June 11, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 773970659380

Delivery Information:

Status:	Delivered	**Delivered To:**	Receptionist/Front Desk
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Shipping Information:

Tracking number:	773970659380	**Ship Date:**	Jun 10, 2021
		Weight:	2.0 LB/0.91 KG

Recipient:
Dr. Anthony S. Fauci
NIAID
5601 Fishers Lane
ROCKVILLE, MD, US, 20852

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

Reference Stay-Homecoming 2020

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9 June 2021 VIA FEDEX AIRBILL 773970659380

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20852
301-496-2263 / anthony.fauci@nih.gov

Subject 1: **Evidence of the Criminality of Dr. Anthony Fauci (Page 14)**
Subject 2: **Connections of Dr. Fauci to COVID-19 Nursing Homes Deaths (Page 18)**

Reference 1: **Your Interview at Cornell University *"Stay-Homecoming 2020"***
Reference 2: **My Letter to You of 21 July 2020**
Reference 3: **My Letter to President Donald J. Trump of September 18, 2020**
Reference 4: **My Letter to You of 21 December 2020**
Reference 5: **My Letter to the Presidents of the Ivy League of 6 March 2021**
Reference 6: **My Letter to You and the Ivy League Law School Deans of 12 April 2021**

Courtesy Copy List

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Washington DC, 20510
202-224-4343

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202-824-6300
Shipper tracking 774008833392

Dr. Harvey Risch, MD, PhD
Yale University
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New Haven, CT, US, 06510
203-785-2848

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Dr. Peter McCullough
Heart Place - Baylor Heart & Vascular
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President Dr. William Wilson
Oral Roberts University
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Mr. Marc L. Boom
Houston Methodist Hospital
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9 June 2021 VIA FEDEX AIRBILL 773970659380

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20852
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Dear Dr. Fauci:

A full year ago, in Reference 2 I asked the following simple, but deliberately broad question (screenshot):

> During the US GOF moratorium, the total amount of US taxpayer funds that were deployed to the Wuhan Laboratory of Virology in China is TBD. One media report stated:
>
> > "In 2014, the NIH approved a grant to EcoHealth Alliance designated for research into 'Understanding the Risk of Bat Coronavirus Emergence.' The project involved collaborating with researchers at the Wuhan Institute of Virology to study coronaviruses in bats and the risk of potential transfer to humans."
>
> **QUESTION 1**
>
> Is the essence of these media reports true; that while employed by the US taxpayer you were directly (or indirectly) connectable to the funding of research or the funding of a research facility that is connectable to the SARS-CoV-2 virus and the resulting COVID-19 pandemic?

On May 11, 2021, the Senate Committee on Health, Education, Labor, and Pensions held: *"An Update from Federal Officials on Efforts to Combat COVID-19."* Prior to that hearing Senator Rand Paul was in receipt of References 2, 3, 4, 5 and 6. Senator Paul asked you more narrow questions.

Back in July 2020 . . . note . . . I did *not* ask you about "Gain-of-Function" (GOF). I did *not* ask about "Wuhan, China." I did *not* ask about precise "funding amounts." As a taxpayer and a citizen, I asked a simple relevant question; directed at the person the so-called news media gushes as "America's Doctor." My broad wording was couched by previous experience with your penchant for word games . . .

Consistent with previous experiences, you refused the decency of an intelligent, honest reply.

Introduction Part 1 : The Efforts of an American Patriot – Senator Rand Paul

May 11, 2021, Senate Committee on Health, Education, Labor, and Pensions; Senator Paul asking "America's Doctor" about his long-term role in the funding of China's GOF/bioweapon research:

Gary Peters, from the lockdown state of Michigan, presided over a later Senate hearing of May 25, 2021. [1]

Insinuating your prior GOF word games of May 11th, offering respect to the taxpayer; Senator Ron Paul :

> *" We may never know whether the pandemic arose from the lab in Wuhan (China), but we do know that, so far, no intermediate animal host has been discovered. Thousands of animals at the wet market have been looked at; none of them have carried COVID-19. We have tried to infect COVID-19 into bats. It does not grow well in bats.* ***It seems most adapted and suitable for humans.*** *We may not know whether this ever arose out of a Wuhan lab, but I think gain-of-function research, where we take a deadly virus, sometimes much more deadly than COVID, and then we* ***increase its transmissibility*** *to mammals is wrong. In 2014, the NIH (National Institutes of Health) stopped all of this research.*
>
> *I am using the same definition to say:* ***Any gain-of-function research should not be funded in China with US tax dollars,*** *and I recommend a 'Yes' vote. Thank you. "*

[1] I discussed the "contribution" of Mr. Peters to the safety & well-being of humanity, specifically with respect to early out-patient treatment of COVID-19 via re-purposed medicines, in the footnotes of Reference 4, Page 3 of 22.

Introduction Part 2 : The Efforts of ANOTHER American Traitor – Dr. Marc L. Boom

The connection between Anthony Fauci and my alma mater is deeply distressing. That the following charlatan is also connected to Cornell University is only slightly less severe:

If a manager threatened employees, in the manner spewed by Mr. Boom in his email of May 28, 2021, that manager would be **terminated immediately.** The notion that Mr. Boom pretends to be a medical doctor, and the CEO of a major 2200+ bed hospital, in a major city like Houston, Texas, strains all efforts of the forgiving. **But Mr. Boom is not merely a charlatan; Boom is a bold-faced liar:**

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

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

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

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

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

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

Mr. Boom's final "NOTE" ? It is evident, not an exaggeration, that he has relegated employees of the Houston Methodist Hospital to a status once implemented by Dr. Josef Mengele against the inmates at Auschwitz. Mengele inflicted his cruelties with **the same coercive *"not experimental"* lies of Mr. Boom**.

As we see below, lies and criminality is what underwrites Fauci-styled COVID-19 vaccine mandates.

Upcoming Criminal Prosecutions of Dr. Anthony Fauci

Senator Paul, a medical doctor, declared that the SARS-CoV-2 seems most adapted and suitable for humans? That it was manipulated to increase its transmissibility?! Nature conducts no such **experiments.**

In Reference 2, Page 21, I quoted the Dr. Anthony Fauci testimony of July 9, 2020 (screenshot):

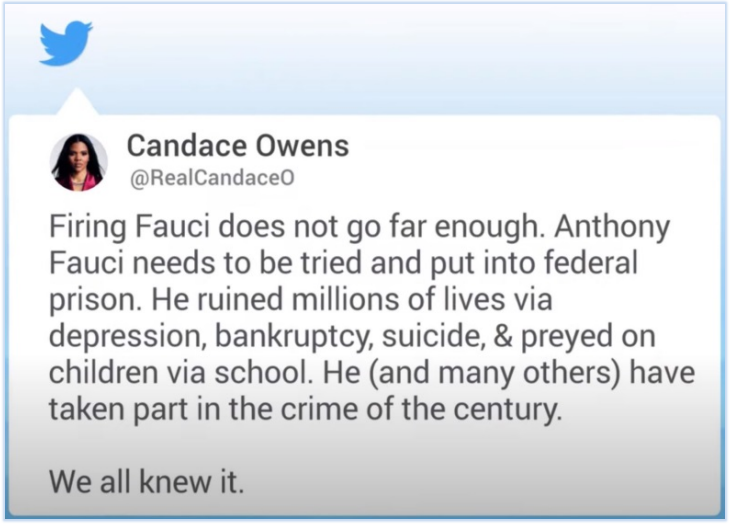
> "Not to be hyperbolic about it, it really is the perfect storm, an infectious disease and public health person's worst nightmare. It's a **spectacularly transmissible** virus. **The efficiency with which this transmits is really striking . . .**

"Spectacularly transmissible" ? Known in July 2020? Based on what . . . Chinese actors "collapsing" in the Wuhan streets? PCR testing and false positives, declared after undisclosed and blatantly fraudulent Cycle Threshold Values? 30 CTV? 40 CTV? Based on Dr. Fauci's hard-sell **claim** of *"uptick in cases"* ?

Your July 2020 testimony was partially truthful. You knew what EcoHealth had accomplished. You knew **exactly** why SARS-CoV-2 was *"spectacularly transmissible."* You were fully aware of the GOF research in Wuhan, China. **You are a principal forecaster of the *"perfect storm"* that led to SARS-CoV-2.** [2]

Your criminality is not theoretical. You *will* be prosecuted at several levels; in several jurisdictions. American patriots died for the codes established at the Doctor's Trial in Nuremberg. Paragraph 11 states:

> **COUNT THREE--CRIMES AGAINST HUMANITY**
>
> 11. Between September 1939 and April 1945 all of the defendants herein unlawfully, willfully, and knowingly committed crimes against humanity, as defined by Article II of Control Council Law No. 10, in that they were principals in, accessories to, ordered, abetted, took a consenting part in, and were connected with plans and enterprises involving medical experiments, without the subjects' consent, upon German civilians and nationals of other countries, in the course of which experiments the defendants committed murders, brutalities, cruelties, tortures, atrocities, and other inhuman acts. The particulars concerning such experiments are set forth in paragraph 6 of count two of this indictment and are incorporated herein by reference.



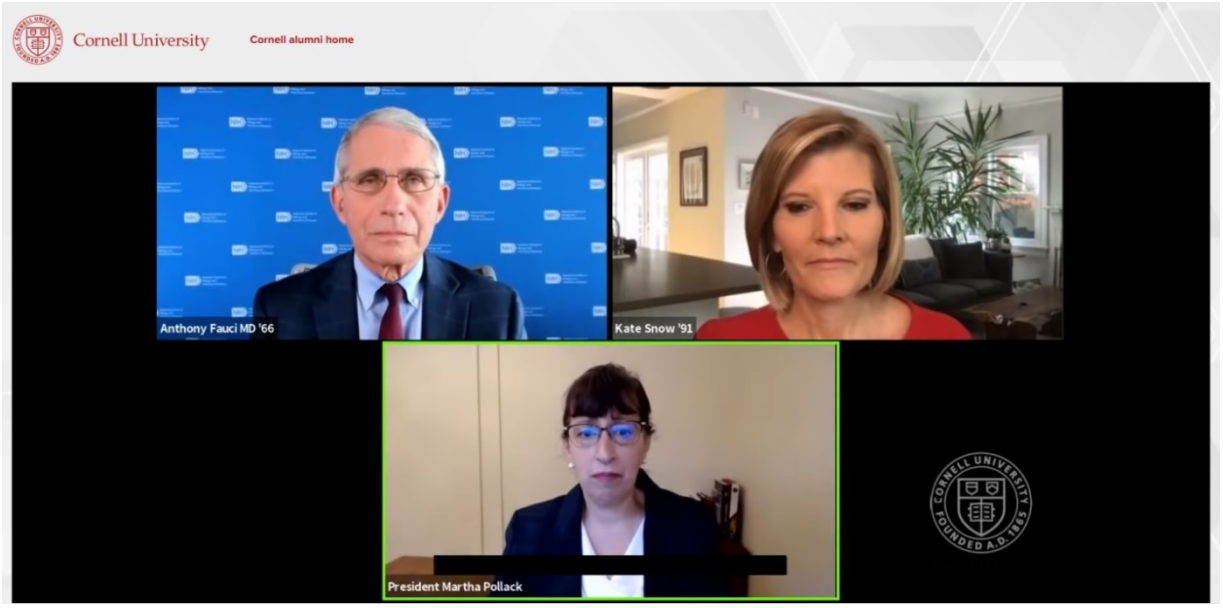
Regarding COVID-19, the crimes against humanity committed by you and your comrades are not restricted to Central Europe. Your medical cruelties involve a "global pandemic."

Beholden to characters such as Klaus Schwab and Bill Gates (the Great Reset); you are all guilty of coercing the uninformed into your **experimental** mRNA injections. But your intent reaches beyond **initial** infection by your SARS-CoV-2 virus. This has always been about the "vaccine." Your victims include the innocent, the uninformed and the misinformed: the youth.

Example: The 'captured audience' of Cornell University students that endured "Stay-Homecoming 2020."

[2] In truth, your July 2020 testimony is just *another* example of being . . . *hyperbolic*. On October 21, 2014 you gave a video broadcast in Cornell's Uris Hall entitled, "Ebola in West Africa: **The Perfect Storm**" (bolding added).

Fauci Interview at Cornell University "Stay-Homecoming 2020" – PART 1



Reference 1 occurred on October 6, 2020. This was a closed session, only available (live) to the Cornell University community. You are not alone in the **coercive criminal activity** on the Cornell campus; you are assisted by enthusiastic, vested interests. [3]

The Sesquicentennial Celebration of my alma mater included a documentary, ***Glorious to View.*** Like the Stay-Homecoming 2020 event, this film featured Ms. Kate Snow, Class of 1991:

In ***Glorious to View***, Ms. Snow declares:

" Being a critical thinker. Knowing what questions to ask. Knowing how to write a story. Those are all skills that I honed at Cornell ! "

Given your GOF research in Wuhan, SARS-CoV-2, and the resulting global COVID-19 pandemic, Snow's *"critical thinker"* questions at Stay-Homecoming 2020 were propped **agenda-driven sycophantism.**

[3] Cornell Administrators are also criminals, especially with respect to their detailed knowledge of the **'Doctor's Trial'** at Nuremberg. See Reference 6.

Fauci Interview at Cornell University "Stay-Homecoming 2020" – PART 1 conclusion

In the Cornell film ***Glorious to View*** Ms. Snow mused, *"Knowing what questions to ask."* However:

Snow did not ask, **if** your **experimental** mRNA injections are "safe & effective," **then why** did you orchestrate 'liability immunity' for your Big Pharma comrades?

Snow did not ask **why** Ivy League presidents and Law School deans, campus nurses and doctors, Gannett Health staff, local New York officials; that will be connectable to the injury of the Cornell/Ithaca community resulting from injection with your "COVID-19 vaccine," **do not enjoy 'liability immunity.'** [4]

Snow did not ask what Emergency Use Authorization (EUA) entails, or why EAU specifically affirms that your so-called "COVID-19 vaccine" is **not approved.**

Snow did not ask about the regulatory connection between the EUA for your mRNA contraptions, which are therefore **not approved;** and how that EUA status in-turn confirms an **experimental-only** deployment.

Snow did not ask, given the **experimental EUA** status, what are the criminal dimensions of **coercion** upon the staff and students, as Cornell mandates your "COVID-19 vaccines," **versus the Nuremberg Tribunal.**

Snow did not ask about the **Bill Gates "Dead end"** response of March 2017, when President Trump inquired about a commission to study vaccine safety; that Gates' rude response confirmed his vested-interest status.

Snow did not ask, if your "vaccines-only" edict, your anti outpatient treatment rants, and your Surgishpere anti-hydroxychloroquine fraud, **connect you to the avoidable deaths in the nursing homes.** [5]

Snow did not ask about the **post-injection miscarriage** of Dr. Sara Beltrán Ponce (14 weeks):

*Snow **CERTAINLY** did not ask* my Question 1, copied to **Cornell President Martha Pollack in July 2020:**

> **QUESTION 1**
>
> Is the essence of these media reports true; that while employed by the US taxpayer you were directly (or indirectly) connectable to the funding of research or the funding of a research facility that is connectable to the SARS-CoV-2 virus and the resulting COVID-19 pandemic? [6]

[4] See Reference 5, Page 12 of 17, 'RECOMMENDATION.'

[5] See Reference 2, Pages 24/25 of 36. See Reference 6. See Pages 18 through 21 below.

[6] See Reference 2, Pages 30/31 of 36, Fauci/Wuhan Lab news articles (which are *pre*-FOIA email-release).

I N T E R M I S S I O N – 1

Pregnant Women Who Receive COVID-19 mRNA Vaccines Pass Antibodies to Their Babies

news.weill.cornell.edu/news/2021/04/pregnant-women-who-receive-covid-19-mrna-vaccines-pass-antibodies-to-their-babies

April 28, 2021

A pregnant woman at the doctors. Credit: Shutterstock

Women who receive COVID-19 mRNA vaccines produced by Pfizer-BioNTech or Moderna while in their third trimester of pregnancy generate a strong immune response and pass protective antibodies through umbilical cord blood to their babies, according to a study conducted by Weill Cornell Medicine and NewYork-Presbyterian researchers, published April 28 in Obstetrics & Gynecology.

Researchers studied 122 women who received the two-dose Pfizer or Moderna mRNA vaccine during pregnancy and analyzed the antibody response mounted upon vaccination. They also assessed the presence of antibodies in the cord blood of babies born to these women at the time of birth. The research demonstrated that 99 percent of newborns had protective antibodies after their mothers received both vaccine doses, and 44 percent of babies had antibodies after one dose.

Fauci Interview at Cornell University "Stay-Homecoming 2020" – PART 2

You and Cornell President Martha Pollack presume we were 'born yesterday.' Stay-Homecoming 2020 was orchestrated for the "safe & effective vaccine" messaging, and the Cornell campus vaccine mandates of Ms. Pollack. Your hard-sell at the October 7, 2020 Cornell Stay-Homecoming 2020 event included:

> *" I am a great fan of the press . . . I try to the best of my ability, and I think I have been successful, in being very consistent in my messaging, based on facts and scientific data. But you are right, when there are mixed messages coming out of any institution, including the federal government, there is confusion as to what people should do."*

You then preface your messaging (mRNA experiment marketing) :

> *" . . . my projection is that it is very likely that we will know by November or December of 2020 whether or not we have a safe & effective vaccine. It is conceivable that we will know earlier, like October. I think that is unlikely, but not impossible, my bet would be that it's November or December. "*

> *" So the question is, you never know if you have a 'safe & effective vaccine' unless you finish, and do the clinical trials.* ***But from the data that I have seen from the animal studies****, and from Phase 1 studies that have looked at, individuals that have received the vaccine, that the response they get is a robust neutralizing anti-body* ***response that's comparable to what you get with natural infection.*** *So therefore I feel cautiously optimistic Kate that we will have a 'safe & effective vaccine' that will be able to be distributed by the end of this year, by the beginning of next year. "*

FIRST: In a closed event you admit that **"response"** to your mRNA experiments is merely **"comparable," not superior** to what occurs with healthy robust immune systems?!

(a) What scientific data (in early October 2020) supported your claim that the mRNA contraption is *"comparable to what you get with natural infection"* ? How did you know that?

(b) If your mRNA experiment is merely "comparable," then what data justifies your promotion of Big Pharma injections into **any** staff and students of Cornell; let-alone into those who have healthy robust immune systems?

(c) Is your injection, mandated by Cornell administrators, different in any way to that injected into **Ms. Midwin Charles?**

(d) Given your claims of scientific data, **what precisely do you mean by "comparable"?** 50% viral load reduction versus complete natural immunity? A non-permanent immune response?

SECOND: **Animal studies?!** In Reference 2, Page 32, I discussed your previous "animal studies":

> But let us focus on Beta-coronavirus, specifically its history versus SARS-CoV-2 . . . as you are aware, the former SARS outbreak dates to 2003. In these last **17 years,** no safe vaccine has been developed for SARS-CoV-1, the previous SARS . . . immuno-compromised ferrets come to mind.

The original SARS-Cov-1 mRNA animal trials did ***not*** result in "immuno-comprised ferrets." As you are fully aware, all ferrets died upon release. **But specific to 2020, which allegedly began vaccine targeting of SARS-CoV-2 (Operation Warp Speed), what *"animal studies"* are you talking about !?** What animals were used? When? Who conducted? Documentation? News coverage? Which vaccines were injected? What is the health status of these SARS-CoV-2 Operation Warp Speed trial animals? [7]

[7] Which you allege initiated the original vaccine targeting of SARS-CoV-2 (?). See screenshot Page 16 below.

I N T E R M I S S I O N – 2

In Reference 6, Page 3, dated 12 April 2021 (screenshot):

> Court settings do not offer the cozy ambience, orchestrated by your media comrades at CNN or Politico or the Financial Times; the Fauci protestations with the latter of 10 July 2020:
>
> *" I have a reputation, as you probably have figured out, of speaking the truth at all times and not sugar-coating things. And that may be one of the reasons why I haven't been on television very much lately."*

In addition to emails originally acquired under FOIA by Mr. Tom Fitton of Judicial Watch, we now have : [8]

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Fri, 28 Feb 2020 03:42:11 +0000
To: Phillips, Kyra
Subject: RE: Confidential

Thanks, Kyra.

-----Original Message-----
From: Phillips, Kyra <Kyra.Phillips@abc.com>
Sent: Thursday, February 27, 2020 4:33 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Subject: Confidential

Dear Tony,
This note is between long time colleagues.
This entire Coronavirus story, and the handling of it, has really escalated into an unexpected journey. I want you to know how much I have respected you professionally and medically for nearly 20 years. I also want you to know that I have appreciated how we have communicated through the years about threats to our world's health and how honest and transparent you have always been. I know you are in a unique situation and I want you to know that I respect that and would never put you in a situation with my correspondence that would jeopardize you in anyway. With that said, I hope you can keep me informed, off the record if need be, so I can continue to cover this story honestly and fairly.
With utmost respect,
Kyra

@KyraPhillips
ABC News
Investigative Correspondent
KyraPhillips.Com
(b) (6)

NIH-001229

Your Financial Times *"speaking the truth at all times"* claim is indicative of a charlatan. In-truth, the totality of your being, your career, is sustained by "sugar-coating," especially of-late anything germane to your role in The Great Reset . . . in behalf of psychopaths like Mr. Klaus Schwab, or profiteer Mr. Bill Gates.

But, your self-serving promotion of *"speaking the truth at all times"* has utility. Part 3 and Part 4 introduces that usefulness . . . as a preamble to Pages 14-17, and Subject 1 (criminality).

[8] See Reference 6, Page 17 of 26, Press Release discussion at-bottom.

Fauci Interview at Cornell University "Stay-Homecoming 2020" – PART 3 : Introduction

In Reference 2, 'Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine,' I asked about the Surgisphere/Lancet fraud, which you praised with *Politico.* I quoted your May 27, 2020 interview, wherein you announced, *"When we first developed a vaccine . . . in January"* ?!

> 21 July 2020 Dr. Anthony S. Fauci
> Page 8 of 36
>
> But then, without prompting by Politico, you began promoting vaccines:
>
> " When we first developed a vaccine, I said it would be about a year to a year-an-a-half, and that was in January.[1] So a year from January is December. I still think that we have a good chance, if all the things fall in the right place, that we might have a vaccine that would be deployable by the end of the year, by November or December."

