

REPORT DOCUMENTATION PAGE			Form Approved OMB No. 0704-0188		
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1. REPORT DATE (DD-MM-YYYY) 25-04-2022		2. REPORT TYPE Final		3. DATES COVERED (From - To) June 2021 - April 2021	
4. TITLE AND SUBTITLE You will know them by their fruits: The ruling class and emerging technologies			5a. CONTRACT NUMBER		
			5b. GRANT NUMBER		
			5c. PROGRAM ELEMENT NUMBER		
6. AUTHOR(S) LTC Stephan L. Walters Paper Advisor: Dr. Tom E. Creely			5d. PROJECT NUMBER		
			5e. TASK NUMBER		
			5f. WORK UNIT NUMBER		
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Naval War College 686 Cushing Road Newport, RI 02841-1207			8. PERFORMING ORGANIZATION REPORT NUMBER		
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)			10. SPONSOR/MONITOR'S ACRONYM(S)		
			11. SPONSOR/MONITOR'S REPORT NUMBER(S)		
12. DISTRIBUTION / AVAILABILITY STATEMENT Distribution Statement A: Approved for public release; Distribution is unlimited.					
13. SUPPLEMENTARY NOTES A paper submitted to the faculty of the NWC in Partial satisfaction of the requirements of the curriculum. The contents of this paper reflect my own personal views and are not necessarily endorsed by the NWC, the Department of the Navy, or the Department of the Army.					
14. ABSTRACT This report provides situational awareness on several controversial issues related to the global genetic bioweapon industry. Army Design Methodology and systems thinking are used to frame the ethical applications of modern technologies such as virus gain-of-function (GoF) research, vaccines, and experimental gene-therapies. The facts outlined throughout this report debunk many of the narrative constructs during the global COVID-19 pandemic (2020 thru 2021). This report also highlights the informational and economic power of the elite ruling class, and demonstrates how those in power will continue to use emerging technologies to achieve desired end-states regardless of the known and unknown ethical implications. This study proposes a moral philosophy called The Four G's Of Moral Authority (God, Government, Group, and Ganster) that closes the gap between the ethical theories of deontology, utilitarianism, rights, and virtue. Definition of key terms and concepts in Appendix A, and Appendix B provides information about virus GoF key stakeholders.					
15. SUBJECT TERMS Virus gain-of-function research, gene therapies, vaccines, economic and informational sources of power, the ruling class					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT UNCLASSIFIED	b. ABSTRACT UNCLASSIFIED	c. THIS PAGE UNCLASSIFIED	N/A	143	Tom Creely, PhD, Dir.EEMT
					19b. TELEPHONE NUMBER (include area code) 401-841-7542

Naval War College

Ethics and Emerging Military Technology (EEMT) Program



Research Paper

Central Research Question:

What are the ethical implications pertaining to virus Gain of Function (GoF) research?

Additional Research Questions:

What are the ethical implications pertaining to the overarching global bioweapons industry?
How will the ruling class utilize modern and emerging technologies to maintain power?

Thesis:

The ruling class will continue to use current and emerging technologies to maintain power and control over the populations living throughout the free world.

by

Dr. Stephan Walters

May 2022

Word Count: 28685

The views expressed in this report are the presenter's own and do not represent the views of the Naval War College, the Department of Defense, or the U.S. Government.

PREFACE

The initial purpose of this investigative endeavor was to determine and clearly define the facts pertaining to America's historic and current role in virus Gain-of-Function (GoF) research. However, virus GoF research is just one small facet of a much larger global genetic bioweapons industry. A secretive and ambiguous globalized industry that has interwoven stakeholders working within governmental agencies, academic institutions, non-governmental organizations, multinational corporations, and the United States military. Hence, a systems thinking approach is used throughout this body of research to identify the interacting, interrelated, and interdependent components of the overarching biotechnology industry. This study uses Army Design Methodology to frame and broaden the collective understanding of the informational and economic power wielded by the true owners of the global genetic biotechnology industry.

Like most modern and emerging weaponizable technologies, the dual-use (or dual purpose) aspects of virus GoF research generates a plethora of moral conundrums. Many of these ethical dilemmas are rooted in conflicts of interests, intentional misinformation campaigns, censorship, cognitive biases, and the inherently secretive nature of the genetic bioweapons industry. This study proposes a moral philosophy called The Four Gs of Moral Authority that closes the gap between the four ethical theories of deontology, utilitarianism, rights, and virtue.

An openminded, balanced, unfiltered, and critical analysis of the evidential documents (i.e. patents) and published materials related to the global genetic bioweapons industry could influence moral point of views on several topics that directly and indirectly connect to America's strategic technological future. Regardless of an individual's moral lens, the facts outlined in this investigative report capture the reality that America's enduring role in the global bioweapons industry and other technologies will continue to have significant impacts on all of humanity.

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INTRODUCTION

The overarching purpose of this report is to provide situational awareness on several controversial issues and topics that directly pertain to an assortment of modern technologies. Some of the technologies analyzed throughout this report emerged years ago (i.e. virus gain-of-function, DNA synthesis, and genetic coding), whereas other technologies are still in the emerging or experimental phase such as the COVID-19 messenger ribonucleic acid (mRNA) gene therapy that has been marketed as a vaccine.¹ Just as Gutenberg's printing press unleashed lasting changes in the European socio-political landscape, many modern technologies are currently fostering "great leaps in scientific progress while at the same time resulting in political, social, and economic changes."² Social evolutions sparked by the development and application of new technologies typically encompass both ethical enigmas and defined shifts in power structures that "tend toward totalitarianism" in advanced societies.^{3 4} Every civilization throughout history had a ruling class, and contemporary western societies are no different. This paper argues that **the ruling class will continue to use current and emerging technologies to maintain power and control over the populations living throughout the free world.**

Facts: The initial start point for this investigative endeavor was compiling the facts related to virus gain-of-function (GoF) research. However, virus GoF research is one small piece

¹ Stefan Oelrich, "Opening Ceremony Speech" World Health Summit, November 16, 2021, <https://youtu.be/IKBmVwuv0Qc>. The President of Bayer's Pharmaceuticals Division, Stefan Oelrich, stated the following about the COVID-19 vaccines: "The mRNA vaccines are a cell or gene therapy." "I always like to say if we would have surveyed the public two years ago would you be willing to take a gene or cell therapy and inject it into your body." "We would have probably had a 95% refusal rate." Stefan Oelrich also explains how the pandemic along with the strategic marketing of the mRNA injections as vaccines instead of experimental gene and cell therapies fostered public support for a new and emerging biotechnology.

² Odin Jaishree, "Technologies of Writing," University of Hawaii at Manoa, 1997, <https://www.hawaii.edu/aln/printing.htm>.

³ David E Nye, *Technology Matters Questions to Live With*, (Cambridge Mass: MIT Press, 2006): 2

⁴ David M Kaplan, "The New Forms of Control," *Readings in the Philosophy of Technology*, (Lanham: Rowman & Littlefield Publishers, 2009), 35

of a much larger global biotechnology puzzle. A puzzle that involves a diverse set of intertwined stakeholders, social and economic variables, and a long list of moral philosophy conundrums.

While applying a critical thinking lens to the mainstream narratives of 2020 thru 2021, the COVID-19 pandemic is used throughout this report as a case study to help readers understand many of the real world dynamics associated with the complex scientific topics of virus gain-of-function research, vaccines, gene therapies, genome sequencing, algorithms, nanotechnologies, and various other modern technologies. The global COVID-19 pandemic clearly demonstrates the existential threat of bioweapons to all of humanity. The fact that the COVID-19 pandemic facilitated the largest transfer of wealth in human history shines a bright light on the small group of ultra-wealthy elites (aka the ruling class) that significantly benefited from the pandemic.⁵ Furthermore, the evidence throughout this report indicates that the COVID-19 pandemic was a carefully planned and strategically orchestrated event.^{6 7 8}

⁵ Carol Roth. "The Greatest Transfer of Wealth from the Middle Class to the Elites in History." Brownstone Institute, November 1, 2021. <https://brownstone.org/articles/the-greatest-transfer-of-wealth-from-the-middle-class-to-the-elites-in-history/>.

⁶ John Hopkins Bloomberg School of Public Health. "The Spars Pandemic 2025-2028." <https://www.centerforhealthsecurity.org/our-work/Center-projects/completed-projects/spars-pandemic-scenario.html>. A pandemic exercise conducted in 2017 that outlines all phases of the plan on how to introduce a mass experimental vaccine. In this exercise, a coronavirus is brought into the United States from overseas and a pandemic ensues. Untested vaccines are disseminated to the public, celebrities are recruited to promote the vaccines to mitigate public skepticism, people begin to suffer adverse side effects, and the government seeks to maintain control of the narrative. Liability protection for vaccine manufacturers is implemented (as it was in reality), a black rapper is recruited to promote the vaccine (as Run DMC was), Japan rejecting America's vaccine (as they did), a widespread power outage. This document is an exercise in how to control the narrative when the vaccines begin to injure people. It is a propaganda exercise.

⁷ U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response. "Crimson Contagion 2019 Functional Exercise Draft After-Action Report," 34 <https://archive.org/details/crimson-contagion-12019/page/29/mode/2up>.

⁸ The Rockefeller Foundation, "Scenarios for the Future of Technology and International Development." <https://truthcomestolight.com/wp-content/uploads/2020/07/Rockefeller-Foundation-2010-Scenarios-for-the-Future-of-Technology-and-International-Development.pdf>. This 2010 Rockefeller Foundation document explores the future development of technology through the lens of four scenarios each of varying levels of authoritarian control and public compliance. Lock Step is the first scenario discussed in which there emerges a devastating viral pandemic. Hack Attack is another scenario, and it addresses the dangers of cyber-attacks, echoing the modern day warnings of the World Economic Forum founder, Klaus Schwab, and his writing titled Cyber Polygon Exercise.

Evidence such as published peer-reviewed scientific journal articles, congressional subcommittee meeting records, public addresses, governmental contracts, and other primary sources provide a road map that leads to the truth. Unfortunately, the truth about America's enduring involvement in the bioweapons industry is not flattering. For example, American taxpayers have directly funded virus GoF research since the 1970s starting with the lab creation of HIV/AIDS and the Ebola virus.⁹ SARS and MERS were also created in American funded virus GoF research laboratories. The 4,000+ patents that have been issued around the SARS Corona virus going back to 1999 provide undisputable evidence that there is no such thing as a novel (a naturally occurring) Corona virus that infects humans.¹⁰ Specific to the spike protein aspect of the SARS CoV-2 virus (the virus that causes COVID-19 disease), there are 72 patents that were issued between 2008 and 2019 (prior to the pandemic).¹¹ Of course, anything that is naturally occurring cannot be patented. The key point is that the audio (the mainstream

⁹ Leonard Horowitz, *Emerging Viruses, AIDS & Ebola: Nature, Accident Or Intentional*, (Toronto: Life Media, 1998). Throughout this book, Dr. Horowitz provides the primary sources and documented evidence (such as the Department of Defense Appropriations for 1970 meeting minutes) related to America's bioweapons industry during the 1960s through the 1990s. The facts outlined in this book explain how both AIDS and Ebola were developed by American taxpayer funded virus gain-of-function laboratories. Most of these laboratories were at American academic institutions such as Dr. Gallo's. Dr. Gallo published numerous peer reviewed articles in the 1970s about a virus he developed that attacked the human immune system. Dr. Horowitz also explains how the lab generated viruses were transferred into specific populations using the polio vaccine and other injections.

¹⁰ David Martin. "Proof that SARS CoV2 and COVID-19 are Nothing but a Manufactured Illusion," July 9, 2021, <https://www.bitchute.com/video/Ac1qFBHLu0Db/>. All patents, patent applications, procurement records, e-government records, and federal grants are tracked and monitored by Dr. David Martin and his business MCAM CNBC IQ100. Dr. Martin provides an overview of over 4 thousand patents that have been issued around the SARS Corona virus, and provides the legal details about the patented genetic sequences of viruses to include the 72 patents on the CoV-2 spike protein. Based on a US patent application from 8 January 2000 and approved on 19 April 2002, the NIAID funded research for "an infectious replication defective corona virus that was specifically targeted for human lungs" (patent # 7279327).

¹¹ David Martin. "SARS CoV2 Patents Interview with Dr. Reiner Fuellmich," July 9, 2021, <https://www.bitchute.com/video/Ac1qFBHLu0Db/>. Dr. Martin's team took the gene sequence that was reported as the novel SARS CoV-2 virus and reviewed the exact gene sequences with the patent records of man made viruses that have been patented dating back to 1999. The first SARS CoV-2 vaccine patent application was filed in January 2000 by Pfizer (nearly 20 years before the SARS-CoV-2 pandemic). NIH and CDC own patents dating back to 2003 (patent # 7220852), 2005 (patent # 46592703P), and 2006 (patent # 776521) on the SARS CoV-2 virus gene sequence and the means of detecting the virus.

narratives) does not match the video (the primary sources) on anything pertaining to the global bioweapons industry, the COVID-19 pandemic, or on the informational and economic power of today's ruling class. The populations throughout the free world are being lied to, manipulated, coerced, and controlled by the ruling elite. The ruling class are using modern and emerging technology to increase their power, and this paper shows how and why. In addition, this paper illustrates the fact that the real-world power dynamic between the ruling class and the masses is not a new phenomenon in human history, in western civilizations, or in the American experience.

Assumptions: There are a few operating assumptions that significantly shape the primary thesis and viewpoints of this paper. Assumptions that relate to the topics of legitimate authority, human nature, and group dynamics. The assumptions nested into this paper are supported by theories and advancements within the social sciences of psychology, anthropology, sociology, economics, political science, theology, leadership, and philosophy. Hence, the social sciences that feed into the branch of knowledge that deals with moral principles (aka Ethics).

The first assumption pertains to the omnipresent influence of authority on all aspects of moral judgement. The assumption is that an individual's moral philosophy about legitimate sources of authority will determine their cognitive biases and mental heuristics while reading this paper, and while experiencing life in the free world. The proposed moral philosophy theory is that an individual's construct on what makes an authority legitimate directly influences their ethical viewpoints on most social issues. This theory helps explain the conflicting moral opinions on topics such as abortion, human rights, public health, security, safety, individual rights, faith, weaponized fear, gun ownership, censorship, climate change, and freedom. The following are the four sources of authority that influence an individual's moral lens and moral compass: 1) God's authority; where unalienable rights are given to humans by God; 2)

Governmental authority; where rights are granted by governing officials; 3) “We the People” Group authority; where rights are assumed by the masses within a society; and 4) Gangster authority; where rights are perceived as privileges that can be given and taken away by whoever has the most power. Just as God, Gold, and Glory were the primary motivators during the Age of Exploration, God, Government, Group, and Ganster (The 4 G’s) are the sources of authority that influence moral judgements on most social issues. The contemporary legal and ethical debates about mandated experimental gene therapy vaccines and vaccine passports are deeply rooted in individualized, and collective beliefs (constructs) about sources of authority.

In addition to the proposed 4 G’s theory on moral judgement, this paper also centers on operating assumptions about human nature and group dynamics. Specific to the ruling class and power, the following are three natural laws: 1) Those in power will do whatever they have to do to maintain and to increase their power. Some examples include playing both sides of a war, facilitating needless wars, manipulating stock markets and supply chains, causing famines, and by using the means of production (industries) that they own as weaponized tools. Hence, the ruling class use the means and ways that they own to achieve a desired end-state regardless of the ethical implications of their actions. 2) Those in power often use an enemy to instill fear in the masses in order to exercise agendas. Some American examples include the fear mongering threats of communism, nuclear annihilation, terrorism, a virus, a Red team or Blue team political ideology, and climate change. 3) When challenged, those in power will do whatever necessary to defend their authority, status, and power as the ruling class. These assumptions about human nature and group dynamics are universal regardless of the form of government developed by a group of people such as a constitutional republic, democracy, communism, fascism, socialism, monarchy, or ceremonial monarchy. This educated assumption is rooted in the fact that the

ruling class is an omnipresent oligarchy in all societies throughout every period in history.

The ruling class historically use the same tactics to justify their noble position of power in nonsecular societies and civilizations by either claiming to be appointed by God (i.e. a divine right to rule), or claiming to be a god. In secular societies, the ruling class attempt to completely remove God and religion by convincing the masses that a nation's governing and ethical code cannot be the result of policies and beliefs of any organized religion. The irony is the fact that religion is one of the seven elements of culture (in anthropology) and one of the five socializing factors (in sociology). Thus, religion is a core ingredient of culture, society, and human nature. There is a reason why every isolated civilization throughout history developed some form of religion. This theology-based assumption is rooted in the natural law that all humans have a brain, a heart, and a soul. Therefore, all humans have faith, and individuals or societies that hopelessly try to remove God will instead place their faith, hope, and trust in man-made idols such as governments, money, science, and/or members of the elite ruling class.

A final assumption is that ideologies such as pluralism, secularism, existentialism, and relativism are illusions and delusions designed to disconnect the holy fusion of the spirit and the flesh. Fundamentally, several philosophical ideologies are great examples of the Jedi mind tricks used by the manipulative ruling class to confuse, to coerce, and to philosophically justify their control of the masses. Cognitive dissonance is scary. It is scary to step out of the boat that is carefully steered by a scripted narrative and receive information that is contrary to what you have been programmed to think. That is why in Hebrews 11, the Bible tells us "faith is the substance of things hoped for, the evidence of things not seen." Stepping out of the boat requires moral and physical courage that is rooted in faith. The enemy (i.e. the prince of darkness and the members of the ruling class that do not know God) will try to show you all the reasons why you need to

stay in the false idle boat, and attempt to discredit the discourse of this paper as “conspiracy theory” or misinformation because the thesis and facts outlined in this manuscript do not support contemporary mainstream narratives. The narratives and storylines that have been bought and paid for by the ruling class. Those who have the informational and economic power to plan, coordinate, and execute the narrative and storyline campaigns of the day, of the past, and of the future. Those who have clearly demonstrated the power to censor, de-platform, and invoke social stigma on anyone in the free world who contradicts the approved mainstream narratives and anyone who attempts to undermine the intended goals of the ruling class. Step out of the boat and do what you know is in you to do. Do your best to receive and digest this information with an open mind, heart, and soul. This paper is written from a place of faith, hope, and love. Faith is stepping out where you cannot see where you are going, but you know that you are heading in the right direction. Hope that with God’s help, the free world will use ethics and moral philosophy to mitigate the use of new technologies as tools to invoke a totalitarianism end-state designed to protect and empower the ruling class. Plus, this paper is authored with selfless love for all members of humanity regardless of mindset, level of religiosity, or moral creed.

Report Overview and Outline: This report is organized into three primary chapters and has annexes that capture additional details and links for follow on research. Chapter I is called “The Situation” and is designed to provide a general overview about virus GoF research, vaccines, and the global bioweapons industry. Chapter I works to shape a realist point of view about world and American history. Historical facts provide plenty of examples of the tactics and strategies used by those in power to manipulate and control the masses. Facts about the bioweapons industry are interwoven within an analyzes of the ruling-class pre-pandemic wargames of *Crimson Contagion 2019*, *Event 201*, and *The Rockefeller Foundation’s Lock Step*

Scenario. The purpose of Chapter I is based on the premise that moral judgements (aka ethical viewpoints) should start with a realistic understanding of the current situation.

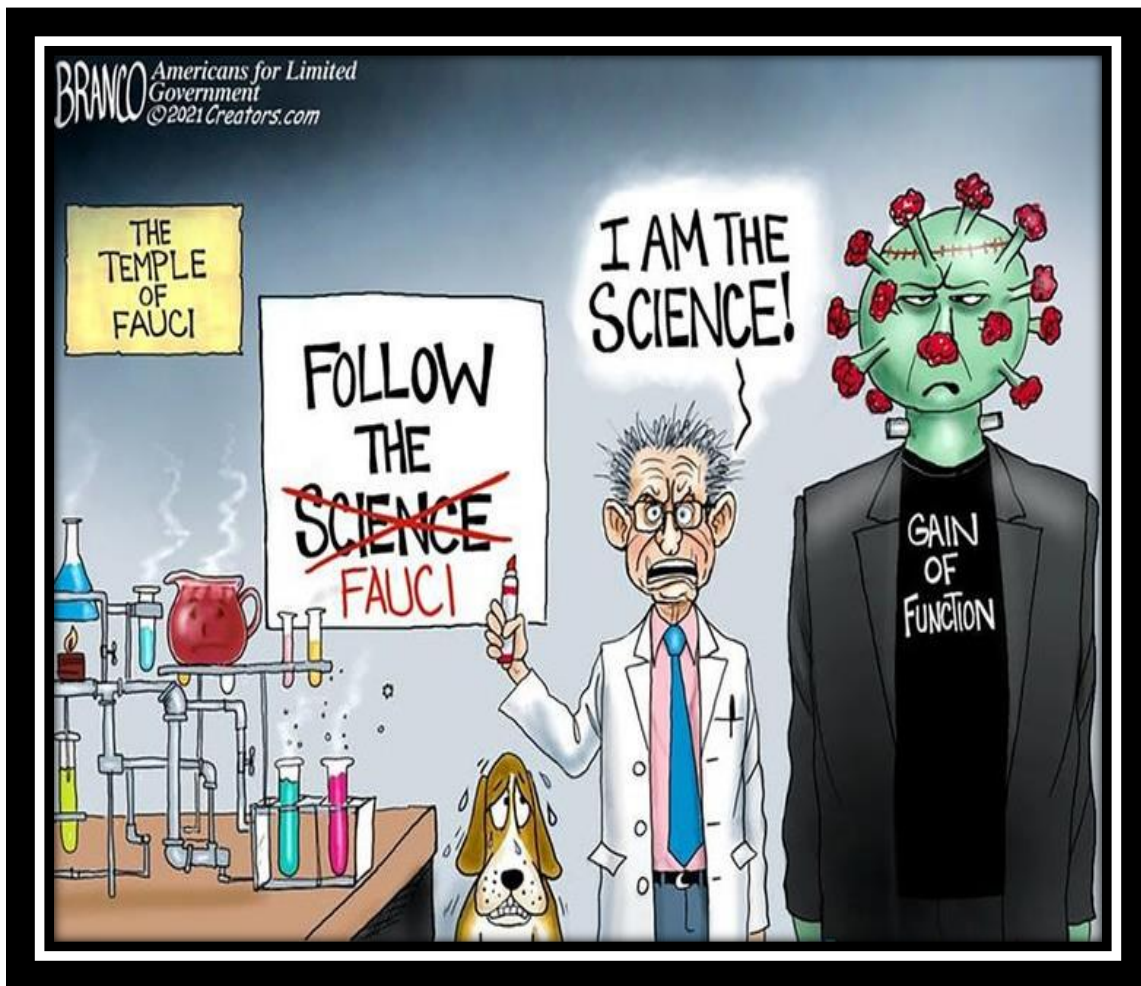
Chapter II is called “The Power of the Ruling Class” and provides a detailed explanation of the informational and economic power of today’s ruling class in the free world. This chapter highlights that fact that America’s central bank is a privately owned cash cow for the handful of ultra-wealthy elite who collect interest from American taxpayers on the imaginary money they lend to the American federal government. This chapter also works to identify some members of the elite class (aka Robber Barons) and the families who significantly profited from both world wars and the blessings of America’s economic system and form of government. The overarching point of Chapter II is to establish the fact that the ruling class (of today’s free world) has more economic and informational power than any nation-state.

Chapter III is called “Ethical Conundrums.” This chapter applies the proposed (Walters) moral philosophy called the 4Gs of Moral Authority (God, Government, Group, and Gangster). The primary purpose of the 4G model is to answer the following ethical theory questions. Duty and obligation to what authority (Deontology)? Consequences determined by what authority (Utilitarianism)? Rights determined by what authority? Virtues determined as good/bad by what authority? Answers to these questions along with a solid understanding of the situation and of the ruling class may enlighten ethical decisions pertaining to the application of current and emerging technologies.

The medical and scientific verbiage used throughout the bioweapons industry is often confusing. Investing the time into understanding the definition of key terms and concepts (APPENDIX A) is highly recommended. APPENDIX B provides information on some of the key stakeholders related to the bioweapons industry. Links are provided for future research.

CHAPTER I

THE SITUATION



Source: Fox News, Political Cartoon of the day. 30 November 2021; and 2 December 2021.
Retrieved 4 December 2021. <https://www.foxnews.com/politics/cartoons-slideshow>

Introduction

In 2017, just days before President Trump's inauguration on 20 January, Dr. Anthony Fauci told a crowd at Georgetown University that there would be a "surprise outbreak" during the Trump presidency.¹² Dr. Fauci has served as the director of the National Institute of Allergy and Infectious Diseases (NIAID) since 1984. In this speech, Dr. Fauci says the following: "There is no question that there will be a challenge for the coming administration in the arena of affectious diseases both chronic affectious 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."¹³

During this hour-long presentation, Dr. Fauci organized all infectious diseases into the three categories of established, emerging, and new. According to Dr. Fauci, the following infectious diseases were in the "established" category (as of January 2017): Zika, West Nile, HIV/AIDs, Smallpox, SARS, MERS, Ebola, and Bird Flu (H1N1, H5N1, H7N9).¹⁴ Dr. Fauci declares that the solution to all infectious disease problems is the development of a "universal vaccine, namely a vaccine that is effective for seasonal flu changes but also pandemics."¹⁵

A magical vaccine being proposed as the primary solution (and often the only solution) to all of society's infectious disease problems is a very common (and socially programed) collective cognitive bias, mental heuristic, and logic fallacy strategically planted deep within the

¹² Nina Goglowksi, "Dr. Fauci Warned in 2017 of Surprise Outbreak during the Trump Administration." HuffPost, April 6, 2020. https://www.huffpost.com/entry/fauci-warned-of-trump-pandemic-2017_n_5e8a0548c5b6e7d76c65c8a4

¹³ Georgetown University Medical Center, Center for Global Health Science and Security, "Pandemic Preparedness in the Next Administration: 2017 Keynote Address by Anthony Fauci." https://ghss.georgetown.edu/pandemicprep2017/#_ga=2.182526566.1707546833.1637006661-1361214617.1637006661

¹⁴ Ibid, between 11:00 and 28:03 in the video

¹⁵ Ibid, 28:52 in the video

mainstream narrative and media headlines during the COVID-19 pandemic. This vaccine thinking trap often intentionally ignores proven treatments for various diseases. Most importantly, the mainstream “magical vaccine” narrative often completely overlooks the God given gift of natural immunity. This research endeavor discovered numerous thinking trap themes nested within the public discourse about virus Gain of Function (GoF) research, vaccines, gene therapies, and the overarching global bioweapons industry. Things such as strawman fallacies, conformity bias, normalcy bias, confirmation bias, diagnoses bias, confabulation, priming, the anchoring effect, and several other thinking challenges that are intentionally used to shape and condition the mainstream public’s reality and viewpoints on many of the highly controversial topics pertaining to the global bioweapons industry.

During his January 2017 “surprise outbreak” presentation, Dr. Fauci did not specifically mention the SARS-COV-2 virus or the disease that is caused in humans by that virus (COVID-19). Based solely on the narrative of this one speech, it is unclear exactly how the large family of coronaviruses fit within the categories of established, emerging, or new viruses. However, what is known is that during 2014, Dr. Fauci’s organization (NIAID) along with the National Institute of Health (NIH) provided a grant worth \$3.7 million to directly fund coronavirus gain-of-function (GoF) research at the Wuhan Institute of Virology (WIV) in China.^{16 17} The NIH used an organization called EcoHealth Alliance as an intermediary for this U.S. taxpayer funded

¹⁶ Fred Guterl, "Dr Fauci Backed Controversial Wuhan Lab with U.S. Dollars for Risky Coronavirus Research." Newsweek, March 28, 2020. <https://www.newsweek.com/dr-fauci-backed-controversial-wuhan-lab-millions-us-dollars-risky-coronavirus-research-1500741>

¹⁷ Tiana Lowe, "NIH Admits Fauci Lied about Funding Wuhan Gain-of-Function Experiments." Washington Examiner, October 20, 2021. <https://www.msn.com/en-us/news/politics/nih-admits-fauci-lied-about-funding-wuhan-gain-of-function-experiments/ar-AAPLZie>

coronavirus GoF research.¹⁸ The President of EcoHealth Alliance, Peter Daszak gave a presentation in 2016 discussing the emerging infectious diseases and the next pandemic. In this presentation, Peter Daszak said the following: “When you get a sequence of a virus, and it looks like a relative of a known nasty pathogen, just like we did with SARS.” “We found other coronaviruses in bats, a whole host of them, some of them looked very similar to SARS.” “So we sequenced the spike protein: the protein that attaches to cells.” “Then we... Well I didn’t do the work, but my colleagues in China did the work.” “You create pseudo particles, you insert the spike proteins from those viruses, see if they bind to human cells.” “At each step of this you move closer and closer to this virus could really become pathogenic in people.” “You end up with a small number of viruses that really do look like killers.”¹⁹

It is important to note that Peter Daszak collaborated with Dr. Shi Zhengli (WIV) on a total of 18 joint research papers on SARS and coronaviruses between the years of 2006 and 2019.²⁰ One of their most notable peer-reviewed collaborations was published in 2017 and it explains how they successfully took sequence coding of a viral surface protein and stitched them into a bat coronavirus (i.e. the SARS-COV-2 spike protein).²¹ This type of science is a great example of virus GoF research. Most of this research was published under Peter Daszak’s

¹⁸ Reality Check team at BBC News. "Coronavirus: Was US Money used to Fund Risky Research in China?" BBC News, August 2, 2021. <https://www.bbc.com/news/57932699>

¹⁹ Natalie Winters, "Explosive, Unearthed Video show Peter Daszak Describing ‘Chinese Colleagues’ Developing ‘Killer Coronaviruses.'" The National Pulse, June 8, 2021. <https://thenationalpulse.com/exclusive/daszak-reveals-chinese-colleagues-manipulating-coronaviruses/>

²⁰ John Cohen, "Prophet in Purgatory: EcoHealth Alliance’s Peter Daszak is Fighting Accusations that His Pandemic Prevention Work Helped Spark COVID-19." Science Journal, November 17, 2021. <https://www.science.org/content/article/we-ve-done-nothing-wrong-ecohealth-leader-fights-charges-his-research-helped-spark-covid-19>

²¹ Hu, Ben, Lei-Ping Zeng, Xing-Lou Yang, Xing-Yi Ge, Wei Zhang, Bei Li, Jia-Zheng Xie, et al. "Discovery of a Rich Gene Pool of Bat SARS-Related Coronaviruses Provides New Insights into the Origin of SARS Coronavirus." PLoS Pathogens; PLoS Pathog 13, no. 11 (2017): e1006698. doi:10.1371/journal.ppat.1006698.

Chinese name (Da Xia Ke).²² Despite the obvious conflicts of interest, shortly after the initial COVID-19 pandemic starting in Wuhan China, Peter Daszak published an article in *The Lancet* stating “we stand together to strongly condemn conspiracy theories suggesting that COVID-19 does not have natural origin.”²³ The mental heuristics associated with the phrase “conspiracy theory” has proven to be a great way to discredit the viewpoints and the facts that do not support a prescribed narrative. For critical thinkers, the phrase “conspiracy theory” is a mental thinking trap red flag. What would Daszak or any other scientist in the published virus GoF research arena either gain or lose pertaining to the COVID-19 origin story? Another obvious conflict of interest is the fact that Daszak was part of the World Health Organization’s (WHO) initial COVID-19 investigation team sent to China in January 2020.²⁴

Several other professional and financial conflicts of interests related to the COVID-19 origin story and the pandemic are discussed in this report. For now, it is important to point out that the tactic of using the fox to investigate what happened in the chicken coop is a timeless strategy used by the ruling class. One famous American history example of this investigative fox strategy was the appointment of Allen Dulles to the Warren Commission to investigate the assassination of President Kennedy. Hence, using the individual who led the Central Intelligence Agency (CIA) during the overthrow the democratically elected leader of Iran in 1953, the overthrow of a democratically elected leader in Guatemala in 1954, the mind control program called Project MKUltra, and the fox that was fired as Director of the CIA by President Kennedy

²² John Cohen, "Prophet in Purgatory: EcoHealth Alliance's Peter Daszak is Fighting Accusations that His Pandemic Prevention Work Helped Spark COVID-19." *Science Journal*, November 17, 2021. <https://www.science.org/content/article/we-ve-done-nothing-wrong-ecohealth-leader-fights-charges-his-research-helped-spark-covid-19>.

²³ Ibid

²⁴ Ibid

after the CIA's secretly planned, trained, and equipped clandestine military force was defeated during the Bay of Pigs Invasion. Thus, of course, Allen Dulles conducted a fair and impartial investigation into the murder of the president who had fired him six months prior to the assassination, because Allen Dulles' track record clearly demonstrated how much he cared about the Constitution, truth, democracies, the rule of law, humanity, justice, rights, and ethics.

This research project started with the task of trying to answer the following question: What role has the United States of America played in virus Gain of Function (GoF) research? Discovering that U.S. taxpayer dollars were being used to fund coronaviruses GoF research in Wuhan China since 2014 was just the tip of the iceberg. Yet, this discovery did confirm the facts that virus GoF research is a real and well established field of study (an established scientific technology) with real world applications and real world consequences. Virus GoF research is not science fiction, a conspiracy theory, nor is this dangerous technology something that is futuristic. Without question, the United States having direct involvement in the virus GoF industry goes way beyond just funding research in China. The following are just some of the more notable American based virus GoF peer-review published journal articles: the genetic engineering of a super strain of the mousepox virus in 2001;²⁵ research published in 2012 on the lab creation of the highly pathogenic H5N1 (avian) influenza virus strains that were airborne transmissible;²⁶ the artificial synthesis (via synthetic genomics) of a live polio virus from

²⁵ Jackson, R. J., A. J. Ramsay, C. D. Christensen, S. Beaton, D. F. Hall, and I. A. Ramshaw. "Expression of Mouse Interleukin-4 by a Recombinant Ectromelia Virus Suppresses Cytolytic Lymphocyte Responses and Overcomes Genetic Resistance to Mousepox." *Journal of Virology*; *J Virol* 75, no. 3 (2001): 1205-1210. doi:10.1128/JVI.75.3.1205-1210.2001.

²⁶ Herfst, Sander, Eefje Schrauwen, Martin Linster, Salin Chutinimitkul, Emmie Wit, Vincent Munster, E. M. Sorrell, et al. "Airborne Transmission of Influenza A/H5N1 Virus between Ferrets." *Science (American Association for the Advancement of Science)*; *Science* 336, no. 6088 (2012): 1534-1541. doi:10.1126/science.1213362.

chemical components in 2002;^{27 28} the reconstruction (via synthetic genomics) of the deadly and famous 1918 Spanish Flu virus in 2005.²⁹

The overwhelming majority of known viruses do not cause diseases in humans. Plus, some humans have natural immunity to many infectious viruses, whereas other segments of the human population have comorbidities (or more than one illness) that make them more vulnerable to virus related sickness and disease. The most common comorbidities are non-infectious diseases like obesity, diabetes, anxiety, and depression. Both infectious and non-infectious diseases have been the biggest killers of people throughout history.³⁰ However, it is important to make the distinction between infectious and non-infectious diseases and realize that non-infectious diseases such as heart disease, cancer, stroke (cerebrovascular diseases), and Alzheimer's disease are the main killers in America before, during, and after the planned and scripted COVID-19 pandemic. For detailed information specific to the plans, rehearsals, war games, and predetermined scripts of the COVID-19 pandemic see APPENDIX A, B, and C.

Of the infectious diseases, "the major killers of humanity throughout our recent history have been smallpox, flu, tuberculosis, malaria, plague, measles, and cholera,"³¹ Those who contract an infectious virus while also having a serious comorbidity are far more likely to have

²⁷ Imai, Masaki, Tokiko Watanabe, L. I. Chengjun, Eiryu Kawakami, Shinya Yamada, Maki Kiso, Yasuo Suzuki, et al. "Experimental Adaptation of an Influenza H5 HA Confers Respiratory Droplet Transmission to a Reassortant H5 HA/H1N1 Virus in Ferrets." *Nature (London)*; *Nature* 486, no. 7403 (2012): 420-428. doi:10.1038/nature10831.

²⁸ Cello, Jeronimo, Aniko V. Paul, and Eckard Wimmer. "Chemical Synthesis of Poliovirus cDNA: Generation of Infectious Virus in the Absence of Natural Template." *Science*; *Science* 297, no. 5583 (2002): 1016-1018. doi:10.1126/science.1072266.

