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Recipient:

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Law Offices 1219 Spruce Street
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PHILADELPHIA, PA, US, 19107

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Reference

Consult Request Letter - Nache



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20 November 2021

VIA FEDEX AIRBILL 7752-7113-1063

Mr. Michael van der Veen, Esq.
van der Veen, O'Neill, Hartshorn, and Levin
1219 Spruce Street
Philadelphia, PA 19107
215-515-6892

Subject 1: The Nache Family versus Pfizer Incorporated, BioNTech SE, et al.
Subject 2: The Nache Family versus EcoHealth Alliance, et al.
Subject 3: The Nache Family versus University of Minnesota, et al.
Subject 4: The Nache Family versus M Health Fairview Southdale Hospital, et al.
Reference: The Global Rollout of COVID-19

Dear Mr. van der Veen:

Thank you for receiving my several prior correspondences.

We are seeking a law firm with the political, financial, and legal wherewithal to gain justice for the Nache Family and, in so-doing, assert to the very powerful that their plans for global humanity are not merely unacceptable, but are knowingly harmful and provably criminal. We are seeking a law firm that will advocate with innate conviction, in open court, in behalf of all, especially for those that Jesus referred to when declaring:

“Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.”

Civil Liability Case Definition

The webpage of the US Department of Health and Human Services, covering the Public Readiness and Emergency Preparedness Act (PREP) states:

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.

Relative to COVID-19, the defendants have and continue to act with willful misconduct. Evidence of such, already in the public domain, is not preliminary; it is overwhelming. Their misconduct ranges from subversion of informed consent, to coercion, to **deception regarding prior known defects in what defendants promote as a “vaccine.”** Existing evidence and then discovery will go far beyond mere misconduct . . . all the way to blatant criminality.

Civil Liability Case Definition – con't

Given the increasing public awareness of criminality, the following **preemptive** headline, from the most infamous mouthpiece of vested-interests, was anticipated and is welcomed:



If it were up to Mr. Albert Bourla and the Subject defendants, **the entire Amish population of Lancaster, Pennsylvania** would be arrested and placed in solitary confinement:



The Subject defendants are presumed (by the trusting and vulnerable public) to be morally pristine, proverbially squeaky-clean . . . honorable. When the innocent public learns of the exact opposite, and speak of such, **they** are then slandered as “criminals.”

Meanwhile, collectively, the American Bar Association appears to have lost all manner and resolve in their claimed stewardship of legal literacy . . .

Civil Liability Case Definition – con't

The COVID-19 lies spewed from the defendants are not restricted to lies-by-commission; their lies-by-omission are equally plentiful and insidious. To grasp that reality, highly promoted COVID-19 perspectives must be discarded. That process includes but is not limited to these facts:

1. The notion that COVID-19 was a “surprise outbreak” is farcical.
2. The so-called “COVID-19 vaccine” is **not** in response to the SARS-CoV-2 virus; **but the exact opposite!** Attempts to patent mRNA contraptions, and market such as a “vaccine” for SARS-CoV-1 had failed. SARS-CoV-2 was intentionally released to overcome (“blow up!”) traditional systemic approaches to vaccine formulation, development, and safety confirmation protocols. A conspiracy theory? Hardly. Defendants and associated witnesses have already boasted of this reality, in public!
3. **Establishment of ‘liability immunity’ in behalf of Subject 1 defendants is the result of a global criminality that is unprecedented in human history.** In terms of evidence-based judgement, the only other entity that has so brazenly sought to be ‘immune from liability’ is Satan himself. We are dealing with evil greedy people.

The COVID-19 Civil Liability Litigation Exemplar I am not aware of any more comprehensive than the horrors that were inflicted upon, and are now being endured by the plaintiffs: Mrs. Jummai Nache, her husband Philip, and their four daughters:



Philip and Jummai Nache are from the African country of Nigeria. They moved to the United States and now they tell other Africans who moved here about Jesus.

Civil Liability Case Definition – con't

Mrs. Nache during the Christmas holidays of 2020. On December 11 2020, Subject 1 defendants celebrated receipt of *their* long-sought gift; a COVID-19 “vaccine” Emergency Use Authorization:

