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18 April 2022 VIA FEDEX AIRBILL 7766 – 0841 – 3403

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American Council of Life Insurers (ACLI)
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**Subject:** **Reimbursement of Life Insurance Benefits Paid by ACLI Members; Resulting from Death Caused by the SARS-CoV-2 Virus, Lockdown Protocols, and the COVID-19 "Vaccine"**

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*** Cover letter only**

**Complete letter including SPODs :** http://pvsheridan.com/sheridan2neely-1-18april2022.pdf

April 20, 2022

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18 April 2022 VIA FEDEX AIRBILL 7766 – 0841 – 3403

Ms. Susan K. Neely, CEO
American Council of Life Insurers (ACLI)
101 Constitution Avenue, NW - Suite 700
Washington, DC 20001-2133
202-624-2000

**Subject:** **Reimbursement of Life Insurance Benefits Paid by ACLI Members; Resulting from Death Caused by the SARS-CoV-2 Virus, Lockdown Protocols, and the COVID-19 "Vaccine"**

Reference 1: Letter to Mr. Fauci (NIAID) / Ms. Pollack (Cornell) of 28 March 2022

Reference 2: *Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality* – Johns Hopkins Institute (January 2022)

Reference 3: *Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales* – Physics of Fluids (March 2022)

Reference 4: *Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic* – AJPH (March 2021)

**Reference 5:** **January 2022 - Lower and Upper Court Rulings in France: Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause**

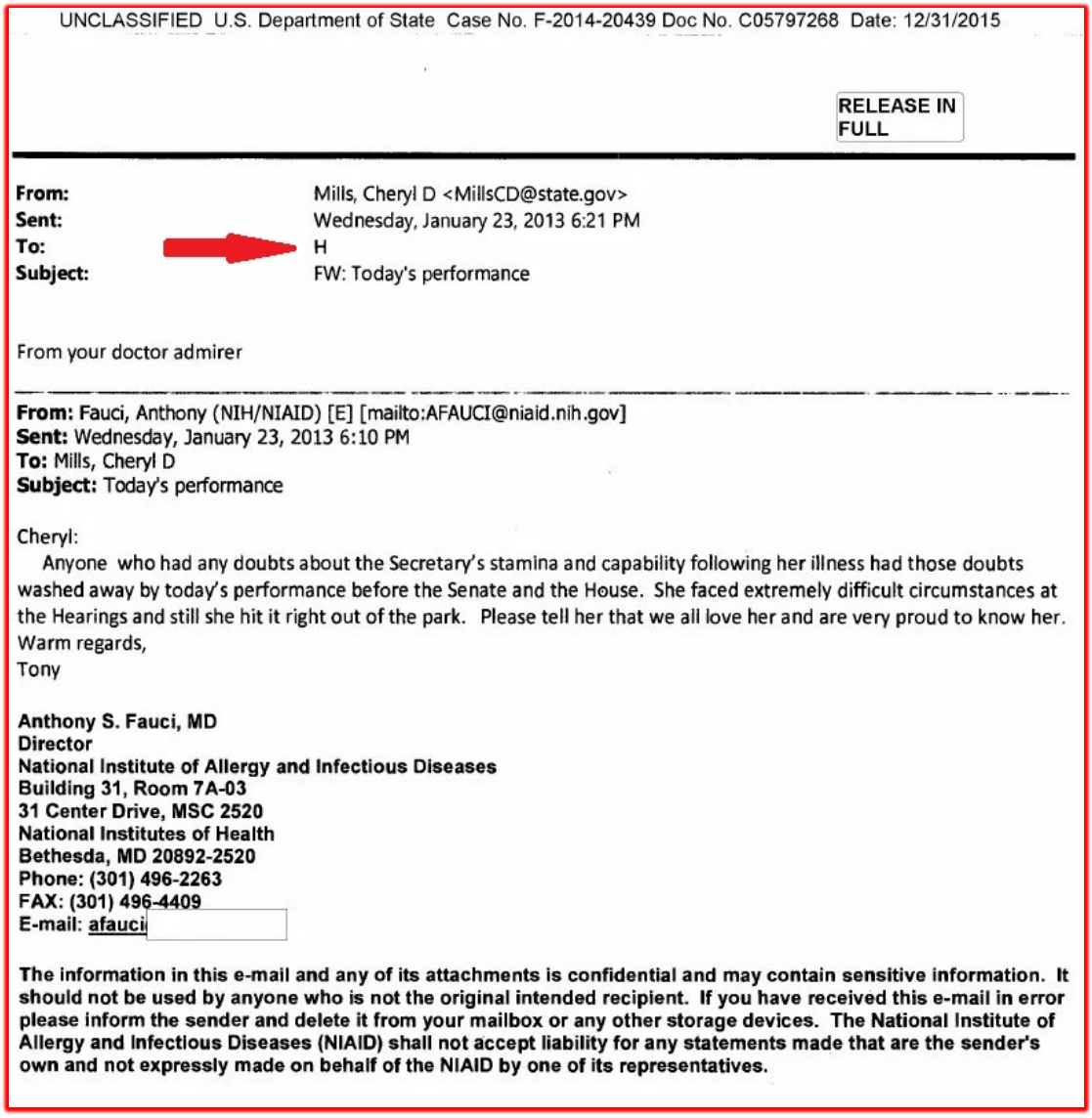
**Dear Ms. Neely:**

Thank you for your good service as President and Chief Executive Officer of the American Council of Life Insurers. I apologize for introducing my person in the context of the above, and "Willful Misconduct."


We will return to the above interview. The Subject and References require Preamble and Discussion.

**Preamble – The COVID Love Affair with Presumed 2016 Election Winner: "Candidate H"**

Leading up to the presidential election, Mr. Anthony Fauci had already established a history of sending emails regarding **"Candidate H."** Presuming his preferred candidate would win the November 2016 election, Fauci even shared his "love" emails with subordinates to Secretary of State Hillary Clinton: [1]



UNCLASSIFIED U.S. Department of State Case No. F-2014-20439 Doc No. C05797268 Date: 12/31/2015

RELEASE IN FULL

**From:** Mills, Cheryl D <MillsCD@state.gov>
**Sent:** Wednesday, January 23, 2013 6:21 PM
**To:** H
**Subject:** FW: Today's performance

From your doctor admirer

**From:** Fauci, Anthony (NIH/NIAID) [E] [mailto:AFAUCI@niaid.nih.gov]
**Sent:** Wednesday, January 23, 2013 6:10 PM
**To:** Mills, Cheryl D
**Subject:** Today's performance

Cheryl:
Anyone who had any doubts about the Secretary's stamina and capability following her illness had those doubts washed away by today's performance before the Senate and the House. She faced extremely difficult circumstances at the Hearings and still she hit it right out of the park. Please tell her that we all love her and are very proud to know her.
Warm regards,
Tony

**Anthony S. Fauci, MD**
**Director**
**National Institute of Allergy and Infectious Diseases**
**Building 31, Room 7A-03**
**31 Center Drive, MSC 2520**
**National Institutes of Health**
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**E-mail: afauci**

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This is *not* a politically biased or trivial exercise. There are *many* facts that lead to substantive speculation of an earlier original scheduling of the COVID pandemic; 2017, versus delayed events which were then marketed as COVID-19. [2] The urgent status of their situation was immediately declared, just prior to the swearing-in of the unexpected winner, Mr. Donald J. Trump . . . **by Mr. Fauci himself:**

---

[1] This Fauci assessment of "H" is confirmatory of his abject stupidity. The 2013 hearings he referenced in the email above involved the murder of Americans in Benghazi Libya; wherein "Candidate H" testified as follows:

*"The fact is we had four dead Americans. Was it because of a protest or was it because of guys out for a walk one night who decided that they'd go kill some Americans? **What difference at this point does it make?!**"*

[2] For an introductory perspective on this COVID-17 issue, review Page 34-of-48 of Reference 1; interview by Fox News anchor Ms. Maria Bartiromo of Moderna CEO Mr. Stéphane Bancel. **Patented in 2016?!**

**Preamble – "Surprise Outbreaks" and "Entities of Excitement"?**

Disappointed with the 2016 election, on 10 January 2017, mere days prior to the swearing-in of President Trump, Mr. Fauci made his infamous, impatient, but highly informed "surprise outbreak" claim:

"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."

Two years later, with the 20*20* election now a key political component of their pandemic, at a closed-door meeting **of October 2019**, which also featured Mr. Fauci, his long-time Health and Human Services (HHS) comrade, Dr. Rick Bright, offered an equally informed, but now urgent prediction. Under a "flu vaccine" ruse, Bright performed *his* part in the "surprise outbreak" of an upcoming coronavirus pandemic from China:


> *" There might be a need, or even an urgent call for an **entity of excitement** out there, that's completely disruptive, that's not beholden to bureaucratic strings and processes…But it is not too crazy to think that an outbreak of a **novel** **avian virus could occur in China somewhere**."*

Are the implications of these quotes (and so much more) pure speculation? With FOIA releases ranging from the Fauci/Collins emails to the truth about the Pfizer clinical trials; to ongoing real-world CDC VAERS data; to legal discovery in numerous lawsuits filed against everyone from the FDA, the CDC, and even the airlines; to the **criminal investigation by Special Counsel John Durham into the Clinton Campaign**; the descriptor 'speculation' becomes increasingly *vacuous.*

**Preamble – The "Novel Coronavirus" of December 2019, and the "Vaccine" of January 2020 ?**

What happened to the Dr. Bright *"entity of excitement"* ?? An *"entity of excitement"* was indeed spawned on the streets of Wuhan, China . . . in December 2019. Two months earlier, **in October 2019**, prior to the marketing called "COVID-19," Mr. Fauci was proxy to Event 201; an event in New York City sponsored by Bill Gates, where we are directed to believe that its theme/purpose was hypothetical:

*"An outbreak of a **novel** zoonotic coronavirus transmitted from bats to pigs to people . . . development and deployment of government funded vaccines against SARS-causing viruses."*

Repeatedly we are stampeded with the term "novel" ? My first COVID letter to Fauci discussed, *"Censorship-of and Outright Threats Against Those Associated with Hydroxychloroquine"* (21 July 2020). On Page 8, I quoted Fauci from his pro-vaccine anti-treatments rant with Politico of **27 May 2020**:


*" 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. 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."*

I challenged his *"first developed a vaccine"* claim, in my 21 July 2020 letter, exactly as follows:

*" **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.' "*

---

**QUESTION:** How is it they had already *"developed a vaccine"* in January 2020 for a "novel" anything? Before the World Health Organization or Trump announced a pandemic? Before global and national health emergencies had been declared? Before 'Operation Warp Speed' was spewed as our savior?

