OPERATION
BEDROCK

COMPREHENSIVE PLAN

AUGUST 4, 2022

Operation Bedrock Comprehensive Plan

OVERVIEW

For anyone with the ability to think critically, the past two years have been fraught with events without plausible justification. COVID-19 has made particularly evident the contradictory and illogical policies put in place by those in positions of authority. Before the year 2020,

I. Have you ever heard of placing those who are well in quarantine??
II. How about universal masking policies like the ones in restaurants? How does the so-called virus know not to bother you while you are eating?
III. Did you ever wonder why there was such a big push to vaccinate people despite the claim by supposed experts that less than 1% of the population was at risk of dying?
IV. When do you remember a vaccine that didn't claim to stop the spread of infection, or prevent you from getting sick in the first place? Or that require multiple injections and boosters?
V. Do you ever remember a time when vaccines were allowed to skip animal trials and be given straight to humans?
VI. Do you ever remember a time in America when there was such suppression of opposing data, opinions, and speech? Did you ever wonder why?

All the actions taken by unelected bureaucrats, elected and appointed officials, big pharma, and big tech, in collusion with the mainstream media, healthcare industry, and corporations were in contravention of established science and in violation of the law. Furthermore, the bedrock on which they laid the entire pandemic was fraudulent.

As though taken from the pages of Operation Lockstep, this medical mobilization provided the pretext for a well-orchestrated psychological operation, one that led to invasive assaults into almost every facet of our personal and collective lives. The policies put in place have terrorized, oppressed, threatened, and deceived the people of this nation. Our creator-endowed unalienable rights have been deprived, in the most egregious usurpation of power in this nation's history in the name of a campaign to vanquish a flu-like illness.

THE FACTS REGARDING COVID-19

1. The Centers for Disease Control and Prevention show 1,329,135 reports of adverse events from all age groups following COVID-19 vaccines, including 29,273 deaths and 241,910 serious injuries between Dec. 14, 2020, and July 1, 2022.
[https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19]

a. However, historically, fewer than 1% of vaccine adverse events are reported to VAERS. So, the likely reality is more like 132,913,500 adverse events, 24,191,000 serious injuries, and 2,297,300 deaths have resulted from Covid-19 vaccinations. ***[https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf]***

2. Lincoln National, one of the oldest and fifth largest life insurance companies in the US paid out 163% more for "non-pandemic-related morbidity" of working people ages 18-64 in 2021 - Total claims/benefits up $6 BILLION. ***[crossroadsreport.substack.com, https://crossroadsreport.substack.com/p/breaking-fifth-largest-life-insurance?s=r. Accessed 15 July 2022.]***

3. The head of Indianapolis-based insurance company OneAmerica said the death rate is up a stunning 40% from pre-pandemic levels among working-age people. He was quoted as saying, "Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic," he said. "So 40% is just unheard of." ***[The Center Square contributor, Margaret Menge. "Indiana Life Insurance CEO Says Deaths Are up 40% among People Ages 18-64." The Center Square, www.thecentersquare.com, 1 Jan. 2022, https://www.thecentersquare.com/indiana/indiana-life-insurance-ceo-says-deaths-are-up-40-among-people-ages-18-64/article_71473b12-6b1e-11ec-8641-5b2c06725e2c.html]***

4. The National Institutes of Health (NIH), The Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), equivalent agencies in all countries worldwide as well as State Health Departments in all 50 States admit, on the official record that they cannot prove the existence of SARS-CoV-2 or COVID-19 as it has never been isolated or purified from a human with the disease by anyone, anywhere, ever. ***[See Exhibit A1, Response from Centers for Disease Control regarding the isolation of SARS-CoV-2]***

    a. "The logical, common sense, and scientific consequences of this fact are:
        i. the structure and composition of something not shown to exist can't be known, including the presence, structure, and function of any hypothetical spike or other proteins.
        ii. the genetic sequence of something that has never been found can't be known.
        iii. "variants" of something that hasn't been shown to exist can't be known.
        iv. it's impossible to demonstrate that SARS-CoV-2 causes a disease called Covid-19." ***[See Exhibit A2, Statement on Virus Isolation (SOVI)]***

5. Kary Mullis, whose invention of the polymerase chain reaction technique earned him the Nobel Prize in Chemistry in 1993 publicly stated, "Anyone can test positive for practically anything with a PCR test, if you run it long enough with PCR, if you do it well, you can find almost anything in anybody. It doesn't tell you that you're sick." PCR tests do not detect viral particles thus, they are meaningless as a diagnostic tool to determine an alleged infection by a supposedly new virus called SARS-CoV-2." ***[See Exhibit B, Covid 19 PCR Test are Scientifically Meaningless]***

6. According to the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, since the W.H.O. did not have an isolate of the virus, it decided to customize the rRT-PCR test using a so-called isolate of the "similar" 2003 SARS coronavirus. While the media and governments present the so-called "SARS-CoV-2 Virus" as a "killer virus", the WHO and CDC describe it as "similar to seasonal influenza."

    a. *"no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full-length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/µL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen."* ***[See Exhibit C, Page 40, CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, (7/21/2021)]***

7. On January 31, 2020, Alex Azar, The Secretary of Health and Human Services (HHS) issued a "Determination that a Public Health Emergency Exists, pursuant to the authority vested in him under section 319 of the Public Health Service Act based on "confirmed cases of 2019 Novel Coronavirus (2019-nCoV)".

    a. However, to this day, SARS CoV-2 has never been isolated in a human with the disease, and there is no way in which to test someone for something that can't be known and therefore cannot be "confirmed".

8. On February 4, 2020, the Secretary determined pursuant to his authority under section 564 of the FD&C Act that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad and that involves a novel (new) coronavirus (nCoV) first detected in Wuhan City, Hubei Province, China in 2019 (2019-nCoV). Based on this determination, he also declared that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for the detection and/or diagnosis of this novel coronavirus (2019-nCoV) pursuant to section 564 of the FD&C Act, subject to the terms of any authorization issued under that section.

    a. However, an outbreak of pneumonia of unknown etiology in Wuhan City, Hubei Province, China was initially reported by the W.H.O. on December 19, 2019 [Exhibit C]. So, if there were no qualified virus isolates as of November 2, 2020, [Exhibit A1], then how could the virus be identified in January of 2019? COVID-19 is the first "disease" to have NO diagnostic test to measure its existence. COVID-19 is nothing but a series of symptoms aggregated to form an influenza-like illness to create the illusion of a pandemic.

9. The Belmont Report was incorporated into the regulatory framework of twenty federal agencies with Title 45 Code of Regulations Part 46 (hereafter "45CFR46") known as the 'Common Rule', being established as the primary law of the land. No law generally exempts anyone in the United States from abiding by the ethical principles of the Belmont Report when involving humans in medical experimentation. ***[The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. Bethesda, Md.: The Commission, (1978. Print)].***

    a. "Voluntariness. An agreement to participate in research constitutes a valid consent only if voluntarily given."
    b. "Coercion occurs when an overt threat of harm is intentionally presented by one person to another in order to obtain compliance."
    c. "Undue influence, by contrast, occurs through an offer of an excessive, unwarranted, inappropriate or improper reward or other overture in order to obtain compliance."
    d. "Unjustifiable pressures usually occur when persons in positions of authority or commanding influence -- especially where possible sanctions are involved -- urge a course of action for a subject."

10. Any party who has administered an IND (Investigational new drug) is required under 45CFR46 to obtain, "legally effective informed consent." To date, NOONE HAS OBTAINED SUCH CONSENT AND THEREFORE, IND's ARE BEING ADMINISTERED IS IN VIOLATION OF THE LAW. Under these regulations, "legally effective informed consent." can only be obtained if you:
    a. disclose quality information to the individual required to make an informed decision;
    b. ensure the individual understands the risks and benefits of the experimental drug;
    c. provide an opportunity for the individual to consider whether or not to participate; and
    d. ensure the individual is not under "sanctions," "coercion," or "undue influence" by persons of authority when consenting to participate.

11. The word "vaccine" originates from the Latin Variolae vaccinae (cowpox), which Edward Jenner demonstrated in 1798 could prevent smallpox in humans. Today the term 'vaccine' applies to all biological preparations, produced from living organisms, that enhance immunity against disease and either prevent (prophylactic vaccines) or, in some cases, treat disease (therapeutic vaccines).