January of 2020? In Footnote 1 I voiced my alarm about **"January?!"** :

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

Here is the screenshot which emphasizes your **pre-knowledge** of a "surprise outbreak."

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

(Please confer with Mr. Fauci for the exact date, approx January 2017.)

Again, my broad 'Question 1' of July 21, 2020:

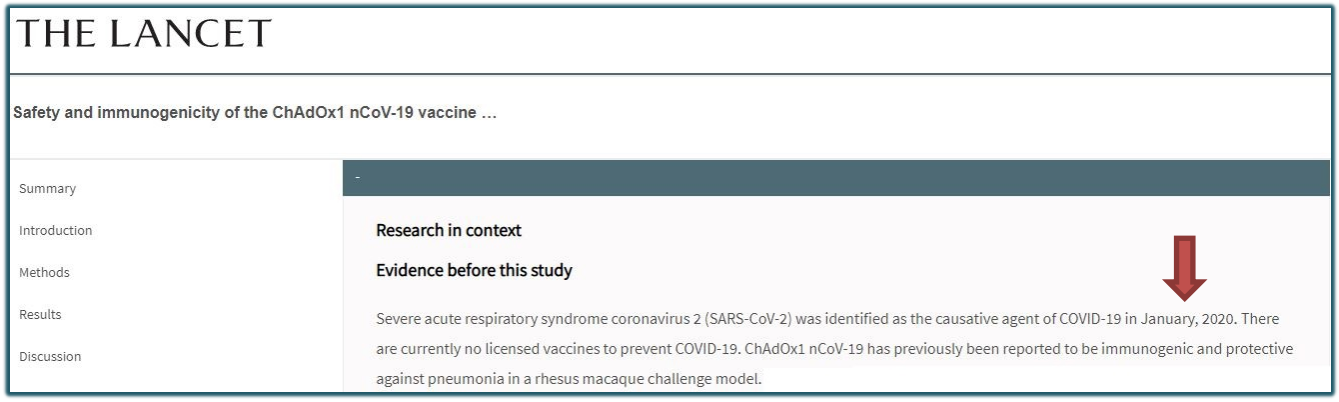
> **QUESTION 1**
>
> Is the essence of these media reports true; that while employed by the US taxpayer you were directly (or indirectly) connectable to the funding of research or the funding of a research facility that is connectable to the SARS-CoV-2 virus and the resulting COVID-19 pandemic?

Fauci Interview at Cornell University "Stay-Homecoming 2020" – PART 3 : Discussion

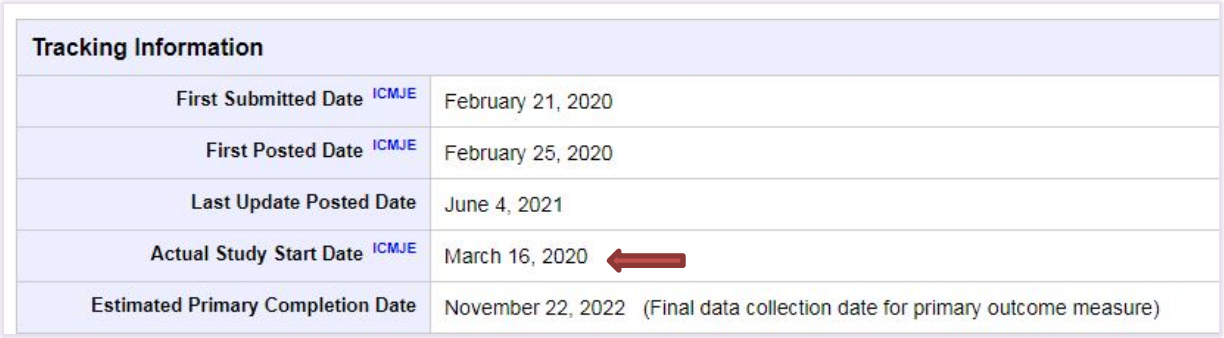
In response to a propped question from a Cornell University student at Stay-Homecoming 2020, you claimed that "technological advances" was key : [9]

> *" I think there are multiple (technology) gaps that are being filled right now. If you look at the technological advances, I mean, I could give you a real-time example of how technology in vaccine platform technology has allowed us to go from identification of a brand new pathogen, namely SARS-Coronavirus-2, to a Phase Three trial purely on the basis of the ability to do things we never could have thought of.* ***Namely, sequencing something overnight****, instead of taking a year to do. And then taking the gene from the sequence and sticking it into a brand new (vaccine) platform, like an mRNA platform or a vectored platform, and getting into a clinical trial within two months, instead of three years."* [10]

Ongoing vaccine-promoting papers published by The Lancet affirm the veracity of your "January" date quoted with *Politico* in May 27, 2020, as well as the quote above:



The next screenshot confirms your "*clinical trial within two months"* (January 2020 to March 16, 2020):



[9] The question was fielded from a student located at the Cornell Tech Center on Roosevelt Island in New York City, a facility that resulted from the generous *true* philanthropy of Cornell graduate Mr. Rajan Tata (Attachment 1).

[10] If there is anyone supportive of advanced technology *per se*, it is the undersigned. However, in this October 6, 2020 Cornell University event you are confirming that various Big Pharma / Big Lab capabilities were in-place **long prior** to the Trump Administration "Operation Warp Speed." We emphasize your statement *"Namely, sequencing something overnight . . . a brand new (vaccine) platform,"* in the **Criminality** section, Page 14 below.

Fauci Interview at Cornell University "Stay-Homecoming 2020"
PART 4 : Confirmation of Dr. Anthony Fauci <u>Deceit</u>

Infliction of your deceit upon Cornell students and staff is partially confirmed by five facts:

i. Reference 2 predates Reference 1 by three full months; you refused repeated polite requests for response to my letter of July 21, 2020.

ii. Your promotions at Stay-Homecoming 2020 occurred at a time when you presumed a status of being *'in the clear'* regarding exposure of agendas such as The Great Reset, and **therefore** the origins and purposes of SARS-CoV-2.

iii. Your interview at Stay-Homecoming 2020 accommodated, but occurred **after** the following :


SHARE

LIFE & ARTS | IDEAS | THE SATURDAY ESSAY

Bill Gates: The Best Investment I've Ever Made

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

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

iv. Your promotions at Stay-Homecoming 2020 occurred **after** the following:


SCIENCE | CORONAVIRUS COVERAGE

Fauci: No scientific evidence the coronavirus was made in a Chinese lab

In an exclusive interview, the face of America's COVID-19 response cautions against the rush for states to reopen, and offers his tips for handling the pandemic's information deluge.

Your Interview at Cornell University "Stay-Homecoming 2020"
PART 4 : Confirmation of Dr. Anthony Fauci <u>Deceit</u> – Conclusion

v. Unbeknownst to the 'captured audience' of Cornell University students, your promotions at Stay-Homecoming 2020 occurred while you were still *'in the clear.'* **That is**, your interview occurred **prior** to the Tom Fitton FOIA releases of taxpayer-funded emails (arrow added):

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 1 Feb 2020 18:43:31 +0000
To: Kristian G. Andersen
Subject: RE: FW: Science: Mining coronavirus genomes for clues to the outbreak's origins

Thanks, Kristian. Talk soon on the call.

From: Kristian G. Andersen [redacted (b) (6)>
Sent: Friday, January 31, 2020 10:32 PM
To: Fauci, Anthony (NIH/NIAID) [E] [redacted (b) (6)
Cc: Jeremy Farrar [redacted (b) (6)>
Subject: Re: FW: Science: Mining coronavirus genomes for clues to the outbreak's origins

Hi Tony,

Thanks for sharing. Yes, I saw this earlier today and both Eddie and myself are actually quoted in it. It's a great article, but the problem is that our phylogenetic analyses aren't able to answer whether the sequences are unusual at individual residues, except if they are completely off. On a phylogenetic tree the virus looks totally normal and the close clustering with bats suggest that bats serve as the reservoir. The unusual features of the virus make up a really small part of the genome (<0.1%) so one has to look really closely at all the sequences to see that some of the features (potentially) look engineered. ⇐

We have a good team lined up to look very critically at this, so we should know much more at the end of the weekend. I should mention that after discussions earlier today, Eddie, Bob, Mike, and myself all find the genome inconsistent with expectations from evolutionary theory. But we have to look at this much more closely and there are still further analyses to be done, so those opinions could still change.

Best,
Kristian

On Fri, Jan 31, 2020 at 18:47 Fauci, Anthony (NIH/NIAID) [E] [redacted (b) (6)> wrote:

Jeremy/Kristian:
This just came out today. You may have seen it. If not, it is of interest to the current discussion.
Best,
Tony

From: Folkers, Greg (NIH/NIAID) [E] [redacted (b) (6)
Sent: Friday, January 31, 2020 8:43 PM
Subject: Science: Mining coronavirus genomes for clues to the outbreak's origins

NIH-002396

Subject 1 : Evidence of the Criminality of Dr. Anthony Fauci

At the 17 April 2020 press conference of President Trump's White House Coronavirus Task Force you were asked about SARS-CoV-2 origins. Similar to Stay-Homecoming 2020, you emphasized ***"sequencing,"*** but pivoted to some unnamed study and some unnamed evolutionary virologists (?):

*" Yeah. There was a study recently that we can make available to you, where a group of highly qualified evolutionary virologists looked at the **sequences** there and the **sequences** in bats as they evolve, and the mutations that it took to get to the point where it is now is totally consistent with a jump of a species from an animal to a human. So I mean, the paper will be available. I don't have the authors right now, but we can make that available to you. "*

Again, you are the charlatan that is compelled to protest his virtues with the financial interests media about *"telling the truth at all times and not sugar coating things."* **A quick COVID-19 history review:**

i. It has been confirmed that the first 'COVID like symptoms' occurred in November 2019, afflicting three researchers at the Wuhan Laboratory of Virology.

ii. In December 2019, China reported 'COVID like symptoms' for an additional 27 victims. That same month the US reported its first COVID-19 cases.

iii. In January 2020 the virus SARS-CoV-2 was identified as the "causative agent" of COVID-19.

iv. Relative to iii, back in May 2020 you declared, in your anti-hydroxychloroquine rant with Politico, that **you had already begun vaccine development . . . in January 2020!** (See Page 10 above)

v. In October 2020 you promoted 'technology' during Cornell University Stay-Homecoming 2020:

*" I could give you a real-time example of how technology in vaccine platform technology has allowed us to go from identification of a brand new pathogen, **namely SARS-Coronavirus-2**, to a Phase Three trial purely on the basis of the ability to do things we never could have thought of.*

***Namely, sequencing something overnight**, instead of taking a year to do. And then taking **the gene from the sequence** and sticking it into a brand new (vaccine) platform, like an mRNA platform or a vectored platform, and getting into a clinical trial within two months, instead of three years."*

vi. This COVID-19 history occurred long before headlines such as:

Subject 1 : Evidence of the Criminality of Dr. Anthony Fauci – The Key Questions A and B

All of this compels at-least two very simple questions:

1. The technology you promoted at Cornell Stay-Homecoming 2020 is *so* new, *so* good, *so* accurate, *so* reliable:

   (a) *So* new it allowed you to immediately identify a brand new pathogen, namely SARS-CoV-2;

   (b) *So* good, it mapped its genetic footprint "overnight" ;

   (c) *So* accurate that you pronounced to Politico/Cornell that you began development of a new mRNA platform, **within mere weeks** of the sequencing of SARS-CoV-2 . . . *all the way back in January 2020!*

   (d) *So* reliable that you are willing to put **BILLIONS** of humans **at-risk** with your EAU **experimental** mRNA "vaccine platform technology."

Question A : If #1 is all true, then how is it Dr. Fauci . . . you did **not** know that SARS-CoV-2 was manipulated? How is that possible?!

The Science Suggests a Wuhan Lab Leak

The Covid-19 pathogen has a genetic footprint that has never been observed in a natural coronavirus.

By Steven Quay and Richard Muller
June 6, 2021 11:59 am ET

2. In the alternative . . . the technology you promoted at the Cornell Stay-Homecoming 2020 is not reliable, not accurate, and therefore has provided faulty sequencing, etc.:

Question B : If instead #2 is correct, then are the **experimental** injections, promoted by you, and now mandated by Cornell University President Martha Pollack, medicating an incorrect sequence, a misidentified "pathogen"? What of the VAERS horror show?

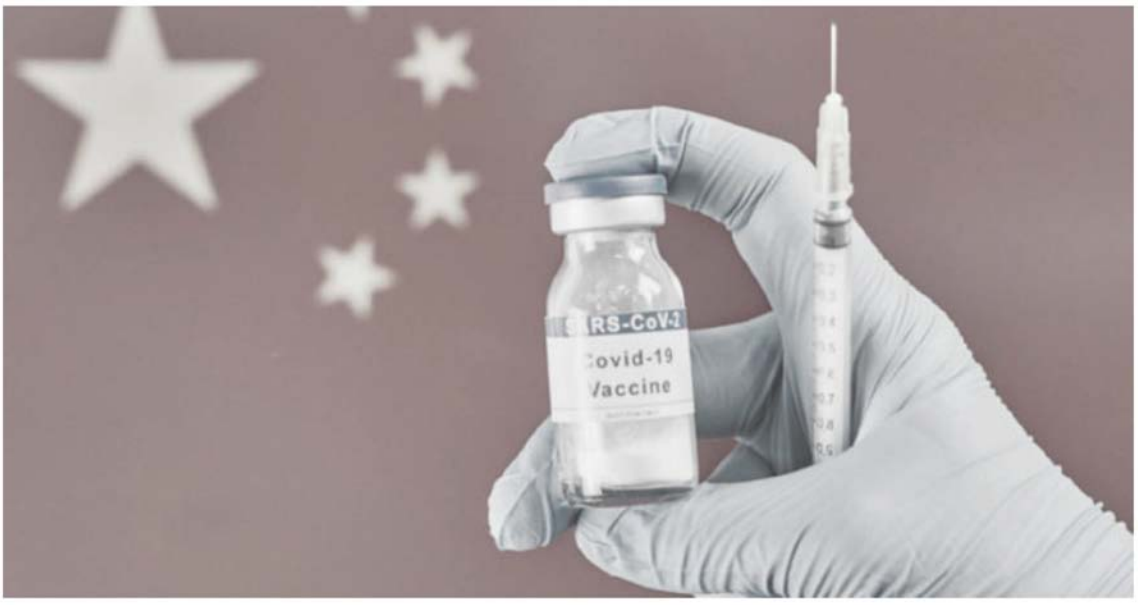
Subject 1 : Evidence of the Criminality of Dr. Anthony Fauci – Con't

Dr. Fauci, both Question A and Question B are in-play . . . and much more . . . such as:

From your treasonous collaboration with an avowed enemy of the United States (Chinese Communist Party), to your illegal and immoral funding of the Gain of Function (GOF) research at their Wuhan Laboratory of Virology, to your unauthorized development of an **experimental** vaccine for a pathogen that you **claim** (in multiple forums) was sequenced "overnight," to your conspiratorial association with Big Pharma and a key profiteer Mr. Bill Gates, to your complicity with the broad cover-up by the World Health Organization (WHO), to your **coercions** of a deadly **experimental** concoction upon the naiveté of Cornell University students, to a similar exploitation upon an unsuspecting global community, to endorsement of news media and Big Tech censorship which obviates 'informed consent,' **to your cooperation-with and encouragement-of criminals who are blatantly violating the spirit and the letter of the 'Doctor's Trial' at the Nuremberg Tribunal . . .**

China reportedly applied for patent on its CCP Virus vaccine before pandemic declared

Jose Hermosa | TheBL - 06/07/21

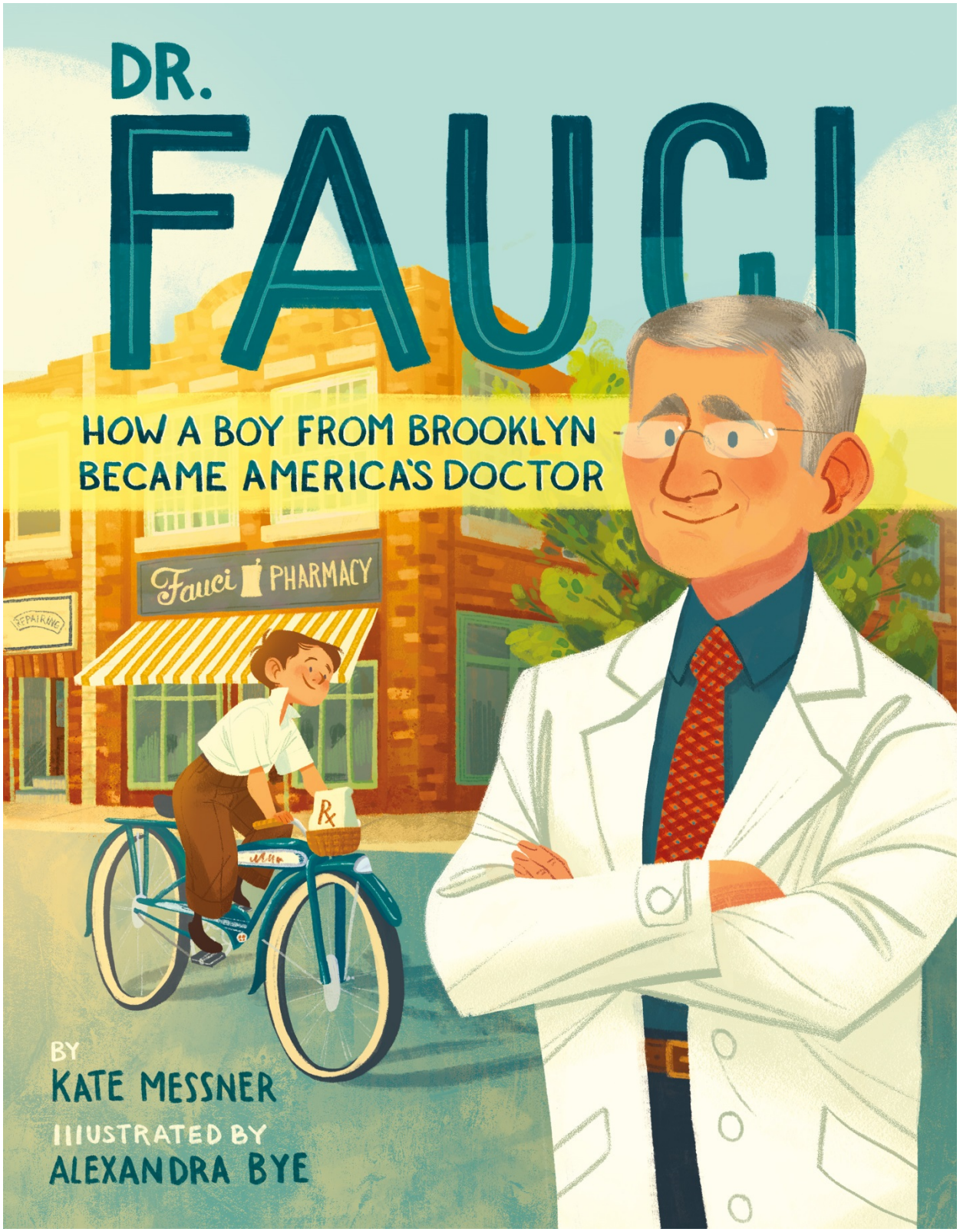


A hand with medical gloves holds the COVID-19 vaccine and a syringe, in the background the Chinese flag on Dec. 18, 2020. (Marco Verch/ Flickr.com/).

As you are fully aware, SARS-CoV-2 was sequenced long prior to your diversionary **crap,** spewed at my alma mater, about "technological advances."

That is, the person that the news media and Cornell University President Martha Pollack gush as "America's Doctor" is demonstrably ***less*** **honorable than Dr. Josef Mengele:**

Subject 1: Confirmation of the Criminality of Dr. Anthony Fauci – Conclusion



Subject 2 : Connections of Dr. Anthony Fauci to the COVID-19 Nursing Homes Deaths

It is not "medical misinformation," as spewed by your Marxist Big Tech colleague Ms. Susan Wojcicki (YouTube), to plainly state facts or question *alleged* facts.

It is not a conspiracy theory that tens-of-thousands have died, or suffered horribly from your "brand new (vaccine) platform." These horrors range from the unborn-in-the-womb, to the elderly; **and every category in-between** . . . A recent example of the latter is Mr. Joel Kallman:

Prior to his untimely death Mr. Kallman tested negative on (an unknown Cycle Threshold Value) PCR test.

Prior to his untimely death Mr. Kallman displayed no 'COVID like symptoms;' he enjoyed great health.

Mr. Kallman did **not** die from Hydroxychloroquine.

Mr. Kallman did **not** die from Ivermectin.

Mr. Kallman did **not** die from zinc or vitamin C or vitamin D supplementation.

Mr. Kallman did **not** die from wearing or not wearing a mask.

Mr. Kallman did **not** die from "social distancing" or a lack of "social distancing."

