



July 22, 2020

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Cornell University
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Tracking number:	128318100005333	Ship Date:	Jul 22, 2020
		Weight:	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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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.

Questions / Requests Listing

Funding Research at the Wuhan Laboratory of Virology (China)	Page 3
Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine	Pages 4 - 8
Censorship-of Promising COVID-19 Treatments – Nebulized Budesonide	Page 9
SARS-CoV-2 Tests, “Confirmed COVID-19 Cases” And the So-Called “Second Wave”	Page 10 - 11
The Lack-of-Efficacy and Well-Known Dangers of Socialized/Mandated PPEs : The Tyranny of “Virtue Signaling”	Pages 12 - 16
Enforced Nationwide Falsification of the ‘Cause of Death’ (COD) on Death Certificates, and the Deafening Silence of Dr. Anthony S. Fauci	Pages 17 - 19
Enforced Nationwide Falsification of the COVID-19 “Confirmed Cases,” and the Premeditated Promotions of Dr. Anthony S. Fauci	Pages 20 - 23
Horrific Avoidable Deaths of Elders in Nursing Homes, and the Deafening Silence of Dr. Anthony S. Fauci	Pages 24 - 25
YouTube Censorship, Google Search Limitations/Manipulations, and Verily (Project Dragon)	Pages 26 - 27
Forced Vaccinations: The Government Has the Right to “Plunge a Needle Into Your Arm”	Page 28
Koyaanisqatsi : “You Have No Right Not To Be Vaccinated”	Pages 29 - 32
Speculations	Page 33
Conclusions	Pages 34 - 35
Courtesy Copy List	Page 36

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 (6.6%; 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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Published Online
22, 2020
[https://doi.org/10.1016/S0140-6736\(20\)31180-0](https://doi.org/10.1016/S0140-6736(20)31180-0)

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

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

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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.¹ So a year from January is December. I still think that we have a good chance, if all the things fall in the right place, that we might have a vaccine that would be deployable by the end of the year, by November or December.”

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”?**²
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.”**³ 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?

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

² 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.

³ 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. ⁴
 - b. The nebulized Budesonide protocol as deployed by Dr. Richard Bartlett, et al.

⁴ 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.⁵
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,”⁶ 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.”

⁵ See screenshot, page 1 above.

⁶ 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,⁷ 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.

⁷ We return to the elderly below, “*Horrific 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 !? ⁸

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

⁸ 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.”)

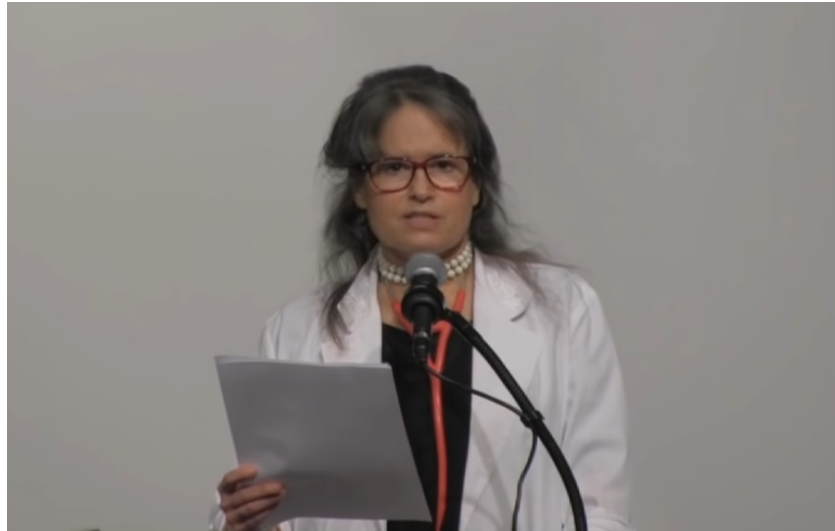
Enforced Falsification of the 'Cause of Death' (COD) on Death Certificates and the Deafening Silence of Dr. Anthony S. Fauci

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.”**⁹

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?

⁹ See screenshot, page 1 above.

