

Issues Related to the COVID-19 Pandemic

Call for Investigation



MOV CAC

Citizens Action Coalition

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Issues Related to the COVID-19 Pandemic – Brief Summary

This document was prepared by lay-citizens of Wood County West Virginia as part of our outreach through MOVCAC (Motivate, Organize, Volunteer Citizens Action Coalition) – a citizens’ action coalition that started in the Mid-Ohio Valley and is currently spreading throughout the state (<https://movcac.com/>).

Purpose

Documentation will be presented to support the argument that West Virginia citizens were subjected to a bioweapon in the form of a virus and that a second bioweapon was introduced under the guise of a new mRNA vaccine. The countermeasures imposed in response to the COVID-19 pandemic appear to be causing harm, injury and death to West Virginia citizens.

Our purpose is to call for an investigation leading to criminal proceedings that will bring the perpetrators involved in the creation and marketing of patented bioweapons marketed as novel viruses to justice and leading to the removal of the immunity shield currently preventing people who have been harmed by the actions of these perpetrators from receiving compensation for the injuries and losses they have sustained.

Assertions

It is our belief that the public has been misled by government officials, healthcare providers, elected officials and the media in regard to the following issues:

- The origins of the virus.
- The effectiveness of inexpensive repurposed FDA approved drugs.
- The value of imposed countermeasures compared to the harm they have caused.
- The COVID “vaccines” promoted as necessary to stop the spread of disease and end the pandemic.
- The declaration that the COVID-19 shots are safe and effective and the lack of proper informed consent.
- Incorrect and incomplete information about the distribution of mRNA Lipid Nanoparticles.
- Dangerous COVID-19 treatment protocols used in hospitals
- Policies enacted by government health authorities misrepresented as scientific consensus.

We believe that a deliberate effort was made to conceal the laboratory origin of the virus associated with COVID-19. The countermeasures imposed upon citizens had little to no impact on containing the virus and have caused more harm than good. The widespread use of safe, inexpensive, repurposed drugs for early treatment has been suppressed while hospitals are being incentivized to use expensive drugs with high side-effect profiles in protocols that have poor outcomes. The reckless actions of the FDA have led to the authorization of dangerous and ineffective injections being promoted as safe and effective COVID “vaccines.” There is concern that pharmaceutical companies are acting with complicity of government agencies in ignoring safety signals and manipulating data to hide the harm these injections are causing to people of all ages. We have been made aware of allegations of data manipulation in the Defense Medical Epidemiology Database (DMED), which is putting our men and women in the military at risk of adverse effects related to the COVID-19 mandates and causing concern related to military readiness. Concerns about long-term safety of COVID shots and the suggestion that these shots are putting pressure on the virus to mutate have been voiced by well-respected clinicians

and scientists, and these concerns are being disregarded by arrogant public health officials who are cherry picking data to support their narrative.

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The reckless, ill-advised policies formulated by US (and many international) public health authorities have led us to question the real motive behind their actions. A number of theories have been proposed:

- To circumvent constitutional civil liberties in order to get the population to accept increased government surveillance of private citizens in the name of public health.
- A nefarious scheme to reset the monetary system. The US will not be able to fund entitlement and retirement programs in the near future (predicted by 2028).
- To move the world to a cashless society allowing for the monetary system to be monitored and controlled setting the stage for a social credit system similar to the Chinese model.
- To usher in “technocracy” which is government by elites, whose religion is scientism, and who have bought their way into positions of power and influence. The epitome of global elitism is represented by the World Economic Forum (WEF) and their plan for a “Great Reset.”

We are calling for an investigation into allegations of criminal conspiracy underpinning COVID-19. We have been following the work of Dr. David Martin who asserts that a criminal syndicate has attempted to extort and obtain control over the global population by creating patented bioweapons promoted as a novel virus and as immunizations against the virus for the purpose of commercial gain and political power. He has been following patent filings and scientific publications over the last 20 years and has carefully documented the weaponization of corona virus. He has laid out the legal framework to litigate the crimes listed below and also pursue matters related to tax and securities fraud:

- Domestic and International Terrorism.
- Deceptive Medical Practices.
- Reckless Endangerment and Homicide.
- Racketeering and Anti-trust collusion.
- Biological Weapons Construction and Deployment.

Call to Investigate

1. We respectfully ask that you use the power and influence of your elected office to immediately appoint a special prosecutor to investigate allegations of criminal activity underpinning the response of our government officials to the COVID-19 pandemic. We ask that the allegations of crimes as presented by Dr. David Martin be reviewed and considered as a basis for prosecution of alleged criminal activity.

2. We respectfully ask for an investigation regarding the allegation that COVID treatment protocols used in WV hospitals are contributing to patient demise especially with regard to the administration of remdesivir. We want to know if proper protocols were followed such as close monitoring of liver and kidney function as specified in the EUA procedures and if **proper** informed consent was obtained. We want to see data regarding the outcome of treatment with remdesivir i.e. the number of patients treated, the number who recovered after treatment, and the number who died during or after administration of the drug.

3. We respectfully ask for an investigation into the agreements made regarding the acquisition and distribution of the COVID-19 injections promoted as “vaccines.” We want to know details about the purchase agreements and we want to know if those promoting the COVID injections were incentivized in any way to do so.

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MOVCAC Calling for Investigation into Issues Related to the COVID-19 Pandemic

Introduction

This document was prepared by lay-citizens of Wood County West Virginia as part of our outreach through MOVCAC (Motivate, Organize, Volunteer Citizens Action Coalition) – a citizens’ action coalition that started in the Mid-Ohio Valley and is currently spreading throughout the state (<https://movcac.com/>). The major objectives of the group are to restore voter integrity, protect the sanctity of life, protect the right of free speech, protect the right to keep and bear arms, and medical freedom. MOVCAC is not a registered 501-type organization, is not part of any other organization, and as such it functions independently from oversight by any outside organization or individual. This document is meant to provide an overview of our major concerns related to the COVID-19 pandemic and the response to it.

Purpose

Two years ago our world was turned upside-down by a virus of “unknown” origins. What was first blamed on a bat and a pangolin, appears to be related to gain-of-function research conducted in the US and abroad, and funded in part by United States Agencies. Documentation will be presented to support the argument that West Virginia citizens were subjected to a bioweapon in the form of a virus, and that a second bioweapon was introduced under the guise of a new mRNA vaccine. There are events happening at the global, national and local level that appear to be causing harm, injury and death to West Virginia citizens. The following summarizes the detailed sections of a larger document that is currently in draft form. Our purpose is to call for an investigation leading to criminal proceedings that will bring the perpetrators involved to justice, and leading to the removal of the immunity shield currently preventing people who have been harmed by the actions of these perpetrators from receiving compensation for the injuries and losses they have sustained.

Assertions of Misleading the Public

It is our belief that our public health officials are not being guided by good faith and science but by another agenda. We believe that the public has been misled by government officials, healthcare providers, elected officials and the media in regard to the following issues:

- The origins of the virus.
- The effectiveness of inexpensive repurposed FDA approved drugs for the prevention and treatment of COVID-19.
- The value of imposed countermeasures to prevent illness and stop the spread of the virus compared to the harm these countermeasure have caused.
- The COVID “vaccines” that are promoted as necessary to stop the spread of disease and end the pandemic.
- The declaration that the COVID-19 shots are safe and effective and lack of informed consent.
- Incorrect and incomplete information about the distribution of mRNA Lipid Nanoparticles.
- Dangerous COVID-19 treatment protocols used in hospitals
- The policies enacted by government health authorities are misrepresented as scientific consensus.