Broadly, Mr. Kallman died as a result of the **"breakthrough" criminality** of Dr. Anthony Fauci; and the latter's pharmaceutical, political, media, Big Tech, medical, academic and Great Reset colleagues. In the narrow sense, Mr. Kallman died as a result of your **experimental** mRNA needles, **at age 54!**

Subject 2 : Connections of Dr. Anthony Fauci to the COVID-19 Nursing Homes Deaths – Con't

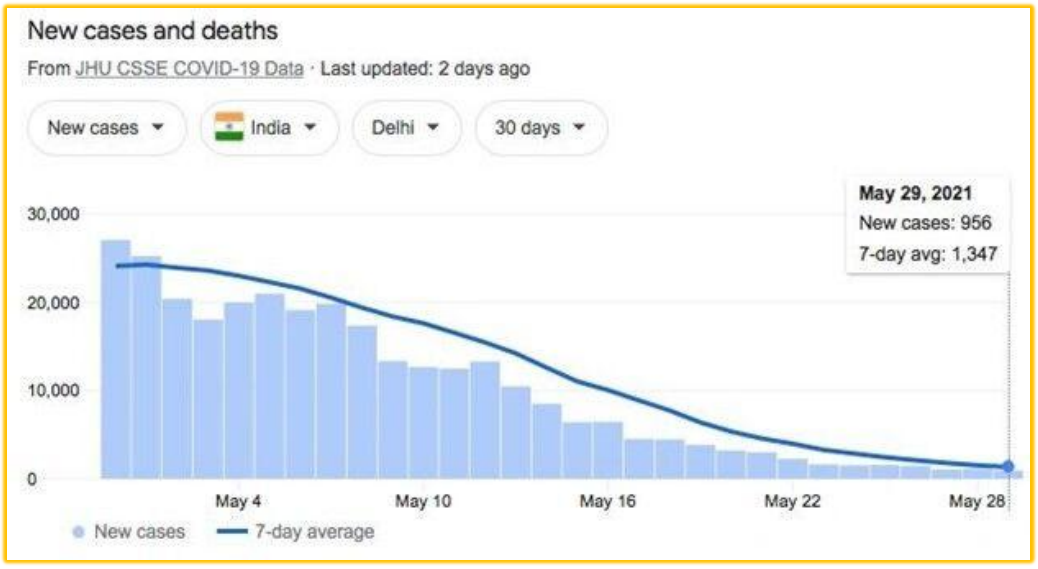
In Reference 6, my letter of 12 April 2021 to you and the Ivy League Law School deans, I directed the following at "America's Doctor" (screenshot) :

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

In Reference 6, Page 10, I exemplified six physicians, who are dedicated to the Hippocratic Oath and the **true** safety & well-being of their many patients. In recent one-on-one telephone interviews, I asked these practicing medical doctors key questions regarding their 'non-vaccine based treatments' of COVID-19:

> How many of your patients, that received early out-patient treatment, required hospitalization ?
>
> How many of your patients, that received early out-patient treatment, required ventilators ?
>
> How many of your patients, that received early out-patient treatments, later experienced adverse events of any level ?
>
> How many of your patients, that received early out-patient treatments, have returned with any level of recurrence of 'COVID like symptoms'? [11]

Headline: **Ivermectin Obliterates 97 Percent of Delhi Cases.** See Attachment 1.



[11] I was unable to pose questions relative to the latest "science," which is marketed as "breakthrough;" the mRNA **crap** that killed Mr. Joel Kallman, because Joel departed his wife and children *after* these telephone interviews.

Subject 2 : Connections of Dr. Anthony Fauci to COVID-19 Nursing Homes Deaths – Con't

On 19 May 2021 I received an email from Yale University epidemiologist Dr. Harvey Risch indicating that he was in-receipt of my materials (References 2, 3, 5 and 6, and Attachment 2). Laura Ingraham of Fox News is also in-receipt. In Reference 6, Page 24 of 26, I emphasized the following with Risch and Ingraham, regarding the Texas State testimony of Dr. Peter McCullough :

> Note that Dr. McCullough did not testify about 5% . . . *he stated 85% !* Of the "500,000 COVID deaths," the national number that you constantly claim, **up to 425,000 would still be alive! Of the 15,430 that died in Governor Cuomo's nursing homes, over 13,115 could still be alive!**

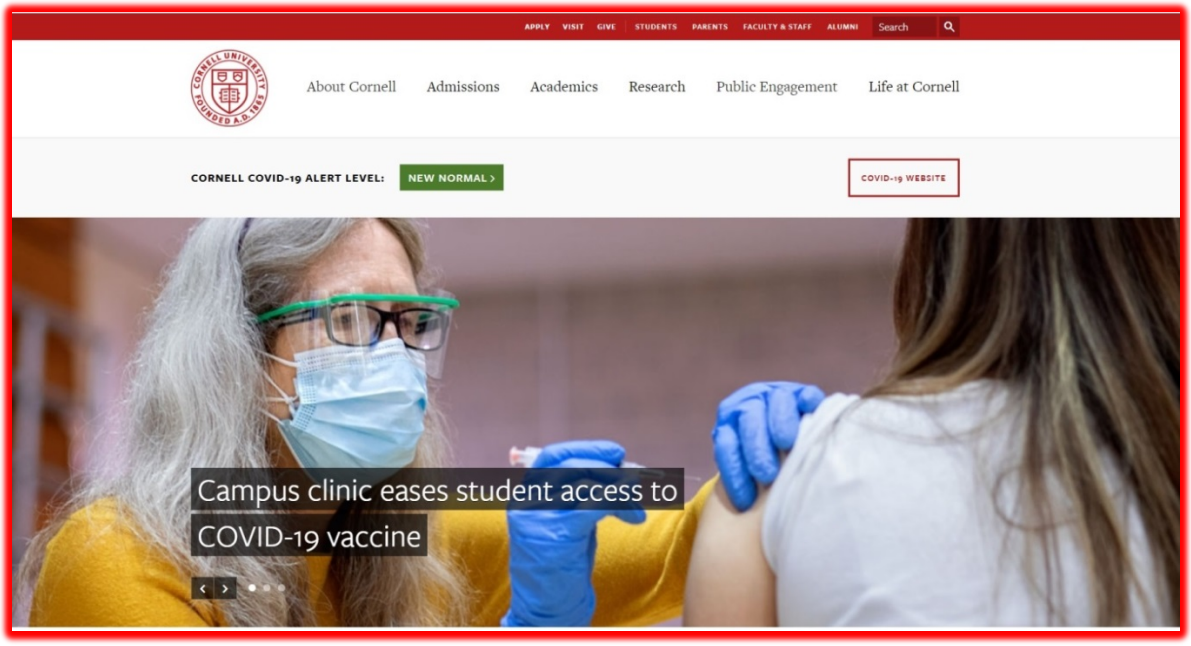
After receipt of Reference 6, Dr. Risch was again interviewed by Laura Ingraham (4 June 2021) about non-vaccine treatments for COVID-19, such as regimens that include hydroxychloroquine:

Ms. Laura Ingraham	" **Let's start with Dr. Risch**. You say that the lies and deceit revealed in these emails can be essentially extrapolated to the doctor's (Dr. Fauci's) rejection of the drug hydroxychloroquine. How costly could that smearing of that drug have been to us? "
Dr. Harvey Risch	" Well, we know that the problems that were pointed out to, as reasons not to use hydroxychloroquine, **were all fraudulent** from the beginning of the campaign against it. And the point that I am making, in this, **if there is reason not to trust Dr. Fauci** for the things that he said, and lots of other reasons, then that is reason to take what he said about hydroxychloroquine, in the context, not seriously, because it is part-n-parcel of the campaign to de-legitimize it (hydroxychloroquine) in the first place. Hydroxychloroquine used with zinc, vitamin D, anti-biotics, aspirin or other medications, in the regimen as Dr. (Peter) McCullough has outlined, is good for prevention of 'bad outcomes' in COVID on the order of at least three-quarters, 75 to 85 percent or better. **So we know that we are talking about 450,000 to 500,000 lives that were lost unnecessarily ! "**

Subject 2 : Connections of Dr. Anthony Fauci to COVID-19 Nursing Homes Deaths – Conclusion

In March 2021 I attempted to upload a ReeseReports video, which featured the data tsunami on the injury and death being caused by your mRNA experiments. Entitled, **"The Worst is Yet to Come,"** every word, every screen, everything presented in that video is factual and corroborated. Nevertheless, your YouTube colleague (Ms. Susan Wojcicki) not only censored that video, she deleted my entire account. A typical headline featured in **"The Worst is Yet to Come" :** [12]

In stark contrast, after the October 6, 2020 event staged by you and Cornell President Martha Pollack (Stay-Homecoming 2020), the following began appearing as the university **homepage**:



Nowhere does the sublink 'COVID-19 WEBSITE' offer information that embraces "informed consent." Or the Nuremberg Tribunal. Or the codes that emerged from the 'Doctor's Trial.' Instead you find the exact opposite . . . you find threats and **coercions** regarding your mRNA vaccine, and how submission to that **experimental** injection is mandated now upon of the Cornell/Ithaca communities:

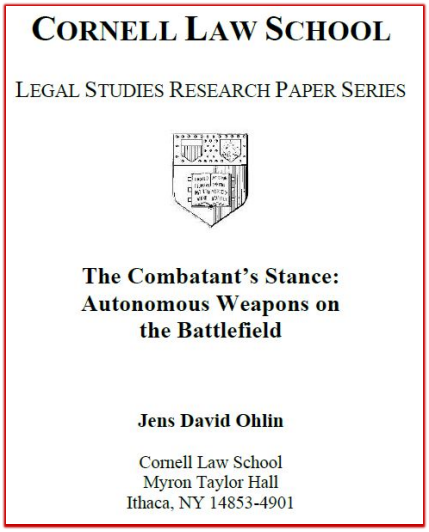
Regarding the basics of the Nuremberg Code . . . the next page puts Reference 6, your criminality, and especially the criminality of Cornell University administrators in perspective.

[12] The Worst is Yet to Come, preserved here: http://pvsheridan.com/The_Worst_is_YET_to_Come.m4v

Cornell University Law School :

<u>Preserving the Rights of Robots, But Not Students, Under the Nuremberg Code</u>

Cornell Law School Dean Jens David Ohlin received Reference 6. Like you, he refused to respond:



CORNELL LAW SCHOOL

LEGAL STUDIES RESEARCH PAPER SERIES

The Combatant's Stance: Autonomous Weapons on the Battlefield

Jens David Ohlin

Cornell Law School
Myron Taylor Hall
Ithaca, NY 14853-4901

In his 2016 paper, which was endorsed by the global legal community, Dean Ohlin mentions the term 'Nuremberg' **repeatedly.** Ohlin argues, in essence, if a combat robot, an 'autonomous weapon,' is found to have been deployed and engaged in any activity that would otherwise be adjudicated as criminal under the Nuremberg Code, the robot cannot be scapegoated (!?).

Instead, under the Nuremberg Code, the individual person or the national military that *programmed* the robot must be brought to justice. So, again, in essence, Ohlin has argued that **coercion** of even a robot is improper; that the programmer's code exonerates the robot, and indicts the programmer(s).

A logical stretch? Perhaps. But the inhumane point is . . . Dean Ohlin is documented regarding **his legal concerns relating to robots under Nuremberg (?!).** But Ohlin has not offered a scintilla of morality, regarding the **experimental** mRNA **program** being injected into the Cornell student on Page 21 above.

Ohlin has not offered a scintilla of legalistic concern versus the Nuremberg Code for the blatant **coercion and threats** by Cornell University in-general, and Cornell President Martha Pollack in-particular.

Conclusion

Earlier today on MSNBC, you boasted with a self-absorbed animation akin to Louis XIV:

> "If you are trying to, ya know, get *at* me as a public health official and a scientist, you're really attacking, not only Dr. Anthony Fauci but you're attacking science. And anyone that looks at what's going on, clearly sees that. You have to be asleep not to see that. That's what's going on. Science and the truth are being attacked." [13]

It is apparent that your circumstances have changed dramatically since Reference 1, Reference 2, Reference 3, Reference 4, Reference 5, and especially Reference 6. Perhaps you can find solace in the fact that you are not alone in your updated circumstances. The reputational and professional circumstances of most persons in your COVID-19 circle have also greatly deteriorated, and will continue to do so.

Perhaps a reminder of what you and your ilk identify as "science" would be helpful: **The Dr. Anthony Fauci rants and implicit insults about "herd immunity."** There are two parts to this; the second is now a central theme to litigation filed by India against your comrades at the World Health Organizations (WHO). A mouthpiece of you and the WHO, are the liars at the New York Times (NYT):


The New York Times

OPINION

What the Proponents of 'Natural' Herd Immunity Don't Say

Try to reach it without a vaccine, and millions will die.

May 1, 2020

As if on-cue, the May 1, 2020 NYT article began with the Fauci/Pollack promotions for a vaccine:

"The concept of herd immunity is typically described in the context of a vaccine. When enough people are vaccinated, a pathogen cannot spread easily through the population."

FIRST, if your comrades at the NYT had any integrity they would have written, 'The concept of herd immunity is typically described in the context of a vaccine *by those who are financial and political vested-interests in the pharmaceutical industry.'*

SECOND, if your comrades at the NYT had any integrity they would **not** have written the promotional **crap** that, *"The concept of herd immunity is typically described in the context of a vaccine."* Instead, they would have cited the enormous amount of scientific data, covering thousands of years of human history, that ascribe 'natural herd immunity' to just that: The reality that the human genome provides natural intervention through an anti-body response to a new pathogen.

THIRD, if your mouthpieces at the NYT had any integrity they would **not** have written the bold-faced lie contained in the byline. Instead, they would have cited the enormous amount of scientific data, covering a hundred years of human history, that ascribe successful, commonplace but temporary intervention to disease progression to existing and/or re-purposed drugs; allowing time extension to immune response.

---

[13] I have studied science my entire life, I have been employed in science, and I have degrees in science. Contrary to your insults, I can assure you that I am *not* asleep, and I *do* see what is going on. When I wrote in July 21, 2020, asking you simple questions about the science of COVID-19 (Reference 2), I was not attacking anyone. I certainly have never attacked science; quite the opposite. I am not alone in these general ongoing circumstances.

Conclusion – con't

Regarding that putrid NYT byline (*"Try to reach it without a vaccine, and millions will die"*); the truth is, millions have died for the exact opposite reason; a large portion of which suffered horribly, prior to their deaths in the nursing homes of the United States.

While wasting precious intervention time, waiting for your Operation Warp Speed and its **experimental** mRNA junk, you and your comrades openly jeopardized the health of global humanity. This is twofold:

(1) While denouncing and lying about the science and proven effectiveness of re-purposed drugs,

(2) You promoted the ongoing global death toll from allegedly COVID-19, while simultaneously declaring that the only path to 'herd immunity" was by waiting for, and then injecting your profitable **experimental** mRNA junk into the veins of *billions* worldwide.

It is clear to the casual observer that your antics have nothing to do with global health, or 'herd immunity,' and everything to do with global agendas. Anyone doubting this need only look to the latest FDA vileness:


FDA IN BRIEF

FDA In Brief: FDA Advises Against Use of SARS-CoV-2 Antibody Test Results to Evaluate Immunity or Protection From COVID-19, Including After Vaccination

Share Tweet Linkedin Email Print

For Immediate Release: May 19, 2021

At the start of the so-called COVID-19 pandemic, you and vested-interest colleagues boldly declared that to reach herd immunity, *"60 to 70 percent would need to be immune."* You had absolutely no scientific basis upon which to spew that vaccine-promoting statistic, especially with respect to SARS-CoV-2.

Regarding that FDA garbage . . . was your immunity statistics *not* based on anti-body testing?! Or was your *"60 to 70 percent"* based on public opinion polls?? According to you, recent opinion polls (commissioned to promote your **experimental** mRNA junk) constitutes science! You declared:

> ***"When polls said only about half of all Americans would take a vaccine, I was saying herd immunity would take 70 to 75 percent. Then, when newer surveys said 60 percent or more would take it, I thought, 'I can nudge this up a bit,' so I went to 80, 85."***

The Ad Hocism of "America's Doctor" Initially protected from scrutiny by the closed-door Cornell Stay-Homecoming 2020, back in October 2020, you asserted, *"Individuals that have received the vaccine, that the response they get is a robust neutralizing anti-body response that's comparable to what you get with natural infection."*

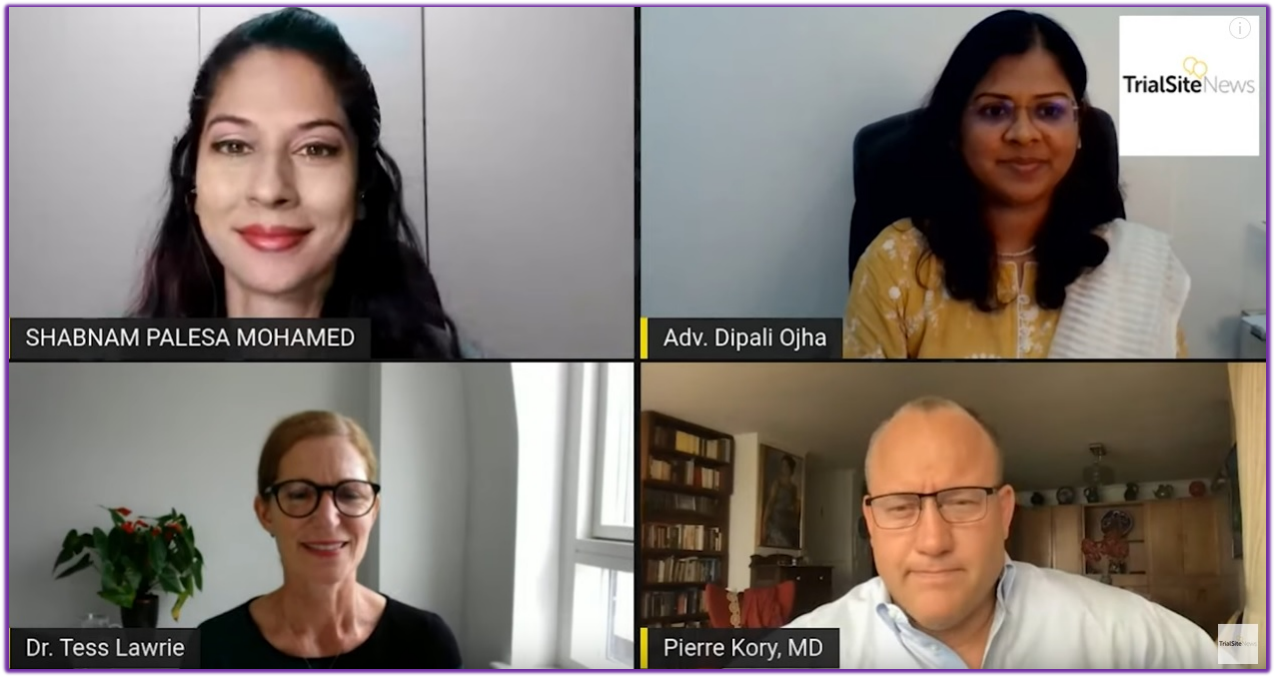
You and your comrades have now scrambled to ascribe "studies" to your brand new assertion:

"Vaccines, actually, at least with regard to SARS-CoV-2, can do better than nature."

A person who is incapable of telling the whole truth, is incapable of real science.

Conclusion – con't

Many lawsuits are being filed and in-progress worldwide that relate-to or are germane-to your COVID-19 criminalities. This is especially true regarding your frauds, and threats inflicted upon those that had prescribed, with great and timely success, re-purposed drugs ranging from hydroxychloroquine to Ivermectin. The overwhelming successes with Ivermectin are now central to a lawsuit, brought against your comrades in the World Health Organization (WHO), by the Bar Association of India **(Attachment 1):**



Demand

In this letter, like Reference 1, I have asked simple, direct, relevant questions. I fully expect that you will once again ignore anyone who *"attacks"* you. However, I am confident that you will be required to answer these and other questions in the near future while under oath.

The current questions can be found on Page 8 (as 'First' and 'Second') and on page 15 as Question A and Question B. Please answer those questions.

Cordially,

Paul V. Sheridan

Attachment/enclosure

Summary of Attachments

Attachment 1	**26 May 2021, Press Release** from the Indian Bar Association, Advocate Nilesh C. Ojha, National President of the Indian Bar Association, Re: Legal Notice Served Upon Dr. Soumya Swaminathan, THE CHIEF SCIENTIST, WORLD HEALTH ORGANIZATION **25 May 2021, Legal Notice** from the Indian Bar Association, Advocate Dipali N. Ojha, Head – Legal Cell, Indian Bar Association. Legal Notice Served Upon Dr. Soumya Swaminathan, THE CHIEF SCIENTIST, WORLD HEALTH ORGANIZATION	**2 Pages** **51 Pages**
Attachment 2	Letter from Paul V. Sheridan to Yale University Dr. Harvey Risch of **18 May 2021**	**11 Pages**
Attachment 3	Letter from Association of American Physicians and Surgeons, Inc. to Cornell University President Martha Pollack, **24 April 2021**	**4 Pages**
Attachment 4	SARS-CoV-2 Mass Vaccination: **Urgent questions on vaccine safety** that demand answers from international health agencies, regulatory authorities, governments and vaccine developers. 24 May 2021	**10 Pages**
Attachment 5	**Announcement** from Oral Roberts University (ORU) President Dr. William Wilson A Return to Normal Operations at ORU: Students will not be required to have a vaccination for COVID-19 in order to attend ORU this Fall. We have not been requiring, nor will we require, COVID-19 vaccinations of staff or faculty in order to serve or work at this university. Students will not be required to test for COVID-19 before entering the dorms. Masks will be optional in all campus venues and at all campus events. They will not be required anywhere on campus.	**1 Page**

ATTACHMENT 1

53 Pages

9 June 2021

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20852
301-496-2263
anthony.fauci@nih.gov

Subject 1: Evidence of the Criminality of Dr. Anthony Fauci (Page 14)
Subject 2: Connections of Dr. Fauci to COVID-19 Nursing Homes Deaths (Page 18)

Reference 1: Your Interview at Cornell University *"Stay-Homecoming 2020"*
Reference 2: My Letter to You of 21 July 2020
Reference 3: My Letter to President Donald J. Trump of September 18, 2020
Reference 4: My Letter to You of 21 December 2020
Reference 5: My Letter to the Presidents of the Ivy League of 6 March 2021
Reference 6: My Letter to You and the Ivy League Law School Deans of 12 April 2021

26 May 2021, Press Release from the Indian Bar Association (2 pages)
Legal Notice Upon Dr. Soumya Swaminathan,
THE CHIEF SCIENTIST, WORLD HEALTH ORGANIZATION

25 May 2021, Legal Notice from Advocate Nilesh C. Ojha, (51 pages)
National President of the Indian Bar Association,
Served Upon Dr. Soumya Swaminathan,
THE CHIEF SCIENTIST, WORLD HEALTH ORGANIZATION

INDIAN BAR ASSOCIATION

(THE ADVOCATES' ASSOCIATION OF INDIA)

Regional Office: Office No. 2 & 3, Kothari House, A. R. Allana Marg, Fort, Mumbai – 23, Maharashtra (India) Tel: +91-22-49717796, Website: www.indianbarassociation.in

Contact us: info@indianbasassociation.in

May 26, 2021

PRESS RELEASE

INDIAN BAR ASSOCIATION SERVES LEGAL NOTICE UPON DR. SOUMYA SWAMINATHAN, THE CHIEF SCIENTIST, WORLD HEALTH ORGANISATION

A legal notice is served by Indian Bar Association (IBA) upon Dr. Soumya Swaminathan, the Chief Scientist at the World Health Organisation (WHO) on **May 25, 2021** for her act of spreading disinformation and misguiding the people of India, in order to fulfil her agenda.