12. Vaccines are a legally defined term under public health law. To meet the legal standards of being a vaccine under CDC and FDA standards, the vaccine must specifically stimulate both the immunity within the person receiving it and it also must disrupt transmission. ***[Exhibit D1, Basic Concept of Vaccination]***

    a. The mRNA "Vaccine" does neither. It also does not meet the congressional and historical definition of a vaccine. Pfizer and Moderna have been abundantly clear in saying that the mRNA strand that is going into the cell is gene therapy. ***[Exhibit D2, The So-Called COVID-19 "Vaccine" Is Really A Dangerous Experimental Gene Therapy — Just Say "No!" by Steven F.***

Hotze, M.D.]

13. Both Pfizer and Moderna have explicitly acknowledged that their gene therapy technology has no impact on viral infection or transmission whatsoever and merely conveys to the recipient the capacity to produce an S1 spike protein.

    a. So, if the concern about Covid-19 was the S1 spike protein, why would we want a "medical device designed to stimulate the human cell into becoming an S1 spike protein pathogen creator?" What pathogen has this gene technology product been designed to create?

14. According to molecular biologist, Dr. Judy Mikovits, and confirmed in an email to Dr. Fauci ***[Exhibit E],*** this gene technology is actually a bio-weapon that was designed to turn your body into a factory that produces the spike proteins of three of the deadliest man-made viruses of our time, HIV, XMRV, and SARS. Dr. Mikovits is quoted as saying, "They know exactly what they were doing, exactly what they were doing. Here's what they were doing. They were creating a tripartite, part HIV, part XMRV, and parts SARS. At the beginning of this thing, I told you it's not a coronavirus."***[https://www.handsforhealthandfreedom.org/cancer-is-vaccine-aids-dr-judy-mikovits-walks-us-through-decades-of-science/]***

CONCLUSION:

15. Throughout the decade of the 90s Pfizer sought to research, develop and patent a coronavirus (CoV) vaccine. Their first patent filing specifically recognizing the S-protein as the immunologic target for vaccines was filed on November 14, 1990 (U.S. Patent 6,372,224). With a focus on swine and canine gastroenteritis, these efforts showed little commercial promise and the patent was abandoned in April of 2000. During the same period, the National Institute for Allergy and Infectious Disease (NIAID) under the vaccine obsession of Dr. Anthony Fauci, funded Professor Ralph Baric at the University of North Carolina Chapel Hill. This program designed to commercially weaponize a naturally occurring toxin is the beginning of the criminal conspiracy and violates 18 USC § 175, 15 USC § 1-3, and 15 USC § 8) Dr. Baric's expertise was understanding how to modify components of the coronavirus associated with cardiomyopathy. NIAID Grants AI 23946 and GM63228 (leading to patent U.S. 7,279,327 "Methods for Producing Recombinant Coronavirus") was the NIH's first Gain-of-Function (GOF) project in which Dr. Baric created an "infectious, replication defective" clone of recombinant coronavirus. This work clearly defined a means of making a natural pathogen more harmful to humans by manipulating the Spike Protein and other receptor targets. A year after filing a patent on this GOF CoV, the world experienced the first outbreak of Severe Acute Respiratory Syndrome (SARS).

16. Under the guise of responding to a public health emergency, the United States Centers for Disease Control and Prevention (CDC) filed a patent application on the genome of SARS CoV on April 25, 2003. Accessing and manipulating the genomic data (which came from China making an "invention" claim by a U.S. entity illegal violating 35 USC §101, 103), Dr. Baric, Dr. Fauci, and the CDC violated 18 USC § 175 (a felony). One year earlier, Dr. Baric and his team had already filed a patent which was clearly the pathogen CDC claimed as novel in 2003. Three days after filing a patent on the genome, NIH-funded Sequoia Pharmaceuticals filed a patent for the vaccine on the virus invented a mere three days earlier. At the same time, in violation of 15 USC § 19, Dr. Fauci was appointed to a board position with the Bill and Melinda Gates Foundation (a competitor in vaccine manufacturing) thereby beginning the interlocking directorate, anti-trust crime.

17. In 2005, DARPA and MITRE hosted a conference in which the intentions of the U.S. Department of Defense were explicit. In a presentation focused on "Synthetic Coronaviruses Biohacking: Biological Warfare Enabling Technologies", Dr. Baric presented the malleability of CoV as a biological warfare agent. Violating 18 USC § 175 and inducing the non-competitive market allocation (violating 15 USC § 8) for years to follow, Dr. Baric and the U.S. Department of Defense spent over $45 million in amplifying the toxicity of CoV and its chimeric derivatives.

18. From 2011 until the alleged COVID-19 pandemic, Dr. Antony Fauci routinely lamented about the inadequacy of public funding for his vaccine programs and the public's general unwillingness to succumb to his insistence that everyone MUST be vaccinated against influenza. Despite repeated appropriations to advance vaccine dependency, his efforts have been largely unsuccessful. NIAID – under Dr. Fauci's direct authorization – encouraged UNC Chapel Hill and Dr. Baric's lab to ignore the GoF moratorium in a letter dated October 21, 2014. At that time, Drs. Fauci, Baric and EcoHealthAlliance's Peter Daszak were in possession of an extremely dangerous Chinese pathogen identified a year earlier in Wuhan.

    By October 2013, the Wuhan Institute of Virology coronavirus S1 spike protein was described in NIAID's funded work in China. This work involved NIAID, USAID, and Peter Daszak, the head of EcoHealth Alliance. This work, funded under R01AI079231, was pivotal in isolating and manipulating viral fragments selected from sites across China which contained high risk for severe human response. [(Ge, XY., Li, JL., Yang, XL. et al. Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. Nature 503, 535–538 (2013).)] The GoF work NIAID allowed to persist in the face of the moratorium was Dr. Baric's work with this pathogen]

19. While many illegal acts were committed by the conspirators leading up to 2015, the domestic terrorism program (in violation of 18 USC § 2339) was announced by NIAID-funded Daszak at the National Academy of Sciences. Here, he announced what was to become the domestic and global terrorism event branded COVID-19.

a. *"...until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of the process, Daszak stated."* ***[Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: https://www.ncbi.nlm.nih.gov/books/NBK349040/]***

20. It is not surprising that one year later NIAID's funding paid off with Dr. Baric's lab announcing that the Wuhan derived pathogen was "poised for human emergence." ***[Menachery VD, Yount BL Jr, Sims AC, Debbink K, Agnihothram SS, Gralinski LE, Graham RL, Scobey T, Plante JA, Royal SR, Swanstrom J, Sheahan TP, Pickles RJ, Corti D, Randell SH, Lanzavecchia A, Marasco WA, Baric RS. 2016. SARS-like WIV1-CoV poised for human emergence. Proc Natl Acad Sci U S A. 2016 Mar 14. pii: 201517719]***

21. Knowing that the U.S. Department of Health and Human Services (through CDC, NIH, NIAID, and their funded laboratories and commercial partners) had patents on each proposed element of medical countermeasures and their funding, Dr. Fauci, Dr. Gao (China CDC), and Dr. Elias (Bill and Melinda Gates Foundation) in criminal conspiracy, interlocking directorates, and racketeering, declared war on humanity and conspired to commit acts of terror on the global population – including the citizens of the United States – when, on September 18, 2019, they published the following mandate in A World At Risk:

a. *"Countries, donors and multilateral institutions must be prepared for the worst. A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals, and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries."*

b. Progress indicator(s) by September 2020
   i. Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.

ii. Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.

iii. WHO, the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum."
[https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf (page 8)]

22. As if to confirm the utility of the September 2019 demand for "financing and development of" vaccine and the fortuitous SARS CoV-2 alleged outbreak in December of 2019, Dr. Fauci began gloating that his fortunes for additional funding were likely changing for the better. In a February 2020 interview in STAT, he was quoted as follows:

a. "The emergence of the new virus is going to change that figure, likely considerably, Fauci said. "I don't know how much it's going to be. But I think it's going to generate more sustained interest in coronaviruses because it's very clear that coronaviruses can do really interesting things."***[https://www.statnews.com/2020/02/10/fluctuating-funding-and-flagging-interest-hurt-coronavirus-research/]***

23. In November 2019 – one month before the alleged "outbreak" in Wuhan, Moderna entered into a material transfer agreement – brokered by the Vaccine Research Center at NIAID (at which UNC Chapel Hill alum Dr. Kizzy Corbett worked) – to access Dr. Baric's Spike Protein data to commence vaccine development. In his own written statement obtained by the Financial Times, he refers to this agreement as being the foundation for the mRNA Moderna vaccine.
[https://pubmed.ncbi.nlm.nih.gov/32756549/]

24. To finalize the nature of the racketeering and anti-trust criminal conspiracy, when it came time to commercialize the NIH and DARPA-owned spike protein and pass it off as a "vaccine" (in conflict with the standard for vaccines in statutory and scientific application), the Operation Warp Speed contract was awarded to DoD contraction ATI, a subsidiary of ANSER. In a graph reminiscent of the anti-trust hearings at the formation of the Clayton Act in the early 20th century, the identity of the interlocking conflicts of interests is presented in graphic relief. It is with no surprise that the result of this price-fixing conspiracy was the enrichment of the conspiring parties and the harm of consumers. [Exhibit F]

25. Indeed, the money followed the hype and they used the hype to get to the real issues. Investors follow where they see profit at the end of the process and now, real Americans are dying each day because a criminal organization unleashed terror resulting in the deaths of Americans.