**ANSWER:** **Because the cabal of the NIH/FDA/CDC/Big Pharma/Big Academia/World Economic Forum all anticipated/enjoyed COVID plan participations.** (Novel? Please See Footnote 2 above.)

**Preamble – The Deadly Farce Called "Operation Warp Speed"**

Right on schedule . . . as planned . . . Pages 12 – 25 of Reference 1 contains a detailed discussion of, ***" '95% Effective' and the Fraudulent Emergency Use Authorization (EAU)."*** An excerpt from those pages quotes the Fauci infomercial at the White House Coronavirus Task Force of 19 November 2020:


*" As you well-know, Operation Warp Speed has been supporting directly and indirectly six candidate vaccines, four of which are either in or have completed Phase 3 clinical trials. I want to briefly tell you about two of them because you have to be interested in this, it is extraordinarily impressive.*

*Two of the vaccines, one by Moderna and one by the company Pfizer, have completed trials, and the efficacious, vaccine efficacy point is extraordinary. With regard to Pfizer, it was **95% efficacious**, not only against disease that's just clinically recognizable disease, but severe disease. There were ten cases of severe disease, one in the vaccine, nine in the placebo. For the Moderna trial, it was 94.5% efficacious. Eleven severe events, zero in the vaccine, eleven in the placebo.*

*For those of you not acquainted with the field of vaccinology, that is extraordinary. That is almost to the level of what we see with measles, which is **98% effective**. So that's what we're dealing with. "*

Mere weeks after that utterly fraudulent statement by "America's Doctor," the Food and Drug Administration (FDA) issued the following equally fraudulent press release regarding "Independent Experts" :

FDA NEWS RELEASE

**FDA Takes Key Action in Fight Against COVID-19 By Issuing Emergency Use Authorization for First COVID-19 Vaccine**

*Action Follows Thorough Evaluation of Available Safety, Effectiveness, and Manufacturing Quality Information by FDA Career Scientists, Input from Independent Experts*

**For Immediate Release:**

December 11, 2020

Page 25-of-48 of Reference 1 details **the criminal fraud** of the 11 December 2020 FDA EUA; the grotesque but hard-sold progenitor of President Trump's "Operation Warp Speed."

**Preamble** CONCLUSION

Page 26 of Reference 1 details an ongoing marketing issue . . . and the mission that resulted from private meetings between vaccine investor Mr. Bill Gates and Mr. Fauci. The issue? **"Vaccine Hesitancy."**

POWER PLAYERS

# Bill Gates and Dr. Fauci talk regularly — here's what they're discussing now

Published Thu, Feb 11 2021•12:25 PM EST • Updated Thu, Feb 11 2021•12:26 PM EST

Cory Stieg
@CORYSTIEG

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Within weeks of the fraudulent FDA EUA, **in February 2021**, the "vaccine hesitancy" marketing problem became the focus of vested interests; for both governmental and Non-Governmental Organizations (NGO). To address it, they deployed a paper one month later, **March 2021**, to all hospital administrators:

## Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic

*Sandra Crouse Quinn, PhD, Amelia M. Jamison, MAA, MPH, Vicki Freimuth, PhD*

I discuss this "communicating effectively" ploy in great detail on Pages 26 – 30 of Reference 1. [3]

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LIFE & ARTS | IDEAS | THE SATURDAY ESSAY

## Bill Gates: The Best Investment I've Ever Made

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

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

**To the best of my knowledge, Mr. Gates has not invested in life insurance companies . . .**

---

[3] Readers have responded with deep remorse to Page 30; the horrific effect these various COVID-19 schemes have had on real people. Please also see Attachment 7 of Reference 1 (attached).

**Discussion – The Lockdown Protocols as 'Fraudulent Marketing'**

The **Subject** (of this letter) involves three sequential death causations: (1) Death by the SARS-CoV-2 virus, (2) death caused by Lockdown Protocols, and (3) death caused by the COVID-19 "Vaccine." The Preamble introduced (1) and (3). But the schemes behind the 11 December 2020 FDA EUA were not the end of the **COVID-19 carnage**; those schemes were consistent with subsequent crimes and lawlessness.

Item (2), Death caused by lockdown protocols, was conscious and purposeful. At-left Ms. Martha Pollack of Cornell University; at-right Pfizer CEO Mr. Albert Bourla.

The "independent evaluation" claimed for COVID-19 policies is a lie, especially the Pfizer farce that led to the FDA EUA. [4] Pollack/Bourla were side-by-side on a New York Forward Advisory Board (NYFAB):


Cornell and Pfizer are examples of vested-interests in the COVID-19 charade. The advertised priority of NYFAB, *"the state's reopening strategy,"* is a fraud. **By definition, vesting obviates objective unbiased policies, but these greedy power-hungry COVID-19 behaviors are connectable to the Subject.**

---

[4] For an introduction to the fraudulent claim that the EUA was "independent," see Page 24-of-48 of Reference 1.

**Discussion – The Lockdown Protocols as 'Fraudulent Marketing'** CONTINUED

Page 22-of-48 of Reference 1 summarizes the issue of **Fraudulent Marketing**; a crime already litigated, which resulted in the largest fine in corporate history (against Pfizer Corporation); **$2,300,000,000.00 :**

**Department of Justice**

Office of Public Affairs

FOR IMMEDIATE RELEASE Wednesday, September 2, 2009

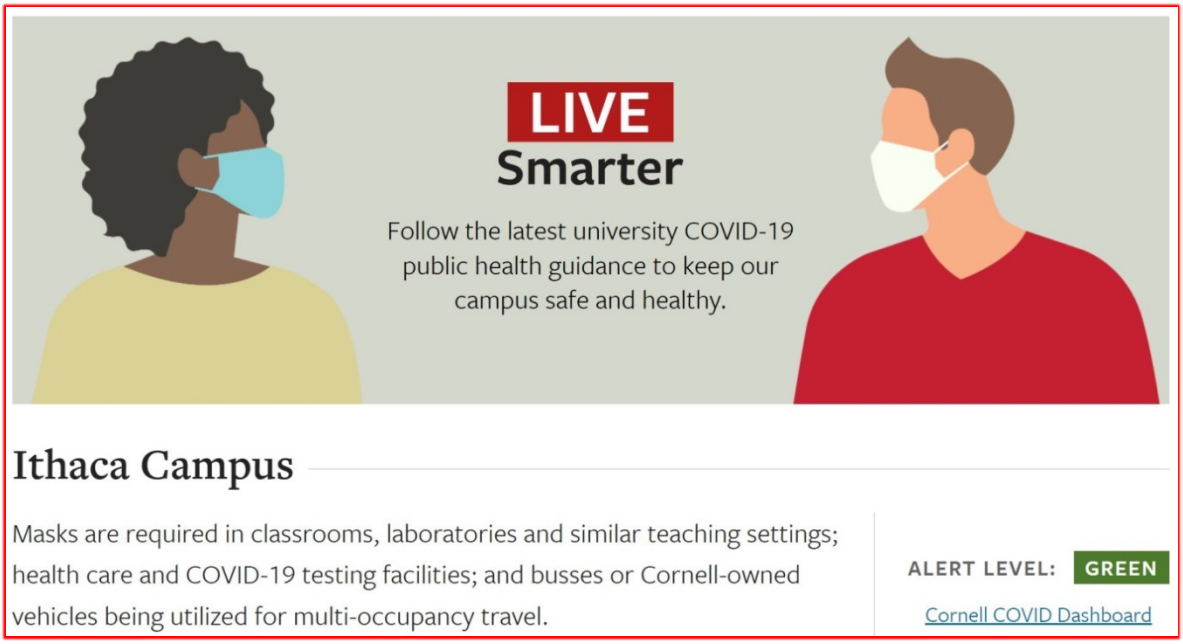
**Justice Department Announces Largest Health Care Fraud Settlement in Its History**

**Pfizer to Pay $2.3 Billion for Fraudulent Marketing**

On Page 4-of-48 of Reference 1 are listed the **grotesqueries** enforced by Ms. Pollack against the students and staff of Cornell University. The context of this listing goes beyond her participations on NYFAB:

- Broad Institutional Lockdowns/Shutdowns (Both Cornell and New York)
- "Social Distancing"
- Forced quarantining of COVID patients into close proximity in the nursing homes
- Mandatory Wearing of Face Masks regardless of health or alleged COVID infection status
- Mandatory, known to be fraudulent, rt-PCR-based "testing"
- Contact Tracing (based upon not merely inaccurate, but fraudulent rt-PCR "test" results)
- Mandatory "vaccination" with a known to be unsafe and experimental injection of mRNA

Regarding her 'ongoing COVID-19 charade,' the following is **still** demanded on-campus by Ms. Pollack:

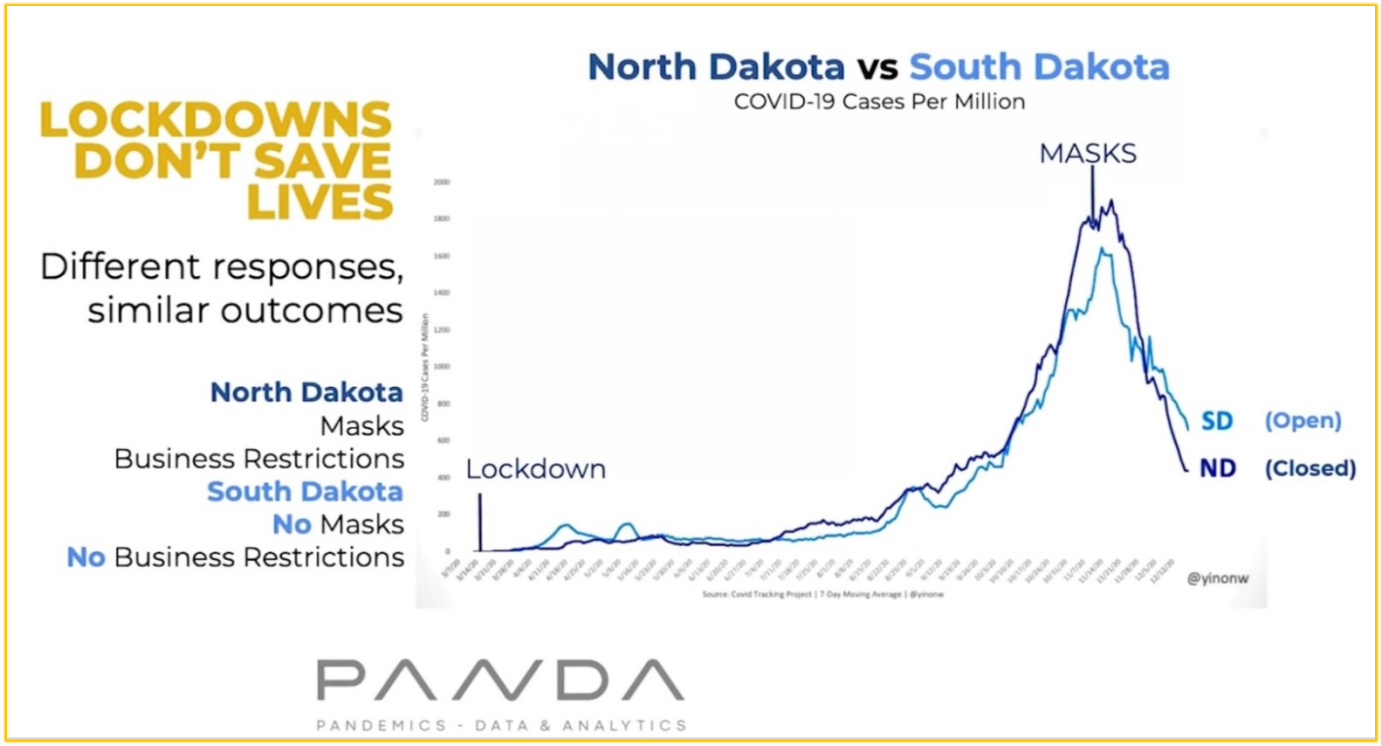


**Discussion – The Lockdown Protocols as 'Fraudulent Marketing'** CONTINUED

Although it appears that I am singling-out Cornell, there is a general reason. My alma mater was previously the stand-out, among the Ivy League in-particular, across a myriad of functional and reputational issues; ranging from the life and health sciences, to ethics and morals. Therefore, there was/is no viable excuse available to the current Cornell University administration for its behavior, on several fronts; but here we restrict our focus to their conspiratorial and criminal handling of COVID-19.

According to CDC Director Ms. Rochelle Walensky, through 28 March 2022 more than 559 million doses of COVID-19 needles had been injected into humans in the US alone. But, the first mRNA needle did not occur until 14 December 2020 . . . **Therefore, for data occurring prior to 14 December 2020, there is no possibility that reductions in so-called "confirmed cases" resulted from their "vaccine."**

Analysis of 2020 CDC data, which I have already shared with Cornell administrators, comes to mind:




On 13 March 2020 President Trump issued the 'National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak.' This scientifically baseless screed accommodated selected states, who concealed Fraudulent Marketing (i.e. lockdowns) behind the ruse of "health emergencies". [5]

"Lockdown" in the graph above indicates 14 March 2020 when North Dakota, like current Shanghai China, began crushing citizens; **the day immediately after the Trump emergency.** Pro-needle Governor Doug Burgum began enforcing the **grotesqueries** that Ms. Pollack inflicted upon Cornell: lockdowns, social distancing, fraudulent rt-PCR testing, quarantining "positive" patients, and face masks. **But similar to the Cornell campus, none of these measures had *any* positive results for North Dakota . . . NONE!** [6]

[5] For a hard-data review of the non-emergency, see CDC chart at-bottom of Page 4-of-48 of Reference 1.

[6] For a detailed discussion on this Pollack farce, see The College Fix article, Page 16-of-48 of Reference 1.

**Discussion – The Lockdown Protocols as 'Fraudulent Marketing'** CONTINUED

The pro-liberty Governor Kristi Noem of South Dakota did the exact opposite. To defend her state from the routine vested-interests' slandering, Governor Kristi wrote a Wall Street Journal op-ed on 7 December 2020 . . . Four days before 11 December 2020 when the fraudulent FDA EUA was issued for the Pfizer needle :


WSJ | OPINION

Home World U.S. Politics Economy Business Tech Markets Opinion Books & Arts Real Estate Life & Work WSJ. Magazine Sports

OPINION | COMMENTARY

South Dakota's Balanced Covid Response

They've called me 'reckless' and a 'denier,' but our numbers are much better than those of Illinois, New Jersey and New York.

**QUESTION:** Before the Pfizer needles were deployed against the nation and Cornell; what were the COVID results, North Dakota versus the border state of South Dakota? The former under Cornell-styled lockdowns, versus the latter under none! **What does the graph show?**

The label, *"COVID-19 Cases per Million,"* should read, *"rt-PCR Test Ruse for positive COVID."*

In August 2020 rt-PCR testing increased dramatically, exactly when the Dakota upticks begin. But then, beginning in November 2020, the "cases" returned to essentially zero. Again, this Dakota data was accumulated before the FDA EUA, 11 December 2020; and before the first needle, 14 December 2020.

For a preliminary answer to the question, please read **"FACT ONE"** on Page 8-of-48 in Reference 1.

---

Their claim; if you take the needle, you can remove the mask, **was a multi-faceted lie.**

The purpose of their lockdowns have NOTHING to do with health, and everything to do with enforcement and public complicity with needle mandates; **a globally scaled deployment of 'Fraudulent Marketing.'**

Reference 1 is attached in hard-copy, including its ten attachments.

Reference 2, *Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality*, by the Johns Hopkins Institute (January 2022) is Attachment 4 to Reference 1.

Reference 3, *Modeling the filtration efficiency of a woven fabric: The role of multiple lengthscales*, published by the science journal Physics of Fluids (March 2022) is Attachment 8 to Reference 1.

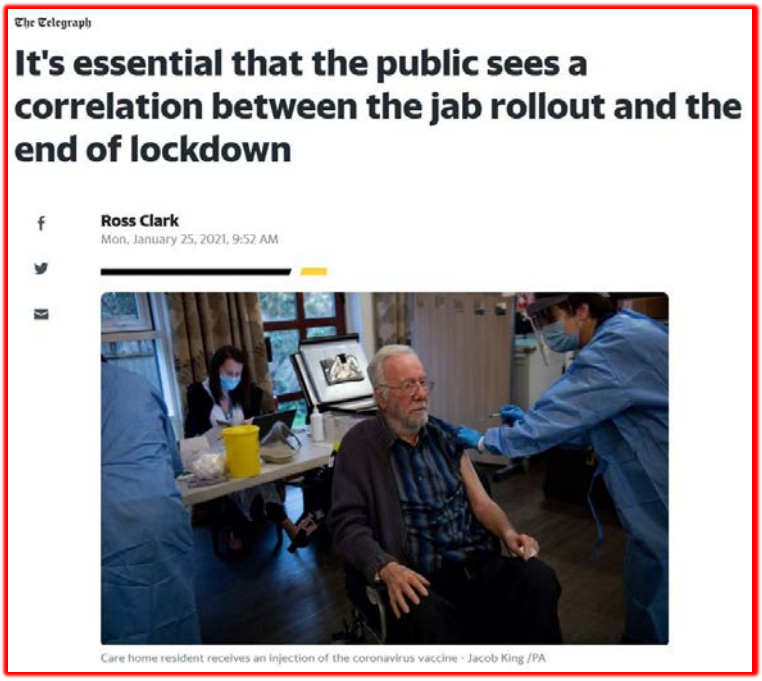
Reference 4, *Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic,* report by the American Journal of Public Health is enclosed in the Addendum (March 2021, please also review Page 4 above).

Reference 5, *Recent Lower and Upper Court Rulings in France: Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause"* is discussed on Pages 13 - 19 below.

