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**Recipient:**

Attorney General William P. Barr  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530

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22357 Columbia Street  
Dearborn, MI 48124  
313-277-5095  
[pvs6@cornell.edu](mailto:pvs6@cornell.edu)

28 August 2020

Via FedEx Airbill 8007 – 9341 - 6330

Attorney General William P. Barr  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

**Subject: Demand for Criminal Investigations Relating to “COVID-19 Pandemic”**

Dear Attorney General Barr:

Your interview with Mr. Mark Levin, and his later interview with Dr. Harvey Risch, Professor of Epidemiology in the Department of Epidemiology and Public Health at Yale University, *further* compels the subject.

Although the focus of my investigations involves the individual pictured here . . .



. . . Dr. Anthony Fauci is not the only culpable individual; and on many levels. But this formal demand needs perspective. It is not enamoring that Fauci is pictured pool-side. **We begin with the following photograph:**



This level of gala should and could be enjoyed at the current time, under the current circumstances, by every American, especially school children, **were it not for the “expertise” and “science” of Dr. Fauci, et al.**



Wuhan LAUGHING AT AMERICA

The above gala occurred on 15 August 2020. The community pool is located in the Chinese province of Hubei . . . within walking distance of the Wuhan Lab of Virology. One of many headlines not seen on CNN:

COVID-19 ALERT

## China: Thousands party at Wuhan water park without masks

The lockdown in the city, where the first known case of the virus was reported in December, was lifted after 76 days in April.

Given the subject demand of this letter, and the ongoing overwhelming evidence that accredits that demand, it should not surprise you to also read the following associated headlines:

## NO SCRUTINY Wuhan coronavirus lab may DODGE investigation as WHO team hunting for origin of pandemic won't bother visiting

Tom Michael  
12 Jul 2020, 14:40

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.



A portion of my work on the “COVID-19 pandemic” has already been shared. A summary of the letters I have written is not limited to the following; a small sampling:

Dr. Anthony S. Fauci, Director NIAID – 21 July 2020	Official Response to SARS-CoV-2 / COVID-19 Related Questions	Tab 1
First Lady Melania Trump – 23 July 2020	Question Regarding Mr. Barron Trump	Tab 2
Dr. R. Albert Mohler, Jr., President Southern Baptist Theological Seminary – 3 August 2020	Southern Seminary and Boyce College – Covenant and Commitment	Tab 3
Mr. Wilson Masilingi, Ambassador Embassy United Republic of Tanzania – 7 August 2020	Letters to Dr. Anthony Fauci, and First Lady of the United States Melania Trump	Tab 4
President Donald Trump / Vice President Mike Pence – 13 August 2020	My Letter to Dr. Anthony S. Fauci of 21 July 2020	Tab 5

Regarding Tab 1, the questions I asked of Dr. Fauci are summarized/attached to this cover. As of this letter, Dr. Fauci has not responded. However, I continue to receive communications and support from laypeople, medical doctors, researchers, etc. A layperson assessment of Tab 1:

***“If just one of your accusations is true, then crimes have been committed.”***

But there have been incremental inputs/documents that have been forwarded as a direct result of Tab 1. In the context of this support, and as an introduction to the subject demand, I focus on three *incremental* items:

1. The ongoing issue of hydroxychloroquine (HCL) use, and other global non-vaccine treatments.
2. The 23 August 2020 broadcast of *‘Life, Liberty & Levin’* that featured Dr. Harvey Risch, Professor of Epidemiology in the Department of Epidemiology and Public Health at Yale University.
3. The ongoing issue of proposed mandatory global vaccinations, and the public pronouncements, practices, and policies that are being implemented to psychologically condition the populace and university students for enforcement of what has been properly coined as “medical tyranny.”

## 1. The ongoing issue of hydroxychloroquine (HCL), and other global non-vaccine treatments.

Reference A: My letter to Dr. Fauci of 21 July 2020.

Reference B: My letter to Ambassador Wilson Masilingi (Tanzania) of 7 August 2020.

In my letter to Ambassador Masilingi, I offered the following screenshot:

### Early treatment with hydroxychloroquine: a country-randomized controlled trial

Covid Analysis, August 5, 2020 (updated August 6, 2020)

@CovidAnalysis

I also offered a link to this entire 56-page report; a report that has **not** been publically discussed by Dr. Fauci, his boss Dr. Francis Collin, Dean Augustine Choi of the Weill-Cornell Medical College (where Fauci attended), President Martha Pollack of Cornell University (where the undersigned attended), Mr. Bill & Ms. Melinda Gates, Professor Alan Dershowitz, Secretary-General António Guterres of the United Nations (UN), Dr. Tedros Adhanom Ghebreyesus of the World Health Organization (WHO) . . . or CNN, MSNBC, the Washington Post, the New York Times, etc., etc.

The report confirms: Worldwide usage of hydroxychloroquine, when prophylactically administered, **resulted in a 79.1% reduction in COVID-19 related morbidity**. I emphasize “related” because, as discussed at-length in Reference A (and Tab 1), are the following three realities:

- a. From the beginning, all “COVID-19 deaths” involve serious, often already terminal, co-morbidities.
- b. Death certificate protocols (Cause of Death) have been corrupted by officials to the point of blatant criminality. This COD fraud is detailed on pages 17-19 of Reference A / Tab 1.
- c. The alleged “COVID-19 cases” have been corrupted, in this instance by NIH/NIAID/CDC/WHO/UN, to the point wherein merely knowing someone that “*tested positive for the virus that causes COVID-19*” constitutes a “COVID case.” **The associated multiplier is 17!** This multiplier fraud is detailed on pages 20-23; and the testing fraud is detailed on pages 10-11 of Reference A / Tab 1.



These realities are important; as detailed later in the report, when the statistics are corrected for known co-morbidities, referred to as “compounding factors,” **the reduction in global death skyrockets to 91.3% !**

To the best of my knowledge this report has never been shared with President Trump who, as you know, was vilified by vaccine vested-interests after he announced his prophylactic use of hydroxychloroquine, as prescribed by White House Physician Dr. Sean P. Conley.

**The complete AND UPDATED report is available here: <https://hcqtrial.com/>**

2. **The 23 August 2020 broadcast of ‘Life, Liberty & Levin’ that featured Dr. Harvey Risch, Professor of Epidemiology and Public Health at Yale University.**

Reference A: My letter to Dr. Fauci of 21 July 2020. In Tab 1, on pages 24-25, I offered this photograph:



Earlier this week, Bloomberg News promoted the following headline as merely “election year politics,” parroting the likes of Michigan Governor Gretchen Whitmer:

**ELECTION 2020**

## Democratic-Led States Targeted in DOJ’s Review of Nursing Home Deaths

By [Justin Blum](#)  
August 26, 2020, 3:53 PM EDT *Updated on August 26, 2020, 7:30 PM EDT*

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- ▶ Justice Department seeking data to determine if probe needed
- ▶ Michigan Governor Whitmer calls move ‘election year politics’

I have news for the news media and their suitors in state government . . . were the four states in-question (Michigan, New Jersey, New York, Pennsylvania) not administered by so-called “Democrats,” but instead by little green Martians, the hard nursing home death-facts would remain implicitly non-political.

But the facts that DOJ is apparently now garnishing are (1) overly thrifed if not deficient, and (2) lack perspective. This following discussion is offered to correct both levels.

2. The 23 August 2020 broadcast of *'Life, Liberty & Levin'* that featured Dr. Harvey Risch, Professor of Epidemiology and Public Health at Yale University – *con't.*



The aforementioned DOJ perspective needs to be supplemented by interview quotes of Dr. Harvey Risch:

“I conclude the evidence is overwhelming. There’s no question that in the people who need to be treated, and are treated early, it (**hydroxychloroquine**) has a very substantial benefit in reducing risk of hospitalization or mortality. And there has been a massive misinformation campaign that stretches from the government to the media that is either suppressing this message, or it’s countering it with a false message. I am not an expert in the reason that is happening, other than just observing it, but I am an expert in the science, and I can tell you the science is all one-sided. In fact, the science is so one-sided in supporting this (good hydroxychloroquine) result, that it is stronger than anything else I have ever studied in my entire career. The evidence in favor of hydroxychloroquine benefit in high-risk patients treated early, as outpatients, is stronger than anything else I have ever studied. So scientifically there is no question whatsoever.”

The evidence is overwhelming? There’s no question hydroxychloroquine has a substantial benefit in reducing mortality? A massive misinformation campaign? From the government to the media? This result is stronger than anything else ever studied?! Scientifically there is no question whatsoever?

Let us compare that testimony to the pro-vaccine *crap* from Dr. Fauci, see Page 7 of my 21 July 2020 letter:



“I’m not so sure it (hydroxychloroquine) should be banned, but clearly the scientific data is really quite evident now about the lack of efficacy for it, and even the possibility that there could be, not could be but there is, you know, likelihood that under certain circumstances, might be rare but you’d see it, adverse events particularly with regard to cardiovascular and the arrhythmias that might be associated with it. I mean there was suspicion of that for a while, but as data comes in it becomes more clear. So I’m not so sure that you’d want to ban it, but certainly the data are clear right now.”

**Banned?! The data are clear?!**



The data Dr. Fauci declared as “clear,” **was known by him** to result from a **Big Pharma pro-vaccine ruse**; a study so fraudulent it had to be retracted by the New England Journal of Medicine.

Indeed, at the RNC of 24-27 August 2020, two individuals used the term “Big Pharma;” Ms. Tiffany Trump, and President Trump. The latter Tweeted links to the Mark Levin interview with Dr. Risch.

Let us now connect three items that further compel the subject criminal investigation demand:

- i. The results of the global HCL study entitled ‘*Early Treatment with Hydroxychloroquine: A Country-based Analysis.*’
- ii. **The soulless brutality of the nursing home deaths** inflicted upon thousands of the American elderly by the likes of Governor Gretchen Whitmer (D-MI), Governor Philip Murphy (D-NJ), Governor Andrew Cuomo (D-NY) and Governor Thomas Wolf (D-PA).
- iii. The following additional quotes from Dr. Harvey Risch of Yale University (see last sentence):

“Somehow we have let politics overrule science, and it is an absurd situation that people have compared to ‘1984’ and ‘The Ministry of Truth’ and so on; that is limiting what people can say on objective facts, it is beyond belief ! . . . I think ‘they’ know the (hydroxychloroquine) treatment works. I think that basically they are afraid to even let it be tried, because letting it be tried would show that it works. So the message has to be shut at all costs, because anything will leak out, and in fact it is leaking out, and **you see across the country people who started to speak up, who become almost deathly ill, and have been turned around in three days or sooner even, and these are now public figures who are speaking up, who have said that the medicine hydroxychloroquine saved their life.** And it is very difficult to, you know, close all the leaks in that dike that are being suppressed by the media that are trying to do that.”

“This has gone on before . . . now we have Dr. Fauci denying that any evidence exists of benefit, and that has pervaded the FDA. The FDA has relied on Dr. Fauci and his NIH advisory groups to make the statement that there is no benefit of using hydroxychloroquine in outpatients, and this is counter to the facts of the case. The (positive) evidence is overwhelming. The FDA has also said that there is harm in using these medications in outpatients (that) overweighs the benefits . . . ninety per cent of the COVID cases have occurred since the FDA restricted (hydroxychloroquine usage) to inpatients-only . . . **Dr. Fauci and the FDA are doing the same thing that was done in 1987, and that has led to the (COVID-19) deaths of hundreds of thousands of Americans that could have been saved by usage of this drug.**”

Concluding this section, the following facts cannot be denied or be over-emphasized:

- a. The four governors in-question and their health department experts were fully aware of the retraction of the Lancet study that was the basis of a then-ongoing pro-vaccine ruse, deployed by Dr. Fauci and others, which continued severe restriction of prescription prophylactic use of hydroxychloroquine.
- b. Despite knowledge of this ruse, those governors continued to restrict the use of hydroxychloroquine, **and even went so far as to threaten medical doctors and pharmacies with legal action; the letters from my Governor Whitmer are just one example.**
- c. Despite knowledge of this ruse, those governors continued to enforce emplacement of “COVID positive” patients into their nursing homes. In the case of Pennsylvania, its Secretary of Health Rachael Levine was unabashed about the reasons she relocated her mother out-of-harms-way, **by removing her own mother from a nursing home just prior to emplacement enforcement; a nursing home that later experienced innumerable COVID-19 deaths of its elderly!**

3. **The ongoing issue of proposed mandatory global vaccinations, and the public pronouncements, practices, and policies that are being implemented to psychologically condition the populace and university students for enforcement of what has been properly coined as “medical tyranny.”**



Almost two weeks prior to issuance of her “*Cornell Student Behavioral Compact*” (CSBC), Cornell University President Martha Pollack received my 21 July 2020 letter to Dr. Anthony Fauci (Tab 1).

Similar to Fauci, I have received no response from Pollack. I have made innumerable telephone calls to relevant high University staff; none of whom have responded to my voice mails or emails.

As you can see, the opening statement of Pollack’s CSBC begins with misinformation or worse: **a bold-faced lie.**

The notion that the only way a “*world of significantly enhanced community and personal health risk*” can be rectified is through a vaccine, mRNA based, is not merely incompetent or fraudulent; it poses a significant health danger to the students, faculty and staff of my alma mater.

I have no intention of allowing Cornell University to migrate into the next stage of an agenda suggested, if not dictated, by “Big Pharma,” et al. It is common knowledge that inputs to university policies, and politics, is garnered all-too-often through massive financial donations. I certainly do not take issue *per se* with financial support to higher education, but implicitly I will not tolerate undue influence borne by such, especially if it negatively affects the area of personal well-being.

7/31/2020

### **Cornell Student Behavioral Compact**

Until there is an effective vaccine for COVID-19, we live in a world of significantly enhanced community and personal health risks. The university cannot eliminate those risks, even with the best of planning. We can, however, work together to reduce those risks, and each member of our returning Cornell community must adopt a culture of shared responsibility for our safety and well-being. That will necessitate behaving, both on campus and off campus, in ways that at times will be difficult and may feel constrained, but are crucial both for Cornell and for the greater community in which we live. **The Cornell University Student Behavioral Compact 2020-2021 sets forth our behavioral expectations for Cornell students joining us in Ithaca for the 2020-2021 academic year in order to minimize transmission of COVID-19 and protect those most vulnerable to the virus. This Compact applies to all undergraduate, graduate and professional students who reside in or return to the greater Ithaca area and/or the Cornell University campus community for the 2020-2021 academic year.**

It is not unreasonable to anticipate that “Big Pharma,” which has historically used its influence on the global scene, will exploit the innocence and vulnerability of college students as a stepping stone. Relevant to COVID-19, the context of Pollack’s CSBC and other colleges’ edicts, and given the above discussion of the “overwhelming” success of non-vaccine treatments, **the notion that a “mandatory vaccination” could eventually be a “requirement for admission” is not merely incompetent; it is most likely criminal.**

**Conclusion**

On Page 24 of Tab 1, my letter to Dr. Fauci of 21 July 2020, I offer the section entitled:

**Horrific Avoidable Deaths of Elders in Nursing Homes,  
and the Deafening Silence of Dr. Anthony S. Fauci**

wherein I present common law to Dr. Fauci:

“Gross negligence is culpable or criminal when accompanied by acts of commission or omission of a wanton or willful nature, showing a reckless or indifferent disregard of the rights of others, under circumstances reasonably calculated to produce injury, or which make it not improbable that injury will be occasioned, and the offender knows or is charged with knowledge of the probable result of his acts; ‘culpable’ meaning deserving of blame or censure.”