The notice is based on the research and clinical trials carried out by 'Front Line **COVID-19** Critical Care Alliance' (**FLCCC**) and the British Ivermectin Recommendation Development (**BIRD**) Panel, who have presented enormous data that strengthen the case for recommendation of Ivermectin in prevention and treatment of COVID-19.

Dr. Soumya Swaminathan has ignored these studies/reports and has deliberately suppressed the data regarding effectiveness of the drug Ivermectin, with an intent to dissuade the people of India from using Ivermectin.

However, the Indian Council for Medical Research (ICMR) and All India Institute of Medical Sciences (AIIMS), Delhi have refused to accept her stand and have

retained the recommendation for Ivermectin under 'May Do' category, for patients with mild symptoms and those in home isolation, as stated in 'The National Guidelines for COVID-19 management' last updated on May 17, 2021.

In order to stop Dr. Soumya Swaminathan from causing further damage to the life of citizens of this country, IBA has decided to initiate legal action against her and as part of the process, a legal notice has been served upon her.

P.S. IBA has observed that the content of several web links to news articles/reports included in the notice served upon Dr. Soumya Swaminathan on May 25, 2021, which was visible before issuing the notice, has either been removed or deleted now.

IBA had anticipated this and therefore we have downloaded soft copies of these news articles before issuing the legal notice. It is ludicrous on part of the forces resorting to such cowardly acts, for they do not know that they are providing very strong evidence of their desperate attempt at blocking information/news regarding Ivermectin.

Adv. Nilesh C. Ojha
National President
Indian Bar Association
www.indianbarassociation.in

INDIAN BAR ASSOCIATION

(THE ADVOCATES' ASSOCIATION OF INDIA)

Regional Office: Office No. 2 & 3, Kothari House, A. R. Allana Marg, Fort, Mumbai – 23, Maharashtra (India) Tel: +91-22-49717796, Website: www.indianbarassociation.in

Contact us : dipaliojha@indianbarassociation.in

May 25, 2021

LEGAL NOTICE

To

Dr. Soumya Swaminathan

Chief Scientist,

World Health Organisation

Avenue Appia 20

1211 Geneva, Switzerland

Subject: 1. Running a disinformation campaign against Ivermectin by deliberate suppression of effectiveness of drug Ivermectin as prophylaxis and for treatment of COVID-19, despite the existence of large amounts of clinical data compiled and presented by esteemed, highly qualified, experienced medical doctors and scientists.

2. Issuing statements in social media and mainstream media, thereby influencing the public against the use of Ivermectin and attacking the credibility of acclaimed bodies/institutes like ICMR and AIIMS, Delhi, which have included 'Ivermectin' in the 'National Guidelines for COVID-19 management'

DNOjha.

Madam,

I, the undersigned, serve the following legal notice upon you:

1. This legal notice is divided in Eight sections:

Sr. Nos	Particulars	Para Nos
1.	Your views and statements against the use of Ivermectin for treatment of **COVID-19.**	**para 2 to 10, para 36, 37, 46**
2.	Extensive studies and trials that prove effectiveness of Ivermectin in treatment of **COVID-19.**	**para 11 to 20, para 30 to 35**
3.	Cases in the United States where older COVID-19 patients who were critically ill, either in comatose state or on ventilators, who have successfully recovered after Ivermectin was included in their line of treatment. Not to miss the crucial role of Courts, who intervened and directed the hospitals to administer Ivermectin on such patients who were at the doorstep of death.	**para 21 to 29**
4.	Cognizance taken of the 'Public Statement' issued by FLCCC on the Irregular Actions of Public Health Agencies and the Widespread Disinformation Campaign against Ivermectin.	**para 38 to 42**
5.	Ivermectin and 'The National Clinical Guidelines for Covid-19 management' issued by ICMR.	**para 43 to 45**

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6.	Main grounds for issuance of this legal notice.	**para 48 to 57**
7.	Falling standards of World Health Organization.	**Para 58 to 61**
8.	Commendable work by select courageous medical doctors who have lived up to their Hippocratic Oath.	**para 62 to 67**

2. That, you have tweeted the following on **May 10, 2021** on Twitter:

> *"Safety and efficacy are important when using any drug for a new indication. @WHO recommends against the use of Ivermectin for #COVID19 except within clinical trials https: //t.co/dSbDiW5tCW*
>
> *— Soumya Swaminathan (@doctorsoumya) May 10, 2021***"**

3. That, the above-mentioned tweet came soon after the announcement from the State Health Minister of Goa, India on May 10, 2021 that all the adults in Goa would be given the oral drug **Ivermectin** (hereinafter referred to as '**Ivermectin**') as a prophylactic (Preventive) measure, irrespective of their coronavirus status, in a bid to bring down mortality. He stated that the reason behind such prescription was the study conducted by expert panels from the UK, Italy, Spain and Japan, who found a statistically significant reduction in mortality due to **Ivermectin**.

4. That, you have posted the above tweet in your official capacity as the Chief Scientist at the World Health Organisation (hereinafter referred to as WHO).

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5. That, you have included a hyperlink in your tweet **https://t.co/dSbDiW5t CW**, which upon clicking takes the reader to a page on the website of pharmaceutical company Merck, that displays a statement dated February 4, **2021** issued by Merck titled **'Merck Statement on Ivermectin use during Covid Pandemic'**. Refer **Annexure 1.**

6. That, you have appeared on YouTube channel **MOJO STORY** on **May 16, 2021**, wherein you have been interviewed by Ms. Barkha Dutt in a vlog titled '**Fears of "Prolonged Second Wave" says WHO Chief Scientist on India's COVID Calamity'**.

The link to access this vlog is as follows:
https://www.youtube.com/watch?v=N2lNIYXrLlA
That, in this vlog,

At **23:40** markup, Ms. Barkha Dutt has posed a question to you on effectiveness of medicines currently being administered to Covid-19 patients in the absence of vaccines and she specifically asks your views on **Ivermectin** to start with.

At **24:28** markup, you have replied;

> *"You know, evidence-based guidance and treatment, prevention is really the way to go and what we have tried at the WHO is to update our guidance as often as possible, based on the emerging data. So we have something called like the Living Guideline that we update whenever some new evidence comes out. So we got evidence on Hydroxychloroquine, Lupinavir, Ritonavir, Interferon,* ***Ivermectin*** *, Remdesivir and* ***all of these, the evidence does not support its use****, you know, on a wide scale for people infected with SARS CoV-2.*

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The one drug that has a big mortality benefit is simple Dexamethasone corticosteroids, given at the right stage of the disease because COVID-19 is a viral infection. As of now, we have no anti virals that really act very dramatically on this virus and they would need to be given in the early stage of the disease. We are hoping there are some anti virals in development that will come very soon. So the early stage, you can use monoclonal antibodies, again still under research antivirals and the second phase of the disease that is the anti-inflammatory – that's where the lungs are getting blocked with infection and people's oxygen levels are dropping and that's when steroids help and the anti-inflammatory drugs and the anti-IL-6 inhibitors, they help. That's when patients need oxygen. So what's lifesaving, its oxygen, its corticosteroids given to moderate and severely ill patients and perhaps the anti-IL-6 inhibitors. None of these other drugs which are widely being used including antibiotics has…" (not audible as Ms. Barkha Dutt has started her next question)

Ms. Barkha Dutt at **26:24** –…(sound interruption) Azithromycin, **Ivermectin**, Fabiflu that are now being given set base template. You would say none of these need to be given or should be given.

To which you have responded at **26:34** as under;

***"<u>There is no evidence that they have any impact on the disease progression so I would rather spend those resources on giving people good quality masks to wear</u>**. In the absence of vaccines, masks are the only vaccines. Everybody wears good quality masks, covering their nose and mouth, that is going to make a big difference at the community level*

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and of course spend resources on ramping up of oxygen and other supplies that you need in the hospital, getting the work force there ready. You will have to supplement the work force because the existing doctors and nurses are not going to be enough to cope with the kind of load that we have seen, so those are the kind of investments that need to be made and you know these drugs really that's not going to be the ones that have an impact."

Ms. Barkha Dutt at 27:30 – Ok I know you are on limited time. I just have one more question on the drugs and then we will do the overall picture. Remdesivir and Plasma Therapy. These are two, again the obsessive things that continue in India. Your last word on those.

To which you have replied at **27:44** as under;

"Again, we had, don't have WHO guidance on plasma therapy but the trial which has just reported, the Recovery trial, in a very large number of patients showed clearly that the plasma therapy is of no benefit. The ICMR trial, many months ago showed the same thing in India. So plasma therapy again, you know, there is poor patient running around trying to get plasma for their relatives. I can understand the desperation, both on the side of patients and the side of doctors, just to do something, do everything possible just to save your loved ones but unfortunately, using these unproven therapies doesn't help, you know to save lives. So what is really critical is the oxygen at the right time and monitoring of people, making sure they get oxygen when they start de-saturating, they get the corticosteroids at the right time, they get the ICU care, the ventilation, the supportive care at the right time, that's really important and I think ongoing research, so again India has large

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number of scientific institutions, there are a number of early leads that different labs are talking about, all of these need to go through the clinical trials and should be tested to see whether they have, we desperately need better treatments for this virus, we don't have and so that should continue. But in the meantime, it is really the approach of testing, identifying people, following them up, monitoring them, getting them into care. Majority of the people will not need to be hospitalized obviously they can be managed at home but the ones who need to must get there and that's the only way to reduce the deaths that we have seen happening now."

7. That, your act of posting the said tweet on May 10, 2021 as well as responses to the questions in the interview on **MOJO STORY** on May 16, 2021 against the use of **Ivermectin** for treatment of COVID-19, are highly unconscionable, misleading and issued with ulterior purposes and deliberate intention to underplay the effectiveness of **Ivermectin** in treating the COVID-19 patients as well as its use as a prophylaxis and to dissuade people from using this drug by creating doubts in the minds of people around safety of **Ivermectin**.

8. That, you have deliberately disregarded the fact that there is loads of data to prove that **Ivermectin** is a safe drug and has no harmful effects in general. The drug **Ivermectin** which was discovered in 1975, has been around for around 40 years and has also won the Nobel Peace Prize. The 2015 Nobel Prize for medicine and physiology was shared between scientists which included Irish parasitologist William C. Campbell and Japanese microbiologist Satoshi Ōmura for discoveries that led to **Ivermectin**.

https://www.newscientist.com/article/dn28284-breakthrough-

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drugs-for-malaria-and-roundworm-win-medicine-nobel/

9. That, the **Ivermectin** is also recognized by WHO as one of the ten essential medications. Around 3.7 billion dosages of **Ivermectin** have been given out in last 40 years and there is sufficient data to prove its safety. That, you have wilfully ignored the mountains of data that shows that **Ivermectin** is undeniably helpful as prophylactic in preventing contracting COVID-19 and there is compelling evidence of its effectiveness in treating active COVID-19 in hospitalized patients.

10. That, you have intentionally ignored the research undertaken by several doctors, scientists and their associations and alliances, who had started early on the pandemic, fervently searching for medicine/drug that would help in treatment of COVID-19. Their work which includes discussions, paper presentations, data on clinical trials, is readily available on the internet.

11. That, you have deliberately chosen to ignore the work of your own brethren of diligent doctors, physicians and scientists like the 'Front Line **COVID - 19** Critical Care Alliance' (hereinafter referred to as **'FLCCC'**) and the British **Ivermectin** Recommendation Development (hereafter referred to as 'BIRD') Panel

12. That, FLCCC is an alliance of experienced and esteemed medical doctors and scientists, who have come together at the start of the COVID-19 pandemic and are working tirelessly in conducting research, studies and Randomized Control Trial (hereafter referred to as RCTs).

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The website of FLCCC has ocean of information regarding treatment protocols for COVID-19, recommendations from esteemed and experienced medical professionals, testimonies of medical doctors and patients who have benefitted from the work of FCCCL.

https://covid19criticalcare.com/

13. That, the FLCCC team consists of experienced, respectable physicians and scientists who possess wealth of knowledge:

1. Dr. Paul E. Marik, MD
2. Dr. Pierre Kory, MD
3. Dr. G. Umberto Meduri, MD
4. Dr. Joseph Varon, MD
5. Dr. Jose Iglesias, MD
6. Dr. Keith Berkowitz, MD
7. Dr. Fred Wagshul, MD
8. Dr. Scott Mitchell, MBChB
9. Dr. Eivind Vinjevoli, MD
10. Dr. Eric Osgood, M.D.

Their profiles/Curriculum Vitae can be accessed on https://covid19criticalcare.com/about/the-flccc-physicians/

14. That, Dr. Pierre Kory, M.D., M.P.A., has testified twice on behalf of FLCCC, in two senate hearings of United States of America (hereinafter referred to as "US/USA") since the pandemic started. The first one on May 6, 2020 regarding recommendation of Corticosteroids to save lives of critically ill patients. The video of this hearing is available on the FLCCC

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website under **'Videos & Press section'** and under sub menu **'Official Testimony'**.

https://covid19criticalcare.com/videos-and-press/official-testimony/

The official transcript of this hearing is attached as **Annexure 2**.

15. That, Dr. Pierre Kory in his testimony on May 6, 2021 had advanced the case for use of corticosteroids at an appropriate time on critically ill COVID-19 patients, even when all the national and international organisations were against the use of corticosteroids. It is noteworthy that the results of the 'Recovery Trial' which came to be published in November 2020, hailed the effectiveness of Corticosteroids that led to overnight change in the protocol. Sadly, six precious months were lost from the time that Dr. Pierre Kory had testified, till the results of Recovery Trial were published.

16. That, Dr. Pierre Kory, on behalf of FLCCC, has testified before the US Senate for the second time on December 8, 2020 regarding the wonder drug **Ivermectin** and its potential as prophylaxis and also for treating COVID-19 patients. In this testimony, he has justified the use of **Ivermectin** for treating COVID-19 patients based on 10 RCTs undertaken (at the time he testified). The 28-minute video of his testimony is available on the FCCCL website under '**Videos & Press'** section and under sub menu **'Official Testimony'**.

https://covid19criticalcare.com/videos-and-press/official-testimony/

The official transcript of this hearing is attached as **Annexure 3**.

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17. That, Dr. Pierre Kory, in the US Senate hearing on December 8, 2020, has expressed his dismay over how some leading public health organisations including US FDA (US Food and Drug Administation), CDC (Centers for Disease Control and Prevention), NIH (National Institute of Health) were losing time in acknowledging the power of **Ivermectin** in treatment of COVID-19. **Dr. Pierre Kory, on behalf of FLCCC, had implored the Senate to have a look at their manuscript which covered the results of 10 Randomised Control Trials**.

Refer page 4 of the **Annexure 3**

18. That, the manuscript of FLCCC has passed a rigorous peer review by senior scientists at the US FDA and Defence Threat Reduction Agency. The same has been published by the '**American Journal of Therapeutics'**

https://eurekalert.org/pub_releases/2021-05/fccc-lpr050621.php

19. That the website of FLCCC has a special page dedicated to the **Ivermectin**.

*https://covid19criticalcare.com/**Ivermectin** -in-covid-19/*

20. That, the BIRD Panel has also conducted expansive studies and trials regarding effectiveness of **Ivermectin** as prophylaxis and for treatment of COVID-19 patients.

BIRD panel includes dozens of multinational scientists and doctors who have discussed the mounting data points and evidence supporting the use of **Ivermectin** in COVID-19 cases. The large, diverse group has reviewed the evidence associated with **Ivermectin** to potentially prevent and treat COVID-19, with a goal of reaching a consensus and making recommendations for further investigation and/or use.

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The details of BIRD are available on https://bird-group.org/

Refer **Annexure 4** for the details of recommendations by BIRD sent to WHO.

Doctors for Life in Brazil have supported BIRD's position and conclusions that contradict the WHO and claim there is much evidence to recommend Ivermectin for COVID-19, and each postponed day costs many lives.

The document can be accessed by clicking following link:
https://bird-group.org/evidence-to-recommend-ivermectin/

BIRD Panel had organized the **FIRST INTERNATIONAL IVERMECTIN FOR COVID CONFERENCE** on 24th and 25th April 2021.
The video is available on following link:

https://bird-group.org/conference-post-event/

Refer **Annexure 4** for the details of recommendations by BIRD sent to WHO.

21. That, it is disingenuous of you to have not acknowledged the cases of miraculous recovery of critically ill COVID-19 patients in the US, who were treated with **Ivermectin**. **That, you have wilfully neglected the exemplary work by FLCCC and all such physicians and scientists who have brought back critically ill, comatose and patients on ventilator from the doorsteps of death.**

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22. That, the patients were saved by the Courts of Law who passed orders to direct the concerned hospitals to administer **Ivermectin**, as US FDA has not yet approved **Ivermectin** for treatment of COVID-19.

23. That, **Ivermectin** has saved the life of one 81 year old male COVID-19 patient names John W. Swanson, whose chances of survival were minimal. Refer **Annexure 5**, a news article in **Buffalo News dated April 9, 2021** titled '**Judge orders Batavia hospital to treat coronavirus patient with Ivermectin '**

https://buffalonews.com/news/local/judge-orders-batavia-hospital-to-treat-coronavirus-patient-with-**Ivermectin** /article_53c8b32e-996c-11eb-87cf-2bd34f11d3c2.html

The article states;

> *"Swanson was on a ventilator and* ***"on death's doorstep,"*** *at the United Memorial Medical Center when doctors there gave him one dose of* ***Ivermectin*** *on April 1, according to an affidavit filed in court by attorneys for Swanson's wife, Sandra. "After that one dose,* ***he started breathing on his own. He was taken off the ventilator and was making great progress****," said attorney Ralph C. Lorigo, who represents the Swanson family with Jon F. Minear. "Then, the hospital refused to give him additional doses." State Supreme Court Justice Frederick J. Marshall issued an order on April 2, directing the hospital to give Swanson four more doses of* ***Ivermectin*** *. As of late Friday afternoon, his attorneys described Swanson as "stable."*

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24. That, another 80 year old critical COVID-19 patient named Judith Smentkiewicz has had a miraculous recovery from the disease with the help of **Ivermectin** .

Refer **Annexure 6,** a news article in Buffalo News titled '**After experimental Covid-19 treatment, 80-year-old woman thankful to be home'**

https://buffalonews.com/news/local/after-experimental-covid-19-treatment-80-year-old-woman-thankful-to-be-home/article_df8ae9da-72e4-11eb-b544-2f9de5ae5d71.html

The article states;

> *"As Judith Smentkiewicz fought for her life in a local hospital last month, she had no idea that her struggle with Covid-19 was the subject of a heated court battle and stories in the news media. Until a few days ago, the 80-year-old woman was unaware that her family's lawyers had obtained a court order enabling her to receive doses of* ***Ivermectin****, a drug that has not yet been approved by the federal government as a Covid-19 treatment. Now that she's back at her Cheektowaga home and well on the road to recovery, Smentkiewicz is amazed at everything that happened to her.*
>
> *Smentkiewicz said she has "absolutely no memory" of a five-day period when she was on a ventilator at Millard Fillmore Suburban Hospital. According to family members, doctors there told them that her chances of survival were about 20%. "I remember being taken to the hospital in an ambulance on Dec. 31, and being put on a stretcher in a hallway," Smentkiewicz said. "I know they put me on the ventilator that*

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day, but I don't remember a single thing that happened until Jan. 4, when I was taken off the ventilator and able to sit up in my bed. I'm kind of glad I don't remember those days." Unapproved by FDA, ***Ivermectin*** *useful as Covid-19 treatment, local doctors say she now knows that her son, Michael, and daughter, Michelle Kulbacki, insisted that doctors give Smentkiewicz* ***Ivermectin*** *, a drug that has helped Covid-19 patients in other countries but has not yet been approved as a Covid-19 treatment in the U.*

She also realizes that, when doctors were reluctant to give her more than one dose of the drug, her son and daughter hired attorneys Ralph C. Lorigo and Jon F. Minear to get a court order that enabled her to get more doses. On Jan. 8, State Supreme Court Justice Henry J. Nowak ordered the hospital to resume treatment with ***Ivermectin*** *. After that, Smentkiewicz made a strong recovery. She was able to leave the hospital in mid-January.*

She then spent a month in the Harris Hill Nursing Facility in Amherst, and on Tuesday, she returned home. "I am so appreciative of my family, the lawyers, the judge, the doctors, and all these people who were praying for me and fighting for me," said Smentkiewicz, speaking to a reporter in a strong, clear voice. "I know I had a lot of prayer warriors on my side."

"While she was on the ventilator, we prayed for Mom. We prayed to God, and the answer that came back to us was Ivermectin ," *Kulbacki said. "My brother was doing some*

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research on his own and came up with the information about ***Ivermectin*** *. Nothing else was helping our mother. We read that* ***Ivermectin*** *was helping other people and had no dangerous side effects. We decided we had to try it."* ***Kulbacki said her mother made "a complete turnaround" within days of her first doses of Ivermectin .***

Smentkiewicz said she got "very good" care in the hospital and nursing home, and now feels she is "at about 85%" of where she was before she caught the virus. "I'm eating, walking, exercising, getting myself dressed and making my own bed, getting back to normal life little by little," she said. "I feel good, but I get out of breath if I try to do too much. I'm having a little trouble with balance and doing physical therapy twice a week." For years, she has been active as a volunteer at the Chapel in Cheektowaga, where she babysits young children while their parents attend Sunday services. Smentkiewicz said she is anxious to get back to that, and also wants to expand her volunteer activities. "One thing I saw in the nursing home was so many elderly people who just wanted someone to come in, help them open their mail and talk with them for a while," she said. "I think I would like to go in as a volunteer and visit with people who need that." ***She added that the publicity about her case will encourage families of suffering Covid19 patients to research the possibility of using Ivermectin to treat them.***

Doctors recently told The News that ***Ivermectin*** *has helped many patients at two of the region's busiest Covid-19*

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treatment centers – the Elderwood Health Care facility in Amherst and the McGuire Group's Harris Hill facility. Dr. Thomas Madejski, a former president of the New York State Medical Society, said he has also used ***Ivermectin*** *as an effective treatment for Covid-19 patients in Erie, Niagara and Orleans counties. "It has very benign side effects, and that is one reason I have been offering it to patients," said Madejski, who said he was speaking only for himself, and not for the state medical society. Smentkiewicz said* ***she has no way of knowing if Ivermectin is a miracle drug. She said she is thankful she did not become one of the nearly 500,000 Americans killed by Covid-19.***

"I can't say it will help everyone, but I definitely believe it helped me, with no side effects," Smentkiewicz said. "I feel that God kept me around for a reason. He had a plan for me," she added. ***"I believe that part of that plan is to get people to take a closer look at Ivermectin."***

25. That, in a third incident, a critically ill COVID-19 68 year old female patient named Nurije Fype, who was in a state of medically induced coma, at the Elmhurst Hospital in a comatose state and who was successful in dodging death due to inclusion of **Ivermectin** in her line of treatment.