²⁹ Tumpey, Terrence M., Christopher F. Basler, Patricia V. Aguilar, Hui Zeng, Alicia Solorzano, David E. Swayne, Nancy J. Cox, et al. "Characterization of the Reconstructed 1918 Spanish Influenza Pandemic Virus." *Science*; *Science* 310, no. 5745 (2005): 77-80. doi:10.1126/science.1119392.

³⁰ Jared Diamond, *Guns, Germs, and Steel: The Fates of Human Societies*. New York, N.Y.: Norton & Company Inc., 2017, 189.

³¹ *Ibid*, 188.

catastrophic outcomes when infected by viruses such as SARS-CoV-2. The key points are that all viruses effect people differently and to different degrees based on a multitude of variables and biological conditions. It is a paramount fact that your God given immune system and natural immunity have served you and all your ancestors well or you probably wouldn't be here today reading this essay. The millions who have been infected with the SARS-CoV-2 virus now have natural immunity and therefore do not need a vaccination because their miraculous and robust immunity system protects them from developing serious COVID-19 disease symptoms (i.e. projecting airborne virus latent bodily fluids via coughing, sneezing, and a running nose). It's the disease symptoms that are required to transmit an airborne virus to other humans, and prior to the invention of vaccines, natural immunity kept humanity from going extinct via the deadliest viruses that are transmissible to humans. Throughout all of 2020 and 2021, the mainstream narrative and misinformation fact checkers did everything possible to ignore and discredit any studies and facts related to natural immunity to the SARS CoV-2 virus.³² The theoretical vaccine immunity was the only immunity in America. However, in February of 2022, the CDC finally recognized the mounting evidence supporting the "strong protection" of natural immunity.³³

Virologists estimate that there are at least 320,000 different viruses that infect mammals.³⁴ The majority of the known viruses that live within different species of animals (i.e. chickens, bats, chimpanzees, camels, dogs, cats, pigs, etc.) are not naturally transmissible to

³² Lisa Maragakis, Kelen Gabor, "COVID Natural Immunity: What You Need to Know," Accessed November 23, 2021. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-natural-immunity-what-you-need-to-know>

³³ Cheryl Chumley, "Natural Immunity Finally Squeaks Past Gas-Lighters, Censors." The Washington Post., February 5, 2022. <https://www.washingtontimes.com/news/2022/feb/5/natural-immunity-finally-squeaks-past-gaslighters-/>

³⁴ Vincent Racaniello, How Many Viruses on Earth? Virology Blog. 2017. <https://www.virology.ws/2013/09/06/how-many-viruses-on-earth/>

humans. These viruses may naturally reside inside animals, but most viruses do not have the capability to infect humans unless the virus is manipulated in a lab somehow via virus GoF research and experimentation. Some viruses that are infectious to humans are transmitted from infected animals via mosquitoes, fleas, lice, and tsetse flies, whereas the route of infection for other viruses can be things like saliva such as the rabies virus from a bit of an infected dog.³⁵ Most historians agree that many of the plagues were spread from fleas that traveled on the backs of rats. When the SARS-CoV-2 virus pandemic outbreak that started in China during December 2019, did you ever ask yourself the following questions related to the wet-market bat “naturally occurring” mainstream narrative: How did a bat transmit a completely new respiratory virus to a human? Did the bat sneeze on a human? Did a flea live on the tiny bat and hold on for dear life while the bat flew around? Did this daredevil flea eventually bite the bat, and then transmit the virus to humans via biting a human in a Wuhan wet market? Perhaps the actual SARS-CoV-2 origin story is similar to the absurd HIV-1 origin story and a human had sex with an itty-bitty bat and that is how a brand new virus was transmitted into the human population. The 72 patents for every aspect of the SARS-CoV-2 virus that were applied for and approved prior to November 2019 are the irrefutable facts and the truth (see Dr. David Martin in APPENDIX B).³⁶

Figure 1 is a chart published by America’s National Intelligence Council (NIC) after investigating the origins of the COVID-19 pandemic. In this report, the NIC claimed that the COVID-19 pandemic was caused by a naturally occurring virus. The NIC determined that the pandemic did not originate from American taxpayer funded virus GoF research despite the reality that the US government was funding SARS-CoV-2 GoF experiments in a laboratory that

³⁵ David Martin. "Proof that SARS CoV2 and COVID-19 are Nothing but a Manufactured Illusion," July 9, 2021, <https://www.bitchute.com/video/Ac1qFBHLu0Db/>

³⁶ Ibid

was about a mile down the road from the hospital that reported the first COVID-19 disease cases in Wuhan, China. Most importantly, the NIC concluded that the origins of the COVID-19 pandemic resulted from a naturally occurring virus while completely avoiding the publicly available SARS-CoV-2 related patents and the numerous peer-reviewed articles by the American scientists and American organizations that owned the patents.

Figure 1: National Intelligence Council’s Zoonotic Chart

NIC NATIONAL INTELLIGENCE COUNCIL				
Comparing COVID-19 Pandemic to Past Select Viral Zoonotic Outbreaks				
	Location of Emergence	Asymptomatic Infection Common	Reservoir Species and Year Identified	Probable Intermediate Species and Year Identified
COVID-19 (2019–Present)	China	Yes	Unknown	Unknown
Ebola (2014–16)	Guinea	No (Probably)	Bats (Probably); N/A	Nonhuman primate (Probably); N/A
MERS (2012)	Saudi Arabia, Jordan	Yes	Bats (Probably); N/A	Dromedary camels; 2013
SARS (2002–04)	China	No (Probably)	Horseshoe bats; 2016	Masked palm civets and Raccoon dogs (Possibly); 2003
Nipah (1998–99)	Malaysia	Yes	Fruit bats; 1999	Pigs; 1998
HIV-1^a (1970s–Present)	Democratic Republic of Congo (Probably)	No (Probably)	Chimpanzees (Probably); 1999	N/A

a. HIV is believed to have crossed from chimpanzees to humans in the 1920s; the first documented death occurred in the late 1960s.

Source: National Intelligence Council. Updated Assessment on COVID-19 Origins. Page 7. **Error! Hyperlink reference not valid.**

The facts outlined throughout this essay prove that the NIC’s COVID-19 pandemic origin conclusion is completely wrong and intentionally deceptive. Figure 1 is a great example of the enduring false virus origin narratives that have been used to cover-up American taxpayer funded

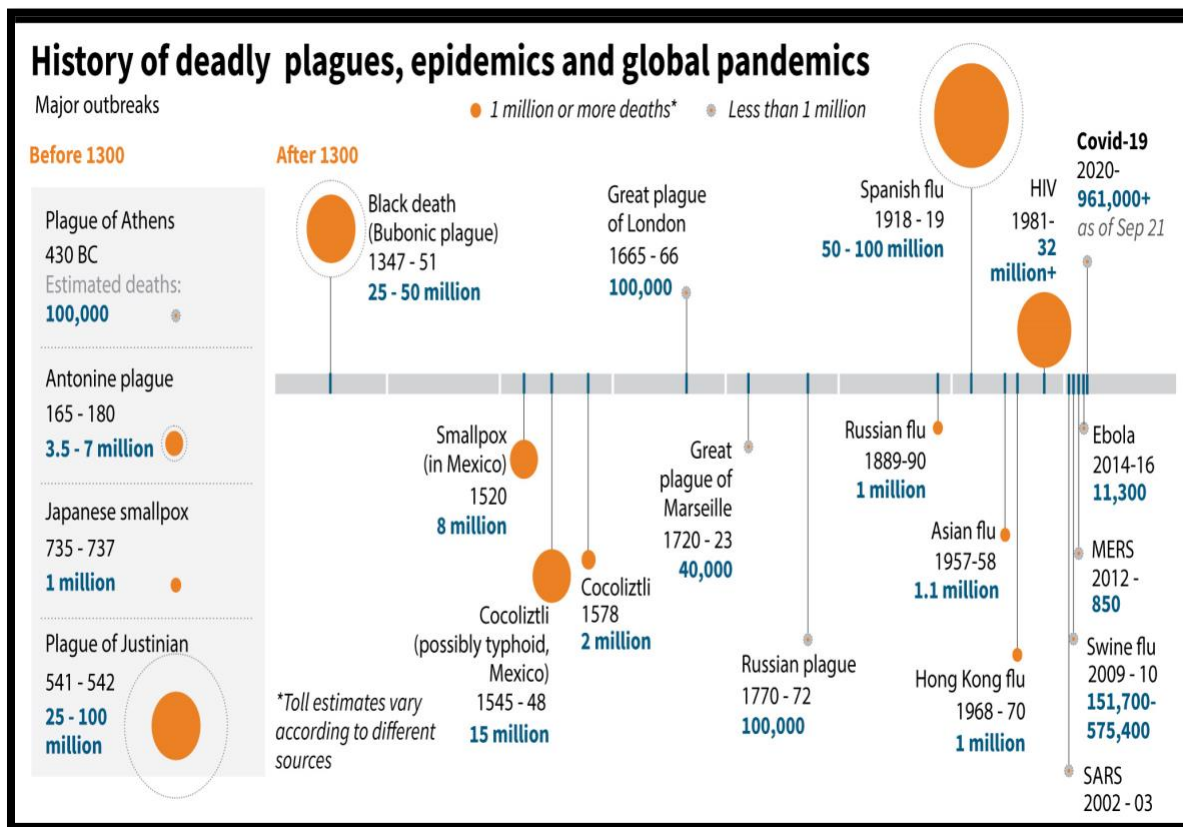
virus GoF research for decades. The deliberate and enduring lie is that COVID-19, Ebola, MERS, SARS, and HIV are zoonotic (diseases naturally transmitted to humans from animals) instead of bioweapons that have been created in virus GoF labs.

Did you notice in Figure 1 that the SARS pandemic started in 2002, but scientist didn't discover the SARS virus in Horseshoe bats until 2016 and that the SARS virus might "possibly" be in masked palm civets and raccoon dogs? Also, have you ever really believed the folktales and stories about the origins of the HIV-1 virus? The NIC chart and many of the zoonotic origin narratives for most of the modern deadly viruses should be in the fiction section of bookstores and libraries, because most of the zoonotic virus origin narratives are not supporting by the science that is published in peer reviewed virus GoF research articles. The real smoking gun that points to the actual origin of most modern deadly viruses are the patent records that are open to the public. Again, the key point about patents is the undeniable fact that things of nature such as naturally occurring viruses and deadly virus spike proteins cannot be patented.

Getting back to the history of viruses. Figure 2 captures the details on the deadliest infections virus events throughout human history. On the far left of the chart, some of the well documented plagues during antiquity are mentioned. Notice on the chart that during the 1500's, smallpox and cocoliztli killed millions living in the region that is known today as Mexico. Christopher Columbus sailed the ocean blue in 1492, and following the discovery of the new world was a phenomenon called the Columbian Exchange where plants and animals that lived only in the old world (Europe, Africa, Asia) were transplanted into the new world (North and South America). What was also exchanged between the two worlds were viruses and diseases.

Most historians agree that 95% of the native populations living in the New World died from diseases from the Old World.³⁷ Yet, did you ever wonder why the Old World diseases were so deadly to the native populations of humans living in the New World? Hence, a significant historical example of humanity’s God given natural immunity to infectious viruses.

Figure 2: History of Deadly Viruses



Source: Retrieved from the Centers of Disease Control website on 8 January 2021. livescience.com/cdc.gov/ljidonline.com/Britannica.com/ph.ucla.edu/history.com/ncbi.nlm.nih

Figure 2 also captures many of the recent infectious virus related events in human history. Note that since 1981, HIV has killed over 32 million people. Also note how many

³⁷ Jared Diamond, *Guns, Germs, and Steel: The Fates of Human Societies*. New York, N.Y.: Norton & Company Inc., 2017, 189.

epidemic and pandemic virus events have occurred in recent years (i.e. Ebola, MERS, Swine flu, SARS, COVID-19). The naturally occurring virus story is rooted in historical truth. However, because of documents such as patent records, peer reviewed scientific journal articles, governmental contracts, and other primary sources, the evidence suggests that many of the new viruses that are threatening humanity were engineered in a laboratory via virus GoF research. In 1996, Dr. Horowitz published a book called “Emerging Viruses: AIDS & Ebola.” Throughout this book, Dr. Horowitz uses primary sources to prove that HIV was a virus generated in American virus GoF laboratories during the early 1970’s using American taxpayer funding.³⁸ Dr. Horowitz proves that the same is true for to the Ebola virus. Future chapters will review other controversial and disheartening facts about America’s well documented involvement in the virus GoF research arena and in the genetic bioweapons industry. For now, let’s look at a few war games that were orchestrated just prior to the COVID-19 pandemic. Each of these scenarios tie back to the theme and intent of this chapter which is situational awareness.

Crimson Contagion 2019

In October 2019, the U.S. Department of Health and Human Services (HHS) published the key findings from their influenza pandemic exercise called Crimson Contagion 2019.³⁹ During Crimson Contagion 2019, select members of various U.S. federal agencies (i.e. HHS, DHS, FEMA) worked in collaboration with members from local and state governments, private industry partners, and nongovernmental organizations to conduct virus pandemic tabletop

³⁸ Leonard Horowitz, *Emerging Viruses, AIDS & Ebola: Nature, Accident Or Intentional*, (Toronto: Life Media, 1998).

³⁹ U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response. "Crimson Contagion 2019 Functional Exercise Draft After-Action Report," 34 <https://archive.org/details/crimson-contagion-12019/page/29/mode/2up>.

exercises in January 2019, a seminar in May 2019, and a culminating functional exercise in August 2019.⁴⁰ The Crimson Contagion 2019 war games centered on a hypothetical scenario that a deadly respiratory virus emerged in China and quickly spread into a global pandemic.⁴¹ The Crimson Contagion 2019 functional exercise report published just months before the actual COVID-19 global pandemic that allegedly was first detected in Wuhan, China.⁴²

The primary purpose of the Crimson Contagion 2019 exercise was to wargame the United States' reaction to a global respiratory virus pandemic. Crimson Contagion 2019 focused on tasks such as which agencies would disseminate information, determining vaccination prioritization, and the distribution of supplies such as: respirators, N-95 masks, ventilators, and Personal Protective Equipment (PPE).⁴³ Based on a notional scenario that forecasted 7.7 million hospitalizations and 586,000 American deaths, the exercise also simulated social distancing orders and school closures.⁴⁴ The scenario construct for the Crimson Contagion 2019 exercise was alarming similar to America's reality during the actual COVID-19 global pandemic. A key takeaway is the fact that there is no mention of medications and therapeutic that have decades of proven treatment benefits for respiratory illnesses (such as Ivermectin and Hydroxychloroquine) throughout the Crimson Contagion 2019 exercise (see APPENDIX A). No expedited manufacturing plan, no stockpiling plan, and no distribution plan for proven treatments of respiratory illnesses beyond expensive respirators, ventilators, and vaccines. In addition, there is

⁴⁰ Ibid. pages 4-5

⁴¹ Ibid. page 8

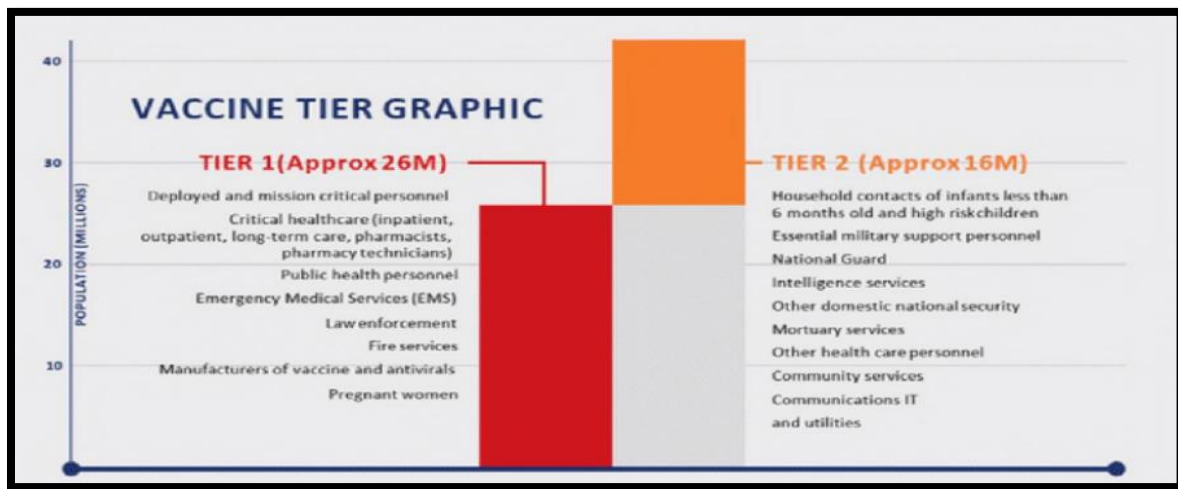
⁴² Centers for Disease Control and Prevention. "COVID-19 (2019) Novel Coronavirus Research Guide." <https://www.cdc.gov/library/researchguides/2019NovelCoronavirus.html>

⁴³ U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response. "Crimson Contagion 2019 Functional Exercise Draft After-Action Report," 43 <https://archive.org/details/crimson-contagion-12019/page/29/mode/2up>.

⁴⁴ Ibid, page 9

no mention of any plan to decentralize (bottom up) medical treatment information throughout the published documentation of this exercise. Hence, the exercise did not recognize a defined need to gather information from the medical professionals on the front line directly treating patients and collect information on what array of treatments worked to mitigate and cure victims that were infected by this hypothetical respiratory virus. During the actual COVID-19 pandemic, America’s medical professionals were restricted by the CDC and NIH on exactly what treatments they were authorized to provide. In fact, many brave doctors pushed back against this top down (centralized) approach to America’s treatment plan in the fight against COVID-19 (source: see America’s Front Line Doctors in APPENDIX A). Just as in the HHS’s 2019 exercise, America’s only proposed solution to the respiratory virus problem in 2020 and for much of 2021 was ventilators, a magical vaccine, and draconian public safety measures. Figure 3 outlines the federal government’s tiered vaccine distribution recommendations that resulted from the Crimson Contagion 2019 exercise.

Figure 3: Crimson Contagion 2019 Vaccine Distribution Plan



Source: U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response: Crimson Contagion 2019 Function Exercise Draft After-Action Report. Page 34.

The HHS's Crimson Contagion 2019 After Actions report recommended vaccination priorities for critical healthcare professionals, vaccine manufacturers, and select military support and law enforcement personnel. Detailed definitions were not provided in the HHS report for the categories of "mission critical personnel" or for "essential military support personnel" that were also listed on HHS's Tiered vaccine priority recommendation. Note that America's most vulnerable citizens such as the elderly, those with immune system issues, or those with chronic respiratory health problems and comorbidities were not "recommended target groups to receive the pandemic vaccine first."⁴⁵

Event 201

Also in October 2019, another "hypothetical, but scientifically plausible, pandemic" simulation called Event 201 was conducted in New York City.⁴⁶ Event 201 was led by the Johns Hopkins Center for Health Security, the World Economic Forum, and the Bill & Melinda Gates Foundation. The notional scenario for this simulation was similar to the Crimson Contagion 2019 scenario. However, Event 201 simulated "an outbreak of a novel zoonotic coronavirus transmitted from bats to pigs to people that eventually becomes efficiently transmissible from person to person, leading to a severe pandemic."⁴⁷ The virus pandemic scenario mortality forecast for Event 201 is sixty-five million deaths worldwide, and the pandemic will last until either 80-90% of the global population was exposed to the virus or until there was an effective vaccine for the hypothetical "novel zoonotic coronavirus." According to the Centers for Disease Control and Prevention (CDC), zoonotic means germs (viruses, bacterial, parasites, and fungi)

⁴⁵ Ibid. page 33

⁴⁶ Hopkins Center for Health Security, the World Economic Forum, and the Bill & Melinda Gates Foundation. "Event 201," <https://centerforhealthsecurity.org/event201/about> A Global Pandemic Exercise. Quote taken from the "About" page.

⁴⁷ Ibid. Quote taken from the "Scenario" page.

that are transmitted between animals and people naturally.⁴⁸ It is important to highlight the fact that zoonotic does not mean a virus that was genetically modified in a laboratory. Contrary to the HHS report, the CDC points out that the most at risk and vulnerable groups to zoonotic viruses are adults older than 65, people with weakened immune systems, and children younger than five.⁴⁹ The concept of “novel coronavirus” or (nCoV) just means that a permanent name has not been decided upon for a particular type of coronavirus, which fundamentally means that there are several types of coronaviruses as evidenced with the SARS-CoV-2 variants of Alpha, Beta, Delta, Gamma, and Omicron.⁵⁰

There are a few ethical conundrums related to the Bill and Melinda Gates Foundation co-hosting Event 201 with the World Economic Forum in October 2019. Based on an interview that he conducted in January 2019, Bill Gates states “we feel there’s been over a 20-to-1 return” on the 10 Billion dollars that we invested in vaccines.⁵¹ Hence, some of the ethical questions surrounding the Gates Foundation’s involvement in the biotechnology arena are financial investments pertaining to the Microsoft mogul and what some label as a new brand of philanthropy-capitalism. Bill Gates is currently known globally for being a staunch vaccine advocate and for allegedly testing vaccines on children in India and Africa.⁵² These and numerous other ethical conundrums are discussed in detail within Chapter III of this report. At

⁴⁸ Centers for Disease Control and Prevention. "Zoonotic Diseases ." <https://www.cdc.gov/onehealth/basics/zoonotic-diseases.html>

⁴⁹ Ibid

⁵⁰ Centers for Disease Control and Prevention. "COVID-19 (2019) Novel Coronavirus Research Guide." <https://www.cdc.gov/library/researchguides/2019NovelCoronavirus.html>

⁵¹ Matt Belvedere, "Bill Gates: My ‘best Investment’ Turned \$10 Billion into \$200 Billion Worth of Economic Benefits." January 23, 2019,. <https://www.cnbc.com/2019/01/23/bill-gates-turns-10-billion-into-200-billion-worth-of-economic-benefit.html>

⁵² Chamberlain Gethin. "Judges Demand Answers After Children Die in Controversial Cancer Vaccine Trial in India." Daily Mail.Com, January 16, 2015. <https://www.dailymail.co.uk/news/article-2908963/Judges-demand-answers-children-die-controversial-cancer-vaccine-trial-India.html>

this point, it is applicable to note that the Bill and Melinda Gates Foundation has invested billions of dollars into the global biotech (aka genetic bioweapons) industry, and that Bill Gates has been a key influencer of the world's response to the COVID-19 pandemic. It may just be an ironic fact that Microsoft software is notoriously known to be vulnerable to computer viruses, and now Bill Gates is in the philanthropy arena advocating for vaccines (virus treatments) for humans. It is also a fact that Bill Gates is not a trained medical professional and is practicing medicine without a license every time he gives medical advice.

There are other possible ethical issues related to Event 201 that go beyond significant conflicts of interests related to the key stakeholders that planned, hosted, and executed this pandemic coronavirus simulation. The Event 201 scenario scripts that “there is a fictional antiviral drug that can help the sick but not significantly limit spread” of the novel zoonotic coronavirus. The Crimson Contagion 2019 report did not discuss any drugs that may be used to treat virus pathogens, so at least the Event 201 scenario recognizes that there are probably well established antiviral drugs, therapeutics, and treatments for respiratory viruses beyond respirators and vaccines. Yet, the Event 201 scenario script intentionally uses the word “fictional” when presenting a treatment and goes further to try to discredit any treatment by stating “the drug can help the sick but not significantly limit spread of the disease.”⁵³ That statement begs the question, isn't it the symptoms of the sick (virus droplets spread via things like coughing) that enable a respiratory virus to spread the disease to others? Or was the Event 201 scenario directly referencing a virus like the COVID-19 where most people must be tested to know that they even have the virus because they are (theoretically) asymptomatic?

⁵³ Hopkins Center for Health Security, the World Economic Forum, and the Bill & Melinda Gates Foundation. "Event 201," <https://centerforhealthsecurity.org/event201/about> A Global Pandemic Exercise. Quote taken from the “Scenario” page.

During the 2017 Munich Security Conference, Bill Gates, the expert on computer software and computer viruses, spoke about the world facing a “new threat of an epidemic that has a good chance of originating on a computer screen of a terrorist intent on using genetic engineering to create a synthetic version of the smallpox virus or a contagious and highly deadly strain of flu.”⁵⁴ Gates also warns during this presentation that “whether it occurs by the quirk of nature or at the hand of a terrorist, epidemiologists show through their models that a respiratory spread pathogen would kill more than 30 million people in less than a year.”⁵⁵ Epidemiology is a branch of medicine that deals with public health. Epidemiologist often shape policy decisions, and during this 2017 global security speech, Bill Gates uses language such as “our peril,” “catastrophe,” “doomsday scenario,” and “deadly global pandemic” to influence the mental heuristics of the policy and decision makers in the audience.⁵⁶ He also uses the deadly strain of the 1918 flu (aka Spanish Flu) as an historical example of the picture of fear that he works to paint during this presentation. Gates’s human virus expertise are slightly undermined by his inaccurate claims (fear mongering claims) that the 1918 (Spanish Flu) “killed between 50 million and 100 million people.”⁵⁷ Most historians agree that the actual flu death numbers from the 1918-1919 global flu pandemic are between 20 million and 50 million.⁵⁸

Hints as to why a computer virus guru is presenting information on the world stage as a human virus and epidemiologist expert are easy to identify in the sales pitch aspect of Gate’s

⁵⁴ Bill Gates, "Bill & Melinda Gates Foundation," Munich Security Conference. February 17, 2017, <https://www.gatesfoundation.org/ideas/speeches/2017/02/bill-gates-munich-security-conference>

⁵⁵ Ibid

⁵⁶ Ibid

⁵⁷ Ibid

⁵⁸ Tumpey, Terrence M., Christopher F. Basler, Patricia V. Aguilar, Hui Zeng, Alicia Solorzano, David E. Swayne, Nancy J. Cox, et al. "Characterization of the Reconstructed 1918 Spanish Influenza Pandemic Virus." *Science*; *Science* 310, no. 5745 (2005): 77-80. doi:10.1126/science.1119392.

2017 presentation in Munich. Gates explains that “the good news is that with advances in biotechnology, new vaccines and drugs can help prevent epidemics from spreading out of control.”⁵⁹ The topics of biotechnology and new vaccines will also be outlined in detail during the ethics section of this research. However, for context, Gates’ 2017 speech makes two very bold and insightful predictions. The first prediction focuses on the future of vaccines, and as Gates explains “without getting too technical, these new platform technologies (new vaccines) essentially create a delivery vehicle for synthetic genetic material that instructs your cells to make vaccine inside your own body.” “And the great thing is that once you’ve built a vaccine platform for one pathogen, you can use it again for other pathogens.” “You only need to substitute a few genes.”⁶⁰ That type of vaccine technology sounds much like the mRNA vaccine. The second prediction is almost exactly like Dr. Fauci’s “surprise outbreak” warning a month prior to Gates’ speech in Munich in February 2017. Relative to the COVID-19 pandemic, Gates’ Munich speech is prophetic when he explains that “we may not know if that (biological) weapon is man-made or a product of nature.” “But one thing we can be almost certain of.” “A highly lethal global pandemic will occur in our lifetimes.”⁶¹ How did the ruling class know?

Dr. Robert Malone (the inventor of the mRNA vaccine) characterizes Crimson Contagion 2019 and Event 201 as strategic war games that provide hints to a much bigger plan designed by the global elites (aka the ruling class) with the intent of setting up a New World Order. Dr. Malone claims that the people involved in planning and conducting these war games, “are basically a laundry list of the world’s leaders ” that “came up with a battle plan (a war plan) for

⁵⁹ Bill Gates, "Bill & Melinda Gates Foundation," Munich Security Conference. February 17, 2017, <https://www.gatesfoundation.org/ideas/speeches/2017/02/bill-gates-munich-security-conference>

⁶⁰ Ibid

⁶¹ Ibid

how they would respond to a highly lethal virus with the assumption that they would rapidly develop a vaccine.”⁶² Malone goes on to state “that if you look at their battle plan (these War Games), they are basically moving in lock step with that battle plan.”⁶³ The next scenario based event that we will analyze was conducted and published years before the COVID-19 pandemic.

Lock Step

In May 2010, The Rockefeller Foundation published a document called Scenarios for the Future of Technology and International Development. With help from the American futurist, Peter Schwartz (a co-founder of the Global Business Network), The Rockefeller Foundation outlined four highly researched hypothetical scenarios that explored the future development of technology with varying levels of governmental control and public compliance. The four futuristic scenarios are called Lock Step, Hack Attack, Clever Together, and Smart Scramble.⁶⁴ The four scenarios are based on the “uncertainty” variables of political and economic alignment being either strong or weak, and humanity’s adaptive capacity being on a spectrum of either low or high.

The Lock Step scenario begins with the following narrative: “In 2012, the pandemic that the world had been anticipating for years finally hit.” “Unlike 2009’s H1N1, this new influenza strain (originating from wild geese) was extremely virulent and deadly.”⁶⁵ Prior to the COVID-19 pandemic, did you or anyone that you knew live daily life “anticipating” a global pandemic?

⁶² Robert Malone, "Dr. Robert Malone Interview," Accessed November 21, 2021. <https://www.bitchute.com/video/0uvNp06LJkb/>

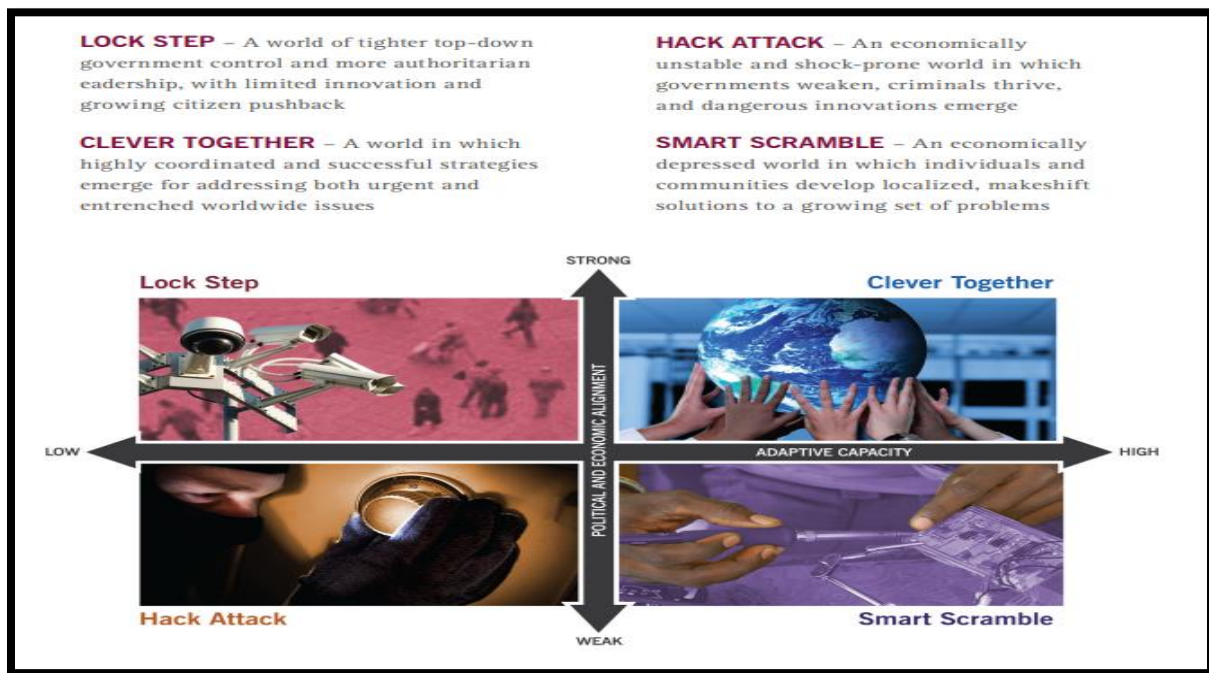
⁶³ Ibid

⁶⁴ The Rockefeller Foundation, "Scenarios for the Future of Technology and International Development." <https://truthcomestolight.com/wp-content/uploads/2020/07/Rockefeller-Foundation-2010-Scenarios-for-the-Future-of-Technology-and-International-Development.pdf> 16.

⁶⁵ Ibid, 18.

What about in 2012? If you can remember your daily reality back in 2012, how concerned were you about “virulent and deadly” viruses? Also, notice a key similarity in the scenarios for Event 201 and in Crimson Contagion 2019, the opening lines of the Lock Step scenario also deliberately spells out that the deadly hypothetical H1N1 flu virus (a respiratory attacking virus) was naturally occurring and was not produced in a laboratory via virus gain of function research. Figure 4 captures an overview explanation of the four futuristic scenarios for the Future of Technology and International Development.

Figure 4: Four Scenarios for the Future of Technology



Source: The Rockefeller Foundation. Scenarios for the Future of Technology and International Development. Page 16. <https://truthcomestolight.com/wp-content/uploads/2020/07/Rockefeller-Foundation-2010-Scenarios-for-the-Future-of-Technology-and-International-Development.pdf>

Prior to the COVID-19 pandemic, did you or anyone that you knew live daily life “anticipating” a global pandemic? What about in 2012? If you can remember your daily reality back in 2012, how concerned were you about “virulent and deadly” viruses? Also, notice a key

similarity in the scenarios for Event 201 and in Crimson Contagion 2019, the opening lines of the Lock Step scenario also deliberately spells out that the deadly hypothetical H1N1 flu virus (a respiratory attacking virus) was naturally occurring and was not produced in a laboratory via virus gain of function research. According to the Mayo Clinic, “the H1N1 flu virus is a combination of viruses from pigs, birds, and humans that causes disease in humans.”⁶⁶ The word combination means a joining or merging of different parts or qualities in which the component elements are individually distinct. How do viruses from three different species get merged or joined together? Specifically, why is there a seemingly new H1N1 influenza virus each year. How do the vaccine gurus know what mixture (exotic combination of viruses) to put in the annual H1N1 flu vaccine each year?

The deadliest H1N1 influenza virus (thus far in known human history) occurred during the 1918-1919 flu pandemic (aka the 1918 Spanish flu pandemic) which killed an estimated 20 to 50 million people worldwide. In 2005, scientists from the CDC and the Armed Forces Institute of Pathology “successfully reconstructed the influenza virus that caused the 1918-19 flu pandemic.”⁶⁷ These virus GoF scientists were able to somehow obtain the complete 1918 influenza virus coding sequence to use “reverse genetics to generate an influenza virus bearing all eight gene segments of the pandemic virus.”⁶⁸ The lab generated Spanish flu virus was able to

⁶⁶ Mayo Clinic, "Patient Care & Health Information. H1N1 Flu (Swine Flu)," <https://www.mayoclinic.org/diseases-conditions/swine-flu/symptoms-causes/syc-20378103>

⁶⁷ Centers for Disease Control and Prevention, "Reconstruction of the 1918 Influenza Pandemic Virus." <https://www.cdc.gov/flu/about/qa/1918flupandemic.htm>

⁶⁸ Ibid

replicate itself in the absence of trypsin (an enzyme often used to grow viruses in a lab).⁶⁹ This man-made Spanish flu caused death in mice, and quickly multiplied in human bronchial epithelial cells.⁷⁰ Where did these CDC and US military scientist get the Spanish flu virus coding? The concept of “reverse genetics” means that virus GoF research is able to go from gene to phenotype as opposed to forward genetics which is from phenotype to gene.

Getting back to the futuristic Lock Step scenario that was published in May 2010. The World Health Organization (WHO) declared the H1N1 flu a pandemic in 2009, and the WHO did not declare the pandemic over until August 2010.⁷¹ It is unknown exactly how long The Rockefeller Foundation worked on the Lock Step scenario. However, with a May 2010 publication date, the Lock Step scenario was published three months prior to H1N1 (2009-2010) pandemic ending.⁷² Plus, the Lock Step scenario was published five years after the publication of the CDC’s lab reconstructed 1918 Spanish flu virus in 2005.⁷³ Perhaps the Lock Step scenario’s use of an H1N1 flu virus as the cause of the notional pandemic is just coincidence and had nothing to do with the virus GoF research of the day.

The Lock Step futuristic deadly H1N1 scenario has several very accurate predictions related to how a modern pandemic could impact all aspects of society. Through the current lenses of the 2020-2022 COVID-19 pandemic, the Lock Step scenario published in 2010 is

⁶⁹ Tumpey, Terrence M., Christopher F. Basler, Patricia V. Aguilar, Hui Zeng, Alicia Solorzano, David E. Swayne, Nancy J. Cox, et al. "Characterization of the Reconstructed 1918 Spanish Influenza Pandemic Virus." *Science*; *Science* 310, no. 5745 (2005): 77-80. doi:10.1126/science.1119392.

