ALAN WILSON
ATTORNEY GENERAL

January 28, 2022

VIA EMAIL
Ms. Khahilia Shaw
American Oversight
records@americanoversight.org

RE: Freedom of Information Act ("FOIA") request

Dear Ms. Shaw:

The Office received your FOIA request dated December 2, 2021. In your request, you seek:

1. All email communications (including emails, email attachments, calendar invitations, and attachments thereto) between (a) Attorney General Alan Wilson, Chief Deputy Attorney General William Jeffrey "Jeff " Young, or anyone communicating on their behalf (such as an assistant or scheduler), and (b) any individuals or representatives of the external entities listed below (including, but not limited to, anyone communicating from an email address ending with the listed domains):

   Individuals and External Entities:
   i. The Concord Fund
   ii. CRC Advisors (@crcadvisors.com), CRC Strategies (@crcpublicrelations.com), Leonard Leo, Jonathan Bunch, and Greg Mueller
   iii. Judicial Crisis Network (@judicialnetwork.com), Daniel Casey, Gary Marx, and Carrie Severino
   iv. Honest Elections Project (@honestelections.org) and Jason Snead
   v. U.S. Chamber of Commerce and US. Chamber Institute for Legal Reform (@uschamber.com)

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vi. Koch Industries (@kochind.com) and Koch Companies Public Sector (@kochps.com), David Dunlap, Mike Morgan, Mark Nichols, Paul Brown, Philip Ellender, Steve Lombardo, Dale Gibbens, and William C. Kinney
vii. Americans for Prosperity (@afphq.org and @americansforprosperity.org), Tim Phillips, and Emily Seidel
viii. Melaleuca (@melaleuca.com) and Frank VanderSloot
ix. Altria Group (@altria.com), and Phillip Morris (@pmi.com)
x. Mallinckrodt Pharmaceuticals (@mallinckrodt.com)
xi. Juul Labs (@juul.com and @juullabs.com)
xii. Ariel Corporation (@arielcorp.com), Thomas Rastin, and Karen Wright
xiii. Las Vegas Sands (@sands.com and @lasvegassands.com), Marina Bay Sands (@marinabaysands.com), The Venetian Resort (@venetian.com), Miriam Adelson, Robert Goldstein, Patrick Dumont, Randy Hyzak, Lawrence "Lon" Jacobs, Robert Hayden, Betty Yurcich, and Andy Abboud
xiv. Mountaire Farms (@mountaire.com), Ronald Cameron, and Kevin Garland
xv. Ace Cash Express (@acecashexpress.com), Jay Shipowitz, and Eric Norrington
xvi. Peter Thiel
xvii. C. Boyden Gray
xviii. Rex Sinquefield
xix. Smart Media Group (@smartmediagrp.com or @smartmediagroup.com)
xx. AT&T (@att.com)
xxi. The Anschutz Corporation (@anschuetz-sport.com or @anschutznorthamerica.com)
xxii. Daniel Defense (@danieldefense.com)
xxiii. Anheuser-Busch (@anheuser-busch.com), Foster Routh III, Jeffrey Thordahl, and Kimberly Kent
xxiv. MBX Capital (@mbxcapital)
xxv. Blue Cross Blue Shield of South Carolina (@bcbssc.com), Baylen Moore, Greg Truesdal, Harry Cato, Mary Elizabeth Mullikin, Thomas Moore, and Tiffany Freeman
xxvi. Smith & Wesson (@smith-wesson.com)
xxvii. Pfizer (@pfizer.com), Darrell Campbell, and Melissa Bishop-Murphy
xxviii. Consovoy McCarthy (@consovoymccarthy.com)
xxix. American Petroleum Institute (@api.org) and Mark Harmon
xxx. Karen Iacovelli
xxxi. Foley and Lardner (@foley.com)
xxxii. GEO Group (@geogroup.com), Robert Adams, and William Boan

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2. All email communications (including emails, email attachments, calendar invitations, and attachments thereto) sent or received by Attorney General Alan Wilson, or anyone communicating on his behalf (such as an assistant or scheduler), containing any of the following search terms:

Search Terms:
1. "Concord Fund"
2. "Institute for Legal Reform"
3. ILR
4. "Koch Industries"
5. "Koch Companies"
6. "Americans for Prosperity"
7. AFP
8. Mallinckrodt
9. Juul
10. Altria
11. Adelson
12. Thiel
13. "Boyden Gray"
14. "Leonard Leo"
15. "Jonathan Bunch"
16. "Greg Mueller"
17. JCN
18. "Judicial Crisis"
19. "Gary Marx"
20. "Daniel Casey"
21. "Carrie Severino"
22. "Honest Elections Project"
23. Snead
24. "Ariel Corp"
25. VanderSloot
26. Melaleuca
27. Mountaire
28. "Ronald Cameron"
29. "Ronnie Cameron"
30. "Ron Cameron"
31. "Ace Cash"
32. Sinquefield
33. "Smart Media"
34. AT&T
35. Anschutz
36. Anschuetz
37. "Daniel Defense"
38. Anheuser
39. MBX

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40. “Blue Cross”
41. BCBS
42. Wesson
43. Pfizer
44. Consovoy
45. “Petroleum Institute”
46. API
47. Iacovelli
48. Foley
49. “GEO Group”

For request item 2, please note that American Oversight does not seek, and that this request specifically excludes, the initial mailing of news clips or other mass-distribution emails. However, subsequent communications forwarding such emails are responsive to this request. In other words, for example, if Attorney General Wilson received a mass-distribution news clip email referencing Pfizer, that initial email would not be responsive to this request. However, if Attorney General Wilson forwarded that email to another individual with his own commentary, that subsequent message would be responsive to this request and should be produced.

For both items of this request, please provide all responsive records from June 22, 2021, to the date the request is received by your office.

Repeated and voluminous searches of our files use valuable Office resources. This Office is permitted to charge reasonable fees not to exceed our actual costs in performing these searches. This Office charges $19.00 per hour of staff time required to search, retrieve, and redact responsive public records in response to a request.

On December 16, 2021, the Office informed you that there are public records responsive to your request and, pursuant to S.C. Code Ann. §30-4-30(B), required a deposit of $28.50 to proceed with your request.

On December 21, 2021, the Office received your deposit.

On January 20, 2022, the Office informed you that our actual costs were $152.00, and your remaining balance is $123.50.

On January 28, 2022 the Office received payment of the $123.50 of outstanding balance.

The records of the Office have been searched, and all of the nonexempt responsive documents are now being made available to you.

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Because of the size of the file, we cannot attach the files to this letter and send them via email. Therefore, shortly after receiving this letter, you will receive an email with access to a Kiteworks folder. Kiteworks is the service our Office uses for secure file sharing. The folder contains all the nonexempt public records responsive to your request. Please let me know if you have any trouble accessing the documents.

Please be advised, some documents are exempt from disclosure under S.C. Code Ann. § 30-4-40(a)(2) and (7), and some documents have been redacted under S.C. Code Ann. §30-4-40(a)(2) and (7).[1] Additionally, we are producing a number of emails relating to Attorney General Wilson's position in the National Guard. Please let us know, if you meant for your request to cover those emails.

Sincerely yours,

L. David Leggett
Assistant Attorney General

[1] In the letter from the Office of the Attorney General dated January 20, 2022, we indicated that redactions would be applied under S.C. Code Ann. §30-4-40(a)(13). This was in error. No redactions have been applied to the records included with this letter under S.C. Code Ann. §30-4-40(a)(13).

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From:	Ryan Greenstein
To:	Ryan Greenstein
Subject:	Email re: Truth Initiative from AGs Peterson and Stein
Date:	Wednesday, December 1, 2021 1:15:53 PM
Attachments:	image001.png image002.png image003.png NAAG truth brand overview_v3[1].pdf Truth_The Truth About Opioids 1-pager_final_111921[1].pdf Truth_The Truth About Opioids Report_final-111921[2].pdf Truth_Annual Report 2020_final-updated[1].pdf

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This is being sent to all attorneys general, chief deputies/chiefs of staff, and executive assistants on behalf of Attorneys General Peterson and Stein:

Dear Colleagues –

We write to you today as your NAAG representatives on the Board of Directors of Truth Initiative, the organization created through the hard work and foresight of state Attorneys General as part of the historic 1998 Master Settlement Agreement with the tobacco industry. Over the years, Truth Initiative has prevented millions of young people from becoming tobacco users, helped millions of others to quit, and since 2018, employed its knowledge and experience to address another epidemic impacting youth and young adults – our nation's ongoing opioid crisis.

We are excited that Robin Koval, the Executive Director of Truth Initiative, will make a presentation at the NAAG Capital Forum on Wednesday morning, December 8th. We thought it would be helpful to share with you in advance the attached background materials on Truth Initiative's work on both tobacco and opioids. Included are:

1. Brief background on the truth® campaign
2. Executive summary and case history of the truth about opioids effort
3. Most recent annual report

We look forward to seeing you next week in Washington.

Sincerely,

Doug Peterson, Nebraska

Josh Stein, North Carolina

Ryan Greenstein
Legislative Director and
Special Assistant to the Executive Director
National Association of Attorneys General
1850 M Street NW, 12th Floor
Washington, DC 20036
202.326.6262
rgreenstein@naag.org
www.naag.org

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From: Matt Gates
To: Beatty, Heather; Alan Wilson
Subject: RE: Action Required: Federal Executive Order Compliance
Date: Wednesday, December 1, 2021 12:53:48 PM

Ms. Betty – thank you very much for your email and for support of our office's efforts. As you may know from news reports, the federal courts have issued stays of the OSHA 100+ employee vaccine rule, and a stay of the healthcare worker vaccine executive order. Also, a federal judge has scheduled a hearing for the federal contractor vaccine executive order for this Friday and could issue a stay of that order as early as that day.

I hope this information is helpful. Thank you again for your years of service to the State and for your support of our office.

Sincerely,
Matthew R. Gates
Deputy Attorney General
Director of Government Relations
Office of the Attorney General
State of South Carolina
1000 Assembly Street
Columbia, SC 29211
803-622-0291
Mgates@scag.gov

This E-mail, along with any attachments, is considered confidential and may well be legally privileged. If you have received it in error, you are on notice of its status. Please notify the sender immediately by reply e-mail and then delete this message from your system. Please do not copy it or use it for any purposes, or disclose its contents to any other person. Thank you for your cooperation.

From: Beatty, Heather <[redacted]@law.sc.edu>
Sent: Tuesday, November 30, 2021 4:11 PM
To: Alan Wilson <agwilson@scag.gov>; Matt Gates <MGates@scag.gov>
Subject: FW: Action Required: Federal Executive Order Compliance

Good afternoon,

I hope this finds you and your families well, and I hope that you all were able to enjoy some relaxing time over the Thanksgiving holiday. I'm sure you have heard and seen this already, but I would be remiss if I did not advocate for myself in this capacity. I am a state employee, have happily been a state employee for almost 9 years – not a federal employee. I should not be subject to federal mandates that do not even apply to all federal employees (postal workers, etc.).

To say that I need to receive a "vaccination" because I am in the same building as someone on a

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federal contract or receiving federal dollars is as manipulative and far reaching as saying that I can't go into the grocery store because I may pass someone in the same context. This is outrageous.

I hope that South Carolina will continue to fight for the rights of all it's citizens but in this case, certainly for the federal governments incredible overreach into state employees lives.

I hope to hear from you soon.

Heather Beatty

[redacted]@law.sc.edu
[redacted]@gmail.com
[redacted]

From: Office of the VP for Research and Division of HR <noreply@sc.edu>
Sent: Monday, November 29, 2021 11:53 AM
To: Beatty, Heather [redacted]@law.sc.edu>
Subject: Action Required: Federal Executive Order Compliance

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From: TracyGrace
To: Alan Wilson
Subject: Our Stolen Election
Date: Wednesday, December 1, 2021 12:46:08 PM
Attachments: states-v-us-and-states-compl-2021-11-23.pdf

Attorney General Wilson,

I am writing to urge you to file the suit with other Attorneys General that Mike Lindell has facilitated regarding the fraudulent election of 2020. In this attached suit, there is AMPLE evidence that the 2020 Presidential Election was stolen. Attorney General Wilson, if we do not have our vote, then we are slaves to those who stole the vote. Please fight for our right of suffrage, please fight for freedom, and please fight for the preservation of this country and our way of life for our children and grandchildren by filing this lawsuit.

Sincerely your constituent,
Tracy Osborne
[redacted]
Rock Hill, SC 29732

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From: Beatty, Heather
To: Alan Wilson; Matt Gates
Subject: FW: Action Required: Federal Executive Order Compliance
Date: Tuesday, November 30, 2021 4:11:37 PM

Good afternoon,

I hope this finds you and your families well, and I hope that you all were able to enjoy some relaxing time over the Thanksgiving holiday. I'm sure you have heard and seen this already, but I would be remiss if I did not advocate for myself in this capacity. I am a state employee, have happily been a state employee for almost 9 years – not a federal employee. I should not be subject to federal mandates that do not even apply to all federal employees (postal workers, etc.).

To say that I need to receive a "vaccination" because I am in the same building as someone on a federal contract or receiving federal dollars is as manipulative and far reaching as saying that I can't go into the grocery store because I may pass someone in the same context. This is outrageous.

I hope that South Carolina will continue to fight for the rights of all it's citizens but in this case, certainly for the federal governments incredible overreach into state employees lives.

I hope to hear from you soon.

Heather Beatty

[redacted]@law.sc.edu
[redacted]@gmail.com
[redacted]

From: Office of the VP for Research and Division of HR <noreply@sc.edu>
Sent: Monday, November 29, 2021 11:53 AM
To: Beatty, Heather [redacted]@law.sc.edu>
Subject: Action Required: Federal Executive Order Compliance

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From: Kevin Flannery
To: Alan Wilson
Subject: Bring the case to the US Supreme Court to expose and correct the 2020 stolen elections
Date: Monday, November 29, 2021 2:38:25 PM
Attachments: states-v-us-and-states-compl-2021-11-23.pdf

Dear Attorney General,
Our Country cannot move forward with legitimate elections without first fixing the fraud in the November 2020 election. Our state's interests, and our legal votes, must be protected, you can do that. Please sign the complaint bring this case to the US Supreme Court to save our State and our Country!

https://cdn.michaeljlindell.com/downloads/fix2020first/states-v-us-and-states-compl-2021-11-23.pdf

https://fix2020first.com/exhibits/

Respectfully submitted,

Kevin Flannery
God fearing, Constitution loyal, LAW ABIDING US and SC citizen

Sent from my iPad

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From: [redacted]@gmail.com
To: Alan Wilson
Subject: November 2020 Election Fraud Complaint
Date: Monday, November 29, 2021 1:41:13 PM
Attachments: states-v-us-and-states-compl-2021-11-23.pdf

Dear Attorney General Alan Wilson:

This is the first time I have emailed and do so now because of its importance.

I am very concerned that the November 2020 presidential election was fraught with widespread outcome-determinative fraud.

Attached is a detailed draft complaint to be filed in the U.S. Supreme Court, along with supporting 24 exhibits, that describes in particularity the fraud that took place in Michigan, Wisconsin, Pennsylvania, Georgia and Arizona. As the complaint shows, South Carolina has standing to bring this case.

Our Country cannot move forward with legitimate elections without first fixing the fraud in the November 2020 election.

Our state interests, and our legal votes, must be protected. You can do that. Please join the other state attorney generals in bringing this case to the Supreme Court to save our State and our Country!

Thank you for your consideration!

Bruce Lagerman
[redacted]
Myrtle Beach, SC 29572

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From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 11.19.2021
Date:	Friday, November 19, 2021 3:44:41 PM
Attachments:	image002.png

Today in History

President Lincoln delivers Gettysburg Address

On November 19, 1863, at the dedication of a military cemetery at Gettysburg, Pennsylvania, during the American Civil War, President Abraham Lincoln delivers one of the most memorable speeches in American history. In fewer than 275 words, Lincoln brilliantly and movingly reminded a war-weary public why the Union had to fight, and win, the Civil War.

The State

6 shootings, 2 dead, 1 gun. Richland shootings rise with stolen, street-traded guns

Man on the run for 16 years for child molestation charges found dead in Upstate SC

One of SC's largest counties imposed a COVID vaccine mandate. Then, 96% got the shot

An industry's waste was used to fertilize farm fields in SC. Now wells are polluted

Greenville News

BMW Manufacturing is expanding in Spartanburg County with a new logistics center

'The South has a new game in town': Greenville SC ranks among best destinations in 2022

Augusta Road redesign underway in Greenville after months of analysis

Ask Angelia: Why have these Greenville statues been removed?

Post and Courier

USC freezing tuition for 4th consecutive year in 2022

SCANA investors seek to settle shareholder suits for $63M

Feds bust fentanyl trafficking ring in Charleston area

Drug, prostitution operation out of West Ashley home leads to 3 arrests

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WSJ

Kyle Rittenhouse Found Not Guilty of All Charges in Killing of Two

The Elizabeth Holmes Trial: Prosecution Rests After 11 Weeks, 29 Witnesses

Covid-19 Boosters From Pfizer-BioNTech, Moderna Cleared for All U.S. Adults

House Passes Roughly $2 Trillion Social Spending and Climate Bill

Office Mentions

SC AG: Two Upstate men arrested on child sexual abuse material charges

AG Wilson joins nationwide investigation into Instagram's impact on youth

SC attorney general joins nationwide investigation of Instagram

State attorneys general investigating Instagram's effect on children (Sinclair Broadcasting Group, picked up by 40 TV stations)

Upstate hospitals rolling out COVID-19 vaccine guidelines

State Attorney Generals Will Investigate Instagram’s Effect On Children

State Grand Jury: Murdaugh facing new indictments totaling 27 counts

AG Wilson: State Grand Jury issues indictments against Alex Murdaugh

Alex Murdaugh is facing 27 new criminal charges after SC grand jury indictments served

S.C. grand jury indicts Murdaugh on 27 counts in fraud schemes

New indictments allege Alex Murdaugh conned clients, former law firm

Alex Murdaugh indicted on 27 criminal counts, alleged to have defrauded nearly $5 million

Alex Murdaugh indicted on 27 counts by state grand jury

State Grand Jury issues indictments against Alex Murdaugh

State grand jury issues indictments against Alex Murdaugh

SC grand jury issues more indictments against Alex Murdaugh

South Carolina attorney Alex Murdaugh indicted on more than two dozen financial crimes

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AG Wilson: Columbia man facing charges related to the sexual exploitation of minors

South Carolina lawyer Alex Murdaugh faces several new charges

State Grand Jury announces five indictments, including 27 charges, against Alex Murdaugh

Alex Murdaugh Faces 27 New Charges for Allegedly Stealing $4.8M from Clients and Victims and Laundering Money

New charges against South Carolina lawyer accused of having himself shot

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 11.18.2021
Date:	Thursday, November 18, 2021 11:20:21 AM
Attachments:	image002.png

Today in History

Mass suicide at Jonestown

On November 18, 1978, Peoples Temple founder Jim Jones leads hundreds of his followers in a mass murder-suicide at their agricultural commune in a remote part of the South American nation of Guyana. Many of Jones' followers willingly ingested a poison-laced punch while others were forced to do so at gunpoint. The final death toll at Jonestown that day was 909; a third of those who perished were children.

The State

Alex Murdaugh says he doesn't owe money to Satterfield heirs, court filing shows

Secretive defense plant operating in the shadow of atomic fuel factory near Columbia

USC mega-donor Lou Kennedy criticizes 'shenanigans' after leaving presidential search

Police investigating alleged strip search of Richland County elementary school student

Greenville News

After nearly two years of 'devastating' impact from COVID, local nonprofits try to recover

Southern Tide store to move to Camperdown in Greenville in the spring

Which will prevail? Clemson's stingy defense or Wake Forest's high-scoring offense?

Proposal near Unity Park offers glimpse of Greenville's development and ongoing struggle

Post and Courier

Summerville High School bus driver arrested amid text message investigation

SC bus drivers are quitting in droves because of conflicting mask rules

SC Republicans back Arizona Rep. Paul Gosar in House censure vote

As Republicans laud Rickenmann's Columbia mayor win, many downplay impact on city politics

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WSJ

In Kyle Rittenhouse Trial, Defense Makes New Move for a Mistrial

Ford Steps Into the Chips Business

Dominant Eye Surgery Chain LasikPlus Put Profits Over Patient Care, Some Doctors Say

U.S. Buys 10 Million Treatment Courses of Pfizer's Covid-19 Pill for $5.29 Billion

Office Mentions

YouTube video of man soliciting 14-year-old lands him in jail, South Carolina cops say

Conway man accused of distributing child sexual abuse material, investigators said

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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From: DeLinda Ridings
To: Emily Parsons
Subject: FW: There is Still Time to Register for NAAG"s Annual Capital Forum | Dec. 6-8, 2021
Date: Wednesday, November 17, 2021 9:44:00 AM
Attachments: image001.png
image002.png
Draft-Public-Agenda-_-2021-NAAG-Capital-Forum-1.pdf
NAAG Cybersecurity Seminar Draft Agenda (as of 11.17.2021).pdf
image003.png

Are we all good for General Wilson and his flights?

DELINDA RIDINGS, Executive Assistant to the Attorney General
South Carolina Attorney General's Office
Executive Division | Office 803-734-3596
P.O. Box 11549 | Columbia, SC 29211
scag.gov

This email, along with any attachments, is considered confidential and may be legally privileged. If you have received it in error please notify the sender immediately by reply email and then delete this message from you system. Please do not copy it or use it for any purposes, or disclose its contents to any other person. This email, and attachments, are subject to FOIA requests. Thank you for your cooperation.

From: Chris Toth <ctoth@naag.org>
Sent: Wednesday, November 17, 2021 9:40 AM
To: Chris Toth <ctoth@naag.org>
Cc: Emily Parsons <eparsons@naag.org>; Erika Rudiger <erudiger@naag.org>
Subject: FW: There is Still Time to Register for NAAG's Annual Capital Forum | Dec. 6-8, 2021

Generals,

There is still time to register for the NAAG Capital Forum! As a reminder, NAAG will cover your travel, lodging, and registration expenses for the 2021 NAAG Capital Forum in Washington, DC on December 6-8. Virtual attendance for your staff is also complimentary.

You are also welcome to extend your stay to attend the NAGTRI Cybersecurity Seminar on December 8-9 immediately following the conclusion of the Capital Forum. NAAG will pay for your travel expenses during those days as well. There is a virtual option for this program as well. Thank you for the Internet Safety/Cyber Privacy and Security Committee, led by Generals Stenehjem and Tong, for their leadership developing this seminar.

The agenda for both programs are attached. I encourage you to register today and we will be glad to begin arranging your travel and lodging.

V/r,
Chris

Chris Toth
Executive Director

AMERICAN OVERSIGHT

National Association of Attorneys General
1850 M Street, NW, 12th Floor
Washington, DC 20036
202.326.6021 office
ctoth@naag.org
www.naag.org

From: NAAG Announcements <announcements@naag.org>
Sent: Friday, November 12, 2021 10:01 AM
To: Ryan Greenstein <rgreenstein@naag.org>
Subject: There is Still Time to Register for NAAG's Annual Capital Forum | Dec. 6-8, 2021

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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Don't Forget to Register for the 2021 NAAG Capital Forum

December 6-8, 2021
Capital Hilton

Register Today

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1001 16th St. NW
Washington, D.C. 20036

There is still time to register for NAAG's Capital Forum from Dec. 6-8, 2021! This annual event allows state and territory attorneys general to engage with federal officials, discuss important policy issues, and learn about the latest state and federal legal developments. The event also will include D.C. Attorney General Karl Racine's presidential reception, a reception for SAGE members, and the annual NAAG awards dinner. View the agenda.

Agenda Topics:

- U.S. Supreme Court Update
- Truth Initiative Presentation
- Coming Home: The Attorney General and Reentering Citizens
- Algorithms: Benefits and Dangers
- NAGTRI Ethics Session
- National Guard 101: Issues and Authorities Involving the Modern National Guard

Register by Wednesday, November 24, 2021 to receive an early bird discount. Click here to view registration options. Virtual attendance for attorney general staff is complimentary. Please email **Emily Parsons** at **eparsons@naag.org** with any questions.

This meeting, which will also be offered virtually, will be hosted in accordance with the latest government mandates and health organization guidance. More specific information related to this meeting will be outlined in an email to attendees in December 2021.

Register Today

If you have created your NAAG account and do not see the correct pricing listed, please make sure you have entered your organization under your profile. Attorney general staff will need to wait until after your account is verified by your office before being able to register for this event.

Hotel Information

NAAG has secured a room block at the Capital Hilton.The group rate is $199 per night plus tax. This rate will be available until **Friday, November 24, 2021** or until the block is full, whichever comes first.

Contact Us

1850 M Street NW, 12th floor
Washington DC 20036
Tel 202-326-6000
support@naag.org

Unsubscribe

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From: Chris Toth
To: Chris Toth
Cc: Emily Parsons; Erika Rudiger
Subject: FW: There is Still Time to Register for NAAG"s Annual Capital Forum | Dec. 6-8, 2021
Date: Wednesday, November 17, 2021 9:40:01 AM
Attachments: image001.png
image002.png
image003.png
Draft-Public-Agenda-_-2021-NAAG-Capital-Forum-1.pdf
NAAG Cybersecurity Seminar Draft Agenda (as of 11.17.2021).pdf

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V/r,
Chris

Chris Toth
Executive Director
National Association of Attorneys General
1850 M Street, NW, 12th Floor
Washington, DC 20036
202.326.6021 office
ctoth@naag.org
www.naag.org

From: NAAG Announcements <announcements@naag.org>
Sent: Friday, November 12, 2021 10:01 AM
To: Ryan Greenstein <rgreenstein@naag.org>
Subject: There is Still Time to Register for NAAG's Annual Capital Forum | Dec. 6-8, 2021

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View Online

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Don't Forget to Register for the 2021 NAAG Capital Forum

December 6-8, 2021

Capital Hilton
1001 16th St. NW
Washington, D.C. 20036

Register Today

There is still time to register for NAAG's Capital Forum from Dec. 6-8, 2021! This annual event allows state and territory attorneys general to engage with federal officials, discuss important policy issues, and learn about the latest state and federal legal developments. The event also will include D.C. Attorney General Karl Racine's presidential reception, a reception for SAGE members, and the annual NAAG awards dinner. View the agenda.

Agenda Topics:

- U.S. Supreme Court Update
- Truth Initiative Presentation
- Coming Home: The Attorney General and Reentering Citizens
- Algorithms: Benefits and Dangers
- NAGTRI Ethics Session
- National Guard 101: Issues and Authorities Involving the Modern National Guard

Register by Wednesday, November 24, 2021 to receive an early bird discount. Click here to view registration options. Virtual attendance for attorney general staff is complimentary. Please email **Emily Parsons** at **eparsons@naag.org** with any questions.

This meeting, which will also be offered virtually, will be hosted in accordance with the latest government

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mandates and health organization guidance. More specific information related to this meeting will be outlined in an email to attendees in December 2021.

Register Today

If you have created your NAAG account and do not see the correct pricing listed, please make sure you have entered your organization under your profile. Attorney general staff will need to wait until after your account is verified by your office before being able to register for this event.

Hotel Information

NAAG has secured a room block at the Capital Hilton.The group rate is $199 per night plus tax. This rate will be available until **Friday, November 24, 2021** or until the block is full, whichever comes first.

Contact Us

1850 M Street NW, 12th floor
Washington DC 20036
Tel 202-326-6000
support@naag.org

Unsubscribe

AMERICAN OVERSIGHT

From: Tommy Pope
To: Sandy Phillips; Doris Taylor; Alan Wilson
Subject: Re: Covid-19 Vaccine
Date: Friday, November 12, 2021 1:17:38 PM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image006.png

General Wilson, I appreciate all you are doing in the Courts to help these constituents. Can you connect me with someone in your office to give some guidance to Sandy and others similarly situated? I explained to her that you represented the State not any individual, but I also told her that spending money on an employment lawyer may not be money well spent, especially in like of the current litigation you and the other AG's are pursuing. Any advice or guidance would be appreciated. Thx tpope

Thomas E. "Tommy" Pope
S.C. House of Representatives
Speaker Pro Tempore

District 47 - York County
tommy@tommypope.com

(803) 212-6895 **(803) 324-7574**

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Helping Injured People

Thomas E. "Tommy" Pope
Partner
p: 803.324.7574
c: 803.984.6616
212 E. Black Street (29730)
P.O. Box 11091
Rock Hill, S.C. 29731
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Call Us! Visit Us!

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notify us immediately by replying to this email and by deleting the original message and any copies. Thank you.

From: Sandy Phillips [redacted]@scdmh.org>
Date: Friday, November 12, 2021 at 1:00 PM
To: tommy@tommypope.com <tommy@tommypope.com>
Subject: Covid-19 Vaccine

Good Afternoon,

As per our conversation today, below is the email received mandating SCDMH employees to receive their first dose of the Covid-19 vaccine by 12/05/2021.

I am vehemently opposed to getting this vaccine.

I appreciate your assistance with any answers you can provide and / or any assistance you can provide to stop this mandate.

Sandra P. Phillips, Admin Spec II

Catawba Family Center

[redacted]

Rock Hill, SC 29730; Phone: 803-329-3177; Fax: 803-329-3319

PATIENTS ARE ASKED NOT TO SEND MESSAGES TO THIS ADDRESS AS STAFF MAY NOT SEE THEM IN A TIMELY MANNER. IF YOU ARE EXPERIENCING A PSYCHIATRIC (MENTAL HEALTH) CRISIS, PLEASE CALL OUR MOBILE CRISIS/COMMUNITY CRISIS RESPONSE AND INTERVENTION TEAM, TOLL-FREE, AT (833) 364-2274. IT IS AVAILABLE AT ALL TIMES. AS ALWAYS, IF YOU ARE EXPERIENCING A MEDICAL EMERGENCY, PLEASE CALL 911.

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(Alcohol and Drug Program Confidentiality, when applicable), § 44-22-100, S.C. code (SCDMH Patient Confidentiality). If the reader of this message is not the intended recipient or responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication, or the information contained within it, is strictly prohibited and may subject the violator to civil and/or criminal penalties. If you have received this communication in error, please notify us immediately by telephone, reply e-mail or fax using the phone number or address identified in this communication and destroy or delete all copies of this communication and all attachments

---

From: Tamara Edrington [redacted]@scdmh.org>
Sent: Tuesday, November 9, 2021 10:29 AM
To: YorkADM-DL <YorkADM@scdmh.org>; YorkADU-DL <YorkADU@scdmh.org>; YorkFAM-DL <YorkFAM@scdmh.org>; Lancaster-DL <Lancaster@scdmh.org>; Chester-DL <Chester@scdmh.org>
Subject: Town Hall

Good morning everyone
Yesterday, Dr. Rogers and DMH senior leadership held a Town Hall meeting related to mandated COVID vaccines. All information presented during the meeting is relevant as of yesterday, November 8, 2021 and is subject to change at any time. The take away from yesterday's meeting was as follows. DMH **will be mandating the COVID vaccine for all employees, contract employees, vendors, interns, volunteers, and board members.** Your job function with DMH does not determine if you are required to receive the vaccine, if you work for SCDMH in any capacity, then you must be vaccinated.

Due to the fact that SCDMH is an agency that receives federal funding in the form of both Medicaid and Medicare dollars, we are exempt from any executive orders that Governor McMasters issues for state agencies. SCDMH falls under the mandate that comes from the federal government. The agency currently receives approximately 42 percent of its funding from Medicaid and Medicare, thus not complying with this federal mandate will be detrimental for the operations of SCDMH. Without this funding, the agency would not be able to function at peak capacity, potentially having to suspend programs, close hospitals and centers, and laying off hundreds of employees,

Staff must receive the **first vaccine no later than December 5, 2021**. If first does is not received by this listed date then DMH will issue an unpaid suspension to that employee until the first does is received. **Second dose is to be received no later than January 4, 2022.** Any employee who does not comply with the vaccine mandate and doesn't have the vaccine issued

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by the listed dates, will subsequently be terminated from the agency after January 4, 2022. **Employees who are suspended or terminated as a result of not complying with the issued mandate will not be eligible for unemployment benefits.**

For those staff who are seeking exemptions from the mandate in the form of religious or medical exemption, those must come from an approved MD, PA, DO, or from an approved religious leader. These exceptions will be reviewed and determined individually and should be sent in the form of an email to employee.relations@scdmh.org
During the town hall, it was reported that switching religions to qualify for the religious exemptions will not be adequate. Information pertaining to the exemptions will be posted on SCDMH intranet, no later than Wednesday afternoon.

As previously stated, this information was relevant as of yesterday and is subject to change at any moment. If there are specific questions, I encourage you to contact the employee relations email address listed above or to email me. The above listed information is not relevant to those staff who are already vaccinated and the mandated does not include the booster shots, only the 2 dose Pfizer and Moderna, or the one does Johnson & Johnson. If you are already vaccinated, it is imperative that you submit your vaccine card to Susan Holden, ASAP. This information is confidential and is kept in a separate medical file, not included in your HR files.

Tamara

Tamara Edrington, MS, MFT, CPM
Executive Director,Catawba Community Mental Health Center
South Carolina Certified Public Manager
Office of Administrations
[redacted]
Rock Hill, SC 29730
[redacted]

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From: Teresa Altman
To: Charm Altman
Subject: Fwd: Congressional/Legislative Update -- Congressman Ralph Norman (SC-05)
Date: Monday, November 8, 2021 5:42:11 PM
Attachments: image002.png

---------- Forwarded message ---------
From: **Hilkin, Jake** <Jake.Hilkin@mail.house.gov>
Date: Mon, Nov 8, 2021 at 2:56 PM
Subject: Congressional/Legislative Update -- Congressman Ralph Norman (SC-05)
To:

All, please find an update on Congressman Norman, Congress, etc. below. Please share with friends, family, or whomever and follow us on social media @RepRalphNorman and sign up for our newsletter here.

1. Committee Hearings/Work
2. Comms, Interviews, etc.
3. Votes This Week
4. Our Team/What we're working on
5. What to look forward to in Congress
6. SC News
7. Politics, Sports, Other News

The House and Senate both stand in recess this week before returning one week. There is much for Congress to finish and little time to do so before the end of the year. Today marks the one-year mark ahead of the 2022 midterms.

~Committee Hearings (past, future, and tentatively scheduled)~

- N/A

~Interviews, Press, Communications (most of the past, future, and

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tentatively scheduled)~

- Tuesday, November 9: OANN Real Story w/ Natalie Harp
- Check out the Congressman's near-daily blog on our website here: https://norman.house.gov/news/documentquery.aspx?DocumentTypeID=1513
- Rep. Norman mentions:
    1. Our op-ed on Law Enforcement: Providing permanent income tax relief to first responders injured while on duty
    2. New Indy: https://www.wbtv.com/2021/11/04/rep-ralph-norman-says-he-will-continue-put-pressure-new-indy-fix-odor-issue-south-carolina/
    3. Indian Land Post Office: https://www.thelancasternews.com/content/norman-presses-postal-service-about-il-office
- Past Interviews last week:
    1. TV:
        1. WJZY (Fox Charlotte) w/ Emma Withrow
        2. Newsmax Stinchfield
        3. WSOC (ABC Charlotte) w/ Tina Terry
        4. Newsmax Save the Nation w/ John Tammy
        5. OANN Real Story w/ Natalie Harp
        6. Fox 46 Charlotte (Shaquira Speaks)
    2. Radio:
        1. SiriusXM The Patriot – David Webb Show
        2. Todd Starnes Show

~Votes This Week~

- More info on each below…
- N/A

~Our Team~

Letters Congressman Norman signed onto last week(s):

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- If you would like a full list, please let me know. The past few weeks Congressman Norman signed multiple letters including:
    - Letter to GAO requesting report on federal funding of the abortion industry
    - Letter to DOT urging implementation of FMCSA's Under-21 Commercial Driver Pilot Program
    - Letter to show support to Attorney Generals opposing Vax Mandates
    - Letter to Sec. Mayorkas on Border Wall Contracts being cancelled
    - Letter to Pelosi and Hoyer re: Calling for CBO score on Build Back Better
    - Letter to DHS Secretary Mayorkas re: the organized caravan heading towards our southern border
    - Letter to Sec. Mayorakas re: Disempowering ICE
    - Letter to Dept of Labor re: the unconstitutionality of the forthcoming mandate
    - Letter to POTUS and SECDEF to halt DoD Vaccine Mandate
    - Oversight Letter to DOD, OMB and GSA re: Vaccine Mandates on Federal Contractors and Grantees

Bill(s)/Legislation Congressman Norman cosponsored previously/upcoming:

- We have cosponsored hundreds of bills, so please let me know if you would like the entire list. Some of the recent ones include:
    - H.R. __, CRA to Stop CMS Vaccine Mandate
        1. Prohibits CMS' vaccine mandate from taking effect
    - H.R. 5741, Options Over Termination Act
        1. Allows for federal employees and contractors of the federal government who provide proof of COVID-19 antibodies to be exempt from President Biden's federal vaccine mandate
    - H.R. 2578, Paris Transparency and Accountability Act
        1. Calls for the Paris Agreement to be renegotiated so that all major emitters (including China) reduce their emissions to levels comparable to the United States
    - H.R.5813, the Nullify the Occupational Safety and Health Administration Act (NOSHA)
        1. Prohibits OSHA's vaccine mandate from taking effect
    - H.R. 25, FairTax Act of 2021

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1. Imposes a consumption/sales tax and gets rid of income tax
- H.R. 5860, Keeping Our COVID-19 Heroes Employed Act

What's the Congressman working on right now:

- **COMPLETE**
  - Introduction of the "Daylight All Year Leads to Ideal Gains in Happiness and Temperament" (DAYLIGHT) Act
    1. This bill would allow states to choose to remain on Daylight Savings Time and not move their clocks forward and backward
  - SENT – Letter to PC Board of Directors re: Confucius Institute response
  - SENT – Oversight Letter on DOJ Interference at School Board Meetings
  - SENT – Letter to all Realtors in our District with a summary of proposed tax changes in BBB and potential impact on real estate community
  - SENT – Letter to FDA asking about status of FDA guidance documents pertaining to the use of small-bore connectors intended for enteral feeding application
  - THIS WEEK – "Protecting Religious Students from Vaccine Mandates"
    1. This bill will require public universities with vaccine requirements to provide for a religious exemption if requested by students
    2. **We are against any type of vaccine mandate, but until we can stop them we need to protect all religious liberties**
- **IN PROCESS**
  - Certificate of Need Legislation
  - Election Reform Bill
  - FDA Parallel Track
  - Veteran Farmers
  - CFPB Reform Bill
  - Protecting Officers from Leaked Information Criminal Enforcement Act (POLICE) Act;
  - Cell Phone Jamming; Sportsman's Hunting Industry; COVID Fraud, etc.

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Constituent Correspondence

- This entire calendar year, we have responded to over 42,045 constituent questions, messages, etc.