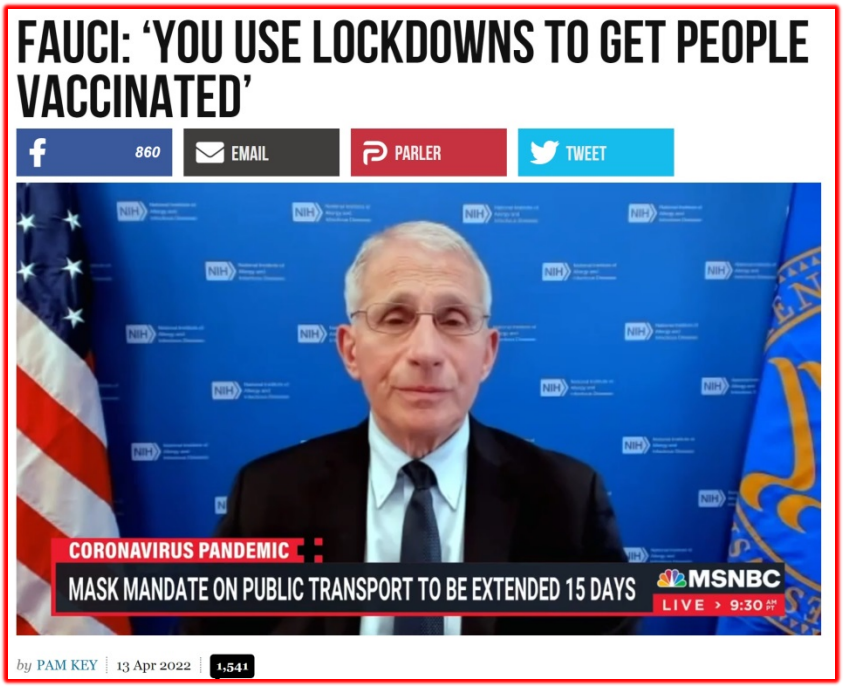
This and much more has already been shared with Fauci, Pollack, et al. With respect to the Subject, I encourage you and ACLI staff to review this material in-detail.

**Discussion – The Lockdown Protocols as 'Fraudulent Marketing'** CONCLUSION

**The Ongoing Ruse:** Submit to our high-profit dangerous mRNA needles, only then will lockdowns and mask coercions end; after which we graciously allow you and your family to live under our "New Normal."




**The lockdown protocols as Fraudulent Marketing? Please re-read the NYFAB discussion on Page 7 above, prior to the following headline of 13 April 2022 where Mr. Fauci openly affirms it:**




**Prior to Subject review**, further context is needed; a globalist context that interconnects and explains the actions taken by subordinated persons involved in the crimes and criminality of COVID-19.

**COVID-17 / COVID-19 – The Context Rigorously Censored by 'Cancel Culture'**

There are two violently different views on humanity's past and future. Briefly:

> In one view there exists a singular all-powerful creator, referred to as God, and that God ordained and has openly stated a preference for a world of nation states. The politically oriented call this "conservative." The non-politically motivated call this faith. Labels vary.
>
> In the other view, there is no such thing as God, and the nation-state order of the world must be replaced by a singular all-powerful New World Order; with its urgent justification the survival of humanity itself, and that this emergent view is unavoidable if humanity is to deal with and survive "existential threats."

The latter is codified and promoted by, among others, the World Economic Forum. WEF membership is highlighted by the following globalist hyenas: Mr. Yuval Noah Harari, and Mr. Klaus Schwab : [7]

In early 2018, venting his alarm over the 2016 U.S Presidential election, and especially its theme of "America First," in early 2018 Mr. Harari spewed the same-old worn-out Marxist/Leninist garbage:

> *" What I want to talk to you today (sic), is about the role of nationalism and nations in the world of the 21st century. Until a short time ago, it seemed that nationalism was waning, and that humankind is on a path to becoming a single global peaceful community. But now nationalism is making a comeback, and not just in some remote corners of the world but also in the hegemonic powers of Western Europe, of North America, of Russia, China and India. What does the revival of nationalism signify? Does nationalism offer real solutions to the unprecedented problems of the 21st century? Or is it a kind of escapist indulgence that might doom humankind and the entire ecosystem to disaster? "*

Fear pornography aside, the *"single peaceful community"* that Harari, Schwab and their brethren previously orchestrated, resulted in the most Godless, the most destructive, and the most murderous sewer in history, the Soviet Union. **Harari and Schwab need to be re-educated on the Holodomor?** In the 21st century, the Harari/Schwab model of *"real solutions"* is taking form in China, where an estimated 25 million innocent human souls are being starved in Shanghai, under the guise of "variants" and further COVID-19 lockdowns.

**It is no surprise that COVID-19 is openly lauded by Harari, Schwab and their ilk as the "defining historical moment" . . . as their key tactical operative of The Great Reset**.

---

[7] Both are philosophically akin to Page 8 comrades above; Ms. Martha Pollack of Cornell, Mr. Peter Bourla of Pfizer.

**Reference 5: Recent Lower and Upper Court Rulings in France:
Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause**

A search of the American Council of Life Insurers (ACLI) website for the term 'suicide' has **zero** hits.
A search of the phrase 'life insurance suicide' in major search engines results in nearly 100 million hits.

After the lower and upper court rulings in France, which affirmed reports that a vaccinated grandfather, who died as a result of that Pfizer needle but was denied life insurance benefits on the basis that his vaccine death was the result of suicide; many medical doctors state-side then began uploading videos of these events. A notable example is Dr. Peterson Pierre:

Dr. Pierre stated in his April 2022 video:

> "In France there was an elderly wealthy businessman who got out life insurance for millions of dollars. He got the COVID vaccine, and he died. So, the life insurance company is not paying out because they decided that the COVID vaccine is a medical experiment. And death from a medical experiment is not a covered entity. Furthermore, even the judge says that the side-effects from the vaccine are well-known; they've been made public. There's absolutely no way this gentleman (the insured) could not have known the side-effects. He willingly chose to get the vaccine. He died as a result, and because it was a choice, **they're calling it a suicide**. And suicide, **along with death from experimental drugs**, are not covered in life insurance.
>
> So, I know what you're thinking, 'Oh, that happened in France. That would never happen in the US.' Well, I'm sorry to tell you, but the American Life Insurance Council <sic> has also said that life insurance policies may deny payment if you die from the COVID-19 vaccine because they are experimental drugs.
>
> There you go. This is something we thought might happen. We're seeing it happen. You might want to check your policy."

Then, @1:25 in the above video, Dr. Pierre displays the following image from the ACLI website:

**Reference 5: Recent Lower and Upper Court Rulings in France:**
**Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause** CON'T


That actual ACLI webpage links to the following announcement, dated 16 September 2021:

ACLI NEWS RELEASE

Thursday, September 16, 2021

View All News Releases

AMERICAN COUNCIL OF LIFE INSURERS (ACLI): POLICYHOLDERS' COVID-19 VACCINE STATUS DOES NOT AFFECT LIFE INSURANCE CLAIMS

WASHINGTON – American Council of Life Insurers (ACLI) Senior Health Actuary Jan Graeber issued the following statement on misinformation relating to COVID-19 vaccines:

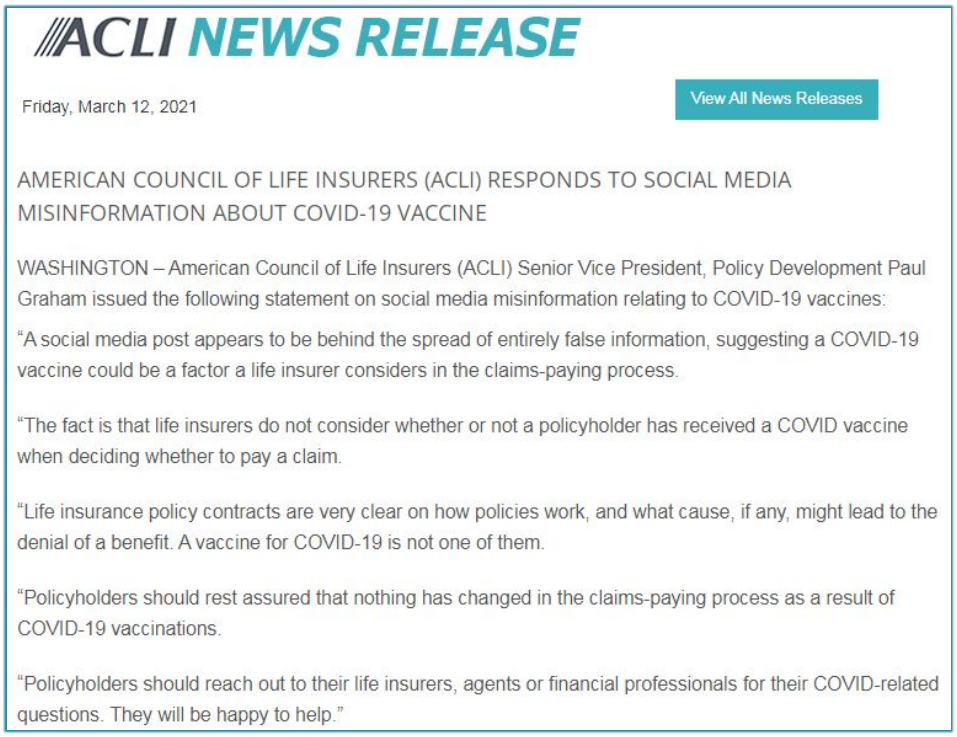
"We said it before and, unfortunately, we must say it again because misinformation about life insurance claims and the COVID-19 vaccine continues to spread.

"Policyholders should rest assured that nothing has changed in the claims-paying process as a result of COVID-19 vaccinations. Life insurance policies are very clear on how they work, and what cause, if any, might lead to the denial of a claim. A policyholder's decision to receive or not receive a vaccine for COVID-19 is not one of them. Nothing has changed in life insurers' claims paying process.

"Policyholders should reach out to their life insurance companies, agents or financial professionals for their COVID-related questions. They will be happy to help."

**However, this deeply admirable position appears to be assuring/addressing the *un*-vaccinated.**
That appearance is reinforced by hyperlinking to the *previous* ACLI announcement dated 12 March 2021:

**Reference 5:** **Recent Lower and Upper Court Rulings in France:**
**Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause** CON'T



ACLI NEWS RELEASE

Friday, March 12, 2021

View All News Releases

AMERICAN COUNCIL OF LIFE INSURERS (ACLI) RESPONDS TO SOCIAL MEDIA MISINFORMATION ABOUT COVID-19 VACCINE

WASHINGTON – American Council of Life Insurers (ACLI) Senior Vice President, Policy Development Paul Graham issued the following statement on social media misinformation relating to COVID-19 vaccines:

"A social media post appears to be behind the spread of entirely false information, suggesting a COVID-19 vaccine could be a factor a life insurer considers in the claims-paying process.