⁷⁰ Ibid

⁷¹ Centers for Disease Control and Prevention. "Pandemic Virus," <https://www.cdc.gov/flu/about/qa/1918flupandemic.htm>

⁷² The Rockefeller Foundation, "Scenarios for the Future of Technology and International Development." <https://truthcomestolight.com/wp-content/uploads/2020/07/Rockefeller-Foundation-2010-Scenarios-for-the-Future-of-Technology-and-International-Development.pdf> 16.

⁷³ Ibid

hauntingly very accurate. The Lock Step scenario goes as following: “The pandemic had a deadly effect on economies: international mobility of both people and goods screeched to a halt, debilitating industries like tourism and breaking global supply chains.” “Even locally, normally bustling shops and office buildings sat empty for months, devoid of both employees and customers.”⁷⁴ Lock Step goes on to describe “national leaders around the world flexed their authority and imposed airtight rules and restrictions” and even after the “pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified.”⁷⁵⁶² For anyone who enjoys individual rights and freedoms, the following passage from the Lock Step scenario is horrific. “Citizens willingly gave up some of their sovereignty and their privacy to more paternalistic states in exchange for greater safety and stability.”⁷⁶

Chapter Summary

The COVID-19 pandemic directly impacted all of humanity. The restrictions on social gatherings and forced governmental closing of small business, schools, and places of worship significantly disrupted the socializing factors of family, peer-groups, mass-media, education, and religion which are variables that program individuals within a society by teaching and reinforcing the norms of any collective group of people. These socializing factors also provide the basic human needs of security and stability for all members of a society. The common use of the phrase the “new normal” during and after the COVID-19 pandemic provides a hint to the fact

⁷⁴ The Rockefeller Foundation, "Scenarios for the Future of Technology and International Development." <https://truthcomestolight.com/wp-content/uploads/2020/07/Rockefeller-Foundation-2010-Scenarios-for-the-Future-of-Technology-and-International-Development.pdf> 118.

⁷⁵ Ibid, 19

⁷⁶ Ibid, 19

that societies and humanity will never go back to the way things were prior to the year 2019 and the start of the COVID-19 pandemic.

New and emerging technologies have been used to mitigate some of the impacts of the COVID-19 pandemic on modern societies. Video Conferencing technologies such as Zoom and Microsoft Teams flourished as business, governments, and individuals looked for ways to stay connected and productive while still being physically separated from other humans.⁷⁷

Subscriptions to media distribution platforms like NETFLIX dramatically increased during 2020 as people looked to technology to replace former forms of entertainment and information gathering.⁷⁸ The increased use of these type of communication and media delivery technologies was obvious to most people as they experienced the COVID-19 pandemic. However, there are aspects about the introduction and proliferation of other technologies that happened because of the pandemic that many people are completely ignorant about.

During the opening ceremony of the World Health Summit in October 2021, the President of Bayer's Pharmaceuticals Division, Stefan Oelrich, stated the following about the COVID-19 gene therapy labeled as vaccines: "The mRNA vaccines are cell or gene therapy."⁷⁹ Stefan Oelrich goes on to state: "I always like to say if we would have surveyed the public two years ago would you be willing to take gene or cell therapy and inject it into your body." "We would have probably had a 95% refusal rate."⁸⁰ Oelrich explains how the pandemic and the

⁷⁷ Janette Novak, and Rob Watts, "Microsoft Teams Vs. Zoom." Forbes Advisor, September 16, 2021. <https://www.forbes.com/advisor/business/software/microsoft-teams-vs-zoom/>

⁷⁸ Joe Walsh, "Netflix Subscriber Growth Slows After Surging during Pandemic." Forbes, October 20, 2020. <https://www.forbes.com/sites/joewalsh/2020/10/20/netflix-subscriber-growth-slows-after-surging-during-pandemic/?sh=346f8dde244e>

⁷⁹ Stefan Oelrich, "Opening Ceremony Speech" World Health Summit, November 16, 2021, <https://youtu.be/IKBmVwuv0Qc>

⁸⁰ Ibid

strategic marketing of the injections as vaccines instead of experimental gene therapies has made them popular with large segments of the public.⁸¹ We will discuss the experimental mRNA vaccine in detail within Chapter III (the ethical section) of this report. The ethical implications pertaining to the experimental use of a gene therapy (a pharmaceutical product) on the masses could prove to be a significant legal event for the free world. In fact, an international team of over 1,000 lawyers and 10,000 medical specialists called the Nuremburg 2.0 Project are preparing to sue the WHO and the Davos Group for “crimes against humanity.”⁸² Lead by Dr. Reiner Fuellmich, the international lawyer who successfully sued large fraudulent corporations like Volkswagen and Deutsche Bank, the legal claim is that all 10 of the Nuremburg Codes have been violated.⁸³ Specific legal violations pertain to fully informed consent, the truth about the real side effects of the mRNA gene therapy, and the use of coercion or force to participate in the mass “vaccine” experiment.⁸⁴ For the details on all 10 Nuremburg Codes see APPENDIX A.

It may be impossible to provide enough evidence that convinces everyone that the COVID-19 pandemic was planned and strategically coordinated by the ruling class, or as Dr. Fuellmich argues the “globalist” and their “Corona Scandal.”⁸⁵ For more information about the legal claims presented by the Nuremburg 2.0 Project see APPENDIX C. Based on the scenarios discussed in this chapter (Crimson Contagion 2019, Event 201, and Lock Step), it is easy to understand why many throughout the free world are skeptical about the information that they are

⁸¹ Ibid

⁸² Rhonda, Wilson, "Poland's Nuremburg 2.0 Project has been Launched." <https://dailyexpose.uk/2021/12/07/polands-nuremburg-2-0-project-has-been-launched/>

⁸³ Stephen Lendman, "Nuremburg 2.0." <https://truth11.com/2021/12/11/nuremburg-2-0/>

⁸⁴ Brian Shilhavy, "Attorney Reiner Fuellmich on Nuremburg 2.0: Justice Will Not Come through the Courts but by People Rising Up." <https://vaccineimpact.com/2021/attorney-reiner-fuellmich-on-nuremburg-2-0-justice-will-not-come-through-the-courts-but-by-the-people-rising-up/>

⁸⁵ Ibid

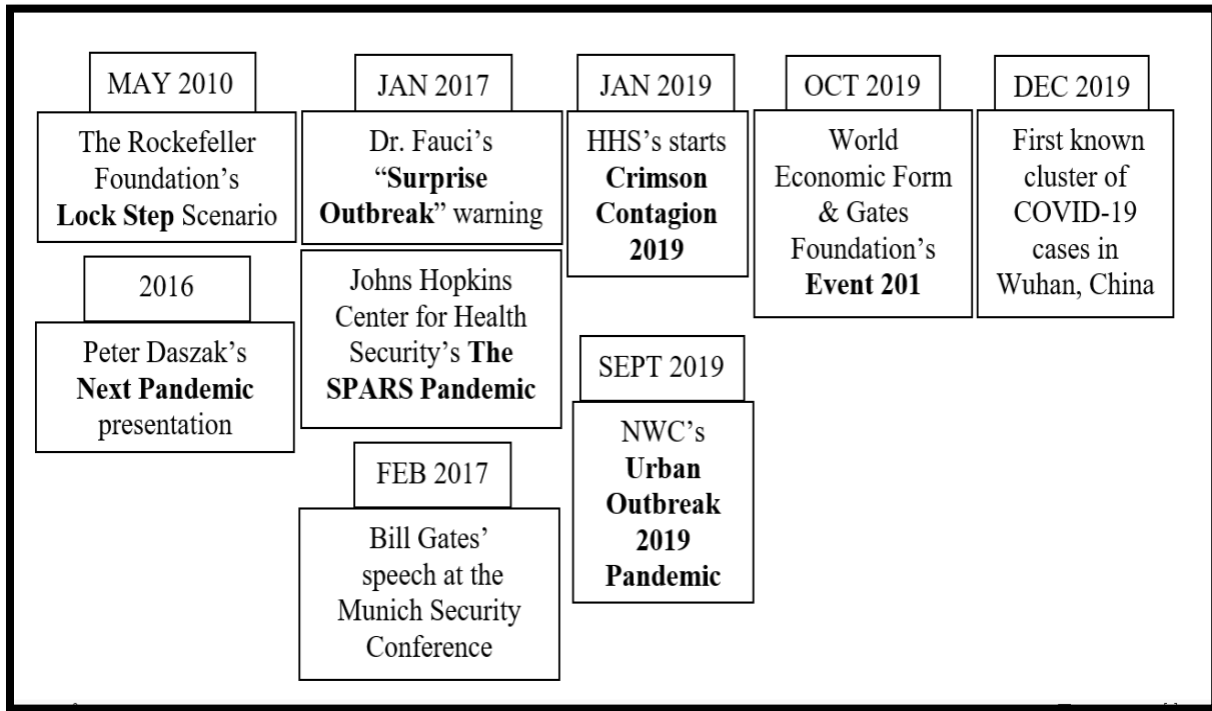
being feed by the mainstream narratives pertaining to vaccines and virus GoF research. Many are questioning the intentional suppression of early treatment by the medical community, the irrational restriction of proven treatments (i.e. Ivermectin), and the effectiveness of an emergency use, rushed, and unproved biotechnology that was marketed as a vaccine.⁸⁶ A new technology with effectiveness that is so questionable the narrative on the purpose of the vaccine evolved into a textbook move-the-goalpost fallacy. Initially, the narrative centered on the declaration that the vaccine would stop transmission and then the goalpost was moved to the vaccine prevents serious illness and reduces hospital stays. Two claims that are impossible to validate. In addition, the goalpost will probably continue to move on the definition of “fully vaccinated” as the vaccine booster narrative gets perfected throughout the free world.⁸⁷ One fact that cannot be disputed is that the ruling class is making a great deal of money from a virus.

In conclusion, this chapter worked to enhance situational awareness on the topics such as infectious viruses, virus GoF research, vaccines, gene therapies, pandemic war games, constructed mainstream narratives, the bioweapons industry, and on the powerful ruling class of the free world. Figure 5 is provided as a timeline recap of many of this war games and predictive public declarations discussed throughout the chapter. The SPARS Pandemic is analyzed in chapter III because of the ethical implications pertaining to a play book on exactly how to get the masses to take an experimental drug.

⁸⁶ Jason Randolph, "Japanese Study Finds that Ivermectin is Safe and Effective for Treating Covid." Gospel News Network, February 7, 2022. <https://gospelnewsnetwork.org/2022/02/04/japanese-study-finds-that-ivermectin-is-safe-and-effective-for-treating-covid/>

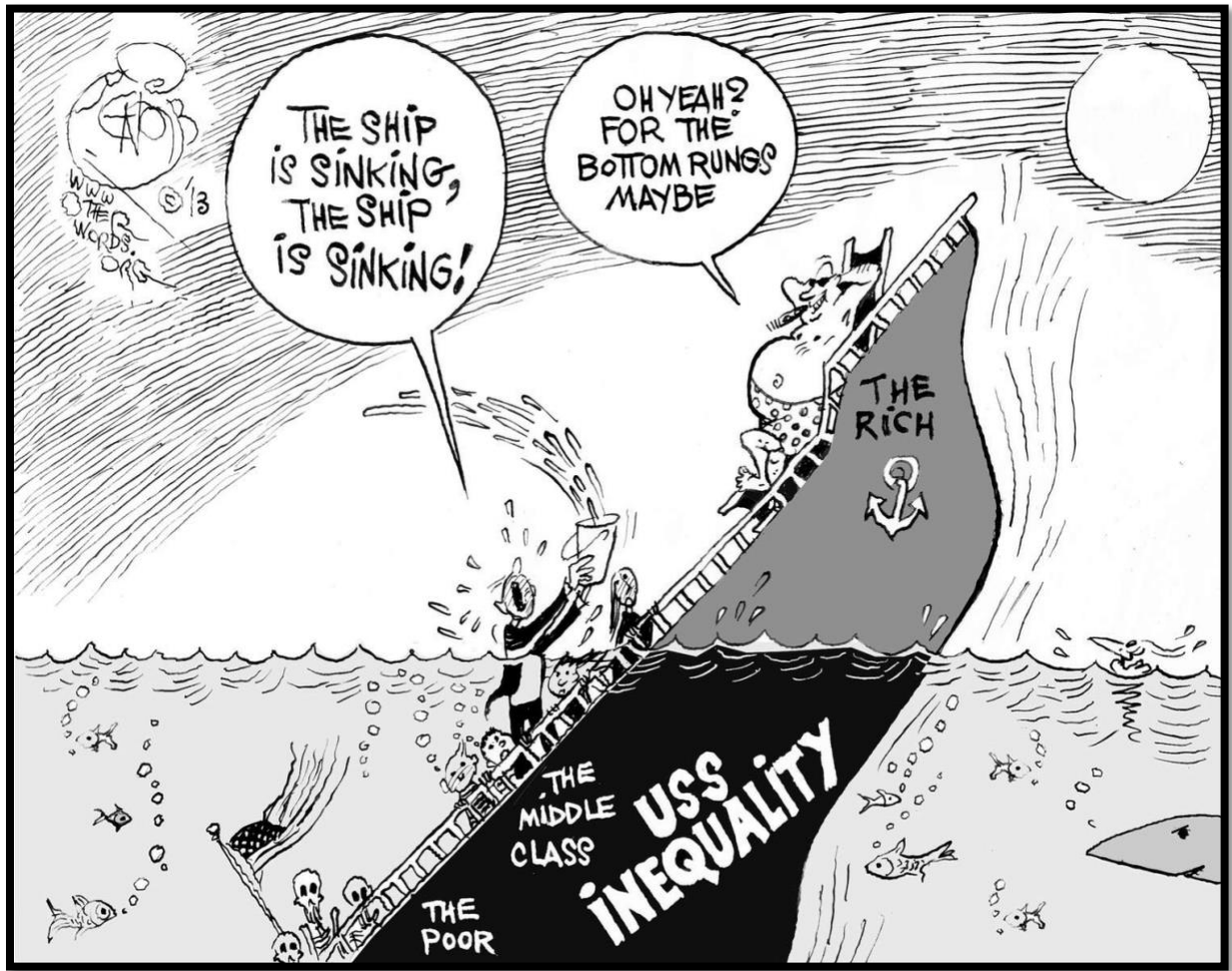
⁸⁷ Leah Barkoukis, "The Goalpost Keep Moving: CDC Director Says the Definition of Fully Vaccinated may Change." Townhall, October 22, 2021. <https://townhall.com/tipsheet/leahbarkoukis/2021/10/22/cdc-director-we-may-need-to-update-our-definition-of-fully-vaccinated-n2597876>

Figure 5: COVID-19 Planned-demic Timeline



CHAPTER II

THE ECONOMIC AND INFORMATIONAL POWER OF THE RULING CLASS



Source: Christopher Rugaber, Why the Wealth Gap has Grown Despite Record-long Economic Growth. ABC News. 2 July 2019. USS Inequality, an Other Words cartoon by Khalil Bendib. <https://portside.org/2019-07-02/why-wealth-gap-has-grown-despite-record-long-economic-growth>

Introduction

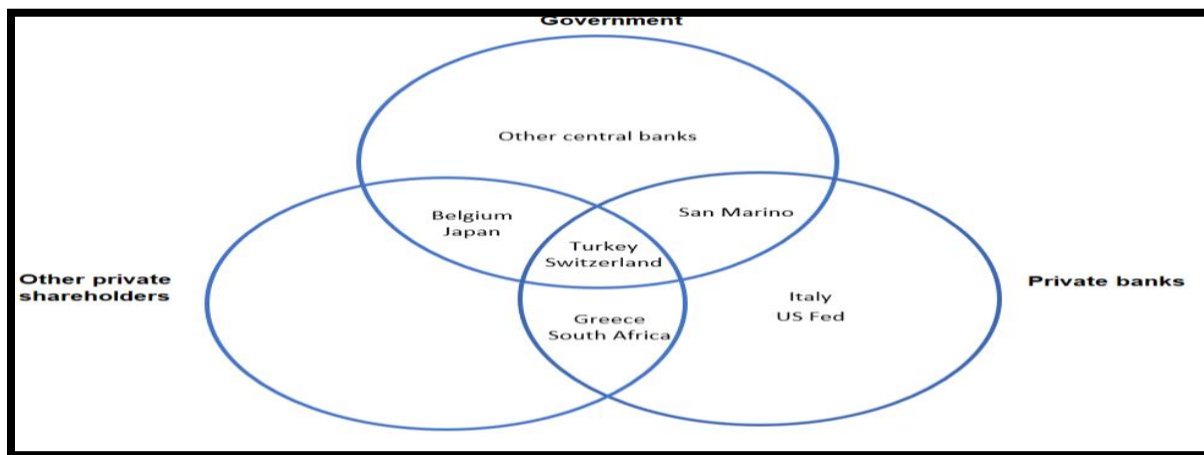
Recognizing the world's current rules-based order that centers on the importance of national sovereignty, this chapter directs attention away from the prevailing storylines of nation-state vs nation-state competition and focuses on an independent group of ultra-wealthy elites (known as globalist) who pose a significant threat to America's strategic environment and future as a "free" people. Regarding national sources of power of Diplomacy, Information, Military, and Economic (DIME), the ruling class already collectively commands more economic (E) and informational (I) power than the United States federal government. Hence, perhaps the most significant threats to America's sovereignty and strategic future are not rival and competing nation-states such as China, Russia, Iran, and North Korea. Instead, the paramount threat to the American people and to the Constitution of the United States is a relatively small group of mega-wealthy (the globalist ruling class) who are using the organizations that they own and/or control (ways and means) to achieve the strategic ends of establishing a New World Order via a "Great Reset" and a "Build Back Better" plan. The predominant international security (IS) theories either overlook the real-world reality of hegemonic non-state actors (i.e. realism), or they directly enable the deceptive plans, tactics, techniques, and strategies of the globalist members of the ruling class throughout the free world (i.e. international liberalism and the post-Cold War IS theory of constructivism). The ruling class are the individuals who made the rules for the world's rules-based system. Inherently, the rules of the economic and informational geopolitical game are set up in favor of those who established the rules, which explains why emerging technology such as block-chain and crypto currencies are viewed as a threat to the ruling class and to the current economic rules based-system. This chapter argues that the ruling class (a group of ultra-wealthy elite; a mix of American Robber Barons with European old money; aka

globalist) will continue to use private central banks and multinational organizations to threaten the international and domestic security environment of the United States of America.

Private Central Banks

If you want to know who is really running the world, then follow the money. The Federal Reserve is America’s central bank.⁸⁸ Despite having the words “federal” and “reserves” in the strategically selected corporate name, the Federal Reserve Bank (also known as the US Fed) is a privately owned organization that is not part of the federal government. The Fed is not a federal agency. The name Federal Reserve “is a deliberate misnomer designed to create the impression that it is a public entity.”⁸⁹ Not all central banks are privately owned. Figure 6 helps to illustrate how some central banks are owned by governments, some are privately owned, whereas others are a mixture of private shareholders and public ownership.

Figure 6: Classification of Central Banks by Ownership



Source: Durden, Tyler article title “Who Owns The World’s Central Banks.” Retrieved 11 January 2022. <https://rightedition.com/2019/10/21/who-owns-the-worlds-central-banks/>

⁸⁸ The Federal Reserve, Accessed January 5, 2022. <https://www.frbservices.org/central-bank/>

⁸⁹ Ismael Hossein-Zadeh, "Who Owns the Federal Reserve Bank and Why is it Shrouded in Myths and Mysteries?" Accessed January 17, 2022. <https://www.counterpunch.org/2015/12/18/who-owns-the-federal-reserve-bank-and-why-is-it-shrouded-in-myths-and-mysteries/>

Economic Power

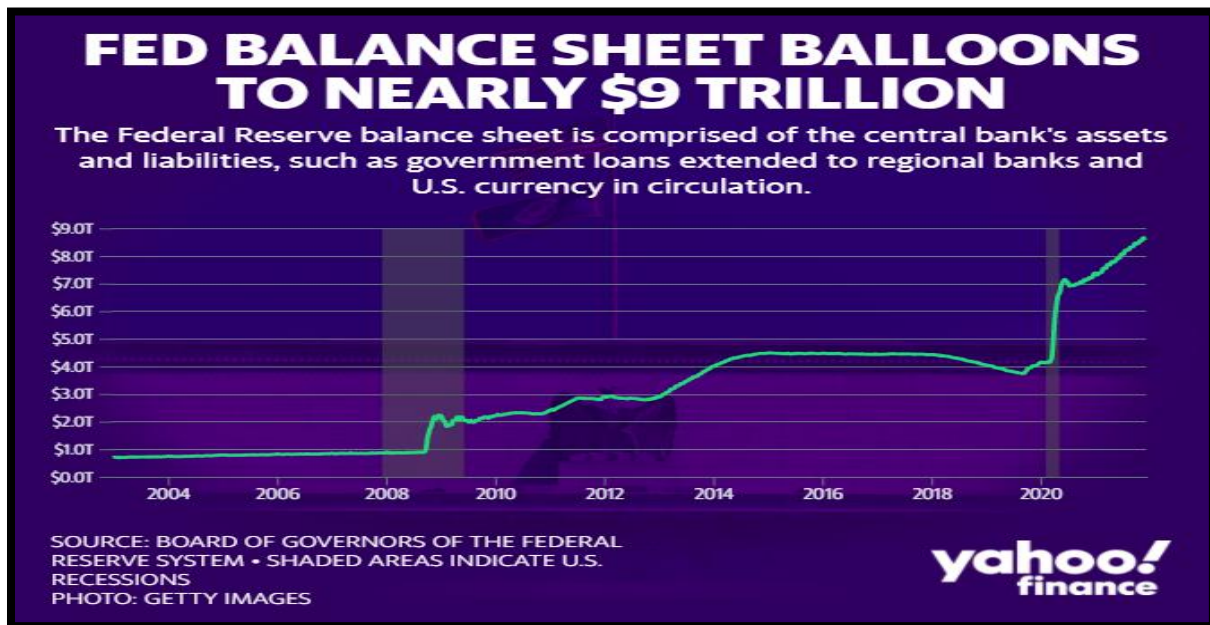
Money and wealth are power. How is money produced in the United States? The answer to this question has two parts. Part one pertains to how the federal government produces money, and part two relates to how the financial system (banks) produce money in America. The process in both parts starts at America's central bank (The Federal Reserve). Instead of issuing United States notes (a fiat currency known as the dollar) that are backed by the nation's credit or backed by the nation's gold reserves, the federal government issues treasury bonds and then sells these bonds to the Federal Reserve. The Fed purchases U.S. treasury bonds with (digital) money that they created out of thin air. The federal government then takes that borrowed imaginary money to print out green pieces of paper that say "In God We Trust" on them. The federal government (actually the American taxpayer) then pays interests on the bonds that were sold to the privately owned central bank. To clarify part one, the privately owned central bank (The Fed) creates money from nothing, then loans that imaginary money to the United States government. The Fed then charges the American taxpayer interest on that imaginary money.

Part two relates to the Fed buying bonds off Wall Street. The major financial firms (banks) that have been selected as dealers (authorized borrowers from America's privately owned central bank) are required by Fed rules to keep 10% of their borrowed money (deposits) in reserve, but the banks are authorized to issue loans equal to the remaining 90%. The money that is produced from loan proceeds is new money that was created out of nothing. Those that take loans from the banks spend the money and the payee deposits that money into their bank accounts causing both reserves and deposits to increase. Thus, creating more money out of thin air. The first key point is the fact that America's central bank (The Fed) is a privately owned organization that gets paid interest for selling imaginary money that cost nothing to produce.

Another key point is that America's process for making money is a debt machine that by design devalues the U.S. dollar, because the debt machine violates the basic economic principle of scarcity. The more money that is out in the economy the more the value of the U.S. dollar decreases. Since the implementation of the Federal Reserves in 1913, the dollar has lost over 95% of its value.⁹⁰

Who owns the Federal Reserves, and how much wealth have these financial robber barons (aka globalists) accumulated over the past 100+ years while charging the American taxpayer interest for the money that they created out of thin air? Without question, The Fed has profited off America's debt since 1913, and Figure 7 hints to the economic power of the Fed.

Figure 7: The Federal Reserve Balance Sheet



Source: Cheung, Brian. *What happens next with the Fed's \$9 trillion balance sheets?* Yahoo Finance. 21 December 2021. <https://finance.yahoo.com/news/quantitative-tightening-federal-reserve-9-trillion-balance-sheet-113743366.html>

⁹⁰ Jordan Tuwiner, "US Dollar Devaluation since 1913." Accessed January 11, 2022. <https://www.buybitcoinworldwide.com/dollar-devaluation/>

Historically known as the founding father of international finance, Mayer Amschel Rothschild, is noted for saying “give me control of a nation’s money supply, and I care not who makes its laws.”⁹¹ The Rothschild family banking empire has been loaning money to governments since prior to the Napoleonic era and is one of the owners of America’s central bank.^{92 93} Other notable owners of the Federal Reserve are the Rockefeller and Morgan families.⁹⁴ In 2020, the Federal Reserve took in 3.4 trillion in revenue.⁹⁵ According to the Federal Reserve Act of 1913, America’s privately owned central bank is “exempt from taxation at the federal, state, and local levels.”⁹⁶ Fundamentally, the Fed is a tax free cash cow for the owners (a small group of ultra-wealthy elite families). Fact is, nobody knows exactly how much wealth that families such as Rothschild, Rockefeller, Chase, and Morgan have accumulated over 100+ years of profiting from America’s economic debt machine. Plus, these families were extremely wealthy and influential prior to 1913. It is impossible to directly investigate into the Swiss bank accounts of these robber baron families. Some historians and economists estimate that the Rothschild family alone has a net worth over \$500 trillion.⁹⁷ Imagine how much influence and power you (along with your elite friends) could have around the world with \$500 trillion dollars.

⁹¹ Ismael Hossein-Zadeh, "Who Owns the Federal Reserve Bank and Why is it Shrouded in Myths and Mysteries?" Accessed January 17, 2022. <https://www.counterpunch.org/2015/12/18/who-owns-the-federal-reserve-bank-and-why-is-it-shrouded-in-myths-and-mysteries/>

⁹² The Rothschild Foundation. "The Rothschild Archive’s Website," Accessed January 2, 2022. https://www.rothschildarchive.org/business/rothschild_worldwide/

⁹³ John Morse, "The Federal Reserve Cartel: The Rothschild, Rockefeller and Morgan Families." Accessed January 8, 2022. <https://theeventchronicle.com/the-federal-reserve-cartel-the-rothschild-rockefeller-and-morgan-families/>

⁹⁴ Ibid

⁹⁵ Ibid

⁹⁶ Kathryn Underwood, "Does the Federal Reserve Pay Taxes? no, and Here’s Why," September 1, 2021, September 1, 2021. <https://marketrealist.com/p/does-the-federal-reserve-pay-taxes/>

⁹⁷ Deepak Shanmugam, "The Richest Family in the World: Rothchilds," Accessed January 16, 2015. <https://timeantidote.blogspot.com/2020/07/the-richest-family-in-world-rothschilds.html?m=1>

The paramount strategic international security (IS) question is who has more economic power, the federal government of the United States which is nearly \$30 trillion in debt or the globalist that lend money to nations such as the United States who have \$500 trillion (or more) to spend at will? The world's wealthiest .1% known as the Bilderberg Group are members of "roughly eight families who possess 93% of the money in the world."⁹⁸ While the rest of the world's population (99.9%) fight and toil for the remaining 7% of the world's wealth, these mega-rich families prefer to live in relative secrecy behind the geopolitical curtains of the current World Order. Why isn't this economic and geopolitical truth taught in history classes or in strategic studies institutes? The most valid and reliable answers to that question factor in the real-world fact that a small group of ultra-wealthy individuals own the narrative, the media, the means of producing money/wealth, and the means of production throughout the "free" world.

Multinational Corporations

While accumulating wealth via the rules based financial system and privately owned central bank, the globalist also use (weaponize) the multinational organizations that they own to threaten the international security environment and future of the United States of America. Big Oil, Big Pharma, Big Media, Big Food, and Big Tech are either directly (via ownership) or indirectly (via majority share holdings) by the same small group of ultra-wealthy elite globalist.

Information Power

Harvard's The Future of Media Project provides "radical transparency" on the ownership and majority voting shareholders of the for-profit and non-profit mainstream media providers in

⁹⁸ Christopher Wicks, "The Bilderberg Group," <https://www.thinkbiggerpicture.com/Bilderberg.html>

the United States.⁹⁹ Harvard’s frequently updated report ranks “major U.S. daily news sources” by audience size and captures the facts on each media organization’s top investors, donors, and owners.¹⁰⁰ With over 1,700,000,000 estimated monthly visitors, Wikipedia is the most used media source in the “free” world.¹³ Wikipedia is a non-profit and the top donors include Google, Amazon, Musk Foundation, George Soros, and Facebook.¹⁰¹ The concept of big business moguls nesting their agenda and narratives into the non-profit arena is a common practice. Multinational organizations are directly connected to America’s for-profit and non-profit information sources.

Focusing on the top media news outlets in America, Fox with around 833 million viewers a month is owned by the media tycoon Rupert Murdoch.¹⁰² Fox is one small piece of the multinational corporation called News Corp. Thus, making the Murdoch family owners of hundreds of local, national, and international news and information outlets around the “free” world.¹⁰³ News Corp owns the New York Post, HarperCollins, and the Wall Street Journal.¹⁰⁴ Two of the top share owners of News Corps are The Vanguard Group and BlackRock Fund Advisors.¹⁰⁵ As of May 2021, CNN with 482 million viewers a month is part of a new media conglomerate along with Discovery Media and Warner Media. Yet, just as with News Corp, two of the top shareholders are Vanguard and Blackrock.¹⁰⁶ One thing that ABC News, NBC News, CBS News, MSNBC, and USA Today have in common is the fact that Vanguard and Blackrock

⁹⁹ Harvard University. "The Future of Media Project," <https://projects.iq.harvard.edu/futureofmedia/index-us-mainstream-media-ownership>

¹⁰⁰ Ibid

¹⁰¹ Ibid

¹⁰² Ibid

¹⁰³ Ibid

¹⁰⁴ Ibid

¹⁰⁵ Ibid

¹⁰⁶ Ibid

are top shareholders.¹⁰⁷ Perhaps you have seen and heard different news sources reciting the exact same script and narrative at the same time? This cultural and informational power hegemony that has everyone speaking from the same hymn note all at the same time is a phenomenon referred to as The Cathedral. This concept is based on a believe that an interest group has control over media, government, entertainment, Hollywood, and sports.¹⁰⁸ When something culturally significant happens, all of these different aspects of society speak from the exact same script and playlist. All these very different aspects of society have the exact same opinions on the same things, at the same time, and they are able to shift in unison. In countries that have authoritarian governments and government owned media, it is self-evident that the government sets the playlist for The Cathedral. However, in the “free” world, who has the economic and informational power to plan, coordinate, and orchestrate The Cathedral?

Economic and Information Power

Vanguard Group and BlackRock are the two largest investment firms in the world.¹⁰⁹ The following is a list of just some of the companies that Vanguard and BlackRock strategically hold a large investment interest: Google, YouTube, Facebook, Instagram, Amazon, Alibaba, Pfizer, Bayer Pharmaceuticals, AstraZeneca, PepsiCo, Coca Cola, Microsoft, Apple, Netflix, Reuters, Viacom, ATT, Tesla, Agricultural Bank of China, FedEx, TUI AG, American Airlines, United Airlines, Zimmer Biomet, Volkswagen, Ford Motor Company.¹¹⁰ Blackrock and Vanguard hold

¹⁰⁷ Harvard University. "The Future of Media Project," <https://projects.iq.harvard.edu/futureofmedia/index-us-mainstream-media-ownership>

¹⁰⁸ Urban Dictionary. "The Cathedral," Accessed October 23, 2013. <https://www.urbandictionary.com/define.php?term=the%20cathedral>

¹⁰⁹ John Edwards, "Who are the Owners of Vanguard Group?" Investopedia, August 5, 2021. <https://www.investopedia.com/articles/investing/110515/who-are-owners-vanguard-group.asp>

¹¹⁰ Joseph Mercola, "Vanguard, Blackrock, and State Street: The Puppet Masters' Portfolios," Truth. Bases. Media., <https://truthbasedmedia.com/2021/08/21/vanguard-blackrock-and-state-street-the-puppet-masters-portfolios/>

large interests in the world's pivotal companies, and they basically own each other.¹¹¹ "In turn, Blackrock has been called the Fourth Branch of Government by Bloomberg as they are the only private firm that has financial agreements to lend money to the central banking system."¹¹² All the following aspects of life in the "free" world are owned and controlled by Vanguard and Blackrock: social media, shopping, food manufacturers, food manufacturers, technology and software, pharmaceutical companies, entertainment, communications, airlines, medical equipment, transportation, travel and vacation companies, car companies, and world media.¹¹³ The famous CEOs of the America's largest companies (i.e. Jeff Bezos, Bill Gates, Elon Musk, Mark Zuckerberg, etc.) are lower level billionaires compared to the small group of ultra-wealthy elites (majority shareholders) who fundamentally control and direct boards and CEOs.

The consolidation of economic and information power into the hands of a select few (ultra-wealthy elite) was made possible by the rules of the current World Order. A rules-based World Order that emerged out of the destruction of WWI, The Great Depression, and WWII. The Bretton Woods system established the rules for commercial and financial relations for the current World Order. Bretton Woods also established the U.S. dollar as the world's reserve currency, and this dynamic initially strengthened America's economic and diplomatic power. The robber baron families that heavily profited from both world wars were key players in establishing the rules of the game for the current World Order. Who has benefited the most from wars since the Napoleonic era, the nation's that fought them or the small group of ultra-wealthy families that have lent money and sold manufactured goods to warring nations?

The privately owned Federal Reserve pretends that its goals are to alleviate financial

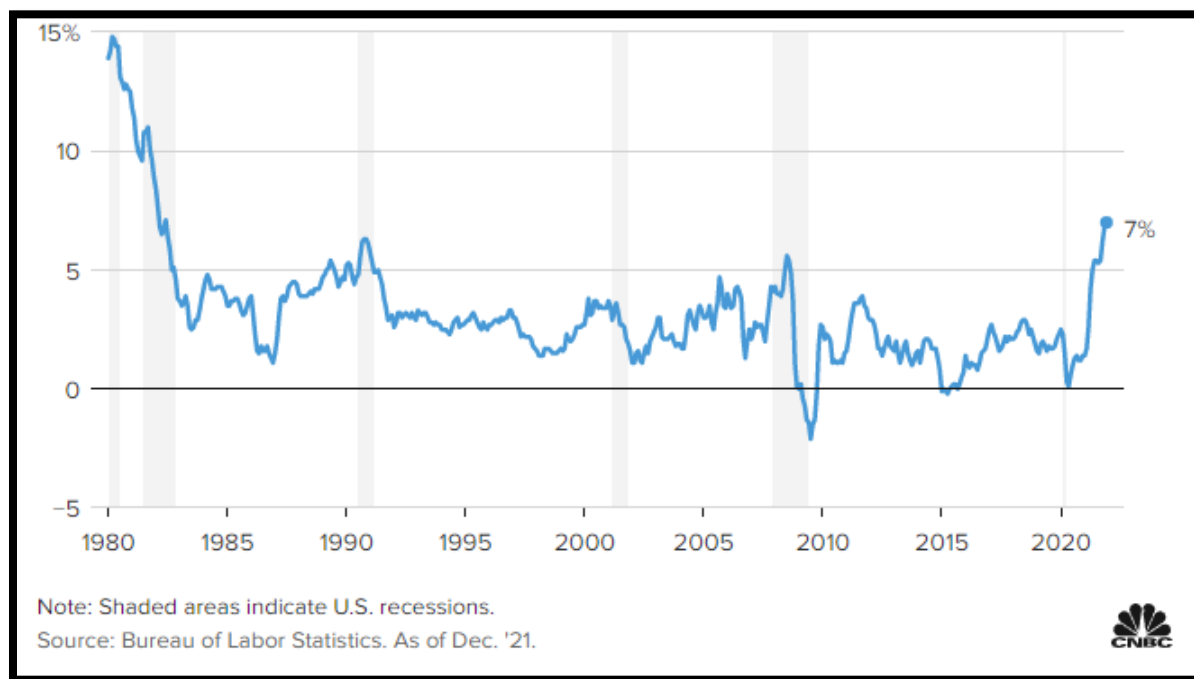
¹¹¹ Ibid

¹¹² Ibid

¹¹³ Ibid

crises and prevent another great depression or economic catastrophe. However, based on the inflation gauge of the consumer price index, inflation (the universal tax on all Americans and on America’s local, state, and federal governments) increased during 2021 at the fastest pace since 1982.¹¹⁴ In America, used vehicle prices increased 37.3%, gasoline prices increased 49.6%, and food prices went up 6.3% just during 2021.¹¹⁵ “There isn’t an individual, organization, country, or empire that hasn’t failed when it lost its buying power.”¹¹⁶ Figure 8 shows the Consumer Price Index in America since 1980 to the end of 2021.