~ Congress~

Look Ahead and Look Back

- Infrastructure and Budget Reconciliation (because, you know, they're tied together):
    - Infrastructure: After midnight last Friday, the House passed the $1 trillion-plus bipartisan infrastructure bill.
        - The vote was 228-206 with 13 Republicans crossing the aisle to vote with Democrats. Six Democrats voted no – all members of the Squad
        - But don't hold your breath for shovels to hit the ground, because the impacts of the infrastructure bill will take time to come to fruition. Think about the labor shortages, workforce issues, and supply chain holdups currently plaguing the country
    - Reconciliation: Pelosi in a letter to colleagues last night said the House will act on the reconciliation measure when it returns the week of Nov. 15
        - Following the passage of the infrastructure bill, House Democrats approved a procedural rule for the $1.85 trillion Build Back Better Act (i.e. social spending boondoggle)
        - The reason House Democrats did not vote on this social spending package on Friday was because a group of about 6 Moderate Democrats withheld their support until the full economic analysis of the bill is made public (i.e. Total costs, pay-fors, how much added to debt/deficit, etc.)
        - ***However, the non-partisan Congressional Budget Office (CBO) which will "score" the bill may not have a true picture until the week of Thanksgiving – which is not what Pelosi has said when a vote will occur and not what progressives want to hear
        - Check out some juicy nuggets hidden deep in this bill:

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1. Section 70302 provides nearly $5 million to the U.S. Fish and Wildlife Service "for the purposes of conserving endangered species and threatened species of plants in the Hawaiian Islands and the Pacific Island Territories of the United States."
2. Section 138516 gives specific news organizations a refundable tax credit to subsidize their operations' wages at a time when their readership has declined due to liberal bias.
3. In Section 11003, there is $2.5 billion for a tree-planting program "with a priority for projects that increase tree equity."
4. Section 136401 includes a $12,500 tax credit for Americans who purchase union-made electric vehicles. Elites with incomes up to $800,000 can receive the cash subsidy for a new electric vehicle. This handout is more than what a $15 per hour worker earns in five months. For electric vehicles made by non-unionized workers, the tax credit is only worth up to $8,000.

- <u>Debt Ceiling:</u>
  - The debt limit will again be reached on December 3rd, with extraordinary measures keeping the government afloat until mid-January
    - Senate Minority Leader Mitch McConnell said last month that he wouldn't again line up the votes to increase the debt ceiling through the regular process, making it unclear how Democrats will pass a bill to avoid the U.S. defaulting on its debt.
  - Democrats have not decided if they will include a debt ceiling increase in their reconciliation package.
    - Pelosi opened the door to Democrats using a special budget tool to raise the U.S. debt ceiling without the support of Senate Republicans, whose votes would otherwise be needed to end a filibuster on the hike.
- <u>Government Funding:</u>
  - Last week, the 4-corners (top GOP and Dems on appropriations committee) met to find a way to avoid a gov't shutdown on Dec. 3rd.
    - Rep. Kay Granger of Texas and Sen. Richard Shelby of Alabama -- the top Republicans on the House and Senate Appropriations panels, respectively -- also criticized the

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Democrats for refusing to budge on social policy issues within the individual bills, including getting rid of the Hyde amendment, which bars the use of federal funds for abortions.

- As I've been saying since mid-September, my guess is that "…we are still heading for a large multi-trillion dollar omnibus around Christmas time."

- Other News/Votes:
  - N/A
  - November 15, 2021
    - Proxy Voting ends on this date
  - December 3, 2021
    - Continuing government funding levels, signed into law as September 30's Continuing Resolution (H.R 5305), will expire.
    - The Treasury Department estimates that the debt limit, increased by $480 billion in the October Senate deal (pending House passage – vote today), will be reached
  - December 31, 2021
    - The following will expire:
      1. Employee Retention Credit
      2. Enhanced Child Tax Credit
      3. Enhanced Child and Dependent Care Tax Credit
      4. Charitable Deductions; rollover of Health & Dependent Care Flexible Spending Account funds
      5. "Tax Extenders" – about 20 tax breaks that routinely expire
      6. Emergency Injury Disaster Loans Advance Grants
      7. New Medicare Radiation Oncology Rules (CMS) will go into effect.
      8. The Highway Trust Fund will be exhausted.

~South Carolina~

- MUSC doctor and Mount Pleasant mother will announce Democratic run against SC's Nancy Mace
- SC Rep. Timmons' former staffer is now running against him in GOP primary
- Nikki Haley calls for 'cognitive tests' for aging politicians

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- SC Gov. McMaster orders ban on Cabinet agencies enforcing vaccine mandate
- SC Statehouse Republicans call on school boards association to quit national organization

~In Other News~

- A federal appeals court in New Orleans temporarily halted the OSHA vaccine mandate on Friday and gave the Biden administration until today to respond
    - Biden's requirement for employees at companies with more than 100 workers to get Covid-19 vaccinations or regular testing is on solid legal ground, presidential adviser Cedric Richmond said
    - OSHA's new emergency temporary standard doesn't require employers to pay testing fees or compensate workers for the time spent being tested, but other federal, state, and local laws may require it and business-side attorneys want clarity on what they should do
- The U.S. has finally reopened its borders to international travel, loosening entry restrictions for vaccinated people from more than 30 countries around the world
- Biden's approval rating is at an anemic 38%, according to a new poll
    - VP Kamala Harris has a 28% job approval rating
- New Hampshire Gov. Chris Sununu will decide whether to challenge Sen. Maggie Hassan (D-N.H.) in the next week
- The White House is kicking off a new effort to get children ages 5-11 vaccinated against Covid-19
- The administration will be looking at an updated U.S. energy outlook due this week as it weighs options for lowering oil prices, including tapping the Strategic Petroleum Reserve, Energy Secretary Jennifer Granholm said
- U.S. to Unveil International Travel Covid Rules Today: the legal framework on Covid-19 vaccinations for foreign air travelers, requirements airlines must follow and rules for exemptions, etc.
- Pfizer announced that their COVID-19 oral antiviral candidate Paxlovid significantly reduced hospitalization and death by 89% compared to placebo in non-hospitalized high-risk adults with COVID-19 as part of

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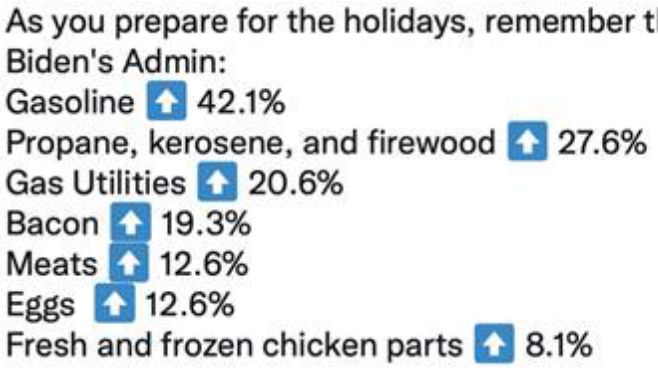
Phase 2/3 trials of the drug

- Executives from other NFL teams question uneven COVID-19 protocol standards for Aaron Rodgers, Green Bay Packers
- The NFL submitted answers to questions posed by the House Oversight and Reform Committee Thursday night, but have yet to submit documents requested by members of Congress.
- Prosecutors add charges against Henry Ruggs in crash, including gun charge
- NBA to players, coaches, refs: Booster shots are recommended
- Roger Federer is reportedly "working hard" to play the Australian Open beginning Jan. 17, while Rafael Nadal plans to compete in the first Grand Slam of 2022
- Hendrick Motorsports driver Kyle Larson took the checkered flag in yesterday's NASCAR Cup Series championship race at Phoenix Raceway, holding off Martin Truex Jr. to win his first career title in stock car racing's top series
- BORDER CRISIS →
  - Over 1.6 million border apprehensions have occurred under the Biden administration (since February 2021)
  - Over 1.8 million CBP border encounters this fiscal year, an all-time record
  - A new caravan of thousands of migrants is making its way to our border
- ECONOMIC CRISIS →
  - Consumer prices in September rose 5.4% year over year, the fastest annual pace in 13 years.



  - According to the Congressional Budget Office, "Inflation has eroded the purchasing power of families."
  - Treasury Secretary Janet Yellen said on CNN's "State of the Union" that higher inflation could be around for months, then fade "the middle to end of next year."

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That's it from me. **Let me know if you have any questions or would like to unsubscribe from these emails!**

Best –

[DISCLAIMER: Apart from quotes directly attributed to individuals or entities, statements in this newsletter reflect my personal views and should not be taken as official positions for Rep. Norman or any other entity or individual, unless otherwise stated.]

Jake Hilkin

Legislative Director

CONGRESSMAN RALPH NORMAN
Serving the 5th District of South Carolina

569 Cannon | Washington, DC, 20515 | P: 202-225-5501

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From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 11.4.2021
Date:	Thursday, November 4, 2021 12:30:15 PM
Attachments:	image002.png

Today in History

Entrance to King Tut's tomb discovered

British archaeologist Howard Carter and his workmen discover a step leading to the tomb of King Tutankhamen in the Valley of the Kings in Egypt on November 4, 1922.

The State

They executed people for the state of South Carolina. For some, it nearly destroyed them.

This SC armory is selling gun accessory with three settings: 'F---,' 'Joe' and 'Biden'

Columbia middle school students treated in ER after eating gummies laced with pot

Richland 2 school board member accused of saying 'F— you' to protester in video

Greenville News

Professional pianist killed Greer woman in her Canebrake home, Greenville sheriff says

Gov. McMaster to spend remaining COVID education relief to fully fund two-year training

Workers face Jan. 4 deadline as Biden rolls out COVID-19 vaccine rules for large businesses

Greer man pleads guilty to wire fraud involving nearly $2 million in COVID relief funds

Post and Courier

SC's Jim Clyburn and DNC Chair Jaime Harrison regroup after Virginia loss

Greenville GOP adds Trump's signature hair to party logo

Roper Hospital plans historic move off Charleston peninsula, citing flooding, other issues

Man arrested on murder charge in shooting at West Ashley apartment building

WSJ

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Biden's Vaccine Rules Mean Millions of Workers Must Get Shots by Jan. 4 or Test Weekly

China, India and Other Developing Nations Seek $1.3 Trillion a Year in Climate Finance

Russia Analyst Igor Danchenko Arrested in Connection With Steele Dossier

AT&T, Verizon to Delay 5G Rollout Over FAA's Airplane Safety Concerns

Office Mentions

Columbia mayor runoff foes Devine, Rickenmann are a contrast in city's politics

11.3.2021 FITSNews _ Alan Wilson Tapped To Lead GOP Attorneys General Group ... Again

Charleston ILA raises concerns with SC Ports as Labor Secretary visits terminal

Labor secretary: Pandemic and worker vexation feed port issues

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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From: Brooke Mueller
To: Alan Wilson
Subject: The Pfizer COVID-19 Vaccine Is Now Authorized for Children 5-11 and Will Be Available at Walmart and Sam's Club Pharmacies Starting Later This Week
Date: Wednesday, November 3, 2021 5:10:32 PM

You don't often get email from brooke.mueller@walmart.quorumoutbox.com. Learn why this is important

Dear Attorney General Wilson,

Following the U.S. Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) authorization of the Pfizer vaccine for children aged 5 to 11, Walmart is preparing to offer vaccination effort support to help protect our kids and communities. **Walmart and Sam's Club will administer the Pfizer vaccine to eligible children in more than 5,100 pharmacies nationwide starting later this week as supply allows**. The FDA and CDC have carefully evaluated the safety and effectiveness data, and after a thorough review, based on strict safety and efficacy standards, they determined the vaccine is safe for children aged 5-11, at one-third of the dose used for adolescents and adults. You can find more information on scheduling, side effects and more, here.

Please reach out with any questions.

Thank you,
Brooke

Brooke R. Mueller
Director Public Affairs & Government Relations
North Carolina, South Carolina & Virginia
[redacted]

After reading this content, do you agree that Walmart strives to act responsibly in regard to the communities it serves?

Click to submit your response in this email

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

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AMERICAN OVERSIGHT

From: Duo Security
To: DeLinda Ridings
Subject: Duo Security Enrollment
Date: Tuesday, November 2, 2021 3:15:12 PM
Attachments: ATT00001.png

You don't often get email from no-reply@duosecurity.com. Learn why this is important

This is an automated email from Duo Security.

Your organization invites you to set up a user account for Duo. You will find instructions from your Duo administrator below. If you have questions, please reach out to your organization's IT or help desk team.

SCEIS
SC ENTERPRISE INFORMATION SYSTEM
THE SOUTH CAROLINA DEPARTMENT OF ADMINISTRATION

Employee,

The South Carolina Department of Administration (Admin) is deploying Duo Security, a multi-factor authentication solution, as a user-friendly and secure way for you to log in to the South Carolina Enterprise Information System (SCEIS).

To help with the enrollment process, there are two videos available — one to enroll a mobile device and one to enroll a landline device. To view the mobile device enrollment video, click https://stream.sc.gov/mobile.mp4. To view the landline device enrollment video, click https://stream.sc.gov/land.mp4.

Please use the link provided below to enroll your mobile device, landline or other device:

• https://api-6eb6c952.duosecurity.com/portal?code=ae8731de05c00a78&akey=DAHC318NDQKP6MXLEJ19

After completing the simple enrollment process, you can navigate to https://sceismfa.sc.gov to manage your account.

Moving forward, your mobile device, landline or other device will receive a notification you will use to gain access to SCEIS.

To learn more about Duo Security, please visit the Duo Enrollment Guide through the following link, https://guide.duo.com/enrollment.

AMERICAN OVERSIGHT

If you have any questions about Duo enrollment, please contact the DTO Service Desk (servicedesk@admin.sc.gov or 803-896-0001).

Thank you,

Duo Security

Privacy Statement

AMERICAN OVERSIGHT

From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 11.2.2021
Date:	Tuesday, November 2, 2021 10:36:12 AM
Attachments:	image002.png

Today in History

1947 November 02

Howard Hughes's "Spruce Goose" flies

The Hughes Flying Boat—at one time the largest aircraft ever built—is piloted by designer Howard Hughes on its first and only flight. Built with laminated birch and spruce (hence the nickname the Spruce Goose) the massive wooden aircraft had a wingspan longer than a football field and was designed to carry more than 700 men to battle.

The State

Paper ballots temporarily used at some Richland County precincts as voting opens

Columbia sets COVID vaccine deadline for city employees; penalties put in place

'You've got guns,' SC's Graham told Capitol police on Jan. 6. 'Use them'

Joe Wilson SC Democratic challenger drops out of House race, citing health issues

Greenville News

'Disrespect,' 'dysfunction' grip Greenville County Council as Greer mayor issues warning

Alex Murdaugh sued by his brother and a former partner over unpaid loans

4 men plead guilty in W.E. Willis convenience store attack case

7 earthquakes in SC in 7 days is evidence of release of geological stress, USGS says

Post and Courier

Shots fired in road-rage incident near College of Charleston

SC Statehouse Republicans call on school boards association to quit national organization

Former SC Gov. David Beasley calls on Elon Musk to help solve world hunger in Twitter spat

3 in MB accused of using stolen foreign student worker IDs to collect $530K in tax cash

WSJ

AMERICAN OVERSIGHT

Elon Musk Says Tesla Hasn't Signed Deal With Hertz Despite Earlier Announcement

U.S. Moves to Limit Methane Emissions From Oil and Gas Production

CDC Advisers to Discuss Pfizer-BioNTech Covid-19 Vaccine for Young Children

COP26 Leaders Agree to End Deforestation by 2030

Office Mentions

11.1.2021 FITSNews _ Murdaugh Murders Saga: Another Federal Conflict Of Interest?

AG Wilson joins lawsuit trying to halt vaccine mandate for federal contractors

AG Alan Wilson joins lawsuit to stop vaccine mandate for federal contract workers

'It's the beginning': Employment lawyer says more lawsuits likely to follow states' challenges to federal vaccine mandate

Union seeks Biden admin's help in Charleston port dispute (AP story picked up nationwide)

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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AMERICAN OVERSIGHT

From: Robert Kittle
To: Alan Wilson; Jeff Young; Bob Cook; Emory Smith; Thomas Hydrick
Subject: FW: Trade press request: Regarding joining the Ga. anti-vaccine mandate case
Date: Monday, November 1, 2021 9:01:42 AM
Attachments: image003.png
image004.emz
image005.png
image006.png

We also got an email over the weekend from someone asking if you'll support the SRS lawsuit over the vaccine mandate there. Here's the email:

I wanted to thank Attorney General Wilson for stepping up to join the fight against these mandates. I also wanted to to be sure he is aware of the strong group of patriots here in Aiken who under the hard work of the Aiken Citizens for Freedom are themselves standing up - and have themselves filed a lawsuit. Many of these hardworking patriots have been or will soon be denied the ability to work - and this at a time when they are more than willing to work while businesses are scrambling to find enough workers.

There are a number of people supporting this battle who are vaccinated as well as many of us who have no family or work connections to the Site or DOE but see our freedoms and liberty being quickly eliminated and know that if we don't fight back while we still can, it will soon be too late!

I also wanted to be sure he has seen the article run by The Epoch Times - who can always be relied on to represent "Truth and Tradition" - real journalism. There are additional articles to come from The Epoch Times as well as other independent journalists and at least one local news group who are reporting on this fight also.

Vaccine Sackings Spark Lawsuit, Safety Concerns at Nuclear Facility

Vaccine Sackings Spark Lawsuit, Safety Concerns at Nuclear Facility

A group of 80 workers filed suit against their South Carolina nuclear-waste management company on Oct. 12 over f...

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Sincerely,

Drue Lawlor

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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From: Wayne Barber [redacted]@accessintel.com>
Sent: Monday, November 1, 2021 8:06 AM
To: Robert Kittle <RKittle@scag.gov>
Subject: Trade press request: Regarding joining the Ga. anti-vaccine mandate case

You don't often get email from [redacted]accessintel.com. Learn why this is important

Hi Robert,

I see where AG Wilson is going a suit brought by the Georgia AG over vaccine mandates for federal contractors.

Given that, I was wondering if Attorney General Wilson was looking at filing any sort of motion supporting plaintiffs in the ongoing litigations against Savannah River Nuclear Solutions, which runs the Savannah River Site. I believe its Rhoades versus SRNS.

Thanks.

Wayne Barber
Weapons Complex Monitor

Wayne Barber
Reporter, Exchange Monitor
[redacted]

AMERICAN OVERSIGHT

[redacted]
Twitter: @ewaynebarber
[redacted]
Arlington, VA. 22209

From:	Court Of Appeals Filings
To:	Frank Blanchard; Court Of Appeals Filings
Cc:	Brown, Stephen L. (sbrown@ycrlaw.com) (sbrown@ycrlaw.com); "Branham, Michael (Mike)" (mbranham@ycrlaw.com) (mbranham@ycrlaw.com); "duggan@dugganlawfirm.com"; Wynn@DugganLawFirm.com; Sonny Jones; Alan Wilson; Kristin Simons; Mary Frances Jowers; Bob Cook
Subject:	RE: Estate of Roy E. Mevers, Jr./Appellate Case No. 2021-001152
Date:	Thursday, October 28, 2021 4:31:51 PM
Attachments:	image001.png image002.png image003.png image005.png Estate of Roy Mevers - AIB.pdf Estate of Roy Mevers - DOM.pdf

Dear Counsel:

The Court has received your filing. A stamped copy is attached for your records.

Thank you.

From: Frank Blanchard [mailto:dblanchard@rosenhagood.com]
Sent: Wednesday, October 27, 2021 3:58 PM
To: Court Of Appeals Filings <ctappfilings@sccourts.org>
Cc: Brown, Stephen L. (sbrown@ycrlaw.com) (sbrown@ycrlaw.com) <sbrown@ycrlaw.com>; 'Branham, Michael (Mike)' (mbranham@ycrlaw.com) (mbranham@ycrlaw.com) <mbranham@ycrlaw.com>; 'duggan@dugganlawfirm.com' <duggan@dugganlawfirm.com>; Wynn@DugganLawFirm.com; SJones@scag.gov; awilson@scag.gov; Kristin Simons <ksimons@scag.gov>; Mary Frances Jowers <mfjowers@scag.gov>; bcook@scag.gov
Subject: Estate of Roy E. Mevers, Jr./Appellate Case No. 2021-001152

***** EXTERNAL EMAIL:** This email originated from outside the organization. Please exercise caution before clicking any links or opening attachments. ***

Dear Ms. Kitchings:

Per the South Carolina Supreme Court's Order dated August 25, 2021, please find attached for electronic filing in the above-referenced matter the following documents:

1. Initial Brief of Appellant,
2. Appellant's Designation of Matter to be Included in Record on Appeal,
3. Proof of Service, and
4. Cover letter.

We would greatly appreciate your filing these on our behalf and returning clocked-in copies to us. We are simultaneously copying all counsel of record on this e-mail and are mailing paper copies of the attachments to them via ordinary U.S. mail.

Thank you in advance for your assistance in this matter. Of course, please do not hesitate to contact me if you have any questions about the above or need any additional information.