Refer **Annexure 7,** an article published on Medical Brief titled **'US judge orders administration of Ivermectin to comatose patient'** dated **May 12, 2021:**

https://www.medicalbrief.co.za/archives/us-judge-orders-

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*administration-of-**Ivermectin** -to-comatose-patient/*

26. That, the case of Nurije Fype is a milestone in success of **Ivermectin** in the treatment of COVID-19. In this case, inspite of the court order to administer **Ivermectin** on Nurije Fype, the hospital had refused to act on the order. This left no option to the family of Nurije Fype but to consider filing a contempt of court petition against the Elmhurst hospital.

The article in Annexure 7 states that;

> *"At request of her family an **Illinois** judge has ordered that a comatose woman suffering from COVID-19 to be administered **Ivermectin** , against the advice of her doctors, reports the **Chicago Tribune**.*
>
> *Nurije Fype, 68, has been in intensive care at the hospital since early April and is now on a ventilator, according to testimony at the court hearing. Her daughter, Desareta Fype, is pushing for her mother to receive **Ivermectin** , a medication that the **US Food and Drug Administration** says may be unsafe.*
>
> ***Another federal agency,** the National Institutes of Health, has taken a more measured stance, saying that while the drug is well-tolerated when used for its intended purposes, there isn't enough information to allow a recommendation "for or against" using it to treat COVID-19.*
>
> ***Elmhurst Hospital's** attorney, Joseph Monahan, said at the hearing none of its doctors would agree to administer **Ivermectin** for COVID-19, and that an internal ethics panel concluded its use couldn't be justified. He argued that judges shouldn't overrule medical decisions.*

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"(The court) doesn't have the authority to order a medical corporation to use particular medications, particularly when it's an off-label use, particularly when the federal government has said it could be dangerous," he said.

He suggested Desareta Fype could transfer her mother to another facility where doctors would be willing to use the medication, but Judge James Orel seemed astonished at the suggestion. "Let me get this right: The hospital is willing to transfer a woman in a coma with COVID?" he said. "Is that what you're telling me?"

Judge Orel pointed to an affidavit from Fype's physician, Dr William Crevier, in which the doctor said he has used the drug successfully for COVID-19 patients since last year. If Elmhurst Hospital's doctors don't want to use ***Ivermectin*** *, Orel said, they should allow Crevier to administer it.*

"Why wouldn't this be tried if she's not improving?" Orel said. "Why does the hospital object to providing this medication? If someone has been in the ICU for a month and not improving, why would the hospital not consider another medication?"

It was still not clear, however, whether the hospital would allow Fype to receive the medication. Orel said he expected the case to head to an appellate court, and when he asked Monahan if the hospital was going to follow his order, the attorney replied, "I will talk to my client."

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For more details regarding Court hearing, click on link below;

*https://trialsitenews.com/when-nothing-else-works-judges-are-siding-with-**Ivermectin**/*

On May 4, 2021, Judge Orel's response was pointed. ***"If there's a medicine out there that can assist a patient and nothing else is working and she's regressing to the point of near death, then, yes, I balance the equities." Meaning he weighed the evidence and sided with what many doctors call the "right to try"***.

This news is covered by FOX 32 News channel and the same can be viewed on following link:

'COVID-19 patient shows 'improvement' after receiving Ivermectin following legal battle with hospital'
https://www.youtube.com/watch?v=qEAOICgDYhY

This video features patient Nurije Fype's daughter Desareta Fype and their Attorney Ralph Lorigo.

27. The news related to intervention of court in facilitating the administration of **Ivermectin** on Nurje Fupe is covered in detail on following websites:

News dated May 1, 2021 titled **'Court Battles Rage to save Lives. Attorney: 'Put Hospital Chief in Jail'**

*https://www.beckershospitalreview.com/pharmacy/illinois-hospital-gives-covid-19-patient-**Ivermectin** -following-court-order.html*

News dated April 16, 2021 titled **'Ivermectin goes to Court and the NIH relaxes its prohibition'**

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*https://www.thedesertreview.com/opinion/letters_to_editor/**Ivermectin** - goes-to-court-and-the-nih-relaxes-its-prohibition/article_440b7300-59bf-11eb-b945-4f69ec28f4c0.html*

News dated April 21, 2021 titled **'Ivermectin Wins in Court Again: For Human Rights'**

*https://www.thedesertreview.com/opinion/letters_to_editor/**Ivermectin** - wins-in-court-again-for-human-rights/article_98d26958-a13a-11eb-a698-37c06f632875.html*

28. That, Dr. Pierre Kory, who has expressed his anguish over refusal by the Elmhurst Hospital to administer **Ivermectin** on Nurije Fupe, despite having a court order and the subsequent consideration to initiate contempt of court proceeding by the patient's family, has been covered by FOX 32 on May 4, 2021and the same can be viewed on following

https://www.youtube.com/watch?v=eEF1eOeRlw0

In this video, Dr. Pierre Kory states;

> ***"They are behaving indefensibly. I think the Judge is dismayed, their horror at what they (hospital) are doing matches mine. It is inexcusable"***

https://trialsitenews.com/court-battles-rage-to-save-lives-attorney-put-hospital-chief-in-jail/

29. That, there are likely to be more cases of COVID-19 patients having benefitted from using **Ivermectin** in their line of treatment. However, due to stricter laws in the US around patient privacy, not all cases have made to the news and not all patients are forthcoming in sharing the details. But the

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testimonies of those who have dodged death and have survived, certainly make a strong case to use **Ivermectin**.

30. That, FLCCC based on its objective studies and RCTs has prevailed upon National Institute of Health (NIH) to change their guidance on **Ivermectin** to 'Neutral' on January 14, 2021, after referencing the increased numbers of clinical trials that have been done with positive results since their last update on August 27. They now recommend neither for nor against the use of **Ivermectin** for COVID-19.

https://www.covid19treatmentguidelines.nih.gov/antiviral-therapy/**Ivermectin /**

31. That, in India, Dr. Surya Kant Tripathi, Head of Respiratory Medicine Department, King George Medical University, Lucknow, along with some other health experts of India, has written a White Paper on **Ivermectin**, in which he has emphasized that this drug reduces the replication rate of the infection by several thousand times.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7434458/

32. That, the White paper by Dr. Surya Kant, the studies undertaken by AIIMS – Bhubaneswar and several other research and studies undertaken by medical doctors and scientists across the globe, have proved **Ivermectin** to be effective as a prophylaxis and also in the line of treatment for **COVID-19.**

33. That, the **FLCCC** in its Press Release on April 29, 2021 titled **'Front Line COVID-19 Critical Care Alliance Statement on New Guidance on**

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Ivermectin from the All India Institute of Medical Science' has praised the AIIMS for including **Ivermectin** in their national Covid-19 guidelines. FCCL has expressed their gratitude towards AIIMS for having followed the science on **Ivermectin** in creating the new Guidelines.

Refer **Annexure 8**.

34. That, FLCCC and BIRD have issued a **'Joint Statement on Widespread use of Ivermectin in India for Prevention and Early Treatment'** on May 3, 2021.

https://www.einnews.com/pr_news/540334684/medical-organizations-in-the-uk-u-s-join-the-government-of-india-to-recommend-**Ivermectin**-to-end-the-covid-19-crisis

https://covid19criticalcare.com/videos-and-press/flccc-releases/joint-statement-may-03-2021-joint-statement-on-widespread-use-of-**Ivermectin** -in-india-for-prevention-and-early-treatment

Refer **Annexure 9**.

35. That, the **Ivermectin** has been widely used to treat Covid-19 in South Africa, Czech Republic, Bolivia, Honduras, Peru, Slovakia, Zimbabwe Bangladesh.

The link https://ivmstatus.com/ gives pictorial representation of global **Ivermectin** adoption for COVID-19. The status is updated regularly.

36. That, in your interview on Mojo Story on **May 16, 2021**, while Ms. Barkha Dutt has asked you a pointed question at 22:40 whether to continue using Remdesivir and **Ivermectin**, you have deliberately misled the audience by

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not revealing the mountains of evidence on effectiveness of **Ivermectin**. You, instead of giving a balanced response, that was expected from someone of your stature, have resorted to strawman argument and diverted the attention of people to areas totally unrelated to the specific question posed to you. You have responded by saying;

> *"There is no evidence that they have any impact on the disease progression so I would rather spend those resources on giving people good quality masks to wear. In the absence of vaccines, masks are the only vaccines. Everybody wears good quality masks, covering their nose and mouth,that is going to make a big difference at the community level and of course spend resources on ramping up of oxygen and other supplies that you need in the hospital, getting the work force there ready. You will have to supplement the work force because the existing doctors and nurses are not going to be enough to cope with the kind of load that we have seen, so those are the kind of investments that need to be made and you know these drugs really that's not going to be the ones that have an impact."*

37. That, in the said interview on Mojo Story, you have mentioned about the Living Guidelines issued by WHO on March 31, 2021.

The Living Guideline can be accessed from the website of WHO:

- *https://www.who.int/news-room/feature-stories/detail/who-advises-that-**Ivermectin** -only-be-used-to-treat-covid-19-within-clinical-trials*
- *https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2021.1*

Refer **Annexure 10** for document titled **'Therapeutics and COVID-19'**

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LIVING GUIDELINE DATED MARCH 31, 2021 issued by WHO.

38. MALAFIDES OF 'WHO' IN MISLEADING THE PUBLIC WITH ULTERIOR PURPOSES:

38.1. That, the LIVING GUIDELINE dated March 31, 2021 includes recommendations of WHO on several drugs including **Ivermectin**. The WHO panel has made a recommendation not to use **Ivermectin** in patients with COVID-19 except in the context of a clinical trial.

The document also states the studies and finding of the Global Development Group (GDG), which supposedly served as the rationale for such recommendation regarding **Ivermectin**.

38.2. That, the explanation provided by WHO in the said Living Guideline dated March 31, 2021 is debunked by FLCCC by exposing the severe fallacies and bias on the part of WHO which was pre-determined to block the cheap drug **Ivermectin** from being discovered as effective drug in prevention and treatment of COVID-19.

Refer **Annexure 11 - Public Statement** dated May 12, 2021 issued by FLCCC titled **'Irregular Actions of Public Health Agencies and the Widespread Disinformation Campaign against Ivermectin'**

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Refer the following link:
https://covid19criticalcare.com/videos-and-press/flccc-releases/flccc-alliance-statement-on-the-irregular-actions-of-public-health-agencies-and-the-widespread-disinformation-campaign-against-ivermectin/

39. That, the para 3 to 8 of the **Public Statement** dated May 12, 2021 issued by FLCCC titled **'Irregular Actions of Public Health Agencies and the Widespread Disinformation Campaign against Ivermectin'**

read as under;

> *"The following accounting and analysis of the WHO **Ivermectin** panel's highly irregular and inexplicable analysis of the **Ivermectin** evidence supports but one rational explanation: the GDG Panel had a predetermined, nonscientific objective, which is to recommend against **Ivermectin**. This is despite the overwhelming evidence by respected experts calling for its immediate use to stem the pandemic. Additionally, there appears to be a wider effort to employ what are commonly described as "disinformation tactics" in an attempt to counter or suppress any criticism of the irregular activity of the WHO panel.*
>
> *The WHO **Ivermectin** Guideline Conflicts with the NIH Recommendation*
>
> *The FLCCC Alliance is a nonprofit, humanitarian organization made up of renowned, highly published, world-expert clinician-researchers whose sole mission over the past year has been to develop and disseminate the most effective treatment protocols for COVID-19. In the past six months,*

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much of this effort has been centered on disseminating knowledge of our identification of significant randomized, observational, and epidemiologic studies consistently demonstrating the powerful efficacy of ***Ivermectin*** *in the prevention and treatment of COVID-19. Our manuscript detailing the depth and breadth of this evidence passed a rigorous peer review by senior scientists at the U.S Food and Drug Administration and Defense Threat Reduction Agency. Recently published, our study concludes that, based on the totality of the evidence of efficacy and safety,* ***Ivermectin*** *should be immediately deployed to prevent and treat COVID-19 worldwide.*

The first "red flag" is the conflict between the March 31, 2021, WHO ***Ivermectin*** *Panel's "against" recommendation and the NIH's earlier recommendation from February 12th of a more supportive neutral recommendation based on a lower amount of supportive evidence of* ***Ivermectin****'s efficacy at that time.*

Two flawed lines of analysis by the WHO appear to account for this inconsistent result:

1) The WHO arbitrarily and severely limited the extent and diversity of study designs considered (e.g., retrospective observational controlled trials (OCT), prospective OCTs, epidemiological, quasi-randomized, randomized, placebo-controlled, etc.).

2) The WHO mischaracterized the overall quality of the trial data to undermine the included studies.

The Severely Limited Extent and Diversity of ***Ivermectin*** *Data Considered by the WHO's* ***Ivermectin*** *Panel*

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*The WHO **Ivermectin** Panel arbitrarily included only a narrow selection of the available medical studies that their research team had been instructed to collect when formulating their recommendation, with virtually no explanation why they excluded such a voluminous amount of supportive medical evidence. This was made obvious at the outset due to the following:*

1) No pre-established protocol for data exclusion was published, which is a clear departure from standard practice in guideline development.

*2) The exclusions departed from the WHO's own original search protocol it required of Unitaid's **Ivermectin** research, which collected a much wider array of randomized controlled trials (RCT).*

*Key **Ivermectin** Trial Data Excluded from Analysis*

1) The WHO excluded all "quasi-randomized" RCTs from consideration (two excluded trials with over 200 patients that reported reductions in mortality).

*2) The WHO excluded all RCTs where **Ivermectin** was compared to or given with other medications. Two such trials with over 750 patients reported reductions in mortality.*

*3) The WHO excluded from consideration 7 of the 23 available **Ivermectin** RCT results. Such irregularities skewed the proper assessment of important outcomes in at least the following ways:*

a) Mortality Assessment

i) WHO Review: Excluded multiple RCTs such that only 31 total trials deaths occurred; despite this artificially meager

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sample, an estimate of up to a 91% reduction in the risk of death was found.

ii) Compared to the BIRD Review: Included 13 RCTs with 107 deaths observed and found a 2.5% mortality with ***Ivermectin*** *vs. 8.9% in controls; estimated reduction in risk of death=68%; highly statistically significant, (p=.007).*

b) Assessment of Impacts on Viral Clearance

i) WHO Review: 6 RCTs, 625 patients. The Panel avoided mention of the important finding of a strong dose-response in regard to this outcome.

ii) This action in (i) is indefensible given that their Unitaid research team found that among 13 RCTs, 10 of the 13 reported statistically significant reductions in time to viral clearance, with larger reductions with multiday dosing than single-day, consistent with a profound dose-response relationship.

c) Adverse Effects

i) WHO: Only included 3 RCTs studying this outcome. Although no statistical significance was found, the slight imbalance in this limited sample allowed the panel to repeatedly document concerns for "harm" with ***Ivermectin*** *treatment.*

ii) Compare (a) to the WHO's prior safety analysis in their 2018 Application for Inclusion of ***Ivermectin*** *onto Essential Medicines List for Indication of Scabies:*

(1) "Over one billion doses have been given in large-scale prevention programs."

(2) "Adverse events associated with ***Ivermectin*** *treatment are primarily minor and transient."*

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*4) The WHO excluded all RCTs studying the prevention of COVID-19 with **Ivermectin,** without supporting rationale. Three RCTs including almost 800 patients found an over 90% reduction in the risk of infection when **Ivermectin** is taken preventively.*

*5) The WHO excluded observational controlled trials (OCT), with 14 studies of **Ivermectin.** These included thousands of patients, including those employing propensity matching, a technique shown to lead to similar accuracy as RCTs.*

*a) One large, propensity-matched OCT from the US found that **Ivermectin** treatment was associated with a large decrease in mortality.*

*b) A summary analysis of the combined data from the 14 available **Ivermectin** OCTs found a large and statistically significant decrease in mortality.*

6) The WHO excluded numerous published and posted epidemiologic studies, despite requesting and receiving a presentation of the results from one leading epidemiologic research team. These studies found:

*a) In numerous cities and regions with population-wide **Ivermectin** distribution campaigns, large decreases in both excess deaths and COVID-19 case fatality rates were measured immediately following the campaigns.*

*b) Countries with pre-existing **Ivermectin** prophylaxis campaigns against parasites demonstrate significantly lower COVID-19 case counts and deaths compared to neighboring countries without such campaigns.*

Assessment of the Quality of the Evidence Base by WHO Guideline Group

The numerous above actions minimizing the extent of the evidence

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base were then compounded by the below efforts to minimize the quality of the evidence base:

The WHO mischaracterized the overall quality of the included trials as "low" to "very low," conflicting with numerous independent expert research group findings:

1) An international expert guideline group independently reviewed the BIRD proceeding and instead found the overall quality of trials to be "moderate."

2) The WHO's own Unitaid systematic review team currently grade the overall quality as "moderate."

3) The WHO graded the largest trial it included to support a negative assessment of ***Ivermectin's*** *mortality impacts as "low risk of bias." A large number of expert reviewers have graded that same trial as "high risk of bias," detailed in an open letter signed by over 100 independent physicians.*

We must emphasize this critical fact: If the WHO had more accurately assessed the quality of evidence as "moderate certainty," consistent with the multiple independent research teams above, ***Ivermectin*** *would instead become the standard of care worldwide, similar to what occurred after the dexamethasone evidence finding decreased mortality was graded as moderate quality, which then led to its immediate global adoption in the treatment of moderate to severe COVID-19 in July of 2020.*

Further, The WHO's own guideline protocol stipulates that quality assessments should be upgraded when there is the following:

1) a large magnitude of effect (despite their data estimating a survival benefit of 81%, the low number of studies and events included allowed them to dismiss this finding as "very low certainty") or;

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2) evidence of a dose-response relationship. The WHO shockingly omits the well-publicized reports by their Unitaid research team of a powerful dose-response relationship with viral clearance.

*In sum, the WHO's recommendation that "**Ivermectin** not be used outside clinical trials" is based entirely upon:*

1) the dismissal of large amounts of trial data;

2) the inaccurate downgrading of evidence quality; and

3) the deliberate omission of a dose-response relationship with viral clearance.

Consequently, these actions formed the basis of their ability to avoid a recommendation for immediate global use.

Even more surprising is that based on their "very low certainty" finding, the panel goes on to "infer" that "most patients would be reluctant to use a medication for which the evidence left high uncertainty regarding effects on outcomes they consider important."

This statement is insupportable in light of the above actions. No patient could ever rationally consent to a trial in which they were acutely ill and would be subject to the possibility of receiving a placebo, once informed of; the large amount of relevant and positive trials that the WHO removed from consideration, their avoidance of reporting a large dose-response relationship, and their widely contradicted "very low certainty" grading of large mortality benefits.

Such a trial would result in a historic ethical research violation, causing both a widespread loss of life and a resultant loss of trust in PHAs and research institutions for decades to come.

The many methods employed by the WHO to distort the evidence base and arrive at a non-recommendation are made even more suspicious and questionable by the following:

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*1) The WHO GDG did not hold a vote on the use of **Ivermectin** . This highly irregular decision was purportedly based on the **Ivermectin** Panel's "consensus on evidence certainty."*

2) Unitaid Sponsors allegedly inserted multiple limitations and weakened the conclusions in the preprint, systematic review manuscript by the Unitaid research team, which has recently led to formal charges of scientific misconduct.

3) Recent WHO whistleblower complaints of external influences in other WHO Covid reports, as well as attempts by massive external funding organizations to increase their influence in formulating WHO policies.

*4) The finding of marked differences in the evidence bases used to support prior WHO/BIRD guideline recommendations for **Ivermectin** in other diseases:*

*a) WHO: Approved **Ivermectin** in the treatment of scabies based on 10 RCTs that included only 852 patients, despite it being inferior to the standard of care.*

*b) FDA: Approved **Ivermectin** in the treatment of strongyloidiasis based on 5 RCTs that included only 591 patients.*

*c) BIRD: Approved **Ivermectin** in March, 2021, for the prevention and treatment of COVID-19 based on 21 RCTs and 2,741 patients.*

Conclusion

*As expert clinician-researchers in society, we are firmly committed to ensuring that public health policy decisions derive from scientific data. Disturbingly, after extensive analysis of the recent WHO **Ivermectin** guideline recommendation, we could not arrive at a*

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credible scientific rationale to explain the numerous irregular, arbitrary, and inconsistent behaviors documented above. Further, after consultation with numerous physicians, guideline reviewers, legal experts, and veteran PHA scientists, we identified two major socio-political-economic forces that serve as the main barrier influences preventing ***Ivermectin*** *'s incorporation into public health policy in major parts of the world. They are:*

1) The modern structure and function of what we will describe as "Big Science" and;

2) The presence of an active "Political-Economic Disinformation Campaign."