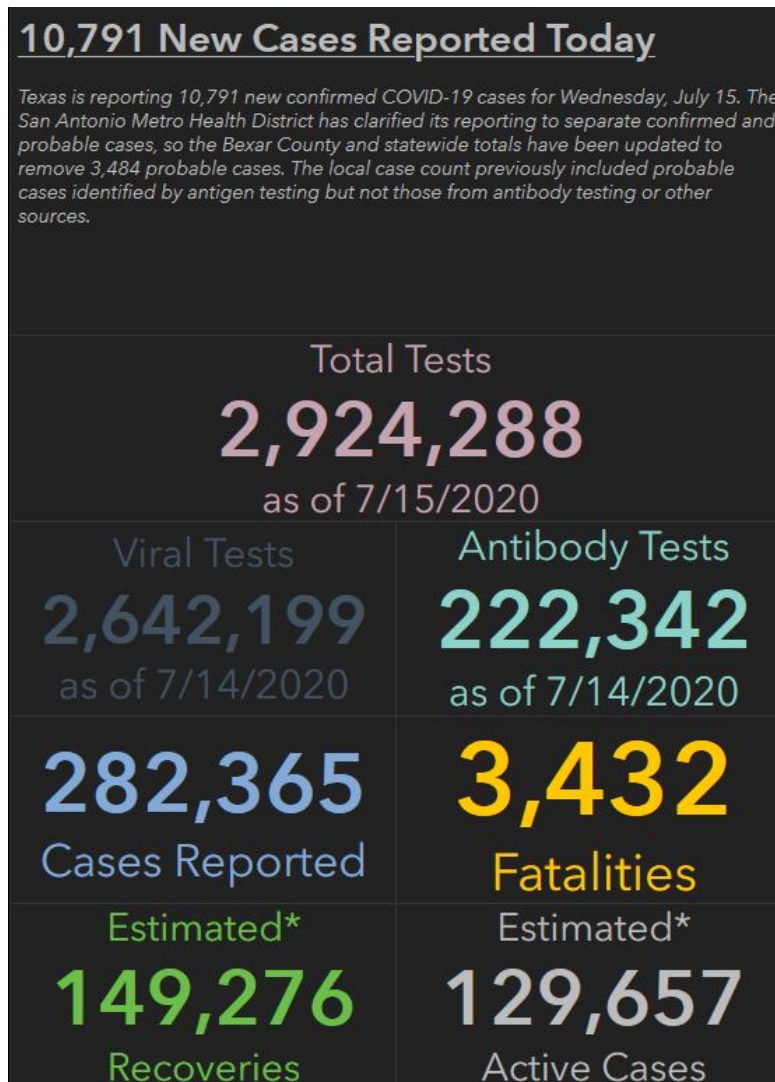
**Enforced Nationwide Falsification of the COVID-19 “Confirmed Cases,”
and the Premeditated Promotions of Dr. Anthony S. Fauci**

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 as 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