"The fact is that life insurers do not consider whether or not a policyholder has received a COVID vaccine when deciding whether to pay a claim.

"Life insurance policy contracts are very clear on how policies work, and what cause, if any, might lead to the denial of a benefit. A vaccine for COVID-19 is not one of them.

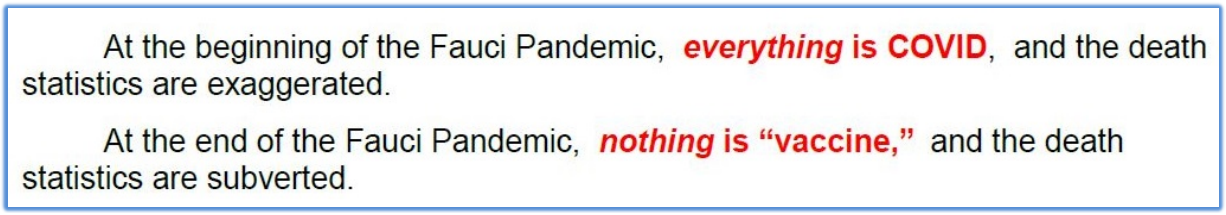
"Policyholders should rest assured that nothing has changed in the claims-paying process as a result of COVID-19 vaccinations.

"Policyholders should reach out to their life insurers, agents or financial professionals for their COVID-related questions. They will be happy to help."

These overtures by the ACLI occurred *after* the FDA EUA of 11 December 2020; when the Pfizer mRNA needle was approved.

In 2020, when Operation Warp Speed and COVID-19 Fraudulent Marketing schemes were promoted, life insurance payouts hit an all-time high; surpassing 2019, which had already surpassed a previous record! But the Fraudulent Marketing was deciphered *as such* by those of us familiar with Mr. Fauci. [8]

In my letter of 19 July 2021 to Oral Roberts University President Dr. William Wilson, I stated (screenshot): [9]



At the beginning of the Fauci Pandemic, ***everything*** **is COVID**, and the death statistics are exaggerated.

At the end of the Fauci Pandemic, ***nothing*** **is "vaccine,"** and the death statistics are subverted.

**QUESTION:** **ACLI has never asked: What exactly are we insuring when encouraging our life insurance customers to be vaccinated, and what exactly have they been injected with?!**

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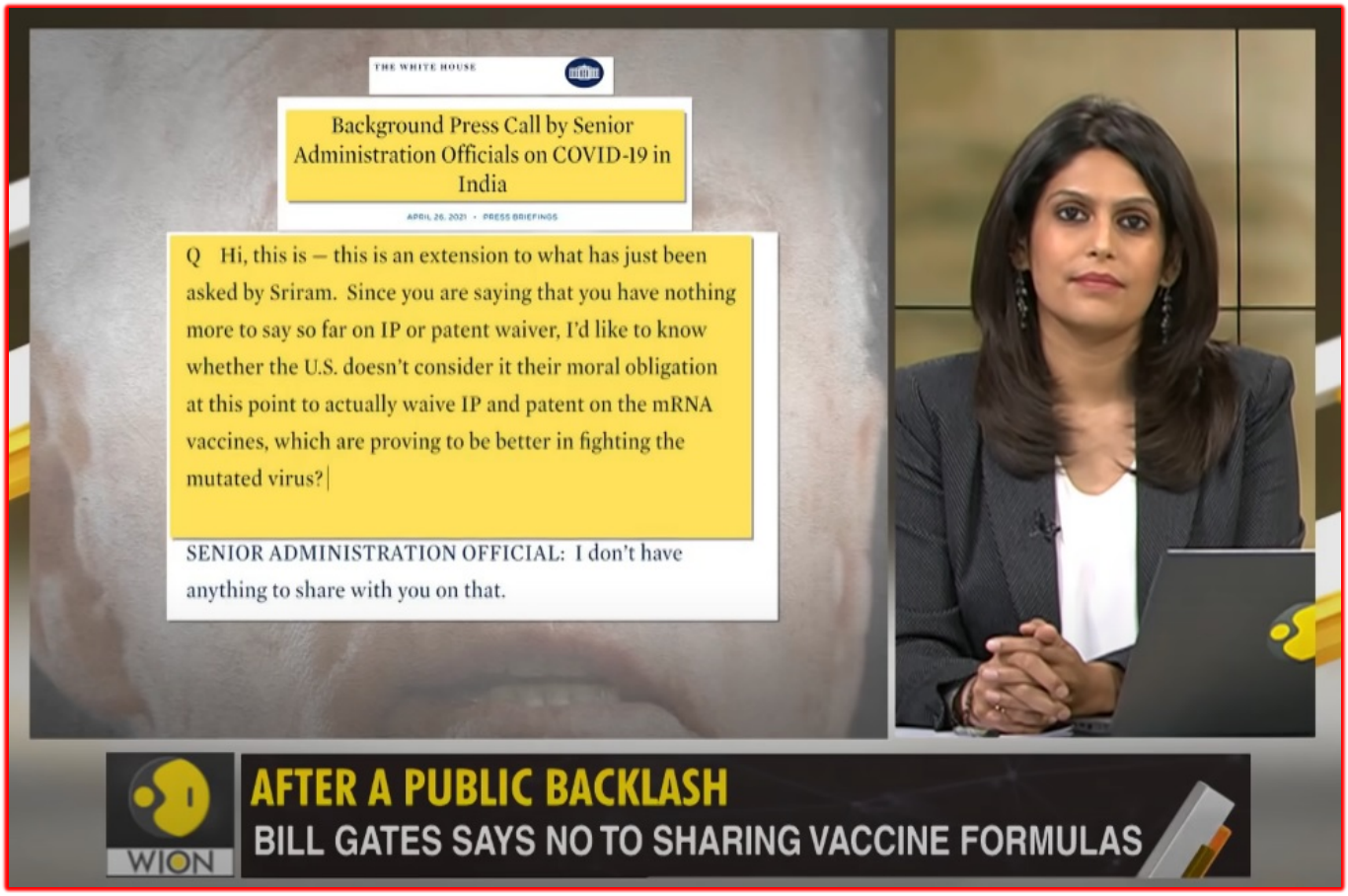
[8] For an introduction to that familiarity, please see Reference 1, Attachment 3, Items 1 – 3 on Page 7-of-39.

[9] Please see Reference 1, Attachment 5, Pages 4 - 5 of 14.

**Reference 5:** **Recent Lower and Upper Court Rulings in France:**
**Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause** CON'T

Regarding the COVID-19 criminals, we cannot get truthful answers on anything! **We never got a straight answer on what precisely is in the needles; content even unknown to the FDA who approved its injection into billions of humans worldwide!** Merely asking questions, suggesting mRNA content, evoked intimidation headlines from the Washington Post (WP) in behalf of Pfizer CEO Mr. Albert Bourla:


Jeff Bezos and his WP are among many illegitimate gatekeepers on Pfizer/Moderna needle content. WEF member **Bill Gates** is also compelled to keep the global population in-the-dark **and at-risk** protecting his financial and political investments; even jeopardizing friends and allies such as the great nation of India:



**Reference 5:** **Recent Lower and Upper Court Rulings in France:**
**Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause** CON'T

Throughout 2021, President Joe Biden has made the outrageous claim that humanity is confronted with:

## " A Pandemic of the Unvaccinated ! "

Other than cannon fodder for a Steven King horror rag, that claim is unfounded, unsupportable; ***a lie!***
In truth, the exact opposite is well-known, and plaguing the entire Pfizer/Moderna vaccinated world.

With "break-through cases" confirming vaccine failure, with vaccinated deaths the issue for investment house whistleblowers, [10] on 10 March 2022 the WP was compelled to interview Pfizer CEO Albert Bourla **regarding the content of his needles . . . and why they chose mRNA gene therapy technology ?!**


*" It was counterintuitive because Pfizer was mastering or let's say we had very good experience and expertise with multiple technologies that could give a vaccine. Another virus but some of the other vaccines are <sic>. We were very good in doing that. Protein vaccines, we were very good in doing that. Plus many other technologies. mRNA was a technology that we had less experience.* ***Only two years working on this****.*

***And actually, mRNA was a technology that never delivered a single product*** *until that day.* ***Not vaccine, not any other medicine****, so it was very counterintuitive, and I was surprised when they suggested to me that this was the way to go. And I questioned it. And I asked them to justify how can you say something like that. But they came and they were very very convinced that this is the right way to go. They felt that the two years of work on mRNA, since two-thousand-eighteen (2018), together with BioNTech to develop a flu vaccine, made them believe that the technology's mature and we are on a cusp of developing a product.*

*So they convinced me. I follow my instinct that they know what they are saying. They're very good. And we made this very difficult decision about that. "* [11]

---

[10] Mr. Edward Dowd, former Managing Director and Equity Portfolio Manager of BlackRock, is just one example.

[11] Contrary to Bourla's crap, there was nothing "difficult" selling record-profit-margin, **Liability Immunity shielded** needles, into an rt-PCR based plandemic, versus deploying low-cost off-label and proven COVID-19 treatments.