26. Every single act, the declaration of the State of Emergency, PCR Testing, the Emergency Use Authorization, the fraudulent face masks, the business closures, and the OSHA and CMS vaccine mandates are ALL admitted by the conspirators to be acts to coerce the population into taking a vaccine. The conspirators announced it in 2015, then prepared the pathogen in 2016, and laid out the terror campaign in September 2019. And now they profit from the death of Americans. These egregious acts of fraud that have been perpetrated against I/We the People are a violation of:

a.	18 U.S.C. § 175(a)	Prohibitions with respect to biological weapons
b.	18 U.S.C. § 241	Conspiracy against rights
c.	18 U.S.C. § 242	Deprivation of rights under the color of law
d.	18 U.S.C. § 1035	False statements relating to health care matters
e.	18 U.S.C. § 1038	False information and hoaxes
f.	18 U.S.C. § 1040	Fraud in connection with major disaster or emergency benefits
g.	18 U.S.C. § 1111(a)	Murder
h.	18 U.S.C. § 1113	Attempted Murder
i.	18 U.S.C. § 1117	Conspiracy to Murder
j.	18 U.S.C. § 1951	Hobbs Act extortion and robbery
k.	18 U.S.C. § 2331 §§ 802	Acts of domestic terrorism resulting in death of American Citizens
l.	18 U.S.C. § 2381	Treason
m.	18 U.S.C. § 2382	Misprision of treason
n.	18 U.S.C. § 2383	Rebellion or insurrection
o.	18 U.S.C. § 2384	Seditious conspiracy
p.	18 U.S.C. § 2385	Advocating the overthrow of government
q.	18 U.S.C. § 2441	Crimes Against Humanity
r.	18 U.S.C. § 2442	War Crimes Against Humanity
s.	18 U.S.C. § 3571	Sentence of fine

As this history unfolds, a daunting mix of malevolent precedents and processes continue to escalate with no real end in sight. The resulting complex of catastrophes has much potential to further plunge our society into chaos The intended disruptions, deception, carnage, and casualties are far from complete.

To date some 100,000,000 people have suffered from some adverse event, 20,000,000 people have sustained permanent life-altering injuries, and another 3,000,000 people have lost their lives due to the bioweapon that has been marketed as a vaccine.

PURPOSE OF OPERATION BEDROCK

At this stage in the engineered crisis, there is a need for fresh infusions of robust investigative activity leading to serious rounds of uncorrupted arbitration and criminal prosecution. The aim is to put an end to this elaborate crime spree whose high costs imposed on society extend far beyond the vandalized state of medical care, public health, and parliamentary governance.

To cure the political, cultural, and economic ailments that are infecting our key institutions, those of us who are awake to the perils engulfing us must find innovative ways of growing our numbers and of finding remedies and relief. We must expand our circles of collaboration to mount more effective strategies of collective self-defense, well-coordinated resistance, and lawful offensives as we continue to bear the brunt of steady attacks in the undeclared war targeting the largest part of humanity. These are the purposes of Operation Bedrock.

BACKGROUND

Operation Bedrock was created by thousands of nameless, faceless patriots of WeThePeople2 who find themselves called to defend humanity from the tyranny of our day. As such, we stand 2GETHER under our Creator and pledge to ourselves and our posterity to defend our republic from all enemies foreign and domestic.

Why the tyranny extends far beyond the handling of the pandemic, Operation Bedrock will only focus on the root of the pandemic as every single act from, the declaration of the State of Emergency, PCR Testing, the Emergency Use Authorization, the fraudulent face masks, the business closures, and the OSHA and CMS vaccine mandates are ALL admitted by the conspirators to be acts to coerce the population into taking a vaccine. The conspirators announced it in 2015, then prepared the pathogen in 2016, and laid out the terror campaign in September 2019. And now they profit from the death of Americans.

There are seven phases to this operation.

PHASE 1-PUBLIC AWARENESS

DESCRIPTION:

Article IV, Section 4 of the Constitution guarantees to every state a Republican form of government. We are not a democracy. In a Republic, the people are involved in the affairs of government where, through their sovereign authority, they delegate powers to elected representatives each with a specific charge to act on behalf of the people in preserving their creator-endowed rights to life, liberty, and the pursuit of happiness. As Americans, we were NEVER supposed to be passive in our involvement. While we were distracted, those representatives have chosen to profit instead of honoring their charge, and instead of preserving our rights, they have been usurping them through their collusion with foreign powers, big tech, big pharma, and corporations either directly through their misfeasance and malfeasance or indirectly through non-feasance. As a result, a crime has been perpetrated on our society of unconscionable measure.

We need to wake up the masses, to the extent possible, in order to protect life and property in the form of our unalienable rights, activate the people, and restore the Republic.

GOAL:

By August 25, 2022, 25,000,000 people will see our "Powerful Questions Flyer". This can be done if each person involved in wethepeople2.us would simply hand a flyer and call to action to just 10 people. For each month we delay, 1,500 more people will die. It is up to every one of us to be our brother and sister's keeper. Time is of the essence.

We will achieve this goal when:

- When one-third of our group (2,640) people share the flyer and our goal with 10 other people.
- Those 26,400 people will in turn share it with an additional 10 people.
- Those 264,000 people will share it will 10 additional people
- Those 2,640,000 people will share it with 10 additional people
- and we will have surpassed our goal with 26,400,000 people receiving the flyer.

How Can A "Vaccine" Which has Caused 1,371,474 Adverse Events and 29,981 Deaths, Be Classified As "Safe and Effective"?

Source: The Centers for Disease Control reporting of VAERS data as of July 29, 2022.

1. If the National Institutes of Health (NIH), The Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), equivalent agencies in all countries worldwide as well as State Health Departments in all 50 States admit, on the official record that they cannot prove the existence of COVID-19 as it has never been isolated from a human with the disease, **DOES IT EXIST?**

2. If the PCR test does not detect a viral particle and the Nobel Prize-winning inventor of PCR, Dr. Kary Mullins, states that his test doesn't tell you that you're sick, **WHAT ARE YOU TESTING POSITIVE WITH?**

3. If there is no isolation of the virus from a human with the disease, and PCR doesn't detect viral particles, **WHAT IS MAKING PEOPLE SICK?**

4. If by their own admission, their "vaccine" does not convey immunity, preclude infection by a virus, or does not block the development of COVID symptoms, **IS IT EVEN A VACCINE?**

5. If the vaccine doesn't meet the congressionally defined legal definition of a vaccine, Pfizer and Moderna themselves call it gene therapy, we are prevented from asking questions or talking about it, and they are not providing the requisite full disclosure before administering it, **WHAT ARE THEY INJECTING PEOPLE WITH?**

SCAN ME

DO NOT ALLOW ANYONE TO COERCE OR BULLY YOU. ASKING QUESTIONS COSTS VERY LITTLE, IGNORANCE OF THE TRUTH COSTS A GREAT DEAL. DON'T TAKE ANYONE'S WORD FOR IT. DO YOUR OWN RESEARCH; WHAT YOU FIND MAY SURPRISE YOU!