40. That, the said Public Statement also states that (page 2);

"A similar conclusion has also been reached by an increasing number of expert groups from the United Kingdom (UK), Italy, Spain, United States (US), and a group from Japan headed by the Nobel Prize-winning discoverer of ***Ivermectin,*** *Professor Satoshi Omura. Focused rebuttals that are backed by voluminous research and data have been shared with PHAs over the past months.* ***These include the WHO and many individual members of its guideline development group (GDG), the FDA, and the NIH. However, these PHAs continue to ignore or disingenuously manipulate the data to reach unsupportable recommendations against Ivermectin treatment. We are forced to publicly expose what we believe can only be described as a "disinformation" campaign astonishingly waged with full cooperation of those authorities whose mission is to maintain the integrity of scientific research and protect public health."***

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41. That, we as members of public, have taken cognizance of the said Public Statement dated May 12, 2021, issued by FLCCC and we call upon you to provide your response as the Chief Scientist at WHO, to the fallacies pointed out by FLCCC regarding the Living Guideline of WHO dated 31.03.2021 based on the study conducted by Development Guideline Group regarding **Ivermectin**.

42. That, your failure to provide rebuttal to the contents mentioned in **para 39** supra, shall be taken as acceptance of the fallacies in the Living Guideline Report of WHO dated **31.03.2021**.

43. That, 'The Indian Council for Medical Research' (hereafter referred to as ICMR) which is the one of the oldest and largest medical bodies in the world and which is the apex medical research organization, has listed the drug **Ivermectin** as a possible treatment option for mild Covid-19 patient under home isolation in the **'May Do'** category on April 22, 2021. The National Clinical Guidelines for Covid-19 management are developed by All India Institute of Medical Sciences (hereinafter referred to as AIIMS), Delhi and ICMR joint taskforce. Refer **Annexure 12.**

44. That, the **Ivermectin** continues to be part of the National Protocol issued by the ICMR even at the time of drafting this legal notice. Refer **Annexure 13** for the National Protocol as updated on May 17, 2021.

45. That, you are a qualified medical doctor possessing the degree of MBBS and MD in Pediatrics from AIIMS Delhi. You have served as Director General of the ICMR and Secretary of the Department of Health Research (Ministry of

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Health and Family Welfare) for the Government of India from August 2015 to November 2017. That, going by your educational qualifications and work experience, you are deemed to be competent enough to understand the significance of statements/protocols/notifications issued by the esteemed organizations of India like ICMR and AIIMS, which you yourself were associated with at some point in time. But you have been repeatedly issuing statements against the use of **Ivermectin** with a malafide intention to misguide, mislead and create confusion in the minds of Indians in order to dissuade us from knowing about **Ivermectin** which has brought back few critically ill COVID-19 patients from the doors of death.

46. That, while you have attached the company statement issued by Merck in your tweet on May 10, 2021, you have intentionally ignored the fact that Merck, which is the manufacturer of **Ivermectin** may have a conflict of interest in issuing the said statement against the use of **Ivermectin** in treatment of COVID-19 as mentioned in para 4, since Merck is in process of making its own COVID-19 drug and that clinical trials for the same are in progress.

Refer the following link:

https://whyy.org/segments/some-doctors-think-theyve-found-a-cheap-generic-drug-which-treats-covid-19-so-why-hasnt-anyone-heard-of-it/

An excerpt from the above news article titled **'Some doctors think they've found a cheap, generic drug which treats COVID-19. So why hasn't anyone heard of it?'** states;

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*"Merck, which originally developed **Ivermectin** but whose patent on it expired, does not endorse its use for COVID-19 treatment. In a statement, a Merck representative said that "following detailed review of the evidence available for **Ivermectin** we calculated that the dose required to attain an antiviral effect would significantly exceed the doses known to be safe and well tolerated," referencing the in vitro study. "We therefore concluded that further research to evaluate the clinical potential of **Ivermectin** for the treatment of SARS-CoV-2 was not warranted."*

Merck is in the process of developing its own new therapy for COVID-19, which it would presumably patent. It is also involved in vaccine trials."

Merck has issued a statement January 25, 2021 regarding development of its two investigational therapeutic candidates for treatment of COVID 19. Refer **Annexure 14**.

47. That, the **Ivermectin** is off-patent since 1996 and therefore it is available at a cheap rate at present.

48. That, your malafides are proven through your act of attaching the public statement of a pharmaceutical company Merck dated February 4, 2021 instead of the Report of WHO dated March 31, 2021 in your tweet on May 10, 2021. That, you were aware that the said WHO report on Living Guideline dated March 31, 2021 is an eyewash as far as the recommendation on **Ivermectin** is concerned and hence you deliberately attached an older statement of Merck dated February 4, 2021.

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49. That, it was your malfeasance reflecting in the tweet on May 10, 2021 against the use of **Ivermectin** in desperate hope to dissuade people of India from discovering the effectiveness of **Ivermectin** and that they keep falling sick and are available as a huge market for several drugs which are being launched now and which are in the pipeline and would be launched soon once the Emergency Use Authorisation (EUA) is granted for their public use.

50. That, you are wilfully speaking against the use of **Ivermectin** for COVID-19 patients as you are aware that in the event of **Ivermectin** being declared as an **'existing and adequate drug'** to treat COVID-19, the Emergency Use Authorisation (EUA) currently granted for variety of vaccines and drugs would stand revoked and this will severely impact the prospects of new vaccines and drugs being manufactured to combat COVID-19.

51. That, you have abused your position as the Chief Scientist at WHO to adversely influence the people including medical doctors and scientists, by trying to impose upon them the fact that WHO does not support the use of **Ivermectin** either as prophylactic or in treatment of COVID-19.

52. It seems that you have deliberately opted for deaths of people to achieve your ulterior goals and this is a sufficient ground for criminal prosecution against you and also for initiating action for revocation of your degrees in medical field.

53. That, it is highly unbecoming of you as a physician and scientist, to insist on Randomized Control Trials amidst pandemic, to ascertain the efficacy of **Ivermectin** in treatment of COVID-19. This is equivalent to you taking a stand

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that allows people to fall sick and probably die of COVID-19, but does not allow them to take a drug which has not only been proven to be safe with no harmful effects, but has also been proved to be effective as prophylaxis and in treatment of COVID-19 in numerous cases across the globe. This is juxtaposed to the fact that precious time was lost in conducting the solidarity trial by WHO that concluded that most of the drugs or therapies did not work viz. Hydroxychloroquine, Remdesivir and the convalescent plasma.

54. You are deliberately ignoring the medical ethics and principles that you are bound to follow;

1. The Declaration of Geneva of the World Medical Association (WMA) binds the physician with the words, "The health and wellbeing of my patient will be my first consideration,"

   https://www.wma.net/policies-post/wma-declaration-of-geneva/

2. International Code of Medical Ethics declares that, "A physician shall act in the patient's best interest when providing medical care."

   https://www.wma.net/wp-content/uploads/2006/09/International-Code-of-Medical-Ethics-2006.pdf

3. Article 37 of the WMA declaration of Helsinki, titled: ***"Unproven Interventions in Clinical Practice" It is paraphrased as "In the treatment of an individual patient, where proven interventions do not exist, a physician may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering***

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https://www.wma.net/wp-content/uploads/2016/11/DoH-Oct2013-JAMA.pdf

55. That, you are called upon to read Article 37 of the WMA declaration of Helsinki mentioned in **para 54** supra, at least a hundred times and provide a cogent explanation for:

1. Not supporting the use of **Ivermectin** in treatment of COVID-19, given the fact that **Ivermectin** is proven to be safe with no harmful effects.

2. Ignoring the presence of voluminous data that proves the effectiveness of **Ivermectin**, not to forget the cases where patients have been taken off ventilator soon after **Ivermectin** was administered (Refer para 21 to 28)

56. That, your misleading tweet on May 10, 2021 against the use of **Ivermectin** had the effect of the State of Tamil Nadu withdrawing **Ivermectin** from the protocol on May 11, 2021 just a day after the Tamil Nadu Government had included the same for treatment of COVID-19 patients.

https://science.thewire.in/health/tn-revises-protocols-leaves-out-Ivermectin-for-covid-patients/

57. That, the re-purpose drugs which were included in the solidarity trials like Remdesivir, hydroxychloroquine have proved to be 'Ineffective', so did the convalescent plasma therapy. Your concerns around use of **Ivermectin** for COVID-19 are totally misplaced given the fact that **Ivermectin** has no harmful side effects unlike corticosteroids and Remdesivir. Hence, resistance to use of

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Ivermectin on flimsy grounds and that too by wilfully ignoring the voluminous data that proves the effectiveness of the drug, is not at all tenable, rather it proves your malafides and ulterior purposes.

58. That, the credibility and integrity of WHO has been severely eroded and continues to wane with each passing day due to its miserable failure in handling the pandemic. Also, the reports issued by WHO are increasingly been seen as biased and totally lacking in quality, authenticity and rational approach. The latest the report regarding investigation into the origins of the Corona Virus is also being questioned by the scientists' community. As many as eighteen eminent scientists have written to WHO asking for detailed investigation.

https://www.wsj.com/articles/scientists-call-for-deeper-investigation-into-covid-19-origin-11620928801

The above article states;

> *"In a letter published Thursday in the journal Science, an international group of 18 biologists, immunologists and other scientists criticized the findings of a report released in March by a World Health Organization-led team into the pandemic's origin and called for a more extensive evaluation of the two leading hypotheses: that the pandemic virus entered the human population and began spreading after escaping from a lab or after jumping to humans from infected animals.*
>
> *TheWHO-led team, which included scientists from China and several other countries, reported no definitive proof of either hypothesis. Yet, the scientists wrote, the team nevertheless concluded that an animal origin for the pandemic was the likelier scenario and devoted only*

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four out of the report's 313 pages to the possibility of a lab accident."

59. That, the WHO report published in March 2021 regarding the investigation into the origins of Corona virus is found to be severely lacking in many aspects, which is explained in following article;

https://science.thewire.in/the-sciences/scientists-ltter-fuller-investigation-origins-novel-coronavirus-lab-natural-spillover/

The article states;

> *"This was evidently a comment on the WHO's investigation into the origins of the virus. Under the terms of reference of this investigation, the information, data, and samples for the study's first phase were collected and summarised by a team of Chinese scientists. The rest of the team only built on this analysis, which found no clear evidence either to support a natural spillover or a lab accident. However, the team said a zoonotic spillover from an intermediate host was "likely to very likely," and a laboratory incident was "extremely unlikely".*
>
> *Even before the WHO report was released in March this year, reports said in November 2020 that the WHO had 'ceded' control of the investigation to China in a bid to gain access to the source of coronavirus. The reports argued that the WHO was eager to "win access and coordination" from China but achieved neither."*

60. That, several nations are calling out WHO for its falling standards, biased approach and its deliberate acts of omission and commission that are causing loss of human lives.

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While the WHO flaunts itself like 'know it all', it is akin to the vain Emperor in new clothes, while the entire world has realized by now that the Emperor (WHO) has no clothes at all.

61. That, you and WHO have misled and misguided all the people throughout the pandemic, starting from the delay in raising alarm soon after SARS-CoV2 was detected in China, your failure to prevail over China in conducting an impartial investigation into the origins of the virus, inordinate time consumed before declaring Remdesivir, Hydroxychloroquine, convalescent plasma as 'ineffective' in treatment of COVID-19, ever changing theories around SARS-CoV2 being transmitted through droplets or it being air borne and many more. The world is gradually waking up to your absurd, arbitrary and fallacious approach in presenting concocted facts as 'scientific approach'. As the famous quote of Abraham Lincoln goes –

> ***"You can fool all the people some of the time and some of the people all the time, but you cannot fool all the people all the time."***

62. That, the team of FLCCC have beseeched all countries to use **Ivermectin** which according to them is the only way to end this pandemic.

Refer the article below titled **'immediate global Ivermectin use can end Covid-19 pandemic: Scientists'** published online on The Free Press Journal on May 10, 2021:

> *https://www.freepressjournal.in/health/immediate-global-**Ivermectin** -use-can-end-covid-19-pandemic-scientists*

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63. That, the article mentioned in para 55 states;

"Peer reviewed by medical experts that included three US government senior scientists and published in the American Journal of Therapeutics, the research is the most comprehensive review of the available data taken from clinical, in vitro, animal, and real-world studies.

Led by the Front Line COVID-19 Critical Care Alliance (FLCCC), a group of medical and scientific experts reviewed published peer-reviewed studies, manuscripts, expert meta-analyses, and epidemiological analyses of regions with ***Ivermectin*** *distribution efforts all showing that* ***Ivermectin*** *is an effective prophylaxis and treatment for COVID-19.*

"We did the work that the medical authorities failed to do, we conducted the most comprehensive review of the available data on Ivermectin," said Pierre Kory, MD, president and chief medical officer of the FLCCC. "We applied the gold standard to qualify the data reviewed before concluding that Ivermectin can end this pandemic."

A focus of the manuscript was on the 27 controlled trials available in January 2021, 15 of which were randomised controlled trials (RCT's). Consistent with numerous meta-analyses of ***Ivermectin*** *RCT's since published by expert panels from the UK, Italy, Spain and Japan, they found large, statistically significant reduction in mortality, time to recovery and viral clearance in Covid-19 patients treated with* ***Ivermectin*** *.*

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*"Our latest research shows, once again, that when the totality of the evidence is examined, there is no doubt that **Ivermectin** is highly effective as a safe prophylaxis and treatment for Covid-19," said Paul E. Marik, founding member of the FLCCC and Chief, Pulmonary and Critical Care Medicine at Eastern Virginia Medical School.*

Many regions around the world now recognise that Ivermectin is a powerful prophylaxis and treatment for Covid-19. South Africa, Zimbabwe, Slovakia, Czech Republic, Mexico, and India have approved the drug for use by medical professionals.

*The results as seen in this latest study demonstrate that the **Ivermectin** distribution campaigns repeatedly led to "rapid population-wide decreases in morbidity and mortality."*

*"We are calling on regional public health authorities and medical professionals around the world to demand that **Ivermectin** be included in their standard of care right away so we can end this pandemic once and for all," Marik noted."*

64. That, the work done by FLCCC, BIRD and similar groups, has ruffled the feathers of many including WHO, whose inefficiencies and failures have been exposed time and again.

65. That, there is a vicious attempt by some individuals including doctors, scientists and leading public health organisations, to suppress all the news regarding effectiveness of Ivermectin. This Syndicate has managed to capture considerable portion of scientific and medical community, who

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continuously discredit any reports/news around the effectiveness of **Ivermectin** in treating COvid-19 patients.

Such deliberate actions are explained in detail in the Public Statement by FLCCC (Refer Annexure 11, page 8 to 13)

66. That the FLCCC and BIRD have shown exemplary courage in building a formidable force to tackle the challenges in the form of disinformation, resistance and rebuke from pharma lobbies, powerful health institutions like WHO, NIH, CDC and regulators like US FDA.

67. That, in the time of this crisis, there are few doctors who are living up to their Hippocratic Oath, by putting the patients' interest first and not being complicit in the agenda of spreading disinformation. These brave and courageous doctors, who are morally upright, have chosen to support the truth rather than yielding meekly to authoritative and unscientific mandates.

These doctors are your very own brethren who are highly qualified, experienced and more importantly humane and conscientious.

The FLCCC site has a video dated April 19, 2021 that features following brave doctors, who have been forthcoming in declaring the effectiveness of **Ivermectin:**

1. *Dr. Paul E. Marik – M.D., FCCCM, FCCP*

   Norfolk, Virginia
2. *Dr. Bruce Boros – M.D.*

   Key West, Florida
3. *Dr. Keith Berkowitz – M.D., MBA*

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New York

4. *Dr. Eric Osgood – M.D.*

   Trenton, New Jersey

5. *Dr. Colleen Aldous – PhD*

   Durham, South Africa

6. *Dr. Alexis Lieberman– M.D.*

   Philadelphia, Pennsylvania

7. *Dr. Randy Grellner – M.D.*

   Cushing, Oklahoma

8. *Dr. Jackie Stone – M.D.*

   Harare, Zimbabwe

9. *Dr. Syed Haider – M.D.*

   Asheville, North Carolina

10. *Dr. Fred Wagshul – M.D.*

    Dayton, Ohio

11. *Dr. William Crevier – M.D.*

    Orland Park, Illinois

12. *Dr. Arezo Fathie – M.D.*

    Las Vegas, Nevada

13. *Dr. Bruce Patterson – M.D.*

    Palo Alto, California

14. *Dr. Miguel Antonatos – M.D.*

    Chicago, Illinois

15. *Dr. Matt Erickson – M.D.*

    Gainesville, Florida

16. *Dr. Ram Yogendra – M.D.*

DNOjha.

Pawtucket, Rhode Island

17. *Dr. Tess Lawrie – MBBCH, PHD*

Bath, United Kingdom

The video can be accessed on *https://covid19criticalcare.com/videos-and-press/flccc-alliance-videos/*

The description of video reads thus:

They are truly adhering to their Hippocratic Oath and Putting patients – not profits first.

> *"These brave doctors are rising to the highest ideals of the Hippocratic Oath they took to save the lives of the patients who come into their care. These are the truest heroes of this ruthless pandemic. They have chosen to #followthescienceand save lives—and have refused to be party to the corruption that is endemic among the world's health authorities. There are more brave doctors out there."*

That, Dr. Paul E. Marik, towards the end of the video, states the following regarding **Ivermectin** ;

> *"The statistics for us is, we know this can make a difference and save lives. And it seems like nobody really cares and wants to listen to us. We have this massive force that is trying to silence us and yet we feel we can't be silenced. We can't be, because you know the truth will ultimately prevail".*

68. That, the Constitution of India, as per Article 51 A (h), casts a solemn duty upon me to develop scientific temper, humanism and the spirit of inquiry and

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reform. Therefore, I shall relentlessly pursue and question anything that is found to be unscientific, biased, arbitrary, flawed and irrational, especially in these times when several people are losing their lives, which could have been saved but for the vicious attempts by a few to suppress vital information.

69. That, you are called upon to:

(1) Provide your and WHO's response to each and every finding shared by FLCCC in their Public Statement issued on May 12, 2021 regarding the fallacies in the Living Guideline issued by WHO on March 31, 2021

(2) Furnish the study papers, research, knowledge resources relied upon by you, based on which, you have tweeted against the use of **Ivermectin** on May 10, 2021.

(3) Explain the rationale for attaching the notification of Merck dated Feb 4, 2021 instead of the Living Guideline issued by WHO on March 31, 2021, in your tweet on May 10, 2021.

(4) Explain with facts and figures that support your stand that **Ivermectin** is not safe.

(5) Strictly refrain from sharing your views on Ivermectin for COVID-19 till you address points 1, 2, 3 and 4 above.

70. That, your failure to provide any response or a clear response to all of the points in para 69, shall be deemed as acceptance of all claims and allegations

DNOjha.

against you in this notice and we reserve all the rights to initiate legal action against you, which will be at your peril.

71. This notice is issued by reserving our rights to initiate prosecution under sections 302, 304 (II), 88, 120 (B) and 34 and other provisions of the Indian Penal Code and under Disaster Management Act, 2005 in the appropriate Courts of Law having jurisdiction for each death caused due to your act of commission and omission.

Date: 25.05.2021

Place: Mumbai

Adv. Dipali N. Ojha

Head – Legal Cell

Indian Bar Association

www.indianbarassociation.in

Copy to,

1. **Hon'ble President of India**
2. **Hon'ble Prime Minister of India**
3. **Hon'ble Governors of all States of India**
4. **Hon'ble Minister of Home Affairs**
5. **Hon'ble Minister of Health and Family Welfare**
6. **The Director, Intelligence Bureau**
7. **The Director, CBI**
8. **Hon'ble Chief Ministers of all States of India**

9. The Director General of Indian Council of Medical Research (ICMR)

10. The Director, All India Institute of Medical Sciences, Delhi (AIIMS)

11. The National President, Indian Medical Association

12. The Drugs Controller of India

13. The Director, The National Institute of Virology, Pune

14. The Chairman, National Medical Commission (NMC)

15. South East Asia Office WHO, Delhi, India

DNOjha.

ATTACHMENT 2

11 Pages

9 June 2021

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20852
301-496-2263
anthony.fauci@nih.gov

Subject 1: Evidence of the Criminality of Dr. Anthony Fauci (Page 14)
Subject 2: Connections of Dr. Fauci to COVID-19 Nursing Homes Deaths (Page 18)

Reference 1: Your Interview at Cornell University *"Stay-Homecoming 2020"*
Reference 2: My Letter to You of 21 July 2020
Reference 3: My Letter to President Donald J. Trump of September 18, 2020
Reference 4: My Letter to You of 21 December 2020
Reference 5: My Letter to the Presidents of the Ivy League of 6 March 2021
Reference 6: My Letter to You and the Ivy League Law School Deans of 12 April 2021

Letter from Paul V. Sheridan to Yale University Dr. Harvey Risch of **18 May 2021**

May 20, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 773760891186

Delivery Information:

Status:	Delivered	**Delivered To:**	Shipping/Receiving
Signed for by:	S.ROUCKO	**Delivery Location:**	200 S FRONTAGE
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday; Residential Delivery		NEW HAVEN, CT, 06510
		Delivery date:	May 20, 2021 09:41

Shipping Information:

Tracking number:	773760891186	**Ship Date:**	May 18, 2021
		Weight:	3.0 LB/1.36 KG

Recipient:
Dr. Harvey Risch, Yale University
60 College Street
Suite LEPH 413
NEW HAVEN, CT, US, 06510

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

Reference The Nuremberg Code

Thank you for choosing FedEx

May 24, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 773798631318

Delivery Information:

Status:	Delivered	**Delivered To:**	Receptionist/Front Desk
Signed for by:	J.SUITE	**Delivery Location:**	400 N CAPITOL ST NW
Service type:	FedEx 2Day		
Special Handling:	Deliver Weekday		WASHINGTON, DC, 20001
		Delivery date:	May 24, 2021 14:06

Shipping Information:

Tracking number:	773798631318	**Ship Date:**	May 22, 2021
		Weight:	3.0 LB/1.36 KG

Recipient:
Ms. Laura Ingraham, Fox News Washington
400 North Capitol St NW
Fox News Washington
WASHINGTON, DC, US, 20001

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

Reference Ltr to Dr Harvey Risch

Thank you for choosing FedEx

May 27, 2021

Dear Customer,

The following is the proof-of-delivery for tracking number: 773760988859

Delivery Information:

Status:	Delivered	**Delivered To:**	Receptionist/Front Desk
Signed for by:	A.NDY M	**Delivery Location:**	55 PROSPECT
Service type:	FedEx Express Saver		
Special Handling:	Deliver Weekday; Residential Delivery		NEW HAVEN, CT, 06511
		Delivery date:	May 27, 2021 09:41

Shipping Information:

Tracking number:	773760988859	**Ship Date:**	May 18, 2021
		Weight:	0.5 LB/0.23 KG

Recipient:
Mr. Peter Salovey, Yale University
Yale University - President
105 Wall Street
NEW HAVEN, CT, US, 06511

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

Reference The Nuremberg Code

Thank you for choosing FedEx

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

18 May 2021 Via FedEx Airbill 773760891186

Dr. Harvey Risch, MD, PhD
Yale University
60 College Street
New Haven, CT, US, 06510
203-785-2848

Subject: Your Resignation From Yale University
Reference 1: Descent of Mr. Peter Salovey into Abject Criminality
Reference 2: My 12 April 2021 Letter to the Ivy League Law School Deans

Dear Dr. Risch:

We hold you in the highest regard. You are deeply competent in your profession, you are intrinsically ethical; you are implicitly connected to words and deeds that sustain and improve the human condition.