Dr. Fauci and many others cannot have it both ways; they cannot lay-claim to expertise but then conduct themselves in the manner we have, and will continue to endure. Alternatively, if that expertise is intact, then their conduct is culpable. Again, the layperson assessment of Tab 1 from Page 4 above:

***“If just one of your accusations is true, then crimes have been committed.”***

Strictly for sake of argument, let us limit the subject demand to one accusation; the accusation that federal and state-level restriction of the prescription prophylactic use of hydroxychloroquine has caused the death of hundreds-of-thousands, thousands of which were confined to nursing homes, and that those persons that were in any way connectable-to or actively participated in that restriction are culpable for those deaths.

Again, from Page 1 of Tab 1, a quote from Dr. Fauci:

“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.”

I hereby demand that the United States Department of Justice conduct a criminal investigation relating to the “COVID-19 pandemic” based in-part on the public testimony of Dr. Harvey Risch, the discussion above, and Tabs 1 – 5 attached below. This investigation should include but not be limited to Dr. Anthony S. Fauci.

Please do not hesitate to contact me at any time.

Respectfully yours,

Paul V. Sheridan

Attachment/enclosures

Courtesy Copy Information Available Upon Request

**ATTACHMENT**

28 August 2020

Attorney General William P. Barr  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001  
202-514-2000

Subject: Demand for Criminal Investigations Relating to "COVID-19 Pandemic"

**This ATTACHMENT is 3 pages**

In my letter to President Trump and Vice President Pence of 13 August 2020, I make the following request:

**Request:** Please direct Dr. Fauci to respond to the subject letter, and prior to any distribution of an alleged vaccine for SARS-CoV-2. His response should **not** be limited to that issue alone, but to each and every question posed. You will find questions on pages 3, 8, 9, 11, 16, 19, 23, 25, 27, and 28.

As shown on the pages mentioned, my ten currently unanswered questions to Dr. Fauci are listed next:

### **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?

### **QUESTIONS 2**

1. Similar to the retraction by Lancet/Surgisphere, do you intend to publically retract any part of your May 27, 2020 interview, especially with respect to your assertions about “data”?
2. Do you intend to offer a public apology to your colleagues in the medical profession who had been successfully deploying a hydroxychloroquine treatment, but were further vilified upon your endorsement of the Lancet/Surgisphere “investigation”?
3. Do you intend to alert national governments including but not limited to the US, France, United Kingdom, etc., regarding the fact that the Surgisphere “investigation” was anything BUT “rigorously done.” You may also wish to advise WHO regarding the premature cancelation of their Solidarity Trial, etc.
4. Given the general negativity of censorship, especially in regard to global health, and the First Amendment, do you intend to publically denounce the affiliations of WHO and various social media platforms, and the latter’s practice of kneeling to the former regarding platform content?

### **QUESTION 3**

1. As a public servant who has been criticized globally as being “pro-vaccine,” do you intend, as director of the taxpayer-funded National Institute of Allergy and Infectious Diseases (NIAID), to add the following to its current schedule of COVID-19 Clinical Studies:
  - a. Hydroxychloroquine protocols, such as that deployed by Dr. Vladimir Zelenko, et al.
  - b. The nebulized Budesonide protocol as deployed by Dr. Richard Bartlett, et al.

### **QUESTIONS 4**

1. The faulty COVID-19 test/prognosis is now admitted by the CDC. Given your commitment to “speaking the truth at all times,” will you publically clarify/correct for the taxpayer, the precise limitations of the PCR and anti-body tests, and what those limitations portend for (1) what you alleged are “confirmed COVID-19 cases,” and (2) your so-called “Second Wave” ?
2. Are you in a position to offer President Trump, and the world, actual scientific proof that these “viral” and the “anti-body” tests are valid for SARS-CoV-2, and therefore the political actions from lockdowns to suspension of the US Constitution are justified? If you have any questions, you might wish to confer with **President John Magufuli of Tanzania.**

**QUESTIONS 5**

Just prior to the “outbreak” of the SARS-CoV-2 virus from the Wuhan Laboratory in China, the United States (indeed the entire world) was experiencing its normal yearly flu. That is, in very rough terms, the world was spreading flu viruses in the October, November, December 2019 timeframe, immediately prior to January 2020.

(1) Given that mucus globules were carriers of 2019/2020 flu viruses, and caused its spreading, why did you not advise President Trump to lockdown the US economy, request PCR/anti-body tests, “social distancing,” and advise Governor Gretchen Whitmer to mandate the “virtue signaling” associated with PPEs to prevent the spread of the flu? (CDC flu season death estimate : 62,000)



(2) What is your assessment of the negative effect that mandated PPEs will have on the global human immunological response to SARS-CoV-2, given that such has already been documented in locations that have no mandated PPE usage?! (I do not use your term “herd immunity.”)

**QUESTION 6**

Is it your intention to remain complicit-with this professional collapse, an ethical collapse instigated by groups such as, but not limited to the White House Coronavirus Task Force, collapse versus the prior institutionalized rigor that was demanded-of and routinely deployed-by the medical profession regarding the precision of the ‘Cause of Death’ on Death certificates?

**QUESTION 7**

Is it your intention, as someone “speaking the truth at all times,” to inform President Trump, the good people of Texas, and the world-at-large, that your recent claims about “spectacularly transmissible,” “efficiency with which this transmits,” and “Southern states,” was premeditated; predicated upon a 6-week prior nationwide implementation of **“a revised definition for COVID-19 cases as merely ‘probable cases.’?** `A revision that resulted in a **“numbers jump”** that is directly connectable to a **“new remarkably low standard,”** but in-stark-contrast has no connection whatsoever to actual infection of the population . . . never mind a wholly accurate and scientifically verified/validated testing protocol.

### QUESTIONS 8

As you are fully aware, people have been charged, prosecuted, convicted and then imprisoned as a result of knowingly infecting the innocent with HIV. As you are fully aware, your thesis that HIV infection leads to a “death sentence” has been used in these criminal cases. Therefore:

(1) Is it your position that those who were in positions of authority and expertise, such as but not limited to Pennsylvania Governor Thomas Westerman Wolf and his Secretary of Health Rachael Levine, are somehow innocent of the exact same criminal pattern and the exact same horrific outcome; perhaps under a twisted logic that HIV cannot be legally supplanted with SARS-CoV-2 / COVID-19 in the known confinement-setting of nursing homes?

(2) Referencing the previous section (pages 20 – 23), why did you not use the term “spectacular” to describe the 1000s of horrific confinement deaths of the elderly in the nursing homes?

### QUESTION 9

Some of your position and preferences in response to the COVID-19 pandemic have been fortified, not by complete access to information, but by the reverse. Examples such as YouTube/WHO censorship of alternatives to vaccine-treatment of SARS-CoV-2, or videos that question the safety/efficacy of face masks, are just the tip of the Orwellian iceberg.

As Director of the National Institute of Allergy and Infectious Diseases, and therefore a public servant that is beholden, first-and-foremost, to the citizenry of this Constitutional United States of America, do you endorse the direct internal connection (concealed by the use of “holding companies”) between private corporate vested interests (whose primary constituent is understood to be financial shareholders) and global levels of censorship (that are in no way merely “private” but are indeed broadly monopolistic) of information that is contrary to the commercial agenda of those vested interests?

(The internal connection between YouTube/Google/Verily and the alignment of those entities with censorship requests by the WHO, et al., is a suggested context for response to Question 8.)

### QUESTION 10

Are you in philosophical and legal lockstep with Professor Dershowitz in his declaration:  
**“ . . . you have no right not to be vaccinated”?**

**TAB 1**

28 August 2020

Attorney General William P. Barr  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001  
202-514-2000

Subject: Demand for Criminal Investigations Relating to “COVID-19 Pandemic”

**This TAB 1 is 40 pages**

Dr. Anthony S. Fauci, Director  
NIAID – 21 July 2020

Official Response to SARS-CoV-2 /  
COVID-19 Related Questions





July 29, 2020

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		<b>Weight:</b>	0.3 LB/0.14 KG

**Recipient:**

Dr. Anthony S. Fauci, Director  
National Institute of Allergy and Infectious Diseases  
5601 Fishers Lane  
Rockville, MD 20892  
301- 496 - 5717

**Shipper:**

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July 22, 2020

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The White House, DC, US, 20500

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July 25, 2020

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**Recipient:**

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

**Shipper:**

SHERIDAN, PAUL V  
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DEARBORN, MI, US, 481243431

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

21 July 2020

VIA FEDEX GROUND-BILL 1283181-00005333

Dr. Anthony S. Fauci, Director  
National Institute of Allergy and Infectious Diseases  
5601 Fishers Lane  
Rockville, MD 20892  
301- 496 - 5717

**Subject: Your Official Response to SARS-CoV-2 / COVID-19 Related Questions \***

Dear Dr. Fauci:

In the 10 July 2020 edition of the Financial Times you made claims about your reputation:

“ 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.”

The subject offers you the opportunity to further assert your *“reputation ... for speaking the truth at all times,”* and may fulfill your desire to be on television.

Indeed, in a letter to President Trump of 12 April 2020, I used the following as an introduction; a speech covered by CSPAN television (screenshot from letter)



“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.)

Your ability regarding future events is astounding. Relying upon your expertise and your statement to the Financial Times, I have assembled COVID-19 related questions for your official response.

\* An e-version of this letter is available at: <http://pvsheridan.com/sheridan2fauci-1-21july2020.pdf>

**Discussion**

As a courtesy, my alma mater, Cornell University, will receive a copy of this material.

Copies will be forwarded to medical doctors, health practitioners, professional nursing organizations, and hospital administrators.

Both US (state and federal) and non-US government officials. Owing to your desire to be on television, the media will also receive courtesy copies.

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### Funding Research at the Wuhan Laboratory of Virology (China)

It has been widely reported that GOF research was considered so dangerous to the well-being of life on Planet Earth, that moratoriums were enacted by numerous national governments, and criminalized any activity that directly or indirectly engaged in such.

During the time that you reported to President Barack Obama, a GOF moratorium was in-effect in the USA. You and President Obama were fully aware of the dangers of GOF viruses. Next, you and he touring the Vaccine Research Center at NIH:



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?

### **Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine**

As you are fully aware, the World Health Organization (WHO) has been actively involved in the censorship of information regarding the use of hydroxychloroquine-based treatment of patients that are alleged to be infected with the SARS-CoV-2. A platform; and there are many, where this censorship has occurred involves Ms. Susan Wojcicki and YouTube:



A very small sampling of three of the most dedicated and experienced medical doctors that have been subjected to this censorship abuse next.

Two of the most dedicated and trusted medical doctors, **whose YouTube video had received nearly 6 million views prior to being censored by Ms. Wojcicki**: Dr. Dan Erickson and Dr. Artin Massihi of Accelerated Medical Care in California. An important portion of their video involved hydroxychloroquine-based treatment of patients:



A doctor in our birth state (New York) was also censored by Ms. Wojcicki, but his interview content was later resurrected by President Donald Trump's personal attorney, Mr. Rudy Giuliani. Contrary to the absurd misinformation campaign and ongoing scare-tactics by the Washington Post, et al., Dr. Vladimir Zelenko has had a 99.7% survival rate using hydroxychloroquine-based treatment of patients . . . **and he has had zero heart-related "side effects."**





There are many, many, many more tragic examples that we could present.

In stark contrast, you gave a highly motivated interview with Politico regarding your pre-conceived notions against the use of hydroxychloroquine. Your basis was the May 22, 2020 report by the pro-vaccine company Surgisphere. The report appeared in Lancet, and was authored by doctors that promote global vaccination; Mandeep Mehra, Sapan Desai, Frank Ruschitzka, and Amit Patel.

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



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

### Summary

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

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

**Findings** 96 032 patients (mean age 53.8 years, 46.3% women) with COVID-19 were hospitalised during the study period and met the inclusion criteria. Of these patients, 60 364 were in the treatment groups (1868 received chloroquine, 3783 received chloroquine with a macrolide, 3016 received hydroxychloroquine, and 6221 received hydroxychloroquine with a macrolide) and 35 668 were in the control group. 10 698 (11.1%) patients died in hospital. After controlling for multiple confounding factors (eg, sex, race or ethnicity, body-mass index, underlying cardiovascular disease and its risk factors, diabetes, underlying lung disease, smoking, immunosuppressed condition, and baseline disease severity), when compared with mortality in the control group (9.3%), hydroxychloroquine (18.0%; hazard ratio 1.335, 95% CI 1.223–1.457), hydroxychloroquine with a macrolide (23.8%; 1.447, 1.368–1.531), chloroquine (16.4%; 1.365, 1.218–1.531), and chloroquine with a macrolide (22.2%; 1.368, 1.273–1.469) were each independently associated with an increased risk of in-hospital mortality. Compared with the control group (0.3%), hydroxychloroquine (6.1%; 2.365, 1.935–2.900), hydroxychloroquine with a macrolide (8.1%; 5.106, 4.106–5.983), chloroquine (4.3%; 1.751, 1.210–4.596), and chloroquine with a macrolide (6.5%; 4.011, 3.344–4.812) were independently associated with an increased risk of de-novo ventricular arrhythmia during hospitalisation.

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

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

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As you are aware, Lancet, Surgisphere, and WHO are vested-interests in the deployment of vaccines in-general, especially with respect to SARS-CoV-2. An amateurish anti-Trump Washington Post headline hurriedly blared with gala, an anti-hydroxychloroquine headline:



But the embarrassing retraction was not caused by “a faulty data set.” It is well-known that Surgisphere actively hid and then refused to release the underlying data sets. Like YouTube/WHO, their “investigation” was a concerted attempt to mislead the world through censorship.

Your May 27 Politico interview occurred **a mere 5 days after the thelancet.com publication of Surgisphere’s “investigation.”**



In that globally distributed interview, contextualized-by and based-upon the Surgisphere “investigation,” you bold-facedly declared:

“I’m not so sure it (hydroxychloroquine), should be banned, but clearly the scientific data is really quite evident now about the lack of efficacy for it, and even the possibility that there could be, not could be but there is, you know, likelihood that under certain circumstances, might be rare but you’d see it, adverse events particularly with regard to cardiovascular and the arrhythmias that might be associated with it (hydroxychloroquine), I mean there was suspicion of that for a while, but as data comes in it becomes more clear. So I’m not so sure that you’d want to ban it, but certainly the data are clear right now.”

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.<sup>1</sup> 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.”

Substantiated charges of fraud continue to be levied against those behind the retracted Surgisphere “investigation.” The retraction and frenzied global spin occurred on June 4, **a mere 6 business days after you offered yourself to Politico.**

There was no objective investigation; the report you eagerly embraced was nothing more than an anti-Trump, anti-hydroxychloroquine ruse, and by-design an insidious promotion of vaccines.

Because of your Politico/Surgisphere interview, you are now a person “associated with it.” Consistent with the YouTube/WHO agenda, your interview was *not* censored by Ms. Wojcicki.