Origins of the SARS-CoV-2

We were led to believe that COVID-19 illness is caused by a virus that jumped species (from bats to humans) at a wet market in Wuhan, China sometime in late 2019. Government officials and healthcare authorities who promoted the natural (zoonotic) transmission theory are now admitting that the evidence points to a lab leak. It is unknown if the release was intentional or accidental, and the identity of the responsible parties is also unknown. Evidence from multiple sources indicates that SARS-CoV-2 (the virus associated with COVID-19 illness) was synthesized in a laboratory as the result of gain of function research. In other words a natural pathogen was made more harmful to humans by manipulating the spike protein and other aspects of the virus. Coronaviruses have been extensively analyzed and manipulated as possible vaccine candidates and later developed as potential bioweapons.

It has been asserted that collaborative gain of function research was done on coronaviruses between the Wuhan Institute of Virology (WIV) in China and the University of North Carolina, Chapel Hill (UNC). Dr. Shi Zhengli from WIV isolated a virus from bats that was known to cause illness in people of Yunnan, China. It is alleged that she shared her findings with Dr. Ralph Baric, who along with his team at NC Chapel Hill, inserted genetic material from that virus (part of the “spike”) into a replica of the first SARS virus. Dr. Baric is a distinguished professor at UNC, and his concern about the potential of animal viruses causing disease in humans (zoonotic transmission) has led him to conduct research (including gain of function research) leading to the development of anti-viral vaccines and drugs to combat viral illness. [Note that remdesivir, the controversial antiviral drug that received Emergency Use Authorization for the treatment of COVID-19 in patients hospitalized in the US, was developed through Dr. Baric’s research.]

Dr. David Martin has monitored patent filings for the last two decades and has documented the work that was taking place on the weaponization of the Wuhan Institute Virus 1 (WIV1) spike protein while there was a moratorium on gain of function research which is a violation of US law. Dr. Martin has made his findings widely available, and select material from his work is included with this document. More information can be found at <https://prosecutenow.io/>. **Dr. Martin is available to discuss his findings, and his current efforts with sheriffs and district attorneys on criminal proceedings on behalf of people who have died as a result of the COVID shots and from protocols involving remdesivir.**

The virus associated with COVID-19 is being extensively studied by international researchers who have discovered anomalies in the genetic code. For example, a 4 amino acid sequence (referred to as the PRRA insert) has been identified that does not exist in any other virus in that lineage. The discovery that fragments of genetic code from human immunodeficiency viruses (HIV-1 & HIV-2) and monkey retroviruses (SIV) match with parts of the genetic code of COVID-19 give credence to the hypotheses of laboratory origin.

Perez JC, Montagnier L. (2020). COVID-19, SARS and Bats Coronaviruses Genomes Peculiar Homologous RNA Sequences. 10.13140/RG.2.2.12464.58880.

[\[https://www.researchgate.net/publication/342782617_COVID-19_SARS_and_Bats_Coronaviruses_Genomes_Peculiar_Homologous_RNA_Sequences\]](https://www.researchgate.net/publication/342782617_COVID-19_SARS_and_Bats_Coronaviruses_Genomes_Peculiar_Homologous_RNA_Sequences)

Andre Leu does an excellent job of distilling the scientific information associated with the subject for the lay reader.

[\[https://www.organicconsumers.org/blog/covids-smoking-gun-furin-cleavage-site\]](https://www.organicconsumers.org/blog/covids-smoking-gun-furin-cleavage-site)

DRASTIC is a team of international researchers dedicated to uncovering the origins of COVID-19.

<https://drasticresearch.org/>

Dr. Richard Fleming has also done extensive work on this subject which is documented on his website.

More information can be found regarding his research as well as a call for indictments.

[\[https://www.flemingmethod.com/\]](https://www.flemingmethod.com/)

Dr. Fleming's video testimony under oath confirming COVID-19 is a bioweapon. 2022. Aug 8.

<https://www.onenewspage.com/video/20220808/14740859/%F0%9F%92%A5-Dr-Fleming-Testifies-Under-Oath-Confirming-CV19.htm>

The Effectiveness of Inexpensive Repurposed FDA Approved Drugs

Early in the pandemic practicing physicians and researchers rose to the challenge the disease presented to them. These doctors felt it was their professional duty to find remedies to help their patients get through the illness. Well-respected clinicians and researchers such as Dr. Peter McCullough, Dr. Harvey Risch, Dr. Pierre Kory, Dr. Paul Marik and the late Dr. Vladimir Zelenko dedicated themselves to studying the pathology of the disease knowing that once they understood the pattern of disease progression they could offer timely appropriate interventions. They were unwilling to settle for the “watchful waiting” approach as their patients died while government officials were focused on the development of new vaccines and therapeutics. It is important to understand that early treatment for COVID was never a priority or encouraged by the medical community. Most patients presenting symptoms were simply told to go home and come to the emergency room when it gets worse.

There was remarkable international collaboration among experts in their respective fields who shared their knowledge and experience. Protocols were developed using safe and effective drugs and nutritional supplements, which were also inexpensive and readily available. It is a common practice (and legal) for doctors to prescribe medications for off-label purposes. Doctors reported great success with helping their patients navigate the challenges of the pandemic by being able to provide early treatment at home to keep patients out of hospitals. The protocols were published and regularly updated as new information became available. Instead of being lauded for their successes they were stunned to find themselves the recipients of a coordinated attack to silence them, discredit their work, and label them as charlatans and quacks. They were banned on social media, ignored by traditional media, and many have been called for disciplinary action before their respective licensing boards under threat of losing their licenses to practice medicine. Many of these protocols included the use of hydroxychloroquine and ivermectin as optional remedies. There was an all-out effort to prevent these drugs from being available to the public. **It is impossible to know how many lives could have been saved if these protocols had been widely utilized.** Doctors associated with the following organizations are currently being sought for their expertise in guiding patients through “long COVID” and vaccine injuries:

Front Line COVID-19 Critical Care Alliance (FLCCC) <https://covid19criticalcare.com/>.

Truth for Health Foundation <https://www.truthforhealth.org/patientguide/patient-treatment-guide/>.

Zelenko Protocol <https://vladimirzelenkomd.com/treatment-protocol/>

Blaylock RL. COVID UPDATE: What is the truth? Surg Neurol Int 2022; 13:167.

[\[https://surgicalneurologyint.com/surgicalint-articles/covid-update-what-is-the-truth/\]](https://surgicalneurologyint.com/surgicalint-articles/covid-update-what-is-the-truth/)

Kennedy R., Jr. Skyhorse Publishing; 2021. The Real Anthony Fauci. Bill Gates, Big Pharma, and the Global War on Democracy and Public Health; pp. 7-13.

The Value of Imposed Countermeasures Compared to the Harm They Have Caused

Early in the pandemic the public was told that non-pharmacological interventions (NPI's) were necessary to "slow the spread" and "flatten the curve" so as not to overwhelm healthcare systems. Restrictions on business operations, travel, social and religious gatherings, dining out, public transportation, school attendance and more were enacted to varying degrees under the advice of leading health authorities, and were sold as temporary impositions. These actions referred to as "lockdowns" were extended far past the 15 (increased to 30) days promoted by the White House Corona Virus Task Force under additional executive orders and emergency laws at the level of state and local governments. The risk/benefit of these countermeasures is still being debated against a backdrop of people questioning the legal authority of government agencies to override freedoms and rights guaranteed by the US Constitution in the name of public health.