Figure 8: Consumer Price Index



Source: Cox, Jeff. *Inflation rises 7% over the past year, highest since 1982.* CNBC. 12 January 2022.
<https://www.cnbc.com/2022/01/12/cpi-december-2021-.html>

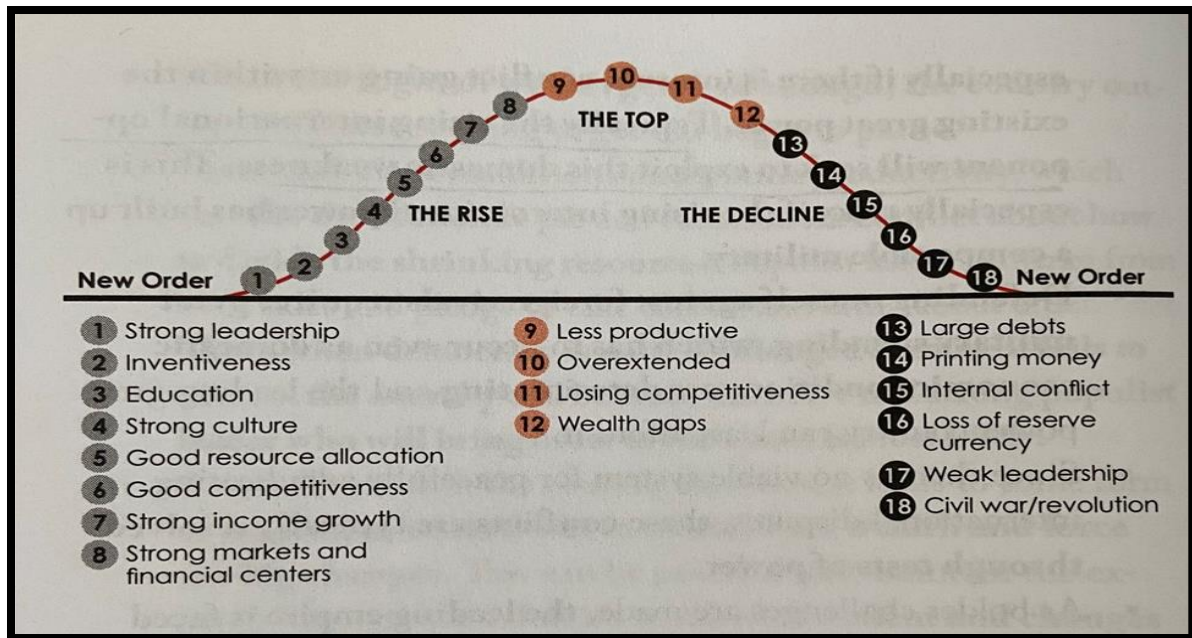
¹¹⁴ Jeff Cox, "Inflation Rises 7% Over the Past Year, Highest since 1982." CNBC, January 12, 2022.
<https://www.cnbc.com/2022/01/12/cpi-december-2021-.html>

¹¹⁵ Ibid

¹¹⁶ Ray Dalio, *Principles for Dealing with the Changing World Order: Why Nations Succeed and Fail.* New York: Simon & Schuster, 2021. 85

The billionaire investment guru and author, Ray Dalio’s new book titled *The Changing World Order* works to “educate people about what’s around the corner.”¹¹⁷ Dalio points out the historical truth that “no system of government, no economic system, no currency, and no empire lasts forever, yet almost everyone is surprised and ruined when they fail.”¹¹⁸ Figure 9 is Ray Dalio’s model and key variables for the raise and decline of a World Order with the transition point being some type of war of which he predicts is probable in America within the next five years.¹¹⁹ Thus, ushering in a new World Order, based on a new global reserve currency.

Figure 9: The Changing World Order Model



Source: Dalio, Ray. (2021) *The Changing World Order*. Avid Reader Press. page 50.

¹¹⁷ Ahuja Maneet. "Ray Dalio Says America’s Decline Will Upend Lives, Not just Portfolios." Forbes, November 29, 2021. <https://www.forbes.com/sites/maneetahuja/2021/11/29/ray-dalio-says-americas-decline-will-upend-lives-not-just-portfolios-the-billionaire-investor-paints-a-dire-scenario-in-his-new-book/?sh=5867f8fc3c4f>

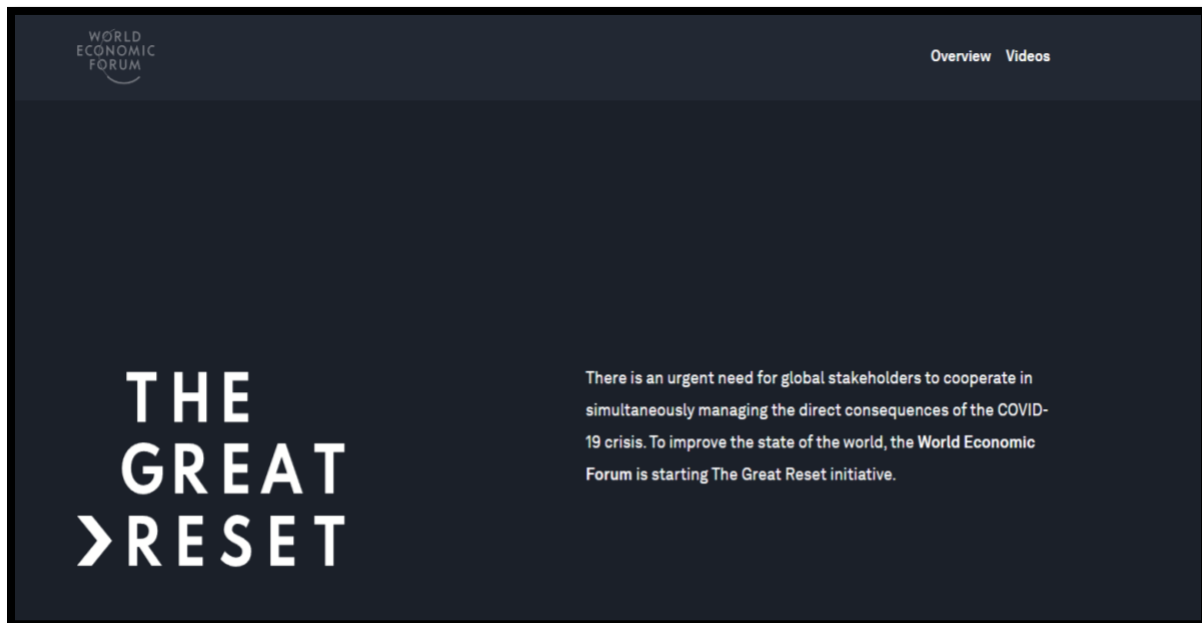
¹¹⁸ Ray Dalio, *Principles for Dealing with the Changing World Order: Why Nations Succeed and Fail*. New York: Simon & Schuster, 2021. 8

¹¹⁹ Ahuja Maneet article 3rd paragraph

New World Order, The Great Reset, and Building Back Better

Dalio points out that “throughout time and in all countries, the people who have the wealth are the people who own the means of wealth production.”¹²⁰ “In order to maintain or increase their wealth, they work with the people who have the political power, who are in a symbiotic relation with them, to set and enforce the rules.”¹²¹ To understand the concepts of the New World Order and The Great Reset you have to understand the World Economic Forum. Figure 10 is a screen shot from the World Economic Forum’s website declaring the start of “The Great Reset initiative.”¹²² Hence, using the COVID-19 planned-demic to reset the world.

Figure 10: World Economic Forum and The Great Reset



Source: World Economic Forum The Great Reset landing page. Retrieved 18 January 2022.

<https://www.weforum.org/great-reset/>

¹²⁰ Ray Dalio, *Principles for Dealing with the Changing World Order: Why Nations Succeed and Fail*. New York: Simon & Schuster, 2021. 12

¹²¹ Ibid, 12

¹²² World Economic Forum, "The Great Reset " Accessed January 18, 2022. <https://www.weforum.org/great-reset/> .

To understand who runs the game within the World Economic Forum you need to review the partnerships. Partnerships include Meta (aka Facebook), Microsoft, Google, Goldman Sachs, Pfizer, PayPal, and a number of Chinese companies.¹²³ In total, there are roughly a thousand investors and partnerships within the World Economic Forum.¹²⁴ You can consider the World Economic Forum basically the United Corporations similar to the United Nations, but at the multinational corporate level. Hence, collectively corporations have become more powerful than governments. This helps explain the political theater that is happening throughout the “free” world (Canada, Australia, New Zealand, France, Germany, Austria, America, etc.) where leaders have been bought, sold, and traded. Political and governmental leaders trading the love of the people for love of the money. These leaders are easy to identify, because they commonly use the World Economic Forum phrases of “The Great Reset” and “Build Back Better.”

Klaus Schwab is the founder and Executive Chairman of the World Economic Forum, and he speaks often about the Great Reset and Building Back Better.¹²⁵ Specifically, Schwab states that we need to prepare for an angrier world, and by 2030 you will own nothing, eat less meat, and be happy.¹²⁶ Emerging technology is facilitating the Great Reset and the implementation of what is called The Fourth Industrial Revolution.¹²⁷ This revolution will combine all previous revolutions with artificial intelligence, robotics technology, blockchain,

¹²³ World Economic Forum, "The Great Reset," Partners search page. Accessed January 18, 2022. <https://www.weforum.org/great-reset/>

¹²⁴ Klaus Schwab, "The Fourth Industrial Revolution." World Economic Forum., <https://www.weforum.org/about/the-fourth-industrial-revolution-by-klaus-schwab>.

¹²⁵ Klaus Schwab, "Responding to the Anger," <https://www.weforum.org/agenda/2020/06/responding-to-the-anger/>

¹²⁶ Ceri Parker, "8 Predictions for the World in 2030." World Economic Forum Global Agenda, November 12, 2016. <https://www.weforum.org/agenda/2016/11/8-predictions-for-the-world-in-2030/>

¹²⁷ Klaus Schwab, Nicholas Davis, and Satya Nadella. Shaping the Future of the Fourth Industrial Revolution Crown/Archetype, 2018.

web-3, self-driving cars, gene altering vaccines, neuro-technological brain enhancements, and other bio-technologies.¹²⁸ The globalist are power grabbing over this technology to centralize it over the masses as their global Great Reset initiative gets brought forth, and the end of an old era (the current world order) with the introduction of a new era (The New World Order).¹²⁹

Emerging technology such as blockchain and digital currencies will revolutionize our global payment system, how economics are constructed, global trade. They could also be used to centralize global economics and economic power. The globalist (aka ruling class throughout the free world) intent to do this prior to the masses realizing that this technology could actually free humanity (via a decentralized digital economic construct) rather than enslave humanity. A decentralized digital economy could give people back the power of owning their finances, owning their assets, and the ability for trading peer-to-peer. This technology is truly revolutionary and remarkable, but it could be used to ensure economic freedom or economic slavery which will be explained at the end of this report. Most American's are listening to every word sung to them by The Cathedral while being entertained like Roman citizens by the bread and circuses that are strategically designed to distract, manipulate, coerce, brainwash, and control the masses. The New World Order's financial system will probably replace the U.S. dollar as the world reserve currency, and the globalist elite who already control America's central bank will eventually implement some type of digital currency much like China's digital yuan that was launched in December 2021.¹³⁰ Hence, The Great Reset and Building Back Better.

¹²⁸ Klaus Schwab, "The Fourth Industrial Revolution." World Economic Forum, <https://www.weforum.org/about/the-fourth-industrial-revolution-by-klaus-schwab>

¹²⁹ Klaus Schwab, "The Fourth Industrial Revolution: What it Means, how to Respond." January 14, 2016. <https://www.weforum.org/agenda/2016/01/the-fourth-industrial-revolution-what-it-means-and-how-to-respond/>

¹³⁰ Emily Parker, "China's Digital Yuan shows Why we Still Need Cryptocurrencies Like Bitcoin." CNN Business, February 4, 2022. <https://www.cnn.com/2022/02/04/perspectives/china-digital-yuan-cryptocurrency-bitcoin/index.html>

Chapter Summary

The predominant international security theories (realism, liberalism, constructivism) are not framed to address a globalist New World Order threat to America's way of life and Constitution. Realism's state centric focus on balance of power doesn't accurately recognize the I and E power of a centralized globalist lead New World Order (oligarchy) that has legal, economic, political, social, and cultural authority over individual nation-states. Liberal Internationalism's focus on cooperation and interdependence only enables the means and ways that the globalist elite are weaponizing against America's sovereignty. Constructivism (aka Idealism) is fundamentally a concept that was stolen from educational theory and hijacked by the ruling class to manipulate and confuse the geopolitical narrative. Constructivism doesn't work in the education field and probably will not produce any fruit for the international strategy arena.

As a collective, privately owned organizations and the ruling class that own the means of production have become more powerful than governments. The private owners of the Federal Reserve have been able to hide their cash cow from the majority of Americans because they own the narrative throughout the free world. What else explains the fact that so few tax paying citizens in America know that the nation's central bank is privately owned? The rules based economic system throughout the free world is no different than a casino. The house (the ruling class) has the advantageous odds because they made the rules for today's economic game.

Do you know the clearly stated purpose of the World Economic Forum? Have you investigated the Forum's web-site? Have you watched any of Klaus Schwab's New World Order discourse videos, or have you read his Fourth Revolution manifesto? Economist Ernest Wolf believes that a hidden alliance of political and corporate leaders will continue to exploit the COVID-19 pandemic (aka plan-demic) to make way for a great reset by crashing economies and

setting the stage for a global digital currency.¹³¹ Klaus Schwab's World Economic Forum is known for their annual Davos meeting. However, another key aspect of the World Economic Forum is the Young Global Leaders school that was established in 1992. Alumni of the school's first class include Angela Merkel, Nicholas Sarkozy, and Tony Blair. Other attendees of this school include Bill Gates, Jeff Bezos, Jacinda Ardern (Prime Minister of New Zealand), Emmanuel Macron (President of France), Gavin Newsom (Governor of California), Justin Trudeau (Prime Minister of Canada), Richard Branson (Virgin Atlantic), Chelsea Clinton (Clinton Foundation), Larry Fink (BlackRock). Thus far, over 1,300 leaders have graduated from the indoctrination program called Young Global Leaders.¹³² The political leaders that graduated from The World Economic Forum's Leaders course (i.e. Trudeau, Ardern, Newsom) have implemented the most stringent and totalitarian COVID-19 mitigation measures throughout the free world.

In 2012, Klaus Schwab and the World Economic Forum founded another program called Global Shapers Community. This indoctrination camp identifies and trains leaders from around the world who are under the age of 30. Thus far, there have been approximately 10,000 graduates of the Global Shapers Community program and these graduates regularly hold meetings in over 400 cities around the world. The politicians who graduated from the Young Global Leaders that were in office during the COVID-19 pandemic implanted draconian measures under the umbrella justification of public health which also happened to considerably increase their respective governments' power. "Digital technology, which is now all-pervasive, is also playing a prominent role in the elite's global designs."¹³³ "The ultimate conclusion

¹³¹ Rhonda Wilson, and Ernst Wolff. "World Economic Forum, Young Global Leaders and Global Shapers Community." The Expose, February 11, 2022. <https://dailyexpose.uk/2022/01/05/ernst-wolff-world-economic-forum/>

¹³² Ibid

¹³³ Ibid

one must draw from all of this, according to Wolff, is that democracy as we knew it has been silently cancelled, and that although the appearance of democratic processes is being maintained in our countries, the fact is that an examination of how governance around the world works today shows that an elite of super-wealthy and powerful individuals effectively control everything that goes on in politics, as has been especially evident in relation to the pandemic response.”¹³⁴

Without question, the globalist (a group of ultra-wealthy elite ruling class) will continue to use private central banks, the multinational organizations that they own, technology, and their rabidly increasing information and economic power to threaten the international order and domestic security of sovereign groups of people throughout the free world. Now that the elite ruling class has two leader training camps via the World Economic Forum and they have placed their trained puppets into the most senior political positions throughout the free world, it can be argued that the ruling class also has direct diplomatic and military power to add to their unmatched economic and informational power. The ruling class can now implant senior political leaders that don't answer to the people, and instead “answer to their globalist bosses at the World Economic Forum, folks like Bill Gates, George Soros, and Klaus Schwab.”¹³⁵ This helps explain Justin Trudeau's actions towards more than 50,000 Canadian truckers that held “unacceptable views” about vaccine mandates. Trudeau's communist playbook actions against the peaceful truckers produced one key discovery. When Canada's government froze demonstrator bank accounts, officials discovered that they could not seize crypto assets not on central exchanges.¹³⁶

¹³⁴ Ibid

¹³⁵ Marsha West, "Klaus Schwab's Puppet Young Global Leaders Revealed," Christian Research Network, February 14, 2022. <https://leohohmann.com/2022/02/10/klaus-schwabs-puppet-young-global-leaders-revealed-trudeau-in-canada-buttigieg-in-u-s-macron-in-france-and-many-more/>

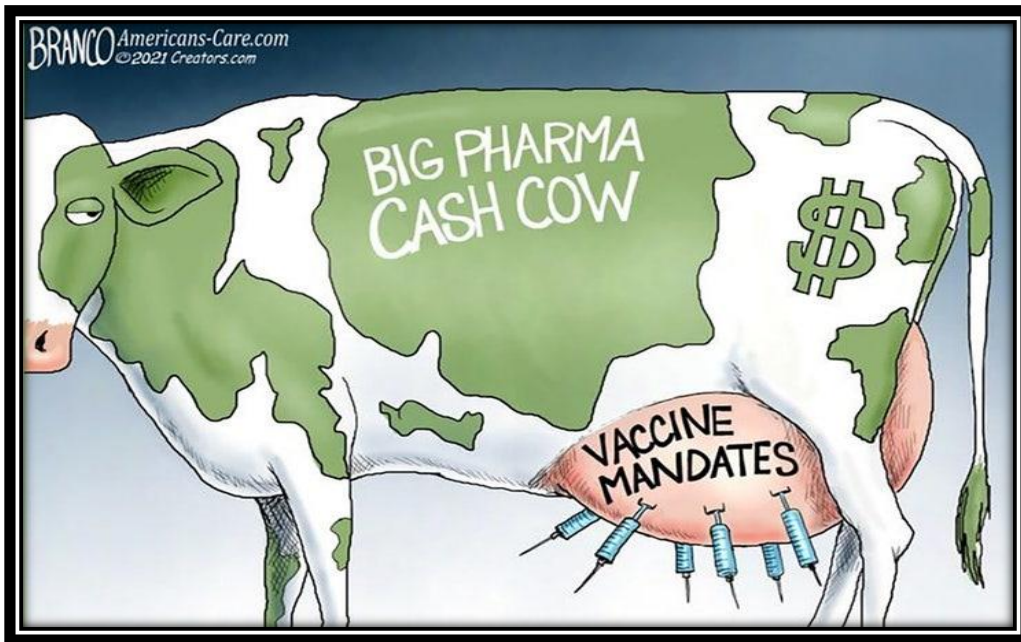
¹³⁶ Brian Platt, "Banks Freeze Millions in Convoy Funds Under Trudeau Edict," Bloomberg, February 22, 2022. <https://www.bloomberg.com/news/articles/2022-02-22/convoy-leader-denied-bail-as-canadian-officials-warn-of-unrest>

CHAPTER III

ETHICAL CONUNDRUMS



Source: Dilbert by Scott Adams. Retrieved on 14 December 2021.
<https://www.msn.com/en-us/entertainment/comics/dilbert-by-scott-adams/ss-AARLHcK?ocid=entnewsntp&pc=U531&fullscreen=true&pfr=1#image=1>



Source: Fox News, Political Cartoon of the day. 2 December 2021. Retrieved 4 December 2021.
<https://www.foxnews.com/politics/cartoons-slideshow>

Introduction

This chapter explores various aspects of the global genetic bioweapons industry through the lenses of the four major ethical theories: deontology (duty), utilitarianism (consequences), rights, and virtue. The two primary biotechnologies discussed in this chapter are virus GoF research and vaccines. These two biotechnologies have a symbiotic relationship mainly because the enduring justification for conducting virus GoF research is the development of new vaccines. Vaccines are products manufactured by privately owned (for profit) pharmaceutical companies. The key words are “product” and “for profit.” Thus, vaccines are researched, developed, manufactured, distributed, and marketed like any other product. Plus, despite the perceived or real humanitarian aspects of most vaccines, the actual purpose of any business that manufactures and sells a product is to make money. This chapter highlights some of the financial facts related to the COVID-19 gene therapy that was strategically marketed by the pharmaceutical industry (with a great deal of help from governments, the media, non-profits, the medical industry, and social media platforms) as a vaccine. In the case of the COVID-19 pandemic, the magical potion vaccine was the only proposed solution to a man-made (and patented) virus problem.

This chapter also explains and analyzes some of the ethical implications pertaining to the widespread censorship of any information that countered the ruling class’s scripted and planned narratives during the COVID-19 pandemic. Historically, cancel culture has proven to be a dress rehearsal for mass murder and exterminations. Examples of the pervasive cancel culture throughout the free world during the COVID-19 pandemic include the de-platforming from social media of a president of the United States while still in office and the demonizing of any medical professional who provided scientific evidence that was contrary to the vaccine as the only solution narrative (i.e. America’s Front Line Doctors, Dr. Robert Malone, Dr. Ox, etc.).

Big Pharma

The next time that you watch either the local or national mainstream nightly news, pay attention to the commercials and advertisements. You will quickly notice that over 70% of advertising on America's major news outlets are pharmaceutical commercials.¹³⁷ Also notice that nearly every legalized drug cartel commercial provides a long list of possible side-effects and medical conditions. Hence, each Big Pharma drug commercial is evidence that every human reacts to drugs and medical treatments differently, and that there has never been a one-size-fits-all drug solution in human history until the elite class presented the COVID-19 vaccine being the only solution narrative and textbook logic fallacy. At a minimum, awareness of the pharmaceutical commercials while consuming media enlightens the reality that Big Pharma's annual advertising budget in America is \$9.6 billion.¹³⁸ If you owned a media outlet, would you report information that hurt the bottom line of the industry that paid 70% of your revenue?

For anyone curious about the topic of corporate ethics, websites such as the Corporate Research Project, Good Jobs First, and Violation Tracker are some of the best resources for quickly finding information on companies that have been fined by governmental agencies and/or found guilty of violations in either state or federal courts.¹³⁹ These sites provide reports on corporate violations such as short changing workers, tax evasion, bribery, cheating and defrauding the government or consumers, price fixing, harming the environment, health and safety violation, governmental contracting violations, unfair labor practices, and much more. As

¹³⁷ Joseph Mercola, Ronnie Cummins, and Robert F. Kennedy. *The Truth about COVID-19: Exposing the Great Reset, Lockdowns, Vaccine Passports, and the New Normal*. White River Junction, Vermont: Chelsea Green Publishing, 2021.

¹³⁸ Ibid

¹³⁹ Philip Mattera, "Corporate Research Project." Accessed February 5, 2022. <https://www.corp-research.org/corporaterapsheets>.

of January 2022, there are a total of seven companies that have paid out over a billion dollars just for violations against the False Claims Act, and that is only accounting for data maintained by the U.S. Department of Justice going back to the year 2000.¹⁴⁰ Six of the top seven False Claims Act violators are the following pharmaceutical and healthcare companies: Tenet Healthcare, HCA Healthcare, Takeda Pharmaceutical, DaVita HealthCare Partners, Pfizer, and Viatrix, and one is in the banking industry (Wells Fargo).¹⁴¹ Figure 11 provides an overview of the ethical violation categories and fines that Pfizer has paid since 2000.

Figure 11: Pfizer Violation Tracker since 2000

Violation Tracker Parent Company Summary		
Parent Company Name: Pfizer		
Ownership Structure: publicly traded (ticker symbol PFE)		
Headquartered in: New York		
Major Industry: pharmaceuticals		
Specific Industry: pharmaceuticals		
Penalty total since 2000: \$10,193,896,333		
Number of records: 75		
Top 5 Offense Groups (Groups Defined)	Penalty Total	Number of Records
safety-related offenses	\$5,637,014,255	15
healthcare-related offenses	\$3,373,675,000	10
government-contracting-related offenses	\$1,109,688,435	19
competition-related offenses	\$63,466,568	6
environment-related offenses	\$4,571,885	19
Top 5 Primary Offense Types	Penalty Total	Number of Records
drug or medical equipment safety violation	\$5,636,840,000	9
off-label or unapproved promotion of medical products	\$3,373,675,000	10
False Claims Act and related	\$1,109,688,435	19
Foreign Corrupt Practices Act	\$60,216,568	3
environmental violation	\$4,571,885	19

Source: <https://violationtracker.goodjobsfirst.org/parent/pfizer>

¹⁴⁰ Philip Mattera, "Corporate Research Project." Accessed January 5, 2022. <https://www.corp-research.org/corporaterapsheets>. Violations Tracker is a database and search engine (that was last updated February 2017) on corporate misconduct based on cases resolved by federal regulatory agencies and cases from state AGs and selected state regulatory agencies. Offence type search "False Claims Act and related" conducted. <https://www.goodjobsfirst.org/violation-tracker>

¹⁴¹ Ibid

Pfizer has paid over \$10 Billion in fines during the last twenty years which equates to about \$57,000.00 an hour in fines and court rulings. Yet, large portions of people living throughout the free world blindly place their faith, hope, and trust in Pfizer and in Big Pharma's experimental COVID-19 vaccine. Pfizer has been found guilty of human rights violations, fixing prices, falsifying manufacturing records, misleading marketing campaigns, misleading statements in medical journal advertisements, bribing doctors, dumping toxic waste, making false statements to the U.S. Patent office, hiding dangerous side effects about drugs and products (i.e. faulty heart valves), and a long list of other ethical and legal violations.¹⁴²

One of the most noteworthy Pfizer human rights cases is a 2011 settlement for an undisclosed amount based on a lawsuit initiated by Nigerian medical experts accusing Pfizer of testing experimental drugs on Nigerian kids. In 2009, Pfizer tried to settle that case out of court by agreeing to pay \$75 million.¹⁴³ However, the Pfizer legal case that is most applicable to the scope of this research project is an American worker safety related lawsuit. "In 2010 a federal jury awarded \$1.37 million to a former Pfizer scientist who claimed she was sickened by a genetically engineered virus at a company lab and was then fired for raising safety concerns."¹⁴⁴ Shortly after that lawsuit was filed, Pfizer moved that virus GoF laboratory to Wuhan, China. Pfizer noted "that its Wuhan operation will liaise with local research institutes and universities utilizing the rich resources of local talent and existing industry capabilities to develop research collaborations and that Shanghai will remain the operation hub of Pfizer's R&D effort."¹⁴⁵

¹⁴² Philip Mattera, "Corporate Research Project." "Pfizer: Corporate Rap Sheet" Accessed February 3, 2022. <https://www.corp-research.org/corporaterapsheets>.

¹⁴³ Ibid

¹⁴⁴ Andrew Pullack, and Duff Wilson, "A Pfizer Whistle-Blower is Awarded \$1.4 Million." The New York Times, April 2, 2010. <https://www.nytimes.com/2010/04/03/business/03pfizer.html>.

¹⁴⁵ Kevin Grogan, "Pfizer to Build R&D Facility in Wuhan, China." Pharma Times, November 25, 2009. https://www.pharmatimes.com/news/pfizer_to_build_r_and_d_facility_in_wuhan_china_984211.

As of November 2021, the pharmaceutical companies of Moderna, Pfizer, and BioNTech (i.e. the makers of the two most popular coronavirus vaccines in the free world) were making a combined \$65,000 in profits every minute of every day “which amounts to roughly \$1,083 per second, \$64,961 per minute, or \$3.9 million per hour.”¹⁴⁶ Pfizer and its Germany based partner BioNTech received some backlash during the summer of 2021 for only providing their coronavirus vaccine to high income countries despite receiving millions of taxpayer funding from both the United States and Germany to help develop the vaccine.¹⁴⁷ According to a representative from the People’s Vaccine Alliance, “Pfizer, BioNTech, and Moderna have used their monopolies to prioritize the most profitable contracts with the richest governments, leaving low-income countries out in the cold.”¹⁴⁸ “It is obscene that just a few companies are making millions of dollars in profit every single hour while just two percent of people in low-income countries have been fully vaccinated against coronavirus.”¹⁴⁹

For most American’s the COVID-19 vaccines and booster shots have been free. Well, the vaccine shots have been free to the individuals receiving the shots, but the federal government has been paying for these shots using tax dollars. In addition, the state and federal governments along with some help from insurance companies, have also been paying for the COVID-19 test kits and tests. The U.S. government has been in the business of funding vaccines long before the COVID-19 pandemic. Governmental vaccine funding takes several forms. For example, the Biomedical Advanced Research and Development Authority (BARDA) which is a

¹⁴⁶ Jake Johnson, "Obscene: Pfizer, BioNTech, and Moderna are Raking in \$3.9 Million in Profits Per Hour." Common Dreams, November 17, 2021. <https://www.commondreams.org/news/2021/11/17/obscene-pfizer-biontech-and-moderna-are-raking-39-million-profits-hour>.

¹⁴⁷ Ibid

¹⁴⁸ Ibid

¹⁴⁹ Ibid

part of the U.S. Department of Health and Human Services uses grants to fund vaccine research, virus tests, vaccines, and therapeutics.¹⁵⁰ “BARDA has given U.S. medical companies billions of dollars for vaccine research (such as for a HIV vaccine) well before COVID, including hundreds of millions to help create the mRNA experimental gene therapy platform.¹⁵¹

Just on the COVID-19 issue, BARDA has given billions to the pharmaceutical companies of Pfizer, Moderna, Janssen (part of Johnson & Johnson), Sanofi, AstraZeneca, Novavax, and Merck.¹⁵² As of 4 December 2021, BARDA has spent over \$19 billion on vaccines. BARDA has paid Moderna \$9 billion and Pfizer over \$10 billion for the COVID-19 vaccines.¹⁵³ Pfizer charged the U.S. government \$19.50 for each vaccine dose, and Moderna charged \$15 per dose.¹⁵⁴ Moderna is an 11-year-old company, and the company has never gotten a product to market prior to the FDA approving the Moderna vaccine for emergency use. Whereas the pharmaceutical giant Pfizer has been around for 172 years and is one of the predominant drugmakers in the world.¹⁵⁵ Of course, pharmaceutical companies sell their products to other nations around the world, and the U.S. government is not the only COVID-19 vaccine customer for both Pfizer and Moderna. Yet, it is important to emphasize the fact that the COVID-19 emergency use vaccine has been Moderna’s only product to ever go to market. Meaning that other than federal grants to research and produce the vaccine, the COVID-19 vaccine is the only source of revenue for Moderna. Figure 12 shows the weekly stock price for Moderna (stock

¹⁵⁰ Serwer, A. and Zahn, M. "Guess Who Pays for all those Millions of COVID-19 Vaccines." Yahoo Finance, December 4, 2021. <https://finance.yahoo.com/news/guess-who-pays-for-all-those-millions-of-covid-vaccines-105713330.html?guccounter=1>.

¹⁵¹ Ibid

¹⁵² Ibid

¹⁵³ Ibid

¹⁵⁴ Ibid

¹⁵⁵ Ibid

symbol MRNA) during 2021 which nearly reach \$500 a share in early August. Did you notice the correlation between Moderna's stock symbol and the mRNA vaccine? You can also see a direct correlation with Moderna's stock price increase accompanying governmental vaccine mandates along with a stock price decrease immediately following a judicial branch decision in November that directly questioned the constitutionality of mandating an experimental gene therapy (messenger RNA therapy marketed as a vaccine) on American citizens.

Figure 12: Moderna 2021 stock price chart



Source: NASDAQ. <https://www.tradingview.com/chart/?symbol=NASDAQ%3AMRNA>

What would happen if the solution to a virus problem was demonetized? Again, the SARS-CoV-2 virus is a manmade problem created by taxpayer funded virus GoF research. Big Pharma has paid billions in fines and in court decisions due to unquestionable moral and ethical violations. Yet, Big Pharma is still getting government contracts and governmental endorsements. It would be naive to think that Big Pharma is not directly influencing governmental decisions by contributing hundreds of millions in political donations. Plus, as mentioned in Chapter II, the elite ruling class are the primary owners of Vanguard Group and BlackRock which (maybe just by coincidence) are the top shareholders of the largest pharmaceutical companies in the free world.

While twenty million Americans lost their jobs and small businesses were forced to close during the COVID-19 pandemic, “the net worth of roughly 650 billionaires in America increased by more than \$1 trillion.”¹⁵⁶ What are the ethical implications pertaining to American politicians buying pharmaceutical stocks while governments attempt to mandate vaccines (a Big Pharma product), while governments financially incentivize the medical community to push vaccines, and while governments pay for vaccine commercials? Big Pharma stocks rank in the top ten stocks owned by Congress members.¹⁵⁷ “Out of the 433 members of Congress that have reported their financial information publicly, over half of them are millionaires.”¹⁵⁸ Many of America’s (elected) political ruling class are actually lower level members of the global ruling class. “In fact, there are over 50 members of Congress with a net worth of \$10,000,000 or more.”¹⁵⁹

¹⁵⁶ Chase Withorn, "How Much Money America’s Billionaires have made during the COVID-19 Pandemic," Forbes, April 30, 2021. <https://www.forbes.com/sites/chasewithorn/2021/04/30/american-billionaires-have-gotten-12-trillion-richer-during-the-pandemic/?sh=7fdcee5cf557>.

¹⁵⁷ Jacob Wade, "The most Popular Stocks Owned by Congress," Investing Answers, May 16, 2021. <https://investinganswers.com/articles/10-most-popular-stocks-owned-congress>.

¹⁵⁸ Ibid

¹⁵⁹ Ibid

House Speaker Nancy Pelosi argues that “we’re a free market economy” and she opposes banning Congress from participating in the stock market while Congress passes legislation that directly impacts America’s economy and the earnings of the corporations that politicians own stock in.¹⁶⁰ By definition, this dynamic is called legalized insider trading, and serves as an example of how the elite ruling class make the rules for the rules based economic game.

Figure 13 captures the details on the most popular stocks owned by Congress in 2021. It is important to note that Pfizer and Johnson & Johnson were on the top ten list in 2008 but were replaced by Apple and Wells Fargo in 2014. However, both Big Pharma companies were back on Congress’ top ten owned stocks list in 2021 during the scripted vaccine is the only solution COVID-19 pandemic.

Figure 13: 10 Most Popular Stocks Owned by Congress in 2021

Organization	Total Investors	Minimum Investment	Maximum Investment
Apple Inc	79	\$9,654,688	\$38,853,590
Microsoft Corp	66	\$6,777,342	\$23,462,249
Bank of America	59	\$2,146,215	\$5,659,133
Walt Disney Co	52	\$2,124,962	\$8,104,907
AT&T Inc	49	\$1,222,407	\$2,821,355
Pfizer Inc	47	\$2,630,444	\$8,206,395
Johnson & Johnson	47	\$2,545,111	\$4,688,062
General Electric	47	\$647,604	\$1,390,563
Exxon Mobil	45	\$6,688,238	\$23,178,183
Alphabet Inc	45	\$2,656,348	\$6,543,273

Source: Wade, Jacob. The Most Popular Stocks Owned by Congress. Investing Answers. 16 May 2021. <https://investinganswers.com/articles/10-most-popular-stocks-owned-congress>

¹⁶⁰ Dan Mangan, "House Speaker Nancy Pelosi Opposes Banning Congress Members from Owning Individual Stocks," CNBC, December 16, 2021. <https://www.cnbc.com/2021/12/15/house-speaker-nancy-pelosi-opposes-banning-stock-buys-by-congress-members.html>.

Why was an experimental gene therapy (aka vaccine) pitched and prescribed as safe? The best answers to this ethical question are related the fact that the vaccine has been so profitable for the members of the ruling class. What comes first, public safety or profits? Perhaps the public safety narratives are just a camouflaged justifications for steps toward totalitarianism? The pharmaceutical companies and their stock owners are making billions from the COVID-19 vaccines and tests. Hospitals, physicians, and pharmacies are getting higher reimbursement rates from Medicare and Medicaid in a taxpayer funded push of the COVID-19 vaccines.¹⁶¹ In 2015, American “doctors received payments from the pharmaceutical and medical device industries amounting to \$2.4 billion.¹⁶² It will be interesting to discover how much Big Pharma gave to doctors and to the medical industry during the COVID-19 pandemic.