## QUESTIONS 2

1. Similar to the retraction by Lancet/Surgisphere, do you intend to publically retract any part of your May 27, 2020 interview, **especially with respect to your assertions about “data”?**<sup>2</sup>
2. Do you intend to offer a public apology to your colleagues in the medical profession who had been successfully deploying a hydroxychloroquine treatment, but were further vilified upon your endorsement of the Lancet/Surgisphere “investigation”?
3. Do you intend to alert national governments including but not limited to the US, France, United Kingdom, etc., regarding the fact that **the Surgisphere “investigation” was anything BUT “rigorously done.”**<sup>3</sup> You may also wish to advise WHO regarding the premature cancelation of their Solidarity Trial, etc.
4. Given the general negativity of censorship, especially in regard to global health, and the First Amendment, do you intend to publically denounce the affiliations of WHO and various social media platforms, and the latter’s practice of kneeling to the former regarding platform content?

<sup>1</sup> **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.

<sup>2</sup> Given the lack of data and your unsubstantiated “suspicions,” **versus** the practices of Dr. Vladimir Zelenko, the life-saving experiences of Michigan State Representative Karen Whitsett, and in the interest of quelling this post-GOF-moratorium pandemic; will you reverse your prior claim, re-specifying there is little evidence that hydroxychloroquine, when dispensed properly, a medication that has been in global use since 1955, results in “cardiovascular and the arrhythmias.” Certainly, given the breath of use/patient conditions during these last 65 years, if your “suspicions” were substantive, then data-based confirmation of “cardiovascular and the arrhythmias.” would be overwhelming.

<sup>3</sup> You are not alone in your inaccuracy relative to this Surgisphere fraud. Immediately after its publication the pro-vaccine Washington Post featured the sputum from Professor William Schaffner, a professor of preventive medicine and infectious diseases at Vanderbilt Medical Center, who declared the “investigation” as, “**rigorously done.**” I emailed him inquiring about the basis of that claim, but he refused to respond.

## Censorship of Promising COVID-19 Treatments – Nebulized Budesonide

Given ongoing public outcry, including the 17 June 2020 letter of Texas Senator Ted Cruz to Google CEO Sundar Pichai, against the servility and censorship demands of vested-interests such as WHO, the interview of Dr. Richard Bartlett has not yet been removed from YouTube:



In his interview the good doctor declares that connecting the 65-years of global deployment of hydroxychloroquine to claims of cardiovascular problems is . . . quote . . . **“ridiculous!”**

The interview is focused on the treatment of the COVID-19 induced ‘cytokine storms’ in the lungs. His protocol involves nebulized Budesonide, vitamin supplements and anti-biotics. His success statistics are as good, or better than hydroxychloroquine. Similar to hydroxychloroquine costs, but unlike the billions of taxpayer dollars you have spent and continue to spend on vaccines, Dr. Bartlett’s protocol is available now, and involves approximately \$100.

### QUESTION 3

1. As a public servant who has been criticized globally as being “pro-vaccine,” do you intend, as director of the taxpayer-funded National Institute of Allergy and Infectious Diseases (NIAID), to add the following to its current schedule of COVID-19 Clinical Studies:
  - a. Hydroxychloroquine protocols, such as that deployed by Dr. Vladimir Zelenko, et al. <sup>4</sup>
  - b. The nebulized Budesonide protocol as deployed by Dr. Richard Bartlett, et al.

<sup>4</sup> Similar in purpose to YouTube censorship, most likely on-cue (from WHO/NIH/CDC/NIAID), Governor Gretchen Whitmer (Michigan), sent a threatening letter entitled, “Reminder of Appropriate Prescribing and Dispensing (of hydroxychloroquine).” Dated March 24, 2020, the letter babbles about shortages, allegations, legitimate medical purpose, etc. Her letter threatens targeted groups with “investigated for administrative action.” After being pummeled for the letter, Whitmer essentially retreated to accusations that the electorate lacked reading skills. More of her far-Left threatening behavior is discussed below, “*The Lack-of-Efficacy and Well-Known Dangers of Socialized/Mandated PPEs: The Tyranny of “Virtue Signaling,”*” pages 12 – 16.

## SARS-CoV-2 “Viral Tests,” SARS-CoV-2 “Anti-Body Tests,” “Confirmed COVID-19 Cases” the So-Called “Second Wave” and ZERO PROOF

The precipitous and dangerous erosion of basic human rights, and the accompanying media hype about a concern for “health,” is derived from the alleged validity of the SARS-Cov-2 tests, and related statistics which are promoted as “confirmed COVID-19 cases.”

Through erudition, I am familiar with the Polymerase Chain Reaction (PCR) test developed by **Nobel Prize winner Dr. Kary Mullis**. My interest piqued when he was vilified, by you and others, then and ongoing, for asking simple questions, but making a very relevant and ethical request regarding the alleged connection between HIV and AIDS. The Nobel Prize winner Dr. Mullis :

*“The first time I really questioned it, I was working on a project where we were measuring HIV in people’s blood . . . At some point we needed to re-up our grant from the NIH (National Institute of Health), to work on that, and I had to write it.*

*And so, the first line of that was ‘HIV is the probable cause of AIDS.’ I wrote that, and then I said, well I need a paper, some kind of scientific paper to reference that statement. Because when you make a scientific statement like that, that’s like a fact. You need to say here’s how come I know that . . . here’s a paper by somebody that describes why that statement is true . . . What is that paper, who do I go to for that? . . . How do I know that? . . . It turned out that nobody knew that, there was not a scientific reference, like a paper that someone had submitted, with experimental data in it, and a logical discussion, and said, ‘Here is how come we know that HIV is the probable cause of AIDS.’ There was nothing out there like that. Nothing!”*

You assumed your current career position in 1984, and had personally met with Dr. Mullis. **You were central to the HIV = AIDS hypothesis.**

As you are aware, upon his death last August 2019, the global censoring of Dr. Mullis’ work in this area has already begun **with vigor!** This historical/ongoing behavior amongst the so-called medical community is familiar to you.

To the best of my knowledge, you were unable to offer Dr. Mullis the reference he sought. I would be happy to receive an update from you on that specific point.



The two main “COVID-19 tests” currently deployed are based on PCR/Antigen (“viral test”), and the antibody test (Serology). We review the validity/efficacy of those tests next.

(1) Dr. Andrew Kaufman explains that the DNA sequence of the chimpanzee accumulates a full 97% of the human DNA. A crucial 3% difference determines the expression of the life form.

Samples in PCR ("viral test") are impure and originate from multiple bodily and external sources. PCR involves "amplification," where mere fragments of DNA/RNA are replicated/repared. In the COVID-19 protocol, even after amplification, **PCR can only detect 80% of the targeted RNA sequence.** It is off by 20%, not 3%. We would never declare that chimpanzee DNA is "close enough," and such is therefore confirmation of a human. Yet these percentages have been promoted as confirming the presence of SARS-CoV-2.

**That is Dr. Fauci, at no time during this pandemic has the PCR test detected the SARS-CoV-2 RNA-based virus particle, only ~80% fragments are confirmed.**

Despite this, innocent victims who fund and rely upon your expertise, a vast majority with zero symptoms, are being told that they are "*positive for the virus that causes COVID-19.*"

(2) The "anti-body test" is equally egregious. Reliance on the "anti-body test" is based upon the claim that immune system response to SARS-CoV-2 manifests specific anti-bodies that you declare are specific to SARS-Cov-2. Utter nonsense.

Victims of this ruse, with prior flu-shots or prior common flu virus infection (corona and otherwise), even the fully recovered, have and will test "*positive for the virus that causes COVID-19.*"

**That is Dr. Fauci, at no time during this pandemic has the "anti-body test" confirmed presence of the SARS-CoV-2 RNA virus particle; it is only capable of detecting an antibody load (long-lived IgG) that is claimed to be responsive to SARS-CoV-2. This is the exact same protocol you declared in the HIV = AIDS era.**

Without these "SARS-CoV-2 Tests," and without the "*positive for the virus that causes COVID-19*" prognosis, you will not be able to assert, on the basis of statistics, your "Second Wave." These official tests/prognoses are not merely reckless; such are probably actionable.

You show little concern for the effect these tests have had on the psychological/sociological well-being of America. Your promotions of a "Second Wave" and vaccines reinforce this view.

#### **QUESTIONS 4**

1. The faulty COVID-19 test/prognosis is **now admitted by the CDC.** Given your commitment to "*speaking the truth at all times,*" will you publically clarify/correct for the taxpayer, the precise limitations of the PCR and anti-body tests, and what those limitations portend for **(1)** what you alleged are "confirmed COVID-19 cases," and **(2)** your so-called "Second Wave" ?

2. Are you in a position to offer President Trump, and the world, **actual scientific proof that these "viral" and the "anti-body" tests are valid for SARS-CoV-2,** and therefore the political actions from lockdowns to suspension of the US Constitution are justified? If you have any questions, you might wish to confer with **President John Magufuli of Tanzania.**

### **The Lack-of-Efficacy and Well-Known Dangers of Socialized/Mandated PPEs: The Tyranny of “Virtue Signaling”**

The title does not reference “masks.” The latter deployed as a legalistic diversion; a rhetorical shell-game that seeks to avoid decades of occupation-related safety minimums, which are derived from hard-won experience and true science-based regulations, resulting in the proper training and use of PPEs. Diverting to “masks,” officials seek to subvert a public line-of-inquiry that would lead to organizations such as the National Institute of Occupational Safety and Health (NIOSH). As you are aware, NIOSH is part of the Center for Disease Control (CDC).

The most prolific use of this legalistic “mask” shell-game resides in the governor’s mansion in Lansing, Michigan.

Governor Gretchen Whitmer of Michigan? In all my life I have never experienced a politician that creates, and therefore endures more hatred than this so-called public servant. I am sure I have “offended” someone, and have provoked opinion that I am alone in these assessments. Wrong . . . on both accounts.

Whitmer has made no secret of her true ambitions, and the manner in which she intends to effect them. She is singly motivated by thought of being president; in the interim using the upcoming November 2020 election to secure the office of vice president.



Whatever fulfills her political ambition, Whitmer will do. Her presidential ambitions are the true motivational context. She couldn’t care less about Michigan, its families, its society, its business, its future in-general. **Her priority is the White house, period.**

This opinion is based on her opportunistic deeds and is connected to the November 2016 election, after which the electorate was warned by a well-informed Dr. Fauci about **“a surprise outbreak.”**

Your closed-door statement of January 2017 is an indelible part of your professional legacy.<sup>5</sup>  
But the most graphic representation of your legacy could be the absurdity depicted here:



Connected to that legacy, which includes your demonstrated anti-Trump bias, a bias openly lauded by Whitmer; who was recently encouraged to sign Executive Order 2020-147.

Implicitly ignorant of “the precise limitations of the PCR and anti-body tests in-use, and what those limitations portend,”<sup>6</sup> the Bolshevik in Lansing, Michigan illegally enacted the most unfounded, politically-motivated, tyrannical trash in the history of the constitutional United States. Her web page “encourages” (her exact spin verbiage) Michigan citizens as follows:

*“ . . . businesses that are open to the public must refuse entry and service to individuals who fail to comply, and must post signs at all entrances instructing customers of their legal obligation to wear a face covering while inside . . . A willful violation of the order is a misdemeanor subject to a \$500 criminal penalty...”*

The illegality of this Whitmer order is so blatant, law enforcement entities that are not subject to her financial and organizational whims, are refusing to respond to her vile “snitch reports.” Sheriff departments across Michigan, responsible directly to the citizens of their county, are examples.

A comment before we proceed . . . the mass media routinely labels anyone that refuses, or merely questions, PPE mandates as “conservative pundits.”

<sup>5</sup> See screenshot, page 1 above.

<sup>6</sup> See Questions 4, in “SARS-CoV-2 Viral Tests” SARS-CoV-2 Anti-Body Tests, Confirmed COVID-19 Cases, the So-Called Second Wave and ZERO PROOF,” pages 10 - 11 above.



Given this political labeling routine, should we dismiss the Michigan citizens pictured here as merely “conservative pundits”?!

I can assure you, Tammy Clark and Kristen Meghan will forget more about PPE usage than you or Whitmer or the undersigned will ever know.

With decades of expertise, with certifications, training, and direct experience in “subject matters” that Whitmer has never heard of, and will never qualify for . . . What is the Clark/Meghan opinion on Whitmer’s prior executive order? I emphasize this since Clark/Meghan statement was made *prior to* Executive Order 2020-147.



“**Let’s talk about masks.** So what do we know about this virus to begin with? Because this is really all about COVID-19, and it’s really all about the corona virus. So what do we know about this? We have to talk about what we know about, before we can talk about what we do not know about.

So what do we know about the corona virus? What we know is that this particular virus is incredibly, incredibly tiny. It is a viron [sic] that is part of the classification of corona viruses; there are a lot of corona viruses out there. This is a novel virus, so this is; when we say this is a novel virus, what that means in virology is that this is a strain of the virus that we have never seen before. And this actually goes back to chimeric research . . . chimeric research, that the virus itself has been intentionally genetically modified, and engineered with another strain of another virus. So it’s part of the SARS virus family, but it is a chimerically altered virus. So we consider it to be a novel virus, which is why we do not know a whole lot about it, *yet!*

So, what we do know about it, is that it is sooooo tiny, that it is between 0.060 microns and 0.125 microns. So what that means when it comes to masks, and the home made cloth masks in particular, which is really the hot topic that we want to address, they (masks) do literally nothing to protect you from disease transmission. Everybody talks about masks to protect your neighbors, so you don’t kill grandma,<sup>7</sup> all that kind of thing; that is what you are hearing from people. Well, what you need to understand from a virology perspective is that that mask is not protecting anybody around you at all, from the expiration of this pathogen to those around you.”

**Months ago** I had personally reviewed with lay people, the SARS-CoV-2 size statistics versus the “0.300 micron rating” of the typical surgical mask. My review created deep anger and resentment, and a feeling of betrayal in every instance. None of the lay people I spoke to were “conservative pundits.” To the contrary, most were prior fans of Tom Hanks.

<sup>7</sup> We return to the elderly below, “*Horrible Deaths of Elders in Nursing Homes, and the Deafening Silence of Dr. Anthony S. Fauci,*” pages 24 - 25.

At no time did the Whitmer plans for the White House involve information readily available from experts such as Ms. Clark and Ms. Meghan. Whitmer's recent order and concurrent ratcheting-up of threats does not prioritize the health and well-being of Michigan. Whitmer has no issue destroying the lives of millions of Michigan citizens, while, at the very least, ensuring that your boss, President Donald Trump, is not re-elected. The fact that the only way she could "move forward" was by financial, legal, and social threats against the electorate is, in-itself, an indication of the incompetence and impropriety of her PPE mandates.

Regarding mandates, an easily confirmed fact, regarding the 'one size / one activity fits all' lunacy, is the PPE induced "hazardous atmosphere" inflicted upon the mask wearer. You and Lansing, Michigan have not demonstrated any concern about this well-known health hazard.

This is not some far-off esoterica, unknown to you and NIOSH. Lay people and government officials are posting on YouTube, until censored, videos wherein near-instantaneous and dangerous levels of the oxygen / CO2 aspirants occur upon the donning of the mask.