Arjun Walia from The Pulse provides an excellent review on this topic. He claims the mainstream media promoted studies showing a favorable result from lockdowns while studies supporting the opposite were ignored. Walia maintains: "A proper discussion around this was not had. In fact, the number of studies claiming lockdowns had no effect on the spread of the virus far outnumber those that claim it did."

Walia A. Lockdowns: The Worst Public Health Catastrophe In Human History. *The Pulse*. 2021. Dec 17.

[\[https://thepulse.one/2021/12/17/lockdowns-the-worst-public-health-catastrophe-in-human-history/\]](https://thepulse.one/2021/12/17/lockdowns-the-worst-public-health-catastrophe-in-human-history/)

One of the most hotly debated issues involves mask mandates especially when applied to children in attendance at schools and pre-schools, and for participation in sports-related activities. Although parents addressed deaf school boards about the folly of universal masking, students (as young as 3 years of age) were required to comply with policies that defied logic, and were forced to suffer while wearing ineffective and filthy face coverings. Studies show that masks were not only unhelpful and unnecessary, but they actually caused harm to the wearers.

Alexander PE. More than 150 Comparative Studies and Articles on Mask Ineffectiveness and Harms.

Brownstone Institute. 2021. Dec 20. [\[https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/\]](https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/)

Miller I. The Best Mask Study Yet. Brownstone Institute. 2022. July 8.

[\[https://brownstone.org/articles/the-best-mask-study-yet/\]](https://brownstone.org/articles/the-best-mask-study-yet/)

COVID "Vaccines" Promoted as Necessary to Stop the Pandemic

The public was told by government public health authorities that the COVID shots would prevent transmission and end the pandemic. Dr. Fauci is on record in May 2021 stating that vaccinated people essentially become "dead ends" for the virus to spread within their communities. This narrative was actively promoted even though they had full knowledge that any protection against transmission would wane quickly after administration. They were fully aware that initial clinical trials for the shots were designed to assess prevention of symptomatic disease in vaccine recipients, not effectiveness in preventing infections or spreading the disease to others (transmission).

Recent testimony by Dr. Deborah Birx in the House Select Committee on the Coronavirus, Jun 23, 2022, revealed that in December 2020 there were concerns that immunity provided by the COVID-19 shots under development would likely wane based on data from South Africa. Her testimony also revealed that government officials did not have data to support the statement that the vaccinated would not transmit the infection but rather that they had “hoped that the vaccine would work in that way.”

<https://thehill.com/homenews/sunday-talk-shows/553773-fauci-vaccinated-people-become-dead-ends-for-the-coronavirus/>.

<https://www.c-span.org/video/?c5021092/dr-birx-knew-natural-covid-19-reinfections-early-december-2020>.

Are COVID-19 Shots Safe?

The entire process surrounding the FDA authorization and eventual approval of the COVID-19 shots is under intense scrutiny as it should be. Whistleblower Brook Jackson witnessed anomalies during the Pfizer clinical trial, but her findings were ignored. Many other red flags have been raised including concerns that the injections are causing damage in ways that were not assessed in the safety trials; inconvenient data was disregarded; and serious side effects during and after the clinical trial are being covered up. <https://childrenshealthdefense.org/defender/judge-evidence-pfizer-whistleblower-lawsuit/>

The FDA is releasing documents (under court order) related to the Emergency Use Authorization of the Pfizer COVID shot. All of the documents, which are being released in batches, can be found here: <https://phmpt.org/pfizers-documents/>. One of the most shocking revelations was that 1223 deaths were reported to have occurred within the first 90 days following the release of the injection. (See Table 1 below.)

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

	Characteristics	Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 ^a
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
	≥ 75	5214
	Unknown	6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

<https://childrenshealthdefense.org/wp-content/uploads/5.3.6-postmarketing-experience.pdf> (p7.)

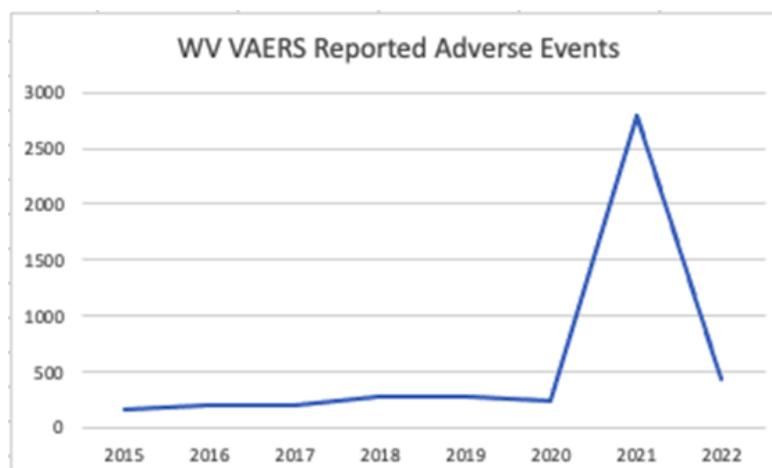
The documents also revealed a nine-page list of adverse events observed during that same period. A spokesperson from Pfizer downplayed the concern indicating that the actual reason for the fatalities is unknown and could have been due to other causes such as “cancer or cardiovascular disease.” <https://www.msn.com/en-us/health/medical/articles-inaccurately-claim-document-reveals-pfizer-covid-19-vaccine-deaths/ar-AARQhpW>

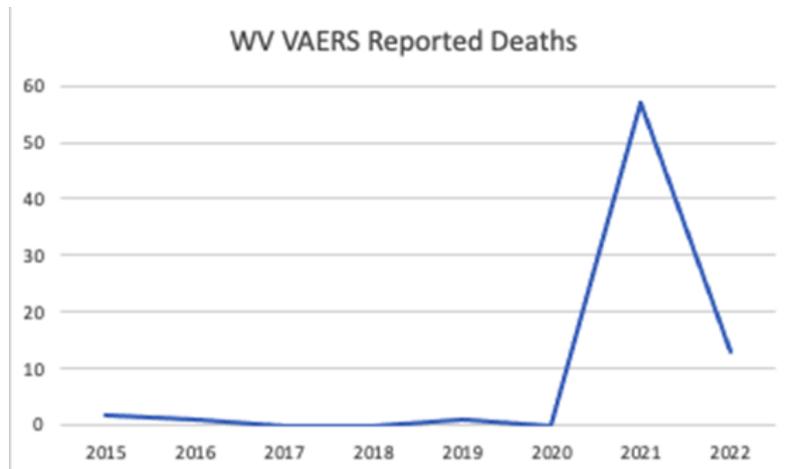
The clinical trial was allowed to be un-blinded which eliminates the control group. Unfortunately, that makes it impossible to accurately compare outcomes for long-term observation between the vaccinated and the unvaccinated groups. We have to rely on observational data such as Vaccine Adverse Event Reporting System (VAERS) for signals of harm and other data pointing to long-term adverse effects.