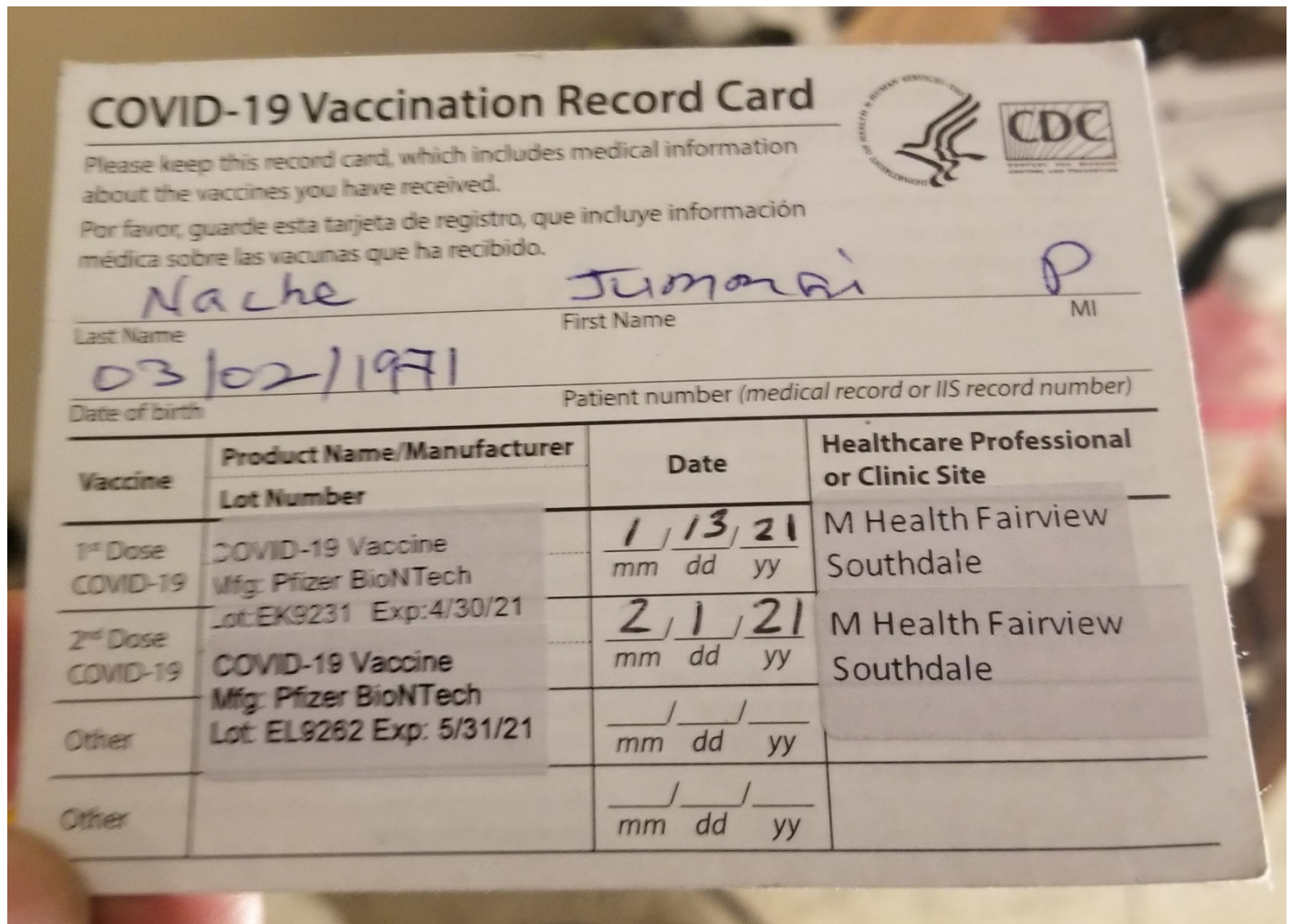


Note her U of Minn ‘Physicians Group’ badge. After EUA, Subject 3 defendants threatened dismissal of employees, who were then coerced into injection with ultra-profitable but undisclosed mRNA contraptions, patented and distributed by Subject 1 defendants. At no time prior to **two** injections, was the Nache family informed that proven **non-vaccine treatments were repulsed by her employer**, or that U of Minn was aware of dangers with mRNA needles. That is, informed consent was **directly and aggressively** subverted by Subject 3 defendants.

Civil Liability Case Definition – con't

A non-smoker with zero hospitalizations her entire prior life, a model of respiratory, cardiovascular and general health; Mrs. Nache was untested for COVID but documented as asymptomatic. Under their illegal mandate, she was coerced by Subject 3 defendants into **the first dose of the Pfizer mRNA needle on 13 January 2021.**

The second “required” Pfizer-BioNTech needle came on 1 February 2021:



On the enclosed USB drive, you find **video recorded on 9 February 2021** which documents the agony that a *now-former* Medical Assistant, Mrs. Jummai Nache, endured at home after Subject 4 defendants, M Health Fairview Southdale Hospital, injected her with their second Pfizer needle.

Please view the following photos in-comparison to those on Pages 3 and 4 above!

Civil Liability Case Definition – con't



Three days later, 13 February 2021, after Philip recorded the video, with his wife's heart near total failure; she is rushed to intensive care, University of Minnesota Medical Hospital. Near death, U of Minn declares that only way to save her is by use of an artificial ventilator.

With severe blood clots on 21 June 2021, both of Mrs. Nache's legs are amputated.

With ongoing severe blood clot damage, on 20 July 2021, Mrs. Nache's former employer, the one that mandated the Pfizer needle, now amputates her left hand entirely, and most of the fingers on her right hand.



Civil Liability Case Definition – Conclusion

Prior to the Pfizer needles, Mrs. Nache was a Medical Assistant, employed at the University of Minnesota Physicians Group. **She was perfectly healthy, and had a long history of no respiratory or cardiovascular problems!** Prior to the *first* needle, U of Minn refused to administer a so-called COVID test (?!). This timeline is an excerpt from my earlier letter to Judge David N. Hurd, United States District Court, Northern District of New York:

US FDA hurriedly approves EUA in behalf of Pfizer-BioNTech. Marketing of the mRNA gene technology a “vaccine” commences. Former FDA head Mr. Scott Gottlieb is already installed on the Pfizer Board of Directors.	December 11 2020
First Pfizer mRNA needle mandated upon Mrs. Nache.	January 13 2021
Adverse reaction to Pfizer needle commences immediately; COVID symptoms restricted to blood clot induced “COVID toes.” Prior to first needle <i>no</i> health issues.	January 16, 2021
Second Pfizer mRNA needle.	February 1 2021
No respiratory symptoms, chest pain commences immediately, she cannot work.	February 2 2021
No respiratory symptoms, chest pain and heart palpitations severe, she is rushed to Urgent Care. Now, after two needles , COVID test hurriedly administered (?!).	February 6 2021
COVID test from February 6 asserted/recorded as positive; CTV obscured (?!).	February 7 2021
Heart deterioration critical; admitted to Fairview Emergency Room.	February 11 2021
Heart and <i>now</i> respiratory function near total failure; transferred to intensive care at University of Minnesota Medical Hospital.	February 13 2021
Near death, U of Minn declares only way to save life is use of ventilator.	February 14 2021
Memo 1: IMPORTANT - We are now beyond a ‘14 day window’ since receiving second Pfizer mRNA needle. This arbitrary 14-day-window is a CDC fraud (Please see Page 12 of Judge Hurd letter).	
U of Minn retests for COVID, continues to assert/record as positive; no CTV offered.	February 16 2021
Prior to Pfizer needles, never hospitalized. “A model of health.” But after 14-day-window U of Minn issues an all new seven item diagnosis: 1. Arterial blood clot 2. Respiratory distress 3. Cardiomyopathy 4. Anemia 5. Ischemia 6. Multiple Inflammatory Syndrome 7. Severe blood clot related damage to both legs, both hands, all fingers.	March 2021
Without doing in-person exam , Rochelle Walensky/CDC send letter asserting that her 1 – 7 diagnostic catastrophe is “un-related” to Pfizer mRNA needle.	March 31 2021
Her health destroyed, Mrs. Nache now living in continuous agony.	April May June 2021
Both legs amputated due to Item 7, severe blood clot induced damage.	June 21 2021
Left hand, fingers right hand amputated due to Item 7, severe blood clot damage.	July 20 2021
Memo 2: Final condition of Mrs. Jummai Nache, a former medical assistant, pictured on Page 6 above.	

It is obvious why the COVID test was delayed until after the 14-day-window. Claims that the photos on Page 6 are “un-related” to the needles from Subject 1 defendants, and that there is no evidence of willful misconduct, is provably absurd, and at many levels.

Criminal Case Definition : SARS-CoV-2 and the 'Spike Protein'

If you humor Subject 1 and Subject 2 defendants (and their support/conspiratorial colleagues), they would convince you that a Chinese bat made its way to a fish market, and delivered an all-new 'Spike Protein' virus that no mechanism of Nature has ever managed to create.

To grasp their inveracity, we return to 2003/4. This was when the first coronavirus, SARS-CoV-1, was marketed to the global population. To cash-in, a "*pathological liar*" named Anthony Fauci attempted to secure a patent on what he intended to market as a "vaccine."¹

The underlying theme/approach to Fauci's patent application? **mRNA**. The response from the United States Patent and Trademarks Office (USPTO) to his application? A screenshot from 2003:

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

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

It is no surprise that the CDC was recently compelled to re-write the 'standard art definition' for the term 'vaccine' . . . versus its first use and meaning, deployed by Edward Jenner . . . in 1802!²

¹ The descriptor "*pathological liar*" is quoted from a public interview of 7 August 2021 by Cornell University Professor of Chemistry and Chemical Biology, Dr. David B. Collum.

² This fraudulent conspiratorial behavior is consistent with the ongoing behavior of the "pathological liar," and now his vile attempts before Senator Rand Paul to re-define the term 'Gain of Function.'

Criminal Case Definition : SARS-CoV-2 and the Spike Protein – con't

On 14 January 2004, the Department of Health and Human Services' (HHS), Centers for Disease Control (CDC), finalized their webpage, "Severe Acute Respiratory Syndrome (SARS)." That page introduces the original 2003 SARS as follows:

"Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus, called SARS-associated coronavirus (SARS-CoV)."

As the acronym declares, SARS is a respiratory illness. Understandably, nowhere in the 2003/2004 SARS-CoV-1 CDC materials do you find terms such as:

encephalomyelitis
Guillain-Barré syndrome
Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encepholopathy
myocarditis / pericarditis
Multisystem Inflammatory Syndrome
acute myocardial infarction
disseminated intravascular coagulation
thromboembolism

And nowhere in those SARS-CoV-1 materials do you find the term: *Spike Protein!*




"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."

Clearly "Candidate H," or President Trump, was never going to be informed of the impossibility that **"*emergence of the novel furin cleavage site*"** was engineered by Chinese bats . . . and the latter's skillful insertion of the spike protein.

Note A: The spike protein, *and* its appearance at a gene on chromosome 15 of the CoV strand, is key to understanding (1) **'Gain of Function' crimes** of Fauci and Subject 2 colleagues, (2) vastly increased transmissibility of SARS to humans, and (3) most importantly, broad foreknowledge of the associated adverse events that destroyed the health of Mrs. Nache.

Criminal Case Definition : SARS-CoV-2 and the Spike Protein – CONCLUSION

The following internal FDA presentation, which was shared with Subject 1 defendants, et al., pre-dates the FDA EUA by only six weeks:



CBER Plans for Monitoring COVID-19 Vaccine Safety and Effectiveness

Steve Anderson, PhD, MPP
Director, Office of Biostatistics & Epidemiology, CBER

VRBPAC Meeting
October 22, 2020

FDA Safety Surveillance of COVID-19 Vaccines :

DRAFT Working list of possible adverse event outcomes

*****Subject to change*****

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ Guillain-Barré syndrome ▪ Acute disseminated encephalomyelitis ▪ Transverse myelitis ▪ Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy ▪ Convulsions/seizures ▪ Stroke ▪ Narcolepsy and cataplexy ▪ Anaphylaxis ▪ Acute myocardial infarction ▪ Myocarditis/pericarditis ▪ Autoimmune disease | <ul style="list-style-type: none"> ▪ Deaths ▪ Pregnancy and birth outcomes ▪ Other acute demyelinating diseases ▪ Non-anaphylactic allergic reactions ▪ Thrombocytopenia ▪ Disseminated intravascular coagulation ▪ Venous thromboembolism ▪ Arthritis and arthralgia/joint pain ▪ Kawasaki disease ▪ Multisystem Inflammatory Syndrome in Children ▪ Vaccine enhanced disease |
|---|---|

Criminal Case Definition – Part 2 :**Foreknowledge of the Dire Health Events as Derived from the Underlying Strategy of ‘Gain of Function’ and its Cleavage Site Insertion of the Spike Protein**

Several Freedom of Information (FOIA) demands were successful in the releasing of some Fauci, NIAID and NIH email files.