Ohio State Representative A. Nino Vitale posted a video on Ms. Wojcicki's YouTube, **and it was immediately censored**. His video in-no-way violated any of the "Community Guidelines," but merely showed ambient oxygen readings (using a GX-2009 Rkl meter), as experienced by healthy young adults upon the donning of face masks.

When the meter detected a "hazardous atmosphere" beneath the mask, an alarm sounded alerting the wearer to danger. In all Vitale student tests, the

meter alarm sounded within 4 to 6 normal non-exertion inhale/exhale cycles.

If you click here <https://www.youtube.com/watch?v=zA9gpF1RNOw> you will endure the results of Vitale's efforts, inflicted upon him by Ms. Wojcicki; not only did she censor the video, she deleted the entire Representative Vitale account!

I had saved an original copy of the Vitale mask/meter testing video, and uploaded it to one of my YouTube accounts; it was **instantly** censored <https://youtu.be/H4R6awlaUXo> ; no appeal, no discussion, it is gone, and I have a "strike" against my account !? <sup>8</sup>

I have now uploaded a copy of the Vitale video here, as an example of how biased the YouTube/WHO censorship abuse has become:

[http://pvsheridan.com/VitaleTests-oxygen-DANGER\\_mask.mp4](http://pvsheridan.com/VitaleTests-oxygen-DANGER_mask.mp4)

<sup>8</sup> None of this is surprising given historical Wojcicki audacity discussed above in the section, 'Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine,' pages 4 – 8.

Before I pose the question for this section, I ask a supplementary question:

The *ad hoc* explanation for mask mandates, initiated in the era of the Wuhan / SARS-CoV-2 virus, relies upon the notion that its 0.060 to 0.125 micron size statistic is not pertinent. It is claimed that due to mucus globules (exhaled during breathing, coughing or sneezing) being far larger, and these globules are restrained/captured by even home-made cloth masks, that the size of the mucus globules is instead the pertinent statistic.

That is, a central tenet of this *ad-hoc-ism*, is the assertion that the SARS-CoV-2 particles are transmitted on-board the exhaled globules. Reasonable.

So, Dr. Fauci, are you saying that those criteria did not exist during the 2017-2018 flu pandemic, and every single flu outbreak since the beginning of human history? If these criteria did exist, then why were Bolshevik-styled mask mandates, and moronic “social distancing,” and complete lock-down of the US economy, not issued during those prior events? Events and times that encompass your long career?

Is the emergence, influence, vested-interest vaccine rhetoric/pressures, and your association with Mr. Bill Gates and the WHO in any way connectable to your response?

#### **QUESTIONS 5**

Just prior to the “outbreak” of the SARS-CoV-2 virus from the Wuhan Laboratory in China, the United States (indeed the entire world) was experiencing its normal yearly flu. That is, in very rough terms, the world was spreading flu viruses in the October, November, December 2019 timeframe, immediately prior to January 2020.

(1) Given that mucus globules were carriers of 2019/2020 flu viruses, and caused its spreading, why did you not advise President Trump to lockdown the US economy, request PCR/anti-body tests, “social distancing,” and advise Governor Gretchen Whitmer to mandate the “virtue signaling” associated with PPEs to prevent the spread of the flu? (CDC flu season death estimate : 62,000)



(2) What is your assessment of the negative effect that mandated PPEs will have on the global human immunological response to SARS-CoV-2, given that such has already been documented in locations that have no mandated PPE usage?! (I do not use your term “herd immunity.”)

### Enforced Falsification of the 'Cause of Death' (COD) on Death Certificates and the Deafening Silence of Dr. Anthony S. Fauci

Attachment 2 to my 12 April 2020 letter to President Trump was the “COVID-19 Alert No. 2 – March 24, 2020.” This document was forwarded to medical doctors, nurses, hospitals, morgues, state boards of medical practice, police departments, etc. Authored by Dr. Steven Schwartz, director of the National Center for Health Statistics, a screenshot of the most insidious portion:

Should “COVID-19” be reported on the death certificate only with a confirmed test? 

COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death**. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached Guidance for Certifying COVID-19 Deaths)

That the lead-in question is posed at-all confirms how deeply corrupted the so-called COVID-19 pandemic truly is. This document, its enforcement, and implicit fraud was exposed very early by Montana physician Dr. Annie Bukacek. I presented her in my letter to President Trump. In an interview, “Montana physician Dr. Annie Bukacek discusses how COVID 19 death certificates are being manipulated,” she reviews her 30+ years of experience with death certificates:



She poses the central question, one we reviewed in the section above, “SARS-CoV-2 Tests, Confirmed COVID-19 Cases, and the So-Called Second Wave.” Dr. Bukacek asks:

“I am going to talk about death certificates today. The decision for unprecedented government mandated lockdowns has been based on the alleged death rates of COVID-19. But are these death rates based on truth?  
. . . Are the reported deaths from COVID-19, truly deaths from COVID-19?”

As you are fully aware Dr. Fauci, the answer, on both questions is a resounding, **“NO!”**

In a video by Dr. Andrew Kaufman, he explains:

“This comes from directives from our public health organizations and agencies. `Lots of people who don’t have any symptoms and didn’t get ill, test positive for this, as well as many people who are ill and have symptoms but test negative. So, since we don’t really know what we’re testing, in my opinion, we cannot trust the results of this test at all.

If someone dies and you suspect it may be COVID-19 related, that not even to bother doing a test post-mortem, just label them on the death certificate as ‘COVID-19.’

If they sent them for autopsy they would probably find that they died of a regular cause, and this would affect the (COVID-19) numbers in a bad way, in terms of, if you are trying to create the appearance that a lot of people are dying from COVID-19.

Since you cannot trust this data about the cause of death because of these instructions (from our public health organizations and agencies), and they have essentially gone away from their usual protocols, where you want to have some certainty about the cause of death, **and they’ve said that even if there is suspicion that COVID might be the cause of death, that you should just put that as the cause of death on the death certificate without any further scrutiny.”**

The directives from the World Health Organization, entitled, ‘COVID-19 : Guidelines for Death Certification and Coding,’ are even more insidious:



Perhaps it will be argued that the COD examples cited here are isolated, not representative of current death certificate coding practices; that the latter have been corrected, and the medical doctors that pointed out these discrepancies have been thanked for their efforts. **Not a chance.** In truth, the situation has degraded in the opposite direction: Enter Senator Dr. Scott Jensen.



State Senator, Dr. Scott Jensen is being investigated, for the first time in his 35-year medical career, by the Minnesota State Board of Medical Practice on two, demonstrably spurious, utterly ludicrous charges: (1) ‘Spreading False Information,’ and (2) ‘Providing Reckless Advice.’

This is the same person that was previously named, by that very same Board of Medical Practice, “Minnesota Family Physician of the Year”! But this occurred prior to your **“surprise outbreak.”**<sup>9</sup>

Unlike civil and even criminal investigations, wherein the accused has a right to the identity of their accuser, under Minnesota law, Dr. Jensen has been denied that information. The genesis of his travails were not flippant, baseless or unilateral remarks he made to the media, but was in-truth a 7-page document, distributed by the very same State Board of Medical Practice; they were coyly dictating that medical doctors falsify the COD on their certificates. The 7-page document was later embellished by an email sent by the Minnesota Department of Health that involves *“couching about how to fill out the death certificate.”*

**As you are fully aware Dr. Fauci, this COD falsification, originally dictated by the MSBKP, fortified by the MDH email, and the subsequent threats to Dr. Jensen’s career are borne in the national and global fraud of exaggerating the COVID-19 death statistics.**

### **QUESTION 6**

Is it your intention to remain complicit-with this professional collapse, an ethical collapse instigated by groups such as, but not limited to the **White House Coronavirus Task Force**, a collapse versus the prior institutionalized rigor that was demanded-of and routinely deployed-by the medical profession regarding the precision of the ‘Cause of Death’ on Death certificates?

<sup>9</sup> See screenshot, page 1 above.

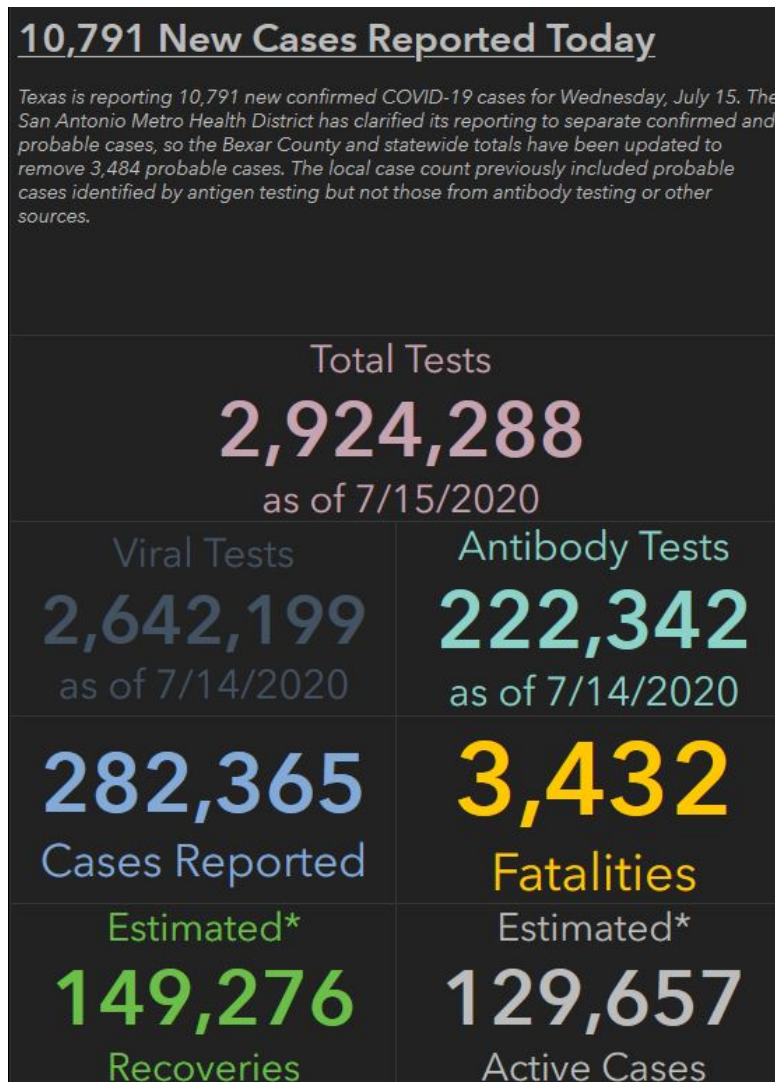
**Enforced Nationwide Falsification of the COVID-19 “Confirmed Cases,”  
and the Premeditated Promotions of Dr. Anthony S. Fauci**

Typical mass media headline, but **recent**, and a sample regarding Texas includes:

CORONAVIRUS

**COVID-19 surge continues as Texas reports records of 10,791 new cases, 110 deaths**

Texas Department of State Health Services (DSHS) has a daily report:



On the basis of this alarmism, Texas Governor Greg Abbott reversed himself, and signed an order threatening Texas citizens with a \$250 fine if they do not submit to his mask mandate, etc.

But not one major media outlet has covered the true cause of these headlines. A clue about the true, but insidious cause for the re-ignition of panic in Texas is summarized by current verbiage at the Department of State Health Services (DSHS) website:

“The Texas DSHS is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide.”

That is, the CDC, the NIH, and the WHO are slithering in the background. **But what exactly does that “working closely” bureaucratic cattle-stampede entail?** Timeline begins May 18, 2020:



Before we discuss the details of what was forced upon every state board of health nationwide, we **contextualize** that forcing with words that you publically declared **after** those details were implemented and having their premeditated effect. **You loudly declared on July 9, 2020:**

"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 . . .**

And I think what we've seen unfortunately, is that in some of the Southern states, the states have not really followed those guidelines in some respects, and jumped over the benchmarks, and the points that needed to be checkpoints. We've got to do better."

Spectacularly transmissible? Efficiency with which this transmits? Southern states? Such as Texas, which was previously embarked on its own path to economic and social re-opening?



Back to the details; with the above Fauci context in full-view, let us present what was documented by hidden camera from behind closed-doors (in one of those “southern states” you complained about), at a typical county-level meeting, of otherwise honest caring public servants.

Reminder to you Dr. Fauci, this meeting resulted from edicts from the national level, but occurred six weeks prior to your “**spectacularly transmissible virus**” proclamations of July 9, 2020:

**Texas Collin County Judge Chris Hill begins the meeting:**

“ State of Texas DSHS has informed the public health departments that **they have adopted a revised definition for COVID-19 ‘probable cases.’** ”

**Texas Collin County Department of Epidemiology Dr. Aisha Asouri explains:**

“ So, for confirmed case, it stays the same, you still just need PCR (“viral test”). But now they have added a ‘probable case’ definition. So that still gets counted towards the case count. It (the new Fauci edict) is different, **it is not confirmed it is ‘probable,’ but it’s still a case.**

So at the end of this (new) definition there are 15 different options on how you can be classified as a ‘probable case.’ Based on this diagram, and what they report, there’s a total of 17 cases now. One is still only confirmed because that was that original index case (in yellow), who then had all these contacts underneath in orange, and all the rest of them became probable. **But they are still considered a case.** ”

**COLLIN COUNTY**  
collincountytx.gov May 18, 2020 Commissioners Court

**NEW Probable Case Definition**

**Confirmed Case**

**New case status definition:**

- Diagnostic positive at 10 or 15 with or without symptoms
- Contact with confirmed probable case with symptoms

**TOTAL CASES: 17**  
**(1 CONFIRMED)**  
**(16 PROBABLE)**

**AISHA SOURI**  
COLLIN COUNTY  
EPIDEMIOLOGY  
DEPARTMENT

At this May 18, 2020 closed-door meeting, Texas Collin County Judge Chris Hill concludes:



“ This has the potential to be a very significant event for us here in Texas, and here in Collin County, **as the state now has elected to adopt this new ‘probable’ definition.**

If you have a subjective fever, and you have a headache, and you live in Collin County, you now meet the qualifications to be a ‘probable’ COVID patient.

**It is remarkable how low the standard is now.** If you have one of the major symptoms, if you have a cough, or you have shortness of breath, and you live in Collin County, then you can satisfy the definition for a ‘probable’ COVID case.

But I am very concerned that **we absolutely could see the numbers jump very rapidly, in a way that actually is not indicative of what we are seeing here in the community,** in the public health department. ”

#### **QUESTION 7**

Is it your intention, as someone **“speaking the truth at all times,”** to inform President Trump, the good people of Texas, and the world-at-large, that your recent claims about **“spectacularly transmissible,” “efficiency with which this transmits,” and “Southern states,”** was premeditated; predicated upon a 6-week prior nationwide implementation of **“a revised definition for COVID-19 cases as merely ‘probable cases.’?** `A revision that resulted in a **“numbers jump”** that is directly connectable to a **“new remarkably low standard,”** but in-stark-contrast has **no connection whatsoever** to actual infection of the population . . . never mind a wholly accurate and scientifically verified/validated testing protocol.

### **Horrific Avoidable Deaths of Elders in Nursing Homes, and the Deafening Silence of Dr. Anthony S. Fauci**

In a silence that is determined by agenda, not your sworn duties at director at NIAID, you have presided over the horrific consequences of many governors and their health official's actions that resulted in the otherwise avoidable, but possibly premeditated deaths/manslaughter of the elderly.