How has Big Pharma incentivized and enforced the vaccine as the only solution to a virus problem marketing strategy? A Big Pharma product that when asked, most medical professions are not able to explain exactly how the gene therapy (marketed as a vaccine) works after injected into the human body. Not to mention the fact that only Big Pharma knows the exact ingredients in the vaccines. Plus, most media outlets, governmental officials, and other mouth pieces of the “vaccine is the only solution” narrative continue to maintain apathy and ignorance about the extensively documented side effects of the vaccine, and about the actual effectiveness of the vaccine. On 17 December 2021, the CDC reported that 79% of people testing positive for the Omicron variant of the SARS-CoV-2 virus were fully vaccinated (based on the CDC’s two dose

¹⁶¹ Susan Morse, "Providers Get Greater Reimbursement for COVID-19 Vaccine," Healthcare Finance, March 16, 2021. <https://www.healthcarefinancenews.com/news/providers-get-greater-reimbursement-covid-19-vaccine>.

¹⁶² Dennis Thompson, "Survey Reveals How Many Doctors Receive Money, Gifts from Drugmakers," CBS News, May 3, 2017. <https://www.cbsnews.com/news/doctors-receive-money-gifts-from-drugmakers-pharmaceutical-companies/>.

definition for “fully vaccinated” at that point in time).¹⁶³ Furthermore, the CEO of Pfizer stated “the two doses, they’re not enough for omicron,” and that the “two-dose vaccine does not provide robust protection against infection and its ability to prevent hospitalization has also declined, and that the third shots (the booster shots) are providing good protection against death, and decent protection against hospitalization.”¹⁶⁴ Hence, the CEO of the company selling the product admitted that the vaccine does not do what it was marketed to do. Initially, about a year prior to the Omicron variant, the vaccine was alleged to stop transmission such as Rachel Maddow’s claim on 29 March 2021 that “now we know that the vaccine works well enough that the virus stops with every vaccinated person.”¹⁶⁵ Hopefully in hindsight, more people will realize that they were lied to about the effectiveness of an experimental gene therapy that was marketed as a vaccine. Another COVID-19 vaccine issue that has significant long term ethical and legal implications pertains to how the actual side effects of the vaccine have been intentionally hidden from the public.

Vaccine injuries have and do happen. As of December 2018, The National Vaccine Injury Compensation Program of Health and Human Services (HHS) awarded more than \$4 billion for vaccine injuries since 1988.¹⁶⁶ America’s vaccine injury compensation program resulted from the National Childhood Vaccine Injury Act of 1986 as “an alternative to traditional

¹⁶³ CDC COVID-19 Response Team. "Morbidity and Mortality Weekly Report: SARS-CoV-2 B.1.1.529 (Omicron) Variant- United States." 2021, (December 1-8, 2021): 1732. <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7050e1-H.pdf>.

¹⁶⁴ Spencer Kimball, "Pfizer CEO Says Two Covid Vaccine Doses Aren't enough for Omicron." CNBC, January 10, 2022. <https://www.cnbc.com/2022/01/10/pfizer-ceo-says-two-covid-vaccine-doses-arent-enough-for-omicron.html>.

¹⁶⁵ Courtney O’Brien, "Viewers Demand Apology From MSNBC, Rachel Maddow for Previous COVID Vaccine Comments," Fox News, December 28, 2021. <https://www.foxnews.com/media/social-media-users-demand-apology-msnbc-rachel-maddow-vaccines>.

¹⁶⁶ Eli Wolfe, "Federal Vaccine Court Quietly Pays Out Billions," Fair Warning News, December 12, 2018. <https://www.fairwarning.org/2018/12/vaccine-court-pays-billions/>.

products liability and medical malpractice litigation for persons injured by their receipt of one or more of the standard vaccines.”¹⁶⁷ The COVID-19 vaccines do not fall within the “standard” vaccine category, because they were authorized for emergency use and because they do not have over 30 years of efficacy data to support the claim that they do what their manufactures say they do such as in the case of the “standard” vaccines that protect against the following: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, varicella, Hemophilus influenzae type b, rotavirus, pneumococcal, conjugate, trivalent influenza, meningococcal conjugate and human papillomavirus.¹⁶⁸

The Public Readiness and Emergency Preparedness Act (PREP Act) was passed in 2005, and this law authorizes the Secretary of the Department of Health and Human Services (HHS) to issue a PREP Act Declarations. In March 2020, the HHS Secretary issued a PREP ACT Declaration “covering COVID-19 tests, drugs, and vaccines providing liability protections to manufacturers, distributors, states, licensed healthcare professionals, and others identified by the HHS Secretary.”¹⁶⁹ Therefore, Big Pharma and the medical industry are not liable for any adverse side effects from the COVID-19 experimental vaccines or faulty tests. From a business model perspective, kudos to both Big Pharma and the ruling class for setting up the conditions that allow them to generate significant profits selling experimental products liability free.

¹⁶⁷ The United States Department of Justice, "Vaccine Injury Compensation Program," <https://www.justice.gov/civil/vicp>.

¹⁶⁸ Ibid

¹⁶⁹ The United States Department of Health and Human Services, "PREP Act Immunity Form Liability for COVID-19 Vaccinators," <https://www.phe.gov/emergency/events/COVID19/COVIDvaccinators/Pages/PREP-Act-Immunity-from-Liability-for-COVID-19-Vaccinators.aspx>.

Mandated Experimental Vaccines

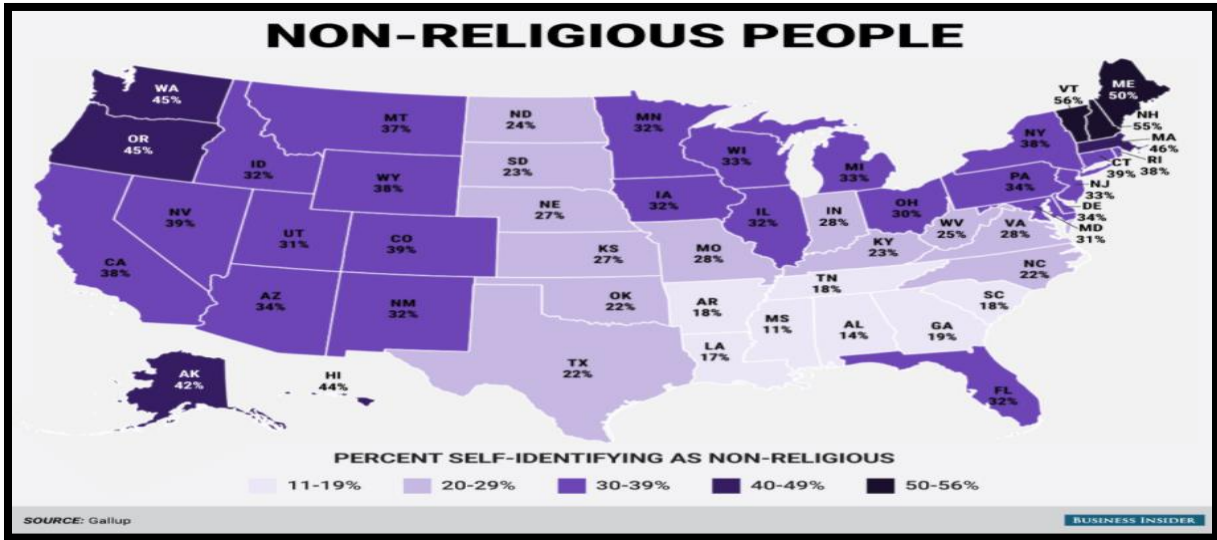
Despite the experimental nature of the new biotechnology called mRNA vaccines (aka gene therapies that were marketed as vaccines), some governments and corporations throughout the free world have attempted to mandate the act of injecting Big Pharma experimental products into autonomous human bodies. Making the COVID-19 vaccines mandatory changes the ethical and legal landscape on this emerging technology issue. In attempts to mitigate some of the ethical and legal dynamics, governmental agencies and ruling class owned corporations claim to offer medical and religious exemptions for mandated vaccines. However, few (if any) exceptions have been approved. For example, seven months after the Secretary of the Department of Defense made the experimental COVID-19 vaccines mandatory for all members of America's military, the United States Army had not yet approved a single religious exemption request. The constitutionality of requiring Americans to participate in a mass medical experiment is under review, and as of February 2022, the U.S. Supreme Court opinions and lower level court rulings have been mixed. Specific to mandated vaccines for America's uniformed military members, a federal judge in Texas ruled "our nation asks the men and women in our military to serve, suffer, and sacrifice....But we do not ask them to lay aside their citizenry and give up the very rights they have sworn to protect."¹⁷⁰ Another federal judge in Georgia "ruled that an anonymous Air Force officer does not have to receive a COVID-19 vaccine, despite the military's vaccine mandate, because of her religious beliefs."¹⁷¹

¹⁷⁰ Jon Brown, "Judge Issues Stay Against Vaccine Mandate for Navy SEALs Seeking Religious Exemption," Fox News, January 3, 2022. <https://www.foxnews.com/politics/judge-issues-stay-against-vaccine-mandate-for-navy-seals-seeking-religious-exemption>.

¹⁷¹ Ellie Kaufman, "Federal Judge Rules Air Force Officer does Not have to Receive Covid-19 Vaccine." CNN, February 16, 2022. <https://www.cnn.com/2022/02/16/politics/air-force-officer-vaccine-mandate/index.html>.

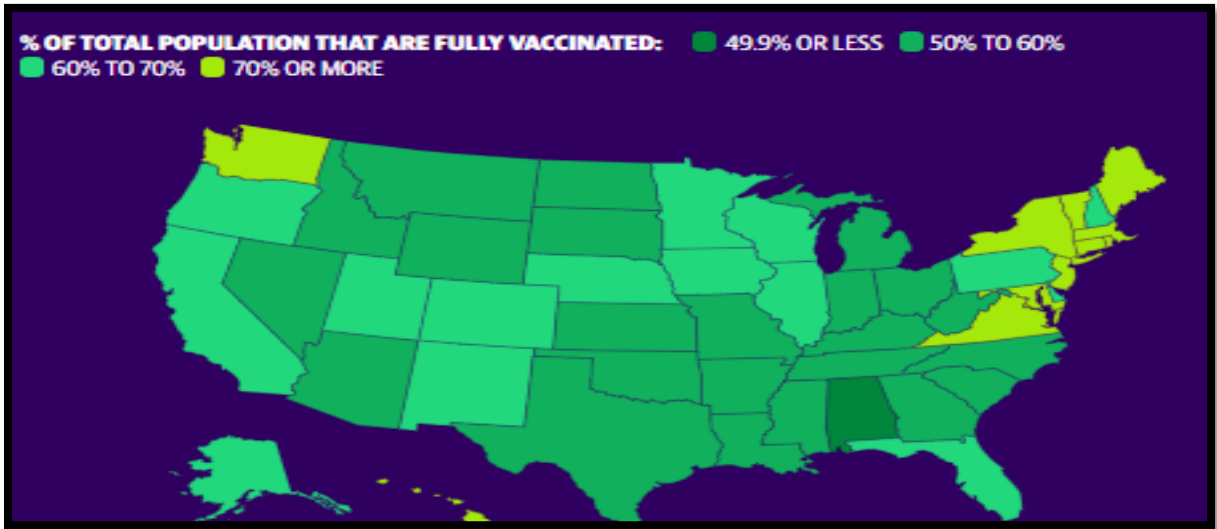
Figures 14 and 15 capture an interesting and important correlation between the two topics of the COVID-19 vaccine and religiosity. The states that have higher levels of non-religious people also tend to have higher levels of experimental mRNA vaccine participation.

Figure 14: Non-Religious People by State



Source: Kiersz, Andy. Here’s how many non-religious people are in each US state. Insider. 9 February 2016. <https://www.businessinsider.com/which-states-are-most-religious-gallup-2016-2>

Figure 15: Percentage of Vaccinated People by State



Source: Belmonte, Adriana. Former Biden health policy advisor blames all sorts of lies for U.S. vaccine drive sputtering. Yahoo Finance. 6 February 2022. <https://www.msn.com/en-us/news/politics/former-biden-health-policy-advisor-blames-all-sorts-of-lies-for-u-s-vaccine-drive-sputtering/ar-AATwTRX?ocid=entnewsntp&pc=U531>

Faith is the variable that helps to explain the correlation between levels of religiosity and American's willingness to participate in the mass mRNA gene therapy experiment. "For we live by faith, not by sight." When the Apostle Paul wrote that II Corinthians 5:7 verse, he had Christians in mind. However, Paul's wisdom applies to everyone because everyone lives by faith. Everyone's life is a journey that has a start point and a final destination. There are choices that can be made during life that directly influence the quality and destination of the journey. The choices that we make on our lifelong journey are controlled by what we believe, especially what we believe pertaining to the ultimate meaning and purpose of life and what we place faith in. Universally, many of our beliefs are born of faith in what we cannot see, rather than in what we can see. For example, those willing to place their faith in man-made icons (such as The Science, Big Pharma, governments, the medical system, mass media, celebrities, and/or the ruling class) volunteered to participate in the mass COVID19 mRNA vaccine experiment without a clear understanding of what was in the vaccine nor exactly how the product worked inside the human body. Whereas others throughout the free world did not concur with the "magical vaccine is the only solution" logic fallacy nor did they place their faith in the ruling class narratives of the day, and instead choose to participate in the mass vaccine experiment as members of the control group. Regardless, everyone living in the free world participated in the mass experiment, and prior to vaccine mandates, the fundamental ethical questions centered on faith and what each individual placed their faith in. Do you place your faith in your God given immune system that served you and all your ancestors well, or do you place your faith in the man-made mRNA experimental Big Pharma product? Thus, the journey of life is a walk of faith, not sight. Do you place your faith in God, or do you place your faith in an idol or a God-substitute such as "The Science" of experimental gene therapies and other biotechnologies?

As of 2 October 2021, Gibraltar was the most vaccinated country in the world with 119% of its eligible population vaccinated.¹⁷² This small British territory on Spain's southern coast has a population of 33,679. The reason that Gibraltar's vaccine rate was 119% was because all their foreign workers were also required to get vaccinated. The intent of this early October news article on Gibraltar was to argue that that the vaccine worked to mitigate the negative effects of COVID-19. Hence, an example of an isolated "herd immunity."¹⁷³ However, on 12 November 2021, the government of Gibraltar reported "the steady increase in active cases of COVID-19 that Gibraltar experienced throughout October continued into November, and has become even more exponential in the last few days."¹⁷⁴ The Gibraltar government cancelled all their official Christmas parties and similar gatherings, mandated mask wearing, recommended social distancing, and set the stages for more contact tracing. Fundamentally, all the same measures that were required prior to the vaccine. Thus, the primary question is when does the infringements on individual liberties and freedoms actually end? Are the COVID-19 mitigation measures about public health, or are all the draconian measures about compliance and control?

Now that the preponderance of the facts clearly indicates that the COVID-19 experimental mRNA vaccines do not prevent transmission of the lab generated SARS-CoV-2 virus, the "vaccine as the only solution to a virus problem" narrative is slowly falling apart. Public health and saving lives were the primary justifications for issuing free COVID-19 vaccines. Yet, where was the free insulin for diabetics, free vitamins, and free gym memberships

¹⁷² Alex Turner-Cohen, "Most Vaxed Country Jabbed 119 Per Cent of its Eligible Population," News.Com.Au, October 2, 2021. <https://www.news.com.au/world/coronavirus/global/most-vaxxed-country-jabbed-119-per-cent-of-its-eligible-population/news-story/28dbee5fbb5a821cdf24f4a25036280>.

¹⁷³ Ibid

¹⁷⁴ HM Government of Gibraltar, "Rise in Active COVID-19 Cases; Public Urged to be Cautious and Reduce Mixing," <https://www.gibraltar.gov.gi/press-releases/rise-in-active-covid-19-cases-public-urged-to-be-cautious-and-reduce-mixing-8452021-7433>.

to promote healthy lifestyles and mitigate comorbidities? Ironically, while the American government was handing out free COVID-19 vaccines, the price of insulin increased during 2021 over 500%.¹⁷⁵ On 10 January 2022, the CDC Director Rochelle Walensky stated that of the COVID-19 fatalities in America during the pandemic “the overwhelming number of deaths, over 75%, occurred in people who had at least four comorbidities.”¹⁷⁶ The CDC Director also stated that “up to 40% of the hospitalizations with Covid are not because of Covid.”¹⁷⁷ Those type of statements would have been heresy (aka misinformation, conspiracy theory, anti-vaccine rhetoric, etc.) for anyone that asked logical and reasonable questions about the fear porn broadcasted by ruling class owned media and news outlets during 2020 thru 2021. Most people realize that it takes weeks to get death certificates and for the medical community to determine the exact cause of death, but seemly few people questioned how media outlets like CNN were able to generate up to the minute daily COVID-19 death numbers during the pandemic. However, anyone that reads the script for Event 201 discussed in Chapter I, knows that the ruling class showed the free world their playbook prior to the pandemic starting. Plus, anyone who reads the 2017 version of SPARS Pandemic 2025-2028 knows the ruling class plans (the playbook) and scripted narratives as reports of the negative side effects associated with the experimental COVID-19 vaccines gain traction.¹⁷⁸

¹⁷⁵ Peter O’Dowd, "Why is the Cost Insulin so High? the Drug’s Hefty Price Tag, Explained," WBUR, December 10, 2021. <https://www.wbur.org/hereandnow/2021/12/10/insulin-drug-prices>.

¹⁷⁶ Tim Hains, "CDC Director Wilensky: 75% of Covid Deaths had at Least 4 Comorbidities," Real Clear Politics, January 10, 2022. https://www.realclearpolitics.com/video/2022/01/10/cdc_director_rochelle_walensky_75_of_covid_deaths_had_at_least_4_comorbidities.html#!.

¹⁷⁷ Ibid

¹⁷⁸ John Hopkins Bloomberg School of Public Health. "SPARS Pandemic 2025-2028," <https://www.centerforhealthsecurity.org/our-work/Center-projects/completed-projects/spars-pandemic-scenario.html>. A pandemic exercise conducted in 2017 that outlines all phases of the plan on how to introduce a mass experimental vaccine.

In January 2022, Senator Ron Johnson held a panel discussion on COVID-19 “with world renowned doctors and medical experts who provided a different perspective on the global pandemic response.”¹⁷⁹ This roundtable was called “COVID-19: A Second Opinion,” and the topics discussed were “early treatment, hospital treatment, vaccine efficacy and safety, what went right, what went wrong, what should be done now, and what needs to be addressed long term.”¹⁸⁰ Figure 16 is a chart shown during this Congressional event. The data for this chart is from the FDA Adverse Event Reporting System (FAERS System) and the Vaccine Adverse Effect Reporting System (VAERS). The fact that the experimental COVID-19 vaccines have killed 22,193 and injured over a million in 13 months does not get attention by the ruling class’s media outlets or by the government officials who are serving as puppets of the ruling class.

Figure 16: Drug and Vaccine Adverse Event Comparison Chart

DRUG ADVERSE EVENT COMPARISON			
FDA AND CDC DATA: WORLDWIDE			
	Adverse events	Deaths	Deaths/year
<i>1/1/1996 – 9/30/2021:</i>			
Ivermectin	3,756	393	15
HCQ	23,355	1,770	69
Flu vaccines	197,816	2,001	77
Dexamethasone	83,599	15,910	618
Tylenol	112,244	26,356	1,024
<i>Since 2020:</i>			
Remdesivir	6,504	1,612	921
<i>In 13 months:</i>			
Covid vaccines	1,053,830	22,193	20,175

FDA FAERS system, CDC VAERS system. Reports from all locations worldwide. Data as of Jan. 14, 2022; downloaded Jan. 21, 2022.

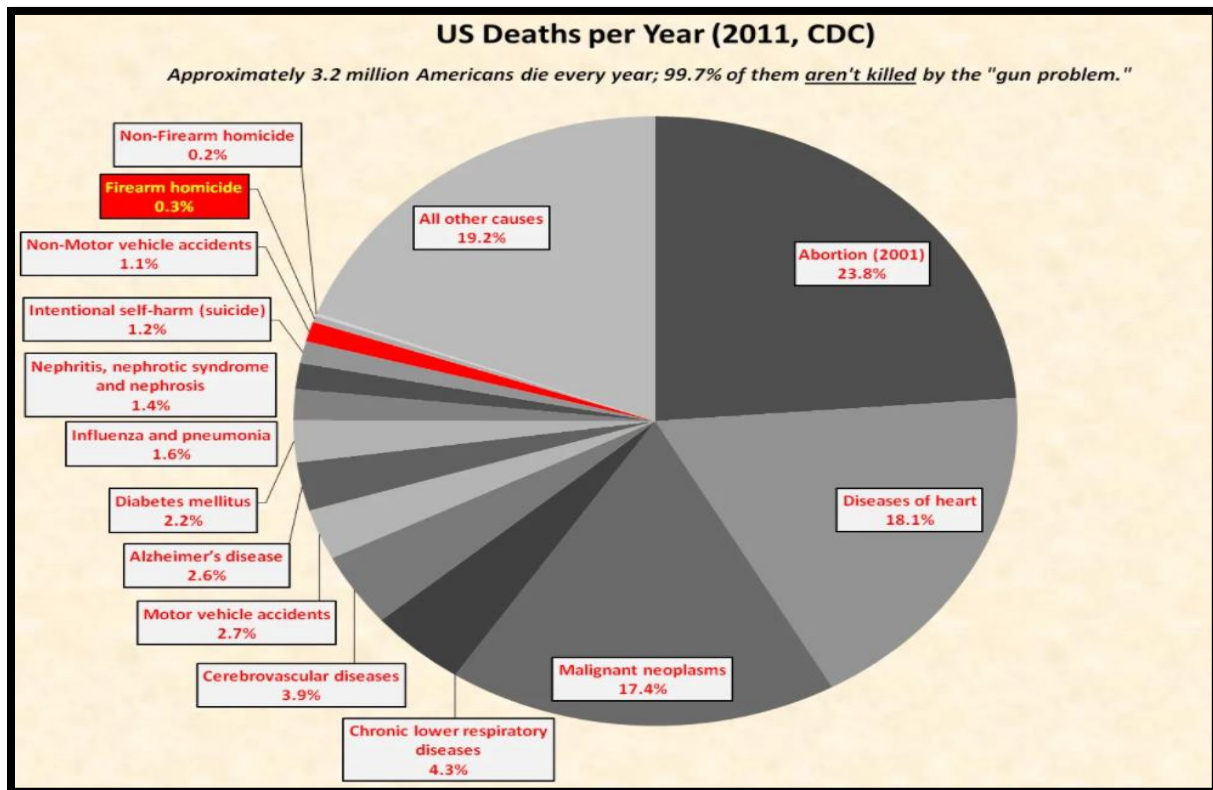
Source: Johnson, Ron. U.S. Senator For Wisconsin. On Mandates: COVID-19: A Second Opinion. Retrieved 20 February 2022. <https://www.ronjohnson.senate.gov/vaccine-side-effects-and-mandates>

¹⁷⁹ Ron Johnson, "On Mandates: COVID-19: A Second Opinion." Accessed February 20, 2022. <https://www.ronjohnson.senate.gov/vaccine-side-effects-and-mandates>.

¹⁸⁰ Ibid

It is challenging to determine exactly how many Americans have died from the patented GoF virus called SARS-CoV-2. However, the fact that abortion was the number one killer of Americans prior to the COVID-19 pandemic, during the pandemic, and probably long after the pandemic is another important ethical topic that does not resonate in the ruling class owned nightly news. Figure 17 captures the major causes of death in America prior to the COVID-19 pandemic. This chart also highlights a topic that actually does stay in the media headlines, and this scripted topic pertains to gun control and the 2nd Amendment to the Constitution. If you were a member of the elite ruling class (the 1%), then would you want the masses armed?

Figure 17: Major Causes of Death in America (2011)



Source: Debunk House: Geology and Geophysics vs Enviromarxism. Abortion to Firearm Homicide Ratio = 71:1 and we have a gun problem? The data used in this chart is from a CDC report. Retrieved 20 February 2022. <https://debunkhouse.wordpress.com/2013/01/31/abortion-to-firearm-homicide-ratio-711-and-we-have-a-gun-problem/>

The 4Gs of Moral Authority Model (God, Government, Group, Ganster)

The 4Gs of Moral Authority is a philosophical model that works to explain diverse moral perspectives on controversial topics such as abortion, human rights, public health, security, safety, individual rights, faith, weaponized fear, gun ownership, censorship, climate change, and freedom. The 4Gs model asserts that there are four sources of authority that determine the foundation of an individual's moral perspective (aka moral lens). The four sources of authority serve as magnetic north for the moral compass of individuals, groups, organizations, and nations. The model also works to explain the "except for when" phenomenon that universally occurs when ethical perspectives are applied to the real-world. An example of this phenomenon is the moral perspective that physical violence is bad and should be avoided "except for when" violence is justifiable (i.e. war, capital punishment, self-defense). Another example would be the moral perspective that it is wrong to force something into another human's body (i.e. rape, medical experiments conducted in WWII concentration camps, etc.) "except for when" the action pertains to public health (i.e. experimental vaccine mandates in the free world).

The 4Gs model centers on the concepts of authority and power by focusing on the who (or what) authority an individual or a group of individuals recognize as legitimate and having real power. Hence, an individual with a secular mindset probably does not recognize the legitimacy of God's authority, nor the unmeasurable power of God. In turn, someone with a high level of religiosity will probably factor in theological teachings while determining and applying an ethical perspective on a topic. The 4Gs model is designed using an authority and power blueprints while recognizing the dynamics that perceptions on legitimacy are subjective and that power is relative. Regardless of what an individual determines virtuous, ethically right, or ethically acceptable, the 4Gs model accounts for the authorities that have the perceived and

real power to impose consequences, foster a sense of duty, determine what is virtuous, and either grant or remove rights. Ethical perspectives are similar to policies, regulations, and laws.

Policies and laws that are not enforceable are pointless words on pieces of paper. In turn, ethical perspectives are only theoretical viewpoints if they are not enforceable. The 4Gs model recognizes the four authorities that have the real power and the perceived legitimacy to enforce an agreed upon moral perspective. Instead of just recognizing that people do not agree on certain ethical issues, this model attempts to explain the universal reasons why people do not agree.

The most hypothetical aspect of the 4Gs model pertains to the homogeneity and heterogeneity realities of transferring an individualized moral perspective to the collective. From an Aristotelian perspective, the transfer of a moral perspective of the individual to the city of Athens (a bottom up approach), and from a Plato viewpoint of transferring a moral perspective from the group to an individual (a top down approach). The transition of a moral philosophy from the mind, heart, and soul into the ethos of an individual or a group directly connects to the 4Gs of Moral Authority. This model is an attempt to make the “us” bigger and the “them” smaller on numerous moral perspective issues that currently divide America and other groups of people currently living in the free world.

This report views morality as a first-order set of beliefs and practices, and ethics as a second-order conscious reflection on the adequacy of our moral beliefs. This report attempts to add to Aristotle’s question (what kind of person ought I to be?) by analyzing how God, Governments, Groups, and Gangster’s influence or control the identity of the individual. In addition, this report works to add to the Immanuel Kant and John Stuart Mill’s question (what ought I to do?) by looking at virtue, rights, consequences, and duty from the lens of authority and power while accepting the reality that every society in history had a ruling class.

Virtue Ethics

Prior to discussing virtue ethics, let's discuss the concept of virtue signaling. Virtue signaling is the action of publicly expressing opinions and sentiments with the intent of demonstrating one's good character and moral correctness based on a particular position on an issue. Throughout the COVID-19 pandemic, nearly all the governmental imposed safety measures were riddled with strong elements of virtue signaling. For example, one of the common virtue signaling justifications for getting the experimental vaccines centered on the sentiment that those who elected to receive the vaccine were motivated by care and compassion for others and were unselfish. This opinion was based on the false premise that the vaccine would work, and that those with the vaccine would definitely stop the spread of the virus and its variants. After it became undeniable that those with the vaccine were exactly the same as the unvaccinated because both groups could contract, have symptoms, and transmit the virus to others, many vaccine supporters still maintained their virtuous stance despite the lack of logic in their reasoning. Over time, many virtue signaling vaccine supporters would add hypocrisy to their stance by declaring that the vaccine's sole purpose is to decrease the symptoms for those that have received the vaccine. Even though there are zero studies or facts that support the lesser symptoms claim, using self-protection as the reasoning for getting the vaccine and any boosters while still virtue signaling and belittling the unvaccinated is an interesting social phenomenon.

Not all facts of this world are found in published peer-reviewed journals just as not all facts are reported on the local and national evening news. Specifically, news outlets that collect 70% of their revenues from Big Pharma. Some facts are only observable via life experiences, and often life experiences directly contradict the ruling class's prescribed narrative. To protect the privacy of the individual's involved, the names of the people (very close family members of

the primary researcher) are withheld in the following real life experience.

Like most Americans, Jennifer spent the majority of 2020 and 2021 scrolling through social media being exposed to countless posts and comments about the COVID-19 pandemic. She would often see comments such as “this pandemic isn’t about health, it’s about control,” and she would usually just brush those comments off as conspiracy theories. In some cases, she would not just scroll past this type of digital social discourse. Yet, in other cases she would dedicate the time and energy into reporting people for misinformation spreading. In Jennifer’s opinion, she felt like she had a moral obligation to mitigate information that she viewed to be dangerous to public health, and she would report what she defined as “dangerous posts” to the community guidelines monitors of her social media platforms (Tik Tok, Facebook, Instagram).

For the most part, Jennifer believed that the government and the medical community had everyone’s best interest at heart. Jennifer firmly believed that the government and doctors did not want people to get sick, and that everyone was doing their best to take care of fellow humans. During the fall of 2021, Jennifer discovered a new truth which completely reshaped her reality. Life gave her some first-hand experiences that proved her positive assumptions about both the government and the medical community were wrong. Her husband got severe myocarditis (inflammation and damage of the heart muscle) days after receiving his first dose of the Pfizer COVID-19 vaccine. He was in perfect health, had a very athletic background, prison guard, in his mid-thirties, and he did not have any preexisting heart conditions or comorbidities. Initially, multiple doctors diagnosed that his myocarditis was most likely caused by the vaccine. A few days later, the same doctors changed their diagnoses and said that it was unlikely caused by the vaccine, and that they would not sign a medical exemption for his required second dose of the vaccine. Jennifer and her husband found a new doctor who absolutely and wholeheartedly

believed that the myocarditis was directly caused by the vaccine. The doctor sincerely wanted to help Jennifer and her husband, but the doctor told them the following behind closed doors: If he wrote them a medical exemption, then he was going to get investigated and he would have his medical license threatened. After serving as a prison guard in the state of Massachusetts for 16 years, Jennifer's husband lost his job in late November 2021, because he was not "fully" vaccinated.

It is important to note that the prisoners Jennifer's husband guarded for years were not required to get vaccinated. The nonlogical aspects of this real-world story directly contradicts the mainstream "public health" narrative. The "for the greater good" narrative. Specifically, the aspect of the narrative that an untested experimental gene therapy (being called a vaccine) was safe for everyone, when the medical community clearly understands that everyone reacts differently to medications and treatments. After spending over a year fighting on the front lines of the social media narrative battlefield defending a storyline and mainstream narrative that Jennifer firmly believed about the governmental and medical communities in America, she quickly found herself behind enemy lines. Now it was Jennifer's social media posts that were getting taken down by the community guidelines monitors. It was Jennifer's social media profiles that were getting deleted. It was Jennifer's life story that was banned and viewed as a threat to public safety and public health. Jennifer is now the one being labeled as an enemy to the public. Jennifer lost several friends and family connections both in the real world and on her favorite social media platforms, because of her new window on the world. A reality construct based on life experiences and not based on what she was told by the socializing factors (family, peer-groups, media, etc.) in her life. Jennifer's scenario is what initiated research into Big Pharma, vaccines, VAERS, FDA, NIH, NIAID, WHO, CDC, Bill & Melinda Gates Foundation,

America's Frontline Doctors, Central Banks, Rockefellers, Trilateral Commission, Bilderburg Group, and the World Economic Forum.

Jennifer's story highlights some of the dynamics related to what happened to numerous people throughout America during 2021 and 2022. Plus, Jennifer's scenario captures the fact that significant life experiences are often required before a firmly held belief that is nested deep within a person's reality construct (a belief weaved within their conscious and subconscious) can be changed. Have you encountered any real-world scenarios that do not match the narrative that you are being told in society, in the mainstream media, or within social media? Does it make sense being required to walk into a restaurant with a mask on, but you are safe to take the mask off once you get to your table. Have you ever farted while wearing pants and could smell the fart? If your layers of underwear and pants couldn't prevent the spread of poop particles, then do you think that a mask on your face will prevent the spread of a virus that is magnitudes smaller than the particles in human flatulence? Does it make sense to social distance while standing in line to get on an airplane, but you can take your mask off and eat peanuts in a closed capsule (airplane) while you sit butt cheek to butt cheek next to strangers? Did it make sense to see most of the nation's small business forced to close while the ruling class owned big box stores like Walmart, Target, and Lowes were allowed to stay open. In many communities, the liquor stores were deemed as critical establishments and were allowed to stay open during the pandemic, whereas churches, gyms, and community support groups were forced to close.

During most of 2020, several of the primary U.S. media outlets posted daily numbers on the total number of COVID-19 deaths nationally and throughout the world. For some reason, these same media sources stopped displaying the daily death numbers in early 2021 after a new president took office. However, starting in late November 2021, US media outlets started

reporting that there were more American COVID deaths in 2021 (386,233) than in all of 2020 (385,343) despite the reality that around 196 million people living in the US were “fully vaccinated.”¹⁸¹ In February 2022, journalist continued to report misinformation about COVID-19 treatments that have proven to work. For example, the narrative in the mainstream media and on governmental websites for proven COVID-19 treatments was still similar to the following information on the FDA page: “Ivermectin is a treatment for parasites and head lice in humans, as well as a horse de-wormer, and can have serious side effects including death, as the FDA has repeatedly warned.”¹⁸² The same media outlets and governmental agencies continue promoting a vaccine that by November 2021 had proven to not prevent COVID infection nor transmission. Most importantly, the FDA does not mention the known adverse side effects of the experimental COVID-19 vaccines. What exactly is the difference between misinformation and censorship?

During the 1960s, psychologist Robert Lifton identified eight hallmarks of brainwashing by interviewing survivors of Communist prisons.¹⁸³ Knowing these hallmarks will help us notice these brainwashing red flags in modern day society and culture. First, censoring what information people can access, share, and think about. Second, manipulating people’s emotions and behaviors often in the name of serving some higher purpose. Third, redefining morality as conformity to a certain agenda or ideology. Forth, creating a culture obsessed with breaches of

¹⁸¹ Ciara Linnane, "U.S. has Already seen More COVID Deaths in 2021 than 2020 before Vaccines were Available, as Experts again Warn Pandemic is Not Over." Market Watch, November 26, 2021. <https://www.msn.com/en-us/health/medical/u-s-has-already-seen-more-covid-deaths-in-2021-than-2020-before-vaccines-were-available-as-experts-again-warn-pandemic-is-not-over/ar-AAR5sn7?ocid=entnewsntp>.

¹⁸² U.S. Food and Drug Administration, "Why You should Not use Ivermectin to Treat Or Prevent COVID-19," Accessed February 5, 2022. <https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19>.

¹⁸³ Steven Hassan, "Robert Lifton’s Eight Criteria of Thought Reform (Brainwashing, Mind Control)." Accessed January 5, 2022. <https://freedomofmind.com/robert-jay-liftons-eight-criteria-of-thought-reform-brainwashing-mind-control/>.

this new morality. Fifth, presenting human ideas as the unquestionable truth. Sixth, using loaded language to promote an ideology and silence arguments. For example calling those in opposition to the ideology oppressive. Seventh, dismissing or reinterpreting observations that do not fit the ideology. Eight, redefining who counts as a person with human rights which is usually those who conform. For those paying attention, it is obvious that all eight of Robert Lifton's brainwashing and mind control techniques are being employed by governments and the ruling class to manipulate the masses throughout the free world.