For facts and information, please visit:

wethepeople2.us/covid

Rev.8/11/22

EXHIBIT A1

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

June 7, 2021

Ms. Christine Massey
21 Keystone Avenue,
Toronto, M4C 1G9
Via email: cmssyc@gmail.com

Dear Ms. Massey:

This letter is in response to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of April 16, 2021, for:

> *[A]ll studies and/or reports in the possession, custody or control of the Centers for Disease Control and Prevention (CDC) and/or the Agency for Toxic Substances and Disease Registry (ATSDR) describing the purification of any "COVID-19 virus" (including "B.1.1.7", "B.1.351", "P.1" and any other "variant") (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), directly from a sample taken from a diseased human, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka Vero cells; fetal bovine serum). Please note that I am not requesting studies/reports where researchers failed to purify the suspected "virus" and instead: • cultured an unpurified sample or other unpurified substance, and/or • performed an amplification test (i.e. a PCR test) on all the RNA from a patient sample or from a cell culture, or on genetic material from any unpurified substance, and/or • sequenced the total RNA from a patient sample or from a cell culture or from any unpurified substance, and/or • produced electron microscopy images of unpurified things.*

A search of our records failed to reveal any documents pertaining to your request. Specifically, the National Center for Immunization and Respiratory Diseases apprises that CDC does not purify or isolate any COVID-19 virus in the manner the requester describes.

You may contact our FOIA Public Liaison at 770-488-6277 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Suite 729H, Washington, D.C. 20201. You may also transmit your appeal via email to FOIARequest@psc.hhs.gov. Please mark both your appeal letter and envelope "FOIA Appeal."

Your appeal must be postmarked or electronically transmitted by September 5, 2021.

Sincerely,

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
(770) 488-6399
Fax: (404) 235-1852

#21-01076-FOIA

EXHIBIT A2

Statement on Virus Isolation (SOVI)

Isolation*: "The action of isolating; the fact or condition of being isolated or standing alone; separation from other things or persons; solitariness."*
—From the Oxford English Dictionary

The controversy over whether the SARS-CoV-2 virus has ever been isolated or purified continues. However, using the above definition, common sense, the laws of logic and the dictates of science, any unbiased person must come to the conclusion that the SARS-CoV-2 virus has *never* been isolated or purified. As a result, no confirmation of the virus' existence can be found. The logical, common sense, and scientific consequences of this fact are:

- the structure and composition of something not shown to exist can't be known, including the presence, structure, and function of any hypothetical spike or other proteins;
- the genetic sequence of something that has never been found can't be known;
- "variants" of something that hasn't been shown to exist can't be known;
- it's impossible to demonstrate that SARS-CoV-2 causes a disease called Covid-19.

In as concise terms as possible, here's the proper way to isolate, characterize and demonstrate a new virus. First, one takes samples (blood, sputum, secretions) from many people (e.g. 500) with symptoms which are unique and specific enough to characterize an illness. Without mixing these samples with ANY tissue or products that also contain genetic material, the virologist macerates, filters and ultracentrifuges i.e. *purifies* the specimen. This common virology technique, done for decades to isolate bacteriophages[1] and so-called giant viruses in every virology lab, then allows the virologist to demonstrate with electron microscopy thousands of identically sized and shaped particles. These particles are the isolated and purified virus.

These identical particles are then checked for uniformity by physical and/or microscopic techniques. Once the purity is determined, the particles may be further characterized. This would include examining the structure, morphology, and chemical composition of the particles. Next, their genetic makeup is characterized by extracting the genetic material directly from the purified particles and using genetic-sequencing techniques, such as Sanger sequencing, that have also been around for decades. Then one does an analysis to confirm that these uniform particles are exogenous (outside) in origin as a virus is conceptualized to be, and not the normal breakdown products of dead and dying tissues. 2 (As of May 2020, we know that virologists have no way to determine whether the particles they're seeing are viruses or just normal break-down products of dead and dying tissues.)3

If we have come this far then we have fully isolated, characterized, and genetically sequenced an

exogenous virus particle. However, we still have to show it is causally related to a disease. This is carried out by exposing a group of healthy subjects (animals are usually used) to this isolated, purified virus in the manner in which the disease is thought to be transmitted. If the animals get sick with the same disease, as confirmed by clinical and autopsy findings, one has now shown that the virus actually causes a disease. This demonstrates infectivity and transmission of an infectious agent.

None of these steps has even been attempted with the SARS-CoV-2 virus, nor have all these steps been successfully performed for any so-called pathogenic virus. Our research indicates that a single study showing these steps does not exist in the medical literature.

Instead, since 1954, virologists have taken unpurified samples from a relatively few people, often less than ten, with a similar disease. They then minimally process this sample and inoculate this unpurified sample onto tissue culture containing usually four to six other types of material — **all of which contain identical genetic material as to what is called a "virus."** The tissue culture is starved and poisoned and naturally disintegrates into many types of particles, some of which contain genetic material. Against all common sense, logic, use of the English language and scientific integrity, this process is called "virus isolation." This brew containing fragments of genetic material from many sources is then subjected to genetic analysis, which then creates in a computer-simulation process the alleged sequence of the alleged virus, a so called *in silico genome*. At no time is an actual virus confirmed by electron microscopy. At no time is a genome extracted and sequenced from an actual virus. This is scientific fraud.

The observation that the unpurified specimen — inoculated onto tissue culture along with toxic antibiotics, bovine fetal tissue, amniotic fluid and other tissues — destroys the kidney tissue onto which it is inoculated is given as evidence of the virus' existence and pathogenicity. This is scientific fraud.

From now on, when anyone gives you a paper that suggests the SARS- CoV-2 virus has been isolated, please check the methods sections. If the researchers used Vero cells or any other culture method, you know that their process was not isolation. You will hear the following excuses for why actual isolation isn't done:

1. There were not enough virus particles found in samples from patients to analyze.

2. Viruses are intracellular parasites; they can't be found outside the cell in this manner.

If No. 1 is correct, and we can't find the virus in the sputum of sick people, then on what evidence do we think the virus is dangerous or even lethal? If No. 2 is correct, then how is the virus spread from person to person? We are told it emerges from the cell to infect others. Then why isn't it possible to find it?

Finally, questioning these virology techniques and conclusions is not some distraction or divisive issue. Shining the light on this truth is essential to stop this terrible fraud that humanity is confronting. For, as we now know, if the virus has never been isolated, sequenced or shown to

cause illness, if the virus is imaginary, then why are we wearing masks, social distancing and putting the whole world into prison?

Finally, if pathogenic viruses don't exist, then what is going into those injectable devices erroneously called "vaccines," and what is their purpose? This scientific question is the most urgent and relevant one of our time.

We are correct. The SARS-CoV2 virus does not exist.

Sally Fallon Morell

Thomas Cowan, MD

Dr. Thomas Cowan, MD

Dr. Andrew Kaufman, MD

Please show your support by sharing this document with as many people as you can, and then visit https://www.andrewkaufmanmd.com/sovi to add your name to the list of supporters world wide.

1 Isolation, characterization and analysis of bacteriophages from the haloalkaline lake Elmenteita, KenyaJuliah Khayeli Akhwale et al, PLOS One, Published: April 25, 2019. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0215734 -- accessed 2/15/21

2 "Extracellular Vesicles Derived From Apoptotic Cells: An Essential Link Between Death and Regeneration," Maojiao Li1 et al, Frontiers in Cell and Developmental Biology, 2020 October 2. https://www.frontiersin.org/articles/10.3389/fcell.2020.573511/full -- accessed 2/15/21

3 "The Role of Extracellular Vesicles as Allies of HIV, HCV and SARS Viruses," Flavia Giannessi, et al, Viruses, 2020 May

EXHIBIT B

COVID19 PCR Tests are Scientifically Meaningless

01.07.2020
BPA
News
No Comments

Though the whole world relies on RT-PCR to "diagnose" Sars-Cov-2 infection, the science is clear: they are not fit for purpose

From Torsten Engelbrecht and Konstantin Demeter

Lockdowns and hygienic measures around the world are based on numbers of cases and mortality rates created by the so-called SARS-CoV-2 RT-PCR tests used to identify "positive" patients, whereby "positive" is usually equated with "infected."

But looking closely at the facts, the conclusion is that these PCR tests are meaningless as a diagnostic tool to determine an alleged infection by a supposedly new virus called SARS-CoV-2.

UNFOUNDED "TEST, TEST, TEST,..." MANTRA

At the media briefing on COVID-19 on March 16, 2020, the WHO Director General Dr Tedros Adhanom Ghebreyesus said:

> We have a simple message for all countries: test, test, test."

The message was spread through headlines around the world, for instance by Reuters and the BBC.