Perhaps review of a common in-use definition of 'Gross Criminal Negligence' would assist you:

“ ‘Gross negligence’ is culpable or criminal when accompanied by acts of commission or omission of a wanton or willful nature, showing a reckless or indifferent disregard of the rights of others, under circumstances reasonably calculated to produce injury, or which make it not improbable that injury will be occasioned, and the offender knows or is charged with knowledge of the probable result of his acts; “culpable” meaning deserving of blame or censure.”

Bell v. Commonwealth, 170 Va. 597, 195 S.E. 675, 681

**Reasonably calculated to produce injury !?** It is well-known, worldwide, that COVID-19 is especially dangerous for the elderly. This fact was determined early-on. Despite this, governors ranging from our birth state of New York, to California, to New Jersey, to Michigan, etc., ordered; let us say, FORCED numerous nursing homes to accept into residency those suspected to be “COVID-19 positive,” some of whom were convicted felons.

Assuming gradation is even possible, the most sinister example comes from those currently in-charge in the good state of Pennsylvania:



The Pennsylvania Secretary of Health Rachael Levine was unabashed about the reasons she relocated her mother out-of-harms-way, by removing that mother from a nursing home, that was subsequently ordered by Ms. Levine to accept “COVID-19 positive” residents.

The so-called COVID-19 deaths that resulted from this type of criminal activity, and many others like it, have never been openly condemned by you or the White House Coronavirus Task Force:



Nor has the state level or US level Departments of Justice officially investigated the **1,000s of nursing home COVID-19 deaths** under, at the very least, the Gross Criminal Negligence laws.

Your silence regarding the 1,000s of horrific nursing home COVID-19 deaths has been deafening.

### **QUESTIONS 8**

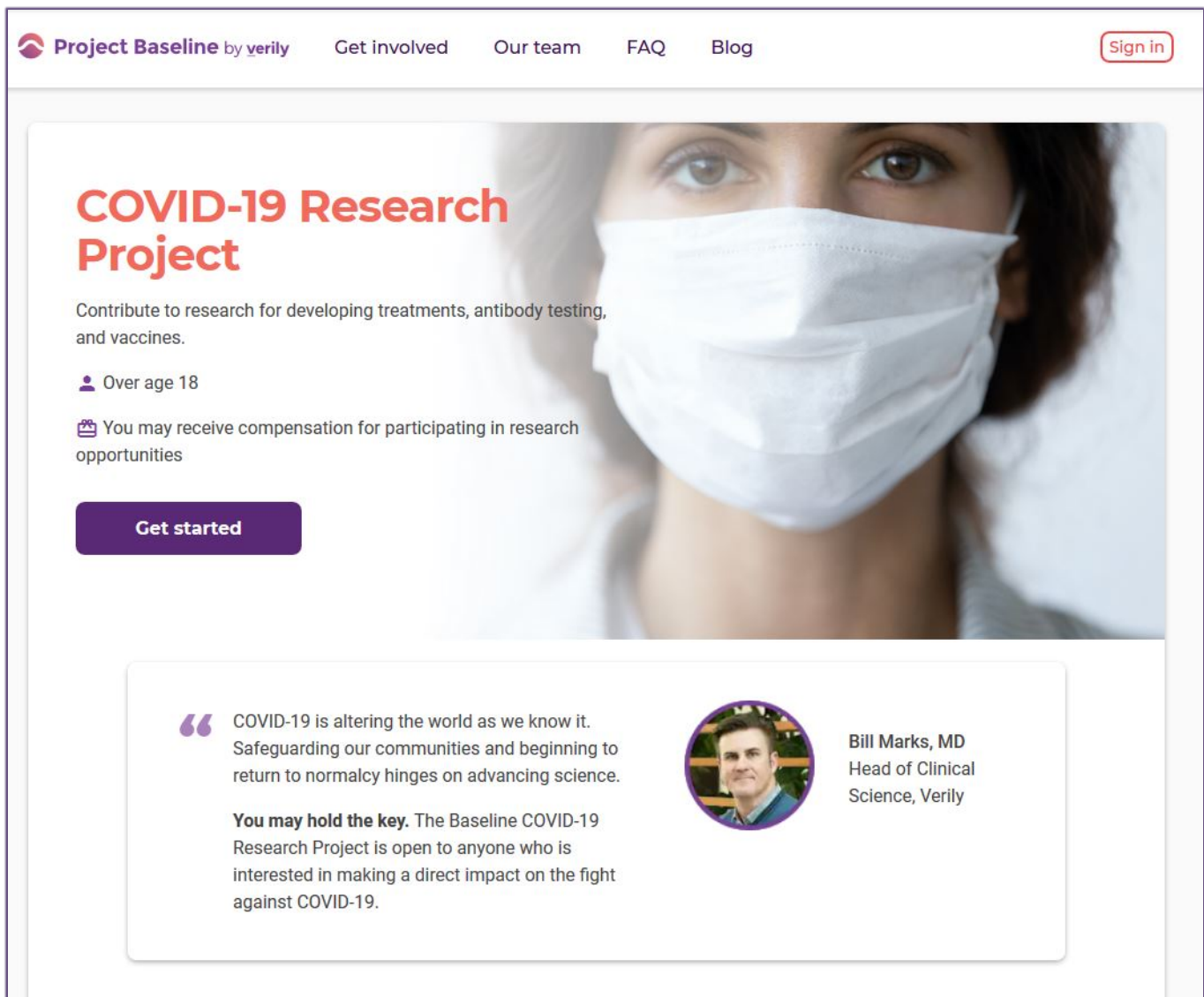
As you are fully aware, people have been charged, prosecuted, convicted **and then imprisoned** as a result of **knowingly** infecting the innocent with HIV. As you are fully aware, your thesis that HIV infection leads to a “death sentence” has been used in these criminal cases. Therefore:

(1) Is it your position that those who were in positions of authority and expertise, such as but not limited to **Pennsylvania Governor Thomas Westerman Wolf and his Secretary of Health Rachael Levine**, are somehow innocent of the exact same criminal pattern and the exact same horrific outcome; perhaps under a twisted logic that HIV cannot be legally supplanted with SARS-CoV-2 / COVID-19 in the **known** confinement-setting of nursing homes?

(2) Referencing the previous section (pages 20 – 23), why did you not use the term “spectacular” to describe the 1000s of horrific confinement **deaths** of the elderly in the nursing homes?

## YouTube Censorship, Google Search Limitations/Manipulations, and Verily

It would be deeply naïve, if not irresponsible to assume that there is no connection between the recent onslaught of YouTube censorship, Google search limitations/manipulations (and other assorted shenanigans), and the present COVID-19 pandemic.



**Project Baseline** by verily    Get involved    Our team    FAQ    Blog    [Sign in](#)

## COVID-19 Research Project


Contribute to research for developing treatments, antibody testing, and vaccines.

- Over age 18
- You may receive compensation for participating in research opportunities

[Get started](#)

“ COVID-19 is altering the world as we know it. Safeguarding our communities and beginning to return to normalcy hinges on advancing science.

**You may hold the key.** The Baseline COVID-19 Research Project is open to anyone who is interested in making a direct impact on the fight against COVID-19.

 **Bill Marks, MD**  
Head of Clinical Science, Verily

Project Baseline is representative of a vested interest in the COVID-19 pandemic; but a vested interest that poses a specific risk. It is a COVID-19 research project that is promoted for-profit by a company called Verity. Verity is part of a recently formed holding company called Alphabet, Inc. **So is Google/YouTube.**

Regarding the latter, the notion that censorship/search-manipulations are altruistic, or premised solely on a virtuous dedication to health, goes far beyond naiveté, all the way to buffoonery.

In this context, the 17 June 2020 letter of Texas Senator Ted Cruz to Google CEO Sundar Pichai is welcome, but somewhat tardy. Cruz declares:<sup>10</sup>

“The recent actions of Google . . . raise serious concerns that **Google is abusing its monopoly power** in an effort to censor political speech with which it disagrees. This is part of a bigger problem. The culture of free speech in this country is under attack, and Google is helping lead the charge. Whereas Americans once understood that the best response to speech was more speech, some Americans, with the help of some of the most powerful companies on the planet, are now pressing to silence and punish those expressing views that do not align with the prevailing and ever-shifting progressive orthodoxy. These individuals demand that people with different views lose their livelihoods if they step out of line. Employers must fire dissenters. Companies like Google must—to use a most Orwellian term— “demonetize” them.”

Much of the information that supports questioning of the official positions on COVID-19 have already been scrubbed from the open domain. It is astounding that the information presented in this instant letter has survived. If current patterns and momentum toward diminished true public service from the political class continue, pandemics (such as COVID-19) will not be the only instrument type that will be misused as a tool of coercion by selected global power brokers.

### Question 9

Some of your position and preferences in response to the COVID-19 pandemic have been fortified, not by complete access to information, but by the reverse. Examples such as YouTube/WHO censorship of alternatives to vaccine-treatment of SARS-CoV-2, or videos that question the safety/efficacy of face masks, are just the tip of the Orwellian iceberg.<sup>11</sup>

As Director of the National Institute of Allergy and Infectious Diseases, and therefore a public servant that is beholden, first-and-foremost, to the citizenry of this Constitutional United States of America, do you endorse the **direct internal connection** (concealed by the use of “holding companies”) between private corporate vested interests (whose primary constituent is understood to be financial shareholders) and global levels of censorship (that are in no way merely “private” but are indeed broadly monopolistic) of information that is contrary to the commercial agenda of those vested interests?

(The internal connection between YouTube/Google/Verily and the alignment of those entities with censorship requests by the WHO, et al., is a suggested context for response to Question 8.)<sup>12</sup>

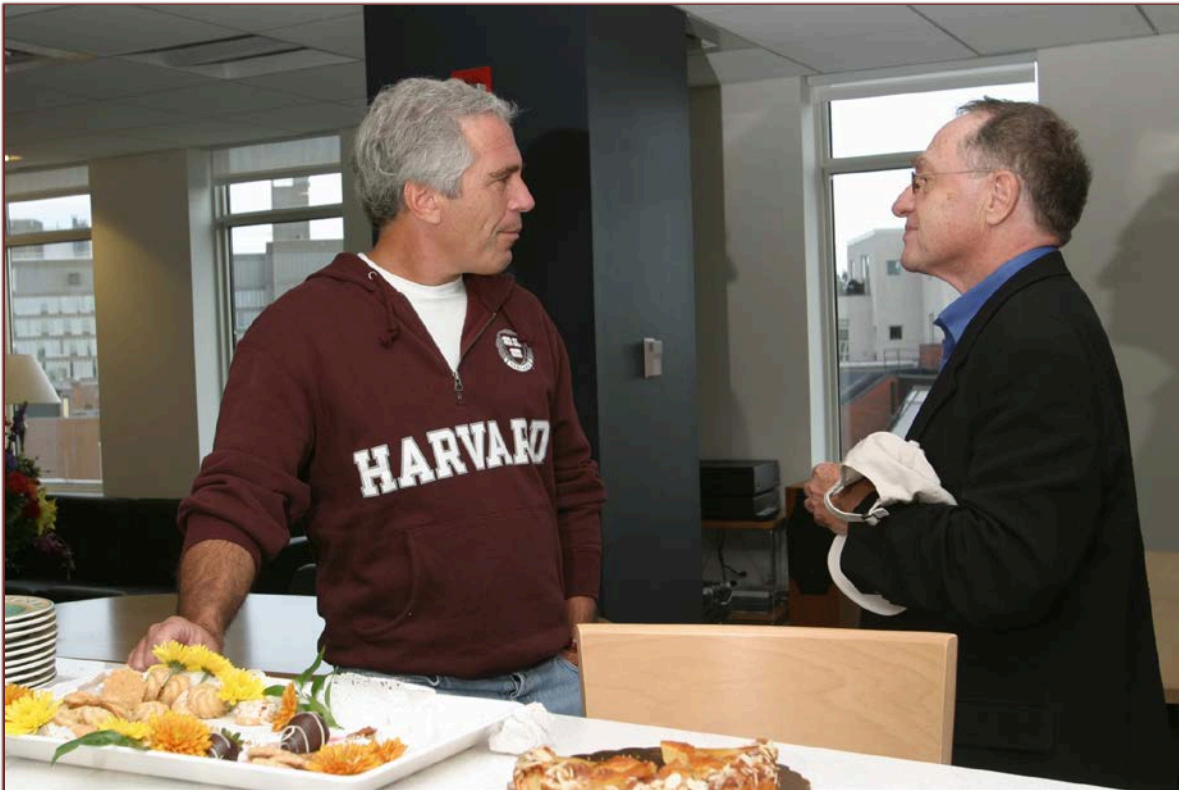
<sup>10</sup> Please see section “*Censorship of Promising COVID-19 Treatments – Nebulized Budesonide*,” page 9 above.

<sup>11</sup> Please see sections, “*Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine*,” pages 4 – 8, and section “*The Lack-of-Efficacy and Well-Known Dangers of Socialized/Mandated PPEs*,” pages 12 – 16 above.

<sup>12</sup> If you require further guidance please confer with the Chinese Communist Party (CCP) regarding their joint-venture with **Goggle on Project Dragonfly**.

### **Forced Vaccinations: The Government Has the Right to “Plunge a Needle Into Your Arm”**

A personal associate of Mr. Jeffrey Epstein (and Ms. Ghislaine Maxwell); a frequent visitor to his estates and islands, so much so he is featured in the artwork by Maria Farmer, pictured at right:



In a recent interview **not** censored by YouTube, Harvard Law Professor Alan Dershowitz declared:

*“Let me put it very clearly, you have no Constitutional right to endanger the public and spread the disease even if you disagree; you have no right not to be vaccinated, you have no right not to wear a mask, you have no right to open up your business. And if you refuse to be vaccinated the state has the power to literally take you to a doctor’s office **and plunge a needle into your arm!**”*

Of course, Professor Dershowitz never declares a similar lack-of-rights for Pennsylvania Governor Thomas Westerman Wolf and Secretary of Health Rachael Levine, with respect to their “**spread the disease**” which resulted in the manslaughter of the elderly in Pennsylvania nursing homes. <sup>13</sup>

#### **Question 10**

Are you in philosophical and legal lockstep with Professor Dershowitz in his declaration:

**“ . . . you have no right not to be vaccinated”?**

<sup>13</sup> Please see section, “*Horrific Avoidable Deaths of Elders in Nursing Homes, and the Deafening Silence of Dr. Anthony S. Fauci,*” pages 24 – 25 above.