The ruling class has weaponized everything, and they have always owned the narrative used to brainwash the masses. For many critical thinkers throughout the free world, the narratives that are being planned and scripted by the ruling class seem like nothing more than packages of lies. Specifically when nearly every conspiracy theory eventually turns out to be truth. The ruling class has even declared that "critical thinking is dangerous" and it doesn't help in the fight against misinformation.¹⁸⁴ Hence, the virtue ethics argument proposed by the ruling class that their thinking is more virtuous than the thinking of the masses, and that the masses should just believe what they have been told. Throughout all of human history, the ruling class has always assumed that they had the high ground on character and morality. Even the founding fathers of America were members of the ruling class. Most of the influential philosophers throughout history were members of the ruling class. Thus, the ruling class owning and shaping the narrative (The Cathedral) while also prescribing the moral philosophy rhetoric of the day is nothing new in human history. The ruling class establishing the rules, laws, and norms that they deem virtuous is nothing new. What is relatively new in the human experience is the removal of

¹⁸⁴ Charlie Warzel, "Going Down the Rabbit Hole," The New York Times, February 17, 2022. <https://www.nytimes.com/2021/02/18/opinion/fake-news-media-attention.html>.

God from society. When God is removed via secular ideology, then the power and moral authority that people would normally assign to God is transferred to the ruling class and manifests as either Governmental and/or Gangster sources of moral authority.

Rights Ethics

Some countries and a few states and local governments within America (i.e. New York City, state of California) have introduced the concept of a COVID-19 vaccine passport. The ethical questions pertaining to these passports are rooted in the public safety and health vs individual rights debate. Some view vaccine passports as a new form of Jim Crow laws focused on labeling, segregating, restricting freedoms, and punishing those who do not comply with governmental mandates. Whereas others (mainly the ruling class and their brainwashed supporters) view vaccine passports as a means to protect the public. Vaccine passports mandates are an odd mix of Governmental, Group, and Gangster sources of moral authority. Governments introduce the vaccine mandate measure using the justification that the majority of the people (the Group Authority) want vaccine passports for public safety. Yet, because both the vaccinated and the unvaccinated can spread the virus, there is no logical foundation to the public safety argument associated with vaccine passports. As the public safety side of the argument gets weaker and weaker due to the vaccine is the only solution narrative falling apart, more and more people are being ostracized and have their basic rights to participate as members of their societies taken away. The trucker Freedom Convoy (the longest convoy in history that was over 40 miles long) in Canada during January and February 2022 is a great example of the masses protesting against the ruling class because of rights ethics issues pertaining to vaccine mandates and vaccine passports.

It important to note that a mandate is not a law. In fact, a mandate is a great example of Gangster moral authority. Furthermore, the people who hid Anne Frank during WWII were breaking the law, and those who killed her were following the law. The law is not a moral compass, and neither are mandates. If you have Ebola, meningitis, conjunctivitis, strep throat, measles, mumps, rubella, diphtheria, pertussis, tuberculosis, hepatitis, shingles, MRSA, chicken pox, the common cold, or any other sickness that you can think of, then within the rules of COVID-19 vaccine passports you can still travel, go to work, go to school, go to a restaurant, go to a gym, go to a mall, go to the theatre, and go to a concert. This reality helps to illustrate the fact that the COVID-19 vaccine passports have very little to do with preventing the spread of deadly viruses and diseases. Instead, a vaccine passport directly attacks human rights and individual liberties, while providing unprecedented power and control for local, state, and federal governments (aka Governmental Moral Authority) based on the discriminatory and scientifically false assumption that unvaccinated are more dangerous than the vaccinated. This dangerous and divisive assumption (logic fallacy) may have some merit if the COVID-19 vaccines actually prevented individual's from contracting and transmitting the virus and/or the multiple variants of the virus. Yet, in parts of America and in formerly free western societies around the world (Canada, Austria, New Zealand, Germany, Austria) the "for the greater public good" justification is being used to implement and experiment with the COVID-19 vaccine passport concept.

In New York city, only 28% of black Americans ages 18-44 are vaccinated, meaning the vaccine passport concept implemented in that city has denied service to 72% of the black community.¹⁸⁵ Hence, the argument that vaccine passports are modern day Jim Crow laws.

¹⁸⁵ Athena Jones, "Black New Yorkers may have the Lowest Vaccination Rates, but Community Groups Refuse to Give Up," CNN, August 19, 2021. <https://www.cnn.com/2021/08/18/us/black-new-yorkers-low-vaccination-rates/index.html>.

Some Americans argue that voter ID is racist. Yet, many of those same Americans are not able to realize that vaccine passports have proven to be racist and discriminatory. From 1932 to 1972, the United States government conducted the Tuskegee Experiments on black men in an attempt to understand the effects of syphilis. Participants were told that they were being treated for bad blood.¹⁸⁶ From 1965-1966, to understand the effects of agent orange, the government conducted biotechnology experiments on prisoners, the majority of them were black. The prisoners were told that it was a dermatology study.¹⁸⁷ From 1968-1971, the United States government conducted a Cold War radiation experiment on black cancer patients in an attempt to learn how much radiation a human body can take.¹⁸⁸

The following are the four sources of authority that influence an individual's rights ethics moral lens: 1) God's authority; where unalienable rights are given to humans by God; 2) Governmental authority; where rights are granted by governing officials; 3) "We the People" Group authority; where rights are assumed by the masses within a society; and 4) Gangster authority; where rights are perceived as privileges that can be given and taken away by whoever has the most power. God, Government, Group, and Ganster (The 4 G's) are the sources of authority that influences moral judgements on most ethic rights issues. The contemporary legal and ethical debates about mandated experimental gene therapies and vaccine passports are deeply rooted in individualized, and collective believes about sources of authority.

Are freedom of speech and freedom of religion rights ethics issues? If so, then the misinformation campaigns, censorship, and de-platforming actions of the ruling class are rights

¹⁸⁶ Centers for Disease Control and Prevention, "The Tuskegee Timeline," <https://www.cdc.gov/tuskegee/timeline.htm>.

¹⁸⁷ Larry Schwartz, "Ten of the Most Evil Medical Experiments in History." Accessed February 5, 2022. https://www.salon.com/2014/09/04/10_of_the_most_evil_medical_experiments_in_history_partner/.

¹⁸⁸ Ibid

ethics violations. Closing churches and other places of worship are ethics of rights violations. Every religious exemption for vaccine mandates that is not approved by either the Governmental or Ganster Moral Authority is a violation of rights ethics. Societies that are not members of the free world or societies that are not Constitutional Republics and do not have certain rights enumerated in their Constitution and written into laws probably perceive vaccine passports and vaccine mandates differently than free thinking people. In turn, people not living in the free world probably do not view moral authority from the lens of God, Government, Group, and Ganster power. Instead, people not living in the free world do what they are told to do by the Governmental Moral Authority and the ruling class uses the local level Ganster authority (aka citizens policing citizens, family members turning in family members, etc.) to control the masses. People who are not free view rights as privileges that can be given and taken away based on their obedience and compliance to the ruling class.

In countries that are Constitutional Republics (such as the United States of America), mandating a person to receive a shot (a Big Phara experimental product) that consist of new, secretive, and experimental biotechnology has significant implications on religious freedoms and rights. A shot consisting of a brew of magical biotech ingredients that are not revealed to the public. An injection into the human body that alters the natural function of the God given human immune system. An injection that manipulates or changes the human genome sequencing which is the blueprint of God's divine design for the scientifically natural aspects of being human. What is the difference between worshiping God and worshiping man-made idols such as science, biotechnology products marketed as vaccines, or the elite ruling class? Both are forms of religion. Both are rooted in faith, hope, trust, a belief system, moral codes, and perceptions of righteousness. However, only God has absolute and unquestionable wisdom, power, and

authority. The difference between worshiping God and worshiping man-made idols permeates in everything pertaining to rights ethics. Some of the most influential moral philosophers throughout western history were Christian thinkers who did not openly question God's authority and God's wisdom (i.e. Augustine, Thomas Aquinas, Rene Descartes).¹⁸⁹ Whereas other influential moral philosophers such as Benedict Spinoza, Francis Bacon, Immanuel Kant, and John Locke may have lived within Judeo-Christian societies, but they opposed "any belief founded on religious authority."¹⁹⁰ The secular philosophers "advocated the free use of reason as the guiding authority for discerning truth and understanding humankind and the world, plus they often rejected the teachings of Christianity."¹⁹¹ Some moral philosophers attempt to remove God by changing the label of God given rights to natural rights. God, the creator of everything, is nature. Thus, natural rights are rights given to humanity by God. The founding fathers of America outlined unalienable rights in the Declaration of Independence as "life, liberty, and the pursuit of happiness" and as Christians they understood the dynamic of God's Moral Authority. Hence, for Americans, the foundational rights pertaining to rights ethics are rooted in Christian viewpoints about God as defined in the Declaration of Independence, the Constitution, and specifically in the Bill of Rights. Regardless of your level of religiosity, if you are an American citizen, then you have been blessed with rights that can only be given by God and those rights have been enumerated in written form (i.e. Bible, Bill of Rights) by Christians such as America's founding fathers. Secular attempts to remove God from the rights ethics discourse are attempts to transfer power and authority from God to the ruling class. There is a reason why the dictators

¹⁸⁹ John Woodbridge, "The Rise of Biblical Criticism in the Enlightenment,"
<https://www.thegospelcoalition.org/essay/the-rise-of-biblical-criticism-in-the-enlightenment/>

¹⁹⁰ Sharma, Vishal, "7 Most Popular Philosophers of All Time,"
<https://www.yourarticlelibrary.com/philosophy/7-most-popular-philosophers-of-all-times/85522>

¹⁹¹ John Woodbridge, "The Rise of Biblical Criticism in the Enlightenment,"

throughout recent history (Stalin, Mao, Pol Pot, Castro, etc.) did their best to outlaw and remove religion and God from society, from culture, and from the moral philosophies of the people that they ruled and controlled.

Utilitarianism (the consequences of actions)

Utilitarianism is an ethics theory that argues that people choose their actions based on how their decisions will benefit the most people. Some argue that vaccine mandates and vaccine passports are for the greater good. Thus, these topics are justified via a utilitarian ethics perspective. This moral philosophy is rooted in the misguided mental heuristic that the vaccine is the only solution to a virus problem. This cognitive bias (diagnoses bias) was intentionally planted in the collective social subconscious by the ruling class owned legal drug cartel (aka Big Pharma) and others who significantly benefit from the sale of legalized drugs (i.e. owners of Big Pharma stocks like Congress members and philanthropist like Bill Gates). Other key aspects of utilitarianism theory are that decisions should be based on helping others and that decisions should be made out of perceptions of fairness. Requiring mRNA biotechnologies (aka magic potion injections) into the bodies of humans centers on the biggest weakness of utilitarianism ethics theory, and this weakness is that nobody can predict outcomes and second order effects of an action. Therefore, the benefits of actions like mandated vaccines and vaccine passports are unknown, and so are the consequences. Although the current consequences are very clear for the 72% of unvaccinated black Americans living in New York city and for over a million people who have suffered or died from the adverse effects caused by the experimental biotech vaccines.

Forced or mandated injections of a magical potion into the human body (aka the Holy Temple for most Christians) is one of the most extreme examples of religious intolerance and

religious discrimination imaginable. Specifically when organizations and governments don't recognize God's gift of natural immunity or approve religious exemptions. Mandated vaccines are no different than forced conversions of Christians to Confucianism or vis versa. Of the things that you worship and place your faith in, what would you be willing to sacrifice all to serve? Is it right to force your religious beliefs on others? Is it right to force your religion into the bodies and holy temples of others?

The moral philosopher John Stuart Mills discussed the power of social stigma in his writings titled *On Liberty*. Observations of the free world's fearful reaction during the COVID-19 pandemic showcases examples of the popular social stigma phrases that are part of the mainstream narrative today. Social stigma phrases that have been used like weapons to demonize and belittle individuals throughout the free world who either do not want to inject the experimental gene and cell therapies into their bodies or those who question any part of the mainstream narrative. Phrases such as "pandemic of the unvaccinated" which is an untruth if the vaccine does not prevent infection and transmission; "the horse de-wormer" to describe the Nobel prize winning treatment (Ivermectin) that has clinically proven to work; the "antivaxxer" label for anyone who asks any questions about a product that is being manufactured and sold (liability free) by corporations with an absurdly corrupt and unethical history who are absolutely profit driven and have zero documented history related to caring about humanity; and the enduring social stigma related to questioning both virus GoF research and vaccines which is the socially stigmatizing label of "anti-science" for all the individuals (mostly very accomplished scientist) who understand the basics of the scientific method (Step 1: ask questions).

Dehumanizing labels for groups of people is a proven strategy used by the ruling class to set the conditions that allow for the extermination of those who threaten the authority of the

ruling power. That is why censorship is called a dress rehearsal to genocide. The ruling class throughout the free world will ensure that fear is always part of the mainstream narrative. Fear of the Soviet Union, fear of communism, fear of nuclear destruction, fear of terrorist, fear of a man-made virus, and fear of an economic collapse. The Utilitarian ethics questions are the following: What are the long-term consequences of using fear to control and manipulate the masses? What are the long-term consequences of virus GoF research? What are the consequences for forcing experimental biotech injections into the Holy Temples of a constitutionally free people who absolutely believe in the unmatched authority and power of the Christian God? What are the long-term side effects and consequences of the experimental mRNA gene therapies that were marketed as vaccines? What are the consequences of censorship and misinformation campaigns waged on groups of free people? If you have any doubts that modern technology is being used to control information available to the masses, then take the time to do the following discovery project. Step one, pick a controversial topic and conduct a search on Google. Step two, do the exact same search on <https://duckduckgo.com>.

Deontology (Duty Ethics)

The U.S. Secretary of Defense's COVID-19 vaccine mandate signed 24 August 2021 is an ideal duty ethics and utilitarianism ethics topic and is a scenario with significant consequences.¹⁹² The fact that the Pfizer-BioNTech COVID-19 vaccine (the vaccine that is available to the US military and to most American civilians) has not been approved by the FDA highlights the ethical dilemma surrounding this DoD and Executive Branch leadership decision during 2021. On 23 August 2021, the FDA approved the biologics license application (BLA) for

¹⁹² United States Department of Defense. "Memorandum for Senior Pentagon Leadership. Subject: Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members." August 24, 2021.

the COMIRNATY COVID-19 vaccine, and in the same memo to Pfizer, the FDA only extended the Emergency Use Authorization (EUA) for the Pfizer-BioNTech version of the vaccine (see APPENDIX D: FDA letter to Pfizer dated 23 August 2021, page 2). As of December 2021, the COMIRNATY vaccine (the FDA approved vaccine) had not yet been produced nor distributed in the United States, and (as of January 2022) was not available to the American public or to the American military. Thus, it is an untruth that the version of the vaccine that anyone in the America's military took was approved by the FDA.

Why were the majority of America's senior leader's and media lying to the American people and to every American Soldier, Sailor, Marine, Airman, Guardian, Coast Guardsmen, and DoD civilian? It is a fact that anyone who did not receive the COMIRNATY COVID-19 vaccine did not receive an FDA approved vaccine. To make this issue a larger ethical and moral conundrum, the Secretary of Defense's memo states the following: "Mandatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration, in accordance with FDA-approved labeling and guidance."¹⁹³ Again, the vaccine that was available to the US military did not receive full licensure from the FDA. Furthermore, The FDA letter to Pfizer specifically stated that the Pfizer-BioNTech vaccine "clearly and conspicuously shall state that: this product has not been approved or licensed by FDA, but has been authorized for emergency use by the FDA."¹⁹⁴

Lies, and deceptions generate mistrust, and trust is the currency of the military profession. Loyalty is the first Army value (the virtues that the U.S. Army values as an organization). Hence, it feels almost disloyal catching senior leaders in a bald face lie. A lie that

¹⁹³ Ibid

¹⁹⁴ APPENDIX D: FDA letter to Pfizer dated 23 August 2021. Pages 11-12

destroys mutual trust throughout all DoD formations. Yet, other Army Values such as Duty, Selfless Service, Honor, Integrity, and Personal Courage help to remind every service member that it is their duty to report the truth.

Another untruth that the American people are still being told is that Ivermectin is not effective against the patented SARS-CoV-2 virus. Ivermectin is a well-established drug that is very cheap and has proven to help fight the COVID virus. The fact that Ivermectin is cheap is contrary to the profit driven legalized drug cartel. Ivermectin is a wonder drug that is on the same level as penicillin and aspirin. The mRNA vaccines don't cure. In fact, they may not even treat, and have probably directly killed more people without comorbidities than the virus. Ivermectin is a cure and has been available since the 1970s, so it is a well-established and trusted drug. The important ethical conundrum is the simple fact that if there is a cure for a virus, then there is no need for an experimental vaccine. Specifically an experimental and rushed biotech vaccine that was only allowed due to an Emergency Use Authorization (EUA). Never mind the reality that the emergency was a scripted reaction to a patented virus that was man made in American taxpayer funded virus GoF laboratories. Also, the ruling class and the globalist prefer that the masses throughout the free world continued to volunteer to participate in the mass biotechnology experiment, and continue to give uninformed consent to inject a product into their arm while remaining completely ignorant about genome sequencing, the biological functions of mRNA and DNA, and the fact that the U.S. Supreme Court ruled in 2013 that humans with "synthetically created DNA known as complementary DNA (cDNA)" can be patented (APPENDIX E: Supreme Court Ruling to Patent Humans with Altered DNA, page 4).

Kantian ethics is no flavor of Duty Ethics. Kantian ethics is another failed secular attempt to remove and replace religion and God, and then attempt to replicate what religion does

for a society. Religion is one of the five socializing factors (along with family, peer-groups, mass-media, and education). Religion is also one of the seven elements of culture. Kantian ethics seem to strongly embrace six of the elements of culture (Art and Literature, Language, Customs and Traditions, Forms of Government, Social Organizations, Economic Systems), while trying to remove the most important ingredient (Religion). That dog don't hunt, and the cake that Kantian ethics tries to bake will continue to be mental, emotional, and spiritual poison. Regardless of a person's level of religiosity, the moral teachings of religion are nested deep within any group of people and deep into each individual's soul. There is a reason why religion was invented by every isolated civilization that emerged throughout history. Religion is man-made just like every other aspect of society and culture. However, God, the creator of everything in the universe is not man made, and the Enlightenment thinkers that started humanity down the deadend road of thinking (and/or feeling) that human wisdom will ever compare to God's wisdom will forever feed and fuel darkness while masquerading as the light (or as the Enlightened).

The first duty of the medical community is to do no harm and to ensure the safety of the people in the community. Medical professionals and governmental officials who do not tell you the truth about the documented side effects of the experimental COVID-19 vaccine do not work for you and are not concerned about your rights and wellbeing. Instead, they work for the elite ruling class and do not embrace duty ethics. Side effects of the experimental vaccine injections can be divided into three categories: short term, medium term, and long term. Since the COVID-19 vaccines have only been in use for about one year, only the short term side effects have been seen in humans. Based on the VAERS data, the known short term side effects include death, strokes, heart attacks, pregnancy loss, nerve damage, blood clots, seizures, rashes, fatigue, and many others. Obviously, the medium and long term side effects cannot be determined yet.

Your duties and obligations are determined by how you prioritize sources of moral authority (God, Governments, Groups, Gangsters). Which source of moral authority is your supreme authority? Which moral authority do you trust the most? The theory of deontology centers on what we believe our duties are and how we act in different situations. Some propose denying medical treatments to citizens of the free world that have not been vaccinated, and these viewpoints have significant duty ethics implications. The following are the counter arguments pertaining to treatment denial duty ethics philosophies: Denying cancer treatments for those who have ever been smokers and those guilty of associating with smokers. For those with sexually transmitted diseases (STD's), of course deny them treatment if they did not use condoms to lessen the risk of contracting an STD. What about abortions, did the person use condoms and birth control to lessen the risk of getting pregnant? Abstinence works 100% of the time. If any aspect of society is denying patents treatments based on the cognitive fallacy that an experimental gene therapy is the only solution to a virus problem, then (as a society) we have to deny everything that could have been prevented. Not all medical professionals agree with the mainstream narrative that COVID-19 is not treatable, and that the only way to defeat this virus is via a vaccine. The Fleming Protocols is one proven example of the fact that multi-drug therapies such as Primaquine, Clindamycin, and Hydroxychloroquine are far more effective and dramatically safer than COVID-19 vaccines.

The annual budget for the CDC is about \$9 Billion annually. The annual NIAID's budget is approximately \$6 Billion, and NIH's annual budget is about \$43 Billion.¹⁹⁵ Combined, the America taxpayers dedicate around \$58 Billion a year for studies that support "the science" on

¹⁹⁵ Louise Kenney, "Congressman Jim Jordan Interviews Doctors." Accessed January 5, 2022. <https://adelaidenationalreview.com/state-of-affairs/congress-jim-jordan-asks-doctor-a-question-that-fauci-wont-ask-his-response-is-unbelievable/>.

all things related to pandemics, public health, vaccines, and concepts like natural immunity. The CDC and the NIH together have about 31,000 employees.¹⁹⁶ Based on a Columbia University study, one in three Americans contracted COVID-19 in 2020, and there is certainly a large enough sample size of Americans with natural immunity.¹⁹⁷ Prior to December 2021, the NIH, NIAID, and the CDC conducted two studies related to natural immunity for those who have been infected with the SARS-CoV-2 virus. Both studies are “so poorly put together they would not qualify for a seventh grade science fair, because the results in both studies cannot be derived from the data provided within the studies.”¹⁹⁸ Other countries have conducted several COVID-19 natural immunity studies that have resulted in very different conclusions relative to the two poorly conducted American (CDC) studies. The largest COVID-19 natural immunity study conducted world-wide “found that natural immunity adjusted for age and comorbidity is 27 times more effective than vaccinated immunity.”¹⁹⁹ A follow up of this study was published in December 2021, that affirmed similar results that strongly support the reality that natural immunity is stronger than vaccinated immunity.²⁰⁰ Why are the CDC, NIAID, and NIH figure heads (i.e. Dr. Fauci) not talking about any of these international studies on natural immunity. One possible answer is the argument that these taxpayer funded agencies do not want to “undermine the indiscriminate vaccine vaccination policy for every single human, including those with extremely low risk.”²⁰¹

¹⁹⁶ Ibid, :58 in video.

¹⁹⁷ Ibid, 3:02 in video.

¹⁹⁸ Ibid, 3:31 in video.

¹⁹⁹ Ibid, 2:47 in video

²⁰⁰ Ibid, 3:00 in video

²⁰¹ Ibid, 1:14 in video

The American people have been subjugated to fear mongering for decades. Health and technology have been used to scare the masses. In 2000, Y2K was going to destroy civilization. In 2001, everyone was going to die from Anthrax. In 2002, West Nile virus was going to kill us all. In 2003, SARs was going to wipe us out. In 2005, it was the bird flu that had everyone worried. In 2006, E Coli was the big scare. In 2008, the market collapse and the financial companies that were “too big to fail” spread fear about the country and the world going into another Great Depression. In 2009, it was the swine flu that was going to kill us. In 2012, the Mayan calendar ran out and the world was going to end. In 2013, North Korea was going to start World War III. In 2014, nobody was going to survive the outbreak of Ebola. In 2015, Donald Trump was going to get America into a war with the entire world. In 2016, it was the Zika virus that was going to kill everyone, and the terrorist group known as ISIS would destroy those not killed by the man made virus of the day. In 2018, it was climate change that would shut down the economy and destroy civilization. From early 2020 to 2022, it was the “novel” corona virus and all the variants that keep a large group of Americans living in fear. When the COVID-19 narrative started to fall apart, the ruling class conveniently shifted the narrative to Putin and Russia preparing to start a war by invading the Ukraine. Never mind the facts that Russia took (aka annexed) Crimea from the Ukraine in 2013 and the free world did nothing because Russia was a nuclear power. God is the only authority worth fearing, and faith is the cure for fear.

Dr. Robert Malone and Dr. Peter McCullough argue that there is a mass psychosis (a strong groupthink) throughout society that it may lead to something horrific as witnessed in history with mass suicides in some cults or Nazi Germany sending people to gas chambers.²⁰²

²⁰² Robert Malone, "Billions of People are Affected by This & They Don't Realize it." 27 November 2021, Accessed February 5, 2022. <https://www.youtube.com/watch?v=INHqQL9fgto>.

McCullough points out the four elements that create a mass psychosis in large groups of people. The first element is a period of prolonged isolation (lockdowns). The second is a withdrawn of things that people enjoy that have been taken away. The third element is a constant fear campaign which results in collective anxiety (i.e. the news cycles focused on deaths and hospitalizations, new variant mutant virus strains) all of which are things that keep people scared. The fourth element, what McCullough calls “the capper,” is that there must be a single solution that is offered by an entity in authority.²⁰³

Chapter Summary

Throughout the COVID-19 pandemic, the “For the Greater Good” narrative has been employed as the universal ethical justification for the use of emergency authorized powers. The following are just a few examples: We need you to stay home for a couple of weeks. It’s for the greater good. We need you to close your small business just for a short time while we keep multinational large box stores open. It’s for the greater good. We need you to stay home just a little bit longer than two weeks. It’s for the greater good. We need you to wear a piece of cloth on your face despite studies that clearly prove that mask wearing does not do much to prevent the spread of a very tiny virus. It’s for the greater good. We need you to close your places of worship and avoid fellowship with others. It’s for the greater good. We need you to wear two pieces of cloth on your face instead of wearing a military grade protective mask. It’s for the greater good. We need you to inject this experimental gene therapy that is falsely being called a vaccine into your body. It’s for the greater good. We need you spend the holidays alone and avoid family gatherings. It’s for the greater good. We need you to live in fear. It’s for the

²⁰³ Peter McCullough, "The Joe Rogan Experience Podcast #1747." Aired on 13 December 2021. 33:18 minutes into 2 hour video. <https://jrelibrary.com/1747-dr-peter-mccullough/>.

greater good. We need you to trust what we call the science and do not conduct your own research or look at scientific studies on your own. It's for the greater good. You must inject this into your body, or you will lose your job and/or career along with your ability to feed your family and maintain your economic responsibilities. It's for the greater good. Hence, most of the questionable decisions made by governmental powers during the pandemic have been rooted in this utilitarianism ethical misbelieve based on whatever produces the greatest amount of pleasure and preference for those given emergency authorization powers.

As the "greater good" narrative transitions from the public health justification and into the global warming mantra, it is foreseeable that people will be brainwashed into the following: We need you to stop eating meat, because farm animals are not good for the environment. It's for the greater good. We need you to stop driving your car. It's for the greater good. We need you to stop heating your home so often. It's for the greater good. We need you to stop talking about your Christian faith because you are offending people. It's for the greater good. We need to separate you from your children because you are not complying with our public health mandates. It's for the greater good. Based on lockdown realities in Australia, Canada, and parts of Europe as of December 2021, it can be argued that the "for the greater good" narrative is nothing more than a slogan to mask and justify totalitarian decisions that rob individuals of their personal rights and liberties. By definition, the greater good narrative is an appeal to authority fallacy with a mix of appeal to emotion bias. Gangster authority uses the greater good slogan.

Do you place your faith in God or government? A key message of the gospel is standing in the way of what a lot of powerful people want. The people living throughout the free world at war. A war explained in Ephesians 6:12: "For our struggle is not against flesh and blood, but against rulers, against the authorities, against the powers of this dark world and against the

spiritual forces of evil in the heavenly realms.” This is not a war against flesh and blood, but against the powers that want to replace God with government. If we insist on denying that, then we have already lost. Hitler, Stalin, Mao, Pol Pot all established societies where government replaced God in determining what is right or wrong.

The narratives and headlines produced by the ruling class are products of a lie machine. After four years of accusations about election fraud during the 2016 election, suddenly the election of 2020 was completely secure and valid. This is the best American economy in history. The vaccine works. The job is safe. CNN is real news. The FBI and the CIA are not corrupt. Politicians and Big Pharma care about you. January 6th was an insurrection, but American cities burning during the summer of 2020 were all peaceful demonstrations. Biden received the most votes in American history. The southern border is secure while over two million people illegally crossed the border during 2021. The Afghanistan evacuation was a success.

The people that went through the Holocaust were no different than you and your loved ones. The Holocaust victims were just humans living their life’s until their government decided they were not needed anymore. The governmental moral authority decided that they could get rid of them, that they could eradicate people who opposed their power. When everything was over in 1945, the survivors were asked: Why didn’t you leave when you had the chance? The universal answer to that question was: We didn’t think that it could get any worse; we didn’t think that it could get any worse for us; we didn’t think that our government would try to exterminate us. That historical lesson sets up a very important question. American governments (local, state, federal) are now demanding that citizens take an experimental drug, and if they don’t take it, then they cannot participate in society or have a job. How much worse does it have

to get? Benjamin Franklin once said: “Those who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety.”²⁰⁴

Who benefited the most from wars throughout the past two hundred years, the nation’s that fought them or the small group of families that lent money and sold manufactured goods to warring nations (usually to both sides)? The ruling class own the mainstream narrative throughout the free world, the means of production (multinational corporations), and the means of wealth production (the financial debt machine that produces money). How many civil liberties have been taken from the American people via emergency authorizations and mandates throughout the COVID-19 planned-demic? American’s losing their careers and livelihoods because of their refusal to take an experimental biotech shot is absolutely unamerican. Great leaders tell you what you need to hear and not what you want to hear. Without question, the ruling class will continue to use current and emerging technologies to subjugate the masses.

²⁰⁴ Robert Siegel, "Ben Franklin’s Famous Liberty, Safety Quote Lost its Context in 21st Century." NPR, March 2, 2015. <https://www.npr.org/2015/03/02/390245038/ben-franklins-famous-liberty-safety-quote-lost-its-context-in-21st-century>.

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APPENDIX A: Key Terms and Definitions

America's Front Line Doctors: An organization of American medical professionals who argue that powerful interests are undermining the effective practice of medicine with politicized science and biased information. See more details at: <https://americasfrontlinedoctors.org>

Antibody: A protein produced during an immune response to a part of an infectious agent called an antigen. Antibodies combine chemically with substances which the body recognizes as alien (such as viruses) and foreign substances in the blood.

Army Design Methodology (ADM): An interdisciplinary approach to planning and problem solving that incorporates ideas associated to critical and creative thinking, leadership, decision making, and organizational learning. ADM provides techniques for framing operational environments, framing problems, developing an operational approach, and reframing. For more information see Army techniques publication (ATP) 5-0.1.

Asymptomatic: Means that a person has no symptoms (i.e. fever, coughing, sneezing, or hacking), but still may be a carrier and transmitter of a virus. The theory is that "asymptomatic" carriers are infected individual who are carrying around a virus unknowingly because they do not have any symptoms. The symptoms of coughing, sneezing, and hacking are what might put others at risk of contracting viruses such as SARS-CoV2 that are spread via respiratory viral droplets. One weakness with the asymptomatic theory is the following: without the symptoms (coughing, sneezing, hacking), how are the virus infected droplets transmitted?

Backbone: A genetic sequence used as a chassis upon which to build synthetic constructs, such as those used for cloning, protein expression, and production.

Bayh-Dole Act: The Bayh-Dole Act or Patent and Trademark Law Amendment Act passed 12 December 1980. This Act gave State and Federal government workers the right to patent their discoveries even when that work was paid for by taxpayer dollars. Bayh-Dole permits universities and other organizations that receive federal funding for specific types of research the right to patent their discoveries. Hence, this Act allowed the development of some conflicts of interests in the global genetic bioweapons industry that currently have ethical implications.

Big Pharma: Commonly used phrase for the global pharmaceutical industry. Currently, this phrase is often used in reference to the vaccine producers such as Merck, AstarZeneca, Johnson & Johnson, BioNTech, GlaxoSmithKline, Pfizer.

Bill and Melinda Gates Foundation (BMGF): A nonprofit based in Seattle that claims to be fighting poverty, disease, and inequity around the world. BMGF was founded in 1994 and is currently the second largest charitable foundation in the world with around \$50 billion in an endowment. During 2020, the BMGF gave \$5.8B in grants and provided 45% of the World Health Organization's (WHO) NGO funding. BMGF is second only to the Chinese Communist Part in providing funds to the WHO. BMG is also a top contributor to the Global Alliance for Vaccines and Immunization (GAVI) that focuses on the goal of increasing access to vaccines in poor countries. In 2019, BMGF gave \$3.1B to GAVI, \$1.5B to WHO, \$1B to PATH, \$265M to John Hopkins University, \$146M to Cornell University, and \$136M to the NIH (FNIH).

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Biological weapon: A weapon that uses bacteria, viruses, toxins, fungi, and biochemical/biomolecule agents that can cause death or injury to humans, plants, or animals or destroy materials.

Biosafety: The application of knowledge, techniques, and equipment to prevent personal, laboratory, and environmental exposure to potentially infectious agents or biohazards. Four Biosafety levels (BSL) define the containment conditions under which biological agents can be safely manipulated. These standards range from moderate safety requirements for low-risk agents (BSL-1), to the most stringent controls for high-risk agents (BSL-4).

Biosecurity: The protection, control of, and accountability for biological agents, toxins, and biological materials and information to prevent unauthorized possession, loss, theft, misuse, diversion, and accidental or intentional release.

Canadian Covid Care Alliance: A group of over 500 independent Canadian doctors, scientists, and health care practitioners that produced an in-depth analysis of the Pfizer COVID-19 vaccine claiming that it can do more harm than good to people. Based on 6 months of data on the vaccine and a large number of published studies, this group provided evidence that the Moderna, Pfizer, and Astra Zeneca vaccines causes more illness than they prevent. See more details at: <https://www.canadiancovidcarealliance.org/>

The Cathedral: The cultural and power hegemony that has everyone speaking from the same hymn note all at the same time. This concept is based on a believe that an interest group has control over media, government, Hollywood, entertainment, and sports. When something big culturally happens, all of these different aspects of society speak from the exact same playlist. All these very different aspects of society have the exact same opinions on the same things at the same time, and they are able to shift in unison.

Center for Disease Control (CDC): A United States federal agency that fall under the Department of Health and Human Services. The CDC is headquartered in Atlanta, Georgia. The CDC focuses on non-infectious diseases, food borne pathogens, environmental health, occupational safety and health, health promotion, and educational activities designed to improve health. The CDC does research on non-infectious diseases such as obesity and diabetes. The NIH does research on infectious diseases.

Children's Health Defense: An American based non-profit organization that initially established in 2016 with the name World Mercury Project. The organization campaigns against various public health programs such as vaccines, pesticides, aluminum, and the fluoridation of drinking water. This organization provides substantial evidence that supports the argument that an experimental vaccine may not be universally safe for everyone. For more details see: <https://childrenshealthdefense.org/>

Coronavirus: A common type of virus that can infect humans and/or animals. The human illness caused by most coronaviruses usually last a short time and presents symptoms consistent with the “common cold,” such as a runny nose, sore throat, cough, and a fever.

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COVID-19: The name given to the infectious disease theoretically caused by the SARS-CoV-2 virus, which is a beta-coronavirus. The most common symptoms of the COVID-19 disease are similar to the flu. COVID-19 is the disease that is caused by the virus.

Crimson Contagion 2019: A functional exercise conducted by the United States Department of Health and Human Services during 2019. The hypothetical scenario presented during this exercise is based on a respiratory virus emerging from China and becoming a global pandemic. For more information see: <https://archive.org/details/crimson-contagion-2019/page/3/mode/2up>

Deoxyribonucleic Acid (DNA): A molecule that carries an organism's genetic blueprint for growth, development, function, and reproduction. DNA is a double-stranded molecule that stores the genetic instructions that cells need to make proteins. DNA are the genetic instructions for the development, functioning, growth, and reproduction of all known organisms and many viruses. DNA is the blueprint of life. The human genome (the complete set of genetic instructions) is comprised of DNA, and the human genome (which can be read as a binary code) is what separates humans from all other organisms on the planet. One protein insertion, deletion, or translocation can have immense effects on the human genome. DNA is transcribed into RNA which then translates the proteins needed in the human body. See RNA and mRNA.

Defense Advanced Research Projects Agency (DARPA): A United States agency that was established in 1958 and has maintain the following enduring mission: to make pivotal investments in breakthrough technologies for national security. Some of DARPA's well known transformative concepts include the development of the Internet, precision weapons, stealth technology, automated voice recognition and language translation, Global Positioning System (GPS), and the first weather satellite. Some of the lesser known agency-nurtured technologies include vitro platforms to speed up the preclinical testing of drugs and position, navigation, and timing (PNT) technologies that directly impact civilian-sector systems, including those in the banking, telecommunications, and power infrastructures (which sounds a lot like block-chain). For more information see: <https://www.darpa.mil/>

EcoHealth Alliance: A United States based global nonprofit that works with DARPA and the NIH on scientific research. Dr. Peter Daszak is the director of this organization that conduct research (or contracts out research) on diseases such as SARS, MERS, Ebola, and COVID-19.

Epidemiology: The study of the distribution and determinants of health related events in specified populations, and the application of this study to prevent and control health problems.