Still on the 3 of May, the moderator of the heute journal — one of the most important news magazines on German television— was passing the mantra of the corona dogma on to his audience with the admonishing words:

> Test, test, test—that is the credo at the moment, and it is the only way to really understand how much the coronavirus is spreading."

This indicates that the belief in the validity of the PCR tests is so strong that it equals a religion that tolerates virtually no contradiction.

But it is well known that religions are about faith and not about scientific facts. And as Walter Lippmann, the two-time Pulitzer Prize winner and perhaps the most influential journalist of the 20th century said: "Where all think alike, no one thinks very much."

So to start, it is very remarkable that Kary Mullis himself, the inventor of the Polymerase Chain Reaction (PCR) technology, did not think alike. His invention got him the Nobel prize in chemistry in 1993.

Unfortunately, Mullis passed away last year at the age of 74, but there is no doubt that the biochemist regarded the PCR as inappropriate to detect a viral infection.

The reason is that the intended use of the PCR was, and still is, to apply it as a manufacturing technique, being able to replicate DNA sequences millions and billions of times, and not as a diagnostic tool to detect viruses.

How declaring virus pandemics based on PCR tests can end in disaster was described by Gina Kolata in her 2007 New York Times article *Faith in Quick Test Leads to Epidemic That Wasn't*.

LACK OF A VALID GOLD STANDARD

Moreover, it is worth mentioning that the PCR tests used to identify so-called COVID-19 patients presumably infected by what is called SARS-CoV-2 do not have a valid gold standard to compare them with.

This is a fundamental point. Tests need to be evaluated to determine their preciseness — strictly speaking their "sensitivity"[1] and "specificity" — by comparison with a "gold standard," meaning the most accurate method available.

As an example, for a pregnancy test the gold standard would be the pregnancy itself. But as Australian infectious diseases specialist Sanjaya Senanayake, for example, stated in an ABC TV interview in an answer to the question *"How accurate is the [COVID-19] testing?"*:

> If we had a new test for picking up [the bacterium] golden staph in blood, we've already got blood cultures, that's our gold standard we've been using for decades, and we could match this new test against that. But for COVID-19 we don't have a gold standard test."

Jessica C. Watson from Bristol University confirms this. In her paper *"Interpreting a COVID-19 test result"*, published recently in *The British Medical Journal*, she writes that there is a *"lack of such a clear-cut 'gold-standard' for COVID-19 testing."*

But instead of classifying the tests as unsuitable for SARS-CoV-2 detection and COVID-19 diagnosis, or instead of pointing out that only a virus, proven through isolation and purification, can be a solid gold standard, Watson claims in all seriousness that, "pragmatically" COVID-19 diagnosis itself, remarkably including PCR testing itself, *"may be the best available 'gold standard'."* But this is not scientifically sound.

Apart from the fact that it is downright absurd to take the PCR test itself as part of the gold standard to evaluate the PCR test, there are no distinctive specific symptoms for COVID-19, as even people such as Thomas Löscher, former head of the Department of Infection and Tropical Medicine at the University of Munich and member of the Federal Association of German Internists, conceded to us[2].

And if there are no distinctive specific symptoms for COVID-19, COVID-19 diagnosis — contrary to Watson's statement — cannot be suitable for serving as a valid gold standard.

In addition, "experts" such as Watson overlook the fact that only virus isolation, i.e. an unequivocal virus proof, can be the gold standard.

That is why I asked Watson how COVID-19 diagnosis "may be the best available gold standard," if there are no distinctive specific symptoms for COVID-19, and also whether the virus itself, that is virus isolation, wouldn't be the best available/possible gold standard. But she hasn't answered these questions yet – despite multiple requests. And she has not yet responded to our rapid response post on her article in which we address exactly the same points, either, though she wrote us on June 2nd: *"I will try to post a reply later this week when I have a chance."*

NO PROOF FOR THE RNA BEING OF VIRAL ORIGIN

Now the question is: What is required first for virus isolation/proof? We need to know where the RNA for which the PCR tests are calibrated comes from.

As textbooks (e.g., White/Fenner. Medical Virology, 1986, p. 9) as well as leading virus researchers such as Luc Montagnier or Dominic Dwyer state, particle purification — i.e. the separation of an object from everything else that is not that object, as for instance Nobel laureate Marie Curie purified 100 mg of radium chloride in 1898 by extracting it from tons of pitchblende — is an essential pre-requisite for proving the existence of a virus, and thus to prove that the RNA from the particle in question comes from a new virus.

The reason for this is that PCR is extremely sensitive, which means it can detect even the smallest pieces of DNA or RNA — but it cannot determine *where these particles came from*. That has to be determined beforehand.

And because the PCR tests are calibrated for gene sequences (in this case RNA sequences because SARS-CoV-2 is believed to be a RNA virus), we have to know that these gene snippets are part of the looked-for virus. And to know that, correct isolation and purification of the presumed virus has to be executed.

Hence, we have asked the science teams of the relevant papers which are referred to in the context of SARS-CoV-2 for proof whether the electron-microscopic shots depicted in their in vitro experiments show purified viruses.

But not a single team could answer that question with "yes" — and NB., nobody said purification was not a necessary step. We only got answers like *"No, we did not obtain an electron micrograph showing the degree of purification"* (see below).

Study 1: Leo L. M. Poon; Malik Peiris. "Emergence of a novel human coronavirus threatening human health" *Nature Medicine*, March 2020
Replying Author: Malik Peiris

Date: May 12, 2020
Answer: *"The image is the virus budding from an infected cell. It is not purified virus."*

Study 2: Myung-Guk Han et al. "Identification of Coronavirus Isolated from a Patient in Korea with COVID-19", *Osong Public Health and Research Perspectives*, February 2020
Replying Author: Myung-Guk Han
Date: May 6, 2020
Answer: *"We could not estimate the degree of purification because we do not purify and concentrate the virus cultured in cells."*

Study 3: Wan Beom Park et al. "Virus Isolation from the First Patient with SARS-CoV-2 in Korea", *Journal of Korean Medical Science*, February 24, 2020
Replying Author: Wan Beom Park
Date: March 19, 2020
Answer: *"We did not obtain an electron micrograph showing the degree of purification."*

Study 4: Na Zhu et al., "A Novel Coronavirus from Patients with Pneumonia in China", 2019, *New England Journal of Medicine*, February 20, 2020
Replying Author: Wenjie Tan
Date: March 18, 2020
Answer: *"[We show] an image of sedimented virus particles, not purified ones."*

For more read the article here.

Search for: Search

Upcoming Events

1. **34th European Congress of Pathology**

   3 September|8:00 - 7 September|17:00

2. **Intensive Course in Head and Neck Pathology**

   18 September|8:00 - 21 September|17:00

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The Royal College of Pathologists of Australasia

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EXHIBIT C

Performance Characteristics

Analytical Performance:

Limit of Detection (LoD):

LoD studies determine the lowest detectable concentration of 2019-nCoV at which approximately 95% of all (true positive) replicates test positive. The LoD was determined by limiting dilution studies using characterized samples.

The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies. Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/µL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen. Samples were extracted using the QIAGEN EZ1 Advanced XL instrument and EZ1 DSP Virus Kit (Cat# 62724) and manually with the QIAGEN DSP Viral RNA Mini Kit (Cat# 61904). Real-Time RT-PCR assays were performed using the Thermo Fisher Scientific TaqPath™ 1-Step RT-qPCR Master Mix, CG (Cat# A15299) on the Applied Biosystems™ 7500 Fast Dx Real-Time PCR Instrument according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel instructions for use.

A preliminary LoD for each assay was determined testing triplicate samples of RNA purified using each extraction method. The approximate LoD was identified by extracting and testing 10-fold serial dilutions of characterized stocks of in vitro transcribed full-length RNA. A confirmation of the LoD was determined using 3-fold serial dilution RNA samples with 20 extracted replicates. The LoD was determined as the lowest concentration where ≥ 95% (19/20) of the replicates were positive.

Table 4. Limit of Detection Confirmation of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel with QIAGEN EZ1 DSP

Targets	2019-nCoV_N1			2019-nCoV_N2		
RNA Concentration[1]	$10^{0.5}$	$10^{0.0}$	$10^{-0.5}$	$10^{0.5}$	$10^{0.0}$	$10^{-0.5}$
Positives/Total	20/20	19/20	13/20	20/20	17/20	9/20
Mean Ct[2]	32.5	35.4	NA	35.8	NA	NA
Standard Deviation (Ct)	0.5	0.8	NA	1.3	NA	NA

[1] Concentration is presented in RNA copies/µL

[2] Mean Ct reported for dilutions that are ≥ 95% positive. Calculations only include positive results.