It was not Chinese bats, fluttering around a fish market, that were sending urgent emails to Fauci in early 2020 regarding the COVID-19 pandemic, and the SARS-CoV-2 virus. One ‘Dear Tony’ astutely declared, ***“It looks engineered!”***

With a similar assessment, on Friday February 21, 2020, fellow Cornell University graduate, Dr. Michael Jacobs, sent an urgent *“more sticky”* email to Fauci:

i am a cornell medical school cumc (b) (6) graduate. i am associate professor of dermatology at weill-cornell in private practice. (b) (6)
 (b) (6) alexander tarakhovsky is (b) (6) and a professor at rockefeller university. he is a virologist.

we have been following the corona virus pandemic closely, and a few days ago became alarmed at the news that the chinese government is sterilizing their paper money from hubei province.

we think that there is a possibility that the virus was released from a lab in wuhan, the biotech area of china. we also think that the virus might be complexed with another organism, such as a yeast or fungus, to make it more sticky.

A few months later, on 21 July 2020 I sent a 37-page letter to Fauci requesting answers to a series of ten questions. My first question was specific, but purposely eliminated wiggle-room:

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?

Criminal Case Definition : INTERMISSION

In my letter of 2 July 2021 to Michigan senators Gary Peters and Debbie Stabenow, I requested their assistance with acquisition of Anthony Fauci/NIAID/NIH emails during the relevant timeframe (late 2019 thru mid-2020), and further **that such be unredacted**.

Shortly after the FOIA emails release, after his receipt, and after chairing several Senate COVID hearings (along with Senator Ron Johnson R-WI); none of which advocated proven inexpensive non-vaccine treatments, Senator Peters splashed himself upon social media, such as YouTube.



While standing in front of the Michigan facility of Subject 1 defendants, Senator Peters proclaimed loyalty to his real constituent: Pfizer Corporation:

"I just got done meeting with President Biden, talking about how we need to make sure we're getting more vaccine out as quickly as possible, and getting into more people's arms."

Behind me is the (Michigan) Pfizer manufacturing facility that's making the Pfizer vaccine that's gonna get us through this COVID crisis."

Compared to the liability immune billions pouring into their true constituent, the two senators feel no responsibility to Michigan constituents/Taxpayers. Despite receipt of my letter, and follow-up telephone calls and voicemails to both their local and Washington offices, neither responded.

Note B: The relevant point of this Intermission; my request for unredacted Fauci/NIAID/NIH emails is to obtain further evidence of not only criminal activity, but direct connections between government officials (US and otherwise) and Subject 1 / Subject 2 defendants.

Anyone doubting the veracity of those connections should note that ***all*** of redacted portions of the few emails released deploy United States Department of Justice Code (b)(6) as their basis for the redaction.



(b)(6) is the DOJ code indicating that the redacted material, if released, could jeopardize an ongoing criminal investigation . . . see Page 11 sample email above.


Criminal Case Definition – Part 2 :**Foreknowledge of the Dire Health Events as Derived from the Underlying Strategy of ‘Gain of Function’ and its Cleavage Site Insertion of the Spike Protein – con’t**

In rebuttal to accusations of *ad hocism*, we ask the first Subjects-crucial question:

- In early 2020, was there occurrence, detection and scientific documentation that connects an emerging virus, that **“looks engineered,”** to the listing of vaccine adverse outcomes, later internally discussed at the FDA on October 22, 2020 (Page 10 above)?

To the best of my knowledge, never before in history has a virus, that is relegated by-definition and acronym, to respiratory illnesses, been assigned the additional cause of **thromboembolism !** Specifically, there is no indication in the literature that SARS-CoV-1 ever caused **blood clots . . . disseminated intravascular coagulation . . . stroke . . . extremity amputations !**


But according to Subject 1 and Subject 2 defendants, and Fauci, we are supposed to submit to their notion that such a grotesque extension of disease causation, from a SARS inducing virus, came *naturally* from Chinese bats?!



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Research Paper

Thromboembolism risk of COVID-19 is high and associated with a higher risk of mortality: A systematic review and meta-analysis

Mahmoud B. Malas^{1,*}, Isaac N. Naazie¹, Nadin Elsayed, Asma Mathlouthi, Rebecca Marmor, Bryan Clary

Department of Surgery, University of California San Diego Health System, San Diego, CA 92093, United States

ARTICLE INFO	ABSTRACT
<p><i>Article History:</i> Received 18 August 2020 Revised 31 October 2020 Accepted 2 November 2020 Available online 20 November 2020</p>	<p><i>Background:</i> Studies have suggested that there is increased risk of thromboembolism (TE) associated with coronavirus disease 2019 (COVID-19). However, overall arterial and venous TE rates of COVID-19 and effect of TE on COVID-19 mortality is unknown.</p> <p><i>Methods:</i> We did a systematic review and meta-analysis of studies evaluating TE in COVID-19. We searched PubMed, Cochrane, and Embase for studies published up to June 12, 2020. Random effects models were used</p>

The literature of early 2020, connecting the new “SARS virus” to the listing on Page 10 above, **especially thromboembolism**, is overwhelming.

The current definition of **thromboembolism** from the CDC website:

“ . . . a medical condition that occurs when a blood clot forms in a deep vein. These clots usually develop in the lower leg, thigh, or pelvis, but they can also occur in the arm.”