AMERICAN OVERSIGHT

With best regards,

Frank Blanchard
|Attorney at Law|

151 Meeting Street, Suite 400
Charleston, SC 29401

Office: (843) 577-6726 | Fax: (843) 724-8036

Direct Phone: (843) 266-8123 | Direct Fax: (843) 266-2232

dblanchard@rosenhagood.com
www.rosenhagood.com

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AMERICAN OVERSIGHT
~~~

From:	Frank Blanchard
To:	Court Of Appeals Filings
Cc:	Brown, Stephen L. (sbrown@ycrlaw.com) (sbrown@ycrlaw.com); "Branham, Michael (Mike)" (mbranham@ycrlaw.com) (mbranham@ycrlaw.com); "duggan@dugganlawfirm.com"; Wynn@DugganLawFirm.com; Sonny Jones; Alan Wilson; Kristin Simons; Mary Frances Jowers; Bob Cook
Subject:	Estate of Roy E. Mevers, Jr./Appellate Case No. 2021-001152
Date:	Wednesday, October 27, 2021 3:59:41 PM
Attachments:	image001.png image002.png image003.png Mevers.LTCourtofAppeals.10.27.21.pdf Mevers.Initial Brief of Appellant - Court of Appeals 4868-7800-6016 v.1.pdf Mevers.Designation of Matter for Record Case 04036 4889-3933-6705 v.1.pdf Mevers.Proof of Service - Court of Appeals 4889-0244-0193 v.1.pdf

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1. Initial Brief of Appellant,
2. Appellant's Designation of Matter to be Included in Record on Appeal,
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4. Cover letter.

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Thank you in advance for your assistance in this matter. Of course, please do not hesitate to contact me if you have any questions about the above or need any additional information.

With best regards,

Frank Blanchard
|Attorney at Law|

151 Meeting Street, Suite 400
Charleston, SC 29401

Office: (843) 577-6726 | Fax: (843) 724-8036

Direct Phone: (843) 266-8123 | Direct Fax: (843) 266-2232

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From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 11.26.2021
Date:	Tuesday, October 26, 2021 11:58:13 AM
Attachments:	image002.png

Today in History
Shootout at the O.K. Corral
On October 26, 1881, the Earp brothers face off against the Clanton-McLaury gang in a legendary shootout at the O.K. Corral in Tombstone, Arizona.

The State

SLED Chief Keel avoids talking Murdaugh murders but talks high crime rate, safety tips

SC correctional officer charged after allegedly letting an inmate get attacked

SC's Santee Cooper to raise pay for 5 leaders after cutting other senior management jobs

'SC has a piece of my heart': First lady Jill Biden makes multiple stops in Charleston

Greenville News

Greenville school leaders faced parents' anger no matter what mask decision was

Some lawmakers in the Southeast with real estate ties slam door on protections for renters

James Michael Tyler, actor and TL Hanna grad most famous for Friends role, has died

19-year-old accused of murder after a 17-year-old was shot to death in Simpsonville

Post and Courier

Jill Biden visits Hollings Cancer Center and greets airmen at Joint Base Charleston

Santee Cooper scrambling to keep fuel costs in check in the midst of a 'perfect storm'

Former SC public defender reaches $605,000 settlement with ex-boss, county over firing

Columbia charter school teacher fired after allegations of writing bigoted messages

WSJ

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Pfizer-BioNTech Covid-19 Vaccine for Young Children Under Review by FDA Advisers

Billionaire Tax Faces Likely Constitutional Challenge

U.N. Finds Nations' Climate Plans Fall Short of Paris Accord

People Are Using Marijuana to Treat Anxiety and Depression, but the Science Is Murky

Office Mentions

Murdaugh murders: Boat crash victims ask court to prevent son, Buster, from disposing of family assets

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
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From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 11.22.2021
Date:	Friday, October 22, 2021 2:59:06 PM
Attachments:	image003.png

Today in History

JFK's address on Cuban Missile Crisis shocks the nation

In a televised speech of extraordinary gravity, President John F. Kennedy announces on October 22, 1962 that U.S. spy planes have discovered Soviet missile bases in Cuba. These missile sites—under construction but nearing completion—housed medium-range missiles capable of striking a number of major cities in the United States, including Washington, D.C. Kennedy announced that he was ordering a naval "quarantine" of Cuba to prevent Soviet ships from transporting any more offensive weapons to the island and explained that the United States would not tolerate the existence of the missile sites currently in place. The president made it clear that America would not stop short of military action to end what he called a "clandestine, reckless and provocative threat to world peace."

The State

'Looks like a set up.' 911 calls from Alex Murdaugh shooting in SC released by SLED

Freeze Alex Murdaugh's assets and track all his spending, SC lawyers say in motions

Lawsuit dismissed against SLED, accused of hiding public information in Murdaugh murders

Why do SC's Richland 2 school board meetings devolve into screaming matches?

Greenville News

Flaws in the Section 8 program leave the poor trapped in 'monstrous, depressing places'

$300 million lawsuit filed over invalid fees in Greenville County

COVID numbers are down at Clemson as the mask mandate is set to expire

Greenville, Spartanburg, Anderson top LinkedIn list for growing cities for entrepreneurs

Post and Courier

SLED releases 911 calls from Alex Murdaugh's shooting

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SC's Nancy Mace votes to hold Steve Bannon in contempt for defying Congress' subpoena

Berkeley sheriff's prosecutor faces attempted murder, accused of choking his children

SC's most powerful lawmaker, state Sen. Hugh Leatherman, in hospice care, sources report

WSJ

Supreme Court Agrees to Quick Consideration of Texas Abortion Case

Pfizer-BioNTech Covid-19 Vaccine for Kids Was Safe and 90.7% Effective, Companies Say

Carvana Faces Government Scrutiny and Fines Following Consumer Complaints

Why Some Healthcare Workers Would Rather Lose Their Jobs Than Get Vaccinated

Office Mentions

Attorney General Wilson joins 19-state effort urging Congress to oppose increased natural gas, oil costs

Attorney General Wilson Joins 19-State Effort Urging Congress To Oppose Increased Natural Gas, Oil Costs

10.18.2021 FITSNews _ Murdaugh Murders Saga: More Ties Linking Alex Murdaugh, Alleged Drug Smuggler Uncovered

AG Wilson, Coalition Voice Opposition to Biden Administration's Potentially Illegal and Overly Burdensome IRS Proposal

SC Attorney General joins opposition to Biden administration IRS proposal

Satterfield Estate attorneys speak ahead of Murdaugh Bond Hearing

Alex Murdaugh Will Remain In Jail After A Judge Denied Him Bail

Alan Wilson, Curtis Loftis opposed to proposed $600 Internal Revenue Service reporting requirement

Alex Murdaugh denied bond, 'psychiatric evaluation' ordered for disgraced SC legal scion

Attorney who represented George Floyd's family now wants justice for SC's Jamal Sutherland

Pickens Co. man arrested for sexual exploitation of a minor, state AG says

AMERICAN OVERSIGHT

In Sutherland case, prominent civil rights attorney joins calls for criminal charges

Civil rights attorney Ben Crump now representing Sutherland family, calling for charges

Pickens County man faces 6 decades in prison after arrest on child sex charges

10.19.2021 FITSNews _ Murdaugh Murders Court Hearing: Bravo, Judge Clifton Newman

Jamal Sutherland's family calls for criminal charges against detention center officers involved in his death

Easley man charged with sex crimes

10.19.2021 FITSNews _ Suspended South Carolina County Supervisor To Plead Guilty To Multiple Charges

Former Chester County supervisor facing drug charges getting new counsel

10.20.2021 FITSNews _ Joe Biden's Labor Department Vows Crackdown On Palmetto State's Covid-19 Protocols

General Electric, Lockheed Martin employees protest workplace vaccine mandates

Former Chester Co. Supervisor Facing Drug Charges, Seeks New Attorney

McMaster says state will fight if federal government takes over enforcing South Carolina workplace safety

AG Wilson: Camden man facing charges related to the solicitation of a minor

Jabs or jobs in the Upstate: Here's what we know about COVID-19 vaccine mandates

Attorneys seek non-jury trial in Okatie trash pile lawsuit

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
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From:	Kristin J Adams
To:	Alan Wilson
Subject:	CCSD...NO Forced Face Masks...NO Forced Covid-19 Testing...NO Forced Covid-19 Vaccines...CCSD Is VIOLATING US Federal Law...US Federal Law States That End Users Of EUA Products Have The Option To REFUSE Product
Date:	Monday, October 18, 2021 9:09:33 PM
Attachments:	image.png image.png image.png image.png image.png image.png image.png image.png image.png image.png

---

Date: Monday, October 18, 2021

Re: Charleston County School District (CCSD) - Constituent District 2 Board of Trustees Meeting on 10/19/21 *

* As per the CCSD Constituent District 2 Board of Trustees Agenda for 10/19/21 a Copy of this Email was sent to Stephanie_skinner@charleston.k12.sc.us to be included in the Public Comments Section *

Official Written Notification:

- Medical Choice
- Medical Freedom
- Parental Choice

- NO Forced Face Masks: For CCSD Students, Teachers, Staff & Visitors

- NO Forced Covid-19 Testing: For CCSD Students, Teachers, Staff & Visitors

- NO Forced Covid-19 Vaccines: For CCSD Students, Teachers, Staff & Visitors

Forced Face Masks, Forced Covid-19 Testing & Forced Covid-19 Vaccines:

- VIOLATE: US Federal Law – (US FDA designated "Emergency Use Authorization" Products)
- VIOLATE: The Nuremberg Code – (1. Voluntary Consent)
- VIOLATE: South Carolina – Legislative General Assembly – SC Proviso 1.108 – NO Forced Face Masks
- VIOLATE: South Carolina – Supreme Court Ruling – UPHOLDING SC Proviso 1.108 – NO Forced Face Masks
- VIOLATE: South Carolina – Attorney General Alan Wilson's Option – UPHOLDING SC Proviso 1.108 – NO Forced Face Masks

Dear South Carolina Attorney General Alan Wilson:

On Monday, October 11, 2021 eight of the nine Charleston County School District (CCSD) Board Members voted the following:

- Forced Face Masks: which is WRONG
- Restricting the Oxygen Intake of our Children: which is WRONG
- Restricting the Oxygen Intake of Adults: which is WRONG

Mandating or Advocating for (or using "…force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion…") Forced Face Masks, Forced Covid-19 Testing & Forced Covid-19 Vaccines is WRONG for the following reasons:

1) US FDA Designated - EUA Products - Face Masks & Covid-19 Testing:

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US FDA (US Food And Drug Administration) Designated the Products of Face Masks & Covid-19 Testing as "Emergency Use Authorization" (EUA) Products

- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions

2) US FDA Designated - EUA Products - Covid-19 Vaccines:

US FDA (US Food And Drug Administration) Designated the Products of Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products

- As of 10/18/21 the US FDA has acknowledged that the Only, **Available** Covid-19 Vaccines in America are US FDA designated "Emergency Use Authorization" (EUA) Products:

1.) Covid-19 Vaccine – Pfizer-BioNTech – Original:

- US FDA designated "Emergency Use Authorization" (EUA) Product- Approved as EUA Product on 12/11/20
- US FDA states on their Website that Pfizer
-BioNTech-Original causes "Heart Issues" (Myocarditis & Pericarditis)

2.) Covid-19 Vaccine – Moderna:

- US FDA designated "Emergency Use Authorization" (EUA) Product
- Approved as EUA Product on 12/18/20
- US FDA states on their Website that Moderna causes "Heart Issues" (Myocarditis & Pericarditis)

3.) Covid-19 Vaccine – Johnson & Johnson (Janssen):

- US FDA designated "Emergency Use Authorization" (EUA) Product
- Approved as EUA Product on 2/27/21
- US FDA states on their Website that Johnson & Johnson causes "Blood Clots"

4.) Covid-19 Vaccine – Pfizer-BioNTech – Comirnaty:

- US FDA Approved- Approved on 8/23/21
- Comirnaty is **NOT** Available For Distribution
- Comirnaty is **NOT** Available For Injections
- Comirnaty is **NOT** An Option
- US FDA states on their Website that Pfizer-BioNTech-Comirnaty causes "Heart Issues" (Myocarditis & Pericarditis)
- As Per the US FDA Letter Dated September 22, 2021 sent to Pfizer Inc. Attention: Mr. Amit Patel, 235 East 42nd St, New York, NY 10017:
- Page 1 "…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…"
- Page 1 > Footnote 2 "…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)…"
- Page 2 > Footnote 6 "…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…"

AMERICAN OVERSIGHT

- Page 6 "…I have concluded that the emergency use of Pfizer-BioNTech COVID-19 Vaccine11 for the prevention of COVID-19…"
- Page 6 "…C. There is no adequate, approved, and available alternative12 Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19…"
- Page 6 > Footnote 12 "…12 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…"
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine
- https://www.fda.gov/media/150386/download

3) US Federal Law - EUA Products - Individuals Have Option To REFUSE the "Emergency Use Authorization" (EUA) Product:
US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)
- As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA) is administered have: The OPTION to REFUSE administration of the Product (EUA)- U.S. Code > Title 21 > Chapter 9 > Subchapter V > Part E > § 360bbb–3 > Authorization for medical products for use in emergencies > (e) Conditions of Authorization > (1) Unapproved Product > (A) Required Conditions > (ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed - > (III) of the OPTION to accept or REFUSE administration of the product"…21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
…
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3

AMERICAN OVERSIGHT

4) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree- NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."

- Page 1 "…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, over-reaching, or other ulterior form of constraint or coercion;…"
- Article: "The Nuremberg Code (1949)"- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf

5) VIOLATES - South Carolina - Legislative General Assembly: South Carolina Proviso 1.108 - Public Schools - NO Forced Face Masks

- South Carolina General Assembly > 124th Session > 2021-2022 > H. 4100 > General Appropriations Bill for Fiscal Year 2021-2022 > Ratified Version > Part IB > Operation Of State Government > Section 1 > H630 > Department Of Education > 1.108. > SDE: Mask Mandate Prohibition:
- "…1.108. (SDE: Mask Mandate Prohibition) No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities…"
- "…This prohibition extends to the announcement or enforcement of any such policy…"
- https://www.scstatehouse.gov/sess124_2021-2022/appropriations2021/tap1b.htm

6) VIOLATES - South Carolina - Supreme Court Case - Ruling: South Carolina General Assembly Has The "Supreme Legislative Power" In SC

- South Carolina Supreme Court > Appellate Case No. 2021-000889 > Original Jurisdiction > Opinion No. 28056 > Heard August 31, 2021 > Filed September 2, 2021
- "…The supreme legislative power in this state is vested in the South Carolina General Assembly, not a local government…"
- https://www.sccourts.org/opinions/HTMLFiles/SC/28056.pdf?fbclid=IwAR3iUiFB5LcGsk5nCeyvYBzoFd1_cHjGmvsbrSKo5DgZTYdWh_Ri45w67OI

7) VIOLATES - South Carolina - Supreme Court Case - Ruling: Proviso 1.108 Is Supreme (NO Forced Face Masks) & Preempts The Contrary Ordinances Of The City

- South Carolina Supreme Court > Appellate Case No. 2021-000889 > Original Jurisdiction > Opinion No. 28056 > Heard August 31, 2021 > Filed September 2, 2021
- "…Absent a constitutional infirmity (and we find the City has not shown one), Proviso 1.108 is accorded supremacy and preempts the contrary ordinances of the City…"
- https://www.sccourts.org/opinions/HTMLFiles/SC/28056.pdf?fbclid=IwAR3iUiFB5LcGsk5nCeyvYBzoFd1_cHjGmvsbrSKo5DgZTYdWh_Ri45w67OI

8) VIOLATES - South Carolina - Supreme Court Case - Ruling: South Carolina Supreme Court UPHOLDS Proviso 1.108 - NO Forced Face Masks

- South Carolina Supreme Court > Appellate Case No. 2021-000889 > Original Jurisdiction > Opinion No. 28056 > Heard August 31, 2021 > Filed September 2, 2021

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- "…Accordingly, we uphold Proviso 1.108 and declare void the challenged ordinances of the City insofar as they purport to impose a mask mandate in K-12 public schools…"
- https://www.sccourts.org/opinions/HTMLFiles/SC/28056.pdf?fbclid=IwAR3iUiFB5LcGsk5nCeyvYBzoFd1_cHjGmvsbrSKo5DgZTYdWh_Ri45w67OI

9) VIOLATES - South Carolina - Attorney General - Attorney Alan Wilson's Opinion - 9/21/21:

South Carolina Attorney General Alan Wilson UPHOLDS Proviso 1.108 - NO Forced Face Masks

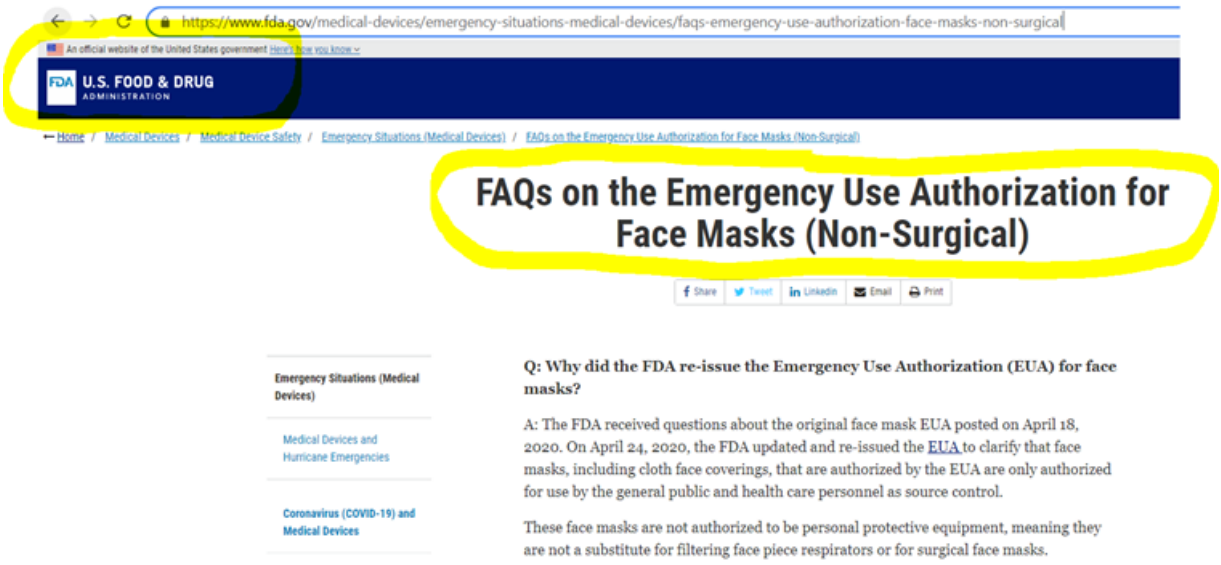
- "…In sum, the Supreme Court in the City of Columbia case stated that 'the policy of the state legislature [in enacting Proviso 1.108[is] to leave to parents the masking decision' and is one 'most assuredly within the broad parameters of the legislature's constitutional boundaries.'…"

Please SUPPORT & STAND UP for:

- Medical Choice
- Medical Freedom
- Parental Choice

"The only thing necessary for the triumph of evil is for good men to do nothing." Edmund Burke

Thanks So Very Much!
Kristin Adams
Charleston County School District (CCSD) Parent
Constituent District 2



https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions

Medical Devices Including Tests for COVID-19

Q: Is there a test for COVID-19?

A: Yes, the FDA has issued Emergency Use Authorizations (EUAs) for different types of COVID-19 tests. Some tests are used to diagnose the virus that causes COVID-19 infection whereas other tests are used to detect a recent or prior COVID-19 infection. There are 2 different types of COVID-19 diagnostic tests -- molecular tests and antigen tests. Molecular tests detect the virus that causes COVID-19, SARS-CoV-2. Antigen tests detect specific proteins made by the virus. Tests that detect recent or prior COVID-19 infection are called antibody or serology tests. The EUAs allow the emergency use of tests during the COVID-19 emergency when the FDA determines certain criteria are met. These criteria include that the test may be effective at diagnosing COVID-19 and that the known and potential benefits outweigh the known and potential risks. Read more about COVID-19 tests and find a community-based testing site.

https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine

U.S. FOOD & DRUG ADMINISTRATION

Home / Emergency Preparedness and Response / Counterterrorism and Emerging Threats / Coronavirus Disease 2019 (COVID-19) / Moderna COVID-19 Vaccine

Moderna COVID-19 Vaccine

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Coronavirus Disease 2019 (COVID-19)

- COVID-19-Related Guidance Documents for Industry, FDA Staff, and Other Stakeholders
- COVID-19 Frequently Asked Questions
- COVID-19 Vaccines
- Innovation to Respond to COVID-19
- COVID-19 Educational Resources
- COVID-19 Communication Toolkits
- Donate COVID-19 Plasma

August 12, 2021: FDA authorizes additional vaccine dose for certain immunocompromised people. View press release.

August 18, 2021: FDA supports the Administration's work to plan for the deployment of additional vaccine doses, or boosters, this fall. FDA will undertake an independent scientific evaluation of the safety and effectiveness of boosters for each vaccine. View joint statement.

On December 18, 2020, the U.S. Food and Drug Administration issued an emergency use authorization (EUA) for the second vaccine for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). On June 25, 2021, the FDA revised the patient and provider fact sheets regarding the suggested increased risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) following vaccination. On August 12, 2021, the FDA amended the Moderna COVID-19 Vaccine EUA to allow for an additional dose to be given to certain immunocompromised individuals. The emergency use authorization allows the Moderna COVID-19 Vaccine to be distributed in the U.S for use in individuals 18 years of age and older.

Fact Sheets and FAQs

Fact Sheet Translations

Emergency Use Authorization Status:	Authorized
Name:	Moderna COVID-19 Vaccine
Manufacturer:	ModernaTX, Inc.

Content current as of: 08/31/2021

Regulated Product(s)
Biologics
Vaccines

Health Topic(s)
Infectious Disease
Coronavirus

https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine

U.S. FOOD & DRUG ADMINISTRATION

Home / Emergency Preparedness and Response / Counterterrorism and Emerging Threats / Coronavirus Disease 2019 (COVID-19) / Janssen COVID-19 Vaccine

Janssen COVID-19 Vaccine

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Coronavirus Disease 2019 (COVID-19)

- COVID-19-Related Guidance Documents for Industry, FDA Staff, and Other Stakeholders
- COVID-19 Frequently Asked Questions
- COVID-19 Vaccines
- Innovation to Respond to COVID-19
- COVID-19 Educational Resources

On February 27, 2021, the U.S. Food and Drug Administration issued an emergency use authorization (EUA) for the third vaccine for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). On April 23, 2021, the FDA amended the EUA to include information about a very rare and serious type of blood clot in people who receive the vaccine. The EUA allows the Janssen COVID-19 Vaccine to be distributed in the U.S. for use in individuals 18 years of age and older.

Fact Sheets and FAQs

Fact Sheet Translations

Emergency Use Authorization Status:	Authorized
Name:	Janssen COVID-19 Vaccine
Manufacturer:	Janssen Biotech Inc., a Janssen Pharmaceutical Company of Johnson & Johnson

Content current as of: 09/29/2021

Regulated Product(s)
Biologics
Vaccines

Health Topic(s)
Infectious Disease
Coronavirus

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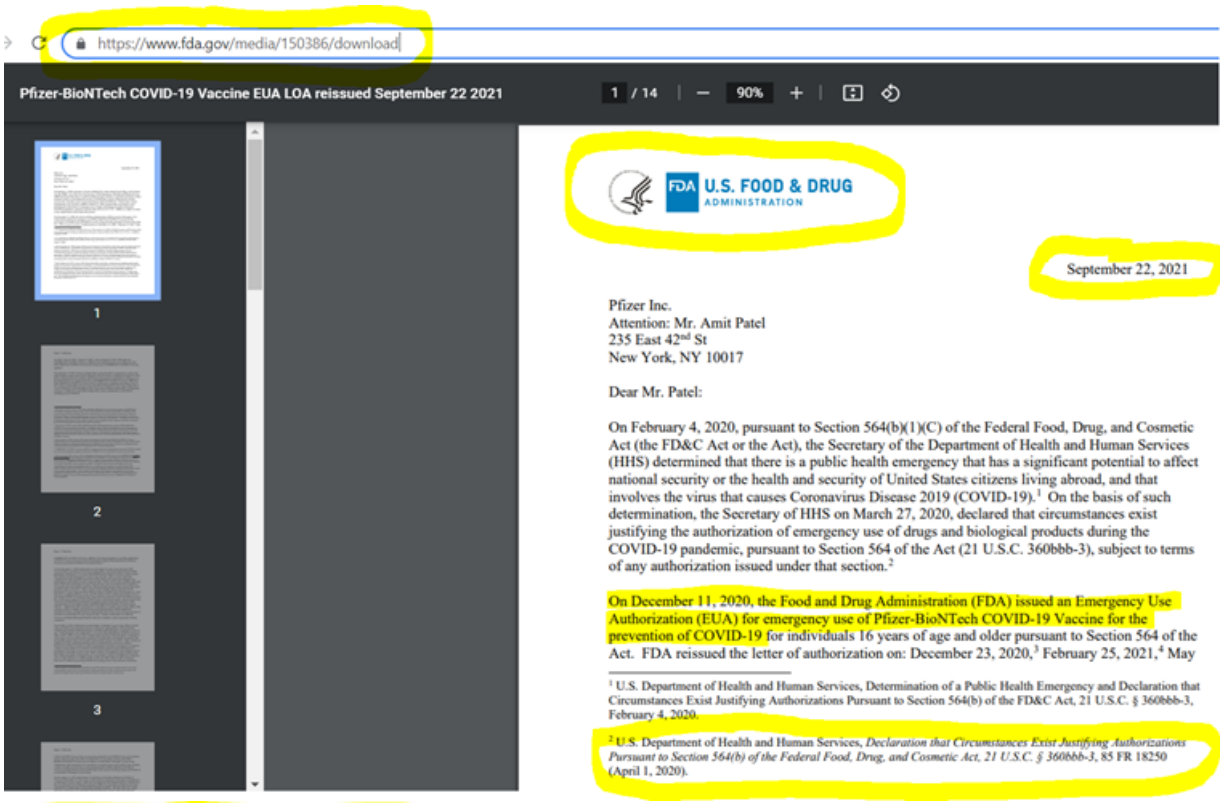
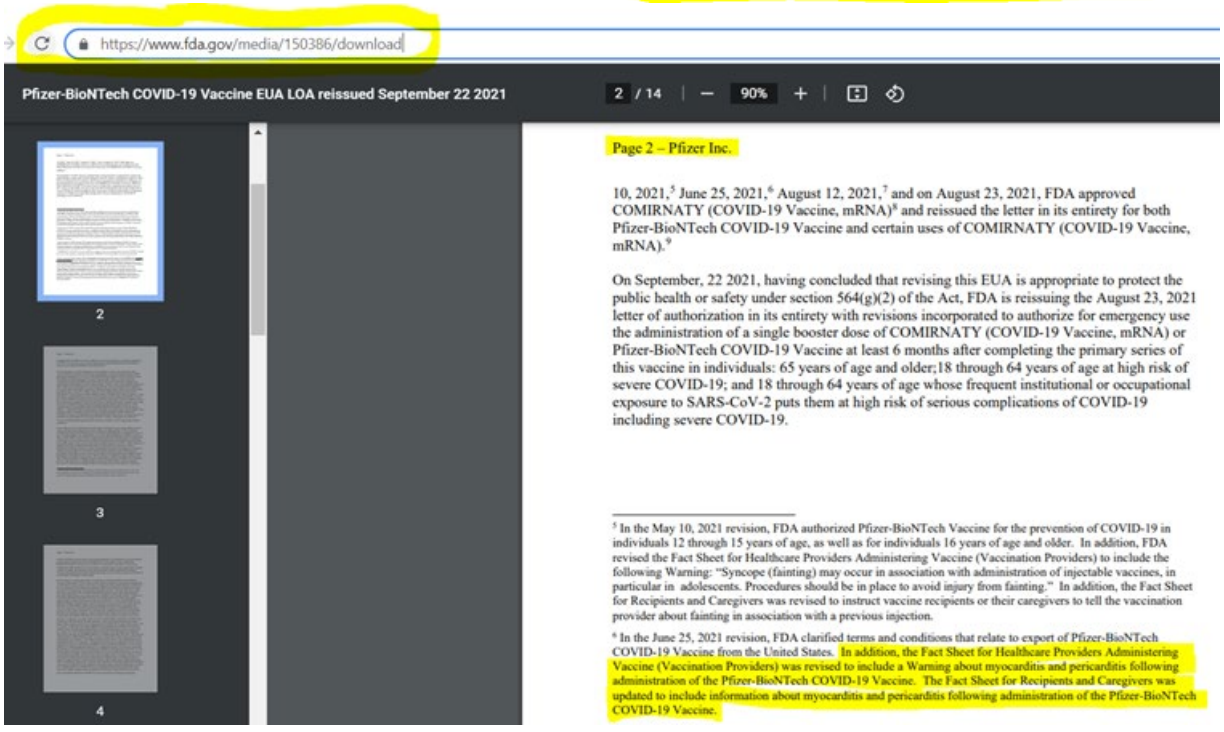
SC-AG-21-1736-A-000068





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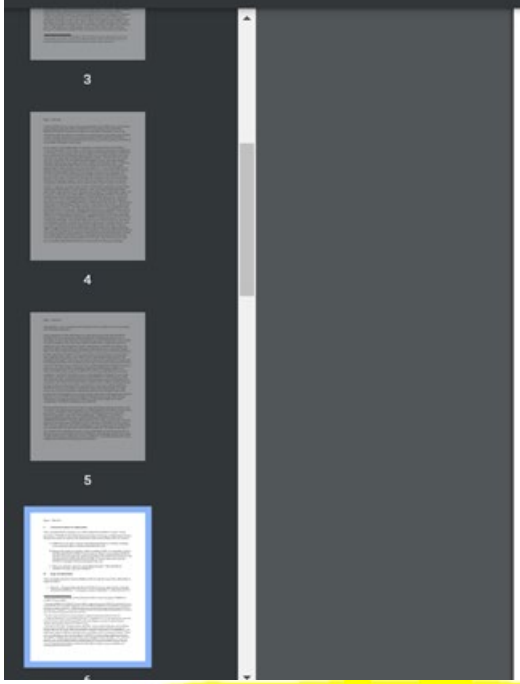
https://www.fda.gov/media/150386/download

Pfizer-BioNTech COVID-19 Vaccine EUA LOA reissued September 22 2021 6 / 14 90%



I. Criteria for Issuance of Authorization

I have concluded that the emergency use of Pfizer-BioNTech COVID-19 Vaccine[11] 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 available alternative[12] Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19.[13]

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),[14] to emergency response stakeholders[15] as directed by the U.S.

[11] In this section (Section I), references to Pfizer-BioNTech COVID-19 Vaccine also apply to COMIRNATY (COVID-19 Vaccine, mRNA).

[12] 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 to provide: an additional dose to the immunocompromised population, or a booster dose to the authorized population described in this EUA.

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

https://www.law.cornell.edu/uscode/text/21/360bbb-3

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LII > U.S. Code > Title 21 > CHAPTER 9 > SUBCHAPTER V > Part E > § 360bbb–3

21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies

U.S. Code Notes

prev | next

(a) In general

(1) Emergency uses

Notwithstanding any provision of this chapter and section 351 of the Public Health Service Act [42 U.S.C. 262], and subject to the provisions of this section, the Secretary may authorize the introduction into interstate commerce, during the effective period of a declaration under subsection (b), of a drug, device, or biological product intended for use in an actual or potential emergency (referred to in this section as an "emergency use").

(2) Approval status of product

An authorization under paragraph (1) may authorize an emergency use of a product that—

(A) is not approved, licensed, or cleared for commercial distribution under section 355, 360(k), 360b, or 360e of this title or section 351 of the Public Health Service Act [42 U.S.C. 262] or conditionally approved under section 360ccc of this title (referred to in this section as an "unapproved product"); or

(B) is approved, conditionally approved under section 360ccc of this title, licensed, or cleared under such a provision, but which use is not under such provision an approved, conditionally approved under section 360ccc of this title, licensed, or cleared use of the product (referred to in this section as an "unapproved use of an approved product").

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https://www.law.cornell.edu/uscode/text/21/360bbb-3

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(e) Conditions of authorization

(1) Unapproved product

(A) Required conditions

With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:

(i) Appropriate conditions designed to ensure that health care professionals administering the product are informed—

(I) that the Secretary has authorized the emergency use of the product;

(II) of the significant known and potential benefits and risks of the emergency use of the product, and of the extent to which such benefits and risks are unknown; and

(III) of the alternatives to the product that are available, and of their benefits and risks.

(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—

(I) that the Secretary has authorized the emergency use of the product;

(II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and

(III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

(iii) Appropriate conditions for the monitoring and reporting of adverse events associated with the emergency use of the product.

(iv) For manufacturers of the product, appropriate conditions concerning recordkeeping and reporting, including records access by the Secretary, with respect to the emergency use of the product.

https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf

The Nuremberg Code (1949) 1 / 2 100%

1

2

The Nuremberg Code (1949)

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, over-reaching, or 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.

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From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 10.15.2021
Date:	Friday, October 15, 2021 1:36:56 PM
Attachments:	image002.png

Today in History

1917 October 15
Dancer and spy Mata Hari is executed
Dancer, courtesan and alleged spy Mata Hari is executed for espionage by a French firing squad at Vincennes outside of Paris.

The State

Marijuana edibles found in Lexington Co. elementary teacher's class lands her in SC jail

South Carolina reports 1,300 new COVID-19 cases for second straight day, 119 deaths

Alex Murdaugh's head wounds caused by gun shot, say doctors and EMTs in medical records

Allen University professor, ex-USC instructor charged with sexual battery of child

Greenville News

Juggling jurisdiction: Neighbors advocate for school walkability, working around roadblocks

Alex Murdaugh medical records detail injuries from alleged suicide-for-hire plot

41-year-old woman found dead inside Greer home identified, death ruled a homicide

5 things to know about Clemson vs. Syracuse football before Friday's matchup

Post and Courier

Hospital records detail Alex Murdaugh's wounds from alleged staged shooting

2nd man arraigned in sex-trafficking case that nabbed Mount Pleasant businessman

DOJ will ask Supreme Court to halt Texas abortion law

SC's first man-made surf park slated for 2023 in Myrtle Beach along with amphitheater

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WSJ

FDA Delays Moderna Covid-19 Vaccine for Adolescents to Review Rare Myocarditis Side Effect

Federal Judges or Their Brokers Traded Stocks of Litigants During Cases

Chicago Mayor Files for Injunction Against Police Union Over Vaccine Mandate

Suspected Ransomware Payments for First Half of 2021 Total $590 Million

Office Mentions

Alex Murdaugh arrested on new charges after release from Florida drug rehab center

Wait... Heating Bills Are About to Go Up By How Much?

10.14.2021 FITSNews _ Murdaugh Murders: Alex Murdaugh's Attorneys Secretly Negotiating With Feds For Probe, Plea Deal

Alex Murdaugh charged with stealing millions in insurance money from dead housekeeper's sons

Vague school disciplinary law blocked, but ruling appealed

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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From: DeLinda Ridings
To: "Jeff Young"
Subject: FW: State of South Carolina/4C Health Solutions Partnership
Date: Thursday, October 14, 2021 12:05:00 PM
Attachments: ATT00001.htm
4C Brochure.pdf
image002.png

Do we want to meet with on this?

DELINDA RIDINGS, Executive Assistant to the Attorney General
South Carolina Attorney General's Office
Executive Division | Office 803-734-3596
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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From: Brown Vincent [redacted]@4chealthsolutions.com>
Sent: Thursday, October 14, 2021 11:26 AM
To: DeLinda Ridings <DRidings@scag.gov>
Subject: State of South Carolina/4C Health Solutions Partnership

You don't often get email from bvincent@4chealthsolutions.com. Learn why this is important

I hope this note finds you well this morning! Thanks again for your help yesterday! I reached out to Treasurer Loftis' office this am, super nice, referred me to Peggy Boykin from PEBA. Left a VM there, would be honored to speak with AG Wilson if he had an opening in his schedule in the next few weeks if he might be willing. We would be honored. Below is an overview of 4C, bottom line we believe there is absolutely nefarious behavior happening with Blue Cross Blue Shield that warrants 4C analytics/further investigation. The potential recoupment/cost containment could be Hundreds of millions annually for the great state of South Carolina.

Really appreciate your help and it was wonderful speaking with you!

Best,
Brown Vincent
4C Health Solutions
VP Business Development

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[redacted]

4C SVP Chris Deacon Recent Interview:
https://app.hedgeye.com/e/PgR/a8v$xN/event-healthcare-fireside-chat-w-chris-deacon-10-8

4C Meeting Participants:
- Ron Templeton: CEO
- Christin Deacon: EVP Public Sector, Former NJ Deputy AG and Director of NJ Healthcare Planning and policies
- 4C Board Chair, Former HHS Director Tommy Thompson
- Brown Vincent: VP

4C Overview:
4C Health Solutions, Inc. www.4chealthsolutions.com, is a cutting-edge healthcare analytics firm based in Wilmington DE, offering first to market proprietary technology and a team of leading healthcare industry experts. 4C helps self-funded employers gain full transparency, independent operational oversight, and financial controls that have been elusive in the market, to date.

Why 4C?
Through our results and findings, the reality is that large Insurance Carriers (Blue Cross Blue Shield, United, Aetna) are intentionally taking advantage of large State and Federal government healthcare plans and the lack of accountability and transparency there within. That equates to syphoning of hundreds of millions of dollars annually from the self funded group, sometimes through mistakes in the adjudication processes, and even Fraud Waste and Abuse. We believe 10-15% of South Carolina's spend will be deemed reimbursable through 4C historical and retrospective analysis.

4C SOW with State of South Carolina
4C leadership would be honored to meet with AG Wilson and Peggy Boykin to perform the following: *Data Quality Assessment, Claim Payment Accuracy, Payment Responsibility and/or Plan Payment Reconciliation*
Each of these analytics play an integral role in empowering South Carolina's employers to take ownership and action with respect to their healthcare spend, and full accountability for fulfilling their fiduciary duties.

4C Results:
In addition to ongoing oversight and accountability, 4C's deep experience with self-funded employers dictates that we would anticipate an annual 10-15% return/reimbursement of overpaid funds on average based on retrospective reviews.

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From: Brown Vincent
To: DeLinda Ridings
Subject: State of South Carolina/4C Health Solutions Partnership
Date: Thursday, October 14, 2021 11:27:59 AM
Attachments: ATT00001.htm
4C Brochure.pdf

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VP Business Development
[redacted]

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https://app.hedgeye.com/e/PgR/a8v$xN/event-healthcare-fireside-chat-w-chris-deacon-10-8

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In addition to ongoing oversight and accountability, 4C's deep experience with self-funded employers dictates that we would anticipate an annual 10-15% return/reimbursement of overpaid funds on average based on retrospective reviews.

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AMERICAN OVERSIGHT

From: John Del Gaizo
To: governormcmaster@governor.sc.gov; Alan Wilson
Subject: Re: Data Scientist, Natural Immunity
Date: Wednesday, October 13, 2021 2:18:05 PM

Dear Governor McMaster and Mr. Welson,

I apologize for typos in the previous email. It is difficult to type from a cell phone. Below is the same message again without typos:

****
Dear Governor McMaster and Mr. Wilson,

As a biomedical data scientist, I find compelling arguments from a recent Israeli study which concludes that natural immunity is 8 - 21 times more robust than vaccine-induced immunity (Pfizer) for preventing reinfection against the delta variant, "**Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections**".

Brief study summary: A group of 16,215 vaccinated individuals was compared against a group of 16,215 unvaccinated individuals. The outcome measure was probability of infection (more technically, the dependent variable was log odds of infection). The groups were matched 1 to 1 by age, sex, and geography.

Brief study result: 13.06 fold (95% CI, 8.08 - 21.11) increased risk for breakthrough infection of vaccinated individuals vs reinfection of previously infected individuals. After adjustment for comorbidities, there was a 27.02-fold risk of symptomatic breakthrough infection (vaccinated individuals) vs symptomatic reinfection (previously infected and unvaccinated).

In summary, those with natural immunity are far less susceptible for symptomatic or asymptomatic COVID compared to vaccinated individuals. In fairness, also according to the study, those who have both natural immunity and at least 1 dose of vaccination are less likely to contract COVID than those with only natural immunity: .53-fold. But there no was mortality in either group, and symptomatic infections were rare in both.

My qualifications: near completion of a PhD from Clemson University/MUSC in Biomedical Data Science - have to publish a few researches that are essentially complete. I was employed in statistical analyses and software development before the PhD enrollment. My alma matter is Cornell University, Electrical Engineering, 2008.

I personally know physicians who advise SC political leaders that claim this study did not account for the delta variant, or age difference between vaccinated and unvaccinated. Both of these claims are contradicted by the article.

Please feel free to have a staff member call or email if there are questions: 631-377-0365.

Kind regards,
John Del Gaizo

AMERICAN OVERSIGHT

From: John Del Gaizo
To: governormcmaster@governor.sc.gov; Alan Wilson
Subject: Data Scientist, Natural Immunity
Date: Wednesday, October 13, 2021 2:11:24 PM

Dear Governor McMaster and Mr. Wilson,

As a biomedical data scientist, I find compelling arguments from a recent Israeli study which concludes that natural immunity is 8 - 21 times more robust than vaccine-induced immunity (Pfizer) for preventing reinfection against the delta variant, "**Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections**".

Brief study summary: 16,215 vaccinated individuals were compared against 16,215 unvaccinated and previously infected individuals for probability of reinfection (more technically, the dependent variable was log odds of reinfection). The groups were mateched 1 to 1 by age, sex, and geography.

Brief study result: 13.06 fold (95% CI, 8.08 - 21.11) increased risk for breakthrough infection vs reinfection. After adjustment for comorbidities, there was a 27.02-fold risk of symptomatic breakthrough infection vs symptomatic reinfection.

In summary, those with natural immunity are far less susceptible for symptomatic or asymptomatic COVID compared to vaccinated individuals. In fairness, also according to the study, those who have both natural immunity and at least 1 dose of vaccination are less likely to contract COVID than those with only natural immunity: .53-fold. But there no was mortality in either group, and symptomatic infections were rare in both.

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I personally know physicians who advise SC political leaders that claim this study did not account for the delta variant, or age difference between vaccinated and unvaccinated. Both of these claims are contradicted by the article.

Please feel free to have a staff member call or email if there are questions: [redacted].

Kind regards,
John Del Gaizo

AMERICAN OVERSIGHT

From:	Teresa Altman
To:	Charm Altman
Subject:	Fwd: Congressional/Legislative Update -- Congressman Ralph Norman (SC-05)
Date:	Wednesday, October 13, 2021 8:04:58 AM
Attachments:	image002.png

---------- Forwarded message ---------
From: **Hilkin, Jake** <Jake.Hilkin@mail.house.gov>
Date: Tue, Oct 12, 2021 at 11:56 AM
Subject: Congressional/Legislative Update -- Congressman Ralph Norman (SC-05)
To:

All, please find an update on Congressman Norman, Congress, etc. below. Please share with friends, family, or whomever and follow us on social media @RepRalphNorman and sign up for our newsletter here.

1. Committee Hearings/Work
2. Comms, Interviews, etc.
3. Votes This Week
4. Our Team/What we're working on
5. What to look forward to in Congress
6. SC News
7. Politics, Sports, Other News

An incredibly light week…

~Committee Hearings (past, future, and tentatively scheduled)~

- N/A

~Interviews, Press, Communications (most of the past, future, and tentatively scheduled)~

- Wednesday, October 13: Palmetto Family Matters Podcast. Can be found

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on Apple Podcasts and Spotify.
- Monday, October 11: Afternoon Drive with Keven Cohen (100.7 Columbia)

~Votes This Week~

- More info on each below…
- The House will reconvene for one vote today on lifting/extending the debt limit to Dec. 3rd.

~Our Team~

Letters Congressman Norman signed onto last week(s):

- If you would like a full list, please let me know. The past few weeks Congressman Norman signed multiple letters including:
  - Letter to AG Garland re: rescind directive to pursue investigations against parents speaking out at school board meetings
  - Letter Opposing Biden's Proposal to Reopen the U.S. Consulate General in Jerusalem (rather than maintaining the US Embassy in Jerusalem which opened)
  - Letter to FDA to grant an EUA for nebulized budesonide to help defeat COVID-19
  - Letter to NDAA Conferees on opposing servicemember vaccine mandates
  - Letter to Biden re support the F-35 program
  - Letter to Sec. of Navy re: LtCol Scheller be released from pretrial confinement
  - Letter to SSA: Reopen Social Security Field Offices
  - Amicus Brief – 303 Creative v. Elenis
    1. Asks SCOTUS to grant cert in 303 Creative v. Elenis
    2. This case involves a Colorado web designer, Lorie Smith, who wishes to expand her business to design custom wedding websites. While she is willing to serve all customers, she would decline if asked to create sites for same-sex weddings based on

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her sincerely held religious beliefs.

3. The 10th Circuit Court of Appeals ruled that Colorado can require Smith to design websites for same-sex weddings and prohibit her from even posting a statement on her company's website explaining her religious beliefs regarding what content she is willing to create.

Bill(s)/Legislation Congressman Norman cosponsored previously/upcoming:

- We have cosponsored hundreds of bills, so please let me know if you would like the entire list. Some of the recent ones include:
  - H.R. __, SECURE America Act
    1. Reform the process for refugee admission by ensuring thorough vetting prior to admission, ending DHS parole authority, and allowing Governors and Congress a larger role in the process of admission and resettlement
  - H.R. 1179, Iran Hostages Congressional Gold Medal Act
    1. Arranges for the award of a Congressional Gold Medal commemorating the bravery and endurance of the 53 hostages of the Iran Hostage Crisis
  - H.R. __, Simon Crosier Act
    1. Would prohibit health care providers accepting Medicare and Medicaid from placing do-not-resuscitate (DNR) orders for minors without parental consent

What's the Congressman working on right now:

- **COMPLETE**
  - Letter to SC DOT re: Park Pointe Village traffic petition
- **IN PROCESS**
  - Election Reform Bill
  - Working with the FDA and Oversight Committee to alleviate issues from New Indy Container Board in York County
  - FDA Parallel Track: this bill would allow those with life threatening diseases can take non FDA approved medicines
  - Veteran Farmers: this bill would remove burdensome regulations for

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farmers who are veterans
- CFPB Reform Bill
- Protecting Officers from Leaked Information Criminal Enforcement Act (POLICE) Act;
- Legislation to address the issue of retired Members of Congress abusing their perks; Seniors and Insulin; Cell Phone Jamming; Sportsman's Hunting Industry; COVID Fraud, etc.

Constituent Correspondence

- This entire calendar year, we have responded to over 37,418 constituent questions, messages, etc.

~ Congress~

Look Ahead and Look Back

- Infrastructure and Budget Reconciliation (because, you know, they're tied together):
  - Speaker Nancy Pelosi (D-Calif.) has already put the focus on the deadlines approaching at the end of the month, with an Oct. 31 target date for the House to approve the Senate-passed bipartisan infrastructure bill containing $550 billion in new spending. The date coincides with the expiration of the weeks-long funding extension for federal highway programs. In order to do that, they need a deal with the Senate Democrats on a "topline" for reconciliation. We're almost halfway into this month and they don't have that agreement
  - Centrists and liberals within the Democratic caucus are locked in standoff over the size of Joe Biden's domestic policy bill. Too big, and moderates worry it'll cost them seats next November. Too small, progressives say the base will stay home
  - Democrats have several paths given the reality of having to shrink their reconciliation package from $3.5 trillion to the roughly $2 trillion level: more programs for less money, meaning shorter duration; fewer programs for more money; or just a mix and mash of both. Pelosi here is coming down in favor of the "do fewer things

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well" argument, which means there will be programs on the cutting room floor.

- Debt Ceiling:
  - The House returns from recess Tuesday evening to vote on a short-term debt limit deal that would raise the debt limit by $480 billion through Dec. 3. The Senate scrambled to pass the hard-fought compromise last Thursday. The House is expected to pass the extension.