Event 201: A tabletop exercise (a war game) conducted at the Pierre Hotel in New York just two months before the COVID-19 global pandemic started in 2019. The scenario for this simulation was a coronavirus. This exercise was a joint collaborate between the John Hopkins Centers of Health Security, The Bill and Melinda Gates Foundation, and the World Economic Forum. For more information see: <https://www.centerforhealthsecurity.org/event201/about>

Federal Reserve (The Fed): The central bank of the United States which is a privately owned company that is immune to U.S. laws. The Fed manages inflation, regulates the national banking system, stabilizes financial markets, and is theoretically suppose to protect consumers.

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Food and Drug Administration (FDA): A United States agency established in 1931 under the Department of Agriculture that is currently in the Department of Health and Human Services. The FDA's principal purpose is to enforce the Federal Food, Drug, and Cosmetic Act. The agency regulates the release of new foods and health-related products, and ensures that foods and drugs for sale in the United States are safe and pure. The FDA is also responsible for ensuring that all products are correctly labeled and packaged. Some of the most famous drug FDA approval mistakes include the following: Quaaludes as a sleeping aid between 1962-1985; Cylert to treat ADHD/ADD that caused liver toxicity between 1975-2010; Darvon for headaches that was on the market for 55 years but caused serious cardiac abnormalities and was directly responsible for 2,110 deaths between 1981-1999; DES a synthetic form of estrogen that was marketed to expecting mothers to prevent spontaneous abortion, miscarriage, and premature labor but didn't do any of those things and instead caused breast cancer, birth defects, cervical and vaginal cancer, and increased fertility and pregnancy complications for the parents, children, and even the grandchildren; PTZ/Metrazol was intended to be a circulatory and respiratory stimulant but was used to treat schizophrenia and other psychiatric conditions until it was pulled 48 years later for causing uncontrollable seizures and pulled muscles; and perhaps one of the most well-known FDA mistakes was Merck's Vioxx that was approved to treat arthritis in 1999 and after over 20 million people were prescribed Vioxx in 2003 alone it was pulled off the market in 2004 for causing heart attacks and strokes. The key point is that the FDA does not always get it right, and it can take decades before an approved medical product is taken off the market. In the case of Vioxx, Merck and the FDA knew about the dangers and added a small warning to the box in 2002. According to Drugwatch, about 4,500 FDA approved drugs and devices are pulled from American shelves each year. For the pulled drugs mentioned above see: <https://allthatsinteresting.com/fda-mistakes> Drugwatch: <https://www.drugwatch.com/fda/recalls/>

Foundation for the National Institutes of Health (FNIH): A charitable organization established by Congress in 1990 that is located in Bethesda, Maryland. FNIH raises private-sector funds, and creates and manages alliances with public and private institutions in support of the mission of the National Institutes of Health (NIH). IN 2019, the foundation received \$136M from the Bill & Melinda Gates Foundation.

Gain of Function (GoF): The CDC changed their definition of GoF on 19 October 2021. The CDC's old definition for GoF was any research that modifies biological agents so that it confers new or enhanced activity to that agent. Prior to this change, the CDC had an entire web page that provided a detailed explanation of GoF research. The CDC's new definition for GoF uses the phrase "accelerated evolution."

Gain of Function Research (GoF research): A research method that involves manipulating an organism's genetic material to impart new biological functions that could enhance virulence or transmissibility. Virus GoF is genetically modifying a virus to expand its host range, transmissibility, or severity of illness. Virus GoF can be genetic engineering, genetic modification, and/or laboratory adaptation of a virus. Gain of Function is scientific doublespeak for lab research that makes viruses more contagious, harmful, and deadly. Like all doublespeak, this phrase benefits from the positive connotations of the words gain and function. Gain is usually used in a good way (i.e. gain momentum, gain ground, gain access, gain an understanding, net gain, financial gain). Function just means purpose, job, or the ability to

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perform an action. Gain-of-function is a risky and controversial type of research that could result in a pandemic.

Genetically engineered or genetically modified viruses: Viruses that are intentionally altered, created, or edited using biotechnologies, such as Clustered Regularly Interspaced Short Palindromic Repeat (**CRISPR**), DNA recombination, or reverse genetics. These viruses have intentional, targeted edits to the genome designed to achieve specific results, but unintentional genomic changes may also occur.

Genome: The genetic material of an organism. It consists of DNA (and sometime RNA for viruses). The study of the genome is called genomics. A genome sequence is the complete list of the nucleotides (A, C, G, and T for DNA genomes) that make up all the chromosomes of an individual or a species.

Genome Sequencing: The process of determining the DNA or RNA sequence of an organism's genome, or its "genetic code." An organism's genetic code is the order in which the four nucleotide bases (adenine, cytosine, guanine, and thymine) are arranged to direct the sequence of the 20 different amino acids in the proteins that determine inherited traits.

Genetic Bioweapons Industry: Genome sequencing has given rise to a new generation of genetically engineered bioweapons. Biological weapons are designed to spread disease among people, plants, and/or animals through the introduction of toxins and microorganisms such as viruses and bacteria.

Hydroxychloroquine: An immunomodulatory (immune system stimulant) that was approved for medical use in the United States in 1955. It is on the World Health Organization's List of Essential Medicines. In 2019, it was the 122nd most prescribed medication in the United States with more than 5 million prescriptions. This drug was proven effective for the treatment of MERS and SARS, but was deemed dangerous by the CDC and WHO for the treatment of COVID-19. However, several medical professionals around the world claim that this drug effectively treats COVID-19 infections. This drug has been used for over 60 years to treat malaria, autoimmune diseases, rheumatoid arthritis, skin diseases, and has been increasingly recognized to effectively treat a number of other diseases.

<https://www.ccjm.org/content/85/6/459>

Iatrarchy: means government by physicians (i.e. masks, social distancing, travel bans, lock downs, limited treatments).

Intermediate species/host: An organism that can be infected with a pathogen from a reservoir species and passes the pathogen to another host species: infection is not sustained in this population.

Ivermectin: A Nobel Prize winning medicine that has been on the market for over 30 years. This drug is on the World Health Organization's list of essential medicines. It is very easy and cheap to produce (less than 3 cents a tablet), and it is generic so that any country or business can make it. It takes about 5 tablets to Ivermectin to cure COVID-19. The medical community has

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known since early January 2021 that Ivermectin was the best drug to prevent and treat COVID-19. Key point: There would be no emergency use vaccines for a virus/disease if there is a known prevention and treatment for a disease. Based on 27 studies, COVID-19 patients treated with Ivermectin had an 83% reduction in deaths, 88% reduction in COVID infection.¹ Another meta-analysis of 15 trials published in June 2021 found that Ivermectin “reduced COVID-19 infection by an average of 86% (95% confidence interval 79%-91%).”² The conclusions of this report outline the following: “Moderate certainty evidence finds that large reductions in COVID-19 deaths are possible using ivermectin. Using ivermectin early in the clinical course may reduce numbers progressing to severe disease. The apparent safety and low cost suggest that ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally.”³ Because this topic is controversial, the following sources are provided:

Ivermectin Sources:

¹ Lawrie, Teresa. “Ivermectin reduces the risk of death from COVID-19: a rapid review and meta-analysis in support of the recommendation of the Front Line COVID-19 Critical Care Alliance. January 2021.

https://www.researchgate.net/publication/348297284_Ivermectin_reduces_the_risk_of_death_from_COVID-19_-_a_rapid_review_and_meta-analysis_in_support_of_the_recommendation_of_the_Front_Line_COVID-19_Critical_Care_Alliance_Latest_version_v12_-_6_Jan_2021

² Bryant, Andrew et al. “Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines.” *American journal of therapeutics* vol. 28,4 e434-3460. 21 Jun. 2021.

³ Ibid.

Laboratory-adapted viruses: Viruses that have undergone natural, random mutations through human-enabled processes in a laboratory (such as repeated passage through animals or cells) that put pressure on the virus to more rapidly evolve. Specific changes to the viral genome are not necessarily anticipated in these processes, though the virus can be expected to gain certain characteristics, like the ability to infect a new species.

Messenger ribonucleic acid (mRNA): The single-stranded molecule that carries genetic code from DNA in a cell’s nucleus to ribosomes (the cell’s protein-making machinery).

mRNA medicines: According to Moderna, “mRNA medicines aren’t small molecules, like traditional pharmaceuticals...And they aren’t traditional biologics (recombinant proteins and monoclonal antibodies) which were the genesis of the biotech industry... Instead, mRNA medicines are sets of instructions and these instructions direct cells in the body to make proteins to prevent or fight disease.” For more information see: <https://www.modernatx.com/mrna-technology/science-and-fundamentals-mrna-technology>

Microbiology: The scientific study of microorganisms. The sub-disciplines of microbiology are the following: virology, bacteriology, protistology, mycology, immunology, and parasitology.

Middle East Respiratory Syndrome (MERS-CoV): The MERS coronavirus is also known as the camel flu because it is claimed to be a zoonotic virus transmitted from camels to people (and

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not a lab generated or virus GoF virus). The first MERS case occurred in 2012, and large outbreaks have occurred in South Korea in 2015 and in Saudi Arabia in 2018. There is no vaccine for this disease. Symptoms include fever, cough, and shortness of breath.

Molecular Biology: Study of the molecular basis of activities in and between cells. This includes techniques to amplify or join genetic sequences.

National Institutes of Health (NIH): The United States medical research agency that is part of the Department of Health and Human Services. The NIH is the largest source of funding for medical research in the world. The NIH has the following 27 different components: National Cancer Institute (NCI), National Eye Institute (NEI), National Heart, Lung, and Blood Institute (NHLBI), National Human Genome Research Institute (NHGRI), National Institute on Aging (NIA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Allergy and Infectious Diseases (NIAID), National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Institute of Biomedical Imaging and Bioengineering (NIBIB), Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Institute of Deafness and Other Communication Disorders (NIDCD), National Institute of Dental and Craniofacial Research (NIDCR), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute on Drug Abuse (NIDA), National Institute on Environmental Health Sciences (NIEHS), National Institute of Mental Health (MIMH), National Institute of General Medical Sciences (NIGMS), National Institutes on Minority Health and Health Disparities (NIMHD), National Institute of Neurological Disorders and Stroke (NINDS), National Institute of Nursing Research (NINR), National Library of Medicine (NLM), Center for Information Technology (CIT), Center for Scientific Review (CSR), Fogarty International Center (FIC), National Center for Advancing Translational Sciences (NCATS), National Center for Complementary and Integrative Health (NCCIH), and NIH Clinical Center (CC).

National Institute of Allergy and Infectious Diseases (NIAID): Just one of 27 components (listed above) of the NIH that falls within the Department of Health and Human Services. The NIAID conducts and supports basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases. Dr. Anthony Fauci has worked at for the NIH since 1968 and has served as the director of NIAID since 1984. The NIAID is composed of 7 research divisions: The Division of AIDS; the Division of Allergy, Immunology, and Transplantation; the Division of Clinical Research, the Division of Extramural Activities; the Division of Intramural Research; the Division of Microbiology and Infectious Diseases; and the Dale and Betty Bumpers Vaccine Research Center (VRC). The VRC's core focus is the development of an effective vaccine for HIV/AIDS. The VRC is also working on vaccines for influenza, malaria, Ebola, Chikungunya, SARS, and MERS.

Natural Immunity: Immunity is the body's ability to protect itself from getting sick after being exposed to an infectious germ that is either a bacterium, virus, parasite, or fungus. Natural immunity is the antibody protection that the body creates against a germ after being infected. Unlike the United States, most of the world recognizes natural immunity from a previous COVID-19 infection as the same immunity as being vaccinated.

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Naturally Occurring Viruses: Viruses that have not been altered in a laboratory. Viruses commonly undergo random mutations as part of the evolutionary process and can continue to change over time: mutations may enable a virus to adapt to its environment, such as evading host immune responses and promoting viral replication.

Nuremburg Code (1947): Grew out of the war crime trials at the end of WWII. The Nuremburg Codes were designed to prevent the atrocities (i.e. medical experiments conducted by the Nazis) from happening again by establishing the principle of free, prior, and informed consent for all medical interventions or experiments. Understanding the Nuremburg Code enlightens the details related to the Internal Review Board (IRB) process for anyone doing either academic or institutional research. “The judgment by the war crimes tribunal at Nuremburg laid down 10 standards to which physicians must conform when carrying out experiments on human subjects in a new code that is now accepted worldwide.” “This judgment established a new standard of ethical medical behavior for the post World War II human rights era.” “Amongst other requirements, this document enunciates the requirement of voluntary informed consent of the human subject.” “The principle of voluntary informed consent protects the right of the individual to control his own body.” “This code also recognizes that the risk must be weighed against the expected benefit, and that unnecessary pain and suffering must be avoided.” This code recognizes that doctors should avoid actions that injure human patients.” “The principles established by this code for medical practice now have been extended into general codes of medical ethics.” Source: <http://www.cirp.org/library/ethics/nuremburg/>

The Nuremburg Code: :

- 1) The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.
- 2) The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
- 3) The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment.
- 4) The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
- 5) No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

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- 6) The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
- 7) Proper preparations should be made, and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
- 8) The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
- 9) During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
- 10) During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

Nuremburg 2.0 Project: A group of over 1,000 lawyers and 10,000 medical specialists who are suing the CDC, WHO, and Davos Group (the World Economic Forum) for crimes against humanity. In connection to the Nuremburg Code, this group argues that the COVID-19 vaccines are in direct violation because voluntary consent is essential. There should not be intervention, or any element of force, fraud, deceit, duress, or forms of coercion related to taking an experimental drug or gene therapy that is being called a vaccine.

Outbreak: A sudden increase in occurrences of a disease in a particular time and place. Outbreaks include **epidemics**, which is a term that is reserved for infectious diseases that occur in a confined geographical area. **Pandemics** are near-global disease outbreaks.

Program for Appropriate Technology in Health (PATH): An international nonprofit; global health organization based in Seattle (same city as the Bill & Melinda Gates foundation that provides most of the organization's budget). PATH focuses on health care platforms (vaccines, drugs, diagnostics, devices, system and service innovations). Founded in 1977 with the original name of Program for the Introduction and Adaptation of Contraceptive Technology with a focus on family planning. PATH broadened its purpose to work on an array of global health issues such as health technologies, maternal health, child health, reproductive health, vaccines, and emerging and epidemic diseases such as HIV, malaria, tuberculosis, and COVID-19.

Pathogen: A bacterium, virus, or other microorganism that can cause disease.

Phylogenetics: The study of the evolutionary relationships among groups of organisms.

Progenitor virus: A virus that is closely related enough to another virus to determine if it is a direct ancestor of another virus. The closest known relative to SARS-CoV-2 is only around 96% similar; to put this into context, humans and chimps are around 99% similar, demonstrating the significant differences even at this level of similarity.

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Public Health and Medical Professionals for Transparency: A nonprofit organization made up of public health professionals, medical professionals, scientists, and journalists. This organization submitted a Freedom of Information Act Request to the FDA for all the data within Pfizer's COVID-19 vaccine biological product file, and then had to sue the FDA for not releasing the data. The FDA asked in court for 75 years to release the documents. The judge gave the FDA 8 months. For more information and direct access to the court and Pfizer documents see: <https://phmpt.org/>

Remdesivir: An antiviral drug that is one of two (along with the steroid dexamethasone) approved by the FDA and the NIH to treat COVID-19 patients in American hospitals even though the World Health Organization declared in November 2020 that based on a global study with more than 11,200 patients in over 30 countries, Remdesivir did not work as a treatment for COVID-19 diseases. This is a very deadly drug. For more information see: <https://www.nbcnews.com/health/health-news/remdesivir-shouldn-t-be-used-hospitalized-covid-19-patients-who-n1248320> and <https://principia-scientific.com/doctor-reveals-remdesivir-is-real-cause-of-covid-19-maladies/>

Retrovirologist: An immune-system destroying germ expert.

Ribonucleic Acid (RNA): A molecule essential for gene coding, decoding, regulation, and expression. Certain viruses use RNA as a genetic blueprint.

Severe Acute Respiratory Syndrome (SARS): A viral respiratory illness caused by a coronavirus. SARS was first reported in Asia in February 2003. A total of 8,089 people worldwide became sick with SARS during the 2003 outbreak, and 774 died (mostly from pneumonia). Common symptoms included: headache, an overall feeling of discomfort, and body aches. For more information see: <https://www.cdc.gov/sars/about/fs-sars.html>

SPARS Pandemic 2025-2028: A (futuristic scenario) pandemic exercise completed by the Johns Hopkins Center for Health Security in 2017. In this exercise a coronavirus is brought into the United States from overseas causing a pandemic. Untested vaccines are disseminated to the public, celebrities are recruited to promote the vaccines amidst public skepticism, people begin to suffer adverse side effects, and the government seeks to maintain control of the narrative. This is a propaganda exercise and playbook on how to control the narrative when the experimental vaccines begin to injure people. It also predicts Japan rejecting America's vaccine and BLM coming onto the scene. In addition, to a prediction of a widespread power outage. For more information see: <https://www.auricmedia.net/wp-content/uploads/2020/12/spars-pandemic-scenario.pdf>

Thomson Corporation: One of the world's largest information companies. The Thomson Corporation purchased Reuters Group in 2008. Thomson Reuters is one piece of the very large Thomson Corporation conglomerate puzzle that operates in the following five sectors: financial services (Thomson Financial), healthcare sectors (Thomson Healthcare), law (Thomson Legal), science and technology research (Thomson Scientific), and tax and accounting sectors (Thomson Tax & Accounting). Thomson Reuters is one of the largest multinational media conglomerates in the world. Reuters is also famous for their misinformation fact checkers in numerous social

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media platforms. Thomson Corporation owns all the search engine companies that provide legal, financial, academic, and medical information to include the following: Thomson ONE, Findlaw, Westlaw, BARBRI, Pangea3, Physician's Desk Reference, RIA, Creative Solutions, Quickfinder, DISEASEDEX which is now merged with IBM Watson Health, DurgREAX, Medstat, Refinitiv, Checkpoint, EndNote, Clarative, MicroPatent, Aureka, InfoTrac, Web of Science, Brookers, and many other databases and search engines. This corporation owns the media message, the data, and the fact checkers who censor anyone that speaks against their strategic narrative. The CEO for Thomson Reuters (James Smith) has also been on the Pfizer board of directors since 2014 which is an obvious conflict of interest directly related to Reuters serving as the official fact checkers for social media outlets such as Twitter and Facebook. For more information see: <https://www.thomsonreuters.com/en.html>

Transhumanism: The belief or theory that the human race can evolve beyond its current physical and mental limitations, especially by means of science and technology. Concepts that connect with transhumanism are posthumanism, human enhancement, mind uploading, and technological singularity. Some argue that the mRNA vaccine is a step towards transhumanism.

Transmissibility: The measure of new infections initiated by an existing infection.

Urban Outbreak 2019 Pandemic Response: An analytic war game designed, delivered, and analyzed by the Navy War College's Humanitarian Response program in collaboration with Uniformed Services University of Health Sciences, National Center for Disaster Medicine and Public Health, and Johns Hopkins University's Applied Physics Lab during September 2019. This war game was based on a scenario of an infectious disease outbreak of a notional city with a population of 21 million people. Report published 1 April 2020. For more information see: <https://digital-commons.usnwc.edu/cgi/viewcontent.cgi?article=1001&context=civmilresponse-program-sims-uo-2019>

Vaccine: By definition, a vaccine must provide immunity to a virus, protect recipients from getting the virus, and reduce deaths, infections, circulation and transmission of a virus.

Vaccine Adverse Reporting System (VAERS): Healthcare workers in America are required by law to report issues caused by vaccines in VAERS. However, many do not know about this requirement, have the required training to perform this task, nor the time or desire to perform this task.

Virus: A replicating piece of genetic material (DNA or RNA) and the associated proteins that use the cellular machinery of a living cell to reproduce. Viruses can be classified according to the host cell they infect (i.e. animal viruses, plant viruses, fungal viruses, and bacteriophages). Viruses range in size from about 30 nm to about 500 nm. The SARS-CoV-2 virus size ranges from 50 nm to 140 nm.

Virology: The branch of microbiology science that deals with the study of viruses and viral diseases. Virologists determine virus classification, evolution, structure, composition, ways of infecting, different ways of culturing them, their use in a laboratory, and various methods to isolate viruses and their physiology.

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World Economic Forum: <https://www.weforum.org/events/the-davos-agenda-2021/cochairs>

World Health Organization (WHO): Is a specialized agency of the United Nations that was established in 1948. The WHO is responsible for international public health. The organization is Headquartered in Geneva, Switzerland and has 150 field offices worldwide.

Zika: A virus that is named after the Zika Forest of Uganda where the virus was first isolated in 1947. Zika viruses share a genus with yellow fever and the West Nile viruses. The first Zika pandemic began in 2007. A total of 18 companies and institutions are currently working to develop a vaccine against Zika.

Zoonosis: An infection or a disease that is transmissible from animals to humans under natural conditions. A zoonotic pathogen may be viral, bacterial, or parasitic, and can sometimes be transmitted through insects, such as mosquitoes, ticks, and fleas.

Zoonotic: A scientific theory that germs (viruses, bacterial, parasites, and fungi) are transmitted between animals and people naturally.

Zoonotic Spillover: An initial infection or disease that is caused by contact between an animal and human under natural conditions.

APPENDIX B: Key Stakeholders

Academia Key Stakeholders

Ralph Baric (University of North Carolina Chapel Hill)

A microbiology and Immunology who has spent the past three decades as a world leader in the study of coronaviruses. He argues that GoF experiments and research are critical to the development of broad-based vaccines and therapeutics. In 2015 Baric (along with Bat Woman) developed a coronavirus that can destroy human lung tissue and cause blood clots (research that was funded by the NIH) and has 73 patents associated with this research. Baric's name is on several virus patents as a synthetic "artificial sequence" for proteins, RNA, and DNA. For more information see: https://sph.unc.edu/adv_profile/ralph-s-baric-phd/ and <https://exposingmedicaltyranny.wordpress.com/2021/09/13/exposing-eugenics-dr-ralph-baric/>

Dr. Francis Boyle (University of Illinois College of Law):

International law specialist and genetic bioweapons expert who advocated for decades against the development and use of bioweapons. He suspects that the COVID-19 pandemic is a result of a bioweapon that he calls a lab turbocharged SARS. Dr. Boyle helped American lawmakers frame the Biological Weapons Anti-Terrorism Act of 1989, and he called for biowarfare legislation at the Biological Weapons Convention of 1972. Dr. Boyle argues that COVID-19 vaccine mandates are a violation of the Nuremberg Code on Medical Experimentation. For more information see: <https://law.illinois.edu/faculty-research/faculty-profiles/francis-boyle/> and <https://wakenfromthyslumber.com/articles/Dr-Francis-Boyle/index.html>

Dr. Thomas Briese (Columbia University)

An epidemiology expert who conducts research in molecular epidemiology of emerging viral diseases. Describes virus GoF research as a proactive approach to understand what will eventually happen in nature. He is responsible for cloning the genome of Borna disease virus which is believed to be the agent linked to some mental disorders. He also serves as an adviser to the World Health Organization. For more information see: <https://www.publichealth.columbia.edu/people/our-faculty/tb2047>

Dr. Yoshihiro Kawaoka (University of Wisconsin-Madison)

A globally recognized virologist and influenza expert who has been working on an Ebola vaccine. Dr. Kawaoka is best known for using reverse genetics to make a lab version of the 1918 Spanish Flu virus. He proposes a concept to classify types of viruses GoF research with categories that are dependent on the outcome of the experiments. He calls the first category gain of function research of concern, which are the generation of viruses with properties that do not exist in nature. The most famous example of this category is H5N1 influenza A viruses that are airborne-transmissible. A second category deals with the generation of viruses that may be more pathogenic and/or transmissible than the wild type viruses but are still comparable to or less problematic than those existing in nature. For more information see: <https://ghi.wisc.edu/staff/kawaoka-yoshihiro/>

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Governmental Key Stakeholders

Dr. Robert (Bob) Gallo (National Cancer Institute)

A retrovirologist for the National Cancer Institute (NCI) during the 1970's and 1980's. He initially became famous during for his theory that viruses played a role in leukemia and other forms of cancer. He is accredited for discovering the AIDS virus in 1984, but based on his peer reviewed publications during the 1970s, the evidence suggest that he created the AIDS virus during the 1970s. (Horowitz p. 51) Gallo was the principal beneficiary of a \$10 million DoD AIDS-like virus contract in 1970. (source: DoD appropriations for 1970 Subcommittee) Gallo was the head of the NIH and NCI's Section on Cellular Control Mechanisms. He is the reason why Nixon launched the "war on cancer" during the 1971 reelection campaign. Gallo claimed that he discovered leukemia's cause which was an "RNA-retrovirus" and that the NCI would have a vaccine for cancer available by 1976. (Horowitz p. 49).

Dr. Judy Mikovitz (Fort Detrick & NIH)

A virologist who worked at Fort Detrick (US Army) for years and with Anthony Fauci at the NIH. She claims that COVID-19 (the disease) is not caused by the SARS-CoV-2 coronavirus. Dr. Mikovitz also claims that the PCR test does not test for SARS-CoV-2, that there is a 99.7% survival rate for the SARS-CoV-2 virus, and that there is no such thing as an asymptomatic carrier for a disease-causing virus. Dr. Mikovitz claims that the COVID vaccines are Clot Shots and Kill Shots and that they do not prevent the transmission of the SARS-CoV-2 virus. She also claims that the flue and COVID vaccines are injecting people with deadly synthetic viruses, and that those injected are the ones shedding and spreading the virus. Dr. Mikovitz estimates that the COVID vaccines will kill 50 million Americans. For more information see: <https://prepareforchange.net/2021/11/19/exclusive-dr-judy-mikovits-antidote-for-vaccine-toxin-and-warns-against-dangerous-fake-one-video/>

Dr. Shi Zhengli (China's Wuhan's Lab):

A Chinese virologist known for her research on SARS like coronaviruses. She has been researching bat-borne viruses since 2004 and she has coauthored over 130 publications on viral pathogen identification, diagnosis, and epidemiology. Dr. Zhengli directs the Center for Emerging Infectious Diseases at the Wuhan Institute of Virology (WIV). On her resume, Dr. Zhengli mentions receiving grant funding from the US government (NIH) totaling more the \$1.2M. She is also known as the "bat woman." She is the head of the Wuhan Lab and is accused of being possible source of the SARS epidemic and for the COVID 19 pandemic. For more information see: <https://www.nytimes.com/2021/06/14/world/asia/china-covid-wuhan-lab-leak.html> and https://www.ws-virology.org/dt_team/zhengli-shi/ or <https://miningawareness.wordpress.com/2021/06/05/us-niaid-funded-baric-shi-gain-of-function-research-featured-in-fauci-foia-emails-built-upon-mouse-gain-of-function-virus-created-by-the-niaid-the-cdc-and-unc-cha/>

Non-Governmental Key Stakeholders

Dr. Richard Amerling

The Associate Medical Director of America's Frontline Doctors. He is a highly published nephrology expert. Nephrology is the branch of medicine that deals with the physiology and diseases of the kidneys. Dr. Amerling argues that the COVID vaccines are creating and spreading the COVID variants, and it is the shots that is keeping the pandemic going. He also points out how many people die between the first and second COVID vaccine shots, and how their deaths are labeled as not fully vaccinated. For more information see: <https://lovinglifetv.com/scientist-dr-richard-amerling-blows-the-lid-on-the-experimental-drugs/> and <https://theconservativepundit.net/2021/10/06/covid-19-response-and-the-tyranny-of-evidence-based-medicine/>

Dr. Ryan Cole

Mayo Clinic trained pathologist and immunologist who is currently the CEO and Medical Director of Cold Diagnostics that performs pathology diagnoses. He has helped perform and diagnose over 100,000 COVID tests using molecular testing, microbiology, clinical laboratory blood testing, and cytology. He was a key speaker during the White Coats Summit. He argues that there is no such thing as The Science. Instead, he points out that science is exploring, thinking, proving, and disproving. He discovered that the spike protein found in the COVID vaccine causes the same disease as the COVID virus. Thus, he calls the vaccine a poisonous attack on the human population. For more info see: <https://www.bitchute.com/video/oBPGDbwWzPQy/>

Peter Daszack

A British zoologist and president of EcoHealth Alliance which is a New York based nonprofit that works to thwart infectious disease outbreaks. Daszack lead the narrative soon after the initial COVID-19 outbreak to dismiss allegations that the virus came from a lab. There is evidence that Daszak and EcoHealth Alliance directly funded China's Wuhan Institute of Virology. Also, Daszak co-authored dozen of papers with scientist connected to Wuhan. See: https://www.realclearscience.com/articles/2021/11/25/has_peter_daszak_misled_the_public_805248.html and [Smoking gun: Wuhan collaborator Peter Daszak admits to developing "killer" coronaviruses with communist Chinese \(biologicalweapons.news\)](https://biologicalweapons.news)

Dr. Richard Fleming

He is a physicist and nuclear cardiologist who is the Director and Chair of The Camelot Foundation, and he works at Fleming Diagnostic and Therapeutic Management. He is a cardiology expert and one of the more popular keynote speakers on topics ranging from Inflammation and Coronary Artery Disease to Bioenergetics Medicine. A common guest on TV, radio, and internet podcasts speaking on SARS-CoV-2 related topics including ethical issues, gain of function studies, treatments and vaccines, inflammation, and SARS-CoV-2. He is also known for The Fleming Directed CoVid-19 Treatment Protocol that begins with stabilizing the immune response & opening airways to improve oxygenation. For more information on this protocol (that is very different than the NIH treatments) see: <https://c19protocols.com/wp-content/uploads/2021/01/fleming-protocol.pdf>

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<https://www.thecompleteguidetohealth.com/theflemingprotocols.html>
<https://clinicaltrials.gov/ct2/show/NCT04349410>

Dr. Reiner Fuellmich:

An international trial lawyer who has successfully sued large fraudulent corporations like Volkswagen and Deutsche Bank. He is a key leader and public front man for The Nuremberg 2.0 Project, which is an international team of lawyers and medical experts that are suing the CDC, WHO, and the Davos Group for crimes against humanity.

Dr. Tess Lawrie: Previously worked for the World Health Organization (WHO) while serving as a doctor in South Africa. She is currently the Director of an organization called The Evidence-based Medicine Consultancy Ltd. Dr. Lawrie's company reviews bodies of evidence and conducts independent scientific research to support medical recommendations around the world (without conflicts of interests). She sent a report to the WHO in January 2021 informing them that the scientific evidence on Ivermectin showed that Ivermectin prevents and treats COVID-19 at all stages of the disease. For more information see:

<https://ratical.org/PandemicParallaxView/DrTessLawrie-IVM-for-Covid-050721.html>

Dr. David Martin

A patent expert and chairman of MCAM CNBC IQ100 which has been the world's largest underwriter (since 1998) of intangible assets for most countries around the world. All patents, patent applications, procurement records, e-government records, and federal grants are tracked and monitored by Dr. Martin and his business. Basically, he is in the business of monitoring innovations around the world and the economics of that innovation. He has looked at the 4,000 patents that have been issued around the SARS Corona virus, and all the patented manipulations of various viruses. He argues that there is no such thing as a novel Corona virus. The SARS Corona patents go back to 1999. Based on a US patent application from 8 January 2000 and approved on 19 April 2002, the NIAID funded research for an "an infectious replication defective corona virus that was specifically targeted for human lungs" (SARS: patent# 7279327). Just a few months before the first SARS event in Asia. Hence, SARS is a product of US taxpayer funded GoF research and is a patented man made virus. The same is true for SARS COV-2. SARS COV-2 has 73 patents that were issued between 2008 and 2019, specifically the clinically "novel" aspects of the virus. Dr. Martin also argues that the COVID vaccine is actually a gene therapy that is illegally being marketed as a vaccine. For the details (facts and patent numbers), see the following two hour video:

<https://www.bitchute.com/video/Ac1qFBHLu0Db/>

Dr. Robert Malone

One of the most eminent medical scientist and vaccinology doctors in the United States who was the primary inventor of the mRNA vaccine. He calls the mRNA vaccine an experimental genetic drug that is very different from the traditional vaccines that work by introducing a small amount of the virus that causes the human body to make antibodies. He warns that the mRNA vaccines could cause antibody-dependent enhancement (ADE) disease. In addition, the mRNA vaccine might enhance the development of immunologic disease which means that the mRNA vaccines could cause the pathogen to become more infectious or cause

APPENDIX B: Key Stakeholders

more disease than would be observed without the vaccine. For more information see: <https://www.thethinkingconservative.com/dr-robert-w-malone/>

Dr. Peter McCullough

A cardiologist and epidemiologist who has 51 peer-reviewed publications on the SARS-CoV-2 virus and COVID-19 infectious disease as well as the cardiovascular complications of both the viral infection and the injuries developed after the COVID-19 vaccine. He is considered among the world's experts on COVID-19, and he claims that SARS-CoV-2 only spreads when symptoms are present. He also supports natural immunity, treating COVID-19 with Ivermectin, and strongly supports the narrative that the vaccines are dangerous. For more information see: <https://www.americaoutloud.com/author/dr-peter-mccullough/>

Gerret Vanden Bossche

A vaccine and virology expert with connections with the Bill & Melinda Gates Foundation. He scrutinized the safety of the Ebola vaccine trials conducted by the WHO in Guinea in 2015. He currently serves as a Biotech/Vaccine consultant and conducts his own research on Natural Killer cell-based vaccines. He is strongly against the COVID-19 mRNA vaccine. For more information see: <https://www.geertvandenbossche.org/>

James C. Smith

An American business executive who served as the CEO since 2012 of Thomson Reuters Corporation (the owners of the Reuters Group). Thomson Reuters is one piece of the very large Thomson Corporation conglomerate puzzle that operates in the following five sectors: financial services (Thomson Financial), healthcare sectors (Thomson Healthcare), law (Thomson Legal), science and technology research (Thomson Scientific), and tax and accounting sectors (Thomson Tax & Accounting). Thomson Reuters is one of the largest multinational media conglomerates in the world. Reuters is also famous for their “fact checkers.” James Smith has also served as the director of the board at Pfizer since 2014, and is also Chair of Pfizer's Compensation Committee and is a member of Pfizer's Audit Committee. Smith is also a member of the International Business Council of the World Economic Forum. For more information see: https://www.pfizer.com/people/leadership/board-of-directors/james_smith

Mike Yeadon

Former Vice President and Chief Science Officer at Pfizer claims that the drive to inject the largest possible portion of the population with experimental COVID-19 vaccines is “madness,” involves “evil,” includes “crimes against humanity” and may have the intention of “massive-scale depopulation.”