NA not applicable

EXHIBIT D1

1.1 Definition of vaccines

What is a vaccine?

The word "vaccine" originates from the Latin *Variolae vaccinae* (cowpox), which Edward Jenner demonstrated in 1798 could prevent smallpox in humans. Today the term 'vaccine' applies to all biological preparations, produced from living organisms, that enhance immunity against disease and either prevent (prophylactic vaccines) or, in some cases, treat disease (therapeutic vaccines). Vaccines are administered in liquid form, either by injection, by oral, or by intranasal routes.

Vaccines are composed of either the entire disease-causing microorganism or some of its components. They may be constructed in several ways (See **Figure 1**):

- From living organisms that have been weakened, usually from cultivation under sub-optimal conditions (also called attenuation), or from genetic modification, which has the effect of reducing their ability to cause disease;
- From whole organisms that have been inactivated by chemical, thermal or other means;
- From components of the disease-causing organism, such as specific proteins and polysaccharides, or nucleic acids;
- From inactivated toxins of toxin-producing bacteria;
- From the linkage (conjugation) of polysaccharides to proteins (this increases the effectiveness of polysaccharide vaccines in young children) (See **Figure 2**).

Examples of each type of vaccine are shown in **Table 1**.

Type of vaccine	Examples
Live-attenuated	Measles, Mumps, Rubella, Varicella zoster
Inactivated	Hepatitis A, Influenza, Pneumococcal polysaccharide
Recombinant sub-unit	Hepatitis B
Toxoid	Tetanus, Diphtheria
Conjugate polysaccharide-protein	Pneumococcal, meningococcal, *Haemophlius influenzea* type b (Hib)

TABLE 1. EXAMPLES OF VACCINES BY TYPE

EXHIBIT D2

The So-Called COVID-19 "Vaccine" Is Really A Dangerous Experimental Gene Therapy — Just Say "No!"

by Steven F. Hotze, M.D.

The so-called COVID-19 "vaccine" is not a vaccine at all. It is an experimental gene therapy. The Center for Disease Control (CDC) gives the definition of the term vaccine on its website, https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm. A vaccine is a product that stimulates a person's immune system to produce immunity to a specific disease. Immunity is the protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

This so-called COVID-19 "vaccine" does not provide the individuals who receive the vaccine with immunity to COVID-19, nor does it prevent the transmission of this disease. It does not meet the CDC's own definition of a vaccine. That is why it is a deceptive trade practice, under 15 U.S. Code, Section 41 of the Federal Trade Commission, for pharmaceutical companies who are producing this experimental gene therapy, to claim that this is a vaccine. These pharmaceutical companies are lying to the public. The government health bureaucrats are also lying to the public, by calling this treatment a vaccine. This COVID-19 experimental gene therapy is only designed to minimize your symptoms if you were to be infected with the COVID-19 virus.

Let me reemphasize that this COVID-19 experimental gene therapy does not meet the CDC's own definition of a vaccine. It does not provide immunity or prevent transmission of the disease. By referring to this therapy as a "vaccine," the pharmaceutical companies are attempting to shield themselves, because vaccine injuries or deaths are exempted by law from any product liability lawsuits.

The United States health bureaucrats initiated Operation Warp Speed to fast track the so-called COVID-19 "vaccine." On December 11, 2020, the FDA approved the Pfizer-BioNTech "vaccine," and Moderna's was approved a week later. These "vaccines" were approved without any published animal studies and without any long-term human studies. This means that the individuals who get them are the guinea pigs.

These "vaccines," which are manufactured using cells derived from human babies that were aborted in the 1970s, should more accurately be called an experimental gene therapy. They are an untested, unproven experimental gene therapy that poses a much greater danger to your health than COVID-19 itself.

Moderna is a pharmaceutical and biotech company located in Cambridge, Massachusetts, founded in 2010 as ModeRNA Therapeutics. It has been developing experimental gene therapy using synthetic mRNA for the treatment of various diseases including COVID-19. Moderna has never successfully developed a product for treatment of any disease prior to this. An experimental gene therapy using synthetic mRNA to treat an infectious disease has never been attempted in humans, because of its failure in previous animal studies.

Not A Vaccine

The theory behind conventional vaccines is to inject a small amount of the infecting virus or bacteria protein into your body, which in turn will cause your immune system to produce antibodies to that infecting organism and provide you with immunity.

The new COVID-19 so called "vaccine" is not a vaccine at all. It is a synthetic messenger ribonucleic acid (mRNA) experimental gene therapy, and it works much differently. The theory behind it is that when this synthetic mRNA is injected into your body, it will insert itself into your cells and begin producing the coronavirus spike proteins. In turn, your immune system is expected to produce antibodies to the coronavirus protein made by your own cells.

There is no way to know how long your cells will produce these virus proteins, or if they will ever stop producing them. Your immune system will be hyper-charged and will overreact when exposed to any type of coronavirus in the future. This is what happened when mRNA experimental gene therapy was used against other types of coronaviruses in animals in 2005 and 2012. The animals died from an immune system hyper-reaction when they were later exposed to the coronavirus against which they had been previously vaccinated. This hyper-reaction is called an antibody dependent enhancement reaction.

Because these are the first mRNA "vaccines" ever used in humans, you would think that they would have been first tested and proven safe in published animal studies and have at least two years of human testing, which are routinely required. Instead, the COVID-19 mRNA "vaccine" was only tested on humans for a couple of months. Wouldn't it be prudent to have long term-human studies before recommending mass vaccination?

Over 40,000+ Adverse Effects and nearly 1000 Deaths from so called "vaccine" in U.S. so far

Adverse effects are inevitable. In the first month of use, there were more than 40,000 documented adverse reactions in the U.S., including thousands of cases of anaphylactic shock and serious neurological problems. Because only 10% of adverse effects are routinely reported, hundreds of thousands have likely been harmed. That is only in the first 30 days! As of February 14, there were also 934 deaths in individuals who had received this experimental gene therapy so-called "vaccine," including baseball great, Hank Aaron.

Even more worrisome are delayed and long-term adverse effects. The synthetic mRNA experimental gene therapy turns on the production of COVID-19 proteins, but it has no off switch. It just keeps on replicating, and the immune system keeps on mounting an immune response. That is why some researchers are concerned that it will provoke autoimmune reactions, setting you up for a lifetime of serious inflammatory disease.

Another major concern is the possibility that the COVID-19 experimental gene therapy can make infections worse. There is convincing evidence that this experimental gene therapy may trigger an antibody-dependent enhancement reaction and increase the virus's ability to infect your cells. In other words, if you come down with a coronavirus infection after receiving your experimental gene therapy, then you may have a much worse case than if you had never had this therapy. Many experts are predicting a surge of life-threatening infections, inflammatory disorders and deaths in the coming months for those who have received this treatment.

Of course, the blame will be placed on a mutant, virulent strain of the COVID-19 virus, rather than on a poorly tested experimental gene therapy. Even if it were acknowledged, the U.S. government, which has spent $12.4 billion on COVID-19 vaccines so far, would foot the bill for any damages incurred by those who received the treatment. As I previously mentioned, by law, pharmaceutical companies cannot be sued for any injury caused by any vaccine. So, by lying, and calling this experimental gene therapy a "vaccine," they are reaping enormous profits with no downside risk of product liability.

Not Only Dangerous but Ineffective

Not only is the media downplaying the COVID-19 gene therapy side effects, but they seem content to simply repeat the drug makers' overly optimistic claims of efficacy.

You have probably heard that both the Pfizer and Moderna "vaccines" are 95% effective. This is a false claim. Yet, the medical establishment and the government bureaucrats have simply taken these pharmaceutical companies' word for it and are encouraging everyone to line up for their "vaccines."

At the time the Pfizer-BioNTech and Moderna products were approved, these pharmaceutical companies had failed to release most of the raw data from their trials. In fact, they are still withholding much of it. However, now that more of it is available for review, a different picture is emerging.

British Medical Journal (BMJ) Associate Editor Peter Doshi, who had the opportunity to review the available data, pointed out the inconsistencies and weaknesses of the pre-approval trials. He concluded that rather than the widely publicized 95% effective rate, these "vaccines" are, at best, 19% effective. At this low rate, they would never have been approved!