In stark contrast, Mr. Peter Salovey has demonstrated the exact opposite, posing an immediate and intolerable threat to human beings worldwide. According to Salovey the following photograph provides no historical precedence, no moral guidance, no legal validity; indeed Salovey apparently deems it irrelevant:

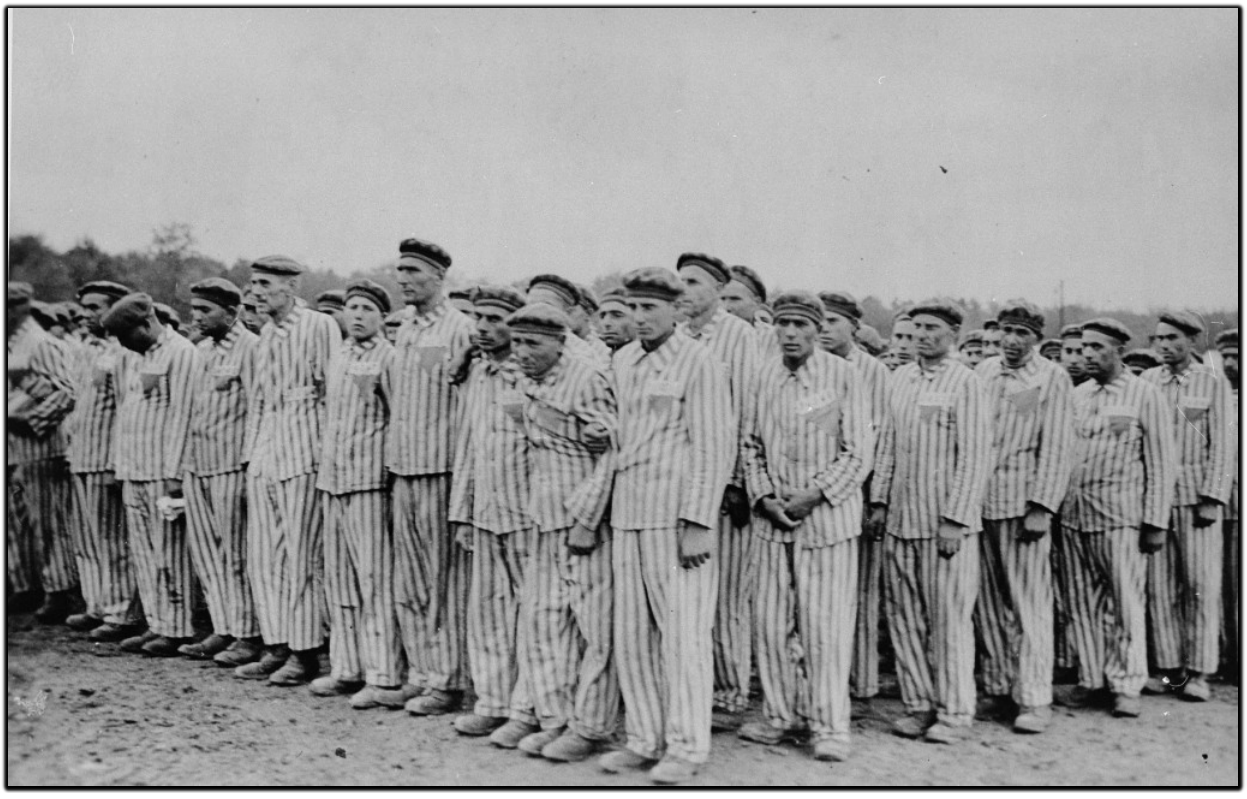
Resignation Criteria – Part 1: The Nuremberg Code

In your interview of 8 March 2021, with Dr. Jay Bhattacharya of Stanford University, on The Ingraham Angle; in response to Laura's questioning of mandatory vaccination of school children, you stated:

> *"Well…this is unconscionable. The State has no interest in vaccinating people that does not reduce the transmissibility very much. Because the only interest in the State, is protecting people who are unexposed, that get exposed to other people. If vaccination does not reduce that very much, then the State has no interest. It cannot mandate a behavior that is an* ***experiment*** *on humans;* ***it violates the Nuremberg Code.*** *In order to do* ***experiments*** *on people that have no interest in the State in the first place."*

My letter of 12 April 2021 to Mr. Anthony Fauci was forwarded in hard-copy to the Ivy League Law School Deans. I dedicated **ten full pages** to the following title:

COVID-19 "Vaccines," the Nuremberg Code and the Impossibility of 'Informed Consent'



The complete Fox News interview: http://pvsheridan.com/Harvey-Nuremburg.m4v

The 12 April 2021 letter: http://pvsheridan.com/sheridan2fauci-3-12april2021.pdf

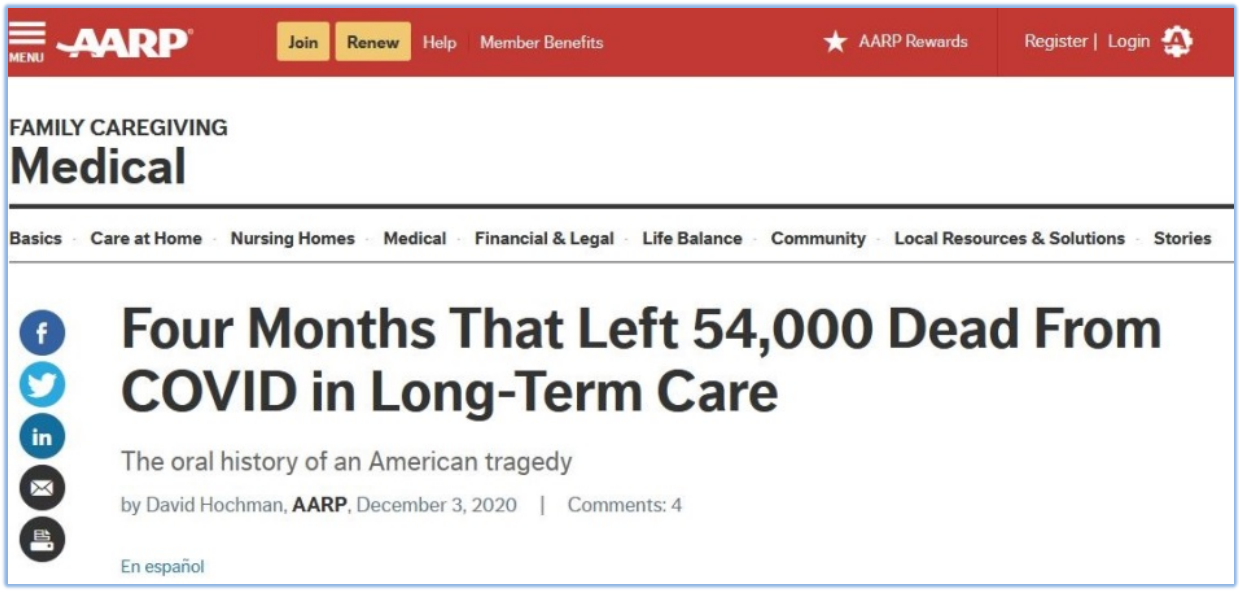
SPODs for Law School Deans: http://pvsheridan.com/SPODs-Ivy_League_Law-1.pdf

Resignation Criteria – Part 2: The Insidious Ploy vs. the Avoidable Deaths in the Nursing Homes

In my 12 April 2021 letter, forwarded to the Law School Deans, I declared that Mr. Fauci was connectable-to the deaths of tens-of-thousands in the nursing homes:

> 12 April 2021 VIA FEDEX AIRBILL 773420981392
>
> Dr. Anthony S. Fauci, Director
> National Institute of Allergy and Infectious Diseases
> 5601 Fishers Lane
> Rockville, MD 20852
> 301-496-2263 / anthony.fauci@nih.gov
>
> **Subject 1:** **Sworn Testimony of Dr. Anthony Fauci, Litigation Involving Nuremberg Code**
> **Subject 2:** **Connections of Dr. Anthony Fauci to the Nursing Homes Deaths**
> **Reference 1:** **My Letter to You of 21 July 2020**
> **Reference 2:** **My Letter to You of 21 December 2020**
> **Reference 3:** **My Letter to the Presidents of the Ivy League of 6 March 2021**

Reference 3, which I had forwarded to you discusses the Nuremberg Code in three locations. Subject 2 took eleven pages; you are prominently quoted in that section.



Contrary to The Great Reset, and its parroting by Ivy League University presidents, the "key" issue has *never* been profitable, expensive, dangerous "vaccinations." The key issue remains the Hippocratic Oath. And *then* the safety & well-being of global patients. In the context of Fauci's "surprise outbreak," the long-term well-being of patients prioritizes health through immunization; **especially when attained through the natural immune system response** . . . which is known to result in the long if not the permanent term.

Fauci and Salovey are both liars; they proclaim that immunization/health can only be attained through experimental vectored or mRNA injections. This is not merely farcical; **it is insidious with respect to the COVID-19 deaths, especially connectable to the deaths in the nursing homes. This is not where these connections end; upon scrutiny this is merely a viable, if not obvious legal beginning.**

By **coercing** "vaccination" of the Ivy League and the public, the Fauci/Salovey cabal is **insidiously and coyly** declaring that the deaths in the nursing homes were *un*avoidable ?! Unavoidable because there were no then-existing outpatient treatments that could have saved those lives; known treatments that could mitigate the short term but deadly COVID-19 symptoms, until the natural immune system could respond and provide natural immunity. Salovey's recent promotion, *"vaccine coverage is critical,"* affirms his ongoing connectivity to this nursing home death history.

The 'unavoidable' lies are endemic to this entire criminal enterprise. One could easily interpret that the following **crap** was written by Pfizer's public relations and marketing staff:

3. There is no adequate, approved, and available alternative to the emergency use of Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19.[4]

Perhaps it was . . . but officially this sputum comes from Dr. Denise Hinton of the FDA!

Returning to the nursing homes . . . the Fauci/Salovey sputum ostensibly declares that the December 2020 'Emergency Use Authorization' of the Pfizer/Moderna "vaccines" was too late to save prior loss of human life. **You, of all people, know that to be criminal fraud.**

The insidious part of the Salovey **coercion** provides Fauci with legalistic momentum; Salovey is declaring that the only way to health, versus Fauci's "surprise outbreak," is by forced injection of the experimental "vaccines." It should be obvious that the Fauci/Salovey cabal is angling for *legal* immunity. But that is just one of their insidious lies. It is doubtful that Mr. Salovey will detail for Yale University how Big Pharma attained 'liability immunity' . . . an immunity that does not obviate the portent of the Nuremberg Code.

Resignation Conclusion: The above and much more, constitutes at a minimum, *'crimes against humanity'* that the good Dr. Harvey Risch cannot remain party to.

The Resignation of Dr. Harvey Risch from Yale University – Post Script

A screenshot from the VAERS webpage of the Centers for Disease Control (CDC):

How VAERS reports are reviewed

Vaccine safety experts review all reports of serious adverse events submitted to VAERS. A serious adverse event after vaccination is something that causes

- Permanent disability
- Hospitalization or an extended hospital stay (if vaccinated while in the hospital)
- Life-threatening illness
- Birth defects (congenital anomalies)
- Death

When VAERS staff members investigate a report of a serious adverse event, they ask for the patient's medical records related to the serious adverse event to learn more about what happened. They review these medical records and determine whether the vaccine caused the reported serious adverse event.

Perhaps your current employer, Yale President Mr. Peter Salovey, will offer the basic courtesy of explaining to the staff/students why the 'adverse event' connected to attorney Ms. Midwin Charles, a woman in the prime of her life, **was never reported to VAERS**:

Recommendations

1. When your mutual schedules permit, in the context of "shedding," I recommend that you tutor/update Mr. Salovey on the upcoming need to quarantine the "vaccinated."
2. In view of your long-established humanity and professional competence, I recommend that you consider filling an ***anticipated*** high-level opening at the National Institutes of Health.

Please feel free to contact me at any time.

Respectfully yours,

Paul V. Sheridan

Enclosure/Attachment

cc: Mr. Peter Salovey (via FedEx AirBill 773760988859)

Requiring faculty, staff, and trainees to be vaccinated against COVID-19

Date: *Friday, May 14, 2021*

Dear Members of the Yale Community,

For more than a year, we have anticipated the day we can return fully to on-campus teaching and learning. With improving public health conditions, we are optimistic that we can do so for the fall semester. As we plan for this exciting transition back to campus, our top priority will continue to be the health and safety of students, faculty, staff, and individuals with whom we interact outside of our campus.

A high percentage of vaccine coverage is critical for a safe return to in-person university operations. Therefore, **we are requiring all faculty, staff, and postdoctoral and postgraduate trainees to be fully vaccinated against COVID-19 by August 1.** This decision follows our announcement in April of the vaccination requirement for all undergraduate, graduate, and professional school students (https://president.yale.edu/president/statements/requiring-students-be-vaccinated-against-covid-19) .

Our decision is based on the recommendation of Yale's experts in public health, medicine, and nursing, as well as discussions with staff and faculty across campus. The university also is engaged in conversations with its union partners regarding the implementation of this policy.

There is abundant evidence that vaccines are the strongest tool we have for preventing the spread of COVID-19 and that they are safe. For example, we are already seeing notable reductions in infection rates as levels of vaccination have increased. As a leading global research university, we have a responsibility to demonstrate to others the importance of taking actions based on evidence.

Please review the preliminary information below about ways to be vaccinated, registration requirements, exemptions, and other considerations. In the coming days, faculty, staff, and postdoctoral and postgraduate trainees will receive additional information regarding returning to on-campus work. University leaders will continue to provide regular updates about our plans for the fall semester over the next few months.

Ways to receive the vaccine

Vaccinations are available through the Yale COVID-19 Vaccine Program (https://yalehealth.yale.edu/yale-covid-19-vaccine-program) and Yale Health at the Lanman Center on campus. Yale New Haven Health also is offering both walk-in and scheduled vaccination appointments (https://www.ynhhs.org/patient-care/covid-19/vaccine/get-your-covid-vaccine.aspx) . Many additional options are available throughout the state (https://portal.ct.gov/Vaccine-Portal) . We encourage all those who have not yet been vaccinated to do so at their earliest convenience.

Registration requirements

Beginning June 1, 2021, faculty, staff, and postdoctoral and postgraduate trainees who have received their COVID-19 vaccination outside of the Yale COVID-19 Vaccine Program will be required to submit their vaccination record to the university. Instructions will be forthcoming.

Having records of individuals' vaccination information is essential to the university's efforts to protect the campus and surrounding communities and plan on-campus activities. Knowing the level of vaccination in the Yale community will allow us to take measures to mitigate the risks of a COVID-19 outbreak and will inform our decision-making in the fall and beyond.

Exemptions from the vaccination requirement

Faculty, staff, and postdoctoral and postgraduate trainees may apply for exemption from the vaccination requirement for medical reasons or based on religious or other strongly held personal belief. Everyone will receive an email in the coming weeks about steps individuals will be required to undertake to request an exemption. Yale will require those who receive approved exemptions to undergo regular COVID-19 testing and abide by additional health and safety requirements to protect themselves and others in the community. For individuals who have been fully vaccinated and have registered their vaccination status with the university, regular testing likely will not be required.

Other considerations

Faculty, staff, and postdoctoral and postgraduate trainees who are not in the New Haven area should consult their state and local authorities either in the United States or in their country of residence for information about vaccination availability and scheduling in their region. For those unable to obtain vaccination appointments before returning to campus, Yale will assist you in receiving vaccinations prior to or concurrent with your return to campus.

***

For over 15 months, we have worked tirelessly to protect each other from illness. Yale's vaccination requirements are an acknowledgement and an extension of these efforts. At this turning point in the pandemic, the administration of each vaccine brings us one step closer to the end of this public health crisis. We are grateful for all you have done for Yale and our community's health. To those who have yet to be inoculated, please join us in becoming vaccinated against COVID-19 (https://yalehealth.yale.edu/yale-covid-19-vaccine-program) .

Sincerely,

Peter Salovey
President
Chris Argyris Professor of Psychology

Scott Strobel
Provost
Henry Ford II Professor of Molecular Biophysics & Biochemistry

Yale

.

3 Prospect Street, New Haven, CT 06511 | P.O. Box 208229, New Haven, CT 06520-8229

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

   This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

   The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill, and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

ATTACHMENT 3

4 Pages

9 June 2021

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane
Rockville, MD 20852
301-496-2263
anthony.fauci@nih.gov

Subject 1: Evidence of the Criminality of Dr. Anthony Fauci (Page 14)
Subject 2: Connections of Dr. Fauci to COVID-19 Nursing Homes Deaths (Page 18)

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Reference 5: My Letter to the Presidents of the Ivy League of 6 March 2021
Reference 6: My Letter to You and the Ivy League Law School Deans of 12 April 2021

Letter from Association of American Physicians and Surgeons, Inc.
to Cornell University President Martha Pollack, 24 April 2021

1601 N. Tucson Blvd. Suite 9
Tucson, AZ 85716-3450
(800) 635-1196 or (520) 327-4885
FAX (520) 326-3529 or 325-4230
www.aapsonline.org

Association of American Physicians and Surgeons, Inc.
A Voice for Private Physicians Since 1943
Omnia pro aegroto

April 24, 2021

President Martha E. Pollack
300 Day Hall
Cornell University
Ithaca, NY 14853

Dear President Pollack,

On behalf of the Association of American Physicians and Surgeons, I am writing to ask you to reconsider your new policy mandating COVID-19 vaccination of students prior to returning to campus.[1] Institutions of higher learning are divided on this issue.[2,3] Although, at first glance, the policy may seem prudent, it coerces students into bearing unneeded and unknown risk and is at heart contrary to the bedrock medical principle of informed consent.

There are multiple reasons to reverse your policy. I ask you to consider the following:

1. Young adults are a healthy and immunologically competent and vibrant group that is at, "extraordinary low risk for COVID-19 morbidity and mortality."[4]

2. College and University students, however, are under significant mental health strain already from COVID-19 fears, circumstances, distance learning problems and the imposition of government health policy restrictions.[5]

3. Even though the FDA granted Emergency Use Authorization (EUA) for three COVID-19 vaccines, they are not FDA approved to treat, cure or prevent any disease at this time. Clinical trials will continue for at least two years before the FDA can even consider approval of these vaccines as effective and safe.

4. The COVID-19 vaccines on the market in the U.S., mRNA (Moderna and Pfizer) and DNA (Johnson & Johnson – Janssen), have caused notable side effects, pathology and even death (>2300 deaths per VAERS as of April 20, 2021). These adverse reactions result in absence from school and work, hospital visits, and even loss of life.[6]

5. College age women may be at unique risk for adverse events following administration of the experimental COVID vaccinations currently available. According to the CDC, all cases of life-threatening blood clots, subsequent to receiving the J&J vaccine, reported so far in the United States occurred in younger women.[7] The vast majority of cases of anaphylaxis have also occurred in women.[8] In addition, "women are reporting having irregular menstrual cycles after getting the coronavirus vaccine,"[9] and 95 miscarriages have been reported to the U.S. Vaccine Adverse Effects Reporting System (VAERS) following COVID vaccination as of April 24, 2021.[10]

6. Recent research data demonstrates that the spike protein, present on the SARS-CoV-2 virus and the induced primary mechanism of action of COVID-19 vaccines, are the primary cause of disease, infirmity, hospitalization and death.[11]

7. Students who have had self-limited cases of COVID-19 already possess antibodies, activated B-cells, activated T-cells (detectable by lab testing). This durable, long-term immunity would not only prevent them from getting recurrent COVID-19, but would also represent herd immunity to protect others in the college or university community.[12,13]

8. COVID-19 convalescent students may be harmed by college and university policy requiring COVID-19 vaccines.[14] They already have extensive immunity and would be likely harmed from a forced confrontation with COVID-19 vaccine induced spike protein causing autoimmune reactions leading to illness and possible death.[15]

9. Students and their families may justifiably believe these policies discriminate against individuals who aren't candidates for this vaccine, have pre-existing conditions, previous COVID-19 disease, cite religious objections, or are otherwise exercising their freewill choosing not to participate in this optional vaccine experiment. Refer to the Nuremberg code from WWII, which requires individuals, "to be able to exercise free power of choice, without the intervention of any element of force…."[16]

10. Institutional policies that permit faculty to choose or refuse vaccination, but do not allow students the same options, raise equal protection constitutional issues.

11. The ADA, Americans with Disabilities Act, requires "reasonable accommodations," be provided based on an individual's own unique health situation. This includes rejection of an experimental vaccine intervention which may exacerbate known health problems and thereby cause harm.

12. Colleges and Universities should consider whether they might be liable for damages, poor health outcomes, and loss of life due to mandatory COVID-19 vaccination policies.[17]

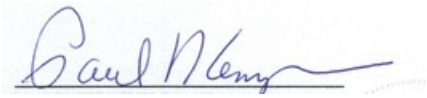
13. “Positive cases,” as defined by laboratory testing alone, may be false positive testing errors or asymptomatic infection that is not clinically proven to spread disease.