  - The debt ceiling bill will be packaged as part of a rule for floor debate of several other bills, meaning that there will not be a stand-alone vote on the debt limit measure. The self-executing rule or a "deem and pass" move isn't new and it means that when the House adopts the rule it also simultaneously agrees to dispose of a separate matter (in this case, the debt ceiling bill), which is specified in the rule itself
  - While Sen. Mitch McConnell and 10 other GOP Senators allowed for a temporary extension of the debt limit, he wrote a scathing letter to President Biden on Friday insisting there will absolutely be no GOP help in the next debt limit cliff in December.
- Government Funding:
  - Congress passed and President Biden signed a Continuing Resolution (CR) into law, funding the government until December 3, 2021. This measure also extended the expiring National Flood Insurance program and included emergency appropriations for disaster relief and Afghan resettlement.
  - Expect another CR (or two or three more) in December before a year-long omnibus is thrown together.
  - ***Early December is set to be a doozy with government funding and the debt ceiling cliff together…
- Other News/Votes:
  - October 31, 2021
    - The short-term Surface Transportation authorization expires.
  - November 15, 2021
    - According to the Dear Colleague from Speaker Pelosi to all Members of the House, remote voting has been extended until November 15, 2021
  - December 3, 2021
    - Continuing government funding levels, signed into law as September 30's Continuing Resolution (H.R 5305), will expire.

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The Treasury Department estimates that the debt limit, increased by $480 billion in the October Senate deal (pending House passage – vote today), will be reached

- December 31, 2021
  - The following will expire:
    1. Employee Retention Credit
    2. Enhanced Child Tax Credit
    3. Enhanced Child and Dependent Care Tax Credit
    4. Charitable Deductions; rollover of Health & Dependent Care Flexible Spending Account funds
    5. "Tax Extenders" – about 20 tax breaks that routinely expire
    6. Emergency Injury Disaster Loans Advance Grants
    7. New Medicare Radiation Oncology Rules (CMS) will go into effect.
    8. The Highway Trust Fund will be exhausted.

~South Carolina~

- Tim Hill, 43, had been program director at 107.5 The Game since 2017 and boasts a two-decade broadcasting career, including 13 years heading sports coverage at WOLO-TV, Columbia's ABC affiliate lost his job on October 8 due to his refusal to take the COVID vaccine
- South Carolina's gubernatorial race is heating up, with Republican Gov. Henry McMaster raising more money than Democratic challenger Joe Cunningham
- More than 400 Afghan refugees are resettling in South Carolina in the coming months, and the faith-based nonprofits arranging their placement are looking for help welcoming them to their new home
- Lexington County GOP calls for audit of 2020 election results
- Ex-SCANA CEO Kevin Marsh heading to prison for role in VC Summer nuclear debacle
- York County added over 56,000 residents in the past decade to reach 282,090 citizens in 2020, making us the fourth fastest growing population in South Carolina, growing at a rate of 24.8% over the past ten years. In terms of actual population, York continues to rank as the seventh most populous county in South Carolina

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- How the new leader of South Carolina I-77 Alliance plans to build on region's economic development momentum
- Here's a peek inside the Charlotte airport's $608 million lobby expansion project
- There are currently 102,922 jobs posted on SC Works Online Services. We would encourage job seekers and employers to utilize this free service for posting and searching for jobs

~In Other News~

- Pfizer/BioNTech submitted an emergency use authorization request to the FDA for its COVID-19 vaccine for children ages 5 through 11. If approved, the EUA could make vaccines available to this group in November
- President Biden received his lowest marks ever according to a recent Quinnipiac poll that put his approval rating at just 38%. Just 32% of independents approve of the job Biden is doing, compared to 60% who disapprove.
    - A recent Economist/YouGov poll found that just 17% of Americans approve of the job Congress is doing
- Over 140,000 American children lost a parent or primary caregiver due to COVID-19 through June 2021, according to research published (here) in the Journal of the American Academy of Pediatrics.
- "Oil Price Jumps Above $80 and Natural Gas Races Higher, Turbocharged by Supply Shortages"
- "Texas governor bans Covid-19 vaccine mandates by any employer in state"
- The current Supreme Court term will, starting this week, determine whether the constitutional right to abortion will be gutted and if sweeping new restrictions will be allowed in much of the country.
- The seven-day average of U.S. cases last week dropped below 100,000 for the first time since August, another sign the wave fueled by the delta variant is retreating. Infections are down about 42% from the peak of this wave
- Jonathan and Diana Toebbe, a seemingly ordinary suburban couple, have been "accused by the U.S. government of trying to sell some of America's most closely guarded submarine propulsion secrets to a foreign

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government," over the weekend

- The administration is looking to crack down on $7 trillion in unpaid taxes. To start, it's looking to the IRS to direct bankers to give "new details on their customers and provide data for accounts with total annual deposits or withdrawals worth more than $600,"
    - Rep. Norman has been vocal in opposition to this idea, or any idea of spying by the IRS
- As the Biden administration celebrate another advance toward an historic global tax accord, an obscure legal question in the U.S. threatens to tear it apart. Sen. Pat Toomey (R-Pa.), who opposes the agreement, told Treasury Secretary Yellen that a key portion of the tax deal would require a formal treaty approved by a super-majority in the Senate
- Kim Jong Un showed off his increasingly varied arsenal of missiles designed to frustrate U.S. defense systems, in a rare display that appeared to be the North Korean leader's latest effort to break a diplomatic stalemate over his nuclear program
- Where's Mayor Pete? As a historic number of cargo ships critical to our supply chain idle in California ports for weeks at a time, the former mayor of South Bend has been noticeably quiet
- Brooklyn Nets say Kyrie Irving won't play, practice until eligible under local COVID-19 vaccination mandate
- Jon Gruden stepped down as Las Vegas Raiders head coach following the uncovering of emails written to former Washington Football Team president Bruce Allen from 2011-2018 in which Gruden made homophobic and misogynistic remarks, denounced the emergence of women as NFL referees, criticized the league's role in the then-St. Louis Rams' 2014 selection of openly gay player Michael Sam and exchanged photos of topless women. The emails, in which Gruden also disparaged NFL Commissioner Roger Goodell, emerged days after the initial leak of a racially insensitive 2011 email
- The NFL narrowed down potential host cities for an upcoming regular-season game in Germany to a list of three — Düsseldorf, Frankfurt and Munich — that it has invited to participate in a final bidding stage. The league did not specify whether it eyes 2022 or 2023 for its first game in Germany
-

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- Today at 2pm: Astros-White Sox
- Today at 5pm: Braves-Brewers
- Today at 9pm: Dodgers-Giants
- BORDER CRISIS →
  - The Biden Administration's decided to cancel border wall contracts (i.e. don't build the wall even though contracts have been made and materials been purchase but are now sitting idle)
  - President Biden received his lowest marks on immigration, with just 25% approving
  - Now, the Biden administration is reportedly preparing for a massive surge of up to 400,000 migrants during the month of October alone -- this would nearly **double** the amount of encounters in July or August
  - There have been over 1.5 million illegal border crossings so far under Biden
  - Panama is warning of another, larger surge of up to 60,000 Haitian migrants making their way to our southern border
- ECONOMIC CRISIS →
  - The Bureau of Labor Statistics released its September jobs report (here) noting that 194,000 jobs were added in September. Unemployment fell to 4.8% overall.
  - New analysis: Real cost of inflation to average American household: **An extra $175 a month**
  - A closely watched measure of U.S. inflation rose the most on an annual basis in three decades, fueling concerns that price increases

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will last longer than expected and eventually hit consumer spending. The personal consumption expenditures price gauge, which the Federal Reserve uses for its inflation target, rose 0.4% from a month earlier and 4.3% from a year earlier. The annual increase was the largest since 1991

- Inflation, supply chain challenges, and labor shortages are expected to cause gift prices to rise 20 percent this holiday season.

That's it from me. **Let me know if you have any questions or would like to unsubscribe from these emails!**

Best –

[DISCLAIMER: Apart from quotes directly attributed to individuals or entities, statements in this newsletter reflect my personal views and should not be taken as official positions for Rep. Norman or any other entity or individual, unless otherwise stated.]

Jake Hilkin

Legislative Director

CONGRESSMAN RALPH NORMAN
Serving the 5th District of South Carolina

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Jake Hilkin

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Legislative Director

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From: Jonathan Sorrenti
To: Alan Wilson; Governormcmaster@governor.sc.gov
Subject: Re: Don"t Force Vaccinate the National Guard ... Allow Personal Choice
Date: Monday, October 11, 2021 7:45:41 PM

Follow in Texas' footsteps. Stop the forced vaccination from all entities.

https://www.texastribune.org/2021/10/11/texas-greg-abbott-covid-19-vaccine-mandate/

Jonathan Sorrenti
[redacted]

On Sat, Oct 9, 2021, 10:46 Jonathan Sorrenti [redacted]@gmail.com> wrote:

> The Constitution and our early history are quite clear that the state militias aka the National Guard are by default under the orders of the governor of that state. Obviously, the Constitution did provide for the president to assume command and federalize the guard units in case of insurrection or other similar emergencies. Federal law prescribes the federal service conditions under 10 U.S.C. §246 (known as "Title 10" deployment). So long as the president has not explicitly declared a Title 10 emergency, the chain of command in a state's guard units are controlled exclusively by the governor through "Title 32."
>
> "Every governor can issue an order to the Adjutant General of the State indicating that the governor is simply retaining all disciplinary authority within the Governor's office in regard to the fed's 'mandatory' administration of an FDA-approved COVID-19 vaccine," advised the Oklahoma representative, who also chairs the states' rights committee. "Withholding disciplinary authority from subordinates by their superiors is an action that military commanders are familiar with, and is oftentimes a necessary action to take by superiors to maintain order and discipline amongst their subordinates."
>
> In other words, absent a Title 10 declaration, there is no reason why red state guardsmen should be dismissed pursuant to Department of Defense orders. They should not be taking orders from the president, but from the governors. Every governor should send out an order to the state's two-star adjunct general who commands the National Guard and prohibit any disciplinary actions taken on behalf of Pfizer and Moderna, who evidently now control our national military.
>
> Governors should also be advised that the DOD order itself, which was promulgated a day after the FDA issued a license to the Comirnaty shot, is flawed in its construction. The Aug. 24 memorandum of the Secretary of Defense states, "Mandatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance." The problem is that the only shot that has officially received full licensure (License No. 2229) is the Comirnaty shot, the conceptual vaccine from Pfizer's German partner, BioNTech. This vaccine won't even be available for a few years.
>
> Pfizer's version of the shot, on the other hand – the only one commercially available – received an extension of the emergency use authorization, not a licensing number. As the FDA states in footnote 9 of the letter to Pfizer, "In the August 23, 2021 revision, FDA clarified that, subsequent to the FDA approval of COMIRNATY (COVID19 Vaccine,

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mRNA) for the prevention of COVID-19 for individuals 16 years of age and older, this EUA would remain in place for the Pfizer-BioNTech COVID-19 vaccine for the previously-authorized indication and uses."

Thus, service members are having their careers destroyed over shots that have not even been fully approved, as prescribed by the original DOD memo.

Jonathan Sorrenti
[redacted]

On Wed, Sep 22, 2021, 07:29 Jonathan Sorrenti [redacted]@gmail.com> wrote:

> Governor McMaster and AG Wilson,
>
> Please continue the hard fight. The National Guard shouldn't be forced or mandated by the government to get vaccines that have the ability to change DNA.
>
> The Military Department and the Office of the Adjunct General report to the Governor's Office.
> National Guard M-Day Title 32 Soldiers belong to the State. You, Governor McMaster, are the commander-in-chief of the South Carolina National Guard. You have a mandate that doesn't allow state agencies to force vaccinate their employees for COVID-19.
>
> You are both in the fight, along with other states, to stop President Joe Biden from force vaccinating the citizens of South Carolina. Don't stop there. Protect the Soldiers in the South Carolina National Guard also. Don't allow them to be force vaccinated either. The National Guard protects the freedoms of this state and has saved this state during multiple natural disasters.
>
> Allow personal choice for the National Guard.
>
> --
> Jonathan Sorrenti
> [redacted]

AMERICAN OVERSIGHT

From:	Alan Wright
To:	alex.morris@mail.house.gov
Cc:	laura.batey@mail.house.gov; shanemartin@scsenate.gov; Josh Kimbrell; tomcorbin@scsenate.gov; governormcmaster@governor.sc.gov; Alan Wilson; Stewart Jones; Ronnie Cromer; chiphugginssc@gmail.com; Robert "RJ" May III; Pamela LG; Zoe Warren; coreyallen0226@gmail.com; Lin Bennett; Chris Wooten; Mark Smith
Subject:	Fw: Executive Order for National Guard
Date:	Monday, October 11, 2021 10:00:28 AM
Attachments:	EUA 20734_Full PI-HCP FS_Pfizer-BioNTech COVID-19 Vaccine_FINAL_22Sep2021.pdf nuremberg (1).pdf

Mr. Morris,
I am following up on our conversation from this past Thursday, October 7th. I haven't heard back and wanted to touch base on any findings you may have had. I am attaching all communication that has been sent to these elected officials with no response. Please also know this will be used as proof of communication of my concerns for our national guard in South Carolina. To be clear I have approached in person Joe Wilson, Laura Batey, Ronnie Cromer and Governor McMaster himself with zero answers on what we are doing to take a stand for our guardsmen.

When we spoke the other day I told you McEntire is not offering Comirnaty but instead giving the EUA Pfizer vaccine. While the fact sheet states these products can be used interchangeably they are still legally distinct meaning different. The order which has been given states it must be a fully licensed product and Pfizer is not a fully licensed product even if it can be used interchangeably.

Are you familiar with Informed Consent? If we are not telling our service men and women they are receiving an EUA (experimental/investigational) product and not a fully licensed product we are not giving them the information they need to make an informed decision. This is being taken from them.

https://www.ncbi.nlm.nih.gov/books/NBK430827/

Are you familiar with the Nuremburg code? I have attached for you. Fraud & Deceit: By withholding Informed Consent giving our guardsmen a vaccine that you know is not fully licensed without telling them is a violation of the Nuremburg Code. You stated the other day it was a direct order. The officers who were tried during the Nuremburg trials said the same thing and do you know what happened to some of them? They were hung. Not giving our guardsmen Informed Consent is fraudulent and deceitful when you know different.

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, over-reaching, or 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.

Nuremberg Trials

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[redacted]

Nuremberg Trials

History.com Editors

Held for the purpose of bringing Nazi war criminals to justice, the Nuremberg trials were a series of 13 trials ...

The article below states exactly what I am suggesting. Why is the Governor of SC not protecting their NG by issuing an order to the Adjutant General?

https://www.theblaze.com/op-ed/horowitz-a-plan-for-gop-governors-to-protect-soldiers-from-unjust-jab-mandates

I am sick of hearing it's an order. Do any of you have a moral compass? At what point do you say this is wrong and I will stand up for those who are willing to die for myself and my family. How many of you have served in our military? What you are doing is morally wrong, weak, and being complicit. I implore you to seek moral high ground and demand this be stopped. To say our Governor's hands are tied is an absolute lie. An executive order is well with in his means and he is refusing to do it. So where is the money because this is what it's boiling down too. It's always about money. What are our soldiers worth to you?

Unapologetically Patriotic,
Alan Wright

----- Forwarded Message -----
From: Alan Wright [redacted]@att.net>
To: shanemartin@scsenate.gov <shanemartin@scsenate.gov>; Josh Kimbrell <joshkimbrell@scsenate.gov>; tomcorbin@scsenate.gov <tomcorbin@scsenate.gov>
Sent: Tuesday, September 28, 2021, 10:45:39 AM EDT
Subject: Fw: Executive Order for National Guard

Dear Senators,
I write to you today with deep and urgent concern for our Air National Guard of SC. I have emailed our Governor and requested an Executive Order to protect our most valuable men and women. I have not received a reply from any of the elected officials copied on the email. We are failing them by not taking a stand on their behalf. The military in SC is about to suffer a huge loss from the many service men and women who will refuse this "vaccine".

I am aware the three of you are fighting for our medical freedoms and I have been dialed into the Medical Affairs Subcommittee. Thank you for making these freedoms a priority. We need to do the same for our military.

McEntire's deadline for the "vaccine" is December 2, 2021 which means they have to have their first shot by October 22, 2021. The Army National Guards "vaccine" deadline isn't until June 2022 and we aren't sure why there are two different deadlines for the National Guard as a whole. Our military is being told if they don't comply they may face disciplinary action.

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The base doesn't have access to the fully licensed Comirnaty and it's not available anywhere in the United States. They will be using the Pfizer "vaccine" which doesn't meet the order of the DOD. This is not true Informed Consent and is unconscionable to be gaslighting our military. They are using the basis of it being "interchangeable" to clear their conscious. It is legally distinct and it must say Comirnaty on the bottle for the mandate.

Our military needs your help desperately. If we cannot help them the outcome we will face is our military will be weakened by the influx of service members getting out.

I have attached a snip it of an email sent by my husband to the flight surgeons at McEntire, the FDA factsheet for the Pfizer and Comirnaty, and below is the email I sent last week to our Governor.

Please help those who have dedicated their lives to protect us.
Alan Wright

Snip it my husband sent to the flight surgeons at McEntire ANG Base:

I don't know if it really matters or not, but I believe we are being extremely "gas-lighted" in the SECAF guidelines with the narrative that the Pfizer-BioNTech vaccine is approved for use. The FDA Fact Sheet dated 22 Sep 21, clearly states that the Pfizer vaccine is Emergency Use Authorization and unapproved. The only approved vaccine is the Corminaty which is made by Pfizer for BioNTech. Fact Sheet also states that both vaccines have "same formulation and can be used interchangeably", and then goes on to say that the vaccine provider must communicate with recipient prior to administering that the "FDA has authorized the emergency use of Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine." Bottom-line…it's not FDA approved, interchangeable or not.

The Pfizer vaccines that we are mandating here at McEntire do not meet the SECDEF order. In the order "Mandatory vaccination against COVID-19 will only use COVID-19 vaccines that receive **full licensure** from the Food and Drug Administration (FDA), in accordance with FDA-approved **labeling and guidance**."

From: Alan Wright [redacted]@att.net>
Date: September 22, 2021 at 5:01:00 PM EDT
To: governormcmaster@governor.sc.gov, awilson@scag.gov, Stewart Jones <StewartJones@schouse.gov>, Ronnie Cromer <ronniecromer@bellsouth.net>, chiphugginssc@gmail.com, laura.batey@mail.house.gov, rjmay@schouse.gov, Josh Kimbrell <JoshKimbrell@scsenate.gov>, jonathanhill@schouse.gov, Zoe Warren [redacted]@gmail.com>, Pamela LG [redacted]@gmail.com>
Subject: Executive Order for National Guard

Governor McMaster,
I am writing to you today as a military wife whose husband serves in the Air National Guard. He has proudly served our country for 32 years and is active duty. I am aware you have the ability to inact an Executive Order to stop vaccine mandates & vaccine passports for our National Guard. My husband has dedicated his life to protecting the people of this country including you. No service member should be forced or mandated to take an

AMERICAN OVERSIGHT

investigational/experimental "vaccine". Many senior leadership members are toting the line because they feel they have no choice and are afraid of losing their livelihoods.

There is overwhelming controversy about this "vaccine". This is taking ones choice to bodily autonomy. I recently saw you speak at a Lexington GOP and you stated no one would be forced to do so... but they are. Our medical community is facing the same persecution,not to mention many many other companies forcing this on their employee's.

Where is our state leadership? Is our state willing to lose service members because it certainly seems that way. I can tell you my husband will not be taking the "vaccine". It is not his choice to do so and it is not the right thing for our family. I do not care if we lose everything. I know God will provide and we will stand in our conviction.

We must speak up and act for these selfless people who have pledged to lay down their lives for us and we should honor them and say "NO!". I urge you to stop this tyranny and protect the people of our beautiful state of South Carolina.

I am tired Governor but I will not stop fighting for my family. Every night when I lay down my heart is full and I know I have done everything I can to protect my family, my friends, my neighbors, and people I have never met.

Can you say that? If you want to win the hearts of the people of this state then you need to take a stand and do not waste any more time.

Alan Wright

AMERICAN OVERSIGHT

From: Jonathan Sorrenti
To: Alan Wilson; Governormcmaster@governor.sc.gov
Subject: Re: Don"t Force Vaccinate the National Guard ... Allow Personal Choice
Date: Saturday, October 9, 2021 10:47:01 AM

The Constitution and our early history are quite clear that the state militias aka the National Guard are by default under the orders of the governor of that state. Obviously, the Constitution did provide for the president to assume command and federalize the guard units in case of insurrection or other similar emergencies. Federal law prescribes the federal service conditions under 10 U.S.C. §246 (known as "Title 10" deployment). So long as the president has not explicitly declared a Title 10 emergency, the chain of command in a state's guard units are controlled exclusively by the governor through "Title 32."

"Every governor can issue an order to the Adjutant General of the State indicating that the governor is simply retaining all disciplinary authority within the Governor's office in regard to the fed's 'mandatory' administration of an FDA-approved COVID-19 vaccine," advised the Oklahoma representative, who also chairs the states' rights committee. "Withholding disciplinary authority from subordinates by their superiors is an action that military commanders are familiar with, and is oftentimes a necessary action to take by superiors to maintain order and discipline amongst their subordinates."

In other words, absent a Title 10 declaration, there is no reason why red state guardsmen should be dismissed pursuant to Department of Defense orders. They should not be taking orders from the president, but from the governors. Every governor should send out an order to the state's two-star adjunct general who commands the National Guard and prohibit any disciplinary actions taken on behalf of Pfizer and Moderna, who evidently now control our national military.

Governors should also be advised that the DOD order itself, which was promulgated a day after the FDA issued a license to the Comirnaty shot, is flawed in its construction. The Aug. 24 memorandum of the Secretary of Defense states, "Mandatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance." The problem is that the only shot that has officially received full licensure (License No. 2229) is the Comirnaty shot, the conceptual vaccine from Pfizer's German partner, BioNTech. This vaccine won't even be available for a few years.

Pfizer's version of the shot, on the other hand – the only one commercially available – received an extension of the emergency use authorization, not a licensing number. As the FDA states in footnote 9 of the letter to Pfizer, "In the August 23, 2021 revision, FDA clarified that, subsequent to the FDA approval of COMIRNATY (COVID19 Vaccine, mRNA) for the prevention of COVID-19 for individuals 16 years of age and older, this EUA would remain in place for the Pfizer-BioNTech COVID-19 vaccine for the previously-authorized indication and uses."

Thus, service members are having their careers destroyed over shots that have not even been fully approved, as prescribed by the original DOD memo.

Jonathan Sorrenti
[redacted]

AMERICAN OVERSIGHT

On Wed, Sep 22, 2021, 07:29 Jonathan Sorrenti [redacted]@gmail.com> wrote:

> Governor McMaster and AG Wilson,
>
> Please continue the hard fight. The National Guard shouldn't be forced or mandated by the government to get vaccines that have the ability to change DNA.
>
> The Military Department and the Office of the Adjunct General report to the Governor's Office.
> National Guard M-Day Title 32 Soldiers belong to the State. You, Governor McMaster, are the commander-in-chief of the South Carolina National Guard. You have a mandate that doesn't allow state agencies to force vaccinate their employees for COVID-19.
>
> You are both in the fight, along with other states, to stop President Joe Biden from force vaccinating the citizens of South Carolina. Don't stop there. Protect the Soldiers in the South Carolina National Guard also. Don't allow them to be force vaccinated either. The National Guard protects the freedoms of this state and has saved this state during multiple natural disasters.
>
> Allow personal choice for the National Guard.
>
> --
> Jonathan Sorrenti
> [redacted]

AMERICAN OVERSIGHT

From:	Marie Faltas
To:	supctfilings@sccourts.org; Thompson, Ashli; Marie Assa"ad-Faltas
Cc:	Lilly Meadows; tgilliam@sccid.sc.gov; Saxon, Jessica; Robert Michael Dudek; Timothy L. Griffith; daddison@hallboothsmith.com; weiss.heather@richlandcountysc.gov; gipson.byron@richlandcountysc.gov; Ed Salter; Alan Wilson
Subject:	Motion to reconsider order in Elders v. State, 2020-000891 with 11 attachments numbered 1-A and B to 10.
Date:	Friday, October 8, 2021 4:37:32 PM
Attachments:	2021-10-08 Proposed Amicus" Motion to Reconsider OR to Dispense with the Requirement of an intervening lawyer.pdf Attachment 1-A, 2019-09-20 ORDER 2019-000036 p 1.pdf Attachment 1-B, 2019-09-20 ORDER 2019-000036 P 2.pdf Attachment 2, 2020-09-15 a 2020-10-14 Special Order (Circuit) Brown Assa"ad-Faltas Cases Various Richland.pdf Attachment 3, 2013-04-24 e-mail from Justice Beatty Mail - Marie Faltas - Outlook.pdf Attachment 4, amicus to US Supreme Court in Thompson v. Clark 20210611110357759_20-659 Amicus Brief of Home School Legal Defense Association.pdf Attachment 5, 2010-02-23-25 T Ingram-annotated, 49pp.pdf Attachment 6, 2009-10-18 & 2009-10-21 discs showing all photos in chronological order taken that day.pdf Attachment 7, photo of Corey Lamont Curry on 2009-10-21, 3rd frame detail.pdf Attachment 8, photo of Curry and Ingram on 2009-10-21, 5th frame.pdf Attachment 9, photo of Teresa and Rodney Ingram indifferent to Tiffany Lurke"s child with keys in her mouth, 2009-10-21, 18th frame.pdf Attachment 10, photo of Ingram indifferent to child choking on keys, 2009-10-21 18th frame most detail.pdf

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Hopefully, they all fit in one e-mail and are easy to download and upload. Otherwise, please inform me to resend any that you do not receive.
Thanks for your attention, God speed and God bless./Marie Assa'ad-Faltas, MD, MPH

AMERICAN OVERSIGHT

From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 10.7.2021
Date:	Thursday, October 7, 2021 10:56:42 AM
Attachments:	image002.png

Today in History

U.S.-led attack on Afghanistan begins

On October 7, 2001, a U.S.-led coalition begins attacks on Taliban-controlled Afghanistan with an intense bombing campaign by American and British forces. Logistical support was provided by other nations including France, Germany, Australia and Canada and, later, troops were provided by the anti-Taliban Northern Alliance rebels. The invasion of Afghanistan was the opening salvo in the United States "war on terror" and a response to the September 11, 2001, terrorist attacks on New York and Washington, D.C. The conflict in Afghanistan would span two decades and become the longest war in U.S. history.

The State

Attorney won't ask SC Judge Mullen about role in alleged Murdaugh inheritance scheme

Trump won big in this SC county. Why does local GOP want 'exhaustive' election audit?

Planned SC prison improvements might be pricier than originally estimated. What's next?

Columbia police looked for crimes in firefighters' sexual pranks, department says

Greenville News

Greenville County votes not to give taxpayers refunds for $30 million in illegal fees

Chamber Chair Max Metcalf Encourages Greenville Community And Business Leaders

Sen. Lindsay Graham booed after asking Republicans 'to think about' COVID vaccine

Family's law firm sues former attorney Alex Murdaugh to recover funds

Post and Courier

Alex Murdaugh scammed law firm, housekeeper's sons with fake bank account, lawsuits allege

Nearly 1 in 10 city of Charleston employees request exemption from vaccine mandate

Charleston's long-idled Carnival cruise ship sets a firm return date

AMERICAN OVERSIGHT

Richland County will give people $100 to get vaccinated in pilot program with USC

WSJ

Federal Judge Blocks Texas Abortion Law

Pfizer Asks FDA to Authorize Covid-19 Vaccine in Young Children

Religious Exemptions to Vaccine Mandates Tested in New York Case

Facebook's Effort to Attract Preteens Goes Beyond Instagram Kids, Documents Show

Office Mentions

Families remember victims of domestic violence

Face masks in SC schools still allowed as case goes back to lower court

Editorial: Remember these names, and help reverse SC's legacy of domestic violence

SC school districts can continue enforcing masks after McMaster, Wilson lose appeal

Two Aiken County women remembered at annual Silent Witness Domestic Violence Ceremony

Silent Witness ceremony remember South Carolina lives lost to domestic violence

State leaders and local health officials remembering victims of domestic violence

Savannah surgeon accused of sending explicit messages to undercover cop posing as minor

Silent Witness Ceremony Honored 2020 Victims of Fatal Domestic Violence

Court keeps South Carolina school mask mandate ban on hold

Temporary block of mask mandate prohibition in SC public schools remains in place

ROBERT KITTLE, Communications Director

AMERICAN OVERSIGHT

South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
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From:	kenneth and meggan keith
To:	badavis@richland2.org
Cc:	docholmesschoolboard2@gmail.com; jamesmanning@richland2.org; ameliamckie@richland2.org; lindsayagostini@richland2.org; puttingstudentsfirst2012@gmail.com; lashondamcfadden@richland2.org; cherylcautionparker@richland2.org
Subject:	Fw: Important Information
Date:	Wednesday, October 6, 2021 5:10:20 PM
Attachments:	Religious Exemption.docx letter to R2 Board.docx

I am reaching out in hopes of gaining clarification. We submitted an official, notarized DEHEC form for religious exemption to the mask mandate on Tuesday, October 6, to Muller Road Middle School in Richland 2. The form clearly states under Section II, 1 - I am the parent with legal custody and authority to make medical decisions of my child. A mask is a medical device (deemed a medical device under FDA regulation Section 201(h) of the Food, Drug, and Cosmetic Act) and no one other than legal parent/guardian should have the right to force a medical device for my children without my parental consent. I received the forwarded message and would like a response from the board if all religious exemptions are being denied. If the wrong form was submitted, what is the proper form to submit? (title and any applicable form number would be appreciated)

I am also attaching the letter that accompanied the religious exemption form that explained our sincerely held personal and religious beliefs that make it impossible for us to comply with the face covering mandate. I am also attaching the letter I had intended to email to this board as well as all legal authorities in the state of SC in regards to the discrimination against parental choice/individual choice/medical freedom students, as well as the blatant failure to provide a minimum education that is required by our state constitution.

I look forward to hearing a response from each one of you on this matter. Thank you!

Begin forwarded message:

From: Sean Bishton <sbishton@richland2.org>
Date: October 6, 2021 at 12:13:37 PM EDT
To: [redacted]@yahoo.com
Subject: Important Information

Mr. and Ms. Keith,

On Tuesday, October 5, 2021, I received the completed DHEC South Carolina Certificate of Religious Exemption form you delivered to the school. The form you submitted cannot be used to request a waiver from Richland School District Two's mask requirement as it only applies to the South Carolina Immunization requirements pursuant to Section 44-29-180 of the South Carolina Code of Laws and the South Carolina Regulation 61-8. With the form you submitted to Muller Road Middle School, you are stating that one or more of the state required immunizations conflicts with your religious beliefs. Additionally, DHEC issued a statement on August 23, 2021, that

AMERICAN OVERSIGHT

explained the DHEC consent form to opt students out of a face mask requirement is no longer applicable or available.

For additional assistance regarding the district's mask requirement, possible exemptions to the requirement, and/or the district's attendance policy please contact the district's Ombudsman Office by calling 803-787-1910 or via the district's website at https://www.richland2.org/About/Contact-Us.

I also call to your attention that your visits to the school since Thursday, September 30th have disrupted school operations during morning student drop-off and afternoon student pick-up and you have continued to refuse to wear masks while meeting with school personnel.

On Thursday, September 30th you and your wife came to school and disrupted the normal operation of our car rider line by wanting to engage in dialogue with Ms. Freeman, even after she informed you that everyone coming on to Richland Two property had to wear a mask.

The second time you came onto our campus without wearing a mask was on Monday, October 4th. During this visit, you disrupted the normal operation of our car rider line by trying to engage in dialogue with me regarding the wearing of masks on Richland Two property. At that time I informed you of the following:

- Your children can attend Muller Road Middle and will never be denied in-person education. While on campus they will, however, have to wear a mask.

- Instruction at all schools is face to face this year. The only option to work virtually from home are for those students who have to quarantine. This falls under the section entitled lawful absences in the Compulsory School Attendance Law and S.C. Code of Regulations.

- All students who do not attend school are marked absent. All absences must be verified to be approved as lawful. Failure to attend school due to not wanting to wear a mask

AMERICAN OVERSIGHT

is not a lawful reason to be absent according to the Compulsory School Attendance Law and S.C. Code of Regulations.

- If you have any concerns regarding the wearing of a mask at school you may contact the district office.

Yesterday, you once again came to Muller Road Middle School and did not wear a mask while on district property.

Moving forward, if you attempt to enter Muller Road Middle School without wearing a mask or if you disrupt the normal operation of the school's car rider line, it could lead to you being placed on a trespass notice for the remainder of the 2021-2022 school year.

Kind regards,
Sean Bishton

Sean Bishton
Principal

Muller Road Middle School
Blythewood, SC 29016
803-691-6851 ext 34306
803-691-4532 fax
Pony Express [redacted]

AMERICAN OVERSIGHT

From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 9.30.2021
Date:	Thursday, September 30, 2021 12:14:01 PM
Attachments:	image002.png

Today in History

1954 September 30
USS Nautilus—world's first nuclear submarine—is commissioned
The USS Nautilus, *the world's first nuclear submarine, is commissioned by the U.S. Navy.*

The State

A rise in forged COVID vaccine cards has SC health officials calling investigators

SC Supreme Court assigns outside judge to oversee Alex Murdaugh criminal cases

2 SC judges had financial conflicts of interest in rulings exposed by national report

SC students, residents go without fast internet despite millions committed to companies

Greenville News

Greenville attorney, former Sheriff's Office general counsel suspended from practicing law

Greenville County K9 shot during hours-long standoff with shooting suspect

Greer police officer nominated for an award after rescuing woman trapped in house fire

What to know about Judge Mary Geiger Lewis who blocked ban on mask mandates in schools

Post and Courier

SC Supreme Court refuses to temporarily block Legislature's ban on school mask mandates

Federal ruling opens doors for SC school districts to mandate masks in schools

Number of students, staff isolated and quarantined due to COVID-19 continues to climb

Major Hurricane Sam treks on, Tropical Storm Victor forms in the Atlantic

AMERICAN OVERSIGHT

WSJ

Gun Maker Smith & Wesson to Move Headquarters to Tennessee

Infrastructure Bill's Fate Uncertain Heading Into Planned House Vote

Stocks Rise, on Track for Quarterly Gains Despite Recent Selloff

A Hospital Hit by Hackers, a Baby in Distress: The Case of the First Alleged Ransomware Death

Office Mentions

Federal judge rules against South Carolina school mask blocking proviso

Horry County man arrested on 14 counts of child sexual abuse material charges

S.C. schools can mandate masks after federal judge's ruling, state superintendent says

McMaster, SC Attorney General file notice to appeal ruling on school mask mandate ban

SC schools can make students wear masks after judge blocks ban, superintendent says

SC education superintendent says schools can issue mask mandates

S.C. Dept. of Ed.: School districts now have 'discretionary authority' to require masks

Federal judge suspends ban on mask mandates in South Carolina schools

McMaster, AG Wilson appeal decision blocking South Carolina school mask mandate ban

Federal court's ruling may lead to mask policy changes for Spartanburg schools

Pickens County schools unsure about next steps after federal mask injunction

Largest school district in Anderson County weighs next steps after mask ruling

Federal ruling opens doors for SC school districts to mandate masks in schools

Gov. McMaster and AG Wilson file appeal to federal ruling on mask mandate ban

Federal judge blocks South Carolina ban on school mask mandates

Recent ruling allows schools to require masks; Lakelands schools have no plans to yet

Lowcountry parents react to judge's order on masks in schools

Groups challenging mask mandate law feel 'relief' after judge temporary blocks law

AMERICAN OVERSIGHT

[SC Supreme Court refuses to temporarily block Legislature's ban on school mask mandates]

[SC Supreme Court rules law banning school mask mandates is constitutional]

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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From: Max Dillon
To: Alan Wilson
Cc: Elizabeth Dillon
Subject: Appeal for Assistance versus Vaccine Mandate for Federal Employees
Date: Wednesday, September 29, 2021 8:39:42 PM

Attorney General Wilson;

I am an employee of the federal government, I work at the Naval Information Warfare Center, Atlantic, located in Charleston. I'm a resident of Mount Pleasant South Carolina.

We have been informed by the Department of the Navy that we have to be fully vaccinated by 22 November or we will face disciplinary procedures. In order to meet the deadline, we must have the 1st Moderna shot on or before 11 October; have the 1st Pfizer shot on or before 18 October; and have the 2nd dose of the above vaccines or the single dose of the Johnson & Johnson vaccine on or before 8 November.