Vaccine Adverse Event Reporting System (VAERS)

VAERS is the only database collecting reports of adverse events related to vaccines that is open to the public. Critics who question the accuracy of the information say that it is difficult to distinguish whether the adverse event was caused by the vaccine or is just coincidental. Historically, data in VAERS is known to be underreported, but the degree of underreporting is debatable. A user-friendly version of the VAERS data is available at <https://openvaers.com/covid-data> under the “Red Box Summaries” link. *The Defender*, a publication of Children’s Health Defense, also reports statistics released by the CDC. As of July 1, 2022 there were 29,273 reported deaths (worldwide) attributed to the Pfizer, Moderna and J&J COVID shots. Deaths in the US due to the injections were reported as 13,547 (15% occurred within 24 hours of vaccination, 19% occurred within 48 hours of vaccination and 58% occurred in people who experienced an onset of symptoms within 48 hours of being vaccinated).

VAERS data specific for West Virginia is plotted on the graphs below. When figures are compared to previous reports of vaccine injuries from ALL vaccines given over the last five years, a picture is worth a thousand words.





<https://vaers.hhs.gov/data/datasets.html>

It should be noted that the swine flu vaccine program was stopped after 53 deaths were reported. Yet the FDA and CDC are advancing this disastrous intervention for use in infants 6 months of age. We find the idea of an acceptable number of deaths repugnant especially for a disease reported to have a 99.5% survival rate in people 69 years and younger, and 94.6% for people 70 years and over.

Miller ER, Moro PL, Cano M, Shimabukuro TT. Deaths following vaccination: What does the evidence show? *Vaccine*. 2015 Jun 26;33(29):3288-92. doi: 10.1016/j.vaccine.2015.05.023. Epub 2015 May 23. PMID: 26004568; PMCID: PMC4599698. [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4599698/>]

<https://childrenshealthdefense.org/defender/fda-releases-pfizer-vaccine-documents/>

<https://childrenshealthdefense.org/defender/1-3-million-adverse-events-covid-vaccines-vaers-cdc-data-show/>

Defense Medical Epidemiology Database (DMED)

Another disturbing trend was discovered in the Defense Medical Epidemiology Database (DMED). DMED is contained within the Defense Medical Surveillance System (DMSS) and provides up-to-date and historical information on diseases and medical events. The primary purpose of DMED is to keep U.S. military and government leaders informed of troop health and readiness. Maintaining the integrity of this system is a matter of national security.

Medical doctors in the military noticed a high incidence of apparent vaccine injuries reported in DMED among members of the military after the vaccine mandate was issued. One of the doctors Lt. Col. Theresa Long, who is a flight surgeon in the US Army, approached Attorney Todd Callender with the discovery. Ohio Attorney Tom Renz shared the whistleblower information at Sen. Ron Johnson's hearing, COVID-19: A Second Opinion. Following the hearing it was noticed that the numbers in DMED had been changed massively increasing illnesses recorded for 2016-2019. A spokesperson for the Department of Defense claimed that the medical coding from 2016-2020 was underreported and incorrect due to a glitch that occurred during a server migration giving the appearance of an increase in medical diagnoses. To paraphrase, from 2016-2020 the data was incorrect and overlooked by DoD's data analysts, and then the problem fixed itself in 2021. **Note: Attorney Callender is available for consultation.**

Dr. Paul Alexander Substack. COVID News evidence-based medicine. 2022. Apr 3.

[\[https://palexander.substack.com/p/us-military-doctor-testifies-she\]](https://palexander.substack.com/p/us-military-doctor-testifies-she)

Renz Law. [\[https://renz-law.com/attorney-tom-renz-whistleblowers-dmed-defense-medical-epidemiology-database-reveals-incredibly-disturbing-spikes-in-diseases-infertility-injuries-across-the-board-after-the-military-was-forced-to/\]](https://renz-law.com/attorney-tom-renz-whistleblowers-dmed-defense-medical-epidemiology-database-reveals-incredibly-disturbing-spikes-in-diseases-infertility-injuries-across-the-board-after-the-military-was-forced-to/)

Statistician Mathew Crawford has uncovered evidence of manipulation by analyzing the data reported in *Medical Surveillance Monthly Report* (MSMR), a monthly magazine that the military publishes. He maintains that sometime between 2020 and 2021 someone altered the data, massively increasing the illnesses recorded for 2016-2019 to make them more in alignment with current trends. Crawford states that it looks like someone was trying to create a very convenient story that these problems started increasing in 2016 due to problems with coding of diagnoses, when in fact they started exploding in 2021 after the vaccine rollout. His simple message:

The DMED is a fake database. The DoD is part of the CDC's Vaccine Safety Technical (VaST) workgroup. This looks in every way like mass data fraud, and likely coordinated with knowledge of the CDC who was supposedly monitoring this data.

It is hard to overstate the seriousness of the claims regarding DMED as this presents an immediate threat to our national security in regard to military readiness.

Crawford is willing to discuss his findings and has provided FOIA instructions.

[\[https://roundingtheearth.substack.com/p/we-need-a-lawyer-to-step-up-foia\]](https://roundingtheearth.substack.com/p/we-need-a-lawyer-to-step-up-foia)

Crawford, M. Defining Away Vaccine Safety Signals 9: The DMED is Fake, The Vaccine Wars Part XXXVIII. *Rounding the Earth Newsletter* Substack. 2022. May 18.

[\[https://roundingtheearth.substack.com/p/defining-away-vaccine-safety-signals-55a?s=w\]](https://roundingtheearth.substack.com/p/defining-away-vaccine-safety-signals-55a?s=w)

Compilation of Crawford's DMED posts.

[\[https://www.campfire.wiki/doku.php?id=rounding_the_earth:the_dmed_saga\]](https://www.campfire.wiki/doku.php?id=rounding_the_earth:the_dmed_saga)

Other indicators of concern related to safety of COVID shots are appearing in non-medical sources.

- Actuarial data are showing a catastrophic increase in non-COVID deaths being reported in working age people during the third quarter of 2021.
- An inordinate number of mostly young athletes have suffered cardiac events, and many have died since the COVID shots have rolled out.
- Morticians reporting unusual clots found during embalming.
- Nervousness among financial professionals who are concerned about potential fraud after the release of Pfizer's data when considered against a backdrop of staggering reports of excess mortality among Millennials.

Former Blackrock fund manager Edward Dowd's hesitancy toward the COVID shots led him to research data related to Pfizer's clinical trials. His concern over what he discovered raised alarm bells he had developed as an investor. One of the biggest red flags he saw was the FDA's hesitancy to release data related to the authorization process – saying that “it's unprecedented to hide data from the public.” Dowd's research has led him to say, “We have the greatest colossal financial and human fraud endeavor in the history of the globe; and it was done with the assistance of the government, global governments,

media and tech companies.” He re-introduced the term “democide” into the conversation defined as: “death by government. So the government, through the mandates has killed people.”

<https://childrenshealthdefense.org/defender/pfizer-fda-data-clinical-trials-blackrock-advisor/>

https://www.lewrockwell.com/2022/03/no_author/edward-dowd-on-future-recession-shocking-findings-in-the-cdc-covid-data-and-democide/

Dr. Peter McCullough recently stated that regardless of the controversy surrounding the VAERS and DMED data the focus of attention should be on the sheer number of reported injuries especially those acknowledged by the government regulatory agencies which are heart damage and blood clots. He states that 1,000 peer reviewed papers describing vaccine injuries can be found in the medical literature. He proposed that the American public needs to demand accountability and vigilance, and he listed two things that are desperately needed right now: risk prediction (i.e. identify who is going to be the next victim and how can it be avoided); and strategies on how to treat the injuries.