Criminal Case Definition – Part 2 :

Foreknowledge of the Dire Health Events as Derived from the Underlying Strategy of ‘Gain of Function’ and its Cleavage Site Insertion of the Spike Protein – con’t

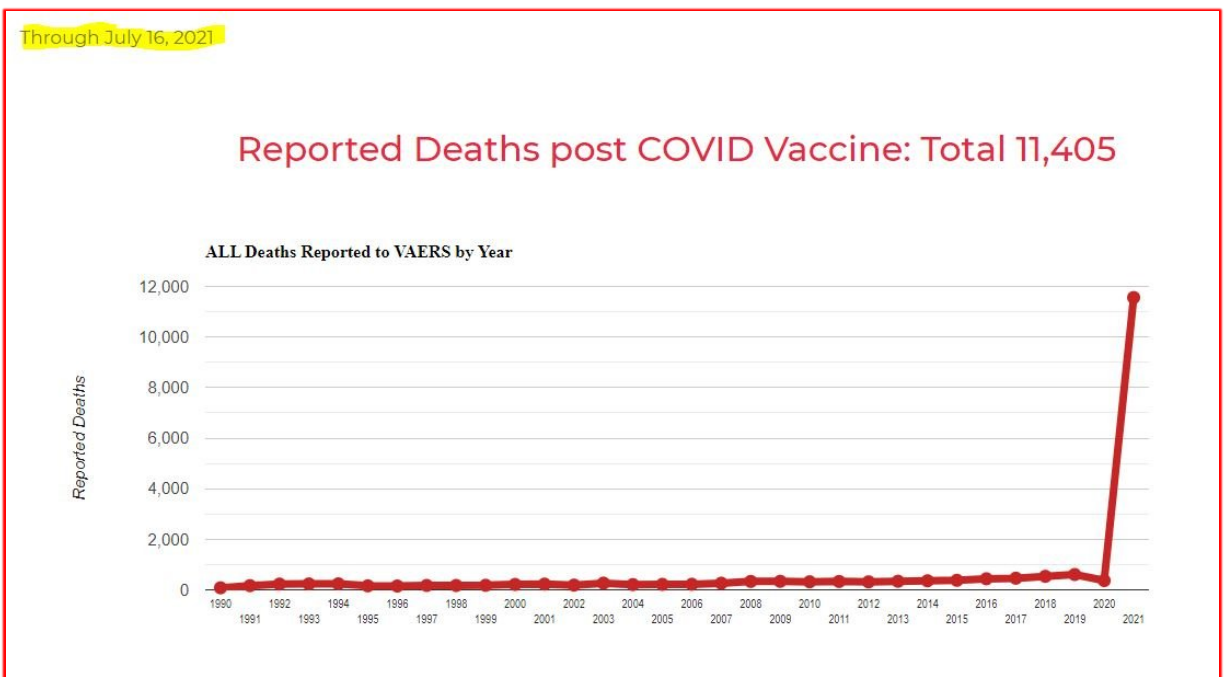
In rebuttal to accusations of *ad hocism*, we now ask a second Subjects-crucial question:

- Since FDA issuance of Emergency Use Authorization (EUA) in behalf of their suitors on 11 December 2020, has occurrence, detection and scientific documentation been issued that directly connects the Pfizer mRNA needle to adverse outcomes, such as those **discussed prior** at the FDA on October 22, 2020 (Page 10 above)?

Never before in history has an alleged remedy for disease caused more injury and death than the Pfizer mRNA needle . . . In my letter of 27 August 2021 to Cornell University President Ms. Martha Pollack (who served Pfizer CEO Mr. Albert Bourla on the New York Forward Reopening Advisory Board), who had mandated the Pfizer mRNA needle for all students and staff, I declared:



“Your so-called ‘approved vaccines,’ that you have injected into the arms of unsuspecting but coerced Cornell students and staff, has killed and horribly maimed more human beings in the first six months of deployment than all vaccines combined during the previous twenty years!”



Criminal Case Definition – Part 2 :**Foreknowledge of the Dire Health Events as Derived from the Underlying Strategy of ‘Gain of Function’ and its Cleavage Site Insertion of the Spike Protein – con’t**

Answering the second Subjects-crucial question; does the literature connect the Pfizer mRNA needle to adverse outcomes, the adverse vaccine outcomes that were discussed *prior* by everyone from Fauci, to the FDA, to EcoHealth, to Pfizer to Cornell University?

The answer is a resounding ‘Yes!’ But the recent literature now connects all issues germane to the Nache Family plaintiffs:

The creation of SARS-CoV-2 and its utterly unnatural spike protein,

Thromboembolism and its causation, the spike protein,

The so-called “COVID vaccine” (i.e. the Pfizer mRNA needle), and the fact that it is characterized fully, in its clinical role, to “*induce endogenous production of Spike*” !

Abstract

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

On the enclosed USB you will find the file:

‘SPIKE---SARS-CoV-2_mass-vaccination-Urgent-questions-vaccine-safety-24may2021’

which shows that the above excerpt is from a submission authored by hundreds of practicing medical doctors worldwide.

Criminal Case Definition – Part 2 :

Foreknowledge of the Dire Health Events as Derived from the Underlying Strategy of ‘Gain of Function’ and its Cleavage Site Insertion of the Spike Protein – CONCLUSION

Regarding *ad hocism*, hiding what was known and when; that domain belongs to vested interests:

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NEWS FEATURE | 24 August 2021

COVID vaccines and blood clots: what researchers know so far

Scientists are trying to understand why a small number of people develop a mysterious clotting disorder after receiving a COVID jab.