## Koyaanisqatsi : “You Have No Right Not To Be Vaccinated!”



An unstated but characteristically insidious underbelly of the ongoing global circumstance is a drumbeat akin to:

“It’s over, we won, do not resist, shut up. Obey and comply. We’re here to help, to offer favors you don’t remember asking for. We’re here for your children, and their future. A new world order is coming. A borderless world is coming. A global private central ‘government,’ modeled after the 27-nation European Union, is coming, it’s already here. Submit to it, get used to it, disagree with nothing, question nothing. Otherwise we will label you, brand you, destroy you, make your life miserable, make your life not-worth-living. Resistance is futile. If you resist, we will call you intolerant, ignorant, criminal, a racist, a ‘white supremacist.’ We will censor you, ban and make you unemployable. Think in terms of ‘secure tolerance,’ which will be permanent and irreversible. You will come to embrace 24/7 surveillance of you and your family. Vaccines are the future, and you will like your new ‘healthy,’ constantly vaccinated life. **But most important of all: BE HAPPY!**”

It is said, and I agree, the only truly sustainable tyranny is Truth. All others, based on any other criteria, have and will fail, but cause sooooo much unnecessary, and many times horrific human suffering, on that long road to implicit failure. That is, I do not take issue with the concepts of centralization *per se*, in its many possible manifestations. I take issue with an implementation of such that is based-on an unstated agenda, and that fails to make public service *thee* priority; **I take issue with any level of organization, centralized and otherwise, that is, in any way, based on lies.**





The descriptor koyaanisqatsi is especially appropriate given the following typical headline:

## **NO SCRUTINY** Wuhan coronavirus lab may **DODGE** investigation as **WHO** team hunting for origin of pandemic won't bother visiting

**Tom Michael**

12 Jul 2020, 14:40

The last thing WHO wants is to be exposed to the risk inherent in a detailed series of document inspections, and interviews with existing/former staff of the Wuhan laboratory that is reportedly the verified source (manmade or otherwise) of the SARS-Cov-2 virus, and is, in truth, connectable to the addressee of this letter . . . and therefore many other *pre-Trump* Administration officials.

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.

On this point, curiously, in exactly similar fashion to your Politico interview, you hurriedly gave an interview with National Geographic (NG) which promoted the headline at left.

You and NG go to great lengths about “misinformation” and “the future.” This interview gives one the impression that you are diverting from **an item you want no part of** : “**the lab in China**” (your wording).

You go on-and-on about “naturally evolved,” and “in the wild,” and “then jumped species.” It is clear you are on-a-mission to escape from association with “**the lab in China.**”

Perhaps a reminder is in order. No matter what construct *per se* we assert for the virus

(manipulated or not), the fact that SARS-CoV-2 is close to the Chiroptera genome, and the species in-question resides in caves over one-hundred-miles away, and is **not** sold in local Wuhan fish markets, “**the lab in China**” remains at-issue. No matter which diverting or conflating one choses, the ‘**NO SCRUTINY**’ headline on page 30 above is ludicrous.

But regarding details of the SARS-CoV-2 construct, not publicly available prior to February at-the-earliest, the CDC explains: <sup>14</sup>

“The virus has been named severe acute respiratory syndrome–coronavirus 2 (SARS-CoV-2) because the RNA genome is about 82% identical to that of the SARS coronavirus (SARS-CoV); both viruses belong to ‘clade b of the genus Betacoronavirus.’”

Apparently an 18% discrepancy fulfills what is required to label this sequence as “novel.”

In your interview with National Geographic (NG) you/they declare:

“For some reason that we're still struggling with, the body does not make an adequate immune response to HIV,” he says. To fight off that virus, a vaccine has to work better than the body's own natural response. By contrast, “**it's obvious that many people make a very adequate immune response**” to the SARS-CoV-2 virus, and the animal trials so far show that modest doses of the mRNA vaccine for coronavirus have also generated a strong immune response.”

The precursor to that portion of the NG interview report:

“**To date, no type of mRNA vaccine has been licensed for use in humans**, but Fauci believes there is great promise for this technology targeting the coronavirus, based in part on his experience developing treatments for HIV/AIDS in the 1980s and ‘90s.”

<sup>14</sup> Please see Footnote 1 above, bottom of page 8.

I do not understand how your experience with HIV, a retro-RNA virus, comports with claims about your all new mRNA-based vaccine . . . a technology that has never been licensed?! I am unclear how combatting retroviruses in-general, which utilize enzymatic reverse transcriptase, which allow it to transcribe DNA from the RNA template, connects to the processes of Beta-coronavirus. **The only plausible explanation is that you have tacitly admitted to a deeply contentious truth: Your mRNA-based vaccine will inherently re-write the human DNA.**

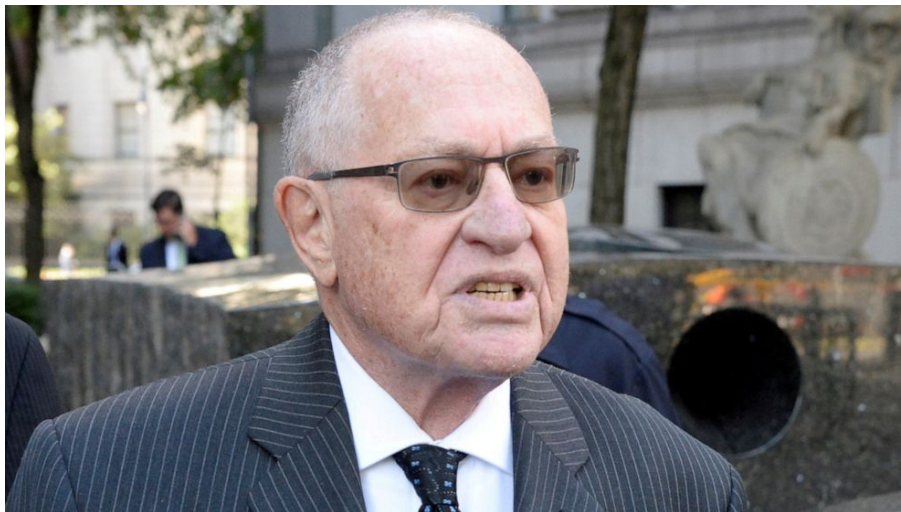
But the key, you are very careful in your wording with National Geographic; you do not claim to have developed a vaccine for AIDS, you declare that you had “*experience developing treatments.*” No one has developed a vaccine to combat HIV, only early treatments are available for AIDS. Sound familiar? Let us scrutinize your hypocrisy, by way of contrast . . . <sup>15</sup>

**In stark contrast**, in the current scenario, you have open hostility against **low-cost treatments** for COVID-19. **You took the opposite tact**; you derided the medical doctors involved; essentially condemned hydroxychloroquine treatments against SARS-CoV-2. You endorsed as valid, an “investigation” that was known by you to be a fraud, **a vaccine promotional stunt**, that was so corrupt that it had to be retracted within a few days of global publication. <sup>16</sup>

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.

**And now**, you, President Trump, VP Pence, Bill Gates, Dr. Francis Collin, and multi-billion-dollar pharmaceutical corporations are ranting about “**Operation Warp Speed**,” promoting an expensive taxpayer-funded vaccine that will expose humanity to the **uncharted dangers of mRNA ?**

With this **as context**, the Director of NIAID, Dr. Anthony S. Fauci, embraces the following?



**“You Have No Right Not To Be Vaccinated!”** <sup>17</sup>

<sup>15</sup> Please see section above, “*Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine,*” Pages 4 – 8.

<sup>16</sup> Please see footnote 15. Please see Question 3, Page 9 above.

<sup>17</sup> It is no surprise that the far-Left Politico, the same mouthpiece that helped you promote the Surgisphere fraud against hydroxychloroquine, now brutalizes Robert F. Kennedy Jr. regarding his cautions on premature vaccine deployment, especially in developing countries.

## Speculations

A reasonably intelligent person can speculate about your statement of January 2017, again:



“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.)

A surprise outbreak!? If this were a matter of pandemic patterns/history, why then did you not make the same announcement just prior to the inauguration of George Bush or Barack Obama?

After what was, for many, a surprise election in November 2016, you were compelled to warn of a pandemic, that was later deployed from “**the lab in China**.” A lab that you are connectable to, and at several levels.<sup>18</sup>

Just prior to the December 2019 outbreak of COVID-19, you are proxy to Event 201 in October 2019; an event sponsored by the Bill & Melinda Gates Foundation,<sup>19</sup> wherein preparedness for global pandemics, specifically emphasizing “**an outbreak of a novel zoonotic coronavirus transmitted from bats to pigs to people**”? Event 201 highlights the development and deployment of government funded vaccines against SARS-causing viruses?

Then, your Politico interview; instead of condemning the fraudulent Surgisphere “investigation,” you lauded its anti-hydroxychloroquine “data”? In that interview you spontaneously declare:

“When we first developed a vaccine, I said it would be about a year to a year-an-a-half, and that was in January. So a year from January is December (2020) . . . .”<sup>20</sup>

January 2020?! Within weeks of the December 2019 outbreak? In that timeframe it was alleged “little is known about SARS-CoV-2.” Within weeks of its outbreak from “**the lab in China**,” you were already in the ‘*first developed a vaccine*’ mode?!

Again, the above is merely factual, the implications are speculative.

<sup>18</sup> Please see Question 1, Page 3 above, section, “*Funding Research at the Wuhan Laboratory of Virology (China)*.”

<sup>19</sup> Please see picture atop Page 30 above.

<sup>20</sup> Please see Page 8 quote, in section “*Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine*.”

### Conclusions

Your recent foray, connecting COVID-19 to the Spanish Flu is so offensive, that a public reprimand should have instantaneously been issued by your boss Dr. Francis Collin (at right):



Of course, the exact opposite occurred on, as just one example, CNN:

CORONAVIRUS PANDEMIC	
GLOBALLY	
TOTAL CASES	DEATHS
13,927,440	593,218
IN THE UNITED STATES	
TOTAL CASES	DEATHS
3,627,057	138,988
SOURCE: JOHNS HOPKINS UNIVERSITY	

**BREAKING NEWS**

**NIH DIRECTOR: I COULDN'T IMAGINE CARRYING OUT ORDER TO FIRE DR. FAUCI**

Dr. Francis Collins | Director, National Institutes of Health

TONIGHT ON CNN  
**MARY TRUMP**  
INTERVIEW  
**8P ET**

**CNN**  
3:16 PM PT

21 July 2020

Dr. Anthony S. Fauci  
Page 35 of 36

The truth is Dr. Fauci . . . a person with your academic and professional credentials, a person in your position, a person with your responsibility . . . your opinions and actions should be, historically and currently, impeccable, unassailable, and unimpeachable.

**But in the opinion of some, that is not the case.** Interviews of the type orchestrated by politically vested-interests such as Wolf Blitzer and CNN should not be occurring.

As you have probably surmised, this letter is highly thrifted, and in some ways muted (due to my limited resources).

Again, your statement published in the 10 July 2020 edition of the Financial Times:

“ 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 that context, I look forward to your response to the questions and issues posed above.

In conclusion, you never developed a safe vaccine for AIDS, you never developed a safe vaccine for the first major SARS outbreak of 2003, you have never been permitted to deploy an mRNA based vaccine, but now you and President Trump want the taxpayer, and the global citizenry, to submit to the governments' demand to **“plunge a needle into your arm,”** and at warp speed?

Cordially,

Paul V. Sheridan

Enclosure

**Courtesy Copy List**

President Donald J. Trump  
The White House  
1600 Pennsylvania Ave NW  
Washington, DC 20500  
202-456-1111  
VIA FEDEX AIRBILL 8007-9341-6329

Vice President Michael R. Pence  
The White House  
1600 Pennsylvania Ave NW  
Washington, DC 20500  
202-456-1111  
VIA FEDEX AIRBILL 8007-9341-6329

Attorney General William P. Barr  
US Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001  
202-514-2000  
VIA FEDEX GROUND-BILL 1283181-00005340

Dr. Francis S. Collin, Director  
National Institute of Health  
9000 Rockville Pike  
Bethesda, MD 20892  
301-496-4000  
VIA FEDEX GROUND-BILL 1283181-00005357

President Martha E. Pollack  
Cornell University  
300 Day Hall  
Ithaca, NY 14853  
607-255-5201  
VIA FEDEX GROUND-BILL 1283181-00005364

Dean Augustine M.K. Choi  
Weill Cornell Medical College  
1300 York Avenue  
New York, NY 10065  
212-746-5454  
VIA FEDEX GROUND-BILL 1283181-00005371



## Cornell Law School

Stewart J. Schwab  
The Allan R. Tessler Dean  
and Professor of Law

June 22, 2005

Dear Paul,

I was delighted to see that you are to be honored as a Community Champion by the Civil Justice Foundation in Toronto next month. Congratulations!

We are always pleased when an alumnus of Cornell University gets the recognition they richly deserve.

I hope you enjoy the occasion, & I wish you success in your future endeavors.

Sincerely,  
Stef Schwab



**TAB 2**

28 August 2020

Attorney General William P. Barr  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001  
202-514-2000

Subject: Demand for Criminal Investigations Relating to "COVID-19 Pandemic"

**This TAB 2 is 5 pages**

First Lady Melania Trump –  
23 July 2020

Question Regarding Mr. Barron Trump



July 24, 2020

Dear Customer,

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**Recipient:**

first lady trump, the white house  
1600 pennsylvania nw  
The White House, DC, US, 20500

**Shipper:**

paul sheridan,  
22357 COLUMBIA ST  
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23 July 2020

VIA FEDEX AIR-BILL 8007-9341-6400

First Lady Melania Trump  
The White House  
1600 Pennsylvania Ave NW  
Washington, DC 20500  
202-456-1111

Subject: Question Regarding Mr. Barron Trump  
Reference: **“You Have No Right Not To Be Vaccinated”**

Dear First Lady Trump:

I hope this finds you & yours well. Of the all the pictures (of the three of you), the following is one of my favorites:



As shown on the SPOD, the president has already received his copy of a letter I sent to Dr. Anthony S. Fauci. Please at-least peruse that letter. Beginning on Page 28/29 I had presented the Reference. Before we proceed to the subject question, some background is needed.

You are very familiar with the person pictured at left, and her demonstrated attitude toward children. But the attitude in that regard of the person at-right may be unknown to you. Such is related to this letter in a central way, and forms the basis of the question I am asking you to ask of yourself and to ask of the president, regarding Barron and all children world-wide.



Further context is needed. The next photo is a portion of the artwork of Maria Farmer. She is a victim of the Jeffrey Epstein / Ghislaine Maxwell criminal sex trafficking cartel.



Ms. Farmer and the artwork above was featured on a 60 Minutes Australia documentary entitled, *“Right Hand Woman.”* As of this letter, the report has over 6 million views on YouTube.

Certainly I do not need to tell you who Ms. Farmer is depicting above, and what that individual is requesting of the victims. But how does this connect to this subject?

In an interview uploaded to YouTube about three weeks ago, Harvard Law Professor Alan Dershowitz made the following emphatic declaration:

*“Let me put it very clearly, you have no Constitutional right to endanger the public and spread the disease even if you disagree; **you have no right not to be vaccinated**, you have no right not to wear a mask, you have no right to open up your business. And if you refuse to be vaccinated the state has the power to literally take you to a doctor’s office **and plunge a needle into your arm!**”*

What the law professor from Harvard and Dr. Fauci are not revealing are the details behind what the president refers to as “Operation Warp Speed.”