Crony Capitalism sponsored by The American Conservative. Interview with Sen. Ron Johnson, Drs. Peter McCullough, Pierre Kory, and Robert Malone. 2022. Aug 4. (56:34) [<https://rumble.com/v1ejdup-crony-capitalism-big-pharma-and-vaccines-ft.-sen.-johnson-dr.-kory-dr.-malo.html?mref=6zof&mrefc=4&eType=EmailBlastContent&eld=ba87bc1a-de01-4dd4-ab90-d14c8e5cf8ed>]

Are COVID Shots Truly Effective?

The public has been misled into thinking that the COVID-19 shots will provide protection from infection and prevent the spread of the disease. The only endpoint in the initial clinical trial was prevention of symptomatic disease in vaccine recipients, not reduction in severe COVID-19 (hospital admission, ICU, or death) or interruption of transmission (person to person spread).

One of the goals of any vaccine program should be the interruption of transmission (spread of the virus). It is clear that the mass inoculation program with these experimental gene therapy-based products has been a massive failure to accomplish this and stop the pandemic. Our experience with the omicron variants has shown that the COVID shots are not effective at stopping recipients from getting infected or stopping the spread of the virus. The narrative that the COVID shots are providing protection from developing severe disease and death is falling apart. The data from the US has reportedly become too compromised to be reliable. Truth seekers are analyzing “all-cause mortality” figures according to age of the vaccine recipients, and looking at reliable data from other countries for clues as to the actual risk/benefit ratio.

Malone R. Data doesn't lie: mRNA-vaccines and correlation to all-cause mortality. Marlies Dekkers speaks with Drs. Robert Malone and Theo Schettters. Robert Malone MD Substack. 2022. Aug 2. <https://rwmalonemd.substack.com/p/data-doesnt-lie-mrna-vaccines-and>

High efficacy rates were reported for all COVID-19 shots: Pfizer 95%, Moderna 94.1% and Janssen 66.3%. Peter Doshi senior editor at The BMJ wrote about his concern that the efficacy rate of the Pfizer vaccine was over reported because of the failure to take into consideration an apparently disregarded group of patients categorized as “suspected COVID-19.” He recalculated the relative efficacy suggesting

it could more accurately be somewhere between 19-29%, well below the 50% effectiveness threshold for authorization set by regulators.

<https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/>

Recognition of COVID “Vaccine” Injuries

One of the biggest problems related to maintaining the “COVID shots are safe and effective” narrative is the failure of government health authorities to admit that there are people who have been injured by these injections. It is a huge conflict of interest for the agency promoting the acceptance of these products to also be expected to be unbiased in evaluating claims of injury. Doctors (who have been threatened with the loss of their licenses and livelihoods for sharing their valid concerns regarding the safety and efficacy of these shots) are reluctant to suggest that a symptom might be vaccine related. Physicians are not accustomed to considering vaccine injury in their list of differential diagnoses, e.g. they might not consider cardiac problems when young adults and children complain of chest pain. The vaccine injured often tell similar stories of being dismissed or labeled with a mental/emotional illness when they suggest their symptoms may be related to the COVID injections. The growing list of groups collecting stories of vaccine injured people is important to note.

<https://www.realnotrare.com/>

[C19 VAX REACTIONS - Home](#)

<https://howbadismybatch.com/index.html> - lists batches that are associated with the most serious adverse effects.

[No More Silence - Telling Our Stories](#)

[The People’s Testaments - CHD TV: Livestreaming Video & Audio \(childrenshealthdefense.org\)](#)

<https://www.vacsafety.org/> Vaccine Safety Research Foundation

<https://vaxxchoice.com/> - legal help, filing a criminal complaint

An alarming number of claims have been made to the Countermeasures Injury Compensation Program (CICP). According to a report from Reuters:

CICP is “now drowning in a 16-fold spike in claims, with more than 5,400 COVID-19 vaccine injury cases pending.”

“As of June 1, CICP had evaluated and rejected 31 COVID-related claims ... and approved one, for a person who had an anaphylactic reaction to the vaccine.”

“At the current rate of adjudication – 18 cases a month, by...calculation – it will take 38 years to get through the backlog. That’s not much help for claimants who are unable to work or pay rent right now.”

The burden of proof is on the patient to provide “compelling, reliable, valid, medical and scientific evidence” that the claimed injury was “directly caused” by the COVID-19 vaccine. CICP is essentially a cruel joke for victims of vaccine injuries.

Greene J. COVID vaccine injury plaintiffs face long odds in U.S. compensation program. Reuters. 2022. Jun 16. [<https://www.reuters.com/legal/litigation/covid-vaccine-injury-plaintiffs-face-long-odds-us-compensation-program-2022-06-16/>]

Do the mRNA Lipid Nanoparticles Stay at the Injection Site?

The public was led to believe that the contents of the COVID injections would stay in the arm. A group of international scientists including Dr. Bryam Bridle, a Canadian cancer viral immunologist, obtained Pfizer's bio-distribution studies from a Japanese regulatory agency and found that assumption was wrong. The components used to make the lipid nanoparticles (which are used in the manufacturer of mRNA COVID-19 injections) were found in measurable concentrations in the liver, spleen, adrenal glands, ovaries and bone marrow. Dr. Bridle stated that there is clear evidence to suggest that the components from the vaccine and the spike protein can get into circulation; these can bind with receptors on the platelets and the cells that line the blood vessels. When that happens it can cause the platelets to clump causing clotting and can also lead to bleeding abnormalities. This can cause damage to the cardiovascular system and cause heart problems. It can cross the blood brain barrier [get inside of the brain] leading to neurological problems. Antibodies and contents from the "vaccines" may pass through into breast milk with implications for breastfeeding babies. Serious adverse events have been reported to VAERS for breastfeeding babies. Dr. Bridle is on record stating that a big mistake was made using the spike as the target antigen. He stated in an interview with Alex Pierson, "We thought the spike protein was a great target antigen; we never knew the spike protein itself was a toxin and was a pathogenic [disease causing] protein. So by vaccinating people we are inadvertently inoculating them with a toxin."

While critics argue that the study has been misinterpreted, it is fair to say that the lipid nanoparticles used in the COVID injections have not been adequately tested for safety; the contents of the shots clearly do not stay at the injection site; and the concern related to distribution is magnified with repeated injections.

<https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge>. May 27, 2021 On Point with Alex Pierson and Dr. Bridle. [Actual interview]

<https://www.lifesitenews.com/wp-content/uploads/2021/06/Pfizer-bio-distribution-confidential-document-translated-to-english.pdf>

Dangerous COVID-19 Treatment Protocols Used in Hospitals

We have been actively engaged with patients being treated for COVID-19 in hospitals throughout the state where they have suffered terribly while under the care of medical professionals. The protocols being used are not life affirmative, and fluids and nutrition are often restricted. We maintain that hospitals are using protocols that are ineffective and they are doing so with awareness of bad outcomes. We believe that in some cases the drugs used are contributing to the exacerbation of illness and possibly hastening the demise of the patient instead of contributing to recovery.

We hear similar stories from people who attend our meetings of loved ones who go to the hospital with minor symptoms or seeking treatment for a condition that is unrelated to COVID. They are immediately tested for COVID, and if found to be positive, they are isolated in the COVID ward where they are not allowed to have visitors. Patients or family members are required to sign a "Consent to Treat" document before being evaluated, and they have no idea what drugs will be used after admission.

AJ DePriest and the TN Liberty Network have written a paper that thoroughly explains the frightening situation patients and their family members are thrown into when entering a hospital in the United

States: *Follow the Money: Blood Money in U.S. Healthcare* Financial Incentives: The Use of “Covered Countermeasures,” Summary Brief, Revised 24 July 2022. [Document attached.]