Health Bureaucrats Are Flying Blind

There are still many unknowns about this experimental gene therapy. There is no indication that it saves lives or prevents spreading the infection to others, which is why health bureaucrats continue to recommend masking and social distancing. Nobody has any idea about the long-term, adverse effects of this experimental gene therapy, yet they are still plowing ahead with plans to inject this experimental gene therapy into the entire population.

This experimental gene therapy will not eradicate the coronavirus that causes COVID-19 any more than the flu vaccine has eliminated the flu. COVID-19 is here to stay. Even without this so-called "vaccine," infections will slow as more people develop natural herd immunity.

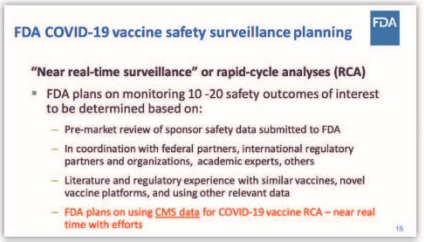
Just Say "No!"

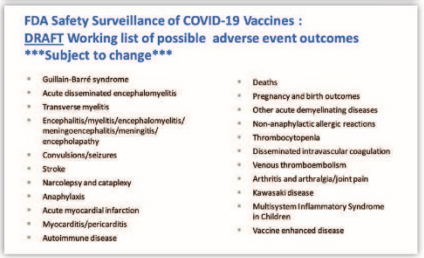
Why in the world would you risk all the known and unknown, short and long-term side effects of an experimental gene therapy that was inadequately tested, rushed through the approval process at "warp speed," and found to be much less effective, yet much more dangerous than initially promised? I am advising my family, my friends and my guests here at the Hotze Health & Wellness Center to just say, "No!"

COVID-19 infection poses no significant health risk except for infirm, elderly people and those with severe pre-existing conditions, not unlike the flu or any other respiratory infection. Most individuals who contract COVID-19 have mild to moderate symptoms for a few days, similar to the flu, and the overall survival rate of those who are infected is 99.98%.

It has been demonstrated in studies around the world that the use of Ivermectin and hydroxychloroquine can safely prevent and treat the COVID-19 infection.

Of course, it is important to strengthen your immune system with vitamin and mineral supplementation, healthy eating, natural hormone replenishment, treatment of allergies, exercise, a good night's sleep and maintaining your ideal body weight. Aside from that, let's allow the virus to run its course so that we can develop herd immunity, which is far safer and more effective than this experimental gene therapy injection could ever be.





The panic and mass hysteria created by the propaganda of government health bureaucrats, left-wing media, and politicians is all about control, power and money. I have written extensively about the ineffectiveness and dangers of wearing masks, social distancing, closing of businesses and lockdowns. We need to get back to work, back to school and back to church.

Dr. Hotze is the founder and CEO of the Hotze Health & Wellness Center in Houston, Texas • www.hotzehwc.com

HOTZE
HEALTH & WELLNESS CENTER MD

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EXHIBIT E

_____ County
State of _____

Exhibit 7 See: https://www.ott.nih.gov/technology/e-234-2016

From: (b) (6)
Sent: Wed, 11 Mar 2020 06:19:13 -0400
To: NIAID Public Inquiries
Subject: Fwd: Coronavirus bioweapon production method

Sent from my iPhone

Begin forwarded message:

From: Adam Gaertner (b) (6)
Date: March 11, 2020 at 6:16:40 AM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: Coronavirus bioweapon production method

Hello Anthony,

This is how the virus was created.

Intervirion Fusion. HIV-luc(ACE2) (500 ng of p24) was mixed with 1,000 ng of p24 of HIV-gfp particles incorporating ASLV-A envelope, SARS-CoV S protein, or both envelopes in PBS at 4°C for 30 min to allow binding. Samples were raised to 37°C for 15 min to allow for conformational rearrangements. Virions were adjusted to the desired pH with 0.1 M citric acid. PBS, TPCK-trypsin (final concentration 10 μg/ml), CTSL, cathepsin B (CTSB) (final concentrations 2 μg/ml) or CTSL buffer alone was then added. Recombinant CTSL (R &D Systems) was preactivated by incubation for 15 min at 10 μg/ml in 50 mM Mes, pH 6.0, on ice. Recombinant CTSB (R &D Systems) was preactivated in 25 mM Mes, 5 mM DTT, pH 5.0, for 30 min at 25°C. After a 10-min incubation at 25°C, proteolysis was halted by the addition of 300 μl of DMEM10 containing leupeptin (25 μg/ml) and STI (75 μg/ml). Virions were then incubated at 37°C for 30 min to allow membrane fusion. 100 μl of the virion mixture was added in quadruplicate to HeLa-Tva cells pretreated for 1 h with leupeptin (20 μg/ml). The cells were spin-infected and incubated at 37°C for 5 h

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EXHIBIT F

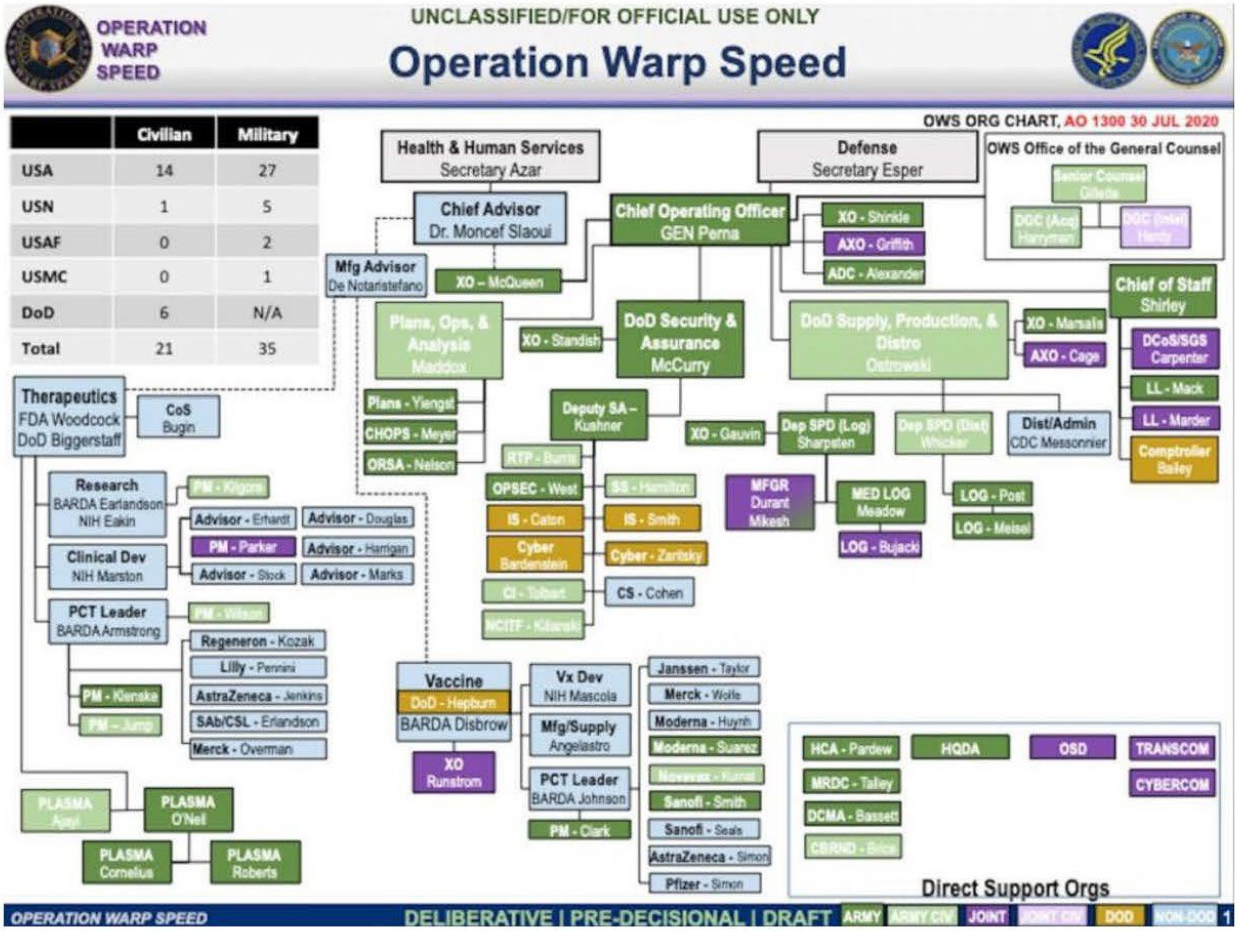
OPERATION WARP SPEED
UNCLASSIFIED/FOR OFFICIAL USE ONLY
Operation Warp Speed
OWS ORG CHART, AO 1300 30 JUL 2020
Civilian
Military
USA 14 27
USN 1 5
USAF 0 2
USMC 0 1
DoD 6 N/A
Total 21 35
Health & Human Services
Secretary Azar
Defense
Secretary Esper
OWS Office of the General Counsel
Chief Advisor
Dr. Moncef Slaoui
Chief Operating Officer
GEN Perna
XO - Shinkle
AXO - Griffith
ADC - Alexander
Mfg Advisor
De Notaristefano
XO – McQueen
Chief of Staff
Shirley
Plans, Ops, & Analysis
Maddox
XO - Standish
DoD Security & Assurance
McCurry
DoD Supply, Production, & Distro
Ostrowski
XO - Marsala
AXO - Cage
DCoS/SGS
Carpenter
LL - Mack
LL - Marder
Comptroller
Bailey
Therapeutics
FDA Woodcock
DoD Biggerstaff
CoS
Bugin
Plans - Yiengst
CHOPS - Meyer
ORSA - Nelson
Deputy SA –
Kushner
XO - Gauvin
Dep SPD (Log)
Sharpsten
Dep SPD (Dist)
Whicker
Dist/Admin
CDC Messonnier
RTP - Burns
OPSEC - West
IS - Caton
Cyber
Bardenstein
CI - Tolbert
NCITF - Kilarski
SS - Hamilton
IS - Smith
Cyber - Zaritsky
CS - Cohen
MFGR
Durant
Mikesh
MED LOG
Meadow
LOG - Bujacki
LOG - Post
LOG - Meisel
Research
BARDA Earlandson
NIH Eakin
PM - Kilgore
Advisor - Erhardt
Advisor - Douglas
PM - Parker
Advisor - Harrigan
Advisor - Stock
Advisor - Marks
Clinical Dev
NIH Marston
PCT Leader
BARDA Armstrong
PM - Wilson
Regeneron - Kozak
Lilly - Pennini
PM - Kienske
AstraZeneca - Jenkins
PM - Jung
SAb/CSL - Erlandson
Merck - Overman
Vaccine
DoD - Hepburn
BARDA Disbrow
XO
Runstrom
Vx Dev
NIH Mascola
Mfg/Supply
Angelastro
PCT Leader
BARDA Johnson
PM - Clark
Janssen - Taylor
Merck - Wolfe
Moderna - Huynh
Moderna - Suarez
Novavax - Kumar
Sanofi - Smith
Sanofi - Seals
AstraZeneca - Simon
Pfizer - Simon
PLASMA
Agui
PLASMA
O'Neil
PLASMA
Cornelius
PLASMA
Roberts
HCA - Pardew
HQDA
OSD
TRANSCOM
MRDC - Talley
CYBERCOM
DCMA - Bassett
CBRND - Belcel
Direct Support Orgs
OPERATION WARP SPEED
DELIBERATIVE | PRE-DECISIONAL | DRAFT
ARMY
ARMY CIV
JOINT
JOINT CIV
DOD
NON-DOD
1