Why is the vaccine being mandated? The provided reason is for the safety of the workforce, however the actual real world data about these vaccines just does not support a conclusion that a fully vaccinated workforce will be any safer. (1) The vaccines do not prevent infection, they merely lesson the symptoms of an infection. The most vaccinated country on earth, Israel, has suffered a terrible spike of COVID-19 cases and deaths. (2) The vaccines do not prevent the spread of infection; the CDC guidance is for fully vaccinated people to continue to wear masks and socially distance. (3) The vaccine is not safe enough. The Vaccine Adverse Event Reporting System is flooded with reports of death and serious injury from these vaccines, far exceeding any previous vaccine. Indeed, for young men of military age, the rate of injury by myocarditis exceeds the projected rate of avoided deaths; it is entirely possible that more young men will die from the vaccine, or be medically retired or (if not military members) be forced to stop working due to poor health, than could potentially be saved by the vaccine. (4) There are other treatments and therapies available, and we know that individuals of advanced age or poor health (with easily diagnosed comorbidities) are most susceptible to this virus. Focusing protection on those most at risk makes good sense, but blanket mandates that leave no other options for alternative treatment approaches defy all reason. (5) Why is there no exemption for people who already have the superior immunity from a previous infection? (6) I have been teleworking from the beginning of this pandemic, and have been able to complete all of my duties quite efficiently, only rarely returning to my place of work. Why is there no exemption or accommodation for remote working employees? (7) The most current wave of the pandemic has peaked, and we are now entering another period of low infection rates. The following waves should have fewer deaths and fewer serious illness and injury, based on historical patterns of past epidemics. Indeed this past wave has been smaller than the peak that occurred in January of 2021. Past corona virus epidemics have typically peaked with a wave or two and then the virus ceases to cause widespread infections. (8) This corona virus has an animal reservoir; bats, dogs, cats, and other animals can all be infected. This means that it will never be eradicated no matter how effective the vaccine is, because the virus will continuously mutate in the animal reservoir. If a mutation emerges that evades the vaccine, that variant may quickly spread again in people. We could be playing whack-a-mole with a never-ending vaccine update (or worse!) to combat the never-ending mutations of this virus, leading to even more coercion and loss of liberty, granting an eternal

AMERICAN OVERSIGHT

reason for more and more tyranny.

The very concept of using the terrible coercion of the threat of the loss of my job, as a means to impose a medical treatment by force, violates the very core of the central concept of America: Liberty. Our founding fathers established a Republic to protect the people from tyrannical government, to preserve liberty, and purposely divided the enumerated powers among three branches of federal government and the states in order to prevent any single person or body from becoming tyrannical. Further, the Bill of Rights makes clear in the 4th amendment (secure in our persons from unreasonable searches and seizures) and the 5th amendment (no person shall be deprived of life, liberty or property without due process) that this mandate is in clear violation of everything America stands for. The 9th amendment reserves all powers not delegated to the United States for the States or to the People; medical treatment is NOT among the enumerated powers of the United States federal government!

I implore you to bring relief from this tyranny in any way your office can provide. I have served my country proudly as a civil servant and as a military member for almost 30 years. I have taken an oath to uphold and defend the Constitution of the United States, as have you. Now we need to live up to that oath! Defend the Constitution, defend Liberty, and impose a check on the Executive branch to stop this tyranny!

Sincerely,
/s/
Meade Dillon
[redacted]

AMERICAN OVERSIGHT

From:	Robert Kittle
To:	Alan Wilson; Barry Bernstein; Bob Cook; DeeBo Kelly; DeLinda Ridings; Don Zelenka; Dylan Nolan; Jeff Young; Matt Gates; Matt Wills; Nick Barboza; Robert Kittle; Valerie Ingram
Subject:	Exec. News Clips 9.24.2021
Date:	Friday, September 24, 2021 1:09:07 PM
Attachments:	image003.png

Today in History

The first Supreme Court is established

The Judiciary Act of 1789 is passed by Congress and signed by President George Washington, establishing the Supreme Court of the United States as a tribunal made up of six justices who were to serve on the court until death or retirement. That day, President Washington nominated John Jay to preside as chief justice, and John Rutledge, William Cushing, John Blair, Robert Harrison and James Wilson to be associate justices. On September 26, all six appointments were confirmed by the U.S. Senate.

The State

A Beaufort lawyer is accused of helping Murdaugh's alleged schemes. Who is Cory Fleming?

What happened to Gloria Satterfield? Key questions in Murdaugh housekeeper's death

SC GOP candidates for US House, Senate will speak at rally backing Jan. 6 rioters

Officer said he'd call social services if kids were dropped off at SC school unmasked

Greenville News

BREAKING: S.C. state police confirm they have been in touch with FBI on Murdaugh cases

Pipeline project in Greenville County could take private property through eminent domain

Greenville County Schools: A.J. Whittenberg principal placed on administrative leave

Michelin: Fully vaccinate by Nov. 24 or pay $100 a month more in healthcare premiums

Post and Courier

Murdaugh law firm distances itself from disgraced attorney in new statement

Berkeley County School District teacher accused of using racial slur in classroom

Some Sullivan's Island residents want forest-cutting settlement reexamined by a judge

SC automaker Volvo Cars, citing animal welfare concerns, to ditch leather interiors

AMERICAN OVERSIGHT

WSJ

The Unraveling of the Murdaugh Dynasty: Unsolved Murders, Insurance Fraud and Missing Millions

Arizona GOP's Election Audit Confirms Biden Win in Draft Report

Some Profitable Companies Would Still Pay No Taxes Under Democrats' Plan

CDC Chief Backs Pfizer Boosters for At-Risk Workers in Break With Panel

Office Mentions

How are feds involved in SC Murdaugh murder investigation? Here's what SLED chief says

AG Alan Wilson reacts to parents' motion to block CCSD mask mandate

South Carolina Supreme Court upholds Heritage Act, rejects supermajority mandate

Aiken County victim support groups getting help from state

Will Judge grant/deny parents motion to block School Mask Mandates?

Motion to block Charleston Co. School District mask mandate filed by parents

$32M in grants going to help crime victims in South Carolina

SC lawmakers react to state Supreme Court upholding Heritage Act

9.23.2021 FITSNews _ Murdaugh Murders Saga: Limited Federal Involvement Confirmed

$18.2M in grants going to help Lowcountry crime victims

SC Attorney General announces over $32M going to groups and agencies who support crime victims in South Carolina

A brief history of the Heritage Act

Lowcountry first responders, victims services to benefit from $32M in federal funding

Ruling expected Friday on motion to block Charleston Co. schools' mask mandate

Spartanburg assisted living worker stole drugs, neglected residents, AG's office says

AMERICAN OVERSIGHT

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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From:	Kristin J Adams
To:	Alan Wilson
Subject:	CCSD...NO Forced Face Masks...Medical Freedom...Medical Choice...Personal Story From 9/22/21 At Belle Hall Elementary...Thanks!
Date:	Thursday, September 23, 2021 10:31:20 AM
Attachments:	image.png image.png

Date: Thursday, September 23, 2021
Re: Charleston County School District (CCSD)
Official Written Notification:
- Medical Choice
- Medical Freedom
- Parental Choice
- NO Forced Face Masks: For CCSD Students, Teachers, Staff & Visitors
- NO Forced Covid-19 Testing: For CCSD Students, Teachers, Staff & Visitors
- NO Forced Covid-19 Vaccines: For CCSD Students, Teachers, Staff & Visitors

Dear South Carolina Attorney General Alan Wilson:

Thank you for your SC Attorney General's Opinion on the SC Supreme Court's Ruling concerning "Forced Face Masks"!
On Wednesday, September 22, 2021 I took my Child to School in the morning to Belle Hall Elementary (CCSD - Mount Pleasant - South Carolina):
Principal Kevin Conklin:
- I have sent multiple Emails to Principal Conklin stating that CCSD is VIOLATING State Law, Federal Law & The Nuremberg Code concerning Forced Face Masks.
- I have received NO Email Responses from Principal Conklin concerning these Emails.
- On Wednesday (9/22/21) I asked Principal Conklin (in person) to Please REMOVE the Face Mask from my Child.
- Principal Conklin did NOT respond.

Mount Pleasant Police Officer:
- Belle Hall Elementary has a Mount Pleasant Police Officer who works at Belle Hall Elementary.
- This Mount Pleasant Police Officer said that he was NOT enforcing the "Forced Face Mask" Policy.
- After speaking to Principal Conklin CCSD sent the Mount Pleasant Police Officer & one of the few Male Teachers over to talk to me and to intimidate me.
- I asked what Laws I had broken; to which the Mount Pleasant Police Officer did Not respond.
- I asked if I was being arrested; to which the Mount Pleasant Police Officer said that I was NOT being arrested & NOT being detained.
- As a CCSD Parent I was NOT breaking any laws.
- However, CCSD and Belle Hall Elementary are breaking Laws.
- However, the Law Breakers (CCSD / Belle Hall Elementary) are being protected by the Mount Pleasant Police Department.
- This is WRONG.

Below is part of the History of the CCSD "Forced Face Mask" Policy and Laws stating that "Forced Face Masks" are WRONG.

AMERICAN OVERSIGHT

On Monday, September 13, 2021 eight of the nine Charleston County School District (CCSD) Board Members voted the following:
- "Forced Face Mask" Policy: which is WRONG
- Restricting the Oxygen Intake of our Children: which is WRONG
- Restricting the Oxygen Intake of Adults: which is WRONG

CCSD's Policy of "Forced Face Masks" is WRONG because it VIOLATES State Law, Federal Law & The Nuremberg Code:
- CCSD is VIOLATING: South Carolina – Legislative General Assembly – SC Proviso 1.108 – NO Forced Face Masks
- CCSD is VIOLATING: South Carolina – Supreme Court Ruling – UPHOLDING SC Proviso 1.108 – NO Forced Face Masks
- CCSD is VIOLATING: South Carolina – Attorney General Alan Wilson's Option – UPHOLDING SC Proviso 1.108 – NO Forced Face Masks
- CCSD is VIOLATING: US Federal Law – US FDA designated "Emergency Use Authorization" Products – End User Has The Option To REFUSE Products
- CCSD is VIOLATING: The Nuremberg Code (1949) – Crimes Against Humanity – Medical Experiments On Human Beings – Voluntary Consent

Mandating or Advocating for (or using "…force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion…") Forced Face Masks -or- Forced Covid-19 Testing -or- Forced Covid-19 Vaccines for Students, Teachers, School Staff or Visitors is WRONG for the following reasons:

1) VIOLATES - South Carolina - Legislative General Assembly: South Carolina Proviso 1.108 - Public Schools - NO Forced Face Masks
- South Carolina General Assembly > 124th Session > 2021-2022 > H. 4100 > General Appropriations Bill for Fiscal Year 2021-2022 > Ratified Version > Part IB > Operation Of State Government > Section 1 > H630 > Department Of Education > 1.108. > SDE: Mask Mandate Prohibition:
- "…1.108. (SDE: Mask Mandate Prohibition) No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities…"
- "…This prohibition extends to the announcement or enforcement of any such policy…"
- https://www.scstatehouse.gov/sess124_2021-2022/appropriations2021/tap1b.htm

2) VIOLATES - South Carolina - Supreme Court Case - Ruling: South Carolina General Assembly Has The "Supreme Legislative Power" In SC
- South Carolina Supreme Court > Appellate Case No. 2021-000889 > Original Jurisdiction > Opinion No. 28056 > Heard August 31, 2021 > Filed September 2, 2021
- "…The supreme legislative power in this state is vested in the South Carolina General Assembly, not a local government…"
- https://www.sccourts.org/opinions/HTMLFiles/SC/28056.pdf?fbclid=IwAR3iUiFB5LcGsk5nCeyvYBzoFd1_cHjGmvsbrSKo5DgZTYdWh_Ri45w67OI

3) VIOLATES - South Carolina - Supreme Court Case - Ruling: Proviso 1.108 Is Supreme (NO Forced Face Masks) & Preempts The Contrary Ordinances Of The City
- South Carolina Supreme Court > Appellate Case No. 2021-000889 > Original Jurisdiction > Opinion No. 28056 > Heard August 31, 2021 > Filed September 2,

2021
- "…Absent a constitutional infirmity (and we find the City has not shown one), Proviso 1.108 is accorded supremacy and preempts the contrary ordinances of the City…"
- https://www.sccourts.org/opinions/HTMLFiles/SC/28056.pdf?fbclid=IwAR3iUiFB5LcGsk5nCeyvYBzoFd1_cHjGmvsbrSKo5DgZTYdWh_Ri45w67OI

4) VIOLATES - South Carolina - Supreme Court Case - Ruling:
South Carolina Supreme Court UPHOLDS Proviso 1.108 - NO Forced Face Masks

- South Carolina Supreme Court > Appellate Case No. 2021-000889 > Original Jurisdiction > Opinion No. 28056 > Heard August 31, 2021 > Filed September 2, 2021
- "…Accordingly, we uphold Proviso 1.108 and declare void the challenged ordinances of the City insofar as they purport to impose a mask mandate in K-12 public schools…"
- https://www.sccourts.org/opinions/HTMLFiles/SC/28056.pdf?fbclid=IwAR3iUiFB5LcGsk5nCeyvYBzoFd1_cHjGmvsbrSKo5DgZTYdWh_Ri45w67OI

5) VIOLATES - South Carolina - Attorney General - Attorney Alan Wilson's Opinion - 9/21/21:
South Carolina Attorney General Alan Wilson UPHOLDS Proviso 1.108 - NO Forced Face Masks

- "…In sum, the Supreme Court in the City of Columbia case stated that 'the policy of the state legislature [in enacting Proviso 1.108[is] to leave to parents the masking decision' and is one 'most assuredly within the broad parameters of the legislature's constitutional boundaries.'…"
- Screen Shots below of South Carolina Attorney General Alan Wilson's Opinion

6) US FDA Designated - EUA Products - Face Masks & Covid-19 Testing & Covid-19 Vaccines:
US FDA (US Food And Drug Administration) Designated the Products as "Emergency Use Authorization" (EUA) Products

- As of 9/23/21 the US FDA has acknowledged that the Only, Available Covid-19 Vaccines in the United States are US FDA designated "Emergency Use Authorization" (EUA) Products:
1.) Covid-19 Vaccine – Pfizer-BioNTech – Original: US FDA designated "Emergency Use Authorization" (EUA) Product – Approved as EUA Product on 12/11/20
2.) Covid-19 Vaccine – Moderna: US FDA designated "Emergency Use Authorization" (EUA) Product – Approved as EUA Product on 12/18/20
3.) Covid-19 Vaccine – Johnson & Johnson (Janssen): US FDA designated "Emergency Use Authorization" (EUA) Product – Approved as EUA Product on 2/27/21
4.) Covid-19 Vaccine – Pfizer-BioNTech – Comirnaty: US FDA Approved – Approved on 8/23/21 – Comirnaty is NOT Available For Distribution – Comirnaty is NOT Available For Injections – Comirnaty is NOT An Option
- As Per the US FDA Letter Dated August 23, 2021 sent to Pfizer Inc. Attention: Ms. Elisa Harkins 500 Arcola Road Collegeville, PA 19426:
- Page 5 "…There is NO adequate, approved, and available alternative to the emergency use of Pfizer-BioNTech Covid-19 Vaccine to prevent Covid-19..."
- Page 5 > Footnote 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…”
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine
- https://www.fda.gov/media/150386/download

7) VIOLATES - US Federal Law - EUA Products - Individuals Have The Option To REFUSE the "Emergency Use Authorization" Product:

- US Federal Law requires Individuals to whom an “Emergency Use Authorization” (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)
- As per the United States Federal Law the FDA Approval of “Emergency Use Authorization” (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
…
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product...”
- https://www.law.cornell.edu/uscode/text/21/360bbb-3

8) VIOLATES - The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject:

- The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree
- NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."

- "…Voluntary Consent: 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, over-reaching, or other ulterior form of constraint or coercion;…"
- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf

Below is Charleston County School District's "Policy ADD Face Covering":

- "…Definition: A face covering is a piece of fabric, cloth, or other material that covers the wearer's nose, mouth, and chin simultaneously and is secured to the wearer's face by elastic, ties, or other means. Acceptable face coverings may be homemade, and they may be reusable or disposable…"
- "…Students: All students will wear face coverings while on district property, on district transportation, or attending a school-related activity (e.g. athletic events, field trips, etc.)…"
- "…Staff Members: Staff members will wear a face covering while on district property or conducting business on behalf of the district (e.g. driving a bus, conducting a home visit, supervising athletic events, etc.)…"
- https://boardpolicyonline.com/?b=charles&s=931101

Please SUPPORT & STAND UP for:

- Medical Choice
- Medical Freedom
- Parental Choice
- NO Forced Face Masks: For CCSD Students, Teachers, Staff & Visitors
- NO Forced Covid-19 Testing: For CCSD Students, Teachers, Staff & Visitors
- NO Forced Covid-19 Vaccines: For CCSD Students, Teachers, Staff & Visitors

"The only thing necessary for the triumph of evil is for good men to do nothing." Edmund Burke

Thanks So Very Much!
Kristin Adams
Charleston County School District (CCSD) Parent

AMERICAN OVERSIGHT

ALAN WILSON
ATTORNEY GENERAL

September 22, 2021

The Honorable Lin Bennett, Member
South Carolina House of Representatives
PO Box 11867
Columbia, SC 29211

The Honorable Mark Smith, Member
South Carolina House of Representatives
PO Box 11867
Columbia, SC 29211

Dear Representative(s),

You have asked what is the legal effect of the recent City of Columbia decision by the South Carolina Supreme Court and whether parents may bring an action if a school district is not carrying out the mandate of Proviso 1.108. This Proviso prohibits a mask mandate by a school district or any of its schools through the use of "any funds appropriated or authorized pursuant to this act…" (Appropriations Act). We first note that two actions are currently pending – one in the South Carolina Supreme Court and one in federal district court– both of which challenge the validity of the Proviso on constitutional or other grounds. We certainly are unable to comment on these two actions and we do not do so here.

Nevertheless, the Court's unanimous decision in City of Columbia is clear. In that case, the Attorney General, on behalf of the State, challenged an ordinance adopted by the City of Columbia mandating that masks must be worn in the schools within the City of Columbia. The Supreme Court concluded that the City's ordinance conflicted with Proviso 1.108, and declared the Columbia ordinance void. In doing so, the Court's language is unmistakable and unambiguous, declaring that:

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> [:] n sum, the City's challenged ordinances cannot stand. We reiterate that we address and decide only the legal question before the court. The supreme legislative power in this state is vested in the South Carolina General Assembly, not a local government. Absent a constitutional infirmity (and we find the City has not shown one) Proviso 1.108 is accorded supremacy and preempts the contrary ordinances of the City. Accordingly, we uphold Proviso 1.108 and declare void the challenged ordinances of the City insofar as they purport to impose a mask mandate in K-12 public schools. (emphasis added).

Thus, the Court clearly upheld and enforced Proviso 1.108 and declared Columbia's ordinance void. However, it must be remembered that the Court also acknowledged it was enforcing the Proviso "absent a constitutional infirmity" which the City of Columbia had not shown.

Moreover, the Supreme Court also stated the longstanding rule that all statutes "are presumed constitutional" and that "[a] legislative act will not be declared unconstitutional unless its repugnance to the constitution is clean and beyond a reasonable doubt." Therefore, until a court rules otherwise, there is no doubt that Proviso 1.108 is a valid law and is enforceable in the courts.

In sum, the Supreme Court in the City of Columbia case stated that "the policy of the state legislature [in enacting Proviso 1.108] [is] to leave to parents the masking decision" and is one "most assuredly within the broad parameters of the legislature's constitutional boundaries." Accordingly, with the caveat that Proviso 1.108 is currently under review in the two pending cases (which we cannot comment upon), it is the law that Proviso 1.108 governs with respect to a school district or other political subdivision. Anyone with legal standing may sue to enforce the statute, pending disposition of the two cases referenced above.

Sincerely,

Alan Wilson

AW/dtr

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AMERICAN OVERSIGHT

From: Paul Gowder
To: DeLinda Ridings; Valerie Ingram
Subject: Speaker Requests
Date: Wednesday, September 22, 2021 3:55:31 PM
Attachments: Speker Requests.xls

The form is now set to email Delinda.

Here are all the entries that have been submitted.

Thanks

AMERICAN OVERSIGHT

From: Krystal Hart
To: All Staff
Subject: Update: Wellness Week Including Preventative Screening and Dietician Event
Date: Friday, September 17, 2021 12:13:35 PM
Attachments: PEBA Perks Preventive Screening Voucher.pdf
image002.png
image009.png
image010.png
image011.png
image012.png
image013.png
image014.png
image015.png
Wellness Addition Test Cost Uodate 2021 (1).doc

Happy Friday!

PRT has added two more events to Wellness Week: a Preventative Screening and an Education Session: Nutrition. Both events will be next Friday. Below are the instructions on how to register for both events. If you are interested in the Preventative Screening, please follow all the instructions below and review the attached documents as well.

Have a great weekend!

Event #1

We will have Preventative Wellness Screenings done on next Friday September 24, 2021.

Note: If you and your spouse are on the State Health Plan, you can only receive one free preventative health screening per person (one for employee, one for covered spouse) per 365 days. If you have already had a preventative earlier this year or at your doctor's office, at a regional location, or at your worksite you will more than likely have a bill sent to you. If your spouse is on your insurance (covered spouse), he or she is also eligible to use this screening. (Please follow instructions carefully.) Again, please be aware that State Health Plan members only get one free Preventative Wellness Screening per 365 days. Please see attached voucher for additional information.

There are also additional tests than can done at a cost. Please see attached Wellness Addition Cost Updated 2021.

Details:

- Friday September 24, 2021
- Edgar Brown Building Room 415
- 8 am to 11 am
- Sign up information is below. Please follow directions below.
- Please email jfloyd@fitnessforumonline.com for any questions on instructions or signing up.

Click the following link:

https://patientportal.advancedmd.com/143906/onlinescheduling

The 1st question will be:

Are you an existing patient? **Click NO** . Even if you have tested before.

The 2nd question will be:

Why do you need to be seen? From a drop down menu pick (SC Dept. of Parks, Recreation & Tourism) because that is where you are having the service.

The 3rd page has default info (FFOTS and Physician name) The screening will be at your location. NOT at OTS. **Click next**

The 4th page is where you will pick your appointment time.

To finish registration, you will be directed to demographic information. Please be sure your email and cell number are correct. This is how you will receive messages. **Please use your personal email and not your work email. Some departments/companies have a fire wall up and you will not get emails.**

Once scheduled, you will receive emails or text as reminders to confirm appointment and complete forms. To complete forms you will be redirected to your patient portal. **Forms cannot be completed until 2 weeks prior to appointment.** Please make sure this is done prior to coming to scheduled appointment.

PLEASE REMEMBER YOUR USER NAME AND PASSWORD YOU MAKE FOR THE PATIENT PORTAL BECAUSE YOU WILL USE THIS TO GET RESULTS.

DO NOT USE THE SAME EMAIL FOR SPOUSE. ONLY ONE EMAIL PER PERSON PLEASE

If you have any questions about signing up or the instructions, please email jfloyd@fitnessforumonline.com

Event #2

Our second and final event for Wellness Week 2021 will be an education session on fueling your body with Catherine N. Johnston who is a registered dietitian.

Catherine has prepared an extremely helpful presentation on how to fuel your body without the pressures of dieting.

Details:

- Friday September 24, 2021
- Virtual Session via Zoom
- 12:45 pm to 1:30 pm
- Please email Jomoore@scprt.com to sign up

AMERICAN OVERSIGHT

From: Krystal Hart
Sent: Thursday, September 16, 2021 5:29 PM
To: All Staff <allstaff@scag.gov>
Subject: PRT's Annual Wellness Week

Next week is Parks, Recreation, and Tourism's Annual Wellness Week. Below are flyers of all the events they plan to host. Please be sure to review the flyers and REGISTER IN ADVANCE for any events that require a registration. Please also complete the attached paperwork if you plan to attend the flu clinic. Our HR does not need a copy of this paperwork. You would simply take the forms with you to the Flu Clinic.

Unfortunately, the Wellness Week events sponsored by PRT do not include a "preventative worksite screening". Our office usually works in conjunction with DNR to provide an annual worksite screening, but we will not be hosting one again this year. Should you be interested in scheduling a preventative screening on your own, please visit the following links.

Preventative Screening Voucher

Preventative Screening Providers

Please contact me or any member of Human Resources with any questions you may have. Have a great day!

Krystal Hart, Human Resources Manager
Office of the South Carolina Attorney General
Administration Division | Office 803-734-4163 |
P.O. Box 11549 | Columbia, SC 29211
scag.gov

This email, along with any attachments, is considered confidential and may be legally privileged. If you have received it in error please notify the sender immediately by reply email and then delete this message from you system. Please do not copy it or use it for any purposes, or disclose its contents to any other person. This email, and attachments, are subject to FOIA requests. Thank you for your cooperation.

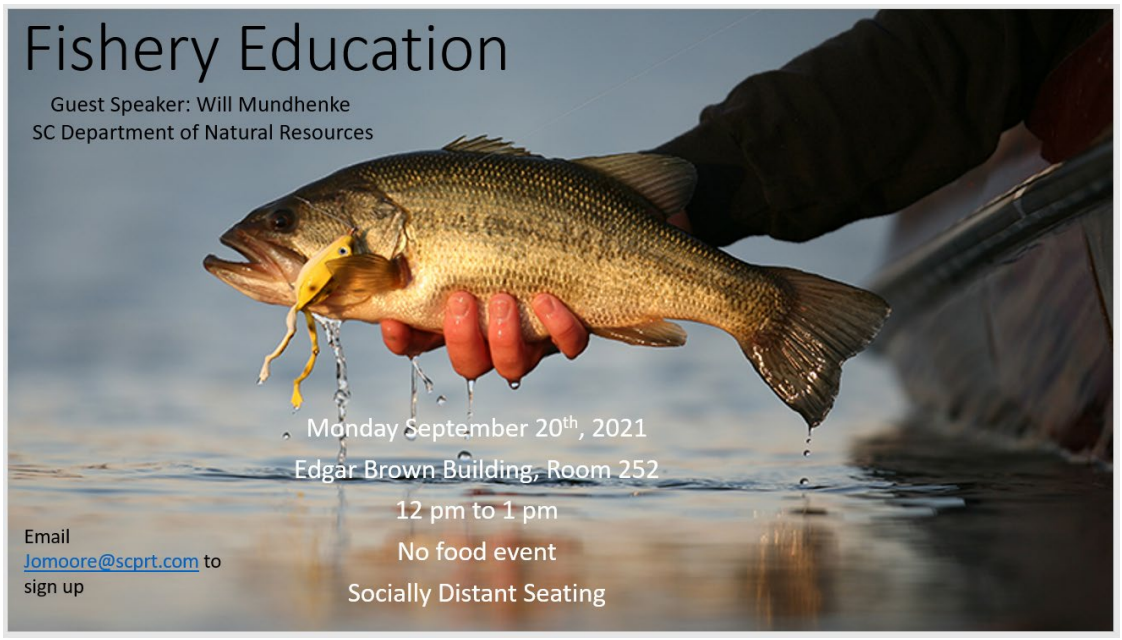
Outdoor Education Event #1

We are excited to welcome Will Mundhenke as a guest speaker to kick off Wellness Week! Will is giving us a talk on fishing programs that DNR offers. You don't want to miss this.

Event Details:

- Monday September 20, 2021
- Socially Distant seating
- Edgar Brown Building Room 252
- 12 pm to 1 pm
- This is a no food allowed event.
- To sign up, please reply to this email.
- First 10 people to sign up for this event will receive a door prize! First come first serve?

AMERICAN OVERSIGHT



Outdoor Education Event #2

We also have another event going on that day!

Diana Prestigiacomo of DNR will lead us in a Nature Walk along the Capital Complex grounds.

Diana will guide us in an education and experience based stroll around the State House Grounds. We will spend time engaging nature with our senses and learn about South Carolina's nature resources.

You do not want to miss this!

Details

- Monday September 20th, 2021
- Starting Point: Middle of Brown Building and Blatt Building
- 1:30 pm to 2 pm
- To sign up to attend this event, please reply to this email (Jomoore@scprt.com)
- First 5 people to sign up will receive a door prize!

Health Education & Vaccination Event #1

SCPRT is pleased to welcome Rebecca Fronberry who is a Registered Detitanation with the Wondr Program (formerly Naturally Slim)

Rebecca will be giving an overview of the Wondr program and how state employees can benefit from it. This is an excellent program!

Details:

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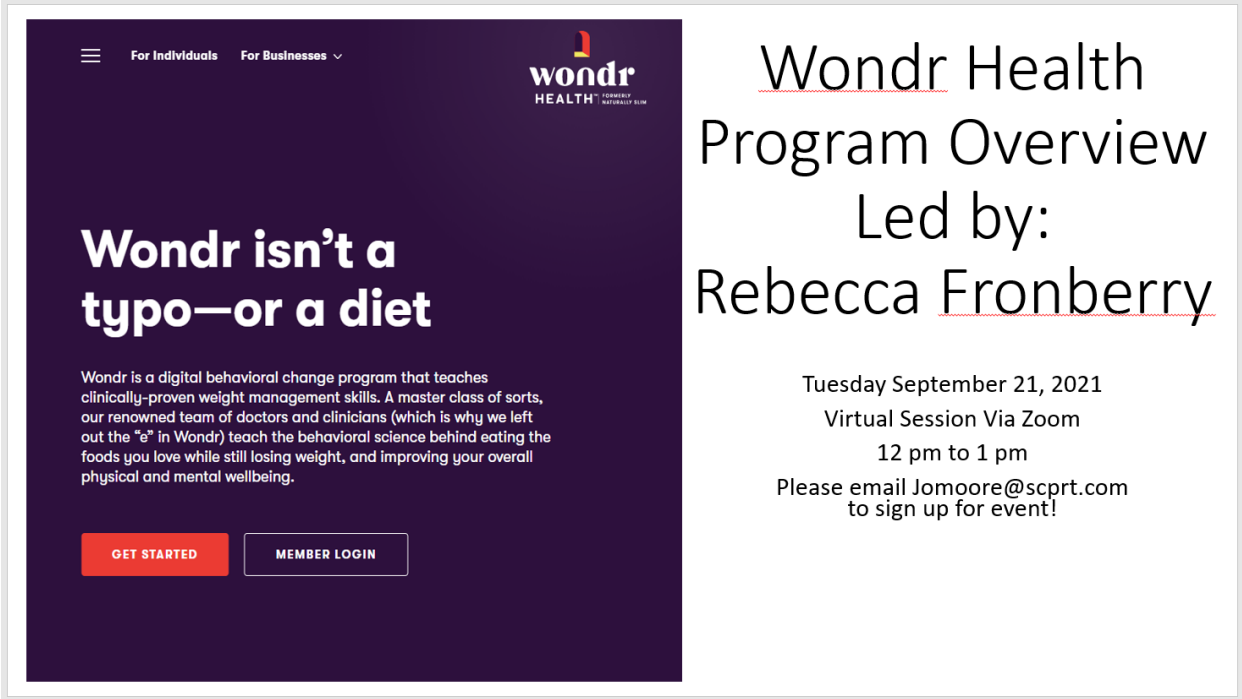
- Tuesday September 21st, 2021
- Virtual Meeting Via Zoom
- 12 pm to 1 pm
- First 5 people to sign up will receive a door prize!
- Link will be sent near meeting date
- Email Jomoore@scprt.com to sign up



Health Education & Vaccination Event #2

Our second event will be Flu Shots!

Details;

- No sign up needed for this.
- 09/21/2021
- 9:30 am to 12:30 pm
- Edgar Brown Building Room 415
- Be sure to have your copy of the consent form filled out and your insurance card!

WEDNESDAY

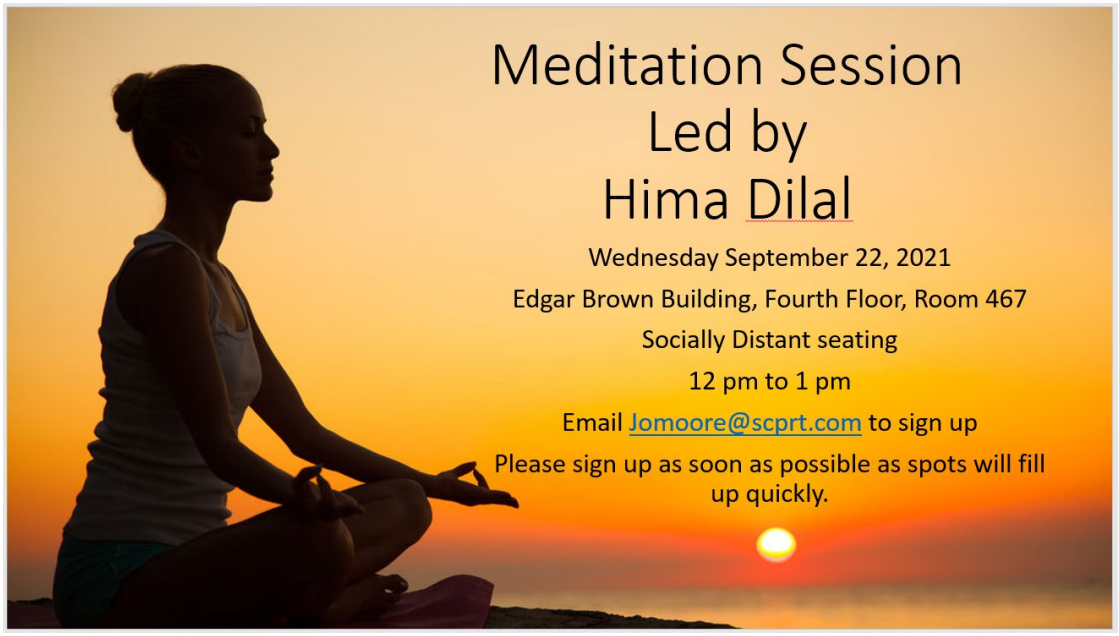
Mental Health Awareness Event #1

AMERICAN OVERSIGHT

We are very excited to welcome back Hima Dilal to lead us in a Meditation Session.

Details:

- Wednesday September 22, 2021
- Edgar Brown Building, Fourth Floor, Room 467
- Socially Distant seating
- 12 pm to 1 pm
- Email Jomoore@scprt.com to sign up
- Please sign up as soon as possible as spots will fill up quickly.



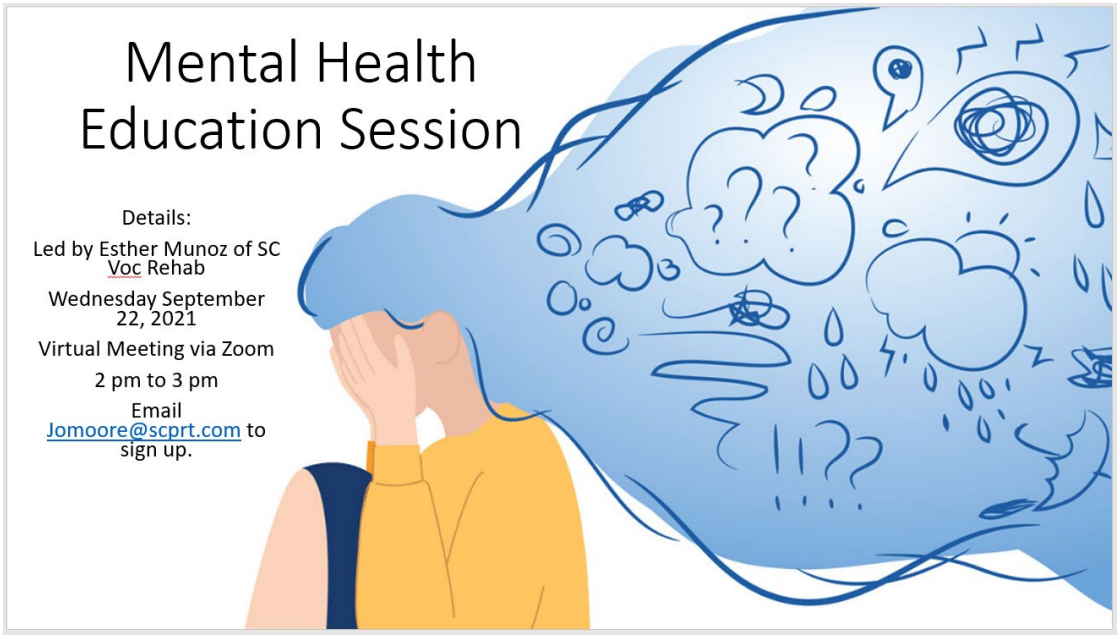
Mental Health Awareness Event #2

We have the return of Esther Munoz who is a counselor at the SC Vocational Rehabilitation Center. Like Hima, Esther has lead health and wellness events for us and is excited to talk with us about getting mentally healthy.

She will be with us virtually, via Zoom.

Details:

- Wednesday September 22, 2021
- Virtual Meeting via Zoom
- 2 pm to 3 pm
- Email Jomoore@scprt.com to sign up.



AMERICAN OVERSIGHT

From:	Kristin J Adams
To:	Alan Wilson
Subject:	CCSD...NO Forced Face Masks...Medical Freedom...Medical Choice...CCSD Is VIOLATING US Federal Law...US Federal Law States That End Users Of EUA Products (Face Masks) Have The Option To REFUSE Product
Date:	Friday, September 17, 2021 8:43:02 AM
Attachments:	image.png image.png image.png image.png

Date: Friday, September 17, 2021
Re: Charleston County School District (CCSD)
Official Written Notification:
- Medical Choice
- Medical Freedom
- Parental Choice
- Individual Body Autonomy
- NO Forced Face Masks: For CCSD Students, Teachers, Staff & Visitors
- NO Forced Covid-19 Testing: For CCSD Students, Teachers, Staff & Visitors
- NO Forced Covid-19 Vaccines: For CCSD Students, Teachers, Staff & Visitors - [the Only 3 US Available Covid-19 Vaccines are US FDA Designated "Emergency Use Authorization" Products (End User has Right to REFUSE Product) - the most recent Covid-19 Vaccine (Pfizer-BioNTech - Comirnaty) Comirnaty is NOT Available For Distribution - Comirnaty is NOT Available For Injections - Comirnaty is NOT An Option]
- US FDA designated Face Masks, Covid-19 Testing & Covid-19 Vaccines as “Emergency Use Authorization” (EUA) Products
- US Federal Law states that End Users have the right to REFUSE use of US FDA designated “Emergency Use Authorization” (EUA) Products
- CCSD is VIOLATING US Federal Law in respect to Face Masks being designated as "Emergency Use Authorization” (EUA) Products by the US FDA

Dear South Carolina Attorney General Alan Wilson:

On Monday, September 13, 2021 eight of the nine Charleston County School District (CCSD) Board Members voted the following:
- Forced Face Masks: which is WRONG
- Restricting the Oxygen Intake of our Children: which is WRONG
- Restricting the Oxygen Intake of Adults: which is WRONG

Mandating or Advocating for (or using “…force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion…”) Forced Face Masks, Forced Covid-19 Testing & Forced Covid-19 Vaccines for CCSD Students, Teachers, School Staff or Visitors is WRONG for the following reasons:
1) US FDA Designated - EUA Products - Face Masks & Covid-19 Testing:
US FDA (US Food And Drug Administration) Designated the Products of Face Masks & Covid-19 Testing as “Emergency Use Authorization” (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-

AMERICAN OVERSIGHT

emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#device

2) US FDA Designated - EUA Products - Covid-19 Vaccines:

US FDA (US Food And Drug Administration) Designated the Products of Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products

- As of 9/17/21 the US FDA has acknowledged that the Only, Available Covid-19 Vaccines in the United States are US FDA designated "Emergency Use Authorization" (EUA) Products:

1.) Covid-19 Vaccine – Pfizer-BioNTech – Original: US FDA designated "Emergency Use Authorization" (EUA) Product – Approved as EUA Product on 12/11/20

2.) Covid-19 Vaccine – Moderna: US FDA designated "Emergency Use Authorization" (EUA) Product – Approved as EUA Product on 12/18/20

3.) Covid-19 Vaccine – Johnson & Johnson (Janssen): US FDA designated "Emergency Use Authorization" (EUA) Product – Approved as EUA Product on 2/27/21

4.) Covid-19 Vaccine – Pfizer-BioNTech – Comirnaty: US FDA Approved – Approved on 8/23/21 – Comirnaty is NOT Available For Distribution – Comirnaty is NOT Available For Injections – Comirnaty is NOT An Option

- As Per the US FDA Letter Dated August 23, 2021 sent to Pfizer Inc. Attention: Ms. Elisa Harkins 500 Arcola Road Collegeville, PA 19426:
- Page 5 "…There is NO adequate, approved, and available alternative to the emergency use of Pfizer-BioNTech Covid-19 Vaccine to prevent Covid-19..."
- Page 5 > Footnote 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…"
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine
- https://www.fda.gov/media/150386/download

3) US Federal Law - EUA Products - Individuals Have Option To REFUSE the "Emergency Use Authorization" Product:

US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)

- As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)

"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3

21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies

(e) CONDITIONS OF AUTHORIZATION

(1) UNAPPROVED PRODUCT

(A) Required conditions

With respect to the emergency use of an unapproved product, the Secretary, to the

extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
…
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3

Below is Charleston County School District's "Policy ADD Face Covering":

- "…Definition: A face covering is a piece of fabric, cloth, or other material that covers the wearer's nose, mouth, and chin simultaneously and is secured to the wearer's face by elastic, ties, or other means. Acceptable face coverings may be homemade, and they may be reusable or disposable…"
- "…Students: All students will wear face coverings while on district property, on district transportation, or attending a school-related activity (e.g. athletic events, field trips, etc.)…"
- "…Staff Members: Staff members will wear a face covering while on district property or conducting business on behalf of the district (e.g. driving a bus, conducting a home visit, supervising athletic events, etc.)…"
- https://boardpolicyonline.com/?b=charles&s=931101

Please SUPPORT & STAND UP for:

- Medical Choice
- Medical Freedom
- Parental Choice
- Individual Body Autonomy
- NO Forced Face Masks: For CCSD Students, Teachers, Staff & Visitors
- NO Forced Covid-19 Testing: For CCSD Students, Teachers, Staff & Visitors
- NO Forced Covid-19 Vaccines: For CCSD Students, Teachers, Staff & Visitors

"The only thing necessary for the triumph of evil is for good men to do nothing." Edmund Burke

Thanks So Very Much!
Kristin Adams
Charleston County School District (CCSD) Parent

AMERICAN OVERSIGHT

Emergency Situations (Medical Devices)

Medical Devices and Hurricane Emergencies

Coronavirus (COVID-19) and Medical Devices

Q: Why did the FDA re-issue the Emergency Use Authorization (EUA) for face masks?

A: The FDA received questions about the original face mask EUA posted on April 18, 2020. On April 24, 2020, the FDA updated and re-issued the EUA to clarify that face masks, including cloth face coverings, that are authorized by the EUA are only authorized for use by the general public and health care personnel as source control.

These face masks are not authorized to be personal protective equipment, meaning they are not a substitute for filtering face piece respirators or for surgical face masks.

Medical Devices Including Tests for COVID-19

Q: Is there a test for COVID-19?

A: Yes, the FDA has issued Emergency Use Authorizations (EUAs) for different types of COVID-19 tests. Some tests are used to diagnose the virus that causes COVID-19 infection whereas other tests are used to detect a recent or prior COVID-19 infection. There are 2 different types of COVID-19 diagnostic tests -- molecular tests and antigen tests. Molecular tests detect the virus that causes COVID-19, SARS-CoV-2. Antigen tests detect specific proteins made by the virus. Tests that detect recent or prior COVID-19 infection are called antibody or serology tests. The EUAs allow the emergency use of tests during the COVID-19 emergency when the FDA determines certain criteria are met. These criteria include that the test may be effective at diagnosing COVID-19 and that the known and potential benefits outweigh the known and potential risks. Read more about COVID-19 tests and find a community-based testing site.

AMERICAN OVERSIGHT

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 available[9] alternative to the emergency use of Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19.[10]

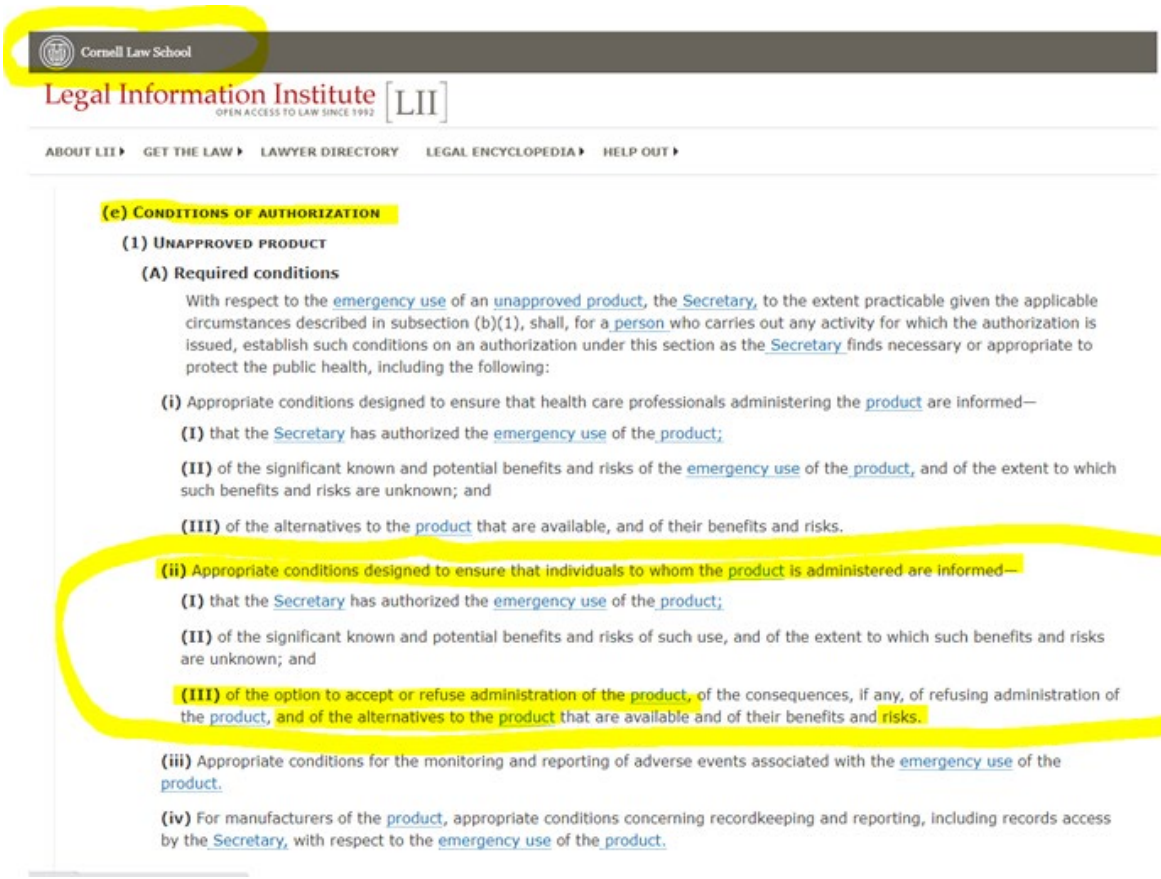
II. Scope of Authorization

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 stakeholders[12] 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.

AMERICAN OVERSIGHT



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(e) CONDITIONS OF AUTHORIZATION

(1) UNAPPROVED PRODUCT

(A) Required conditions

With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:

(i) Appropriate conditions designed to ensure that health care professionals administering the product are informed—

(I) that the Secretary has authorized the emergency use of the product;

(II) of the significant known and potential benefits and risks of the emergency use of the product, and of the extent to which such benefits and risks are unknown; and

(III) of the alternatives to the product that are available, and of their benefits and risks.

(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—

(I) that the Secretary has authorized the emergency use of the product;

(II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and

(III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

(iii) Appropriate conditions for the monitoring and reporting of adverse events associated with the emergency use of the product.

(iv) For manufacturers of the product, appropriate conditions concerning recordkeeping and reporting, including records access by the Secretary, with respect to the emergency use of the product.

AMERICAN OVERSIGHT

From: Charles E Schuster
To: Charles E Schuster
Subject: Why Doesn't Blue Cross Blue Shield Offer Discounts For Those With Living Wills ?
Date: Tuesday, September 14, 2021 6:03:42 PM

Charles E Schuster (@cschusterce) Twisted:
@cschusterce

Dear Blue Cross Blue Shield,
Why don't You Offer Discounts to those with Living Wills ? It is estimated by Healthcare Professionals that if Every American had a Living Will, it would reduce Healthcare Cost 10-50% which is $ 380 Billion to $ 1.9 Trillion.
https://gcc02.safelinks.protection.outlook.com/?
url=https%3A%2F%2Ftwitter.com%2Fschusterce%2Fstatus%2F1436399767060467714%3Fs%3D20&data=04%7C01%7Cagwilson%40acag.gov%7C9e4be45f62da441d034570bd977c8813f%7Caa43a17bbf714a4baea2e6f1f30c7e04%7C0%7C0%7C637672538214672935%7CUnknown%7CTWFpbGZsb3dkcyJWIjoiMC4wLjAwMDAiLCJQIjoiV2lhMzIiLCJBTiI6IkJhaWwiLCJXVCI6MnfP%3D%7C1000&cdata=jgIGIkS7%2FkNkVPeec2Skycwe1PtwyTLNcIPmIG5Iew5Q%3D&reserved=0

Sent from my iPhone

AMERICAN OVERSIGHT

From:	Marie Faltas
To:	General Sessions Court Filings; gipson.byron@richlandcountysc.gov; Alan Wilson
Cc:	TERESA CRIBB; DONNA VIVOD; Saxon, Jessica; Robert Michael Dudek; [redacted]@law.sc.edu; [redacted]@law.sc.edu; [redacted]@law.sc.edu; VIRGINIA BELCHER
Subject:	Supplement and exhibits to GS motions for your kind filing and transmission to Judge Lee with my thanks.
Date:	Tuesday, September 14, 2021 5:51:06 AM
Attachments:	2021-09-14 Supplements & Summary to Motions related to Wrongful Prosecution in General Sessions.pdf Def Ex 1 to GS motions, 2021-09-07 Downloaded cv of USC Law Professor miller_colin.pdf Def Ex 2 to GS motions, 2021-09-07 Downloaded cv of USC Law Professor polavarapu_aparna.pdf Def Ex 3 to GS motions, 2011-06-07 Honorable Judge Perry interview transcript.pdf Def Ex 4 to GS motions, 2021-06-30 Pennsylvania Cosby opinion 163038-june302021opinionwecht.pdf Def Ex 5 to GS motions, 1987-1988 SC Gen. Assembly Record, re-formatted, 106pp.pdf Def Ex 6 to GS motions, 2020-02-20 Transcript Faltas v State, Corrected.pdf Def Ex 7 to GS motions, 2020-08-10 Transcript 081020 Faltas v State, Corrected Appearance.pdf Def Ex 8 to GS motions, 2020-10-14 FILED 2020-09-15 ORDER PIImageDisplay.pdf

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Because the exhibits are many and large but necessary, they follow, God willing, in batches in the lowest number of e-mails in which I can fit them.
Thanks for your attention and God bless./Marie Assa'ad-Faltas, MD, MPH

AMERICAN OVERSIGHT

DEFENDANT'S EXHIBIT
No. 1

Colin Miller, University of South Carolina School of Law, 1525 Senate Street, Room 262, Columbia, SC 29208
Phone: [redacted]; e-mail: Mille933@law.sc.edu
Creator/Blog Editor, **EvidenceProf Blog** (http://lawprofessors.typepad.com/evidenceprof)
Creator/Co-Host, **Undisclosed Podcast** (http://undisclosed-podcast.com/)

EXPERIENCE:

University of South Carolina School of Law, Columbia SC
Thomas H. Pope Professorship in Trial Advocacy — August 2019-present
Associate Dean for Faculty Development — July 2014-present
Professor of Law — January 2015-present
Associate Professor of Law with Tenure — July 2012-December 2014
Teach Evidence, Criminal Law, and Criminal Adjudication (Professor of the Year, 2014; Thumbs Up Award for making a significant difference for students with disabilities, 2020 & 2021).

UIC Law School, Chicago, IL
Associate Professor of Law — July 2009-June 2012
Assistant Professor of Law — July 2007-June 2009
Taught Evidence, Criminal Law, Criminal Procedure, and Civil Procedure I & II (Scholarly Achievement Award, 2011).

William and Mary School of Law, Williamsburg, VA
Visiting Associate Professor — Fall 2010
Taught two sections of Evidence.

New York Supreme Court, Appellate Division, Brooklyn, NY — April 2005-June 2007
Appellate Court Attorney
Reviewed Supreme Court records in civil and criminal cases, prepared reports, and wrote draft opinions.

Saltman & Stevens, P.C., Washington, D.C. — August 2003-April 2005
Litigation Associate
Prepared cases involving contract, appellate, criminal, property, and environmental law.

JOURNAL PUBLICATIONS:

•*The Dormant Grand Jury Clause and Rectifying Wrongful Convictions* (work-in-progress).

•*The Constitutional Right to an Implicit Bias Jury Instruction* (American Criminal Law Review, forthcoming).

•*The Real* McCoy*: Defining the Defendant's Right to Autonomy in the Wake of* McCoy v. Louisiana, (Loyola University Chicago Law Journal, forthcoming) (invited symposium essay).

•*The End of Comparative Qualified Immunity*, 99 TEX. L. REV. ONLINE 217 (2021).

•*Why States Must Consider Innocence Claims After Guilty Pleas*, 10 UC IRVINE L. REV. 671 (2020).

•*The Right to Evidence of Innocence Before Pleading Guilty*, 53 U.C. DAVIS L. REV. 271 (2019).

•*Plea Agreements as Constitutional Contracts*, 97 N.C. L. REV. 31 (2018).

•*Reciprocal Immunity*, 93 IND. L.J. SUPPLEMENT 1 (2018).

•*Sovereign Impunity: Why Double Jeopardy Should Apply in Puerto Rico*, 73 WASH. & LEE L. REV. ONLINE 174 (2016).

AMERICAN OVERSIGHT
SC-AG-21-1736-A-000135

•*Cloning* Miranda, 2015 WIS. L. REV. 863 (2015).

•*The Social Medium: Why the Authentication Bar Should Be Raised For Social Media Evidence*, TEMPLE L. REV. ONLINE (2014) (with Charles White).

•*Contents May Have Shifted: Disentangling the Best Evidence Rule from the Rule Against Hearsay*, 71 WASH. & LEE L. REV. ONLINE 180 (2014)

