who refuse to have it.
Partly to apportion blame and partly to try and mop up any last people refusing - I'm telling you I feel it will happen and when the panic rises it'll fly through emergency legislation I'd wager to facilitate it.
I've already seen local health authority tenders for a huge temporary massive mortuaries up and down the country and the contracts run from this winter till 2025.
So it seems that despite these wonder drugs they still feel the need to pre-install huge mortuaries this winter and this is something I have never seen done before in 15 years as an undertaker.
I'm honestly dreading this winter. I'm telling you because if I save one life - it is worth me doing so and I'm not afraid of being honest and telling people my experiences through this.
I feel it is very sinister and aimed solely at you being a recipient.
My contact details are in this post feel free to give me a call and I'll happily have a chat with any of you about my experience.
The most chilling thing for me is the total refusal to have an open debate about the doubts of thousands of professionals and on the back of the ever increasing numbers of adverse effects and deaths shortly after a jab -and there have been many, I myself have taken care of them.
No one in authority or power seems concerned and there is actually an active effort to silence and dismiss them and shut them down - why?
I had one guy in my care who was paralysed only an hour after receiving a jab, as he was then considered "vulnerable" he was given the second d0se and died two days later.
Why is there a total refusal to talk openly about this and why is there increasing pressure, legislation, emotional blackmail and non stop policing and propaganda for us all to accept jabs that are not needed and are clearly very dangerous in some cases and are totally unlicensed.
Now there IS a v1rus, as there is every year, but you have to ask yourself why an undertaker with 15 years experience hasn't seen a single flu death this year registered as a flu death - not one - the first ever year My advice to you as a father and a very caring undertaker is don't have any of these jabs. I certainly never will.

48 https://www.gov.uk/government/publications/freedom-of-information-responses-from-the-mhra-week-commencing-26-april-2021/freedom-of-information-request-on-use-of-ethylene-oxide-to-sterilise-swabs-used-in-testing-for-covid-19

49 https://onlinelibrary.wiley.com/doi/full/10.1002/bies.202000240

50 https://www.globalresearch.ca/stop-the-covid-holocaust-open-letter/5755902

51 https://www.bitchute.com/video/KYbfbEfg2n98/

52 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19inthecaresectorenglandandwales/deathsregisteredbetweenweekending20march2020andweekending2april2021

End of Document

The Honorable Ashley B. Moody
Attorney General of Florida
107 West Gaines Street
Tallahassee, FL 32399-1050

December 27, 2021

SUBJECT: Indictment – Multiple Violations of U.S. Code – Reference: COVID-19