EXHIBIT G

Administration of Donald J. Trump, 2018

Executive Order 13844—Establishment of the Task Force on Market Integrity and Consumer Fraud
July 11, 2018

By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to strengthen the efforts of the Department of Justice and Federal, State, local, and tribal agencies to investigate and prosecute crimes of fraud committed against the U.S. Government or the American people, recover the proceeds of such crimes, and ensure just and effective punishment of those who perpetrate crimes of fraud, it is hereby ordered as follows:

Section 1. Establishment. The Attorney General shall establish within the Department of Justice a Task Force on Market Integrity and Consumer Fraud (Task Force).

Sec. 2. Membership and Operation. (a) The Task Force shall include the following members:

(i) the Deputy Attorney General, who shall serve as the Chair;

(ii) the Associate Attorney General, who shall serve as the Vice Chair;

(iii) the Assistant Attorney General (Criminal Division);

(iv) the Assistant Attorney General (Civil Division);

(v) the Assistant Attorney General (Tax Division);

(vi) the Assistant Attorney General (Antitrust Division);

(vii) the Director of the Federal Bureau of Investigation;

(viii) United States Attorneys designated by the Attorney General; and

(ix) such other officers or employees of the Department of Justice as the Attorney General may from time to time designate.

(b) The Deputy Attorney General shall convene and direct the work of the Task Force in fulfilling its functions under this order. The Deputy Attorney General may permit, when appropriate, the designee of a member of the Task Force, including participants invited under section 3 of this order, to participate in lieu of the member or participant. The Deputy Attorney General shall convene the Task Force at such times as the Deputy Attorney General deems appropriate.

Sec. 3. Additional Participation for Specified Functions. In the Task Force's performance of the functions set forth in subsection 4(a) and (c) of this order, and to the extent permitted by law, the Attorney General, or the Deputy Attorney General as his designee, shall periodically convene meetings and shall invite participation from the following senior officials from executive departments and agencies (agencies), or their designees, as well as such other officials of the Federal Government as the Attorney General or Deputy Attorney General deems appropriate:

(a) the Secretary of the Treasury;

(b) the Secretary of Defense;

(c) the Secretary of Health and Human Services;

(d) the Secretary of Housing and Urban Development;

(e) the Secretary of Energy;

(f) the Secretary of Education;

(g) the Secretary of Veterans Affairs;

(h) the Secretary of Homeland Security;

(i) the Administrator of the Small Business Administration;

(j) the Chairman of the Board of Governors of the Federal Reserve System;

(k) the Commissioner of Social Security;

(l) the Administrator of the United States Agency for International Development;

(m) the Director of the Bureau of Consumer Financial Protection;

(n) the Chairman of the Federal Trade Commission;

(o) the Chairman of the Securities and Exchange Commission;

(p) the Administrator of General Services;

(q) the Chairman of the National Credit Union Administration;

(r) the Chairman of the Commodity Futures Trading Commission;

(s) the Chairperson of the Board of Directors of the Federal Deposit Insurance Corporation;

(t) the Director of the Federal Housing Finance Agency;

(u) the Comptroller of the Currency; and

(v) the Chief Postal Inspector for the Postal Inspection Service.

Sec. 4. Functions. Consistent with the authorities assigned to the Attorney General by law, and other applicable law, the Task Force shall:

(a) provide guidance for the investigation and prosecution of cases involving fraud on the government, the financial markets, and consumers, including cyber-fraud and other fraud targeting the elderly, service members and veterans, and other members of the public; procurement and grant fraud; securities and commodities fraud, as well as other corporate fraud, with particular attention to fraud affecting the general public; digital currency fraud; money laundering, including the recovery of proceeds; health care fraud; tax fraud; and other financial crimes;

(b) provide recommendations to the Attorney General on fraud enforcement initiatives across the Department of Justice and on any matters the Task Force determines from time to time to be important in the investigation and prosecution of fraud and other financial crimes; and

(c) make recommendations to the President, through the Attorney General for:

(i) action to enhance cooperation among agencies in the investigation and prosecution of fraud and other financial crimes;

(ii) action to enhance cooperation among Federal, State, local, and tribal authorities in connection with the detection, investigation, and prosecution of fraud and other financial crimes; and

(iii) changes in rules, regulations, or policy, or recommendations to the Congress regarding legislative measures, to improve the effective investigation and prosecution of fraud and other financial crimes.

Sec. 5. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This Task Force shall replace the Financial Fraud Enforcement Task Force created by Executive Order 13519 of November 17, 2009 (Establishment of the Financial Fraud Enforcement Task Force). The Financial Fraud Enforcement Task Force is hereby terminated pursuant to section 8 of Executive Order 13519 and that order is hereby revoked.

(c) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(d) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

Sec. 6. Termination. The Task Force shall terminate when directed by the President or, with the approval of the President, by the Attorney General.

DONALD J. TRUMP

The White House,
July 11, 2018.

[Filed with the Office of the Federal Register, 11:15 a.m., July 13, 2018]

NOTE: This Executive order was published in the *Federal Register* on July 16.

Categories: Executive Orders : Market Integrity and Consumer Fraud, Task Force on, establishment.

Subjects: Market Integrity and Consumer Fraud, Task Force on.

DCPD Number: DCPD201800539.