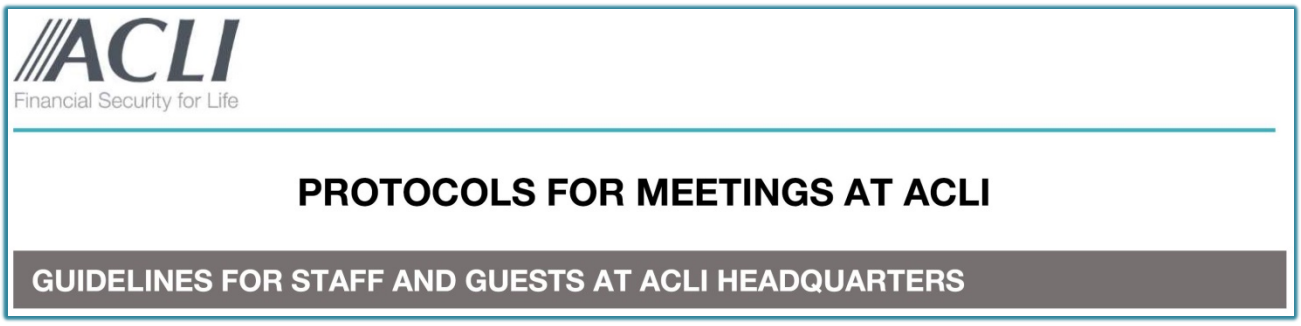
**Reference 5:** **Recent Lower and Upper Court Rulings in France:**
**Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause** CON'T

**But why the about-face by Bourla and others on the needle content question?**

Amongst official denials during 2021, from Fauci to the FDA, at the 24 October 2021 World Health Summit in Berlin Germany, Board member and Head of Pharmaceuticals at Bayer, Dr. Stefan Oelrich spoke plainly: The mRNA "vaccines" are indeed gene therapy technology, but also these are key profit-margin leaders:


> *"To tackle issues beyond COVID-19, we've seen vaccines as the perfect example . . . We are taking the leap in selling gene therapy. Ultimately the mRNA vaccines are an example for that. I always like to say if we had taken a survey two years ago,* ***in the public****, 'Would you be willing to take gene or cell therapy; and get it injected into your body?'* ***We would have probably had a ninety-five per cent refusal rate!"***

**But how does the vaccine content, and related questions matter to ACLI?** The truth is, ACLI encourages use of the Pfizer/Moderna mRNA needles; one need only review your meeting protocols:


ACLI
Financial Security for Life

**PROTOCOLS FOR MEETINGS AT ACLI**

**GUIDELINES FOR STAFF AND GUESTS AT ACLI HEADQUARTERS**

**Reference 5: Recent Lower and Upper Court Rulings in France:**
**Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause** CON'T

The overriding truth, ACLI and its 280 members have also been defrauded by the NIH, FDA, CDC, Big Pharma, Big Academia, WEF and others. [12] The WSJ Finance section report of 9 December 2021 by Ms. Leslie Scism was reporting **on 20*20* (!)** . . . when the Pfizer/Moderna needles were not yet in use:


THE WALL STREET JOURNAL.

Home World U.S. Politics Economy Business Tech Markets Opinion Books & Arts Real Estate Life & Work WSJ. Magazine Sports

WSJ NEWS EXCLUSIVE | FINANCE

**Covid Spurs Biggest Rise in Life-Insurance Payouts in a Century**

Death-benefits payments jumped 15% last year, biggest increase since 1918 flu epidemic

**The French court rulings about a grandfather** . . . the one who died after injection by mRNA needles? Life insurance payment to his estate was denied; upheld by both the lower and the appeals court. Was his death merely **alleged** to have been caused by the needle? Not a chance:

> **In the United States** during Operation Warp Speed, Cause of Death (COD) forms were used for Fraudulent Marketing; especially hospital financial incentives. Regardless of death facts, the mRNA cabal **required** the fear pornography of *COVID-19.* This COD "checked box" occurred without any objective medical proof . . . **in stark contrast, the French government REQUIRES AN AUTOPSY !!**

These court rulings in France are nowhere in the US news media; our media is also guilty of Fraudulent Marketing, **especially relating to failure to disclose that mRNA is experimental and unproven.** Next, translation from French media reports of January 2022, as alluded to by Dr. Pierre: [13]

> *"In France, death after vaccination of a very wealthy grandfather, with life insurance of several million euros for the benefit of his children and grandchildren, the insurance does not reimburse and does not pay the premium of several million euros, the court accepts the qualification of the insurer considering, legally, adherence to **phase three experimentation, the proven safety of which is non-existent** . . . in view of the announced side effects including death, as voluntary lethal risk-taking not covered by the contract and legally admitted as suicide.*
>
> *The family appealed. But the insurer's defense is admitted as well-founded and contractually just because this known and **public lethal risk-taking is like suicide legally** because the client has been notified and has agreed to voluntarily take the risk of dying without being obliged or forced to do so. Consequently, **death after vaccination is considered suicide by the courts**. The insurers will not reimburse the loans either because the lethal risk of the vaccine effectively excludes insurers from contract, becoming null and void.*
>
> *Justice delivers its verdict following the filing of a complaint (Appeal to Law 210/92), to obtain compensation, damages and interest following a death by vaccination (**confirmed by autopsy**). Request not accepted because vaccination not compulsory."*

---

[12] Please review 'ANSWER' at-bottom of Page 4 above.

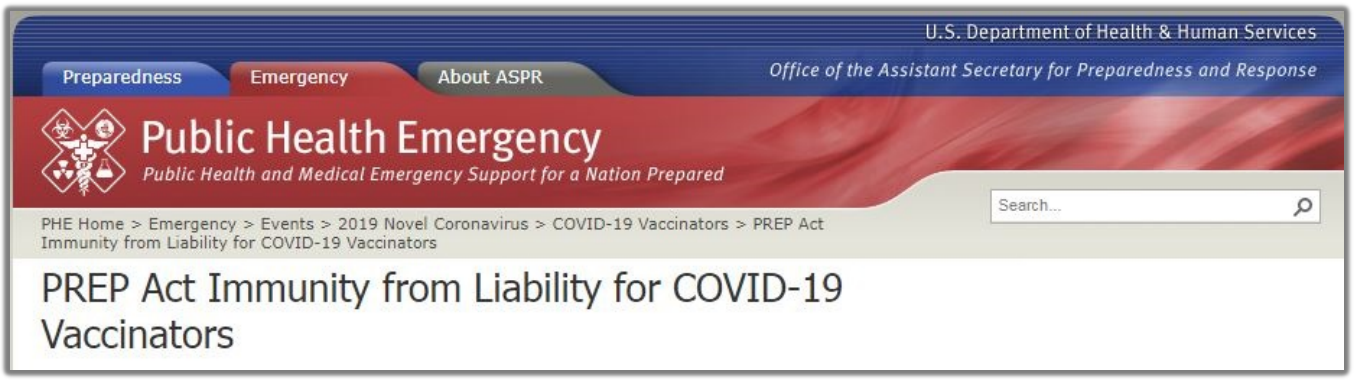
[13] Please review Page 13 above.

**Reference 5: Recent Lower and Upper Court Rulings in France:**
**Denial of Life Insurance Benefits Due to "Suicide" Exclusion Clause** CONCLUSION

Immediately after **the autopsy** and court rulings **in France**, in March 2022, representing Germany at the European Parliament, Mr. Nicolaus Fest declared:


"**In Germany we have forty-eight confirmed cases of death that occurred in connection with the vaccination. Forty-eight cases! Those were just the cases that were autopsied. Of course, we know that many people who died after a vaccination were not autopsied at all! That means the unreported number is probably many times higher.**

**If any company, say Nestle or Pepsi of any other company were to put a product on the market and then forty-eight people were to die from it within a year, we would not talk about whether we should or should not distribute this product to the world. We would talk about whether or not we should enforce liability on the management! That is what I would urgently suggest that this Parliament do. We should be discussing the lack of efficacy of these vaccines and about liability issues for the management of the vaccine manufacturers."**




The U.S. Department of Health and Human Services (HHS) is thoroughly embedded into the mRNA cabal. Note that they also refer to SARS-CoV-2 as "novel." **As Mr. Fauci is aware, PREP was designed to accommodate the commercial and legal concerns of what they call, "COVID-19 Vaccinators."** 'The same "vaccinators" that accuse us of crimes for asking about the content of the mRNA needles. [14]

[14] See Washington Post headline, Page 16 above.

**Subject:** **Reimbursement of Life Insurance Benefits Paid by ACLI Members; Resulting from Death Caused by the SARS-CoV-2 Virus, Lockdown Protocols, and the COVID-19 "Vaccine"**

In my interview with Mr. Stew Peters of 13 December 2021, we discussed the PREP Act; we focused on **willful misconduct**:

## Liability Immunity and Compensation

In general, the liability immunity applies to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of medical countermeasures described in a Declaration. The only statutory exception to this immunity is for actions or failures to act that constitute willful misconduct.

The PREP Act also authorizes a United States Treasury fund that compensates eligible individuals for serious physical injuries or deaths directly caused by administration or use of a countermeasure covered by the Declaration.