“Somebody knew something in 2015 and 2016 which gave rise to my favorite quote of this entire pandemic. And by that, I am not being cute. My favorite quote of this pandemic was a statement made in 2015 by Peter Daszak. The statement that was made by Peter Daszak, reported in the National Academy of Press Publications in February 12, 2016; and I am quoting,

‘We need to increase public understanding of the need for medical countermeasures such as a pan-corona-virus vaccine. A key driver is the media, and the economics will follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profits at the end of the process.’”

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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

Criminal Case Definition – Part 3 : “Blow it up!”

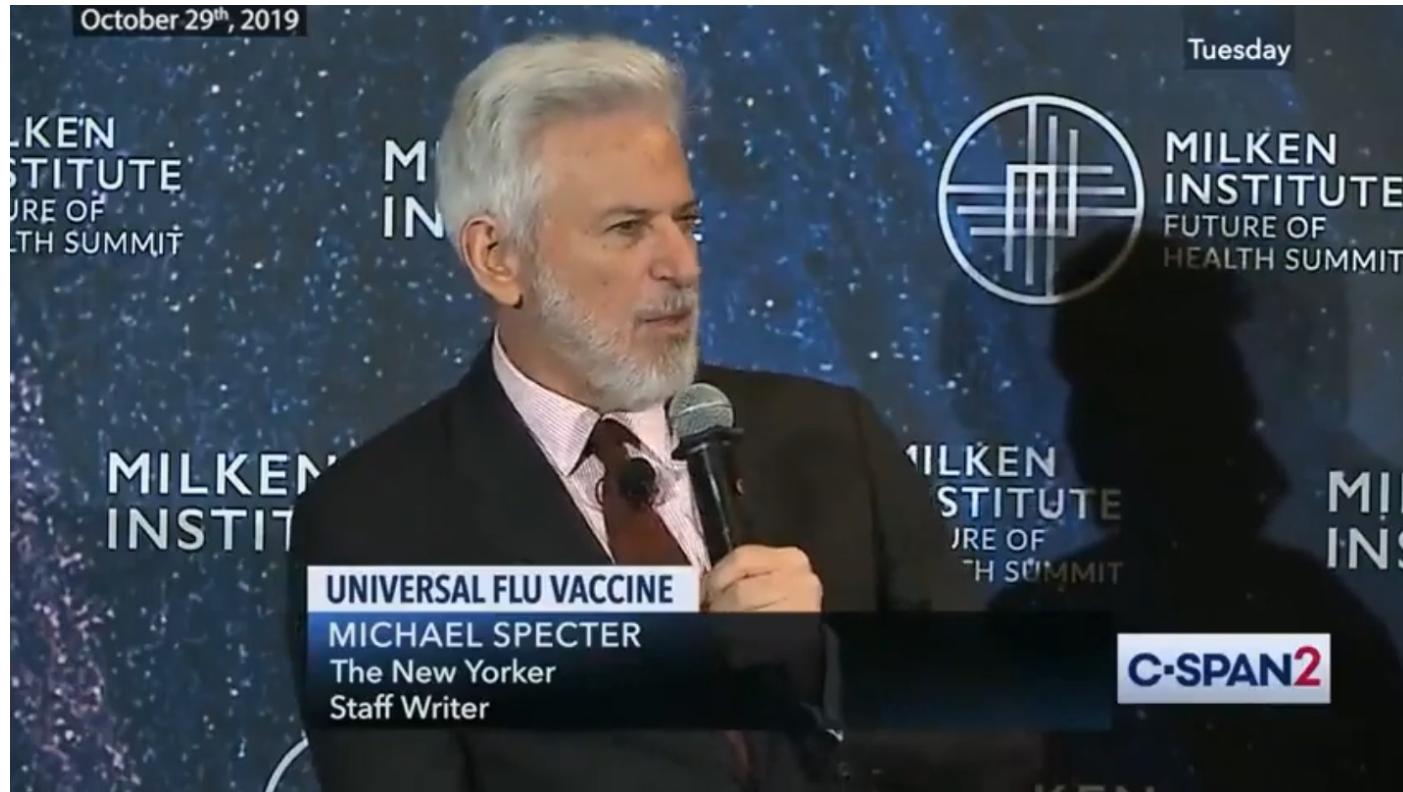
As active promoters and participants in the ‘Gain of Function’ research at the Wuhan Laboratory of Virology, Anthony Fauci and Subject 2 defendants were fully aware of the strategic purpose of that research:

- Later-named SARS-CoV-2, a virus that was manipulated to deploy a Spike Protein, was intentionally released to justify an Emergency Use Authorization, for a patented mRNA needle, protected from product liability, that would enjoy BILLIONS in profits for Subject 1 defendants (constituents of a Michigan senator).³

In Item 2 on Page 3 above I stated, **“The so-called ‘COVID-19 vaccine’ is not in response to the SARS-CoV-2 virus; but the exact opposite!”**

But to further comprehend the veracity of that reverse ordering statement, we must review the farcical ‘Future of Health Summit,’ by the vested-interest Milken Institute, of October 29, 2019. A summit that was staged a few weeks before paid Chinese actors were filmed “collapsing” in the streets due to a virus that was engineered by Chinese bats.