The vaccine that Fauci/Dershowitz are demanding all become inflicted with, will result from the following (a highly thrifed list):

- a. The vaccine being developed for COVID-19 is an **mRNA based vaccine**.
- b. It is based on technology that is so dangerous that it has never-before been licensed for use on humans.
- c. In almost all prior deployments of mRNA based vaccines, wherein animal trials were required, the animals either died post-inoculation or upon being released back into the field/wild. Those vaccines did NOT successfully inoculate against the targeted disease.
- d. The current mRNA based vaccine(s) being developed for COVID-19 by pharmaceutical developers under the guidance of Dr. Fauci, are so dangerous, **that animal trials are being ‘skipped over’** under the assumption that if animal trials once-again result in death, the public outcry will obviate deployment and otherwise very profitable sales.
- e. The expectations of Dr. Fauci and his comrades in the pharmaceutical industry, are so dire for this brand-new mRNA based vaccine, that the pharmaceutical giants hedged their bets, and HAVE LONG-AGO INOCULATED THEMSELVES FROM ANY LIABILITY SHOULD THE EXPECTED HORRORS IN HUMAN HEALTH COMMENCE UPON INJECTIONS INTO THE GENERAL POPULATION(S).
- f. **But even Item e presumed ‘due care,’ and that ALL development protocols would not be subverted in any way or at any level.**
- g. Dr. Fauci and the pharmaceutical corporations **have already admitted to circumventing** well-tested, well-established, long-practiced vaccine development protocols.

The notion that legal immunity would still prevail, given the inveracity just described, is a notion that only the likes of Harvard Law Professor Alan Dershowitz could argue.

As you are aware, the president has announced repeatedly that he intends to deploy the military, under the command of General Gustave F. Pernato, to enforce that the American public are injected with this mRNA based vaccine; which is the result of Items a – g above.

23 July 2020

First Lady Melania Trump  
Page 4 of 4

As you will note, on the very first page of my letter to Dr. Fauci, I offer his quote from an interview of 10 July 2020 with the Financial Times of London:

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

It is highly unlikely that the many additional facts, beyond those presented in Items a – g, have been honestly presented to the president. A screenshot of page 32 from my letter to Dr. Fauci:

21 July 2020

Dr. Anthony S. Fauci  
Page 32 of 36

I do not understand how your experience with HIV, a retro-RNA virus, comports with claims about your all new mRNA-based vaccine . . . a technology that has never been licensed?! I am unclear how combatting retroviruses in-general, which utilize enzymatic reverse transcriptase, which allow it to transcribe DNA from the RNA template, connects to the processes of Beta-coronavirus. **The only plausible explanation is that you have tacitly admitted to a deeply contentious truth: Your mRNA-based vaccine will inherently re-write the human DNA.**

### **Question for the First Lady of the United States of America**

Is it your intention to have the son of the First Family, Mr. Barron Trump, injected with a vaccine that results from absurdities such as 'Operation Warp Speed' and the known dangers of the never-before-licensed mRNA technology? Is it your intention to allow the dangers indicated by the screenshot above to be executed upon your son? Is it your intention as First Lady to oversee the same for the American public in-general? The global population in-general?

I look forward to your official response.

Respectfully yours

Paul V. Sheridan

cc: Governor Ron DeSantis  
Congressman Matt Gaetz  
Governor Kristi Noem

**TAB 3**

28 August 2020

Attorney General William P. Barr  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001  
202-514-2000

Subject: Demand for Criminal Investigations Relating to “COVID-19 Pandemic”

**This TAB 3 is 3 pages**

Dr. R. Albert Mohler, Jr.,  
President  
Southern Baptist Theological  
Seminary – 3 August 2020

Southern Seminary and Boyce College –  
Covenant and Commitment

Dear Customer,

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**Recipient:**

Dr. R. Albert Mohler, Jr., President  
Southern Baptist Theological Seminary  
2825 Lexington Road  
Louisville, KY 40280  
800-626-5525

**Shipper:**

SHERIDAN, PAUL V  
22357 COLUMBIA ST  
DEARBORN, MI, US, 481243431





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

3 August 2020

VIA FEDEX GROUND 1283181-00005470

Dr. R. Albert Mohler, Jr., President  
Southern Baptist Theological Seminary  
2825 Lexington Road  
Louisville, KY 40280  
800-626-5525

**Subject: Southern Seminary and Boyce College Covenant and Commitment**

Dear Dr. Mohler:

The thought that you would conflate current events as being connected to The King, in the operative context of the subject document, is deeply offensive and will not be tolerated without notice.

One minute you are correctly berating the vile ruling from the Bolsheviks that currently control the US Supreme Court (churches versus casinos), the next you are ostensibly making claims that the subject serves Jesus. It is called duplicity; easily established with the "least of His," and their ability to comprehend the true nature of current events. Given that fact, why then would a person possessing a doctorate be unable to do so? Hence this letter and the enclosures.

Enclosed are two letters, covered with the SPODs that allegedly confirm receipt. I word-it-that-way because the rumor is that the Swamp is diverting such correspondence. Given the current behavior of "social media" and their suitors in "Big Tech," this rumor is substantive:

Letter of 21 July 2020 to Dr. Anthony Fauci

<http://pvsheridan.com/sheridan2fauci-1-21july2020.pdf>

Letter of 23 July 2020 to First Lady Trump

<http://pvsheridan.com/Sheridan2Melania-3-23July2020.pdf>

The Fauci letter will introduce you to whom you are in-truth serving with the subject. It contains facts/questions for Fauci that I am confident the easily-influenced returning student body at the Seminary has never even considered. If they did, would they consider the subject worthy of the King? Perhaps the following photograph will assist with that question:



As an extended courtesy, after the SPOD for this letter, I intend to share these materials electronically with the good staff at the Seminary, for their information and action. As you will see, my alma mater is already in receipt.

Cordially yours,

Paul V. Sheridan

Attachment/Enclosures



# THE SOUTHERN BAPTIST THEOLOGICAL SEMINARY

## Southern Seminary and Boyce College Covenant and Commitment

*“Because of all this we make a firm covenant in writing, on the sealed document are the names of our princes, our Levites, and our priests.” Nehemiah 9:38*

As a member of this seminary and college family, I affirm and recognize that we are not just a school. Together, we serve the church of the Lord Jesus Christ. Together, we are called to love one another, respect one another, protect one another, and serve one another in the spirit of Christ. We enter into this covenant together, and in the season of the coronavirus, with lives and health at risk, we affirm together that we will follow and obey all rules, policies, advisories, and practices required by government authorities, mandated by our institutional responsibility and communicated by institutional leadership. We will serve Christ, serve one another, and serve our larger community beyond the campus by following institutional policies designed to prevent transmission of disease.

I understand that I bear a personal responsibility to know current school policies, to abide by stated rules, to respect personal responsibility, to show my love for Christ and for other members of the Southern Seminary and Boyce College family by cooperating eagerly, earnestly, and consistently. I understand that failure on my part can lead to the illness of others, risking lives and health and jeopardizing the ability of the Southern Seminary and Boyce College to fulfill our mission together on this campus and beyond.

I willingly join this Covenant and Commitment, pledging my personal honor. We join in this covenant together, affirming the privilege we share as members of this community of faith and learning and serving Christ together. I make this commitment my personal pledge.

---

Signature

---

Date

**TAB 4**

28 August 2020

Attorney General William P. Barr  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001  
202-514-2000

Subject: Demand for Criminal Investigations Relating to “COVID-19 Pandemic”

**This TAB 4 is 7 pages**

Mr. Wilson Masilingi,  
Ambassador  
Embassy United Republic of  
Tanzania – 7 August 2020

Letters to Dr. Anthony Fauci, and  
First Lady of the United States  
Melania Trump



August 10, 2020

Dear Customer,

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**Recipient:**

Mr. Wilson Masilingi, Ambassador  
Embassy of Tanzania  
1232 22nd St. NW  
Washington D.C 20037  
202-884-1080

**Shipper:**

SHERIDANPV  
22357 Columbia Street  
Dearborn, MI 48124  
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pvs6@cornell.edu

7 August 2020

VIA FEDEX AIRBILL 8007-9341-6112

Mr. Wilson Masilingi, Ambassador  
Embassy of the United Republic of Tanzania  
1232 22nd St. NW  
Washington D.C 20037  
202-884-1080

**Subject: Letters to Dr. Anthony Fauci, and First Lady of the United States Melania Trump**  
**Reference: SARS-Cov-2 and COVID-19**

Dear Ambassador Masilingi:

Please share the enclosures with your good president, Dr. John Magufuli. Please note that I mention President Magufuli in my letter to Dr. Fauci (page 11 of 36).

Please note that these materials are already in-receipt, including my alma mater Cornell University. Please feel free to share with anyone. The links for doing so electronically:

<http://pvsheridan.com/sheridan2fauci-1-21july2020.pdf>

<http://pvsheridan.com/Sheridan2Melania-3-23July2020.pdf>

In the latter, my letter to the First Lady, I am essentially asking if she is aware of precisely what is being proposed as a “vaccine.” An mRNA based vaccine has never been deployed, due to its implicit dangers. As Dr. Fauci is fully aware, the mRNA based injection is so dangerous that the so-called ‘*Operation Warp Speed*’ is skipping the animal trials . . . instead, the trials will be conducted on humanity; make no mistake about it.

Regarding alternatives to mRNA-based human trials, I have attached pages 1-5 of a 56 page study entitled:

**Early treatment with hydroxychloroquine: a country-randomized controlled trial**

Covid Analysis, August 5, 2020 (updated August 6, 2020)

@CovidAnalysis

I ask Dr. Fauci questions regarding hydroxychloroquine (see pages 4 – 8). Note that as of 6 August 2020, **the chances of avoiding death (due to infection by SARS-CoV-2) increase by 79.1% with the prophylactic dispensing of that 65+ year old pharmaceutical**; a value which improves when corrected for ‘compounding factors.’ The entire 56 page report is available at: <https://hcqtrial.com/> .

Respectfully yours,

Paul V. Sheridan

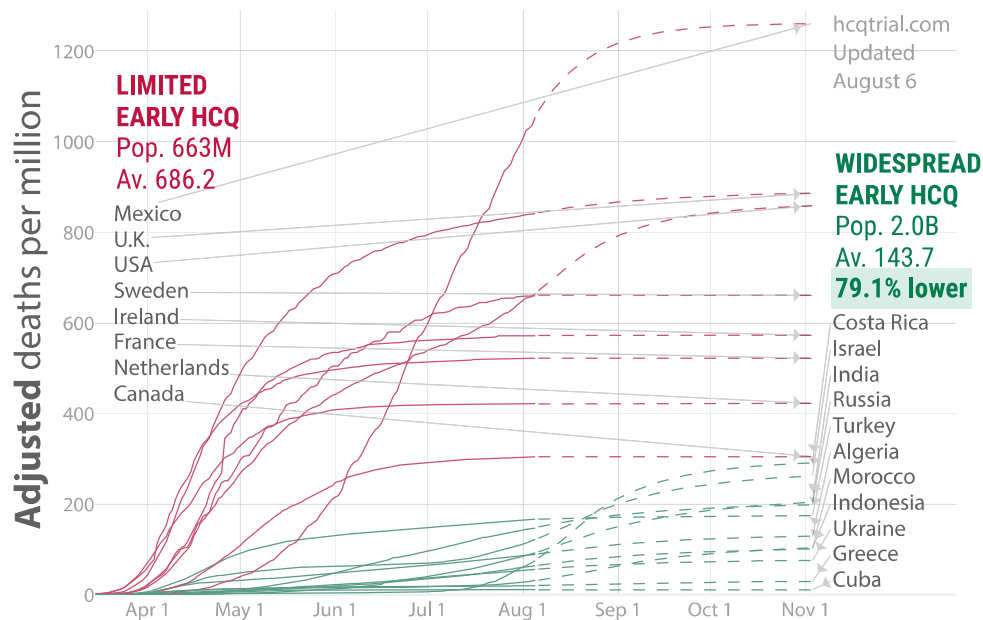
Enclosures/Attachment

cc: Cornell University President Martha Pollack

# Early treatment with hydroxychloroquine: a country-randomized controlled trial

Covid Analysis, August 5, 2020 (updated August 6, 2020)

@CovidAnalysis



Many countries either adopted or declined early treatment with HCQ, forming a large country-randomized controlled trial. 2.0 billion people were assigned to the treatment group, and 663 million to the control group. As of August 6, 2020, an average of 38.5/million in the treatment group have died, and 440.2/million in the control group, relative risk 0.087. After adjustments, treatment and control deaths become 79.6/million and 630.0/million, relative risk 0.13. Confounding factors affect this estimate, including varying degrees of spread between countries. Accounting for predicted changes in spread, we estimate a relative risk of 0.21. **The treatment group has 79.1% lower chance of death.** We examined diabetes, obesity, hypertension, life expectancy, population density, urbanization, testing level, and intervention level, which do not account for the effect observed.

## Trial Setup

**Treatment.** We investigate early or prophylactic treatment for COVID-19 with hydroxychloroquine (HCQ), which has been adopted or declined in different countries. Since the severity of COVID-19 varies widely based on age and comorbidities, treatment was generally only initiated in higher risk individuals. The primary endpoint was death.

**Treatment groups.** Entire countries were assigned to either the treatment or control group. Countries have made different decisions regarding treatment with HCQ. For the purposes of this study, selection into the treatment or control group was based on the same information and is essentially random.

We focus here on countries that chose and maintained a clear assignment to one of the groups for a majority of the duration of their outbreak, either adopting widespread use, or highly limiting use. Some countries have very mixed usage, and some countries have joined or left the treatment group during their outbreak. We searched government web sites, Twitter, and Google, with the assistance of several experts in HCQ usage, to confirm assignment to the treatment or control group, locating a total of 194 relevant references, shown in Appendix 12. We excluded countries with <1M population, and countries with <0.5% of people over the age of 80. COVID-19 disproportionately affects older people and the age based adjustments are less reliable when there are very few people in the high-risk age groups. We also excluded countries that adopted early widespread use of masks because these countries tend to have significantly lower spread, which we discuss in detail below.

Collectively the countries we identified with stable and relatively clear assignments account for 34.7% of the world population (2.7B of 7.8B). Details of the groups and evidence, including countries identified as having mixed use of HCQ, can be found in Appendix 12.

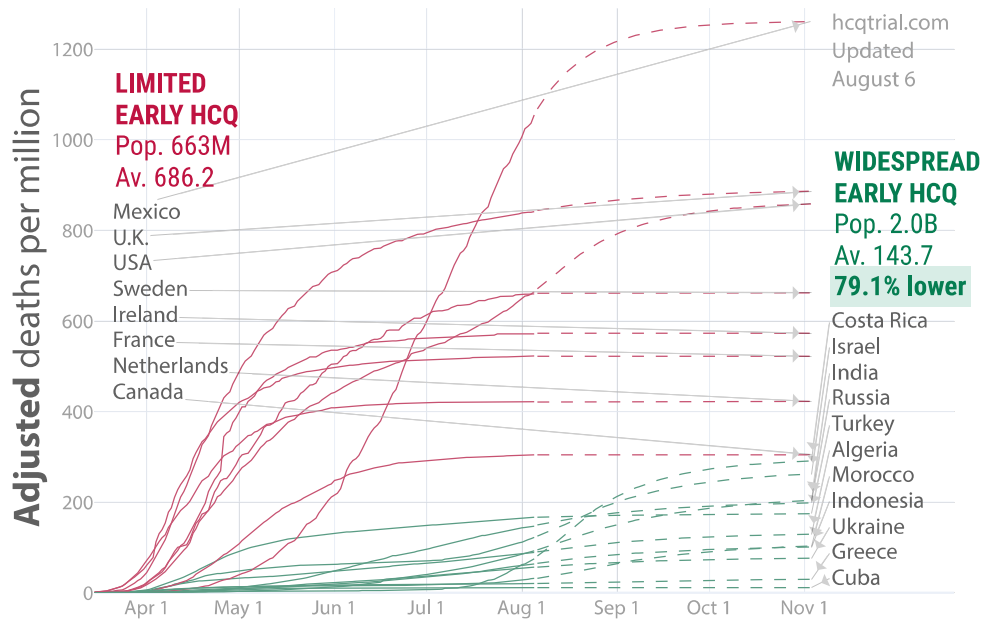
**Analysis.** We analyze deaths per capita with data from *[Our World in Data]*. To determine the effectiveness of treatment we could compare the death rates for the entire populations in the treatment and control groups, however we use the average of the individual country rates in each group in order to minimize effects due to differences between countries.