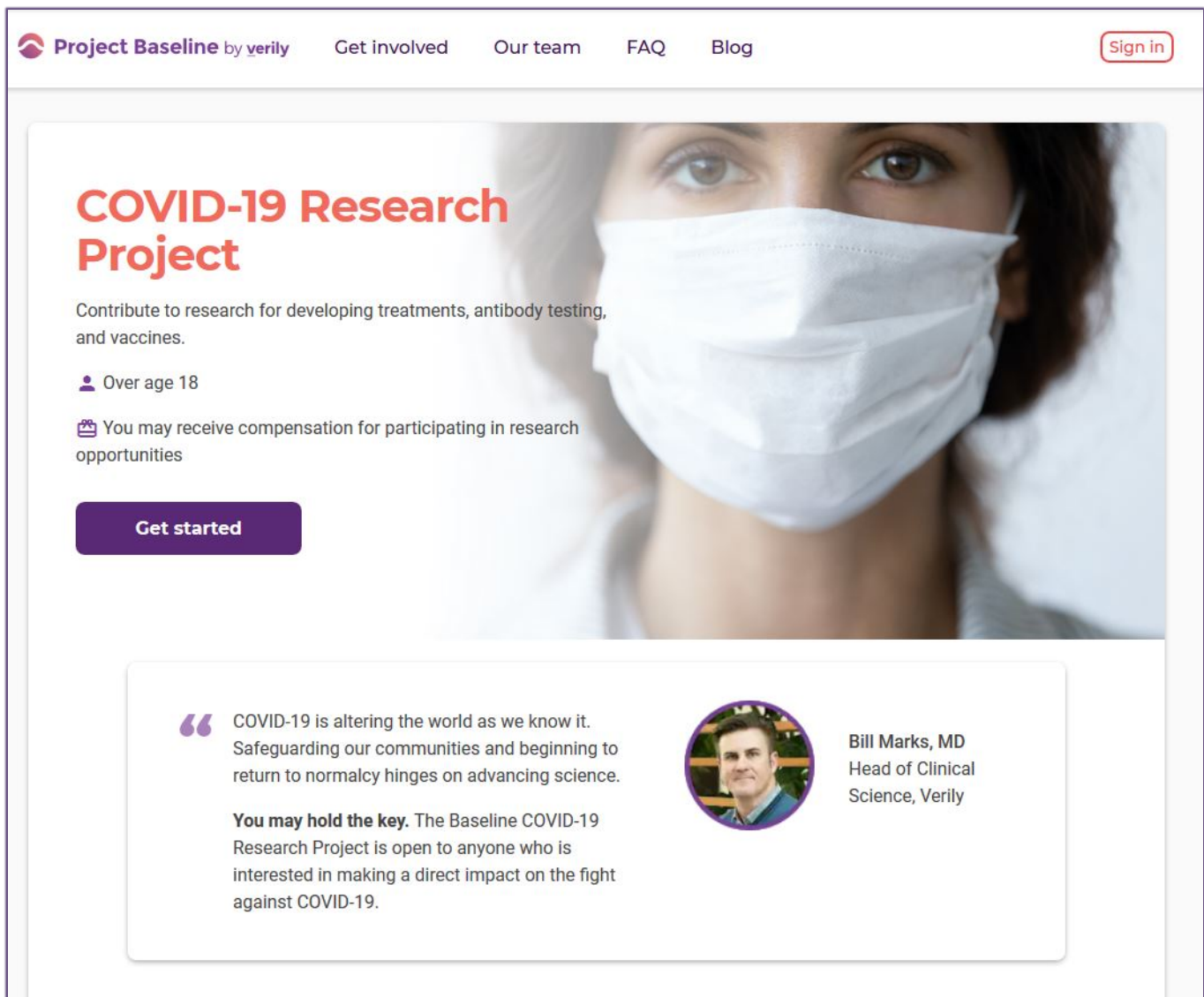
As you are fully aware, people have been charged, prosecuted, convicted **and then imprisoned** as a result of **knowingly** infecting the innocent with HIV. As you are fully aware, your thesis that HIV infection leads to a “death sentence” has been used in these criminal cases. Therefore:

(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:¹⁰

“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.¹¹

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.)¹²

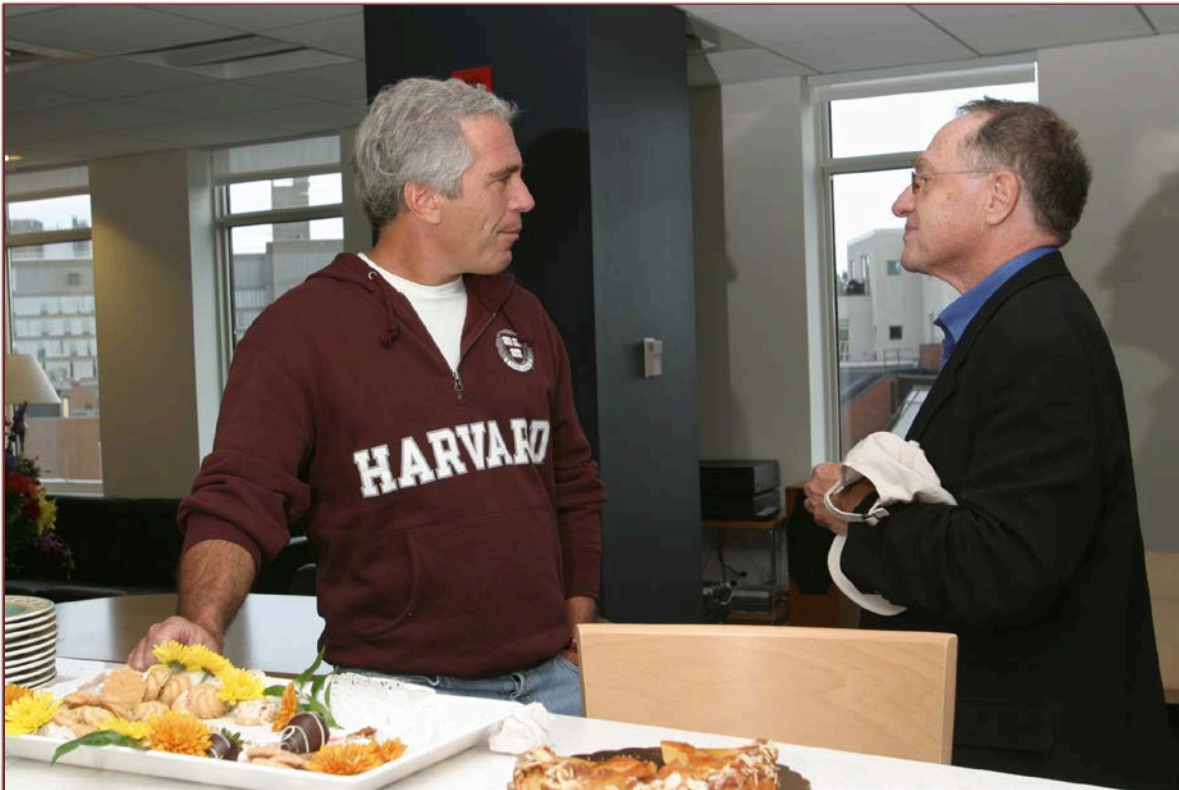
¹⁰ Please see section “*Censorship of Promising COVID-19 Treatments – Nebulized Budesonide*,” page 9 above.