Excerpts from the paper:

Federal Covid relief funds flooding our hospitals are the carrot and the stick. Their blood-price is strict compliance to requirements and protocols dictated by the National Institutes of Health. American hospitals are making money off Covid diagnoses and deadly treatment protocols, and they are immune from all liability if they employ deadly protocols recommended by the Centers for Disease Control and Prevention (CDC) and the NIH. Therefore, hospitals tell patients and their families there is only one treatment protocol available for Covid. No other “off-label” treatments, despite their effectiveness and safety, pay dividends for every patient. No other treatment offers immunity from liability in case of injury or death. Since early 2020, “covered countermeasures” are the hospitals’ rule—no exceptions.

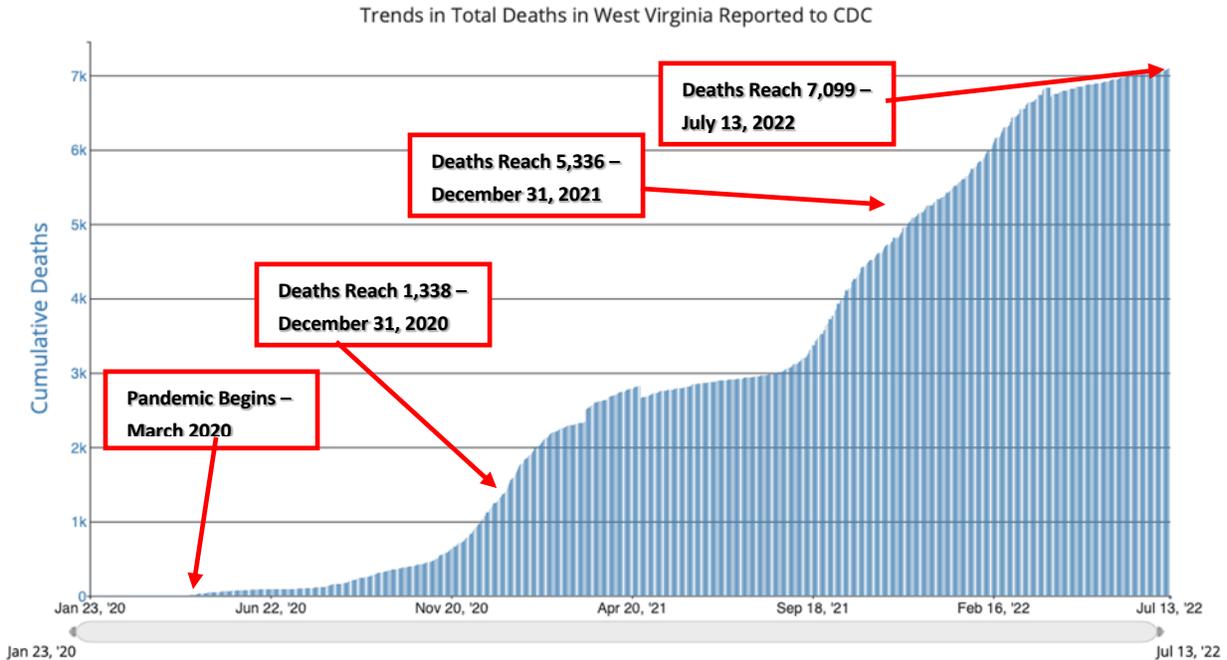
Specific medications and treatments within NIH Covid-19 Treatment Guidelines for adults hospitalized for Covid-19 are considered “covered countermeasures”:

- Remdesivir (Veklury)
- Dexamethasone
- Baricitinib (Olumiant)
- Tocilizumab (Actemra)
- Tofacitinib (Xeljanz)
- Sarilumab (Kevzara)
- Heparin

This list contains drugs that have not demonstrated a high level of confidence of improved patient outcomes and have serious side-effect profiles. Remdesivir has a storied past starting with its failure as a treatment for ebola. The WHO initially advised hospitals not to use it due to lack of efficacy, yet by Nov 2020 it was the only FDA-approved treatment for hospitalized COVID-19 patients. **It is incredulous that this expensive, ineffective drug known to be associated with liver and kidney toxicity became the cornerstone of COVID treatment protocols in US hospitals.** NIH Guidelines allowed for the use of other treatments (such as hydroxychloroquine and ivermectin) but hospital administrators and medical staff refused to allow them. Patients and family members have concluded that hospitals would only use the treatments that had the highest reimbursements from Medicare and insurance companies. DePriest points out the hospitals were in fact:

...incentivized to vaccinate, test, diagnose, and admit Covid patients and report Covid-related deaths using add-on bonuses to push treatments such as Remdesivir, dialysis, ventilators, and new “covered countermeasures” approved for Covid. Patients, families, and former hospitalists confirm why hospitals and doctors are threatened and punished for using effective, off-label Covid treatments (despite what the NIH Guidelines Introduction states)—CMS will not pay bonuses for them, even though these treatments are known to save lives.

Another noteworthy fact from the paper is the way in which federal emergency relief funds were distributed. The distribution to hospitals was based on Medicare revenue – not the number of COVID cases in each state. Some states (i.e. New York) received as little as \$12,000 per COVID case; West Virginia received \$471,000 per COVID case. That’s quite an incentive! How sad that this outlay of money did not equate to better outcomes for West Virginians.



https://covid.cdc.gov/covid-data-tracker/#trends_totalcases

West Virginia experienced 1,338 deaths in 2020 (133.8 deaths/month) when no treatments or “vaccines” were available. As Gov. Jim Justice and Dr. Clay Marsh were telling us the only treatments available were hospitalization or an experimental mRNA shot, deaths in West Virginia grew to 5,336 by the end of 2021 (333.17 deaths/month) for an increase in deaths from 2020 to 2021 of 298%. Year-to-date deaths as of June 30 totaled 7,064 (288 deaths/month). Clearly the protocols used in WV hospitals for the treatment of COVID-19 are ineffective to say the least. Please note that the COVID “vaccines” were introduced widely in January 2021. While it is impossible to know the numbers of deaths that could be related to the shots it must at least be considered as a possibility.

Why weren’t other treatments allowed? Were financial incentives considered above patient outcomes? If so, and West Virginia citizens died because of that, isn’t that malpractice or malfeasance?

DePriest AJ, TN Liberty Network. Follow the Money: Blood Money in U.S. Healthcare, Financial Incentives: The Use of “Covered Countermeasures”. Summary Brief, Revised 2022. Jul 24. [Attached]

More information on hospital “death protocols” can be found at these links:

<https://www.protocolkills.com/>

<https://formerfedsgroup.org/remdesivir/> The FFFF organization is working to expose fraudulent COVID-19 medical practices.

COVID-19 Policies Misrepresented as Scientific Consensus

American citizens and the global community at large were led to believe that the experts guiding the response to the crisis were using the very best cutting-edge scientific information available which was based on insight from the brightest minds within the global scientific community. Dr. Fauci accused

those critical of his policies as “criticizing science because he represented science,” and he described dissent as “dangerous.” Brilliant scientists, researchers, and practicing physicians who were experts in their respective fields and were associated with prestigious academic institutions, pharmaceutical companies, and government agencies, were ignored and actively silenced as they desperately tried to share their concerns about the potential devastating consequences they had identified within the plan that was unfolding. These brave individuals put their reputations and personal safety on the line as they refused to back down from what they believed was their moral and/or religious responsibility to share their knowledge, expertise and skills which had been honed from years of adherence to the principles of scientific rigor. They knew that increased suffering and loss of life would be the consequence of following the near-sighted disastrous policies that were being enacted in the name of public health. There is a long list of people who have made tremendous personal and financial sacrifices to serve humanity at this time and an exhaustive list is beyond the scope of this paper. The following are highlighted as representative of some of the serious concerns which are shared by other experts.