•*No Explanation Required?: A Reply to Jeffrey Bellin's* eHearsay, 98 MINN. L. REV. HEADNOTES 34 (2013).

•*Anchors Away: Why the Anchoring Effect Suggests That Judges Should Be Able to Participate in Plea Discussions*, 54 B.C. L. REV. 1667 (2013) (Winner of the 2013 SEALS Call for Papers).

•*Justice of the Peace?: Why Federal Rule of Evidence 404(a)(2)(C) Should be Repealed*, 91 N.C. L. REV. 1161 (2013).

•*Beware of the Diamond Dogs: Why a "Credentials Alone" Conception of Probable Cause Violates the Compulsory Process Clause*, 14 LOY. J. PUB. INT. L. 243 (2013) (invited symposium essay).

•*The Purpose Driven Rule: Drew Peterson,* Giles v. California*, and the Transferred Intent Doctrine of Forfeiture by Wrongdoing*, 112 COLUM. L. REV. SIDEBAR 228 (2012).

•Bull*shit!: Why the Retroactive Application of Federal Rules of Evidence 413-414 and State Counterparts Violates the* Ex Post Facto *Clause*, 4 NEB. L. REV. BULL. 3 (2012).

•*Avoiding a Confrontation?: How Courts Have Erred in Finding That Nontestimonial Hearsay is Beyond the Scope of the* Bruton *Doctrine*, 77 BROOK. L. REV. 625 (2012).

•*No Expertise Required: How D.C. Has Erred in Expanding its Expert Testimony Requirement*, 39 RUTGERS L. REC. 55 (2011-2012).

•*Deal or No Deal: Why Courts Should Allow Defendants to Present Evidence That They Rejected Favorable Plea Bargains*, 59 U. KAN. L. REV. 407 (2011).

•*Lawyers, Guns, and Money: Why the Tiahrt Amendment's Ban on the Admissibility of ATF Trace Data in State Court Actions Violates the Commerce Clause and the Tenth Amendment*, 2010 UTAH L. REV. 665 (2010).

•*Stranger Than Dictum: Why* Arizona v. Gant *Compels the Conclusion that Suspicionless* Buie *Searches Incident to Lawful Arrests Are Unconstitutional*, 62 BAYLOR L. REV. 1 (2010).

•*Crossing Over: Why Attorneys (and Judges) Should Not be Able to Cross-Examine Witnesses Regarding Their Immigration Statuses for Impeachment Purposes*, 104 NW. U. L. REV. COLLOQUY 290 (2010).

•*Dismissed with Prejudice: Why Application of the Anti-Jury Impeachment Rule to Allegations of Racial, Religious, or Other Bias Violates the Right to Present a Defense*, 61 BAYLOR L. REV. 872 (2009).

•*Impeachable Offenses?: Why Civil Parties in Quasi-Criminal Cases Should be Treated Like Criminal Defendants Under the Felony Impeachment Rule*, 36 PEPP. L. REV. 997 (2009).

•*A Public Privilege*, 118 YALE L.J. POCKET PART 166 (2009).

•*Even Better than the Real Thing: How Courts Have Been Anything But Liberal in Finding Genuine Questions Raised as to the Authenticity of Originals Under Rule 1003*, 68 MD. L. REV. 160 (2008).

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•*Ordeal By Innocence: Why There Should Be a Wrongful Incarceration/Execution Exception to Attorney-Client Confidentiality*, 102 NW. U. L. REV. COLLOQUY 391 (2008).

•*"Manifest" Destiny?: How Some Courts Have Fallaciously Come To Require A Greater Showing Of Congressional Intent For Jurisdictional Exhaustion Than They Require For Preemption*, 2008 BYU L. REV. 169 (2008).

•*The Best Offense is a Good Defense: Why Defendants'* Nolo Contendere *Pleas Should Be Inadmissible Against Them When They Become Civil Plaintiffs*, 75 U. CIN. L. REV. 725 (2006).

•*"Caveat Prosecutor": Where Courts Went Wrong in Applying* Robertson's *Two-Tiered Analysis to "Plea Bargaining" and How to Correct Their Mistakes*, 32 NEW ENG. J. ON CRIM. & CIV. CONFINEMENT 209 (2006).

•*A Shock to the System: Analyzing The Conflict Among Courts Over Whether and When Excited Utterances May Follow Subsequent Startling Occurrences In Rape And Sexual Assault Cases*, 12 WM. & MARY J. WOMEN & L. 49 (2005).

•*Banishment From Within and Without: Analyzing Indigenous Sentencing Under International Human Rights Standards*, 80 N.D. L. REV. 253 (2004).

•*A Wolf in Sheep's Clothing:* Wolf v. Ashcroft *and the Constitutionality of Using the MPAA Ratings to Censor Films in Prison*, 6 VAND. J. ENT. L. & PRAC. 265 (2004).

•*Inadmissible but Material? Resolving the Circuit Split After* Wood, International Commentary on Evidence (2004).

•*A Death By Any Other Name: The Federal Government's Inconsistent Treatment of Drugs Used in Lethal Injections and Physician-Assisted Suicide*, 17 J.L. & HEALTH 217 (2002-03).

•*Escape from New York: Analyzing the State's Relative Interests in Proscribing the Withdrawal of Life Support and Physician Assisted Suicide*, 11 WM. & MARY BILL RTS. J. 779 (2003).

BLOGGING/PODCASTING:

•Creator and Blog Editor, **EvidenceProf Blog** (http://lawprofessors.typepad.com/evidenceprof) (member of the ABA Blawg 100 in 2014, 2015, 2016 and 2017; 14.5+ million page views).

•Co-Creator/Co-Host, **Undisclosed Podcast** (http://undisclosed-podcast.com) (podcast covering cases of possible wrongful convictions; 375+ million downloads and one of the 25 most downloaded podcasts in 2015 and 2016; exonerations: (1) Shaurn Thomas; (2) Terrance Lewis; (3) Willie Veasy; (4) Chester Hollman III; (5) Charles Ray Finch; (6) Theophalis Wilson; (7) Jonathan Irons; (8) Dennis Perry; (9) Ronnie Long; and (10) Joseph Webster).

OTHER PUBLICATIONS & WRITINGS:

•The Strategic Use of Alibi Defenses (book chapter, forthcoming) (with Kay Levine).

•*Amici Curiae* Brief for *Johnson v. Indiana*, S.Ct. No. 20-7612, April 26, 2021.

•*Amici Curiae* Brief for *Caniglia v. Strom*, S.Ct. No. 20-157, January 15, 2021 (9-0 ruling in favor of position advanced in brief).

•Certiorari and Merits-Stage *Amici Curiae* Briefs for *Torres v. Madrid*, S.Ct. No. 19-292, October 4, 2019, and February 7, 2020 (5-3 ruling in favor of position advanced in briefs).

•*Amici Curiae* Brief for *Rhines v. Young*, S.Ct. No. 18-8029, March 25, 2019.

•*Amici Curiae* Brief for *Alvarez v. City of Brownsville*, S.Ct. No. 18-854, January 22, 2019.

AMERICAN OVERSIGHT

•Primary Editor, Trial Objections Handbook (with Roger Park and Aviva Orenstein).

•Co-Editor, South Carolina Civil Procedure (standard reference manual on South Carolina Rules of Civil Procedure).

•*Amici Curiae* Brief for *Terrence Byrd v. United States*, S.Ct. No. 16-1371, November 20, 2017 (9-0 ruling in favor of position advanced in brief).

•Evidence Casebook, eLangdell Project e-chapters.

•Primary Editor, Updates to Criminal Law & Procedure Benchbook used by Illinois Judges, fall 2011.

•Primary Editor, ILLINOIS CRIMINAL PROCEDURE, 5th Edition, fall 2010; editor of annual supplements.

•*Amicus Curiae* Brief for *Kerry Dean Benally v. United States*, S.Ct. No. 09-5429, August 21, 2009.

•*Comparison Between the Federal Rules of Evidence and Illinois Evidentiary Principles*, 100-page report for the Special Committee on Illinois Evidence for use in creation of Illinois Rules of Evidence, which went into effect 1/1/2011.

•Question Drafter and Expert Reviewer for National Conference of Bar Examiners, 2009-present.

Recent *Pro Bono* Work:
•Provided *pro bono* assistance to the family of Breonna Taylor in a civil action that led to a $12 million settlement and reforms in the Louisville Metro Police Department.

•Provided *pro bono* assistance to the family of Andre' Hill in a civil action that led to a $10 million settlement and the passage of Andre's Law.

•Provided *pro bono* assistance to Adrianne Miller, who received a Presidential pardon.

•Drafted successful Compassionate Release Motions for Craig Cesal, Frank Merold, and Juanita Lawson.

•Created the Suits for Success Program, which facilitates the donation of new and nearly-new professional clothing and accessories to law students for internships and jobs.

EDUCATION:
William and Mary School of Law, Williamsburg, Virginia
J.D., May 2003, G.P.A. 3.8; Class Rank: #2/168; Order of the Coif

Honors & Activities:
•**William and Mary Law Review**, Editor;
•William and Mary Bill of Rights Journal, Senior Articles Editor
•William & Mary National Moot Court Team

University of Virginia, Charlottesville, Virginia
B.A. with Distinction, Political and Social Thought, May 1999

Honors:
•Echols Scholar

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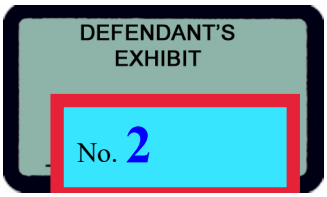

APARNA POLAVARAPU

University of South Carolina School of Law
1525 Senate Street | Columbia, SC 29208
aparnap@law.sc.edu | [redacted]

CURRENT POSITIONS

UNIVERSITY OF SOUTH CAROLINA SCHOOL OF LAW, Columbia, SC
Associate Professor with Tenure — Fall 2019 – present
Assistant Professor — Fall 2012 – Spring 2019
Courses: Seminar on Restorative and Transformative Justice, Rule of Law Seminar, Transnational Law, Comparative Law, International Human Rights Skills

SOUTH CAROLINA RESTORATIVE JUSTICE INITIATIVE, Columbia, SC
Executive Director and Founder — August 2020 – present

EDUCATION

GEORGETOWN UNIVERSITY LAW CENTER, LL.M. in Advocacy (with distinction) 2014

THE FLETCHER SCHOOL OF LAW AND DIPLOMACY AT TUFTS UNIVERSITY, M.A.L.D. 2010
Concentrations: Law and Development, Development Economics, Human Security

GEORGETOWN UNIVERSITY LAW CENTER, J.D. 2005
Certificate in Refugees and Humanitarian Emergencies

MASSACHUSETTS INSTITUTE OF TECHNOLOGY, B.S. 2001
Major in Brain and Cognitive Sciences (Concentration: Systems Neuroscience); Minor in Biology

PUBLICATIONS – ACADEMIC

Without Land, Without Justice: How Women's Lack of Land Rights Impedes Access to Justice, in GENDER, POVERTY AND ACCESS TO JUSTICE: POLICY IMPLEMENTATION IN SUB-SAHARAN AFRICA (Routledge 2020).

Global Carceral Feminism and Domestic Violence: What the West can Learn from Reconciliation in Uganda, 42 HARV. J. L. & GENDER 123 (2019).

Expanding Standing to Protect Democracy: Third Party Public Interest Standing as a Tool for Emerging Democracies, 41 YALE J. INT'L L. 105 (2016).

Initial Reflections on an Interdisciplinary Approach to Rule of Law Studies, 8 L. & DEV. REV. 277 (2015) (with Joel Samuels).

Reconciling Indigenous and Women's Rights to Land in Sub-Saharan Africa, 42 GA. J. INT'L & COMP. L. 93 (2013).

AMERICAN OVERSIGHT

Procuring Meaningful Land Rights for the Women of Rwanda, 14 YALE HUM. RTS. & DEV. L.J. 105 (2011).

Child Marriage and Guardianship in Tanzania: Robbing Girls of their Childhood and Infantilizing Women, 7 GEO. J. GENDER & L 357 (2006) (with Tamar Ezer, Kate Kerr, Tina Tolentino, and Kara Major).

PUBLICATIONS – EXPERT REPORTS

GENDERED DIMENSIONS OF MARRIAGE AND DIVORCE REGISTRATION LAWS IN AFRICA (2016) (prepared for Data2x, UN Foundation).

BEYOND ACCESS: THE ADMINISTRATION OF JUSTICE FOR WOMEN IN UGANDA (2015) (prepared for the Bureau of International Narcotics and Law Enforcement Affairs, U.S. Department of State and the Rule of Law Collaborative at the University of South Carolina).

THE STAKES ARE HIGH: THE TRAGIC IMPACT OF UNSAFE ABORTION AND INADEQUATE ACCESS TO CONTRACEPTION IN UGANDA (2013) (Co-Supervisor and Co-Editor; prepared for the Center for Reproductive Rights).

SELECT PRESENTATIONS

Presenter, *Cultivating Restorative Justice*, hosted by Arizona State University, Oct. 28, 2020.

Panelist, *Re-Thinking Policing: Why do we Need to Reimagine Public Safety?*, co-hosted by College of Charleston and the People's Budget Coalition, Oct. 26, 2020.

Panelist, *Re-examining How we Provide Legal Services (Domestic Violence)*, Virginia Poverty Law Center Annual Conference, Oct. 21, 2020.

Presenter/Facilitator, *From Disposability to Accountability: Disrupting Harm in SC*, Women's Rights and Empowerment Network 4th Annual Summit, Sept. 17, 2020.

Presenter, *Human Rights, Community Justice, and the State,* Law and Politics Speaker Series, hosted by Occidental College, Sept. 15, 2020.

Panelist, *Restorative Justice and Gender-Based Violence*, webinar co-hosted by the ABA Section on Civil Rights & Social Justice and the Commission on Domestic and Sexual Violence, July 22, 2020.

Presenter/Trainer, *Restorative Justice: A Framework to Address Intimate Partner Violence (IPV)*, webinar hosted by the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA), Jan. 31, 2020.

Presenter/Trainer, *Utilizing Restorative Justice to Address Intimate Partner Violence*, at the Retreat for Executive Directors of the Members of the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA), Jan. 24, 2020.

Panelist, *Time, Justice, and Abolition,* at the Conference on Prison Abolition, Human Rights, and Penal Reform: From the Local to the Global, hosted by The Bernard and Audre Rapoport Center for Human Rights and Justice at the University of Texas at Austin School of Law, Sep. 28, 2019.

AMERICAN OVERSIGHT

Testified to the South Carolina Senate Subcommittee on Medical Affairs, in opposition of a bill to criminalize abortion provision (H. 3020), Sep. 17, 2019.

Presenter, Columbia City of Women Launch, hosted by the Women's Rights and Empowerment Network and Historic Columbia, Mar. 31, 2019.

Presenter, *Global Carceral Feminism and Domestic Violence,* at Harvard Law School, hosted by Harvard Journal of Law and Gender and Global South Dialogue, Nov. 16, 2018.

Moderator and Presenter, For Freedoms Town Hall, hosted by the Columbia Museum of Art, Sep. 24, 2018.

Panelist, *Future Trends in the Civil Law Systems in Transition*, U.S. Department of State/ROLC JUSTRAC, Interagency Civil Law Training, Apr. 5, 2018.

Moderator, *Strategies in Pursuit of Access to Justice,* at the Symposium on Women as Agents of Change in Rule of Law, hosted by the Rule of Law Collaborative, Feb. 22, 2018.

Panelist, *Rule of Law and Justice on the Streets of South Carolina,* at the South Carolina Judicial Conference, Aug. 17, 2017.

Moderator, Modern Constitution Making, hosted by the Rule of Law Collaborative, Mar. 22, 2017.

American Society of Comparative Law Younger Comparativists Fifth Global Conference, hosted by Tulane University Law School, Mar. 18-19, 2016.
Presenter, *What is Justice? Objectivity and Relativism in the Ugandan Context*
Moderator, *Criminal Law in Comparative Context*

Presenter, *Finding the Global in Global Scholarship*, Law and Society Annual Meeting, May 29, 2015.

Panelist, *Strategies and Pitfalls for Accessing and Engaging Justice Systems,* at the Symposium on Empowering Women in Mixed Legal Systems, hosted by the United States Institute of Peace, May 1, 2015.

Presenter, *An Interdisciplinary Approach to Rule of Law Studies as a Model for Law & Development Studies*, Law and Development Conference, hosted by Tulane University Law School, Apr. 17, 2015.

Panelist, *Teaching the Skilled International Lawyer*, American Society of International Law Annual Meeting, Apr. 11, 2015.

Presenter, *Women and Technology in Africa*, Symposium on Africa and the Information Society, hosted by University of South Carolina, Apr. 8, 2015.

Moderator, *Transnational Private Regulatory Responses to the Agency Cost Problem*, Symposium on Corporate Social Responsibility in Emerging Markets, hosted by the University of South Carolina, Feb. 6, 2015.

Presenter, *Comparative Systems and Legal Pluralism: Customary Law,* USAID, Rule of Law and Security Sector Reform Course, Feb. 2, 2015.

AMERICAN OVERSIGHT

Presenter, *Breathing Life into New Constitutions*, New Scholars Panel, Southeastern Association of Law Schools Annual Conference, Aug. 4, 2014.

Moderator, *Domestic and International Legal Initiatives to Combat Corruption*, Symposium on Institutional Capacity, Corruption, and Development, Rule of Law Collaborative, Apr. 11, 2014.

Presenter, *Comparative Law – Mixed Legal Systems,* U.S. Department of State/ROLC JUSTRAC, Dec. 8, 2014.

American Society of Comparative Law New Perspectives in Comparative Law Conference, hosted by Indiana University Robert H. McKinney School of Law, Apr. 18-19, 2013.
Presenter, *Breathing Life into New Constitutions: Third-Party Public Interest Standing as a Tool to Advocate for Constitutional Rights in Kenya and Uganda.*
Moderator, *Transnational Crime Law Panel.*

Panelist, *Addressing the Problem of Scarcity in the Future*, Symposium on International Law in a Time of Scarcity, University of Georgia Law School, Feb. 5, 2013.

Presenter, Rule of Law Collaborative Inter-Agency Short Courses:
Vulnerable Populations and Transitional Justice, Institute of International Education, Jul. 18, 2013.
Customary Law and Women, Thurgood Marshall Federal Judiciary Building, May 17, 2013.
Customary Law and Women, U.S. Department of Defense/The Pentagon, Feb. 1, 2013.
Customary Law and Women, U.S. Department of Justice, Sep. 14, 2012.
Gender and the Rule of Law, University of South Carolina, May 11, 2012.

Invited Discussant/Panelist, *Assessing the Impact of Improved Land Tenure Arrangements*, World Bank Conference on Land and Poverty, Apr. 25, 2012.

SELECT HONORS, GRANTS, AND FELLOWSHIPS

- University of South Carolina School of Law G.G. Dowling Faculty Award (2020).
- University of South Carolina School of Law G.G. Dowling Faculty Award (2018).
- University of South Carolina School of Law Outstanding Faculty Service Award (2016).
- U.S. Department of State Justice Sector Reform Research Grant (2015).
- United States Institute of Peace (USIP) Public Education for Peacebuilding Grant (2013).
- Georgetown Law Center Women in Law and Public Policy Fellowship (2010-2011).
- Graduate Consortium of Women's Studies at MIT Mother Board Writing Prize (2010).
- Fletcher Board of Overseers Scholar (2008-2010).
- Harvard Law School Program on Negotiation Fellowship (2009) (research grant).
- Institute for Global Leadership, EMPOWER Program Fellowship (2009) (research grant).
- The Asia Foundation Diplomatic Study Tour Fellowship (2009).
- Stakeholder 100 Award (2007).
- The Partnership, Inc. Fellowship (2007).

SELECT PROFESSIONAL AND COMMUNITY OUTREACH

Advisory Committee, Columbia Museum of Art Visions from India Exhibition (2020).
Member, World Justice Project Rule of Law Research Consortium (2014-present).

AMERICAN OVERSIGHT

Rule of Law Collaborative Core Faculty (2012-present).
Afghan Women Lawyers Mentor, Alliance for International Women's Rights (2015-2020).
Co-Vice-Chair, ASIL Teaching International Law Interest Group (2015-2016).
Member, ASCL Younger Comparativists Committee Scholarship Working Group (2014-2016).
Member, Fletcher Women's Network Steering Committee (2013-2016).
Red Thread Foundation for Women, Inc.:
Board Member and Co-Founder (2011-2015).
President (2011-2013).

SELECT EXPERIENCE

GEORGETOWN UNIVERSITY LAW CENTER, Washington, DC — Fall 2010 – Spring 2012
Teaching Fellow and Supervising Attorney – International Women's Human Rights Clinic

TUFTS UNIVERSITY, Medford, MA — Spring 2010
Coordinating Instructor and Lecturer – International Law

SEVOTA (Rwanda-based NGO), Kigali, Rwanda — Summer 2009
Independent Legal Consultant

EDWARDS ANGELL PALMER & DODGE LLP, Boston, MA — 2005 – 2008
(CURRENTLY LOCKE LORDE LLP)
Corporate Associate

OTHER

Languages: English (native); Written and Spoken French (advanced); Spoken Telugu (proficient).
Bar Memberships: Commonwealth of Massachusetts (inactive status); District of Columbia (inactive status).

AMERICAN OVERSIGHT

From: Terrye Seckinger
To: cyndMosteller; anne badgley; Hipp Van; DeLinda Ridings
Subject: Members of Congress, Federal Judges, Staffers Exempt From Vaccine Mandate
Date: Saturday, September 11, 2021 11:07:47 PM
Attachments: WebPage.pdf

Well,
How can he DEMAND that we get stuck and EXEMPT his leftist buddies on the hill!

ILLEGAL!

Terrye

https://www.theepochtimes.com/members-of-congress-federal-judges-staffers-exempt-from-vaccine-mandate_3991881.html?utm_source=CCPVirusNewsletter&utm_medium=email&utm_campaign=2021-09-11

AMERICAN OVERSIGHT

From: Lyndey R. Z. Bryant
To: Lyndey R. Z. Bryant
Subject: Feedback requested: Judicial Qualification Committee regarding SC Judicial Candidates
Date: Tuesday, September 7, 2021 11:04:45 AM
Attachments: imagea5dc50.PNG
imaged03d47.PNG
image2873b3.PNG
imagebcda7f.PNG
image457507.PNG
imageb8d2d8.PNG

Hello,

I'm writing you as a volunteer on the S.C. Bar's Judicial Qualifications Committee. We are a separate entity from the Judicial Merit Selection Commission which previously circulated an online survey that you may have received by email. Your feedback is very important, and if you know any of the candidates below, we ask that you participate in an anonymous phone survey that should take no more than ten minutes.

What can you expect? I will ask you the questions from the survey by phone and annotate your responses. You will not be identified on the survey document. If you know multiple candidates, we can take information on each one on the same call.

Please let me know a convenient time to call you to complete the survey and let me know the best phone number to reach you at.

1st Judicial Circuit, Seat 1
- Heath Preston Taylor
- Charles J. McCutchen

2nd Judicial Circuit, Seat 1
- The Honorable Courtney Pope (Incumbent)

3rd Judicial Circuit, Seat 1
- The Honorable Ralph Ferrell Cothran, Jr. (Incumbent)

5th Judicial Circuit, Seat 2
- The Honorable Daniel McLeod Coble
- Kevin A. Hall
- Theresa N. Johns
- Regina Hollins Lewis
- The Honorable Amy McCulloch
- Kate Whetstone Usry
- S. Boyd Young

Master-in-Equity, Clarendon
- Honorable Joseph K. Coffey (Incumbent)

Master-in-Equity, Sumter
- Honorable Michael M. Jordan (Incumbent)

AMERICAN OVERSIGHT

Administrative Law Court, Seat 2

- The Honorable Milton G. Kimpson (Incumbent)

Thank you for your time and attention to this request.

Sincerely,
Lyndey Bryant

Volunteer, S.C. Bar Judicial Qualifications Committee

Lyndey R. Z. Bryant
Partner

ADAMS AND REESE LLP

1501 Main Street, 5th Floor | Columbia, SC 29201
Main 803.254.4190 | **Direct** 803.212.4958 | **Mobile** 803.521.4519
eFax 803.343.1245 | **Fax** 803.779.4749

lyndey.bryant@arlaw.com

Website | **Bio** | **vCard** | **Map** |

View our COVID-19 resources.

AMERICAN OVERSIGHT

From: Michael Hartness
To: Alan Wilson
Subject: Masks In Schools
Date: Friday, September 3, 2021 10:13:31 PM

Parents know what is best for their children. Masks should be up to the parents not bureaucrats.

Thank you,

Michael W Hartness

Sent from AT&T Yahoo Mail on Android

AMERICAN OVERSIGHT

From: Lori Estadt
To: Alan Wilson
Subject: Re: Poll schools on masks
Date: Thursday, September 2, 2021 6:51:47 AM

Mr. Wilson,
I am very much about keeping our freedom of choice, however, with the current CDC recommendations of exposure and the capacity of our schools the current choices may not be best.
Currently it's 3 ft apart. As the positive cases go up I realize for every positive case a school has 1-5 students have to quarantine. I know while I have the flexibility to stay home as many times my children are considered as exposed some families can not. So that interferes with the freedom to learn.

As our area grows our schools are filling up and it has to put stress on the schools to uphold guidelines. My children hate masks but if allows their classmates and teachers not to quarantine for 7 days it makes sense for the current time.

Please change my vote to Yes for mask

Still a hard No for vaccine mandate!

Thank you
Lori Estadt

Sent from Yahoo Mail on Android

On Wed, Sep 1, 2021 at 7:19 PM, Lori Estadt
[redacted]@yahoo.com> wrote:

> No to mask mandates
> Don't know if this is liable but just incase.
> https://bmjopen.bmj.com/content/5/4/e006577.full
> No to mandate vaccines-and it's isn't done it's clinical trials until 2025 and some risk for males under 16. All of it is in Pfizer FDA approval.
>
> Sent from Yahoo Mail on Android

AMERICAN OVERSIGHT

From: abraham twum
To: Alan Wilson
Subject: Masks should be required in schools
Date: Wednesday, September 1, 2021 10:05:08 PM

---

charter and magnet schools included.

Sent from AT&T Yahoo Mail on Android

AMERICAN OVERSIGHT

From: Kelly Segovia
To: Alan Wilson
Subject: Keep Mask in School!!
Date: Wednesday, September 1, 2021 8:52:07 PM
Attachments: Science-on-Mask-Use-in-K-12-Schools_8.20.21_FINAL.pdf

---

Mr. Wilson,

Please consider this a plea to keep the mask on in the school!! I have three boys in Lancaster county, two have been in quarantine since 8/20. I had hopes of sending them back to school on Friday only to find out yesterday that the one had their whole classroom sent home now in quarantine for an exposure on 8/31! He hasn't even returned and now the school is scrambling to figure out what to do with him because the teachers in quarantine. This is utter chaos. The science behind the mask and keeping kids safe is the best thing next to vaccination. Please count this as a tally for masking in SC schools!

Respectfully,
Kelly Segovia
--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

From: Anahi Anaya
To: Alan Wilson
Subject: Mask regulations
Date: Wednesday, September 1, 2021 7:30:05 PM

Good evening. My name is Anahí Anaya. I am a teacher at Lexington High School. I support a mask mandate for students, teachers, and supporting personnel in order to mitigate the spread of the virus.
I also think that we should invest in a more aggressive PSA campaign to reach reluctant parents in an effort to vaccinate as many teenagers as possible. I cannot count in two hands how many students have told me that they want to be vaccinated, but their parents prohibit it. Students need to be present in the classroom on a daily basis to receive the education and support they need to be successful.
This is not about personal freedom. It is about community safety and access to essential resources to all students.
I understand that regulations will be fought hard by many, but we need to remember that this is just a temporary discomfort to achieve a much higher goal which is to provide a consistent high quality education to all our students.
Someone needs to put their foot down and say "I hear you, but this is the best way forward".
I hope you find a way to require masks in S.C. schools, and invest in a campaign to inform non believers of the real and present danger of this virus.I also hope that now that Pfizer has been approved, and other vaccines are on the cusp of getting FDA approval, we can move forward with vaccine requirements for enrollment in High School.
I will leave you with this thought: Today 11 students of my class of 28 were absent due to COVID. Today also, a class of 56 theater students were quarantined because 8 of them tested positive. The impact for me will be reflected tomorrow with 9 less students in an AP class. We will do the best we can, but it is definitely not sustainable.
Thank you for your time.

--
Anahi Anaya
Spanish Teacher
Lexington High School

For information on the World Language program in Lexington 1, please visit http://lexoneworldlanguages.weebly.com/index.html.
For immersion program updates, please visit http://lexoneimmersionupdates.weebly.com/

AMERICAN OVERSIGHT

From: Lori Estadt
To: Alan Wilson
Subject: Poll schools on masks
Date: Wednesday, September 1, 2021 7:19:53 PM

No to mask mandates
Don't know if this is liable but just incase. https://bmjopen.bmj.com/content/5/4/e006577.full
No to mandate vaccines-and it's isn't done it's clinical trials until 2025 and some risk for males under 16. All of it is in Pfizer FDA approval.

Sent from Yahoo Mail on Android

AMERICAN OVERSIGHT

From: Thomas Stevens
To: Alan Wilson
Subject: Masks in school
Date: Wednesday, September 1, 2021 6:09:50 PM

Dear AG Wilson,

I am a grandparent in Oconee County raising my two granddaughters. They are wearing masks in school & anytime we are out in public, as are my husband & I (both fully vaccinated). We want them to be able to stay in school where their educational opportunities are maximized. Because they are too young to get the vaccine for now, I feel that masking & other Covid safety protocols need to be followed...it is our best chance at keeping everyone safe and in school. Please consider my request for masking in schools K-12.
Thank you.

Sincerely,

Cheryl C. Stevens

Sent from AT&T Yahoo Mail on Android

AMERICAN OVERSIGHT

From: Elisabeth Hall
To: Alan Wilson
Subject: Masks in schools
Date: Wednesday, September 1, 2021 5:50:44 PM

Dear Mr Wilson,
My grand daughters are not old enough to be vaccinated for COVID-19, but they wear masks. Every child in their classrooms does, too. They are in 6th and 4th grades.
They totally understand why. They've said themselves that they "don't want to get sick."
So far, they are well. Their parents and grand parents have been vaccinated and we are all very careful.
Children depend on us to take care of them. Allowing unmasked children near them will only continue the problems.
Sincerely,
ELisabeth Hall

Sent from AT&T Yahoo Mail for iPhone

AMERICAN OVERSIGHT

From: jonmccoy71
To: Alan Wilson
Subject: masks
Date: Wednesday, September 1, 2021 4:23:30 PM

---

please umplement an immediate mask mandate in all schools.

Jonathan McCoy

Sent via the Samsung Galaxy S10+, an AT&T 5G Evolution capable smartphone

AMERICAN OVERSIGHT

From: rmungai
To: Alan Wilson
Subject: NO mask mandates! Freedom of choice!
Date: Wednesday, September 1, 2021 2:04:56 PM

Attorney General Alan Wilson,

I am writing out of concern for our children. Wearing a mask should be a family decision. Mask mandates should never be forced upon students. Studies show masks are useless and can cause psychological damage.

Regards,

Rachelle Mungai

Sent from AT&T Yahoo Mail for iPhone

AMERICAN OVERSIGHT

From: Amy Alford
To: Alan Wilson
Subject: Mask are parents choice
Date: Wednesday, September 1, 2021 1:25:54 PM

I am against the mask mandate. I think it is the parents choice whether to mask their children. My kids do not want to wear masks. My autistic 11 yr old anxiety goes through the roof with masks. Please do not mandate masks in School.

Amy Alford Greenville County School parent

Sent via the Samsung Galaxy S20 FE 5G, an AT&T 5G smartphone
Get Outlook for Android

AMERICAN OVERSIGHT

From: Avery Williams
To: Alan Wilson
Subject: Parents choice for masks
Date: Wednesday, September 1, 2021 12:31:09 PM

Dear Mr. Wilson,

Please continue working to preserve our individual freedoms, as parents, to make medical decisions (including masking and vaccinations) for our children. School administrators should not be given authority to force face coverings for a virus that has a 99%+ survival rate for the vast majority of society.

Thank you,
Avery Williams

Sent via the Samsung Galaxy S8+, an AT&T 5G Evolution capable smartphone
Get Outlook for Android

AMERICAN OVERSIGHT

From: Lewis Koon
To: Alan Wilson
Subject: Masks in schools
Date: Wednesday, September 1, 2021 12:26:23 PM

As a parent I am FOR masks in schools!

Sent from AT&T Yahoo Mail on Android

AMERICAN OVERSIGHT

From: kelli.frantz
To: Alan Wilson
Subject: Protect SC Rights
Date: Wednesday, September 1, 2021 11:33:11 AM

Please continue to fight for the protection of our healthcare autonomy rights. Each individual has the right to freely make their own healthcare decisions. No mandatory masks on our children, or anyone in general. No mandatory experimental vaccines in our schools or for private or public businesses.

Thank You,

Kelli Koglin
[redacted]
Greenville, SC 29617

Sent via the Samsung Galaxy S8, an AT&T 5G Evolution capable smartphone

AMERICAN OVERSIGHT

From: jacqueline
To: Alan Wilson
Subject: Fw: Thank you for contacting the Office of Governor McMaster Revised
Date: Tuesday, August 31, 2021 4:55:52 PM
Attachments: 2021.2022-School-Guidance-Booklet-08.25.2021.pdf

---

Good evening,

I'm forwarding the email I sent to Representative Jones. I would like you to read the information contained, but please pay attention to the information regarding ESOL students, autistic students, and people who are hard of hearing. If they refuse to accommodate these people, then the American Civil Liberties Union should be locked up as they are hypocrites.

Sincerely,

Jacqueline Williams

> **Sent:** Monday, August 30, 2021 at 6:56 PM
> **From:** "jacqueline" [redacted]@europe.com>
> **To:** StewartJones@schouse.gov
> **Subject:** Fw: Thank you for contacting the Office of Governor McMaster Revised
>
> Good afternoon,
>
> I was advised to report this to you today. I recently wrote the governor's office with concerns over discriminatory practices going on in school districts - mine and others - Lexington/Richland 5 for example that are coming from DHEC. Instead of receiving a reply from the governor, I received a reply from Melanie Barton - Senior Education Advisor. Instead of providing assistance, she dismissed my concerns and quoted DHEC. To give punitive measures to those who cannot take chemical shots such as quarantining them is against the law - civil rights law and no one should be asking for the private information of others unless they want people to turn around and ask the askers for for their entire health history - such as proving they don't have typhoid, AIDS, and ALL other contagious diseases. In addition, it has also been proven that these shots do not stop a virus from passing through to another person.
>
> In addition, I have seen what the American Civil Liberties Union has stated in the link below.
>
> https://thehill.com/homenews/state-watch/569189-lawsuit-claims-south-carolina-school-mask-mandate-ban-discriminates?fbclid=IwAR0I6dxnRLniizXkJmiA_FqlXhu-oVVUTGj9pOXFZrtlabZjKrIMZun-B0o
>
> As a former ESOL teacher and someone who has worked with hard of hearing students, this is taking away from the ability of those children to receive a fair education as they MUST be able to READ THE LIPS of people. There are very few people wearing clear masks. Also, masks have caused bacteria infections and other health problems in people. And, I have also heard from at least two people now that the children who have autism have a hard time with masks - they scare them. So, the American Civil Liberties Union is in the wrong. What's good for one person, might not be good for another. If one wants to wear a mask and get the shot so be it, but don't expect others to follow suit because it might kill or permanently disable others and has in fact done so as the reports in VAERS and other places have already stated. After all, there are many drugs and for that matter food substances approved by the FDA that not everyone can take or eat due to allergies etc. Some even will cause death in certain people and as it is now, no one can sue the manufacturers of vaccines. This SHOULD change immediately. Please stop these people immediately.
>
> Sincerely,
>
> Jacqueline S. Williams

AMERICAN OVERSIGHT

Sent: Monday, August 30, 2021 at 11:35 AM
From: governor@sc.lmhostediq.com
To: [redacted]@europe.com
Subject: Thank you for contacting the Office of Governor McMaster

Dear Miss Williams:

Due to the high volume of emails that our office is currently receiving, I am responding to your email.

Governor McMaster and his wife have been vaccinated, and he is confident that the vaccine works. He encourages every South Carolinian to strongly consider getting vaccinated. Our state's public health professionals have made all the information about the vaccine available to the public, as well as making the vaccine available to anyone who wants it. However, the decision to get vaccinated is a personal one.

This summer DHEC issued the attached guidance to districts and schools to mitigate the spread of COVID-19 in our schools. The guidance, which has been consistent since last winter, states:

• Fully vaccinated people and people verified (positive PCR or antigen test) to have been infected with COVID-19 in the previous 90 days who were in close contact with someone who has COVID-19 but do not have COVID-19 symptoms do not need to quarantine unless they develop symptoms. Individuals may voluntarily choose to provide documentation of their full vaccination status to eliminate the need for quarantine. Fully vaccinated people are recommended to get tested 3-5 days after exposure, even if they do not have symptoms, and it is important for them to wear a mask at school until 14 days after exposure or they receive a negative test result.

The guidance ensures that individuals can voluntarily provide documentation of their vaccination status. Consequently, patient privacy is maintained.

However, the guidance allows vaccinated individuals the opportunity to forego quarantine if they are not exhibiting symptoms. The exception is made based on the data. Over 90 percent of all COVID cases, hospitalizations, and deaths in our state are among those South Carolinians who are not vaccinated. Therefore, the vaccinated are less likely to be infected with the Delta variant and less likely to spread it to others.

Thank you for contacting our office. If we can be of further assistance to you, please let us know.

Sincerely,

Melanie Barton

Senior Education Advisor

Office of the Governor

AMERICAN OVERSIGHT

From: Terrye Seckinger
To: Home Seckinger
Subject: PhD delivers medically accurate speech exposing the COVID vaccine as BOGUS MEDICINE.....
Date: Friday, August 27, 2021 8:43:23 PM

Dear Friends,

Please see the short video below.
This PhD gives the best speech I have ever seen EXPOSING the FRAUD of the COVID Vaccine.

The Pfizer CEO, just today, announced another WORLDWIDE vaccine effort is needed to combat COVID. REALLY?

We must STOP this madness. It is damaging our families and weakening our nation. We ALL know SOMEONE who has died from these vaccines, NOT the illness and we are beginning to know someone who lost their job by refusing to be shot!

The falsehood of COVID vaccines is the crime of the century perpetrated on all of humanity. I am so grateful this brave PhD addresses the issue that vaccines fail to protect against *any virus variant* therefore; the delta variant HAS NO EFFECTIVE VACCINE.

Finally the truth is spoken!
This madness, intended to control humanity, MUST STOP. The bluff needs to be called.

Let Freedom (*and health*) **Ring!**

Respectfully,

Terrye Seckinger

https://rumble.com/vlq9h8-woman-gives-best-speech-i-have-ever-seen-exposing-the-vaxx.html

AMERICAN OVERSIGHT

From:	Robert Kittle
To:	All Staff
Subject:	Weekly News Brief
Date:	Friday, August 27, 2021 1:07:16 PM
Attachments:	AG"s Office Weekly News Brief Aug. 27, 2021 (02693551xD2C78).docx image003.png

---

Happy Friday, everyone!

This week's brief is back to a more normal length, just over two pages. Still busy but not as crazy as last week.

Thanks for all you do and have a great weekend!

Robert

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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AMERICAN OVERSIGHT

From:	Robert Kittle
To:	Alan Wilson; Jeff Young; Bob Cook; Barry Bernstein; Don Zelenka; DeeBo Kelly; Matt Gates; Matt Wills; DeLinda Ridings; Valerie Ingram; Robert Kittle; Dylan Nolan; Nick Barboza
Subject:	Exec. News Clips 8.24.2021
Date:	Tuesday, August 24, 2021 3:01:00 PM
Attachments:	image003.png

Today in History

Mount Vesuvius erupts

On August 24, after centuries of dormancy, Mount Vesuvius erupts in southern Italy, devastating the prosperous Roman cities of Pompeii and Herculaneum and killing thousands. The cities, buried under a thick layer of volcanic material and mud, were never rebuilt and largely forgotten in the course of history. In the 18th century, Pompeii and Herculaneum were rediscovered and excavated, providing an unprecedented archaeological record of the everyday life of an ancient civilization, startlingly preserved in sudden death.

The State

4 employees of an SC school district died last weekend, but officials mum on causes

Suspended Fort Jackson drill sergeant found guilty of assault on Black man

Conspiracy theories, guns and alleged assaults keep SC alleged Capitol rioter in jail

Joe Cunningham calls on SC's McMaster to 'do your job, or step aside' in first ad

Greenville News

US Rep Jeff Duncan calls annual fundraising event an 'opportunity' for South Dakota Gov. Kristi Noem to go national

Unmasked on city property? Greenville City Council member has a message

Open-carry restrictions at certain Greenville events pass first City Council reading

More than 20 inmates resist Greenville jail staff, forcing 11 into high security unit

Post and Courier

Charleston County students, staff won't be penalized for not wearing masks, board says

SC records over 180 COVID-19 deaths in one week and as vaccination rates slowly progress

AMERICAN OVERSIGHT

Berkeley County community leaders, parents protest lack of mask mandate

Horry County Schools COVID cases have nearly tripled during first week to more than 330

WSJ

Stocks Open Higher, With S&P 500 Poised for Record Close

CIA Chief William Burns Met With Senior Taliban Figure in Kabul

Taliban Say They Will Block Afghans From Kabul Airport

FAA to Review Boeing Employee Reports of Pressure Over Safety Issues

Office Mentions

SLED works to develop a sexual assault kit tracking system, requesting $150K in funding

No new vaccine mandates at hospitals, colleges in Myrtle Beach, Pee Dee areas after FDA Pfizer ruling

Commentary: What can the Irish Potato Famine teach us about COVID?

Orangeburg mom fights COVID limits; attorneys: Allow mask mandates, more online school

Noem, McMaster tout pandemic policies, hit GOP talking points during annual Anderson BBQ

‘A very difficult weekend:’ SC for Ed reacts to recent deaths of Dorchester District 2 employees

Beaufort Co. school board stalls on mask mandate decision as local COVID cases spike

'Somebody Had to Do It': Black Superintendent Challenges Mask Mandate Prohibition

The Murdaugh Case Files: A boat crash heard around the world

ACLU sues over South Carolina ban on school mask mandates

Disability rights groups, parents sue over measure meant to ban SC school mask mandates

Troubling Kids Covid Data Turn Tide in School Mask Debate

Disability rights groups sue SC officials, schools over proviso blocking mask mandates

AMERICAN OVERSIGHT

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
P.O. Box 11549 | Columbia, SC 29211
scag.gov

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AMERICAN OVERSIGHT

From: Ryan Giles
To: SC
Cc: Suzanne Bonds; Alan Wilson; cindy_bohn-coats@charleston.k12.sc.us; governormcmaster@governor.sc.gov
Subject: Re: Virtual/remote learning
Date: Thursday, August 19, 2021 12:48:37 PM

Thank you for your email.

On Thu, Aug 19, 2021 at 12:43 PM SC [redacted]@protonmail.com> wrote:

> Mr. Giles,
>
> Would you be willing to read substantive evidence based research? You are an educator correct. You are being paid not to educate AND are you not educating yourself. I ask you, why teach? Currently, teachers are doing everything to not teach. It is pathetic. Parents across the Lowcrountry are seeking legal help and class action suits.
>
> https://rumble.com/vkopys-a-pathologist-summary-of-what-these-jabs-do-to-the-brain-and-other-organs.html
>
> https://youtu.be/tUE5EBPt-lU
>
> https://rumble.com/vl432o-truth..html
>
> https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd
>
> The language in the Pfizer protocol is that this is an investigation drug NOT indicated for any use. Further they state, there is currently not an FDA licensed vaccine to treat SARS-CoV-2. Children have a 0% rate of mortality. Educate yourself, educate others and advocate for our children. Otherwise you are just another media propaganda machine. All opinion and ZERO facts.
>
> Further, PCR tests are flawed and should not be in use. The false positive rate is abhorrently high. In fact it has been recalled several times yet is still in use.
>
> Based on just the above, there is no reason to quarantine these kids and punish them.
>
> I have numerous research articles and a very pointed research based letter I will forward you. I am appalled at the horrendous treatment (Nazi style) you and others are perpetrating on our kids and you do not even see what you are doing. May God forgive you because we the people and parents do not.
>
> Sent from ProtonMail Mobile
>
> On Thu, Aug 19, 2021 at 12:12 PM, Suzanne Bonds [redacted]@gmail.com> wrote:
>
> > Thank you so much for all of your help. I certainly will. You've got to be kidding me! How can that be legal ?
> >
> > On Tue, Aug 17, 2021 at 7:39 PM Suzanne Bonds <[redacted]@gmail.com> wrote:

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> Good evening Mr. Giles. I am sure you are receiving lots of emails but as you know there has been a lot of very last-minute changes A day or two school is beginning.
> For the students who are forced to quarantine due to another child on a sports program having Covid what is the protocol on their accessibility to do remote/virtual learning while they are being forced to quarantine even after a negative Covid test and no symptoms? Thank you so very much!

--
Ryan Giles

Assistant Principal
Moultrie Middle School

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From: SC
To: Suzanne Bonds; arthur_giles@charleston.k12.sc.us
Cc: Alan Wilson; governormcmaster@governor.sc.gov; cindy_bohn-coats@charleston.k12.sc.us
Subject: Re: Virtual/remote learning
Date: Thursday, August 19, 2021 12:44:34 PM

Mr. Giles,

Would you be willing to read substantive evidence based research? You are an educator correct. You are being paid not to educate AND are you not educating yourself. I ask you, why teach? Currently, teachers are doing everything to not teach. It is pathetic. Parents across the Lowcountry are seeking legal help and class action suits.

https://rumble.com/vkopys-a-pathologist-summary-of-what-these-jabs-do-to-the-brain-and-other-organs.html

https://youtu.be/tUE5EBPt-lU

https://rumble.com/vl432o-truth..html

https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd

The language in the Pfizer protocol is that this is an investigation drug NOT indicated for any use. Further they state, there is currently not an FDA licensed vaccine to treat SARS-CoV-2. Children have a 0% rate of mortality. Educate yourself, educate others and advocate for our children. Otherwise you are just another media propaganda machine. All opinion and ZERO facts.

Further, PCR tests are flawed and should not be in use. The false positive rate is abhorrently high. In fact it has been recalled several times yet is still in use.

Based on just the above, there is no reason to quarantine these kids and punish them.

I have numerous research articles and a very pointed research based letter I will forward you. I am appalled at the horrendous treatment (Nazi style) you and others are perpetrating on our kids and you do not even see what you are doing. May God forgive you because we the people and parents do not.

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From:	SC
To:	lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject:	Re: Charleston County - Your Notice/Superintendent Response: RE: Committing Fraud - Masks and Jabs
Date:	Thursday, August 19, 2021 12:26:49 PM

Yes means they have legal issues either resolved or not.
No, means I couldn't find anything.

____
Marie Delcioppo-YES!

Ross Alan Appel-YES!

Kevin Shealy-YES!

Jason Sakran-NO

Robert M. Mitchell-YES!

Karl L. Brady JR.-YES!
hunting violation or taking fish or wildlife without license!
Also a DUI!

William Dudley Gregorio-NO

Perry K. Waring-YES!

Michael S. Seekings-YES!

A. Peter Shahid Jr.-YES!

Henry Joseph Griffin-NO

Carol A. Jackson-YES

CLEAN THE ENTIRE BOARD OUT!

How dare they sit there and pass their judgement on everyone on how, when, & what we should do to live our lives when almost all of them have some shit in the background.
And some of there records are grounds for dismissal.

This is all public record.

Charleston city council

Sent from ProtonMail Mobile

On Tue, Aug 17, 2021 at 9:44 AM, SC [redacted]@protonmail.com> wrote:

> Charleston County - you have been made aware. Legal action will ensue and Christopher Keys will be aiding in this action. You wanted a battle, you wanted to be above the law. The AG and Governor refuse to step up, it will be handled. Please see below. You are on notice.
>
> Sent from ProtonMail Mobile
>
> ---------- Forwarded message ----------
> From: SC Superintendent<superintendent@ed.sc.gov>
> Date: On Mon, Aug 16, 2021 at 3:02 PM
> Subject: Fwd: RE: Committing Fraud - Masks and Jabs
> To: SC <[redacted]@protonmail.com>

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Cc:

Thank you for reaching out and sharing your concerns. South Carolina public schools are bound by Proviso 1.108 which was passed by the General Assembly as part of 2021-2022 General Appropriations Bill. This Proviso prevents school districts from requiring face coverings in schools. The use of face coverings by students and staff within school facilities remains a recommendation of state and federal public health officials and Proviso 1.108 does not prevent districts from encouraging the wearing of face coverings in these settings.

1.108. (SDE: Mask Mandate Prohibition): No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy.

Since this is state law, South Carolina public schools will not be adopting the CDC's recommendations for required mask use. To be clear, this was an act of the General Assembly signed by the Governor and the SCDE nor Superintendent Spearman have the authority to reverse it. Thank you.

Laurie Traywick

Office of the Superintendent

SC Department of Education

From: SC[redacted]@protonmail.com>
Sent: Monday, August 16, 2021 2:08 PM
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; SC Superintendent <superintendent@ed.sc.gov>; cindy_bohn-coats@charleston.k12.sc.us; awilson@scag.gov
Subject: Re: Committing Fraud - Masks and Jabs

https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd

https://www.bitchute.com/video/TsdTTHJteilw/

https://rumble.com/vl432o-truth..html

Sent from ProtonMail Mobile

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On Mon, Aug 16, 2021 at 12:57 PM, SC [redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.
>
> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.
>
> **Shedding**
>
> To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021

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(screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

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Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the**

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FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the

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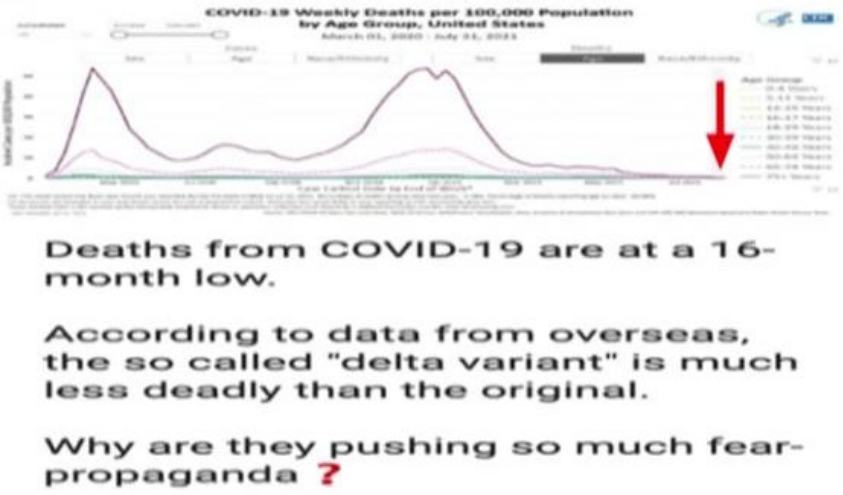
hospital systems are preparing for a “COVID crisis” starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?



Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal

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Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be

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able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago… nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3, 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380

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- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

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SC-AG-21-1736-A-000181

Figure 1.

Study flowchart. Children aged 2–18…

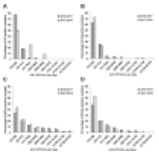

Figure 2.

Analysis of viral shedding titers.…

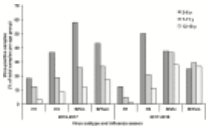

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

Similar articles

- Effectiveness of Live Attenuated vs Inactivated Influenza Vaccines in Children During the 2012-2013 Through 2015-2016 Influenza Seasons in Alberta, Canada: A Canadian Immunization Research Network (CIRN) Study.

  Buchan SA, Booth S, Scott AN, Simmonds KA, Svenson LW, Drews SJ, Russell ML, Crowcroft NS, Loeb M, Warshawsky BF, Kwong JC. JAMA Pediatr. 2018 Sep 1;172(9):e181514. doi: 10.1001/jamapediatrics.2018.1514. Epub 2018 Sep 4. PMID: 29971427 Free PMC article.

- Vaccine failure and serologic response to live attenuated and inactivated influenza vaccines in children during the 2013-2014 season.

  King JP, McLean HQ, Meece JK, Levine MZ, Spencer SM, Flannery B, Belongia

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EA. Vaccine. 2018 Feb 21;36(9):1214-1219. doi: 10.1016/j.vaccine.2018.01.016. PMID: 29395525

- Association of Prior Vaccination With Influenza Vaccine Effectiveness in Children Receiving Live Attenuated or Inactivated Vaccine.

  McLean HQ, Caspard H, Griffin MR, Gaglani M, Peters TR, Poehling KA, Ambrose CS, Belongia EA. JAMA Netw Open. 2018 Oct 5;1(6):e183742. doi: 10.1001/jamanetworkopen.2018.3742. PMID: 30646262 Free PMC article.

- Live attenuated influenza vaccine (LAIV): recent effectiveness results from the USA and implications for LAIV programmes elsewhere.

  Pebody R, McMenamin J, Nohynek H. Arch Dis Child. 2018 Jan;103(1):101-105. doi: 10.1136/archdischild-2016-312165. Epub 2017 Aug 30. PMID: 28855230 Review.

- Novel Approaches for The Development of Live Attenuated Influenza Vaccines.

  Blanco-Lobo P, Nogales A, Rodríguez L, Martínez-Sobrido L. Viruses. 2019 Feb 22;11(2):190. doi: 10.3390/v11020190. PMID: 30813325 Free PMC article. Review.

See all similar articles

Cited by 5 articles

- Antibody Responsiveness to Influenza: What Drives It?

  Lin X, Lin F, Liang T, Ducatez MF, Zanin M, Wong SS. Viruses. 2021 Jul 19;13(7):1400. doi: 10.3390/v13071400. PMID: 34372607 Free PMC article. Review.

- Defining the root cause of reduced H1N1 live attenuated influenza vaccine effectiveness: low viral fitness leads to inter-strain competition.

  Dibben O, Crowe J, Cooper S, Hill L, Schewe KE, Bright H. NPJ Vaccines. 2021 Mar 12;6(1):35. doi: 10.1038/s41541-021-00300-z. PMID: 33712628 Free PMC article.

- Designing transmissible viral vaccines for evolutionary robustness and maximum efficiency.

  Layman NC, Tuschhoff BM, Nuismer SL. Virus Evol. 2021 Jan 25;7(1):veab002.

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doi: 10.1093/ve/veab002. eCollection 2021 Jan. PMID: 33680502 Free PMC article.

- Pre-existing influenza-specific nasal IgA or nasal viral infection does not affect live attenuated influenza vaccine immunogenicity in children.

  Cole ME, Kundu R, Abdulla AF, Andrews N, Hoschler K, Southern J, Jackson D, Miller E, Zambon M, Turner PJ, Tregoning JS. Clin Exp Immunol. 2021 Apr;204(1):125-133. doi: 10.1111/cei.13564. Epub 2021 Jan 13. PMID: 33314126

- Use of traditional serological methods and oral fluids to assess immunogenicity in children aged 2-16 years after successive annual vaccinations with LAIV.

  Hoschler K, Maharjan S, Whitaker H, Southern J, Okai B, Baldevarona J, Turner PJ, Andrews NJ, Miller E, Zambon M. Vaccine. 2020 Mar 10;38(12):2660-2670. doi: 10.1016/j.vaccine.2020.02.024. Epub 2020 Feb 15. PMID: 32070679 Free PMC article. Clinical Trial.

References

1.

   1. Fiore AE, Shay DK, Broder K, et al. . Centers for Disease Control and Prevention (CDC); Advisory Committee on Immunization Practices (ACIP) Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. MMWR Recomm Rep 2008; 57:1–60. - PubMed

2.

   1. Pebody R, McMenamin J, Nohynek H. Live attenuated influenza vaccine (LAIV): recent effectiveness results from the USA and implications for LAIV programmes elsewhere. Arch Dis Child 2018; 103:101–5. - PubMed

3.

   1. Gaglani M, Pruszynski J, Murthy K, et al. . Influenza vaccine effectiveness against 2009 pandemic influenza A(H1N1) virus differed by vaccine type during 2013–2014 in the United States. J Infect Dis 2016; 213:1546–56. - PMC - PubMed

4.

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1. Caspard H, Coelingh KL, Mallory RM, Ambrose CS. Association of vaccine handling conditions with effectiveness of live attenuated influenza vaccine against H1N1pdm09 viruses in the United States. Vaccine 2016; 34:5066–72. - PubMed

5.

1. Jackson ML, Chung JR, Jackson LA, et al. . Influenza vaccine effectiveness in the United States during the 2015–2016 season. N Engl J Med 2017; 377:534–43. - PMC - PubMed

6.

1. Poehling KA, Caspard H, Peters TR, et al. . 2015–2016 vaccine effectiveness of live attenuated and inactivated influenza vaccines in children in the United States. Clin Infect Dis 2018; 66:665–72. - PMC - PubMed

7.

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Comparison of virus shedding after lived attenuated and

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pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive

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reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room

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environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and

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their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

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1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for

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use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute "human experimentation", which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Dr. Daniel de la Torre Llorente, Biology Professor, Biotechnology-Plant Biology Department. Agronomic, Food and Biosystems Engineering School (ETSIAAB) Universidad Politécnica de Madrid (Scientist) (Spain)

Dr Nyjon Eccles, BSc, MBBS, MRCP, PhD, Specialist in Functional & Environmental Medicine (United Kingdom)

Dr Kjetil H. Elvevold, Senior Scientist, worked as Senior Scientist in a Contract Research Organization (CRO) in Norway that performed pre-clinical experiments for the pharmaceutical industry (Scientist) (Norway)

Dr Andreas Emmert, Specialist in Microbiology, Head Physician at Østfold Regional Hospital, Norway (Medical Doctor) (Norway)

Merit Enckell, Civ. Ing, PhD, Independent researcher, Structural Health Monitoring and

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Emerging Technologies, Formerly of KTH Royal Institute of Technology (Scientist) (Sweden)

Dr Radimé Farhumand, Specialist in Anesthesia (Medical Doctor) (Germany)

Dr Thomas Faulkner, MChiro, DC, Managing Director and Chiropractor (United Kingdom)

Dr Susan Flett, Specialist in Psychiatry, Child Psychiatry and Psychotherapy (Semi-retired) (Medical Doctor) (United Kingdom)

Dr Konstantinos Fountzoulas, MD, PGDiP Orth Eng., FEBOT, FRCS (Tr & Orth), Consultant Trauma and Orthopaedic Surgeon (Medical Doctor) (England and Italy)

Dr Carrie Ganek, MD, Adult Psychiatry (Medical Doctor) (USA)

Dr Martin E Ganek, MD, Board Certified Paediatrician (Medical Doctor) (USA)

Dr Parisi Giovanni, Specialist in Ophthalmology and Sports Medicine (Medical Doctor) (Italy)

Dr Céline Guérin, PhD in Neurosciences, Master in Microbiology and Genetics (Scientist-Practitioner) (France)

Dr. Olga Petrovna Guzova, Pediatrician, Dermatologist and Dermatopathologist (Medical Doctor) (Panama)

Dr Roman Häussler, General Medicine (Austria)

Dr Jutta Heinrich-Nols, Doctor and Clinical Pharmacologist (Medical Doctor and Scientist) (Germany)

Dr April M. Hurley, MD, Family Physician for 35 years (Medical Doctor) (USA)

William Ip, BSc. MIBMS, Former NHS Biomedical Scientist (Specialist in Microbiology), for over 30 years (Sicentist) (United Kingdom)

Dr Hervé Janecek, Veterinarian (France)

Jerzy Jaskowski, MD, PhD, MS, Specialties in General Surgery, Environmental Medicine, Physics and Biophysics (Retired)(Medical Doctor and Scientist) (Poland)

Dr. Elisabeth Jenik, General Medicine, Occupational Medicine and Psychosomatic Medicine (Medical Doctor) (Austria)

Dr Alain Joseph, General Medicine Specialist (Retired) (Medical Doctor) (France)

Dr Konstantinos Kakleas, MD, MRCPCH, MSc, PhD, Paediatric Allergy Consultant, Leicester Royal Infirmary Hospital (Medical Doctor) (United Kingdom)

Dr Hootan Kazemi, BDS Dental Surgeon,

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MSc(Distinc.) Clinical Biochemistry, BSc(Hons) Physiology (General Dental Practitioner) (United Kingdom)

Dr Ingrid Kiesel, Specialist in Psychiatry, Psychotherapy and General Medicine (Medical Doctor) (Germany)

Dr Wiltrud Kling, Specialist in General Medicine (Medical Doctor) (Germany)

Dr Ewa Konik, MD, Heart Transplant Cardiologist (Medical Doctor) (USA)

Dr Doris Krien, Assistant Doctor, Günzburg District Hospital (Medical Doctor) (Germany)

Brigitte Lacroix, clinical PKPD and PBPK modeler (Pharma industry), PhD in Pharmacy (Paris XI University), PhD in Pharmacometrics (Uppsala University) (Scientist) (France, Sweden)

Dr Andreas Lang, MD (Medical Doctor) (Germany)

Dr Paul Laursen, PhD, Adjunct Professor, AUT University (Scientist) (New Zealand and Canada)

Dr Michael S Lavender, Consultant Anaesthetist (Medical Doctor) (Australia)

Dr Tess Lawrie, MBBCh, PhD, Guideline methodologist and evidence synthesis expert, Director of The Evidence Based Medicine Consultancy Ltd, Bath UK. Honorary Researcher at the Royal United Hospital, Bath UK (Medical Doctor and Scientist) (United Kingdom)

Dr Bronia Lee, MBBCh, MRCGP, Retired General Practitioner (Medical Doctor) (United Kingdom)

Dr Katrina Lewis, MD, BSc in Immunology and Physiological Chemistry, triple Board certified (USA) in Anesthesiology, Pain Medicine and Functional Medicine (Medical Doctor) (South Africa, USA)

Dr Derek Lohan, Consultant Radiologist and Director, Helix Radiology (Medical doctor) (Ireland)

Dr. Adele Lorigan, BSC (Chiro), Chiropractor (Australia)

Dr Antje Lueg, Specialist in Opthamology (Medical Doctor) (Germany)

Dr Kulvinder S. Manik, MBChB, MA, LLM, MRCGP, GP (Medical Doctor) (England)

Dr. Rosemarie Mayr, Specialist in Psychiatry and Psychotherapeutic Medicine and Child and Adolescent Psychiatry, ÖÄK Diploma for Homeopathy (Retired) (Medical Doctor) (Germany)

Dr Janet Menage, MA, MB, ChB, General

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Medical Practitioner (Retired) Qualified Psychological Counsellor (Medical Doctor) (United Kingdom)

Dr Niall McCrae, PhD, MSc, RMN, Mental health researcher, Psychiatric Nurse (United Kingdom)

Professor Nathalie McDonell, MD, PhD (human genetics), Professor of Molecular and Cell Biology (Medical Doctor and Scientist) (France)

Dr Sabine de Monvallier, General Practitoner (Medical Doctor) (France)

Dr Amir Mortasawi, Physician and author (Germany)

Dr Souha Nasreddine, MD, Ob/Gyn, Graduated from the Free University of Brussels Belgium, Holistic Gynecology (Lebanon)

Dr Terezia Novotna, General Practitioner, Emergency Doctor, and Anesthesiologist in Training (Medical Doctor) (Austria)

Akhmetzhanova Tamara Nikolaevna, Therapist and Cardiologist, the Republican Medical Genetic Center, Ufa (Medical Doctor) (Russia)

Ole C G Olesen, Double specialist in General Surgery, as well as Orthopedic Surgery and Trauma (Medical Doctor) (Denmark, Norway, Sweden and United Kingdom)

Dr Waltraud Parta-Kehry, Biologist and Doctor for Gynaecology and Reproductive Medicine (Medical Doctor) (Germany)

Dr Arun Kumar Patel, MBBS, MPH, MRCPH, FFPH, Medical Public Health Specialist (Retired), NHS (Medical Doctor) (United Kingdom)

Dr. Cristina Pinho, MD, Gastroenterologist (Medical Doctor) (Portugal)

Dr Hélène Potrich, General Practitioner (Medical Doctor) (France)

Dr Fabio Quirici, Swiss Medical Association (Medical Doctor) (Switzerland)

Professor Denis Rancourt, PhD, Researcher, Ontario Civil Liberties Association, Member scientist, PANDA (Pandemics Data & Analysis), Retired former Full Professor of Physics, University of Ottawa, with expertise in environmental nanoparticles, molecular science, molecular dynamics, statistical analysis methods and mathematical and epidemiological modelling (Scientist) (Canada)

Claudia Riempp, Psychologist and psychotherapist, expert in health education (Germany)

Dr Nicola Reiser, Anaesthetist and Intensive Care Physician, Senior Physician at the University

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Clinic UMEÅ (Medical Doctor) (Sweden)

Rhys Rogers, BSc, Physiotherapy, 12 years experience as a frontline Physiotherapist (United Kingdom)

Dr Tred J Rissacher, DC, Chiropractor specialising in obesity and diabetes (USA)

Professor Simon Ruijsenaars, Professor in Mathematical Physics, School of Mathematics, University of Leeds (Scientist) (United Kingdom)

Dr Sam Saidi, MB, ChB, BSc, FRCOG, PhD, University of Sydney (Medical Doctor and Scientist) (Australia)

Dr Pamela Shervanick, DO, Medical doctor and Doctor of Osteopathic Medicine, with specialization in Psychiatry (Medical Doctor) (USA)

Dr Guido Spanoghe, Gastroenterologist (Medical Doctor) (Belgium)

Dr Paul Steven Spradbery, Forensic and Research Biologist, Foundation for Science and Technology, Lisbon, Intertek Life Sciences, London (Scientist) (United Kingdom)

Dr Duncan Syme, MBBS, FRACGP, Dip Prac Derm University of Cardiff, Graduate Monash University 1987, General Practitioner (Medical Doctor) (Australia)

Dr Carol Taccetta, MD, FCAP (Fellow of the College of American Pathologists), Pharmaceutical Physician for over 25 years, specializing in drug safety (Medical Doctor) (USA)

Dr Noel Thomas, MA, MB, ChB, DCH, DObsRCOG, DTM&H, MFHom. Semi retired NHS GP and homeopath (Medical Doctor) (United Kingdom)

Dr Corinne Tilloy, General Practitioner, (Medical Doctor) (France)

Dr Gilbert Tominez, General Practitioner (Retired) (Medical Doctor) (France)

De Georgy Urushadze, Naturopathic Doctor, Pediatrician (Pirogov Russian National Medical University), Emergency Doctor, Physiotherapist, Homeopath, Researcher (Russia)

Dr Jasmina Vucic-Peev, PhD, studied in Freiburg, Germany, training in Psychiatry in Switzerland (Medical Doctor) (Germany, Switzerland, Portugal)

Dr Jo Waller, UK State registered Biomedical Scientist since 1990 (Scientist) (United Kingdom)

Dr Maja Waibel, Dermatologist with specialty in Melanoma prevention (Medical Doctor) (Germany)

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Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

Dr Helen Westwood MBChB (Hons), MRCGP, DCH, DRCOG, GP (Medical Doctor) (United Kingdom)

Dr Madhu Wickremaratchi, MBChB, MRCP, Acute and General Medicine (United Kingdom)

Dr Clive Wilder-Smith, FRCP, AGAF, MD, Consultant Gastroenterologst, Director of Research (Medical Doctor) (Switzerland)

Thomas Robin Wilks, MA, BSc(Hons) FHEA, CPhys, MInstP, University Science Lecturer, Maths, Mathematical Modelling and Physics, Open University (Scientist) (United Kingdom)

Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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From:	Robert Kittle
To:	Alan Wilson; Jeff Young; Bob Cook; Barry Bernstein; Don Zelenka; DeeBo Kelly; Matt Gates; Matt Wills; DeLinda Ridings; Valerie Ingram; Robert Kittle; Dylan Nolan; Nick Barboza
Subject:	Exec. News Clips 8.18.2021
Date:	Wednesday, August 18, 2021 10:52:05 AM
Attachments:	image003.png

Today in History

Soviet hard-liners launch coup against Gorbachev

On August 18, 1991, Soviet President Mikhail Gorbachev is placed under house arrest during a coup by high-ranking members of his own government, military and police forces.

The State

Half a million dollars in cocaine seized, 12 arrested in SC drug investigation

Charleston fails to adopt mask mandate in schools and day cares after heated protests

After SC Supreme Court decision, Clemson now will require masks on campus

Pressure mounts to undo school mask mandate bans, but SC lawmakers haven't moved

Greenville News

Hasty passage of development rule unleashes acrimony at Greenville County Council meeting

SC legislators voice support for special session on schools mask ban

'Happy to be back': Parents, school officials recap first day of school in Greenville County

Development interests spent $77,000 on Greenville County Council campaigns since 2017

Post and Courier

COVID deaths in SC more than doubled week-over-week in early August

School mask mandate in city of Charleston fails after heated meeting

Myrtle Beach International was SC's busiest airport this summer for the first time ever

Columbia's plan to hire a health chief ignites debate — urgent need or political ploy?

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WSJ

Covid-19 Booster Shot to Be Offered to People Fully Vaccinated With Pfizer, Moderna

T-Mobile Says Hackers Stole Information on More Than 40 Million People

Taliban Block Routes to Kabul Airport, Hampering Evacuations From Afghanistan

U.S. Halted Dollar Shipments to Afghanistan to Keep Cash Out of Taliban's Hands

Office Mentions

Clemson, USC requiring masks after SC Supreme Court approves mask mandates for public colleges

SC Supreme Court says USC, colleges are allowed to require masks on campus

USC, Clemson, CofC among SC colleges requiring COVID masks after Supreme Court ruling

Court: U of S Carolina allowed to mandate masks on campus (AP story picked up nationwide)

SC Democrats call for special session to repeal ban on school mask mandates

Pressure mounts for South Carolina special session to lift ban on school mask mandates

BCSD will not require schools in Charleston to follow pending mask mandate

SC Supreme Court says state law does not prohibit mask mandate at UofSC

8.17.2021 FITSNews _ South Carolina Senate President Standing Firm On Mask Mandate Ban

8.17.2021 FITSNews _ State Supreme Court Rules University Of South Carolina Can Impose Mask Mandate

UofSC can mandate masks, state's top court decides

SC Supreme Court says USC can have a mask mandate

State Supreme Court rules University of South Carolina can require masks

Bloodstains and Beer: Authorities share photos from deadly boat crash that killed Mallory Beach

SC Democrats, GOP schools chief ask Legislature to repeal ban on mask mandates in schools

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RETHINKING BUDGET PROVISO: Democrats in South Carolina call for special session

USC re-issues face mask mandate for all campus buildings

Bi-partisan call to repeal state budget proviso that bans mask mandates

Court: U of S Carolina allowed to mandate masks on campus

If COVID Taught Us Anything, It's The Importance of Federalism

Florence-Darlington Tech joins other state colleges with mask mandates

USC Aiken mandates masks after court ruling

Here's what Paul Murdaugh's defense lawyers planned to argue during boat crash trial

ROBERT KITTLE, Communications Director
South Carolina Attorney General's Office
Executive Division| Office 803-734-3670 | Cell 803-381-3453
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From: SC
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject: Re: Charleston County - Your Notice/Superintendent Response: RE: Committing Fraud - Masks and Jabs
Date: Tuesday, August 17, 2021 12:38:41 PM

I understand that you are working with left-wing judges so that you will not lose any funding. You are violating the Constitution. You will be held accountable. What you were doing is criminal. Don't think that we don't have people working inside of your loop and getting your information. So continue talking to the left wing judges and continue trying to circumvent laws and the constitution.

AG and Governor - you are complicit.

Sent from ProtonMail Mobile

On Tue, Aug 17, 2021 at 9:44 AM, SC [redacted]@protonmail.com> wrote:

> Charleston County - you have been made aware. Legal action will ensue and Christopher Keys will be aiding in this action. You wanted a battle, you wanted to be above the law. The AG and Governor refuse to step up, it will be handled. Please see below. You are on notice.
>
> Sent from ProtonMail Mobile
>
> ---------- Forwarded message ----------
> From: SC Superintendent<superintendent@ed.sc.gov>
> Date: On Mon, Aug 16, 2021 at 3:02 PM
> Subject: Fwd: RE: Committing Fraud - Masks and Jabs
> To: SC [redacted]@protonmail.com>
> Cc:
>
> Thank you for reaching out and sharing your concerns. South Carolina public schools are bound by Proviso 1.108 which was passed by the General Assembly as part of 2021-2022 General Appropriations Bill. This Proviso prevents school districts from requiring face coverings in schools. The use of face coverings by students and staff within school facilities remains a recommendation of state and federal public health officials and Proviso 1.108 does not prevent districts from encouraging the wearing of face coverings in these settings.
>
> **1.108. (SDE: Mask Mandate Prohibition): No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy.**
>
> Since this is state law, South Carolina public schools will not be adopting the CDC's recommendations for required mask use. To be clear, this was an act of the General Assembly signed by the Governor and the SCDE nor Superintendent Spearman have the authority to reverse it. Thank you.
>
> Laurie Traywick
>
> Office of the Superintendent
>
> SC Department of Education

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From: SC[redacted]@protonmail.com>
Sent: Monday, August 16, 2021 2:08 PM
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; SC Superintendent <superintendent@ed.sc.gov>; cindy_bohn-coats@charleston.k12.sc.us; awilson@scag.gov
Subject: Re: Committing Fraud - Masks and Jabs

https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd

https://www.bitchute.com/video/TsdTTHJteilw/

https://rumble.com/vl432o-truth..html

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC[redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.
>
> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

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With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the

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variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

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"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to

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includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use

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authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and

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non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago… nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

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doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

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Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers

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were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

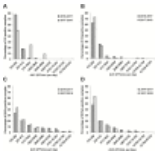

Figure 2.

Analysis of viral shedding titers.…

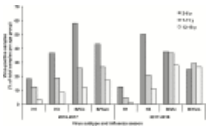

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose

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(odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

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Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to

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aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the

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same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal

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models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

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Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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From: SC
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject: Re: Charleston County - Your Notice/Superintendent Response: RE: Committing Fraud - Masks and Jabs
Date: Tuesday, August 17, 2021 9:50:15 AM

Charleston County - you have been made aware. Legal action will ensue and Christopher Keys will be aiding in this action. You wanted a battle, you wanted to be above the law. The AG and Governor refuse to step up, it will be handled. Please see below. You are on notice.

Sent from ProtonMail Mobile

---------- Forwarded message ----------
From: SC Superintendent<superintendent@ed.sc.gov>
Date: On Mon, Aug 16, 2021 at 3:02 PM
Subject: Fwd: RE: Committing Fraud - Masks and Jabs
To: SC [redacted]@protonmail.com>
Cc:

Thank you for reaching out and sharing your concerns. South Carolina public schools are bound by Proviso 1.108 which was passed by the General Assembly as part of 2021-2022 General Appropriations Bill. This Proviso prevents school districts from requiring face coverings in schools. The use of face coverings by students and staff within school facilities remains a recommendation of state and federal public health officials and Proviso 1.108 does not prevent districts from encouraging the wearing of face coverings in these settings.

1.108. (SDE: Mask Mandate Prohibition): No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy.

Since this is state law, South Carolina public schools will not be adopting the CDC's recommendations for required mask use. To be clear, this was an act of the General Assembly signed by the Governor and the SCDE nor Superintendent Spearman have the authority to reverse it. Thank you.

Laurie Traywick

Office of the Superintendent

SC Department of Education

From: SC [redacted]@protonmail.com>
Sent: Monday, August 16, 2021 2:08 PM
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; SC Superintendent <superintendent@ed.sc.gov>; cindy_bohn-coats@charleston.k12.sc.us; awilson@scag.gov
Subject: Re: Committing Fraud - Masks and Jabs

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https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd

https://www.bitchute.com/video/TsdTTHJteilw/

https://rumble.com/vl432o-truth..html

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC [redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.
>
> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.
>
> **Shedding**
>
> To start, the vaccinated people are shedding and

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that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed.

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"Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to

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prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an

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infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement

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violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube

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science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago… nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza

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Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3, 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require

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consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

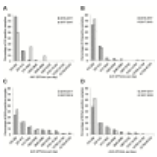

Figure 2.

Analysis of viral shedding titers.…

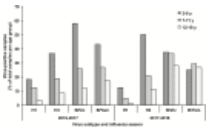

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral

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loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses

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the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were

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measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in

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observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we

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are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and

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haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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• **References**

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[8] **Grady, D. (2021)**. *A Few Covid Vaccine Recipients Developed a Rare Blood Disorder*,

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The New York Times, Feb. 8, 2021.

Yours faithfully,

Professsor Sucharit Bhakdi MD, Professor Emeritus of Medical Microbiology and Immunology, Former Chair, Institute of Medical Microbiology and Hygiene, Johannes Gutenberg University of Mainz (Medical Doctor and Scientist) (Germany and Thailand)

Dr Marco Chiesa MD FRCPsych, Consultant Psychiatrist and Visiting Professor, University College London (Medical Doctor) (United Kingdom and Italy)

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Professor Stefan Hockertz, Professor of Toxicology and Pharmacologym, European registered Toxicologist, Specialist in Immunology and Immunotoxicology, CEO tpi consult GmbH. (Scientist) (Germany)

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Dr Fabio Quirici, Swiss Medical Association (Medical Doctor) (Switzerland)

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Dr Noel Thomas, MA, MB, ChB, DCH, DObsRCOG, DTM&H, MFHom. Semi retired NHS GP and homeopath (Medical Doctor) (United Kingdom)

Dr Corinne Tilloy, General Practitioner, (Medical Doctor) (France)

Dr Gilbert Tominez, General Practitioner (Retired) (Medical Doctor) (France)

De Georgy Urushadze, Naturopathic Doctor, Pediatrician (Pirogov Russian National Medical University), Emergency Doctor, Physiotherapist,

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Homeopath, Researcher (Russia)

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Dr Jo Waller, UK State registered Biomedical Scientist since 1990 (Scientist) (United Kingdom)

Dr Maja Waibel, Dermatologist with specialty in Melanoma prevention (Medical Doctor) (Germany)

Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

Dr Helen Westwood MBChB (Hons), MRCGP, DCH, DRCOG, GP (Medical Doctor) (United Kingdom)

Dr Madhu Wickremaratchi, MBChB, MRCP, Acute and General Medicine (United Kingdom)

Dr Clive Wilder-Smith, FRCP, AGAF, MD, Consultant Gastroenterologst, Director of Research (Medical Doctor) (Switzerland)

Thomas Robin Wilks, MA, BSc(Hons) FHEA, CPhys, MInstP, University Science Lecturer, Maths, Mathematical Modelling and Physics, Open University (Scientist) (United Kingdom)

Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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From: SC
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject: Charleston County - Your Notice/Superintendent Response: RE: Committing Fraud - Masks and Jabs
Date: Tuesday, August 17, 2021 9:45:16 AM

Charleston County - you have been made aware. Legal action will ensue and Christopher Keys will be aiding in this action. You wanted a battle, you wanted to be above the law. The AG and Governor refuse to step up, it will be handled. Please see below. You are on notice.

Sent from ProtonMail Mobile

---------- Forwarded message ----------
From: SC Superintendent<superintendent@ed.sc.gov>
Date: On Mon, Aug 16, 2021 at 3:02 PM
Subject: Fwd: RE: Committing Fraud - Masks and Jabs
To: SC [redacted]@protonmail.com>
Cc:

Thank you for reaching out and sharing your concerns. South Carolina public schools are bound by Proviso 1.108 which was passed by the General Assembly as part of 2021-2022 General Appropriations Bill. This Proviso prevents school districts from requiring face coverings in schools. The use of face coverings by students and staff within school facilities remains a recommendation of state and federal public health officials and Proviso 1.108 does not prevent districts from encouraging the wearing of face coverings in these settings.

1.108. (SDE: Mask Mandate Prohibition): No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy.

Since this is state law, South Carolina public schools will not be adopting the CDC's recommendations for required mask use. To be clear, this was an act of the General Assembly signed by the Governor and the SCDE nor Superintendent Spearman have the authority to reverse it. Thank you.

Laurie Traywick

Office of the Superintendent

SC Department of Education

From: SC[redacted]@protonmail.com>
Sent: Monday, August 16, 2021 2:08 PM
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us;

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Eric_Mack@charleston.k12.sc.us; SC Superintendent <superintendent@ed.sc.gov>; cindy_bohn-coats@charleston.k12.sc.us; awilson@scag.gov
Subject: Re: Committing Fraud - Masks and Jabs

https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd

https://www.bitchute.com/video/TsdTTHJteilw/

https://rumble.com/vl432o-truth..html

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC [redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.
>
> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.
>
> **Shedding**

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To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof.

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Montagnier are dismissed. “Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines,” an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in “each country” where “the curve of vaccination is followed by the curve of deaths.”

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were “covered up.” The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch’s postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it “does not have a measurable virus.”

Pfizer Protocol and Document Direct Quotes:

“It is an investigational vaccine not licensed for any indication.”

”The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

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"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate

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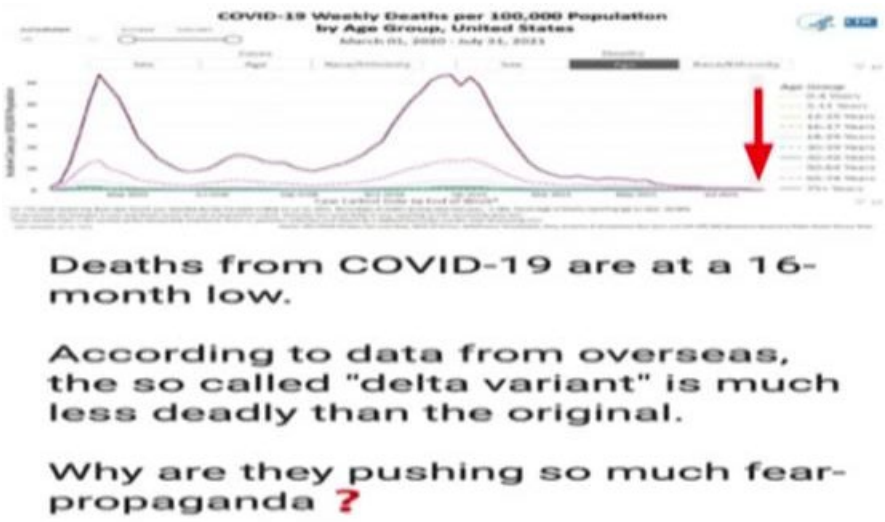
the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?



Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on

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animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A

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Vietnamese study of 1600 participants ***found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."***

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago… nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United

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Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3,4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

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Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

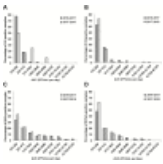

Figure 2.

Analysis of viral shedding titers.…

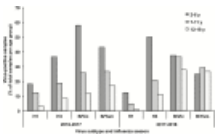

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**

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- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

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Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+

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T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

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Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-

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reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines

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constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Dr Jo Waller, UK State registered Biomedical Scientist since 1990 (Scientist) (United Kingdom)

Dr Maja Waibel, Dermatologist with specialty in Melanoma prevention (Medical Doctor) (Germany)

Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

Dr Helen Westwood MBChB (Hons), MRCGP, DCH, DRCOG, GP (Medical Doctor) (United Kingdom)

Dr Madhu Wickremaratchi, MBChB, MRCP, Acute and General Medicine (United Kingdom)

Dr Clive Wilder-Smith, FRCP, AGAF, MD, Consultant Gastroenterologst, Director of Research (Medical Doctor) (Switzerland)

Thomas Robin Wilks, MA, BSc(Hons) FHEA, CPhys, MInstP, University Science Lecturer, Maths, Mathematical Modelling and Physics, Open University (Scientist) (United Kingdom)

Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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From:	SC
To:	lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject:	Charleston County - Your Notice/Superintendent Response: RE: Committing Fraud - Masks and Jabs
Date:	Tuesday, August 17, 2021 9:30:06 AM