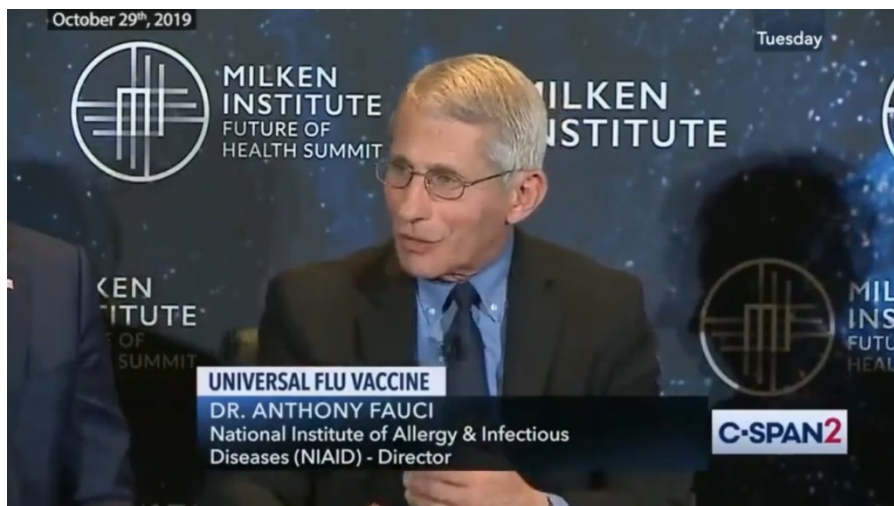
This summit was hosted by close friend and “global warming” colleague to Cornell University President Ms. Martha Pollack, Mr. Michael “*blow it up*” Specter:



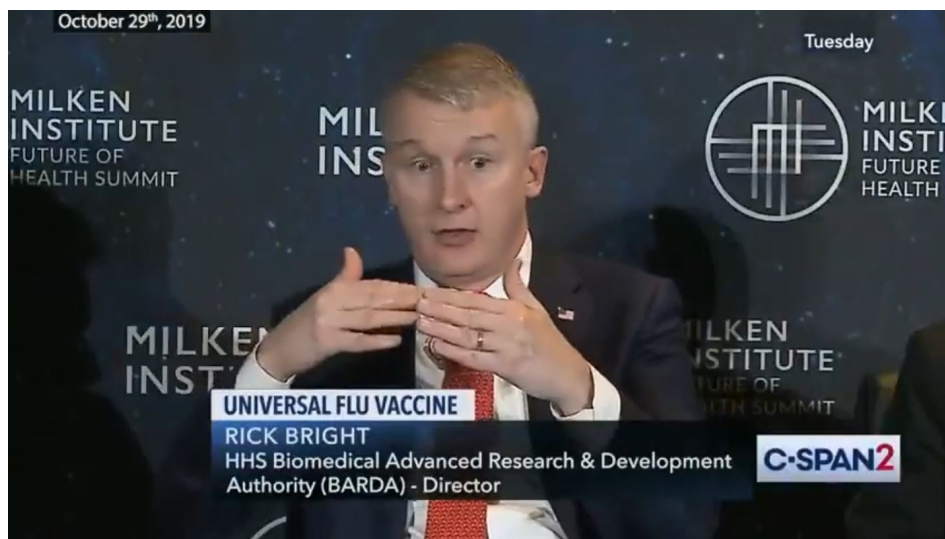
³ To quell any doubts about the veracity of this assertion, please review the picture and re-read Peter Daszak quote from Page 16 above. The Michigan senator is discussed on Page 12 above.

Criminal Case Definition – Part 3 : “Blow it up!” – CONCLUSION

A regular attendee at the Milken Institute, this “health” summit featured “America’s Doctor” :



Another luminary (?) featured on stage was HHS Director Rick Bright, who stated:



“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 . . .”

A few weeks later, in December 2019, the first case of COVID-19 was reported in China. The enclosed USB contains a video of this pre-pandemic summit; the pandemic that three years earlier Fauci referred to as a “surprise outbreak.”⁴

⁴ But of no surprise, throughout 2020 a live and repeated guest of the Milken Institute was Subject 1 defendant, **CEO Mr. Albert Bourla**, who promoted “*the likelihood of developing a vaccine by the end of 2020.*” His defective mRNA contraption was deployed by a fraudulent EUA, its defects hiding behind liability immunity . . .

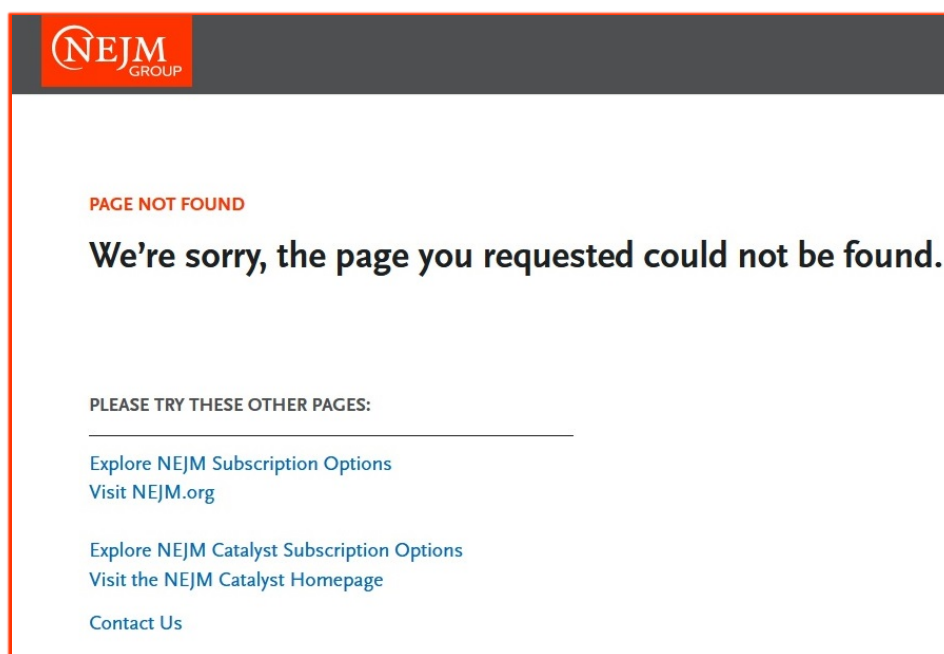
Criminal Case Definition – Part 4 :**University of Minnesota Aware of Dangers of mRNA Needles,
Directly and Aggressively Subverted Informed Consent**