Mass Vaccination with the mRNA Shots is Driving Variants and Delaying Herd Immunity

Dr. Geert Vanden Bossche is a Belgian vaccine researcher with expertise in virology, immunology and evolutionary virology. He has shared his concerns from the beginning that the current mRNA injections are unable to provide long-term sterilizing immunity (ability to stop the virus) and cannot stop spread of the virus. He also predicted that mass vaccination with these shots will place “immune pressure” on the virus driving the process of mutation (formation of variants). He predicts that herd immunity cannot be achieved with the current approach to mass vaccinate the entire population. He warns that continuing this ill-advised plan could create a virus that is easily transmissible (like omicron) and also more virulent and it may not be contained by the antibodies acquired from natural infection to the original viruses and variants or from vaccination. He warns that vaccine manufacturers offering updated genetic code that matches current variants will not be able to out-compete this rapidly-mutating virus. <https://www.voiceforscienceandsolidarity.org/>

Long-term Safety Concerns of the mRNA Vaccines Have Not Been Fully Evaluated

Dr. Stephanie Seneff is a senior research scientist at MIT. She is concerned that the risks and safety of the new mRNA platform have not been objectively assessed due to the rush to produce a vaccine to combat COVID. She co-wrote a paper reviewing the known and potential risks associated with mRNA vaccines. She has made a deeply concerning prediction that we will see a spike in serious neurodegenerative diseases [e.g. Alzheimer’s, Parkinson’s, ALS, and Creutzfeldt-Jakob disease (CJD)] related to use of the shots. She also predicts that people will get these illnesses earlier than they would have and that more people will develop the illnesses than would have if they have received the COVID-19 “vaccines”, particularly if they keep getting boosters.

Seneff, S., & Nigh, G. (2021). Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19. *International Journal of Vaccine Theory, Practice, and Research*, 2(1), 38–79. <https://doi.org/10.56098/ijvtpr.v2i1.23> (Original work published May 10, 2021)

We find it troubling that our state healthcare authorities are continuing to promote the use of these dangerous products especially to young people and children. While it is not our intention to impugn the character of our State public health authorities, we do not have the assurance that they are accurately

interpreting data free from bias or free from the influence of those in federal government regulatory agencies who may have conflicts of interest or unknown ulterior motives.

Solutions

Attendance at MOVCAC meetings grew tremendously in the fall of 2021 as people came together to push back against mandates and advocate for medical freedom and bodily sovereignty. We heard stories of heartache, loss, and harm including but not limited to the following: loss of jobs and livelihood, loss of life and health, mental and emotional distress from countermeasures such as lockdowns, masking, and prolonged quarantine requirements especially in nursing homes and extended care facilities, coerced acceptance of experimental shots, harm to children from mitigation strategies, harm from COVID-19 injections, loss of loved ones dying horrible deaths alone in hospitals, harm and loss of life from lack of early treatment and potentially life-saving therapeutics, and harm due to healthcare providers not being allowed to practice as they see fit.

We discovered that many COVID patients throughout the country, especially those who were unvaccinated, were having similar experiences as they were being treated with what became labeled as “death protocols.” Matt McGregor a reporter for The Epoch Times summarized these shared experiences:

“The patients were all scorned because of their unvaccinated status and were given a combination of sedatives and the antiviral drug remdesivir. They were also kept isolated and malnourished, and ultimately put on a ventilator before dying.”

He reports that patients were treated with the “COVID cocktail” of drugs recommended for use by NIH that often included the “kidney-failing combination of remdesivir, vancomycin, and dexamethasone.” Patients and their POA’s were told a familiar refrain, “We’re just going to put you on the vent for a couple of days to give your lungs a rest...” Many physicians are speaking out about these dangerous and ineffective protocols. They claim that their hands are tied like never before as government three-letter agencies and medical boards are dictating how they are to practice medicine.

The poor outcomes are undeniable yet hospital administrators and medical personnel refuse to offer alternatives. McGregor quotes attorney Tom Renz, “The laws are structured in a way that incentivizes hospitals to kill people. The hospital makes more money if you die from COVID-19 than if you recover from it. Why don’t we incentivize hospitals for getting people cured of COVID?”

This situation has resulted in an erosion of trust leading many people to avoid going to hospitals at all costs fearing that they will be treated like prisoners and left to die alone.

McGregor Matt. ‘We Are Going to Get Justice’: Families Unite to Call Out Questionable Hospital Protocols That Led to Deaths. *The Epoch Times*. 2022. Jul 11.

[https://www.theepochtimes.com/mkt_app/we-are-going-to-get-justice-families-unite-to-call-out-questionable-hospital-protocols-that-lead-to-deaths_4586694.html.]

We asked people to share their heartbreaking stories with us so that we could collect them in one place. [Please see attached Victims of Medical Countermeasures for COVID-19.xlsx.] Data collection is proving to be challenging as we are finding that people are reluctant to put their experiences on paper. Our efforts are on-going as we try our best to document these stories from a very small sample size. We

have also added reports of bad experiences with the COVID shots. We feel the VAERS report represents the tip of the iceberg in revealing vaccine related injuries. Doctors who have been threatened with disciplinary action for spreading misinformation about the COVID injections are reluctant to share their concerns. The database is difficult to use, requires very specific detailed information and will “time out” requiring efforts to be repeated. Only doctors who are thoroughly convinced of a potential causal relationship will dedicate the time needed to enter a report.

We believe there is much work to be done to restore trust in government and healthcare systems. We offer the following solutions:

- Make repurposed drugs readily available by allowing licensed practitioners to prescribe them and allow pharmacists to fill them.
- Provide safe, effective and affordable alternatives for COVID care that are outside of the control of corporate hospitals.
- Restore patients’ rights and ensure that patients and POA’s can be involved in decision making and approval of care plans of hospitalized patients.
- Stop the coercive incentivized COVID vaccine campaigns especially those aimed toward healthy young people and children.
- Require the disclosure of serious adverse events and deaths that have been reported with the COVID shots even if a causal relationship has yet to be established so that **proper** informed consent can be given.
- Ban requirements of COVID shots for attendance at schools, colleges, universities and trade schools, employment, travel, and participation in social events.
- End the discriminatory treatment of unvaccinated people. The suggestion that they present a greater risk to others than do vaccinated people is unfounded.
- Allow dissenting voices to be heard.
- Acknowledge the vaccine injured and educate healthcare providers on how to recognize and treat them.
- Provide rapid and just compensation to people injured by countermeasures.
- Allow doctors to practice medicine as they see fit.
- Stop the threat of investigation of doctors who are accused of providing disinformation when they share their apprehension about COVID “vaccines” or suspect patient injury from COVID vaccination.