¹¹ 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.

¹² 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. ¹³

Question 10

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

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

¹³ 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: ¹⁴

“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.”

¹⁴ 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 . . . ¹⁵

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. ¹⁶

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!” ¹⁷

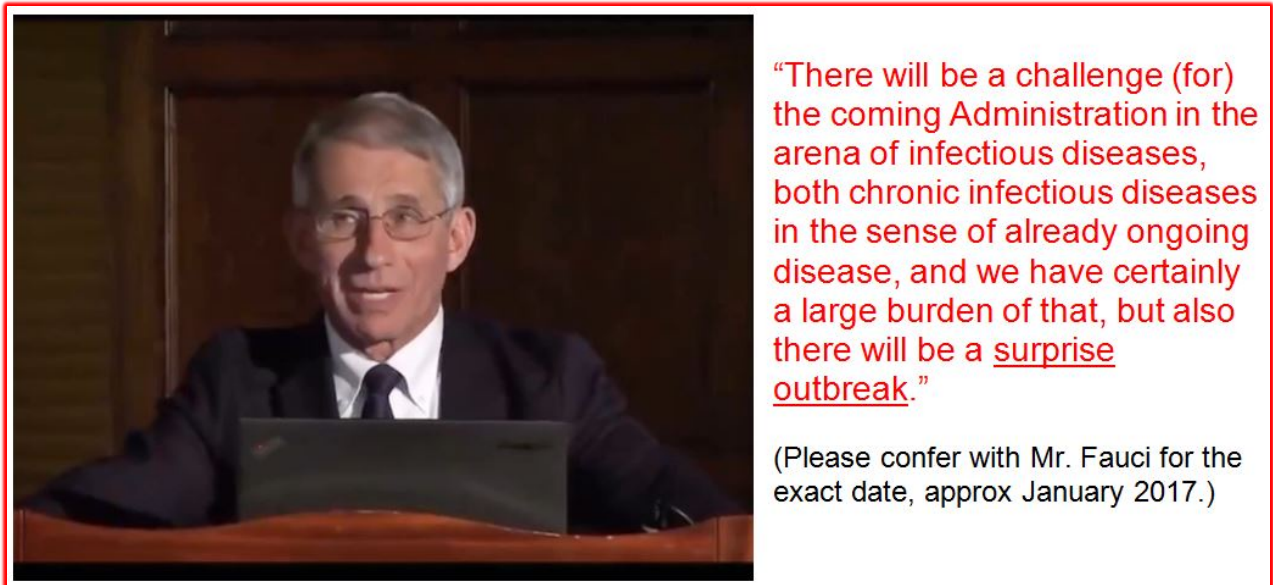
¹⁵ Please see section above, “*Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine,*” Pages 4 – 8.

¹⁶ Please see footnote 15. Please see Question 3, Page 9 above.

¹⁷ 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:



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. ¹⁸

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, ¹⁹ 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)” ²⁰

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.

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

¹⁹ Please see picture atop Page 30 above.

²⁰ 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

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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