14. Ambulatory outpatient early treatment for SARS-CoV-2 infection / COVID-19 has been demonstrated effective in adults.[18]

15. Informed consent is the standard for all medical interventions. The FDA factsheet for the healthcare provider reads, “The recipient or their caregiver has the option to accept or refuse (Pfizer-BioNTech) vaccine.”

Please reverse your decision to mandate experimental COVID-19 vaccines before more students are harmed and make the vaccines rightfully optional. Both unvaccinated and vaccinated students should be permitted on campus. Thank you for your time and attention. We would appreciate hearing back from you as soon as possible and welcome further discussion with you and other leaders at your institution.

Sincerely,



Paul M. Kempen, M.D.
AAPS President (2021)

References

[1] https://www.nydailynews.com/coronavirus/ny-covid-vaccine-several-colleges-required-20210407-yyfysfahxzbvrcx6n2w63dcwue-story.html
[2] https://apnews.com/article/us-colleges-divided-student-coronavirus-vaccination-8c46ab65afc4538cb060c320ed94fc54
[3] https://newjersey.news12.com/rowan-stockton-universities-will-not-require-covid-19-vaccine-to-attend
[4] https://www.andrewbostom.org/2021/04/audio-dr-andrew-bostom-with-wpros-matt-allen-4-5-21-discussing-roger-williams-universitys-mandatory-fall-2021-covid-19-vaccination-for-students-absent-any-reference-to-their-ext/
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ATTACHMENT 4

10 Pages

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Reference 2: My Letter to You of 21 July 2020
Reference 3: My Letter to President Donald J. Trump of September 18, 2020
Reference 4: My Letter to You of 21 December 2020
Reference 5: My Letter to the Presidents of the Ivy League of 6 March 2021
Reference 6: My Letter to You and the Ivy League Law School Deans of 12 April 2021

SARS-CoV-2 Mass Vaccination:

Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers.

24 May 2021

SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers

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Abstract

Since the start of the COVID-19 outbreak, the race for testing new platforms designed to confer immunity against SARS-CoV-2, has been rampant and unprecedented, leading to conditional emergency authorization of various vaccines. Despite progress on early multidrug therapy for COVID-19 patients, the current mandate is to immunize the world population as quickly as possible. The lack of thorough testing in animals prior to clinical trials, and authorization based on safety data generated during trials that lasted less than 3.5 months, raise questions regarding vaccine safety. The recently identified role of SARS-CoV-2 Spike glycoprotein for inducing endothelial damage characteristic of COVID-19, even in absence of infection, is extremely relevant given that most of the authorized vaccines induce endogenous production of Spike. Given the high rate of occurrence of adverse effects that have been reported to date, as well as the potential for vaccine-driven disease enhancement, Th2-immunopathology, autoimmunity, and immune evasion, there is a need for a better understanding of the benefits and risks of mass vaccination, particularly in groups excluded from clinical trials. Despite calls for caution, the risks of SARS-CoV-2 vaccination have been minimized or ignored by health organizations and government authorities. As for any investigational biomedical program, data safety monitoring boards (DSMB) and event adjudication committees (EAC), should be enacting risk mitigation. If DSMBs and EACs do not do so, we will call for a pause in mass vaccination. If DSMBs and EACs do not exist, then vaccination should be halted immediately, in particular for demographic groups at highest risk of vaccine-associated death or serious adverse effects, during such time as it takes to assemble these boards and commence critical and independent assessments. We urge for pluralistic dialogue in the context of health policies, emphasizing critical questions that require urgent answers, particularly if we wish to avoid a global erosion of public confidence in science and public health.

SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers

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Abstract

Since the start of the COVID-19 outbreak, the race for testing new platforms designed to confer immunity against SARS-CoV-2, has been rampant and unprecedented, leading to conditional emergency authorization of various vaccines. Despite progress on early multidrug therapy for COVID-19 patients, the current mandate is to immunize the world population as quickly as possible. The lack of thorough testing in animals prior to clinical trials, and authorization based on safety data generated during trials that lasted less than 3.5 months, raise questions regarding vaccine safety. The recently identified role of SARS-CoV-2 Spike glycoprotein for inducing endothelial damage characteristic of COVID-19, even in absence of infection, is extremely relevant given that most of the authorized vaccines induce endogenous production of Spike. Given the high rate of occurrence of adverse effects that have been reported to date, as well as the potential for vaccine-driven disease enhancement, Th2-immunopathology, autoimmunity, and immune evasion, there is a need for a better understanding of the benefits and risks of mass vaccination, particularly in groups excluded from clinical trials. Despite calls for caution, the risks of SARS-CoV-2 vaccination have been minimized or ignored by health organizations and government authorities. As for any investigational biomedical program, data safety

monitoring boards (DSMB) and event adjudication committees (EAC), should be enacting risk mitigation. If DSMBs and EACs do not do so, we will call for a pause in mass vaccination. If DSMBs and EACs do not exist, then vaccination should be halted immediately, in particular for demographic groups at highest risk of vaccine-associated death or serious adverse effects, during such time as it takes to assemble these boards and commence critical and independent assessments. We urge for pluralistic dialogue in the context of health policies, emphasizing critical questions that require urgent answers, particularly if we wish to avoid a global erosion of public confidence in science and public health.

Introduction

Since COVID-19 was declared a pandemic in March 2020, over 150 million cases and 3 million cases of deaths from or with SARS-CoV-2 have been reported worldwide. Despite progress on early ambulatory, multidrug-therapy for high-risk patients, resulting in 85% reductions in COVID-19 hospitalization and death [1], the current paradigm for control is mass-vaccination. While we recognize the effort involved in development, production and emergency authorization of SARS-CoV-2 vaccines, we are concerned that risks have been minimized or ignored by health organizations and government authorities, despite calls for caution [2-8].

Vaccines for other coronaviruses have never been approved for humans, and data generated in the development of coronavirus vaccines designed to elicit neutralizing antibodies show that they may worsen COVID-19 disease via antibody-dependent enhancement (ADE) and Th2 immunopathology, regardless of the vaccine platform and delivery method [9-11]. Vaccine-driven disease enhancement in animals vaccinated against SARS-CoV and MERS-CoV is known to occur following viral challenge, and has been attributed to immune complexes and Fc-mediated viral capture by macrophages, which augment T-cell activation and inflammation [11-13].

In March 2020, vaccine immunologists and coronavirus experts assessed SARS-CoV-2 vaccine risks based on SARS-CoV-vaccine trials in animal models. The expert group concluded that ADE and immunopathology were a real concern, but stated that their risk was insufficient to delay clinical trials, although continued monitoring would be necessary [14]. While there is no clear evidence of the occurrence of ADE and vaccine-related immunopathology in volunteers immunized with SARS-CoV-2 vaccines [15], safety trials to date have not specifically addressed these serious adverse effects (SAE). Given that the follow-up of volunteers did not exceed 2-3.5 months after the second dose [16-19], it is unlikely such SAE would have been observed. Despite errors in reporting, it cannot be ignored that even accounting for the number of vaccines administered, according to the US Vaccine Adverse Effect Reporting System (VAERS), the number of deaths per million vaccine doses administered has increased more than 10-fold. We believe there is an urgent need for open scientific dialogue on vaccine safety in the context of large-scale immunization. In this paper, we describe some of the risks of mass vaccination in the context of phase 3 trial exclusion criteria and discuss the SAE reported in national and regional adverse effect registration systems. We highlight unanswered questions and draw attention to the need for a more cautious approach to mass vaccination.

SARS-CoV-2 phase 3 trial exclusion criteria

With few exceptions, SARS-CoV-2 vaccine trials excluded the elderly [16-19], making it impossible to identify the occurrence of post-vaccination eosinophilia and enhanced inflammation in elderly people. Studies of SARS-CoV vaccines showed that immunized elderly mice were at particularly high risk of life-threatening

Th2 immunopathology [9,20]. Despite this evidence and the extremely limited data on safety and efficacy of SARS-CoV-2 vaccines in the elderly, mass-vaccination campaigns have focused on this age group from the start. Most trials also excluded pregnant and lactating volunteers, as well as those with chronic and serious conditions such as tuberculosis, hepatitis C, autoimmunity, coagulopathies, cancer, and immune suppression [16-29], although these recipients are now being offered the vaccine under the premise of safety.

Another criterion for exclusion from nearly all trials was prior exposure to SARS-CoV-2. This is unfortunate as it denied the opportunity of obtaining extremely relevant information concerning post-vaccination ADE in people that already have anti-SARS-Cov-2 antibodies. To the best of our knowledge, ADE is not being monitored systematically for any age or medical condition group currently being administered the vaccine. Moreover, despite a substantial proportion of the population already having antibodies [21], tests to determine SARS-CoV-2-antibody status prior to administration of the vaccine are not conducted routinely.

Will serious adverse effects from the SARS-CoV-2 vaccines go unnoticed?

COVID-19 encompasses a wide clinical spectrum, ranging from very mild to severe pulmonary pathology and fatal multi-organ disease with inflammatory, cardiovascular, and blood coagulation dysregulation [22-24]. In this sense, cases of vaccine-related ADE or immunopathology would be clinically-indistinguishable from severe COVID-19 [25]. Furthermore, even in the absence of SARS-CoV-2 virus, Spike glycoprotein alone causes endothelial damage and hypertension *in vitro* and *in vivo* in Syrian hamsters by down-regulating angiotensin-converting enzyme 2 (ACE2) and impairing mitochondrial function [26]. Although these findings need to be confirmed in humans, the implications of this finding are staggering, as all vaccines authorized for emergency use are based on the delivery or induction of Spike glycoprotein synthesis. In the case of mRNA vaccines and adenovirus-vectorized vaccines, not a single study has examined the duration of Spike production in humans following vaccination. Under the cautionary principle, it is parsimonious to consider vaccine-induced Spike synthesis could cause clinical signs of severe COVID-19, and erroneously be counted as new cases of SARS-CoV-2 infections. If so, the true adverse effects of the current global vaccination strategy may never be recognized unless studies specifically examine this question. There is already non-causal evidence of temporary or sustained increases in COVID-19 deaths following vaccination in some countries (Fig. 1) and in light of Spike's pathogenicity, these deaths must be studied in depth to determine whether they are related to vaccination.

Unanticipated adverse reactions to SARS-CoV-2 vaccines

Another critical issue to consider given the global scale of SARS-CoV-2 vaccination is autoimmunity. SARS-CoV-2 has numerous immunogenic proteins, and all but one of its immunogenic epitopes have similarities to human proteins [27]. These may act as a source of antigens, leading to autoimmunity [28]. While it is true that the same effects could be observed during natural infection with SARS-CoV-2, vaccination is intended for most of the world population, while it is estimated that only 10% of the world population has been infected by SARS-CoV-2, according to Dr. Michael Ryan, head of emergencies at the World Health Organization. We have been unable to find evidence that any of the currently authorized vaccines screened and excluded homologous immunogenic epitopes to avoid potential autoimmunity due to pathogenic priming.

Some adverse reactions, including blood-clotting disorders, have already been reported in healthy and young vaccinated people. These cases led to the suspension or cancellation of the use of adenoviral vec-

torized ChAdOx1-nCov-19 and Janssen vaccines in some countries. It has now been proposed that vaccination with ChAdOx1-nCov-19 can result in immune thrombotic thrombocytopenia (VITT) mediated by platelet-activating antibodies against Platelet factor-4, which clinically mimics autoimmune heparin-induced thrombocytopenia [29]. Unfortunately, the risk was overlooked when authorizing these vaccines, although adenovirus-induced thrombocytopenia has been known for more than a decade, and has been a consistent event with adenoviral vectors [30]. The risk of VITT would presumably be higher in those already at risk of blood clots, including women who use oral contraceptives [31], making it imperative for clinicians to advise their patients accordingly.

At the population level, there could also be vaccine-related impacts. SARS-CoV-2 is a fast-evolving RNA virus that has so far produced more than 40,000 variants [32,33] some of which affect the antigenic domain of Spike glycoprotein [34,35]. Given the high mutation rates, vaccine-induced synthesis of high levels of anti-SARS-CoV-2-Spike antibodies could theoretically lead to suboptimal responses against subsequent infections by other variants in vaccinated individuals [36], a phenomenon known as "original antigenic sin" [37] or antigenic priming [38]. It is unknown to what extent mutations that affect SARS-CoV-2 antigenicity will become fixed during viral evolution [39], but vaccines could plausibly act as selective forces driving variants with higher infectivity or transmissibility. Considering the high similarity between known SARS-CoV-2 variants, this scenario is unlikely [32,34] but if future variants were to differ more in key epitopes, the global vaccination strategy might have helped shape an even more dangerous virus. This risk has recently been brought to the attention of the WHO as an open letter [40].

Discussion

The risks outlined here are a major obstacle to continuing global SARS-CoV-2 vaccination. Evidence on the safety of all SARS-CoV-2 vaccines is needed before exposing more people to the risk of these experiments, since releasing a candidate vaccine without time to fully understand the resulting impact on health could lead to an exacerbation of the current global crisis [41]. Risk-stratification of vaccine recipients is essential. According to the UK government, people below 60 years of age have an extremely low risk of dying from COVID-19[1]. However, according to Eudravigillance, most of the serious adverse effects following SARS-CoV-2 vaccination occur in people aged 18-64. Of particular concern is the planned vaccination schedule for children aged 6 years and older in the United States and the UK. Dr. Anthony Fauci recently anticipated that teenagers across the country will be vaccinated in the autumn and younger children in early 2022, and the UK is awaiting trial results to commence vaccination of 11 million children under 18. There is a lack of scientific justification for subjecting healthy children to experimental vaccines, given that the Centers for Disease Control and Prevention estimates that they have a 99.997% survival rate if infected with SARS-CoV-2. Not only is COVID-19 irrelevant as a threat to this age group, but there is no reliable evidence to support vaccine efficacy or effectiveness in this population or to rule out harmful side effects of these experimental vaccines. In this sense, when physicians advise patients on the elective administration of COVID-19 vaccination, there is a great need to better understand the benefits and risk of administration, particularly in understudied groups.

In conclusion, in the context of the rushed emergency-use-authorization of SARS-CoV-2 vaccines, and the current gaps in our understanding of their safety, the following questions must be raised:

* Is it known whether cross-reactive antibodies from previous coronavirus infections or vaccine-induced antibodies may influence the risk of unintended pathogenesis following vaccination with COVID-19?

* Has the specific risk of ADE, immunopathology, autoimmunity, and serious adverse reactions been clearly disclosed to vaccine recipients to meet the medical ethics standard of patient understanding for informed consent? If not, what are the reasons, and how could it be implemented?

* What is the rationale for administering the vaccine to every individual when the risk of dying from COVID-19 is not equal across age groups and clinical conditions and when the phase 3 trials excluded the elderly, children and frequent specific conditions?

* What are the legal rights of patients if they are harmed by a SARS-CoV-2 vaccine? Who will cover the costs of medical treatment? If claims were to be settled with public money, has the public been made aware that the vaccine manufacturers have been granted immunity, and their responsibility to compensate those harmed by the vaccine has been transferred to the tax-payers?

If vaccination programs worldwide do not institute independent data safety monitoring boards (DSMB), event adjudication committees (EAC), and enact risk mitigation, we will call for a pause in the mass vaccination program. If DSMBs and EACs do not exist currently, as would be imperative for any investigational biomedical program, then vaccination should be immediately halted for those demographic groups at highest risk of vaccine-associated death or serious adverse effects, during the time it takes to assemble these boards and committees and commence their assessments.

In the context of these concerns, we propose opening an urgent pluralistic, critical, and scientifically-based dialogue on SARS-CoV-2 vaccination among scientists, medical doctors, international health agencies, regulatory authorities, governments, and vaccine developers. This is the only way to bridge the current gap between scientific evidence and public health policy regarding the SARS-CoV-2 vaccines. We are convinced that humanity deserves a deeper understanding of the risks than what is currently touted as the official position. An open scientific dialogue is urgent and indispensable to avoid erosion of public confidence in science and public health and to ensure that the WHO and national health authorities protect the interests of humanity during the current pandemic. Returning public health policy to evidence-based medicine, relying on a careful evaluation of the relevant scientific research, is urgent. It is imperative to follow the science.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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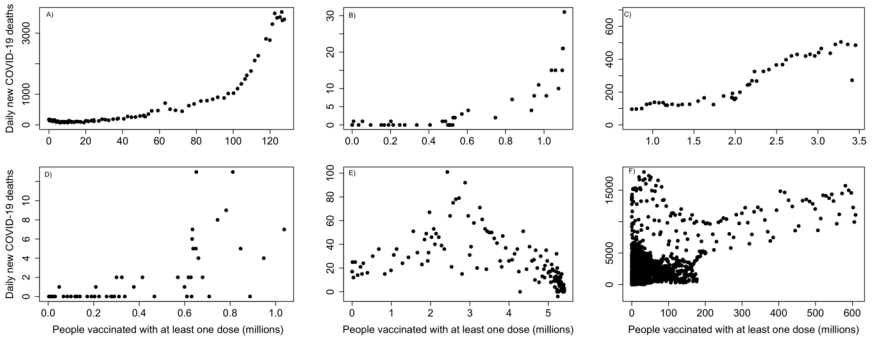

Figure 1: Number of new COVID-19 deaths in relation to number of people that have received at least one vaccine dose for selected countries. Graph shows data from the start of vaccination to May 3rd, 2021. A) India (9.25% of population vaccinated), B) Thailand (1.58% of population vaccinated), C) Colombia (6.79% of population vaccinated), D) Mongolia (31.65% of population vaccinated), E) Israel (62.47% of population vaccinated), F) Entire world (7.81% of population vaccinated). Graphs were built using data from Our World in Data (accessed 4 May 2021) https://github.com/owid/covid-19-data/tree/master/public/data/vaccinations.

[1] (https://www.gov.uk/government/publications/covid-19-reported-sars-cov-2-deaths-in-england/covid-19-confirmed-deaths-in-england-report

ATTACHMENT 5

1 Pages

9 June 2021

Dr. Anthony S. Fauci, Director
National Institute of Allergy and Infectious Diseases
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Rockville, MD 20852
301-496-2263
anthony.fauci@nih.gov

Subject 1: Evidence of the Criminality of Dr. Anthony Fauci (Page 14)
Subject 2: Connections of Dr. Fauci to COVID-19 Nursing Homes Deaths (Page 18)

Reference 1: Your Interview at Cornell University *"Stay-Homecoming 2020"*
Reference 2: My Letter to You of 21 July 2020
Reference 3: My Letter to President Donald J. Trump of September 18, 2020
Reference 4: My Letter to You of 21 December 2020
Reference 5: My Letter to the Presidents of the Ivy League of 6 March 2021
Reference 6: My Letter to You and the Ivy League Law School Deans of 12 April 2021

Announcement from Oral Roberts University (ORU) President Dr. William Wilson

A Return to Normal Operations at ORU:

Students will not be required to have a vaccination for COVID-19
in order to attend ORU this Fall.

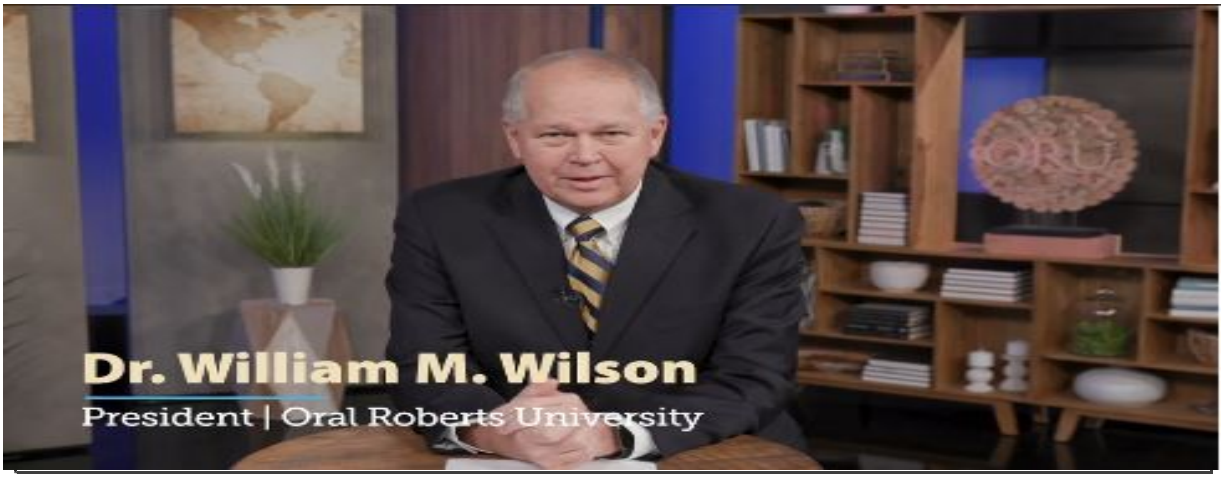
We have not been requiring, nor will we require, COVID-19 vaccinations of staff or faculty in order to serve or work at this university.

Students will not be required to test for COVID-19 before entering the dorms.

Masks will be optional in all campus venues and at all campus events. They will not be required anywhere on campus.

ORU HEALTH AND SAFETY INFORMATION

ORU President Dr. William Wilson announces a return to normal operations at ORU.



- Students will not be required to have a vaccination for COVID-19 in order to attend ORU this Fall. We have not been requiring, nor will we require, COVID-19 vaccinations of staff or faculty in order to serve or work at this university.
- Students will not be required to test for COVID-19 before entering the dorms.
- Masks will be optional in all campus venues and at all campus events. They will not be required anywhere on campus.
- Our cafeteria, food outlets, Chapel, classrooms and all departments will return to normal operations without social distancing. Classroom sizes will return to normal, and we will have normal student-faculty interactions.
- There will be no temperature checks and no check-in apps when you come onto campus this Fall.
- All residential classes will continue to be taught in-person, face-to-face and virtually.
- We will maintain quarantine and isolation space should we need them.
- Testing for COVID-19 and the influenza virus will be available to staff, faculty and students free of charge, allowing anyone who is symptomatic to be tested.
- We will maintain our hand sanitizing stations on campus to ensure good hygiene.

END OF DOCUMENT

9 June 2021

Dr. Anthony S. Fauci, Director
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