Criminal Conspiracy of COVID-19

The countermeasures imposed upon the human race for the purpose of stopping the spread of the virus have been an abject failure in ending the pandemic. The reckless, ill-advised actions taken by US (and many international) public health agencies seem to have had the opposite effect of *increasing* pain, suffering, and deaths from COVID and may have prolonged the pandemic. One has to question the real intention behind these draconian mandates. A number of theories have been proposed i.e.:

- To circumvent constitutional civil liberties in order to get the population to accept increased government surveillance of private citizens in the name of public health.
- A nefarious scheme to reset the monetary system. The US will not be able to fund entitlement and retirement programs in the near future (predicted by 2028).

- To move the world to a cashless society allowing for the monetary system to be monitored and controlled setting the stage for a social credit system similar to the Chinese model.
- To usher in “technocracy” which is a replacement economic system for capitalism and free enterprise. It is government by elites, whose religion is scientism, who have bought their way into positions of power and influence. The epitome of global elitism is represented by the World Economic Forum (WEF) and their plan for a “Great Reset.”

<https://www.technocracy.news/quick-start/>

Whether or not COVID-19 was a “pandemic” or an opportunity to “never let a good crisis go to waste” any astute observer could see that the response to the declared global emergency was excessive and coordinated. One only has to look at the tabletop simulation exercise for pandemic preparedness known as Event 201 to understand why. Event 201 took place in October 2019, two months before the declared COVID outbreak in China. The participants mapped out “the responses by governments, health agencies, the media, tech companies, and elements of the public which included worldwide lockdowns, the collapse of businesses and industries, the adoption of biometric surveillance technologies, an emphasis on social media censorship to combat ‘misinformation,’ the flooding of social and legacy media with ‘authoritative sources,’ widespread riots, and mass unemployment.” This has contributed to the theory that the COVID-19 pandemic is actually a carefully crafted event that has nothing to do with a virus.

<https://www.worldtribune.com/who-is-klaus-schwab-the-great-reset-is-no-conspiracy-theory/>

Dr. David Martin is one of the loudest voices calling for an investigation into allegations of criminal conspiracy underpinning COVID-19. He asserts that a criminal syndicate has attempted to extort and obtain control over the global population by creating patented bioweapons promoted as a novel virus and as immunizations against the virus for the purpose of commercial gain and political power. He claims that the pandemic was manufactured to create a vaccine dependency program and that fraudulent RT-PCR testing was utilized to create the illusion of infection and spread fear around the world with the intent to force the public adoption of a novel mRNA “vaccine” which by the FDA’s own classification is a gene therapy. He points out that the CDC had to change its definition of a vaccine in 2021 because you cannot call a gene therapy (which is a medical technology) a vaccine.

He states:

There is NO evidence that the injections have disrupted transmission, as the recent “Omicron variant” has now made abundantly clear. THIS WAS NEVER ABOUT PUBLIC HEALTH! This was an organized crime racket to coerce the public’s adoption of a novel technology that has NEVER been shown to be safe or effective under the definitions of the FDA, the Federal Trade Commission’s Deceptive Medical Practices standard, or under any other statutory criteria.

Dr. Martin’s intention is to pursue the investigation and prosecution of the perpetrators for the sake of justice, and to achieve monetary relief for the injured and those who have died. He is leading the effort to litigate the crimes listed below, and also pursue matters related to tax and securities fraud:

- Domestic and International Terrorism; 18 USC 2339. Harboring and Concealing Terrorists.
- Deceptive Medical Practices; 15 USC 45(c).
- Reckless Endangerment and Homicide; 18 USC 51.

- Racketeering and Anti-trust collusion; 15 USC §1 & §8.
- Biological Weapons Construction and Deployment; 18 USC §175, Prohibitions with respect to biological weapons.

Those to be named as defendants include:

- Mr. Alex Azar
- Dr. Anthony Fauci
- Dr. Peter Daszak
- Dr. Ralph Baric
- FDA
- CDC
- NIAID
- MODERNA
- PFIZER

Call to Investigate

1. We respectfully ask that you use the power and influence of your elected office to immediately appoint a special prosecutor to investigate allegations of criminal activity underpinning the response of our government officials to the COVID-19 pandemic. We ask for an investigation regarding claims that a criminal syndicate has attempted to extort and obtain control over the global population by creating patented bioweapons promoted as a novel virus and as immunizations against the virus for the purpose of commercial gain and political power. We ask that the allegations of crimes as presented by Dr. David Martin be reviewed and considered as a basis for prosecution of alleged criminal activity.

2. We respectfully ask for an investigation regarding the allegation that COVID treatment protocols used in WV hospitals are contributing to patient demise especially with regard to the administration of remdesivir. We want to know if the EUA protocol for WV's remdesivir supply was strictly followed such as but not limited to: close monitoring of liver and kidney function; was the FDA's Fact Sheet for Patients and Parents/Caregiver provided; was **proper** informed consent obtained, meaning were patients told of potential serious side effects; were alternatives offered; were they informed that remdesivir was an unapproved drug authorized for use under EUA; were they informed that they have the option to accept or refuse the EUA product and of any consequences of refusing administration of the product. We want to know how many days after the first onset of symptoms was the drug started and the duration of treatment. We want to see data regarding the outcome of treatment with remdesivir i.e. the number of patients treated, the number who recovered after treatment, and the number who died during or after administration of the drug.

3. We respectfully ask for an investigation into the agreements made regarding the acquisition and distribution of the COVID-19 injections promoted as "vaccines." We want to know who made the purchase agreements and what the conditions of those agreements were. We want to know if there was a requirement to suppress the use of repurposed drugs not listed as NIH recommended medicines for the treatment of COVID-19. We want to know if there was a requirement to aggressively promote the injections as "safe and effective" while suppressing or diminishing signals of harm preventing the possibility of obtaining true informed consent. And we want to know if those promoting the COVID injections were incentivized in any way to do so.

We respectfully ask that you take these matters up on behalf of the citizens of West Virginia.

Attachments and Inclusions:

- Victims of Medical Countermeasures for COVID-19 spreadsheet
- Documents supporting Dr. Martin’s work. More information can be found at Prosecute Now.
<https://prosecutenow.io/>
David Martin Biographical Information
Executive Summary for Litigation of PLANDEMIC Crimes (includes a list of patent filings)
The Criminal Conspiracy of Coronavirus
<https://www.fullyliveacademy.com/attorneygeneraldocument>
The Fauci/COVID-19 Dossier
Timeline of Selected Federal Funding for SARS Coronavirus
- Other Supporting Documents:
Follow the Money: Blood Money in U.S. Healthcare, Financial Incentives: The Use of “Covered Countermeasures” - Brief. AJ DePriest and TN Liberty Network. 2022. Jul 24.
WV Physician Statement
Kennedy R Jr. Skyhorse Publishing; 2021. *The Real Anthony Fauci, Bill Gates, Big Pharma, and the Global War on Democracy and Public Health* – free copy provided.
- Links to Video Clips and interviews:
‘The Solution’ Episode 28: The Courage to Face COVID-19 with Dr. Peter McCullough and John Leake. <https://live.childrenshealthdefense.org///shows/the-solution-with-dr-tony-o-donnell-phd/IMp-O6dZsS>
Unable to Work for 16 Months; WV Man Shares His V-injury Story. The Tom Roten Morning Show. 2022. Jul 18.
<https://www.iheart.com/podcast/269-the-tom-roten-morning-show-70632979/>
Dr. Fleming Testifies Under Oath Confirming CV19 is a Bioweapon. *One News Page*. 2022. Aug 8.
<https://www.onenewspage.com/video/20220808/14740859/%F0%9F%92%A5-Dr-Fleming-Testifies-Under-Oath-Confirming-CV19.htm>