**" . . . to compensate eligible individuals for serious physical injuries or deaths caused by administration or use of a countermeasure covered by the Declaration" ?!**

1. Do we need to clarify that *if* Treasury funds *were* authorized, that would amount to admission by the US government that their FDA EUA needles are defective?
2. Do we speculate that *if* Treasury funds *were* authorized, such would be an admission that COVID-19 actions by the government and their "vaccinators" amounted to willful misconduct ?!
3. Do we need to specify that *if* Treasury funds *were* authorized, that would undermine government desire **to charge expecting moms who refuse the mRNA needles as "domestic terrorists"?** A crime already defined by, and planned for prosecution by these patriots (?):

4. Do we need to specify that EVERY application to "*compensate eligible individuals for serious physical injuries or deaths caused by administration"* of the COVID-19 needles **has resulted in 100% application rejection, and ZERO funds dispensed?**

**Subject:** **Reimbursement of Life Insurance Benefits Paid by ACLI Members; Resulting from Death Caused by the SARS-CoV-2 Virus, Lockdown Protocols, and the COVID-19 "Vaccine"** CONTINUED

In contrast, the ACLI and its 280 members offer the opposite behavior. You work to preserve the safety and **dignity** of Americans; not coerce them or label them or threaten their health. Your decision to compensate the estates of both the un-vaccinated and the vaccinated, under the policies that authorize those death benefits, during the COVID-19 charade, constitutes **admirable conduct.**

Regarding the COVID-19 charade, there are three primary modes of **willful misconduct**. In sequence, (1) from Gain-of-Function (GOF) research that led to the SARS-CoV-2 virus, (2) to the Fraudulent Marketing of the Lockdown Protocols, (3) to deployment and mandating/coercions of all-new, unproven, ineffective and unsafe "vaccines" ; these three modes continue to cause manslaughter (at a legal minimum):

> **As implied in Reference 5 (Pages 13 – 20 above), suicide is subject to exclusion clauses, but the willful misconduct that has led to the premature if not premeditated death of your clients has no exclusionary protections, and needs to be addressed by ACLI immediately.** [15]

The following persons and the pharmaceutical corporations they lead comprise a preliminary recommended focus for reimbursement to ACLI members. ACLI members have paid, in good-faith, billions in insurance benefits during the COVID-19 years of 2020, 2021 and 2022. These payments would not have occurred (at this time, or amounts), without the **willful misconduct** of these and others; who have orchestrated, participated-in, or benefitted-from the mRNA cabal:

**Mr. Albert Bourla, CEO of Pfizer**

**Mr. Stéphane Bancel, CEO of Moderna**

[15] Regarding the descriptor 'premeditated,' please review the side effects panel shown to the FDA at its pre-EUA VRBPAC meeting of 22 October 2020; see the Preamble to Attachment 7 of Reference 1.

**Subject:** **Reimbursement of Life Insurance Benefits Paid by ACLI Members; Resulting from Death Caused by the SARS-CoV-2 Virus, Lockdown Protocols, and the COVID-19 "Vaccine"** CONTINUED

Only the deeply ignorant and/or dimwitted would believe that Mr. Bourla or Mr. Bancel would orchestrate, participate-in, or benefit-from the mRNA cabal, and its three primary modes of **willful misconduct**:

Death Caused by the SARS-CoV-2 (GOF) Virus
Death Caused by the Lockdown and Face Mask Protocols
Death Caused by the COVID-19 mRNA "Vaccine"

without the pre-planned provisions of **Liability Immunity**. The ACLI, by virtue of its deeds/announcements shown on Pages 14-15 above, is the exact opposite in terms of moral and ethical stature. [16]

Many assumed that Biden could not do worse than his **"Pandemic of the *Un*vaccinated"** lie. Wrong! **Please see Attachment 10 of Reference 1**. During the State of the Union address, in-behalf of his Pfizer friend Mr. Albert Bourla, President Joe Biden **lied to the nation and the entire world:**

**"Repeal the liability shield that makes gun manufacturers the only industry in America that can't be sued. The only one! "**

Regarding Attachment 10 of Reference 1, **Mr. Fauci has no intention of responding to my letter**, or correcting the **non-gaffe** of his boss . . . regardless of its clear overtones as Fraudulent Marketing.

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[16] This positive ACLI assessment does not apply to Ivy League universities and their administrators in-particular; especially those whose vesting is not limited to their medical colleges, but extends to the intended/anticipated paybacks (from Big Pharma) within the private process coyly labeled as *"university development."*

**Subject:** **Reimbursement of Life Insurance Benefits Paid by ACLI Members; Resulting from Death Caused by the SARS-CoV-2 Virus, Lockdown Protocols, and the COVID-19 "Vaccine"** CONCLUSION

After the FDA EUA, and especially due to vaccine mandates (such as coerced by Ms. Pollack at Cornell), the mRNA vaccine injuries **and deaths** began to accumulate:

CHRISTIANITY DAILY

Wednesday, June 9, 2021 Last Update: 3:03 AM EST

US WORLD CHURCH MISSION MINISTRIES SOCIETY LIFE ENTERTAINMENT OPINION VIDEO

**Reports Indicate Vaccines Causing More Injuries, Deaths Than Natural COVID-19 Infections**

BY ANTON CARILLO
MAR 04, 2021 10:06 AM EST

Reacting to these reports, CDC Director Ms. Rochelle Walensky officially **"redefined" the terms vaccine and vaccination;** a complete butchering of the English language, and a re-write of medical history.

GATEWAY PUNDIT

We report the truth — and leave the Russia-Collusion fairy tale to the Conspiracy media

**SHOCK REPORT: There Were More COVID-19 Vaccine Deaths Last Week in US than COVID-19 Deaths**

By Jim Hoft
Published July 13, 2021 at 7:30am
904 Comments

Share (5.1k) Tweet Share to Gab Telegram Share Email

There are now 9,125 reported deaths from the COVID-19 vaccinations across the United States this year.

**With her new definitions in-place, Ms. Walensky then used taxpayer funds to conduct university "studies" to further obscure the CDC death statistics . . . utterly despicable criminal behavior**.

**CONCLUSION and REQUESTS**

During the Stew Peters interview (Page 1 above); in addition to **willful misconduct,** we reviewed the legal issue, **duty-to-warn**; in COVID-19 parlance, **informed consent.** Of the Cornell students I interviewed, NONE had been informed by University "vaccinators," such as Ms. Martha Pollack, of **Liability Immunity**, prior to submitting to their vaccination mandate. NONE had been officially informed of the true potential side-effects, and NONE had been informed of the exact contents of the needles. Let-alone that fact that the needles were mRNA **experimental.** Instead, the students and staff were blitzed with **the non-stop lie** that the Pfizer/Moderna needles were **"95% effective."** They were told, take the needle or be expelled.
Of those that applied for Religious Exemption, how many were granted by Cornell vaccinators? ZERO!

The above is representative of the USA. But is alien to the national setting enjoyed by your life insurance counterparts in France. In France (birthplace of Moderna CEO Mr. Stéphane Bancel), key elements of the COVID-19 charade are all officially available. In France, **an autopsy is required prior to assertion of a 'Cause of Death' (COD)**. In France, the French words vaccin and vaccination have not been redefined (at the behest of vested-interests) by government clerks. In France, the descriptor **experimental** is officially connected directly to the mRNA needles, prior to injection; as noted by the French courts!

Regarding the Subject, reimbursement of life insurance benefits paid, the ACLI and its 280 members are victims of criminal fraud. The ongoing benefits being paid in-good-faith, that are the result of the three primary COVID-19 death causes:

Death Caused by the SARS-CoV-2 (GOF) Virus

Death Caused by the Lockdown and Face Mask Protocols

Death Caused by the COVID-19 mRNA "Vaccine"

need to be re-examined in the context of criminal fraud. The future viability of the entire life insurance paradigm requires/deserves that examination. Unlike those that orchestrated, participated-in, or benefitted-from the mRNA cabal: the ACLI and its members do not enjoy **Liability Immunity** provisions.

Regarding the Addendum: In the Unites States, ranging from the sole medical practitioner to hospital administrators, all were officially instructed, encouraged and even incentivized to lie-by-omission.
If you doubt that fact, please read the (subsequent) email offered on Page 28-of-48 of Reference 1.

Please do not hesitate to contact me at any time.

Cordially,

Paul V. Sheridan

Attachment/Enclosure

**ADDENDUM – Reference 4**

Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic
American Journal of Public Health (March 2021) – Four Pages

# Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic

*Sandra Crouse Quinn, PhD, Amelia M. Jamison, MAA, MPH, Vicki Freimuth, PhD*

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

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

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

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

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

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

# Communicating Effectively About Emergency Use Authorization and Vaccines in the COVID-19 Pandemic

*Sandra Crouse Quinn, PhD, Amelia M. Jamison, MAA, MPH, Vicki Freimuth, PhD*

**ABOUT THE AUTHORS**

*Sandra Crouse Quinn is with the Department of Family Science and the Maryland Center for Health Equity, School of Public Health, University of Maryland, College Park. Amelia M. Jamison is with the Maryland Center for Health Equity, School of Public Health, University of Maryland. Vicki Freimuth is with Center for Health and Risk Communication (Emeritus), University of Georgia, Athens.*

The Emergency Use Authorization (EUA) mechanism is central to the US response to coronavirus disease 2019 (COVID-19). It allows the US Food and Drug Administration (FDA) to respond quickly to novel threats by approving a new drug, device, or diagnostic procedure or expanding off-label use of an existing drug through an accelerated approval process.[1] To obtain authorization, evidence must support that a drug or product "'may be effective' to prevent, diagnose, or treat serious or life-threatening diseases or conditions," and the known or potential benefits of the product must outweigh known or potential risks.[2(p7)] The authorization also stipulates that when feasible, a fact sheet is provided to address risks and benefits and make clear that acceptance is voluntary.[2]

Since March 2020, the FDA has issued EUA for several therapeutics to treat COVID-19: chloroquine phosphate, hydroxychloroquine sulfate, remdesivir, and a monoclonal antibody drug from Eli Lilly to help the immune system fight COVID-19.[3] The FDA later revoked its approval of chloroquine phosphate and hydroxychloroquine sulfate, stating that the drugs did not meet the legal criteria for approval.[4] The FDA also revised its fact sheet for remdesivir to reflect potential drug interactions.[5] Given the rapidity of changing knowledge of COVID-19, it is not surprising that the FDA would revoke or modify EUA approvals. However, its decisions about several EUAs have called into question the extent to which the FDA can withstand political pressure as it faces all decisions.

Daily news coverage tracks progress in the accelerated COVID-19 vaccine development process.[6] On November 13, 2020, Pfizer became the first company to seek approval of its COVID-19 vaccine through the EUA mechanism, making it the first instance of EUA approval for a vaccine.[7] Therefore, it is vital to assess how the public understands the EUA mechanism and how this may influence willingness to accept COVID-19 vaccines.