Dr. Vladimir Zelenko

A Ukrainian-American family physician, Nobel Prize nominee, who is known worldwide for the very successful Zelenko Protocol outpatient treatment for COVID-19 that uses a three drug combination of hydroxychloroquine, zinc sulfate, and azithromycin. His treatment has a 99% survival rate for high risk COVID-19 patients. Dr. Zelenko is also famous for believing that the people who engineered the COVID-19 pandemic as an excuse to cull the human population by vaccine will eventually be tried by an international tribunal for their crimes against humanity. For more information see: <https://vladimirzelenkomd.com/>

APPENDIX C: Nuremberg 2.0 Project

The following information is copied directly from the following source:

<https://covid19reporter.com/lawyers-prepare-for-nuremberg-2-0-trials-for-covid-perpetrators-profiters/>

The Nuremberg 2.0 Project is a class action lawsuit supported by thousands of lawyers and medical professionals worldwide, led by the American-German lawyer Reiner Fuellmich, who is prosecuting those responsible for the Covid-19 scandal manipulated by the Davos Forum. According to Reiner Fuellmich, all the frauds committed by German companies are derisory compared to the damage that the Covid-19 crisis has caused and continues to cause. This Covid-19 crisis should be renamed the “Covid-19 Scandal” and all those responsible should be prosecuted for civil damages due to manipulations and falsified test protocols. Therefore, an international network of business lawyers will plead the biggest tort case of all time, the Covid-19 fraud scandal, which has turned into the largest crime against humanity to ever be committed. The three major questions to be answered in the context of a judicial approach to the Corona Scandal are:

- 1) Is there a corona pandemic or is there only a PCR-test pandemic? Specifically, does a positive PCR-test result mean that the person tested is infected with Covid-19, or does it mean absolutely nothing in connection with the Covid-19 infection?
 - 2) Do the so-called anti-corona measures, such as the lockdown, mandatory face masks, social distancing, and quarantine regulations, serve to protect the world’s population from corona? Or do these measures serve only to make people panic so that they believe, without asking any questions, that their lives are in danger — so that, in the end, the pharmaceutical and tech industries can generate huge profits from the sale of PCR tests, antigen and antibody tests and vaccines, as well as the harvesting of our genetic fingerprints?
 - 3) Is it true that the German government was massively lobbied, more so than any other country, by the chief protagonists of this so-called corona pandemic (Mr. Drosten, virologist at Charité Hospital in Berlin; Mr. Wieler, veterinarian and head of the German equivalent of the CDC, the RKI; and Mr. Tedros, head of the World Health Organization or WHO) because Germany is known as a particularly disciplined country and was therefore to become a role model for the rest of the world for its strict and, of course, successful adherence to the corona measures?
- ‘The corona crisis must be renamed the “Corona Scandal”

It is:

- The biggest tort case ever
- The greatest crime against humanity ever committed

Those responsible must be:

- Criminally prosecuted for crimes against humanity
- Sued for civil damages

Deaths:

- There is no excess mortality in any country
- Corona virus mortality equals seasonal flu
- 94% of deaths in Bergamo were caused by transferring sick patients to nursing homes where they infected old people with weak immune systems
- Doctors and hospitals worldwide were paid to declare deceased victims of Covid-19
- US states with and without lockdowns have comparable disease and mortality statistics

APPENDIX C: Nuremberg 2.0 Project

Autopsies showed:

- Fatalities almost all caused by serious pre-existing conditions
- Almost all deaths were very old people
- Sweden (no lockdown) and Britain (strict lockdown) have comparable disease and mortality statistics

Health:

- Hospitals remain empty and some face bankruptcy
- Populations have T-cell immunity from previous influenza waves
- Herd immunity needs only 15-25% population infection and is already achieved
- Only when a person has symptoms can an infection be contagious

Tests:

- Many scientists call this a PCR-test pandemic, not a corona pandemic
- Very healthy and non-infectious people may test positive
- Likelihood of false-positives is 89-94% or near certainty
- Prof. Drosten developed his PCR test from an old SARS virus without ever having seen the real Wuhan virus from China
- The PCR test is not based on scientific facts with respect to infections
- PCR tests are useless for the detection of infections
- A positive PCR test does not mean an infection is present or that an intact virus has been found
- Amplification of samples over 35 cycles is unreliable but WHO recommended 45 cycles

Illegality:

- The German government locked down, imposed social-distancing/ mask-wearing on the basis of a single opinion
- The lockdown was imposed when the virus was already retreating
- The lockdowns were based on non-existent infections
- Former president of the German federal constitutional court doubted the constitutionality of the corona measures
- Former UK supreme court judge Lord Sumption concluded there was no factual basis for panic and no legal basis for corona measures
- German RKI (CDC equivalent) recommended no autopsies be performed
- Corona measures have no sufficient factual or legal basis, are unconstitutional and must be repealed immediately
- No serious scientist gives any validity to the infamous Neil Ferguson's false computer models warning of millions of deaths
- Mainstream media completely failed to report the true facts of the so-called pandemic
- Democracy is in danger of being replaced by fascist totalitarian models
- Drosten (of PCR test), Tedros of WHO, and others have committed crimes against humanity as defined in the International Criminal Code
- Politicians can avoid going down with the charlatans and criminals by starting the long overdue public scientific discussion

Conspiracy:

- Politicians and mainstream media deliberately drove populations to panic

APPENDIX C: Nuremberg 2.0 Project

- Children were calculatedly made to feel responsible “for the painful tortured death of their parents and grandparents if they do not follow Corona rules”
- The hopeless PCR test is used to create fear and not to diagnose
- There can be no talk of a second wave

Injury and damage:

- Evidence of gigantic health and economic damage to populations

Anti-corona measures have:

- Killed innumerable people
- Destroyed countless companies and individuals worldwide
- Children are being taken away from their parents
- Children are traumatized in mass
- Bankruptcies are expected in small- and medium-sized businesses

Redress:

- A class action lawsuit must be filed in the USA or Canada, with all affected parties worldwide having the opportunity to join
- Companies and self-employed people must be compensated for damages’

Source: <https://covid19reporter.com/lawyers-prepare-for-nuremberg-2-0-trials-for-covid-perpetrators-profiteers/>

APPENDIX D: FDA Letter to Pfizer



August 23, 2021

Pfizer Inc.
Attention: Ms. Elisa Harkins
500 Arcola Road
Collegeville, PA 19426

Dear Ms. Harkins:

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act or the Act), the Secretary of the Department of Health and Human Services (HHS) determined 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 the virus that causes Coronavirus Disease 2019 (COVID-19).¹ On the basis of such determination, the Secretary of HHS on March 27, 2020, declared that circumstances exist justifying the authorization of emergency use of drugs and biological products during the COVID-19 pandemic, pursuant to Section 564 of the Act (21 U.S.C. 360bbb-3), subject to terms of any authorization issued under that section.²

On December 11, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for emergency use of Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19 for individuals 16 years of age and older pursuant to Section 564 of the Act. FDA reissued the letter of authorization on: December 23, 2020,³ February 25, 2021,⁴ May

¹ U.S. Department of Health and Human Services, Determination of a Public Health Emergency and Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3, February 4, 2020.

² U.S. Department of Health and Human Services, *Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act*, 21 U.S.C. § 360bbb-3, 85 FR 18250 (April 1, 2020).

³ In the December 23, 2020 revision, FDA removed reference to the number of doses per vial after dilution from the letter of authorization, clarified the instructions for vaccination providers reporting to VAERS, and made other technical corrections. FDA also revised the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) to clarify the number of doses of vaccine per vial after dilution and the instructions for reporting to VAERS. In addition, the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) and the Fact Sheet for Recipients and Caregivers were revised to include additional information on safety monitoring and to clarify information about the availability of other COVID-19 vaccines.

⁴ In the February 25, 2021 revision, FDA allowed flexibility on the date of submission of monthly periodic safety reports and revised the requirements for reporting of vaccine administration errors by Pfizer Inc. The Fact Sheet for Health Care Providers Administering Vaccine (Vaccination Providers) was revised to provide an update to the storage and transportation temperature for frozen vials, direct the provider to the correct CDC website for information on monitoring vaccine recipients for the occurrence of immediate adverse reactions, to include data from a developmental toxicity study, and add adverse reactions that have been identified during post authorization use. The Fact Sheet for Recipients and Caregivers was revised to add adverse reactions that have been identified during post authorization use.

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10, 2021,⁵ June 25, 2021,⁶ and August 12, 2021.⁷

On August 23, 2021, FDA approved the biologics license application (BLA) submitted by BioNTech Manufacturing GmbH for COMIRNATY (COVID-19 Vaccine, mRNA) for active immunization to prevent COVID-19 caused by SARS-CoV-2 in individuals 16 years of age and older.

On August 23, 2021, having concluded that revising this EUA is appropriate to protect the public health or safety under section 564(g)(2) of the Act, FDA is reissuing the August 12, 2021 letter of authorization in its entirety with revisions incorporated to clarify that the EUA will remain in place for the Pfizer-BioNTech COVID-19 vaccine for the previously-authorized indication and uses, and to authorize use of COMIRNATY (COVID-19 Vaccine, mRNA) under this EUA for certain uses that are not included in the approved BLA. In addition, the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) was revised to provide updates on expiration dating of the authorized Pfizer-BioNTech COVID-19 Vaccine and to update language regarding warnings and precautions related to myocarditis and pericarditis. The Fact Sheet for Recipients and Caregivers was updated as the Vaccine Information Fact Sheet for Recipients and Caregivers, which comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine and information about the FDA-licensed vaccine, COMIRNATY (COVID-19 Vaccine, mRNA).

Pfizer-BioNTech COVID-19 Vaccine contains a nucleoside-modified messenger RNA (modRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2 formulated in lipid particles. COMIRNATY (COVID-19 Vaccine, mRNA) is the same formulation as the Pfizer-BioNTech COVID-19 Vaccine and can be used interchangeably with the Pfizer-BioNTech COVID-19 Vaccine to provide the COVID-19 vaccination series.⁸

⁵ In the May 10, 2021 revision, FDA authorized Pfizer-BioNTech Vaccine for the prevention of COVID-19 in individuals 12 through 15 years of age, as well as for individuals 16 years of age and older. In addition, FDA revised the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) to include the following Warning: "Syncope (fainting) may occur in association with administration of injectable vaccines, in particular in adolescents. Procedures should be in place to avoid injury from fainting." In addition, the Fact Sheet for Recipients and Caregivers was revised to instruct vaccine recipients or their caregivers to tell the vaccination provider about fainting in association with a previous injection.

⁶ In the June 25, 2021 revision, FDA clarified terms and conditions that relate to export of Pfizer-BioNTech COVID-19 Vaccine from the United States. In addition, the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) was revised to include a Warning about myocarditis and pericarditis following administration of the Pfizer-BioNTech COVID-19 Vaccine. The Fact Sheet for Recipients and Caregivers was updated to include information about myocarditis and pericarditis following administration of the Pfizer-BioNTech COVID-19 Vaccine.

⁷ In the August 12, 2021 revision, FDA authorized a third dose of the Pfizer-BioNTech COVID-19 Vaccine administered at least 28 days following the two dose regimen of this vaccine in individuals 12 years of age or older who have undergone solid organ transplantation, or individuals 12 years of age or older who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

⁸ The licensed vaccine has the same formulation as the EUA-authorized vaccine and the products can be used interchangeably to provide the vaccination series without presenting any safety or effectiveness concerns. The products are legally distinct with certain differences that do not impact safety or effectiveness.

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For the December 11, 2020 authorization for individuals 16 years of age and older, FDA reviewed safety and efficacy data from an ongoing phase 1/2/3 trial in approximately 44,000 participants randomized 1:1 to receive Pfizer-BioNTech COVID-19 Vaccine or saline control. The trial has enrolled participants 12 years of age and older. FDA's review at that time considered the safety and effectiveness data as they relate to the request for emergency use authorization in individuals 16 years of age and older. FDA's review of the available safety data from 37,586 of the participants 16 years of age and older, who were followed for a median of two months after receiving the second dose, did not identify specific safety concerns that would preclude issuance of an EUA. FDA's analysis of the available efficacy data from 36,523 participants 12 years of age and older without evidence of SARS-CoV-2 infection prior to 7 days after dose 2 confirmed the vaccine was 95% effective (95% credible interval 90.3, 97.6) in preventing COVID-19 occurring at least 7 days after the second dose (with 8 COVID-19 cases in the vaccine group compared to 162 COVID-19 cases in the placebo group). Based on these data, and review of manufacturing information regarding product quality and consistency, FDA concluded that it is reasonable to believe that Pfizer-BioNTech COVID-19 Vaccine may be effective. Additionally, FDA determined it is reasonable to conclude, based on the totality of the scientific evidence available, that the known and potential benefits of Pfizer-BioNTech COVID-19 Vaccine outweigh the known and potential risks of the vaccine, for the prevention of COVID-19 in individuals 16 years of age and older. Finally, on December 10, 2020, the Vaccines and Related Biological Products Advisory Committee voted in agreement with this conclusion.

For the May 10, 2021 authorization for individuals 12 through 15 years of age, FDA reviewed safety and effectiveness data from the above-referenced, ongoing Phase 1/2/3 trial that has enrolled approximately 46,000 participants, including 2,260 participants 12 through 15 years of age. Trial participants were randomized 1:1 to receive Pfizer-BioNTech COVID-19 Vaccine or saline control. FDA's review of the available safety data from 2,260 participants 12 through 15 years of age, who were followed for a median of 2 months after receiving the second dose, did not identify specific safety concerns that would preclude issuance of an EUA. FDA's analysis of SARS-CoV-2 50% neutralizing antibody titers 1 month after the second dose of Pfizer-BioNTech COVID-19 Vaccine in a subset of participants who had no serological or virological evidence of past SARS-CoV-2 infection confirm the geometric mean antibody titer in participants 12 through 15 years of age was non-inferior to the geometric mean antibody titer in participants 16 through 25 years of age. FDA's analysis of available descriptive efficacy data from 1,983 participants 12 through 15 years of age without evidence of SARS-CoV-2 infection prior to 7 days after dose 2 confirm that the vaccine was 100% effective (95% confidence interval 75.3, 100.0) in preventing COVID-19 occurring at least 7 days after the second dose (with no COVID-19 cases in the vaccine group compared to 16 COVID-19 cases in the placebo group). Based on these data, FDA concluded that it is reasonable to believe that Pfizer-BioNTech COVID-19 Vaccine may be effective in individuals 12 through 15 years of age. Additionally, FDA determined it is reasonable to conclude, based on the totality of the scientific evidence available, that the known and potential benefits of Pfizer-BioNTech COVID-19 Vaccine outweigh the known and potential risks of the vaccine, for the prevention of COVID-19 in individuals 12 through 15 years of age.

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For the August 12, 2021 authorization of a third dose of the Pfizer-BioNTech COVID-19 Vaccine in individuals 12 years of age or older who have undergone solid organ transplantation, or individuals 12 years of age or older who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise, FDA reviewed safety and effectiveness data reported in two manuscripts on solid organ transplant recipients. The first study was a single arm study conducted in 101 individuals who had undergone various solid organ transplant procedures (heart, kidney, liver, lung, pancreas) a median of 97±8 months earlier. A third dose of the Pfizer-BioNTech COVID-19 Vaccine was administered to 99 of these individuals approximately 2 months after they had received a second dose. Levels of total SARS-CoV-2 binding antibodies meeting the pre-specified criteria for success occurred four weeks after the third dose in 26/59 (44.0%) of those who were initially considered to be seronegative and received a third dose of the Pfizer-BioNTech COVID-19 Vaccine; 67/99 (68%) of the entire group receiving a third vaccination were subsequently considered to have levels of antibodies indicative of a significant response. In those who received a third vaccine dose, the adverse event profile was similar to that after the second dose and no grade 3 or grade 4 events were reported. A supportive secondary study describes a double-blind, randomized-controlled study conducted in 120 individuals who had undergone various solid organ transplant procedures (heart, kidney, kidney-pancreas, liver, lung, pancreas) a median of 3.57 years earlier (range 1.99-6.75 years). A third dose of a similar mRNA vaccine (the Moderna COVID-19 vaccine) was administered to 60 individuals approximately 2 months after they had received a second dose (i.e., doses at 0, 1 and 3 months); saline placebo was given to 60 individuals or comparison. The primary outcome was anti-RBD antibody at 4 months greater than 100 U/mL. This titer was selected based on NHP challenge studies as well as a large clinical cohort study to indicate this antibody titer was protective. Secondary outcomes were based on a virus neutralization assay and polyfunctional T cell responses. Baseline characteristics were comparable between the two study arms as were pre-intervention anti-RBD titer and neutralizing antibodies. Levels of total SARS-CoV-2 binding antibodies indicative of a significant response occurred four weeks after the third dose in 33/60 (55.0%) of the Moderna COVID-19 vaccinated group and 10/57 (17.5%) of the placebo individuals. In the 60 individuals who received a third vaccine dose, the adverse event profile was similar to that after the second dose and no grade 3 or grade 4 adverse events were reported. Despite the moderate enhancement in antibody titers, the totality of data (i.e., supportive paper by Hall et al. demonstrated efficacy of the product in the elderly and persons with co-morbidities) supports the conclusion that a third dose of the Pfizer-BioNTech COVID-19 vaccine may be effective in this population, and that the known and potential benefits of a third dose of Pfizer-BioNTech COVID-19 Vaccine outweigh the known and potential risks of the vaccine for immunocompromised individuals at least 12 years of age who have received two doses of the Pfizer-BioNTech COVID-19 Vaccine and who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

Having concluded that the criteria for issuance of this authorization under Section 564(c) of the Act are met, I am authorizing the emergency use of Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19, as described in the Scope of Authorization section of this letter (Section II) and subject to the terms of this authorization. Additionally, as specified in subsection III.BB, I am authorizing use of COMIRNATY (COVID-19 Vaccine, mRNA) under this EUA when used to provide a two-dose regimen for individuals aged 12 through 15 years, or

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to provide a third dose to individuals 12 years of age or older who have undergone solid organ transplantation or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

I. Criteria for Issuance of Authorization

I have concluded that the emergency use of Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19 when administered as described in the Scope of Authorization (Section II) meets the criteria for issuance of an authorization under Section 564(c) of the Act, because:

- A. SARS-CoV-2 can cause a serious or life-threatening disease or condition, including severe respiratory illness, to humans infected by this virus;
- B. Based on the totality of scientific evidence available to FDA, it is reasonable to believe that Pfizer-BioNTech COVID-19 Vaccine may be effective in preventing COVID-19, and that, when used under the conditions described in this authorization, the known and potential benefits of Pfizer-BioNTech COVID-19 Vaccine when used to prevent COVID-19 outweigh its known and potential risks; and
- C. There is no adequate, approved, and available⁹ alternative to the emergency use of Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19.¹⁰

II. Scope of Authorization

I have concluded, pursuant to Section 564(d)(1) of the Act, that the scope of this authorization is limited as follows:

- Pfizer Inc. will supply Pfizer-BioNTech COVID-19 Vaccine either directly or through authorized distributor(s),¹¹ to emergency response stakeholders¹² as directed by the U.S.

⁹ Although COMIRNATY (COVID-19 Vaccine, mRNA) is approved to prevent COVID-19 in individuals 16 years of age and older, there is not sufficient approved vaccine available for distribution to this population in its entirety at the time of reissuance of this EUA. Additionally, there are no products that are approved to prevent COVID-19 in individuals age 12 through 15, or that are approved to provide an additional dose to the immunocompromised population described in this EUA.

¹⁰ No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

¹¹ “Authorized Distributor(s)” are identified by Pfizer Inc. or, if applicable, by a U.S. government entity, such as the Centers for Disease Control and Prevention (CDC) and/or other designee, as an entity or entities allowed to distribute authorized Pfizer-BioNTech COVID-19 Vaccine.

¹² For purposes of this letter, “emergency response stakeholder” refers to a public health agency and its delegates that have legal responsibility and authority for responding to an incident, based on political or geographical boundary lines (e.g., city, county, tribal, territorial, State, or Federal), or functional (e.g., law enforcement or public health range) or sphere of authority to administer, deliver, or distribute vaccine in an emergency situation. In some cases (e.g., depending on a state or local jurisdiction’s COVID-19 vaccination response organization and plans), there might be overlapping roles and responsibilities among “emergency response stakeholders” and “vaccination providers” (e.g., if a local health department is administering COVID-19 vaccines; if a pharmacy is acting in an

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government, including the Centers for Disease Control and Prevention (CDC) and/or other designee, for use consistent with the terms and conditions of this EUA;

- The Pfizer-BioNTech COVID-19 Vaccine covered by this authorization will be administered by vaccination providers¹³ and used only to prevent COVID-19 in individuals ages 12 and older; and
- Pfizer-BioNTech COVID-19 Vaccine may be administered by a vaccination provider without an individual prescription for each vaccine recipient.

This authorization also covers the use of the licensed COMIRNATY (COVID-19 Vaccine, mRNA) product when used to provide a two-dose regimen for individuals aged 12 through 15 years, or to provide a third dose to individuals 12 years of age or older who have undergone solid organ transplantation or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

Product Description

The Pfizer-BioNTech COVID-19 Vaccine is supplied as a frozen suspension in multiple dose vials; each vial must be diluted with 1.8 mL of sterile 0.9% Sodium Chloride Injection, USP prior to use to form the vaccine. The Pfizer-BioNTech COVID-19 Vaccine does not contain a preservative.

Each 0.3 mL dose of the Pfizer-BioNTech COVID-19 Vaccine contains 30 mcg of a nucleoside-modified messenger RNA (modRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2. Each dose of the Pfizer-BioNTech COVID-19 Vaccine also includes the following ingredients: lipids (0.43 mg (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 0.05 mg 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 0.09 mg 1,2-distearoyl-sn-glycero-3-phosphocholine, and 0.2 mg cholesterol), 0.01 mg potassium chloride, 0.01 mg monobasic potassium phosphate, 0.36 mg sodium chloride, 0.07 mg dibasic sodium phosphate dihydrate, and 6 mg sucrose. The diluent (0.9% Sodium Chloride Injection) contributes an additional 2.16 mg sodium chloride per dose.

official capacity under the authority of the state health department to administer COVID-19 vaccines). In such cases, it is expected that the conditions of authorization that apply to emergency response stakeholders and vaccination providers will all be met.

¹³ For purposes of this letter, “vaccination provider” refers to the facility, organization, or healthcare provider licensed or otherwise authorized by the emergency response stakeholder (e.g., non-physician healthcare professionals, such as nurses and pharmacists pursuant to state law under a standing order issued by the state health officer) to administer or provide vaccination services in accordance with the applicable emergency response stakeholder’s official COVID-19 vaccination and emergency response plan(s) and who is enrolled in the CDC COVID-19 Vaccination Program. If the vaccine is exported from the United States, a “vaccination provider” is a provider that is authorized to administer this vaccine in accordance with the laws of the country in which it is administered. For purposes of this letter, “healthcare provider” also refers to a person authorized by the U.S. Department of Health and Human Services (e.g., under the PREP Act Declaration for Medical Countermeasures against COVID-19) to administer FDA-authorized COVID-19 vaccine (e.g., qualified pharmacy technicians and State-authorized pharmacy interns acting under the supervision of a qualified pharmacist). See, e.g., HHS. *Fourth Amendment to the Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19 and Republication of the Declaration*. 85 FR 79190 (December 9, 2020).

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The dosing regimen is two doses of 0.3 mL each, 3 weeks apart. A third dose may be administered at least 28 days following the second dose of the two dose regimen of this vaccine to individuals 12 years of age or older who have undergone solid organ transplantation, or individuals 12 years of age or older who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

The manufacture of the authorized Pfizer-BioNTech COVID-19 Vaccine is limited to those facilities identified and agreed upon in Pfizer's request for authorization.

The Pfizer-BioNTech COVID-19 Vaccine vial label and carton labels are clearly marked for "Emergency Use Authorization." The Pfizer-BioNTech COVID-19 Vaccine is authorized to be distributed, stored, further redistributed, and administered by emergency response stakeholders when packaged in the authorized manufacturer packaging (i.e., vials and cartons), despite the fact that the vial and carton labels may not contain information that otherwise would be required under the FD&C Act.

Pfizer-BioNTech COVID-19 Vaccine is authorized for emergency use with the following product-specific information required to be made available to vaccination providers and recipients, respectively (referred to as "authorized labeling"):

- Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers): Emergency Use Authorization (EUA) of Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19)
- Vaccine Information Fact Sheet for Recipients and Caregivers About COMIRNATY (COVID-19 Vaccine, mRNA) and Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease (COVID-19).

I have concluded, pursuant to Section 564(d)(2) of the Act, that it is reasonable to believe that the known and potential benefits of Pfizer-BioNTech COVID-19 Vaccine, when used to prevent COVID-19 and used in accordance with this Scope of Authorization (Section II), outweigh its known and potential risks.

I have concluded, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific evidence available to FDA, that it is reasonable to believe that Pfizer-BioNTech COVID-19 Vaccine may be effective in preventing COVID-19 when used in accordance with this Scope of Authorization (Section II), pursuant to Section 564(c)(2)(A) of the Act.

Having reviewed the scientific information available to FDA, including the information supporting the conclusions described in Section I above, I have concluded that Pfizer-BioNTech COVID-19 Vaccine (as described in this Scope of Authorization (Section II)) meets the criteria set forth in Section 564(c) of the Act concerning safety and potential effectiveness.

The emergency use of Pfizer-BioNTech COVID-19 Vaccine under this EUA must be consistent with, and may not exceed, the terms of the Authorization, including the Scope of Authorization (Section II) and the Conditions of Authorization (Section III). Subject to the terms of this EUA and

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under the circumstances set forth in the Secretary of HHS's determination under Section 564(b)(1)(C) described above and the Secretary of HHS's corresponding declaration under Section 564(b)(1), Pfizer-BioNTech COVID-19 Vaccine is authorized to prevent COVID-19 in individuals 12 years of age and older as described in the Scope of Authorization (Section II) under this EUA, despite the fact that it does not meet certain requirements otherwise required by applicable federal law.

III. Conditions of Authorization

Pursuant to Section 564 of the Act, I am establishing the following conditions on this authorization:

Pfizer Inc. and Authorized Distributor(s)

- A. Pfizer Inc. and authorized distributor(s) will ensure that the authorized Pfizer-BioNTech COVID-19 Vaccine is distributed, as directed by the U.S. government, including CDC and/or other designee, and the authorized labeling (i.e., Fact Sheets) will be made available to vaccination providers, recipients, and caregivers consistent with the terms of this letter.
- B. Pfizer Inc. and authorized distributor(s) will ensure that appropriate storage and cold chain is maintained until delivered to emergency response stakeholders' receipt sites.
- C. Pfizer Inc. will ensure that the terms of this EUA are made available to all relevant stakeholders (e.g., emergency response stakeholders, authorized distributors, and vaccination providers) involved in distributing or receiving authorized Pfizer-BioNTech COVID-19 Vaccine. Pfizer Inc. will provide to all relevant stakeholders a copy of this letter of authorization and communicate any subsequent amendments that might be made to this letter of authorization and its authorized labeling.
- D. Pfizer Inc. may develop and disseminate instructional and educational materials (e.g., video regarding vaccine handling, storage/cold-chain management, preparation, disposal) that are consistent with the authorized emergency use of the vaccine as described in the letter of authorization and authorized labeling, without FDA's review and concurrence, when necessary to meet public health needs during an emergency. Any instructional and educational materials that are inconsistent with the authorized labeling are prohibited.
- E. Pfizer Inc. may request changes to this authorization, including to the authorized Fact Sheets for the vaccine. Any request for changes to this EUA must be submitted to Office of Vaccines Research and Review (OVRR)/Center for Biologics Evaluation and Research (CBER). Such changes require appropriate authorization prior to implementation.¹⁴

¹⁴ The following types of revisions may be authorized without reissuing this letter: (1) changes to the authorized labeling; (2) non-substantive editorial corrections to this letter; (3) new types of authorized labeling, including new fact sheets; (4) new carton/container labels; (5) expiration dating extensions; (6) changes to manufacturing

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under the circumstances set forth in the Secretary of HHS's determination under Section 564(b)(1)(C) described above and the Secretary of HHS's corresponding declaration under Section 564(b)(1), Pfizer-BioNTech COVID-19 Vaccine is authorized to prevent COVID-19 in individuals 12 years of age and older as described in the Scope of Authorization (Section II) under this EUA, despite the fact that it does not meet certain requirements otherwise required by applicable federal law.

III. Conditions of Authorization

Pursuant to Section 564 of the Act, I am establishing the following conditions on this authorization:

Pfizer Inc. and Authorized Distributor(s)

- A. Pfizer Inc. and authorized distributor(s) will ensure that the authorized Pfizer-BioNTech COVID-19 Vaccine is distributed, as directed by the U.S. government, including CDC and/or other designee, and the authorized labeling (i.e., Fact Sheets) will be made available to vaccination providers, recipients, and caregivers consistent with the terms of this letter.
- B. Pfizer Inc. and authorized distributor(s) will ensure that appropriate storage and cold chain is maintained until delivered to emergency response stakeholders' receipt sites.
- C. Pfizer Inc. will ensure that the terms of this EUA are made available to all relevant stakeholders (e.g., emergency response stakeholders, authorized distributors, and vaccination providers) involved in distributing or receiving authorized Pfizer-BioNTech COVID-19 Vaccine. Pfizer Inc. will provide to all relevant stakeholders a copy of this letter of authorization and communicate any subsequent amendments that might be made to this letter of authorization and its authorized labeling.
- D. Pfizer Inc. may develop and disseminate instructional and educational materials (e.g., video regarding vaccine handling, storage/cold-chain management, preparation, disposal) that are consistent with the authorized emergency use of the vaccine as described in the letter of authorization and authorized labeling, without FDA's review and concurrence, when necessary to meet public health needs during an emergency. Any instructional and educational materials that are inconsistent with the authorized labeling are prohibited.
- E. Pfizer Inc. may request changes to this authorization, including to the authorized Fact Sheets for the vaccine. Any request for changes to this EUA must be submitted to Office of Vaccines Research and Review (OVRR)/Center for Biologics Evaluation and Research (CBER). Such changes require appropriate authorization prior to implementation.¹⁴

¹⁴ The following types of revisions may be authorized without reissuing this letter: (1) changes to the authorized labeling; (2) non-substantive editorial corrections to this letter; (3) new types of authorized labeling, including new fact sheets; (4) new carton/container labels; (5) expiration dating extensions; (6) changes to manufacturing

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- F. Pfizer Inc. will report to Vaccine Adverse Event Reporting System (VAERS):
- Serious adverse events (irrespective of attribution to vaccination);
 - Cases of Multisystem Inflammatory Syndrome in children and adults; and
 - Cases of COVID-19 that result in hospitalization or death, that are reported to Pfizer Inc.
- These reports should be submitted to VAERS as soon as possible but no later than 15 calendar days from initial receipt of the information by Pfizer Inc.
- G. Pfizer Inc. must submit to Investigational New Drug application (IND) number 19736 periodic safety reports at monthly intervals in accordance with a due date agreed upon with the Office of Biostatistics and Epidemiology (OBE)/CBER beginning after the first full calendar month after authorization. Each periodic safety report is required to contain descriptive information which includes:
- A narrative summary and analysis of adverse events submitted during the reporting interval, including interval and cumulative counts by age groups, special populations (e.g., pregnant women), and adverse events of special interest;
 - A narrative summary and analysis of vaccine administration errors, whether or not associated with an adverse event, that were identified since the last reporting interval;
 - Newly identified safety concerns in the interval; and
 - Actions taken since the last report because of adverse experiences (for example, changes made to Healthcare Providers Administering Vaccine (Vaccination Providers) Fact Sheet, changes made to studies or studies initiated).
- H. No changes will be implemented to the description of the product, manufacturing process, facilities, or equipment without notification to and concurrence by FDA.
- I. All manufacturing facilities will comply with Current Good Manufacturing Practice requirements.
- J. Pfizer Inc. will submit to the EUA file Certificates of Analysis (CoA) for each drug product lot at least 48 hours prior to vaccine distribution. The CoA will include the established specifications and specific results for each quality control test performed on the final drug product lot.
- K. Pfizer Inc. will submit to the EUA file quarterly manufacturing reports, starting in July 2021, that include a listing of all Drug Substance and Drug Product lots produced after issuance of this authorization. This report must include lot number, manufacturing site, date of manufacture, and lot disposition, including those lots that

processes, including tests or other authorized components of manufacturing; (7) new conditions of authorization to require data collection or study. For changes to the authorization, including the authorized labeling, of the type listed in (3), (6), or (7), review and concurrence is required from the Preparedness and Response Team (PREP)/Office of the Center Director (OD)/CBER and the Office of Counterterrorism and Emerging Threats (OCET)/Office of the Chief Scientist (OCS).

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were quarantined for investigation or those lots that were rejected. Information on the reasons for lot quarantine or rejection must be included in the report.

- L. Pfizer Inc. and authorized distributor(s) will maintain records regarding release of Pfizer-BioNTech COVID-19 Vaccine for distribution (i.e., lot numbers, quantity, release date).
- M. Pfizer Inc. and authorized distributor(s) will make available to FDA upon request any records maintained in connection with this EUA.
- N. Pfizer Inc. will conduct post-authorization observational studies to evaluate the association between Pfizer-BioNTech COVID-19 Vaccine and a pre-specified list of adverse events of special interest, along with deaths and hospitalizations, and severe COVID-19. The study population should include individuals administered the authorized Pfizer-BioNTech COVID-19 Vaccine under this EUA in the general U.S. population (12 years of age and older), populations of interest such as healthcare workers, pregnant women, immunocompromised individuals, subpopulations with specific comorbidities. The studies should be conducted in large scale databases with an active comparator. Pfizer Inc. will provide protocols and status update reports to the IND 19736 with agreed-upon study designs and milestone dates.

Emergency Response Stakeholders

- O. Emergency response stakeholders will identify vaccination sites to receive authorized Pfizer-BioNTech COVID-19 Vaccine and ensure its distribution and administration, consistent with the terms of this letter and CDC's COVID-19 Vaccination Program.
- P. Emergency response stakeholders will ensure that vaccination providers within their jurisdictions are aware of this letter of authorization, and the terms herein and any subsequent amendments that might be made to the letter of authorization, instruct them about the means through which they are to obtain and administer the vaccine under the EUA, and ensure that the authorized labeling [i.e., Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) and Vaccine Information Fact Sheet for Recipients and Caregivers] is made available to vaccination providers through appropriate means (e.g., e-mail, website).
- Q. Emergency response stakeholders receiving authorized Pfizer-BioNTech COVID-19 Vaccine will ensure that appropriate storage and cold chain is maintained.

Vaccination Providers

- R. Vaccination providers will administer the vaccine in accordance with the authorization and will participate and comply with the terms and training required by CDC's COVID-19 Vaccination Program.

S. Vaccination providers will provide the Vaccine Information Fact Sheet for Recipients and Caregivers to each individual receiving vaccination and provide the necessary information for receiving their second dose and/or third dose.

T. Vaccination providers administering the vaccine must report the following information associated with the administration of the vaccine of which they become aware to VAERS in accordance with the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers):

- Vaccine administration errors whether or not associated with an adverse event
- Serious adverse events (irrespective of attribution to vaccination)
- Cases of Multisystem Inflammatory Syndrome in children and adults
- Cases of COVID-19 that result in hospitalization or death

Complete and submit reports to VAERS online at <https://vaers.hhs.gov/reportevent.html>. The VAERS reports should include the words “Pfizer-BioNTech COVID-19 Vaccine EUA” in the description section of the report. More information is available at vaers.hhs.gov or by calling 1-800-822-7967. To the extent feasible, report to Pfizer Inc. by contacting 1-800-438-1985 or by providing a copy of the VAERS form to Pfizer Inc.; Fax: 1-866-635-8337.

U. Vaccination providers will conduct any follow-up requested by the U.S government, including CDC, FDA, or other designee, regarding adverse events to the extent feasible given the emergency circumstances.

V. Vaccination providers will monitor and comply with CDC and/or emergency response stakeholder vaccine management requirements (e.g., requirements concerning obtaining, tracking, and handling vaccine) and with requirements concerning reporting of vaccine administration data to CDC.

W. Vaccination providers will ensure that any records associated with this EUA are maintained until notified by FDA. Such records will be made available to CDC, and FDA for inspection upon request.

Conditions Related to Printed Matter, Advertising, and Promotion

X. All descriptive printed matter, advertising, and promotional material, relating to the use of the Pfizer-BioNTech COVID-19 Vaccine shall be consistent with the authorized labeling, as well as the terms set forth in this EUA, and meet the requirements set forth in section 502(a) and (n) of the FD&C Act and FDA implementing regulations.

Y. All descriptive printed matter, advertising, and promotional material relating to the use of the Pfizer-BioNTech COVID-19 Vaccine clearly and conspicuously shall state that:

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- This product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 12 years of age and older; and
- The emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization revoked sooner.

Condition Related to Export

- Z. If the Pfizer-BioNTech COVID-19 Vaccine is exported from the United States, conditions C, D, and O through Y do not apply, but export is permitted only if 1) the regulatory authorities of the country in which the vaccine will be used are fully informed that this vaccine is subject to an EUA and is not approved or licensed by FDA and 2) the intended use of the vaccine will comply in all respects with the laws of the country in which the product will be used. The requirement in this letter that the authorized labeling (i.e., Fact Sheets) be made available to vaccination providers, recipients, and caregivers in condition A will not apply if the authorized labeling (i.e., Fact Sheets) are made available to the regulatory authorities of the country in which the vaccine will be used.

Conditions With Respect to Use of Licensed Product

- AA. COMIRNATY (COVID-19 Vaccine, mRNA) is now licensed for individuals 16 years of age and older. There remains, however, a significant amount of Pfizer-BioNTech COVID-19 vaccine that was manufactured and labeled in accordance with this emergency use authorization. This authorization thus remains in place with respect to that product for the previously-authorized indication and uses (i.e., for use to prevent COVID-19 in individuals 12 years of age and older with a two-dose regimen, and to provide a third dose to individuals 12 years of age or older who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise).
- BB. This authorization also covers the use of the licensed COMIRNATY (COVID-19 Vaccine, mRNA) product when used to provide a two-dose regimen for individuals aged 12 through 15 years, or to provide a third dose to individuals 12 years of age or older who have undergone solid organ transplantation or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise. Conditions A through W in this letter apply when COMIRNATY (COVID-19 Vaccine, mRNA) is provided for the uses described in this subsection III.BB, except that product manufactured and labeled in accordance with the approved BLA is deemed to satisfy the manufacturing, labeling, and distribution requirements of this authorization.

IV. Duration of Authorization