On Page 4 above, below the Christmas photo of Mrs. Nache, I discussed crimes committed by Subject 3 defendants. The University of Minnesota, a vested-interest in the Pfizer contraption, splattered themselves with headlines, once again, atop the most infamous of mouthpieces:



This was part of the conspiracy to prevent the public, **or U of Minn employees**, to be informed of low-cost alternative treatments to COVID-19. Absolutely central to the fraudulent FDA Emergency Use Authorization, **and its “no known alternatives” requirement**, the crimes of the Subject 3 defendants relating to the above June 3, 2020 headline were also central to their illegal vaccine mandate, which was later *horribly* inflicted upon Mrs. Nache.

But the University of Minnesota study, that attempted to debunk the therapeutic success of hydroxychloroquine, was so implicitly flawed, that the New England Journal of Medicine (NEJM) was forced to retract it:



Obviously, there was no follow-up headline from the Washington Post announcing the NEJM retraction. In my first COVID letter to him, written on 21 July 2020, I go into great detail on the exact same conspiratorial crimes committed by “America’s Doctor.”

Criminal Case Definition – Part 5 : Underbelly of COVID-19 – Gain of Function Research

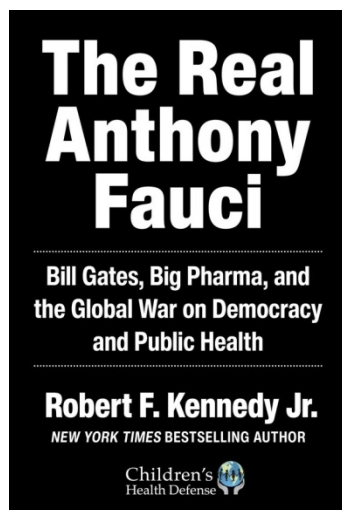
With great fervor, “America’s Doctor” has protested his innocence with respect to the Gain of Function (GOF) research that resulted in the SARS-CoV-2 spike protein enhanced virus; the underbelly of the entire COVID-19 horror show. Fauci’s protestations, especially before Senator Rand Paul, amount to adolescent nonsense.

Expert witnesses of great value to establishing the crimes (i.e. willful misconduct) **of all four Subject defendants**; expertise which in-turn **obliterates** any notion that “liability immunity” remains viable, are Dr. David Martin and Dr. Reiner Füllmich:



On Page 15 of my 27 August 2021 letter to Cornell University’s Ms. Martha Pollack and NIAID’s Mr. Anthony Fauci, I discuss the July 2021 meeting of The Coronavirus Investigation Committee. In the ‘Public Videos’ file of the enclosed USB you will find a copy of that testimonial record.

In addition to these two globally recognized experts, the enclosed complimentary copy, recently released on 16 November 2021, the Robert F. Kennedy book, **THE REAL ANTHONY FAUCI**, lists hundreds of potential witnesses in the ‘Dedications & Acknowledgements’ section.



His adolescent protestations? Enclosed USB lists ‘Fauci: GOF Defunding Notice,’ which contains 75 pages of letters written by the NIH/NIAID ending their US-based Gain of Function research.

Conclusion and Formal Request

The evidence of “willful misconduct” already in the public domain is overwhelming:

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.

In their medical report on Mrs. Jummai Nache of 21 May 2021, on Page 183, Dr. Andrew Boucher of the University of Minnesota Medical Center claims:

“Assessment:

Jummai P Nache is a 50 year old female patient who is following up after a prolonged admission and continued rehab after MIS-A. Her clinical course has left her with life-changing physical disfigurement which is almost certainly going to need amputation.

Most of our visit was spent again discussing the potential role of the vaccine in this process. Dr. Fontana shared the letter from the CDC stating that this was MIS-A without clear involvement from the vaccine, though it can't (and likely never will be) excluded as contributing to some extent. Since the last visit, and separate from the laboratory evidence discussed with the CDC, I did have the PF4 antibody testing done on a blood sample saved from around the same day as her arterial thrombotic events. This testing was negative. Thrombotic Thrombocytopenic Syndrome (TTS, previously termed VITT as mentioned in my previous note) is the syndrome linked to the infrequent CSVT and other thrombotic events linked to Johnson and Johnson vaccines.”

Diverting to a needle that Mrs. Nache was **not** injected with was no accident; Dr. Boucher was fully aware that the mRNA needle, twice-inflicted upon her, was from Pfizer Corporation.

Formal Request

Your website states that you offer both personal injury and criminal litigation counseling. You also state that you offer (free) case consultations. Please know that I am just one of a very large group of dedicated people that are investigating, relentlessly, the true reasons for the death and harm caused by the Reference. We formally seek your assistance with the four Subjects.

Please feel free to contact me or the Nache Family at any time.

Respectfully yours

Paul V. Sheridan

Attachment/enclosures

Contact Information for Plaintiff, the Nache Family

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Hard Copy Attachments Listing

- a. Letter from Paul V. Sheridan to Judge David N. Hurd – 21 September 2021 (includes 1 – 5 Tabs)
- b. Cover Note and Judge Hurd Ruling of 12 October 2021
- c. Letter from Paul V. Sheridan to Senator Gary Peters and Senator Debbie Stabenow of 2 July 2021 (no response)
- d. The Fauci-COVID Dossier authored/assembled by Dr. David E. Martin (abridged version, complete version on USB Drive)

USB Drive

Various text and video files as discussed in cover letter

Book

THE REAL ANTHONY FAUCI by Robert F. Kennedy Jr.