## LEARNING FROM PAST RESEARCH

Given the severity of the COVID-19 pandemic, it will be essential that the public willingly take a vaccine once it is available. However, multiple polls report substantial hesitancy about a potential vaccine.[8] Previous research suggests that when it comes to EUA therapeutics and vaccines, the public may have significant hesitancy. During the influenza A (H1N1) pandemic, a national survey assessing willingness to accept existing EUA therapeutics and a hypothetical EUA vaccine found that only 8% of the respondents were willing to accept an EUA vaccine, with 28% reporting uncertainty and 64% outright refusal.[9] Hispanic adults reported the highest willingness at 16.6%, followed by White adults at 7.2% and African American adults at only 4.2%. A 2010 survey examining the acceptance of peramivir, approved as an EUA, found that use of the term "experimental" on the fact sheet decreased willingness across the board, and particularly for African Americans.[10] Given the history of research abuses and ongoing racial bias in health care, this reaction is not surprising. Both studies found that greater trust in government action was associated with willingness to accept EUA products.[9,10]

In a qualitative study on public understanding of medical countermeasures, Liu et al.[11] assessed willingness to comply with protective actions during a hypothetical novel respiratory virus scenario. Respondents had poor understanding of terminology used to describe novel drugs and EUA. Free

association with terms used in EUA fact sheets like "experimental," "accelerated approval," and "off-label" prompted respondents to have strong negative emotions.[11] The phrase "Emergency Use Authorization" triggered mixed responses, ranging from "important" and "helpful" to "risky," "suspicious," "desperate," and "over-controlling."[11] Only 15% of the participants reported likely compliance with EUA recommendations in this scenario.[11] All participants reported a significant need for more information beyond what is typically included in a fact sheet. Liu et al.[11] concluded that a single fact sheet for the public will not be effective, and tailored and targeted fact sheets are necessary for different populations. They concluded that "pre-emergency education" about medical countermeasures is needed.[11]

## CRAFTING AN EFFECTIVE COMMUNICATION STRATEGY

This literature suggests that unique challenges exist when communicating about drugs or vaccines offered under an EUA. The health threats they address are extraordinary, clinical experience is limited, and the development and approval processes are frequently accelerated.[12] With these challenges and an active antivaccine movement already campaigning against any COVID-19 vaccine, we recognize the significant reluctance among the American public. Public health leaders face multiple barriers to communicating effectively to ensure vaccine uptake when available. To overcome these barriers, we offer recommendations based on our previous research and the principles of effective emergency risk communication (see the box on p. 357).

First, we need to begin communication immediately. Most people form judgments about new ideas based on mental models they have developed from past experiences. Few people have a clear mental model of the vaccine development process, making it difficult to understand what it means for the process to be accelerated. The White House's adoption of Operation Warp Speed and promises of a vaccine by fall 2020 have undermined trust in any vaccine, whether as an approved EUA or not.[13] Graphic representations of the vaccine process, such as the *New York Times* "Coronavirus Vaccine Tracker," may be helpful to demystify the complex process and reassure individuals about the multiple levels of quality control and the independence of various entities along the production chain.[14] Greater transparency about the process may potentially address underlying fears about the pharmaceutical industry's motives or concerns about the politicization of the process.

We also need to be sensitive to the language we use when communicating about new vaccines. Messages should be jargon-free, accurate, confident, and consistent. Formative research should start now while vaccines are in development to understand socioeconomic, cultural, and other issues that can inform message development and appropriate personal and media sources when communicating to different segments of the public, recognizing that Black, Latinx, and Native communities will require specific attention. EUA fact sheets present their own communication challenges, because they are required to balance legal mandates while still communicating effectively to both medical and public audiences.[9]

Transparency is key, particularly as new data become available. The release of trial protocols by Moderna and Pfizer, and now other trial sponsors, is a step in the direction of transparency but will require further translation for public audiences.[15] Any vaccine will likely have risks associated with its use, and these must be clearly communicated. Two vaccine candidates now in clinical trials are using technologies not previously approved for vaccines, and given the speed of the research process, it would not be surprising to learn more about potential side effects after any EUA.[14] It would behoove the FDA to be forthright and clear in communicating with the public and to avoid overpromising on results, balancing optimism with realistic assessments of existing research. We already have evidence that some elected officials and individuals do not recognize that change is a given in this fast-moving pandemic and may interpret any new findings about a vaccine given EUA as problematic. We must inform the public that even after a vaccine is approved as an EUA, the FDA and the Centers for Disease Control and Prevention will continue to monitor for safety and adverse events and will adjust its guidance as needed.[2] Clarifying this process and identifying how the FDA will communicate any revised guidance will be critical.

We know that public health and government officials are not the only ones who will be communicating about these new vaccines. With the antivaccine movement already fully engaged in spreading misinformation and elected officials sharing inconsistent and contradictory information, the United States has a competitive communication environment. All this communication should be monitored and judgments used to determine when misinformation should be addressed and when it should be

| Recommendations for Effective Emergency Risk Communication to Ensure Vaccine Uptake |
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| Transparency |
| FDA must communicate to the public about the monitoring process during vaccine trials and after any EUA. |
| FDA must confirm that they will release full data on adverse events and modify EUA approvals and fact sheets accordingly. |
| FDA needs to develop guidelines for the timing of reporting adverse events. |
| Pharmaceutical companies must release protocols for review by independent scientists. |
| Pharmaceutical companies must continue to update the public on enrollment. |
| Pharmaceutical companies should release findings on safety and efficacy from their Data Safety and Monitoring Boards, including data and recommendations. |
| Partnerships |
| Local, state, and federal public health agencies must engage with partners, both public agencies and other organizations, including health professional associations; national public health partners such as Association of State and Territorial Health Officials and National Association of County and City Health Officials; national organizations that represent diverse members including civil rights groups, faith communities, civic groups, and media and communication firms that specialize in reaching Black, Latinx, and Native Americans and Alaska Natives. |
| Public health agencies must work with these partners before release of a vaccine to understand community concerns and begin to tailor communication messages and channels. |
| Public health agencies must share key messages with these partners to increase FDA and CDC reach. |
| Agencies need to sustain this engagement to help monitor community reactions, clarify misconceptions, and amplify messages. |
| Training for health care providers |
| Public health agencies should distribute tested talking points for providers and community leaders to help them answer questions about the EUA mechanism and the new vaccine, such as: How do we know these products are safe? How does this new vaccine work? How is an EUA different from a "normal" vaccine? |
| Public health leaders must recognize that the initial vaccines will have been tested only on adults, which therefore will require that health care providers who treat adults, and may have less experience with vaccination, will need extra assistance in preparing for patients' questions and concerns. |
| Fact sheets |
| Public health leaders should start testing terminology before vaccine availability. |
| Public health leaders should examine understanding of terminology and affective responses. |
| The sponsor submits fact sheets in the EUA application, and then FDA should engage their communication staff and legal staff in reviewing fact sheets and, ideally, work with the sponsor to test them with audiences before using them. |
| FDA and the sponsor must ensure that the messages in the fact sheets are consistent with information disseminated before vaccine administration. |
| FDA and the sponsor must test for readability and clarity and avoid language that stimulates negative responses (i.e., experimental). |
| FDA and the sponsor should consider formats that may facilitate understanding, including questions and answers and inclusion of a glossary. |
| Local, state, and federal public health agencies must widely circulate fact sheets through multiple channels and in advance—under ideal circumstances. |
| Uncertainty and changing guidance |
| FDA, CDC, and others must continue to acknowledge uncertainty and prepare the public for change. |
| FDA should share with the public the difficulties faced while making decisions about an EUA vaccine, particularly with continually evolving information. |
| FDA should inform the public that they will share new information even after approval of an EUA vaccine. |
| FDA, CDC, and others must remind the public that changes in fact sheets or even approvals occur because ongoing monitoring identifies new data. |
| Monitoring media communication |
| FDA, CDC, and other public health leaders should monitor communication in traditional and social media and make sound judgments about when to ignore and when to respond to misinformation. |
| FDA and public health agencies should monitor social media to identify emerging issues with FDA communication about an EUA vaccine. |
| FDA needs to work with agency and external partners to use social media to amplify key messages. |
| Effective use of role models for taking the EUA vaccine |
| Public health agencies can use photographs and quotes from role models, such as community leaders, celebrities, elected officials, and health care providers, as they take the EUA vaccine. |
| Public health agencies must be cognizant of tailoring these messages to specific audiences. |
| Clear communication |
| Public health communicators should use the CDC Clear Communication Index to assist in ensuring readability of all fact sheets and printed materials and understandability of online materials (https://www.cdc.gov/ccindex/index.html). |

*Note.* CDC = US Centers for Disease Control and Prevention; EUA = Emergency Use Authorization; FDA = US Food and Drug Administration.

ignored, weighing the risks of inadvertently amplifying a fringe conspiracy theory against the need to publicly debunk a widespread and dangerous falsehood.

This task of communicating effectively must be a shared one. In a crisis when the public has an intense need for information, one organization cannot do it alone. Local, state, and federal public health agencies must form partnerships with community organizations, health care providers, faith communities, the media, the private sector, unions, and civic associations. These organizations are closer to their audiences; know how to effectively tailor information; and, most importantly, have trusted leaders who can be effective spokespersons for any upcoming vaccine receiving EUA. Ideally, this communication is a bidirectional process, with feedback that enables public health leaders to adapt and tailor their communication strategies.

## LOOKING AHEAD

Today, we face a unique constellation of factors that will affect the public's acceptance of any vaccine given EUA. With the steadily rising death toll, the public's perception of risk may remain high, but with clear communication about the vaccine, acceptance may be higher than history and today's polls would tell us to expect. However, accelerated timelines and active antivaccine misinformation, coupled with distrust of expert opinion and declining trust in governmental agencies, present an unprecedented challenge. Public health agencies and their partners must start communicating effectively now. AJPH


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The authors have no conflicts of interest to disclose.


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