Since randomization was done at a coarse country level, we adjust for differences between countries and analyze confounding factors. We analyze deaths rather than cases because case numbers are highly dependent on the degree of testing effort, criteria for testing, the accuracy and availability of tests, accuracy of reporting, and because there is very high variability in case severity, including a high percentage of asymptomatic cases.

## Results

2.0 billion people were assigned to the treatment group, and 663 million to the control group. As of August 6, 2020, an average of 38.5/million in the treatment group have died, and 440.2/million in the control group, relative risk 0.087. After adjustments, treatment and control deaths become 79.6/million and 630.0/million, relative risk 0.13. Confounding factors affect this estimate, including varying degrees of spread between countries. Accounting for predicted changes in spread, we estimate a relative risk of 0.21. **The treatment group has 79.1% lower chance of death.** We examined diabetes, obesity, hypertension, life expectancy, population density, urbanization, testing level, and intervention level, which do not account for the effect observed. Figure 1 shows cumulative demographic adjusted death rates by country and trial group. Adjustments are detailed in the next section. Some analyses adjust graphs for the date since a specific milestone was reached, such as 0.1 deaths per million. We do not do this because an effective treatment will alter the time that such a milestone is reached.

For comparison, if we use the median of country death rates in each group rather than the mean, the relative risk is 0.12 (before prediction of future spread). If we combine all countries into single treatment and control groups, the relative risk is 0.13. Since the sample sizes are very large,  $p < 0.0001$ , however it is more important to analyze confounding factors.

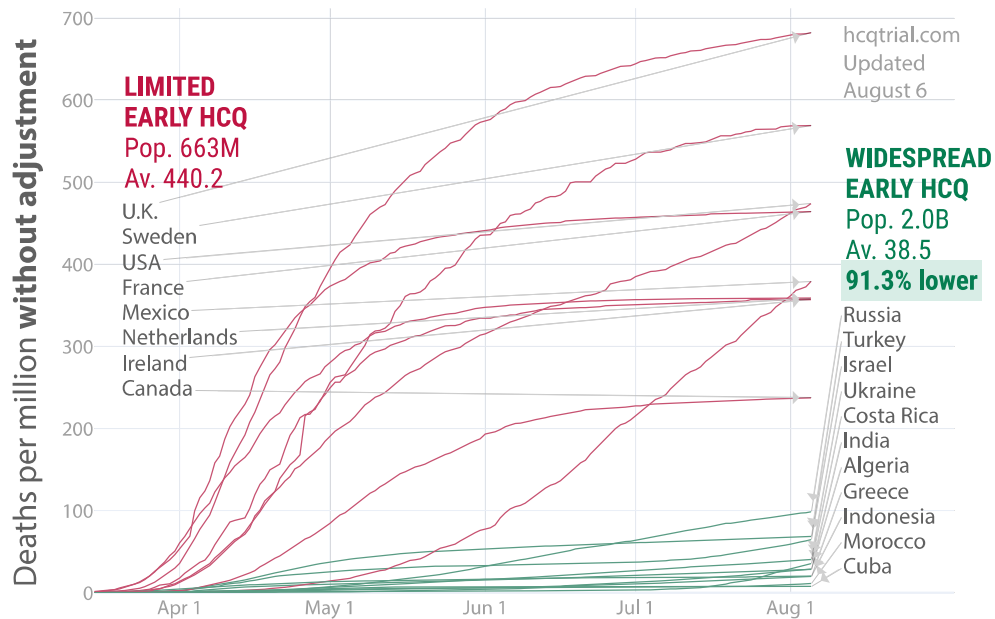


**Figure 1.** Adjusted deaths per million for countries using widespread early HCQ versus those that do not, with a prediction for the following 90 days. As of August 6, 2020, countries using early HCQ are predicted to have a 79.1% lower death rate after adjustments.

## Confounding Factors

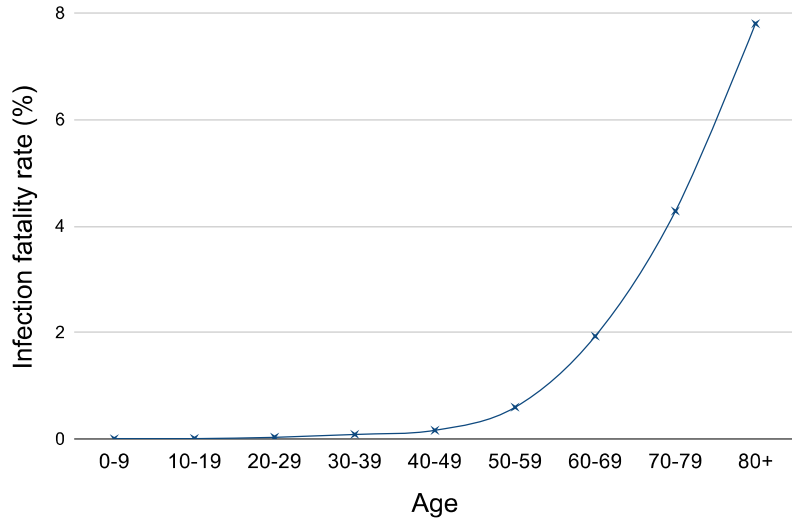
A number of confounding factors affect the results, which we investigate here. For reference, the results before adjustments are shown in Figure 2.





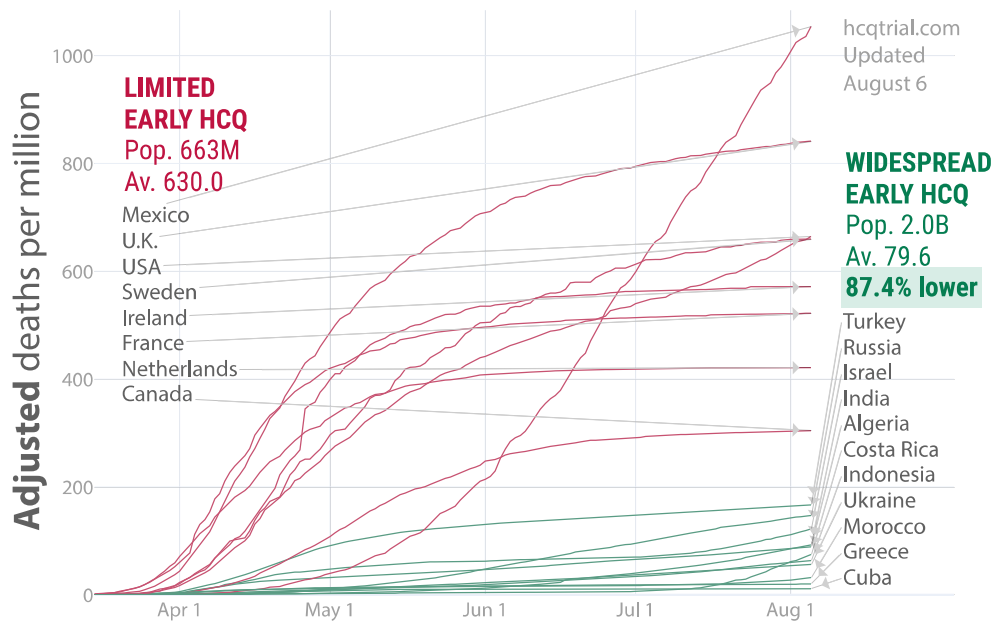
**Figure 2.** Deaths per million for countries using widespread early HCQ versus those that do not, before adjustments.

**Age.** The COVID-19 IFR varies around four orders of magnitude depending on age. Since the proportion of older adults varies significantly between countries, this is likely to have a significant effect on the results [Leffler]. We approximate the relative risk based on age using the infection fatality rates provided in [Verity], and shown in Figure 3. Due to the distribution, simple adjustment based on the median age, the proportion of people over 65, or similar may not be very accurate. We obtained age demographics from [United Nations] which provides a breakdown within 5 year age groups. Using the 9 age groups provided by [Verity], we computed an age adjustment factor for each country to normalize the observed deaths to the predicted number of deaths if the country's age distribution matched that of the country with the oldest population. The age distributions and computed age factors are provided in Appendix 1. These adjustments are relatively significant as in [Leffler].



**Figure 3.** Infection fatality rates from [Verity].

**Gender.** Risk differs significantly based on gender [Gebhard], so we also normalized for this in a similar fashion. Data is from [United Nations], and using the hazard ratio of 1.78 from [Williamson] the resulting adjustment factors are shown in Appendix 1. These adjustments are relatively minor as in [Leffler]. After adjusting for age and gender we obtain the results in Figure 4. Adjusted mean treatment and control deaths become 79.6/million and 630.0/million, relative risk 0.13.



**Figure 4.** Deaths per million for countries with widespread early HCQ versus those that do not, after adjustment for differences in demographics.

**TAB 5**

28 August 2020

Attorney General William P. Barr  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001  
202-514-2000

Subject: Demand for Criminal Investigations Relating to “COVID-19 Pandemic”

**This TAB 5 is 4 pages**

President Donald Trump /  
Vice President Mike Pence  
– 13 August 2020

My Letter to Dr. Anthony S. Fauci  
of 21 July 2020



August 17, 2020

Dear Customer,

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**Recipient:**

PRES. DONALD TRUMP, THE WHITE HOUSE  
1600 PENNSYLVANIA AVE  
Washington, DC, US, 20500

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paul v sheridan, SHERIDAN, PAUL V  
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**Shipment Refused by Recipient**



**Recommended action: No action is required. The package is being returned to the shipper.**

Dr. Scott W. Atlas  
Hoover Institution of Stanford University  
Suite 500  
1399 New York Avenue, NW  
Washington, DC 20005  
202-760-3200  
FedEx Ground [1283181-00005494](#)

Scheduled delivery:  
Friday 8/21/2020 by end of day

**DELIVERY EXCEPTION**

BELTSVILLE, MD

[GET STATUS UPDATES](#)

**FROM**  
DEARBORN, MI US

**TO**  
WASHINGTON, DC US

**Shipment Facts**

<b>TRACKING NUMBER</b> 128318100005494	<b>SERVICE</b> FedEx Ground	<b>WEIGHT</b> 0.3 lbs / 0.14 kgs
<b>TOTAL PIECES</b> 1	<b>TERMS</b> Shipper	<b>PACKAGING</b> Package
<b>STANDARD TRANSIT</b> 8/17/2020	<b>SHIP DATE</b> Thu 8/13/2020	<b>SCHEDULED DELIVERY</b> Fri 8/21/2020 by end of day

**Travel History**

[Local Scan Time](#)

**Tuesday, 8/18/2020**

2:50 pm	BELTSVILLE, MD	Delivery exception Refused by recipient
2:18 pm	BELTSVILLE, MD	Delivery exception Delivery delayed, scheduled for next business day
8:01 am	BELTSVILLE, MD	On FedEx vehicle for delivery
5:12 am	BELTSVILLE, MD	At local FedEx facility

**Sunday, 8/16/2020**

3:57 am	HAGERSTOWN, MD	Departed FedEx location
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**Saturday, 8/15/2020**

8:16 pm	HAGERSTOWN, MD	Arrived at FedEx location
4:01 am	HAGERSTOWN, MD	In transit

**Friday, 8/14/2020**

8:29 am	PERRYSBURG, OH	Departed FedEx location
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22357 Columbia Street  
Dearborn, MI 48124-3431  
313-277-5095  
[pvs6@cornell.edu](mailto:pvs6@cornell.edu)

13 August 2020

VIA FEDEX AIRBILL [8007 - 9341 - 6318](tel:8007-9341-6318)

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

Vice President Michael R. Pence  
The White House  
1600 Pennsylvania Ave NW  
Washington, DC 20500  
202-456-1111

**Subject: My Letter to Dr. Anthony S. Fauci of 21 July 2020**

Dear Mr. President/ Mr. Vice President:

As you can see from the attached, you both received your copy of the subject letter on 22 July 2020; Dr. Fauci received his on 29 July 2020 (first page overleaf). **As of this writing I have not received a response from Dr. Fauci.**



Upon review with literally thousands, the most strident response, to the subject letter, seems to be public concern/outrage regarding the following quote segments from page 32:

**“I (Paul Sheridan) am unclear how combatting retroviruses in-general, which utilize enzymatic reverse transcriptase, which allow it to transcribe DNA from the RNA template, connects to the processes of Beta-coronavirus. The only plausible explanation is that you have tacitly admitted to a deeply contentious truth: *Your mRNA-based vaccine will inherently re-write the human DNA.*”**

**And now, you (Fauci), President Trump, VP Pence, Bill Gates, Dr. Francis Collin, and multi-billion-dollar pharmaceutical corporations are ranting about “*Operation Warp Speed,*” promoting an expensive taxpayer-funded vaccine that will expose humanity to the uncharted dangers of mRNA ?”**

As Dr. Fauci is fully aware, and openly sought/favored decades ago, the manufacturers of these types of vaccines are immune from civil liability with respect to injury or death resulting from their wares:

I discussed this fact with **First Lady Melania Trump** in my letter to her of 23 July 2020:  
Subject: *Question Regarding Mr. Barron Trump*, Reference: *"You Have No Right Not To Be Vaccinated,"* available here:

<http://pvsheridan.com/Sheridan2Melania-3-23July2020.pdf>

### **Conclusion / Request**

I am told that most of my materials are not "getting through." Given the subject matters, and the ongoing practice of censorship that so permeates the entire nation, especially The Swamp, I am not surprised. Please consider this reality in-general when it comes to your deliberations on the COVID-19 issues.

Request: Please direct Dr. Fauci to respond to the subject letter, and prior to any distribution of an alleged vaccine for SARS-CoV-2. His response should **not** be limited to that issue alone, but to each and every question posed. You will find questions on pages 3, 8, 9, 11, 16, 19, 23, 25, 27, and 28.

Again, on page 1 of the subject letter **I quote Dr. Fauci** from his 10 July 2020 interview with the Financial Times of London, a news media outlet known for its catering to large financial vested interests:

" 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."

Please direct him to continue to effect this "reputation" in his response(s) to the subject letter.

Respectfully yours,

Paul V. Sheridan

Attachment and enclosure

cc: Dr. Scott W. Atlas  
Hoover Institution of Stanford University  
Suite 500  
1399 New York Avenue, NW  
Washington, DC 20005  
202-760-3200  
FedEx Ground [1283181-00005494](https://www.fedex.com/ship/1283181-00005494)

**END OF DOCUMENT**

28 August 2020

Attorney General William P. Barr  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001  
202-514-2000

Subject: Demand for Criminal Investigations Relating to "COVID-19 Pandemic"