Charleston County - you have been made aware. Legal action will ensue and Christopher Keys will be aiding in this action. You wanted a battle, you wanted to be above the law. The AG and Governor refuse to step up, it will be handled. Please see below. You are on notice.

Sent from ProtonMail Mobile

---------- Forwarded message ----------
From: SC Superintendent<superintendent@ed.sc.gov>
Date: On Mon, Aug 16, 2021 at 3:02 PM
Subject: Fwd: RE: Committing Fraud - Masks and Jabs
To: SC [redacted]@protonmail.com>
Cc:

Thank you for reaching out and sharing your concerns. South Carolina public schools are bound by Proviso 1.108 which was passed by the General Assembly as part of 2021-2022 General Appropriations Bill. This Proviso prevents school districts from requiring face coverings in schools. The use of face coverings by students and staff within school facilities remains a recommendation of state and federal public health officials and Proviso 1.108 does not prevent districts from encouraging the wearing of face coverings in these settings.

1.108. (SDE: Mask Mandate Prohibition): No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy.

Since this is state law, South Carolina public schools will not be adopting the CDC's recommendations for required mask use. To be clear, this was an act of the General Assembly signed by the Governor and the SCDE nor Superintendent Spearman have the authority to reverse it. Thank you.

Laurie Traywick

Office of the Superintendent

SC Department of Education

From: SC [redacted]@protonmail.com>
Sent: Monday, August 16, 2021 2:08 PM
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us;

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helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; SC Superintendent <superintendent@ed.sc.gov>; cindy_bohn-coats@charleston.k12.sc.us; awilson@scag.gov
Subject: Re: Committing Fraud - Masks and Jabs

https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd

https://www.bitchute.com/video/TsdTTHJteilw/

https://rumble.com/vl432o-truth..html

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC [redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.
>
> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist

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coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

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Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July

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27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for

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something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, “the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms.” The CDC further noted that, “ **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen.” In other words, they had not isolated the “virus” and the faulty diagnostic tool did not have an accurate dictionary of the “virus”. The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a “COVID crisis” starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known

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as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a

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surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

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David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3,4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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for the Infectious Diseases Society of America.

Figures

Figure 1.

Study flowchart. Children aged 2–18…

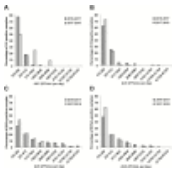

Figure 2.

Analysis of viral shedding titers.…

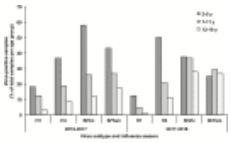

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

Similar articles

- Effectiveness of Live Attenuated vs Inactivated Influenza Vaccines in Children During the 2012-2013 Through 2015-2016 Influenza Seasons in Alberta, Canada: A Canadian Immunization Research Network (CIRN) Study.

  Buchan SA, Booth S, Scott AN, Simmonds KA, Svenson LW, Drews SJ, Russell ML, Crowcroft NS, Loeb M, Warshawsky BF, Kwong JC. JAMA Pediatr. 2018 Sep 1;172(9):e181514. doi: 10.1001/jamapediatrics.2018.1514. Epub 2018 Sep 4. PMID: 29971427 Free PMC article.

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  McLean HQ, Caspard H, Griffin MR, Gaglani M, Peters TR, Poehling KA, Ambrose CS, Belongia EA. JAMA Netw Open. 2018 Oct 5;1(6):e183742. doi: 10.1001/jamanetworkopen.2018.3742. PMID: 30646262 Free PMC article.

- Live attenuated influenza vaccine (LAIV): recent effectiveness results from the USA and implications for LAIV programmes elsewhere.

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Cited by 5 articles

- Antibody Responsiveness to Influenza: What Drives It?

  Lin X, Lin F, Liang T, Ducatez MF, Zanin M, Wong SS. Viruses. 2021 Jul 19;13(7):1400. doi: 10.3390/v13071400. PMID: 34372607 Free PMC article. Review.

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2021 Jan 25;7(1):veab002. doi: 10.1093/ve/veab002. eCollection 2021 Jan. PMID: 33680502 Free PMC article.

- Pre-existing influenza-specific nasal IgA or nasal viral infection does not affect live attenuated influenza vaccine immunogenicity in children.

  Cole ME, Kundu R, Abdulla AF, Andrews N, Hoschler K, Southern J, Jackson D, Miller E, Zambon M, Turner PJ, Tregoning JS. Clin Exp Immunol. 2021 Apr;204(1):125-133. doi: 10.1111/cei.13564. Epub 2021 Jan 13. PMID: 33314126

- Use of traditional serological methods and oral fluids to assess immunogenicity in children aged 2-16 years after successive annual vaccinations with LAIV.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant

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differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

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Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

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Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary

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volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise

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that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their

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approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Dr Tess Lawrie, MBBCh, PhD, Guideline methodologist and evidence synthesis expert, Director of The Evidence Based Medicine Consultancy Ltd, Bath UK. Honorary Researcher at the Royal United Hospital, Bath UK (Medical Doctor and Scientist) (United Kingdom)

Dr Bronia Lee, MBBCh, MRCGP, Retired General Practitioner (Medical Doctor) (United Kingdom)

Dr Katrina Lewis, MD, BSc in Immunology and Physiological Chemistry, triple Board certified (USA) in Anesthesiology, Pain Medicine and Functional Medicine (Medical Doctor) (South Africa, USA)

Dr Derek Lohan, Consultant Radiologist and Director, Helix Radiology (Medical doctor) (Ireland)

Dr. Adele Lorigan, BSC (Chiro), Chiropractor (Australia)

Dr Antje Lueg, Specialist in Opthamology (Medical Doctor) (Germany)

Dr Kulvinder S. Manik, MBChB, MA, LLM, MRCGP, GP (Medical Doctor) (England)

Dr. Rosemarie Mayr, Specialist in Psychiatry and Psychotherapeutic Medicine and Child and Adolescent Psychiatry, ÖÄK Diploma for Homeopathy (Retired) (Medical Doctor) (Germany)

Dr Janet Menage, MA, MB, ChB, General Medical Practitioner (Retired) Qualified Psychological Counsellor (Medical Doctor) (United Kingdom)

Dr Niall McCrae, PhD, MSc, RMN, Mental health researcher, Psychiatric Nurse (United Kingdom)

Professor Nathalie McDonell, MD, PhD (human genetics), Professor of Molecular and Cell Biology (Medical Doctor and Scientist) (France)

Dr Sabine de Monvallier, General Practitoner (Medical Doctor) (France)

Dr Amir Mortasawi, Physician and author (Germany)

Dr Souha Nasreddine, MD, Ob/Gyn, Graduated from the Free University of Brussels Belgium, Holistic Gynecology (Lebanon)

Dr Terezia Novotna, General Practitioner, Emergency Doctor, and Anesthesiologist in Training (Medical Doctor) (Austria)

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Ole C G Olesen, Double specialist in General Surgery, as well as Orthopedic Surgery and Trauma (Medical Doctor) (Denmark, Norway, Sweden and United Kingdom)

Dr Waltraud Parta-Kehry, Biologist and Doctor for Gynaecology and Reproductive Medicine (Medical Doctor) (Germany)

Dr Arun Kumar Patel, MBBS, MPH, MRCPH, FFPH, Medical Public Health Specialist (Retired), NHS (Medical Doctor) (United Kingdom)

Dr. Cristina Pinho, MD, Gastroenterologist (Medical Doctor) (Portugal)

Dr Hélène Potrich, General Practitioner (Medical Doctor) (France)

Dr Fabio Quirici, Swiss Medical Association (Medical Doctor) (Switzerland)

Professor Denis Rancourt, PhD, Researcher, Ontario Civil Liberties Association, Member scientist, PANDA (Pandemics Data & Analysis), Retired former Full Professor of Physics, University of Ottawa, with expertise in environmental nanoparticles, molecular science, molecular dynamics, statistical analysis methods and mathematical and epidemiological modelling (Scientist) (Canada)

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Dr Tred J Rissacher, DC, Chiropractor specialising in obesity and diabetes (USA)

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De Georgy Urushadze, Naturopathic Doctor, Pediatrician (Pirogov Russian National Medical University), Emergency Doctor, Physiotherapist, Homeopath, Researcher (Russia)

Dr Jasmina Vucic-Peev, PhD, studied in Freiburg, Germany, training in Psychiatry in Switzerland (Medical Doctor) (Germany, Switzerland, Portugal)

Dr Jo Waller, UK State registered Biomedical Scientist since 1990 (Scientist) (United Kingdom)

Dr Maja Waibel, Dermatologist with specialty in Melanoma prevention (Medical Doctor) (Germany)

Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

Dr Helen Westwood MBChB (Hons), MRCGP, DCH, DRCOG, GP (Medical Doctor) (United Kingdom)

Dr Madhu Wickremaratchi, MBChB, MRCP, Acute and General Medicine (United Kingdom)

Dr Clive Wilder-Smith, FRCP, AGAF, MD, Consultant Gastroenterologst, Director of Research (Medical Doctor) (Switzerland)

Thomas Robin Wilks, MA, BSc(Hons) FHEA, CPhys, MInstP, University Science Lecturer, Maths, Mathematical Modelling and Physics, Open University (Scientist) (United Kingdom)

Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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From: SC
To: cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson; governormcmaster@governor.sc.gov
Subject: Charleston County - RE: Committing Fraud - Masks and Jabs
Date: Tuesday, August 17, 2021 9:23:13 AM

Charleston County just reinstated masks. Teachers are losing their jobs because they do not want to inject an investigational drug that is NOT indicated for any use (in Pfizer documents/protocol). I know the amount of money provided to you through Pfizer and other pharmaceutical companies as well as hospital systems. I see these numbers EVERYDAY. What are you doing AG and Governor? What is more important? Your people or you wallet? See the superintendent response below. Which side of history will you be on?

Sent from ProtonMail Mobile

---------- Forwarded message ----------
From: SC Superintendent<superintendent@ed.sc.gov>
Date: On Mon, Aug 16, 2021 at 3:02 PM
Subject: Fwd: RE: Committing Fraud - Masks and Jabs
To: SC [redacted]@protonmail.com>
Cc:

Thank you for reaching out and sharing your concerns. South Carolina public schools are bound by Proviso 1.108 which was passed by the General Assembly as part of 2021-2022 General Appropriations Bill. This Proviso prevents school districts from requiring face coverings in schools. The use of face coverings by students and staff within school facilities remains a recommendation of state and federal public health officials and Proviso 1.108 does not prevent districts from encouraging the wearing of face coverings in these settings.

1.108. (SDE: Mask Mandate Prohibition): No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy.

Since this is state law, South Carolina public schools will not be adopting the CDC's recommendations for required mask use. To be clear, this was an act of the General Assembly signed by the Governor and the SCDE nor Superintendent Spearman have the authority to reverse it. Thank you.

Laurie Traywick

Office of the Superintendent

SC Department of Education

From: SC [redacted]@protonmail.com>
Sent: Monday, August 16, 2021 2:08 PM
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us;

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helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; SC Superintendent <superintendent@ed.sc.gov>; cindy_bohn-coats@charleston.k12.sc.us; awilson@scag.gov
Subject: Re: Committing Fraud - Masks and Jabs

https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd

https://www.bitchute.com/video/TsdTTHJteilw/

https://rumble.com/vl432o-truth..html

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC [redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.
>
> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist

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coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

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Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July

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27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for

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something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, “the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms.” The CDC further noted that, “ **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen.” In other words, they had not isolated the “virus” and the faulty diagnostic tool did not have an accurate dictionary of the “virus”. The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a “COVID crisis” starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known

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as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a

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surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

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David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3, 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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for the Infectious Diseases Society of America.

Figures

Figure 1.

Study flowchart. Children aged 2–18…

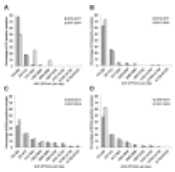

Figure 2.

Analysis of viral shedding titers.…

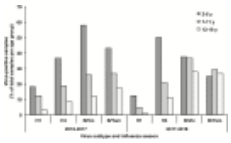

Figure 3.

The effect of participant age…

Comment in

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  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

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2.

   1. Pebody R, McMenamin J, Nohynek H. Live attenuated influenza vaccine (LAIV): recent effectiveness results from the USA and implications for LAIV programmes elsewhere. Arch Dis Child 2018; 103:101–5. - PubMed

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant

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differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

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Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

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Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary

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volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise

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that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their

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approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Dr Rachel Brown, MBChB, LLM (Medical Law & Ethics), MRCPsych CFMP, Consultant Psychiatrist (Medical Doctor) (United Kingdom)

Dr Roxana Bruno, PhD in Immunology, Researcher in Biochemistry, Immunology, Neuroinmunology and Genetics (Scientist) (Argentina)

Dr Elizabeth Burton, MBChB, General Medical Practitioner (Retired)(Medical Doctor) (United Kingdom)

Dr Ronald S. Carlson, AB Chem/Bio, DDS, Dentist (USA)

Dr Vernon Coleman, MB, ChB, General Practice Principal (Retired) (Medical Doctor) (United Kingdom)

Dr David Critchley, BSc, PhD, Clinical Research Scientist with more than 30 years experience, including projects in Virology and Immunology (Scientist) (United Kingdom)

Professor Barbara A Crothers, DO, Associate Professor, Pathology, Gynecologic, Breast and Cytopathology (USA)

Dr Rita Darby, General Practitioner (Medical Doctor) (Wales)

Dr. Daniel de la Torre Llorente, Biology Professor, Biotechnology-Plant Biology Department. Agronomic, Food and Biosystems Engineering School (ETSIAAB) Universidad Politécnica de Madrid (Scientist) (Spain)

Dr Nyjon Eccles, BSc, MBBS, MRCP, PhD, Specialist in Functional & Environmental Medicine (United Kingdom)

Dr Kjetil H. Elvevold, Senior Scientist, worked as Senior Scientist in a Contract Research Organization (CRO) in Norway that performed pre-clinical experiments for the pharmaceutical industry (Scientist) (Norway)

Dr Andreas Emmert, Specialist in Microbiology, Head Physician at Østfold Regional Hospital, Norway (Medical Doctor) (Norway)

Merit Enckell, Civ. Ing, PhD, Independent researcher, Structural Health Monitoring and Emerging Technologies, Formerly of KTH Royal Institute of Technology (Scientist) (Sweden)

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Dr Roman Häussler, General Medicine (Austria)

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Dr Ewa Konik, MD, Heart Transplant Cardiologist (Medical Doctor) (USA)

Dr Doris Krien, Assistant Doctor, Günzburg District Hospital (Medical Doctor) (Germany)

Brigitte Lacroix, clinical PKPD and PBPK modeler (Pharma industry), PhD in Pharmacy (Paris XI University), PhD in Pharmacometrics (Uppsala University) (Scientist) (France,

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Sweden)

Dr Andreas Lang, MD (Medical Doctor) (Germany)

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Dr Derek Lohan, Consultant Radiologist and Director, Helix Radiology (Medical doctor) (Ireland)

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Dr Sabine de Monvallier, General Practitoner (Medical Doctor) (France)

Dr Amir Mortasawi, Physician and author (Germany)

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Dr Terezia Novotna, General Practitioner, Emergency Doctor, and Anesthesiologist in Training (Medical Doctor) (Austria)

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Dr Hélène Potrich, General Practitioner (Medical Doctor) (France)

Dr Fabio Quirici, Swiss Medical Association (Medical Doctor) (Switzerland)

Professor Denis Rancourt, PhD, Researcher, Ontario Civil Liberties Association, Member scientist, PANDA (Pandemics Data & Analysis), Retired former Full Professor of Physics, University of Ottawa, with expertise in environmental nanoparticles, molecular science, molecular dynamics, statistical analysis methods and mathematical and epidemiological modelling (Scientist) (Canada)

Claudia Riempp, Psychologist and psychotherapist, expert in health education (Germany)

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Rhys Rogers, BSc, Physiotherapy, 12 years experience as a frontline Physiotherapist (United Kingdom)

Dr Tred J Rissacher, DC, Chiropractor specialising in obesity and diabetes (USA)

Professor Simon Ruijsenaars, Professor in Mathematical Physics, School of Mathematics, University of Leeds (Scientist) (United Kingdom)

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Dr Corinne Tilloy, General Practitioner, (Medical Doctor) (France)

Dr Gilbert Tominez, General Practitioner (Retired) (Medical Doctor) (France)

De Georgy Urushadze, Naturopathic Doctor, Pediatrician (Pirogov Russian National Medical University), Emergency Doctor, Physiotherapist, Homeopath, Researcher (Russia)

Dr Jasmina Vucic-Peev, PhD, studied in Freiburg, Germany, training in Psychiatry in Switzerland (Medical Doctor) (Germany, Switzerland, Portugal)

Dr Jo Waller, UK State registered Biomedical Scientist since 1990 (Scientist) (United Kingdom)

Dr Maja Waibel, Dermatologist with specialty in Melanoma prevention (Medical Doctor) (Germany)

Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

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Dr Madhu Wickremaratchi, MBChB, MRCP, Acute and General Medicine (United Kingdom)

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Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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From: SC
To: cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson; elizabeth_nicodin@charleston.k12.sc.us; governormcmaster@governor.sc.gov
Subject: Superintendent Response RE: Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 11:47:02 PM

See the response below. Charleston County School Board needs to be corrected on their lone actions taken tonight. They believe they are the law. I don't think they have the money in their budget for legal action.

Sent from ProtonMail Mobile

---------- Forwarded message ----------
From: SC Superintendent<superintendent@ed.sc.gov>
Date: On Mon, Aug 16, 2021 at 3:02 PM
Subject: Fwd: RE: Committing Fraud - Masks and Jabs
To: SC [redacted]@protonmail.com>
Cc:

Thank you for reaching out and sharing your concerns. South Carolina public schools are bound by Proviso 1.108 which was passed by the General Assembly as part of 2021-2022 General Appropriations Bill. This Proviso prevents school districts from requiring face coverings in schools. The use of face coverings by students and staff within school facilities remains a recommendation of state and federal public health officials and Proviso 1.108 does not prevent districts from encouraging the wearing of face coverings in these settings.

1.108. (SDE: Mask Mandate Prohibition): No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy.

Since this is state law, South Carolina public schools will not be adopting the CDC's recommendations for required mask use. To be clear, this was an act of the General Assembly signed by the Governor and the SCDE nor Superintendent Spearman have the authority to reverse it. Thank you.

Laurie Traywick

Office of the Superintendent

SC Department of Education

From: SC [redacted]@protonmail.com>
Sent: Monday, August 16, 2021 2:08 PM
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; SC Superintendent <superintendent@ed.sc.gov>; cindy_bohn-

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coats@charleston.k12.sc.us; awilson@scag.gov
Subject: Re: Committing Fraud - Masks and Jabs

https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd

https://www.bitchute.com/video/TsdTTHJteilw/

https://rumble.com/vl432o-truth..html

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC [redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.
>
> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

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Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are

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dismissed. “Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines,” an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in “each country” where “the curve of vaccination is followed by the curve of deaths.”

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were “covered up.” The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch’s postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it “does not have a measurable virus.”

Pfizer Protocol and Document Direct Quotes:

“It is an investigational vaccine not licensed for any indication.”

”The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

“There are currently no licensed vaccines to prevent infection

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with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical

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symptoms." The CDC further noted that, " **since no <u>quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted</u>**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of

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intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants

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found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1]

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, Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3]
, Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

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Figure 1.

Study flowchart. Children aged 2–18…

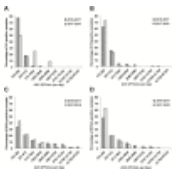

Figure 2.

Analysis of viral shedding titers.…

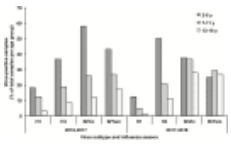

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

Similar articles

- Effectiveness of Live Attenuated vs Inactivated Influenza Vaccines in Children During the 2012-2013 Through 2015-2016 Influenza Seasons in Alberta, Canada: A Canadian Immunization Research Network (CIRN) Study.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when

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compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

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The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

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Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed

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oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances,

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and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6].

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Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

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Subject: Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 9:09:14 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all**

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peer reviewed literature and supporting research articles.

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up."

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The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021**

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despite the fact that the test is not reliable and it is not safe.

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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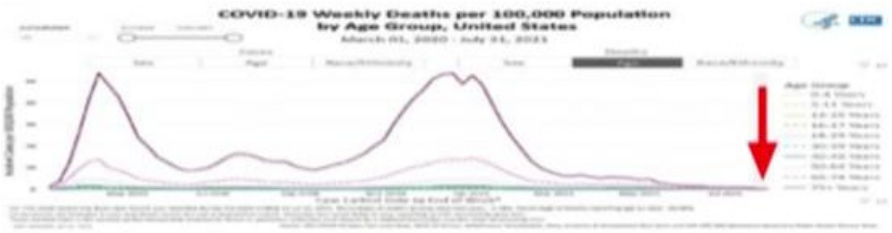

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We

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stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic,

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which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago… nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

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Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

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Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

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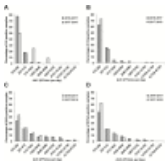

Figure 2.

Analysis of viral shedding titers.…

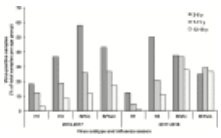

Figure 3.

The effect of participant age…

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

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Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

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"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

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Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O_2 greatly exceeds the volume of a pathogen required for

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transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

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In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe

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cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute "human experimentation", which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Subject: COATS (we have your email) Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 9:08:50 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all**

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peer reviewed literature and supporting research articles.

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up."

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The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021**

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despite the fact that the test is not reliable and it is not safe.

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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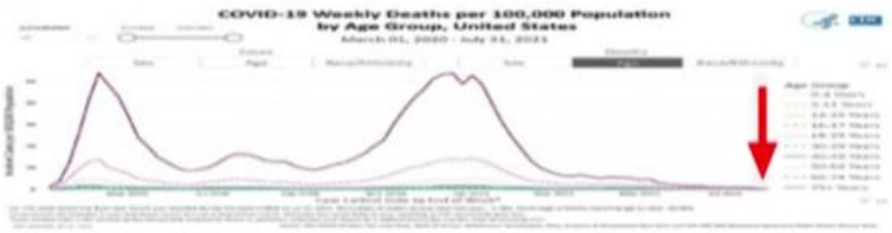

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We

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stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic,

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which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago… nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3] [4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

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Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

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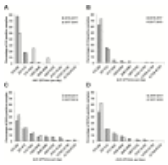

Figure 2.

Analysis of viral shedding titers.…

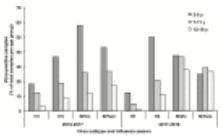

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

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Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

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"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

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Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for

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transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

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In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe

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cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute "human experimentation", which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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From:	SC
To:	lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; superintendent@ed.sc.gov; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject:	Committing Fraud - Masks and Jabs
Date:	Monday, August 16, 2021 9:08:13 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.
>
> **Shedding**
>
> To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see

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Exhibit A for all peer reviewed literature and supporting research articles.

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were

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"covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, "**since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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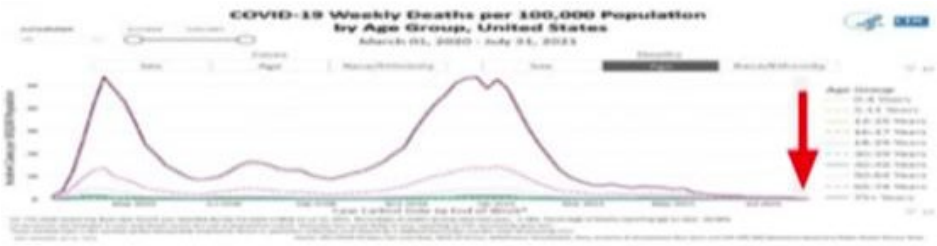

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens).

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We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I

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brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza

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vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

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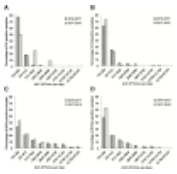

Figure 2.

Analysis of viral shedding titers.…

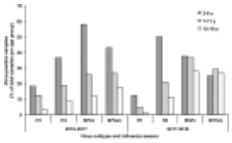

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Yu-Chia Hsieh , Fang-Tzy Wu , Chao A Hsiung , Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

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Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly

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higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

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There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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(Germany, Switzerland, Portugal)

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Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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From:	SC
To:	lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; superintendent@ed.sc.gov; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject:	Committing Fraud - Masks and Jabs
Date:	Monday, August 16, 2021 9:07:55 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.
>
> **Shedding**
>
> To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see

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Exhibit A for all peer reviewed literature and supporting research articles.

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were

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"covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, "**since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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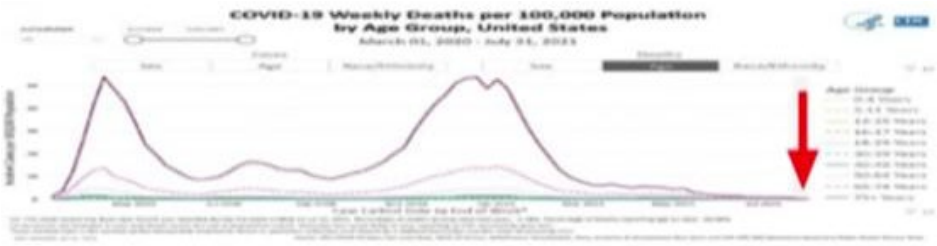

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens).

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We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I

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brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza

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vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

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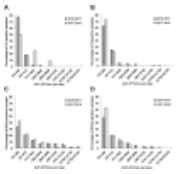

Figure 2.

Analysis of viral shedding titers.…

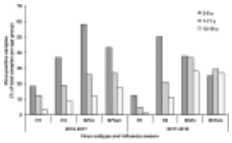

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Yu-Chia Hsieh , Fang-Tzy Wu , Chao A Hsiung , Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

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Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly

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higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

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There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

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From:	SC
To:	lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; superintendent@ed.sc.gov; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject:	Committing Fraud - Masks and Jabs
Date:	Monday, August 16, 2021 9:07:32 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.
>
> **Shedding**
>
> To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see

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Exhibit A for all peer reviewed literature and supporting research articles.

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were

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"covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, "**since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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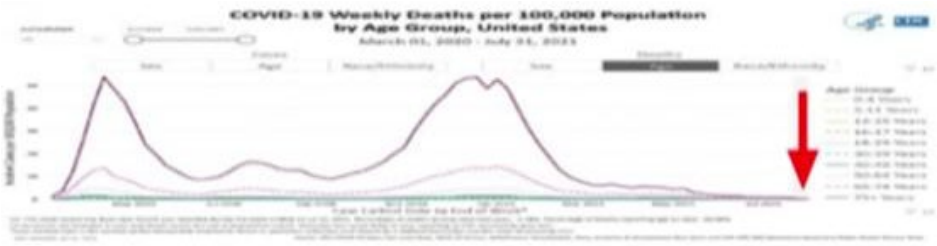

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens).

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We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I

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brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza

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vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

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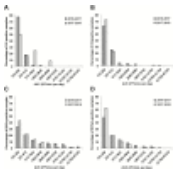

Figure 2.

Analysis of viral shedding titers.…

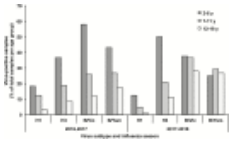

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Yu-Chia Hsieh , Fang-Tzy Wu , Chao A Hsiung , Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

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Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly

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higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

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There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

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From: SC
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Subject: Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 9:07:11 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see

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Exhibit A for all peer reviewed literature and supporting research articles.

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were

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"covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, "**since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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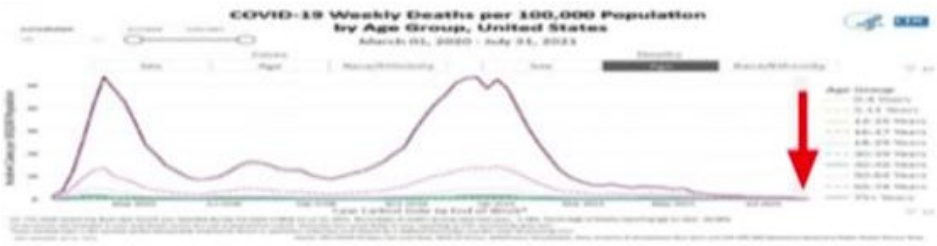

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens).

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We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I

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brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza

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vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

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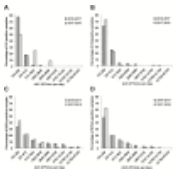

Figure 2.

Analysis of viral shedding titers.…

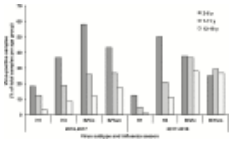

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

Similar articles

- Effectiveness of Live Attenuated vs Inactivated Influenza Vaccines in Children During the 2012-2013 Through 2015-2016 Influenza Seasons in Alberta, Canada: A Canadian Immunization Research Network (CIRN) Study.

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  Lin X, Lin F, Liang T, Ducatez MF, Zanin M, Wong SS. Viruses. 2021 Jul 19;13(7):1400. doi: 10.3390/v13071400. PMID: 34372607 Free PMC article. Review.

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- Pre-existing influenza-specific nasal IgA or nasal viral infection does not affect live attenuated influenza vaccine immunogenicity in children.

  Cole ME, Kundu R, Abdulla AF, Andrews N, Hoschler K, Southern J, Jackson D, Miller E, Zambon M, Turner PJ, Tregoning JS. Clin Exp Immunol. 2021 Apr;204(1):125-133. doi: 10.1111/cei.13564. Epub 2021 Jan 13. PMID: 33314126

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Yu-Chia Hsieh , Fang-Tzy Wu , Chao A Hsiung , Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

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Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly

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higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

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There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Dr Noel Thomas, MA, MB, ChB, DCH, DObsRCOG, DTM&H, MFHom. Semi retired NHS GP and homeopath (Medical Doctor) (United Kingdom)

Dr Corinne Tilloy, General Practitioner, (Medical Doctor) (France)

Dr Gilbert Tominez, General Practitioner (Retired) (Medical Doctor) (France)

De Georgy Urushadze, Naturopathic Doctor, Pediatrician (Pirogov Russian National Medical University), Emergency Doctor, Physiotherapist, Homeopath, Researcher (Russia)

Dr Jasmina Vucic-Peev, PhD, studied in Freiburg, Germany, training in Psychiatry in Switzerland (Medical Doctor)

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(Germany, Switzerland, Portugal)

Dr Jo Waller, UK State registered Biomedical Scientist since 1990 (Scientist) (United Kingdom)

Dr Maja Waibel, Dermatologist with specialty in Melanoma prevention (Medical Doctor) (Germany)

Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

Dr Helen Westwood MBChB (Hons), MRCGP, DCH, DRCOG, GP (Medical Doctor) (United Kingdom)

Dr Madhu Wickremaratchi, MBChB, MRCP, Acute and General Medicine (United Kingdom)

Dr Clive Wilder-Smith, FRCP, AGAF, MD, Consultant Gastroenterologst, Director of Research (Medical Doctor) (Switzerland)

Thomas Robin Wilks, MA, BSc(Hons) FHEA, CPhys, MInstP, University Science Lecturer, Maths, Mathematical Modelling and Physics, Open University (Scientist) (United Kingdom)

Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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Subject:	Committing Fraud - Masks and Jabs
Date:	Monday, August 16, 2021 9:06:57 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.
>
> **Shedding**
>
> To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see

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Exhibit A for all peer reviewed literature and supporting research articles.

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were

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"covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, "**since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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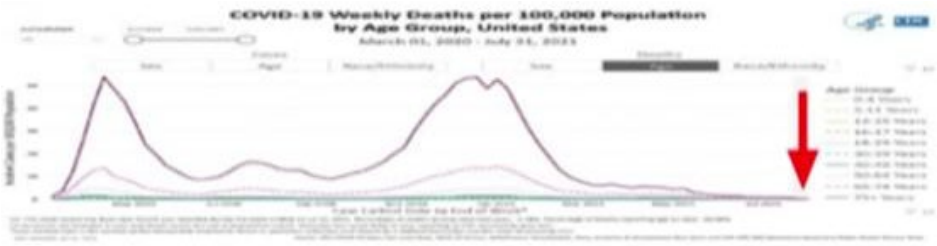

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens).

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We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I

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brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza

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vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

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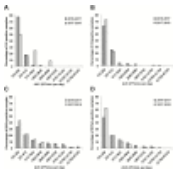

Figure 2.

Analysis of viral shedding titers.…

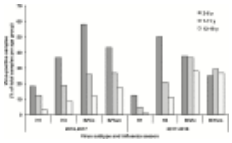

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

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  Dibben O, Crowe J, Cooper S, Hill L, Schewe KE, Bright H. NPJ Vaccines. 2021 Mar 12;6(1):35. doi: 10.1038/s41541-021-00300-z. PMID: 33712628 Free PMC article.

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  Layman NC, Tuschhoff BM, Nuismer SL. Virus Evol. 2021 Jan 25;7(1):veab002. doi: 10.1093/ve/veab002. eCollection 2021 Jan. PMID: 33680502 Free PMC article.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

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Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly

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higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

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There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Professor Denis Rancourt, PhD, Researcher, Ontario Civil Liberties Association, Member scientist, PANDA (Pandemics

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Data & Analysis), Retired former Full Professor of Physics, University of Ottawa, with expertise in environmental nanoparticles, molecular science, molecular dynamics, statistical analysis methods and mathematical and epidemiological modelling (Scientist) (Canada)

Claudia Riempp, Psychologist and psychotherapist, expert in health education (Germany)

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Rhys Rogers, BSc, Physiotherapy, 12 years experience as a frontline Physiotherapist (United Kingdom)

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Subject: Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 9:06:44 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see

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Exhibit A for all peer reviewed literature and supporting research articles.

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were

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"covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, "**since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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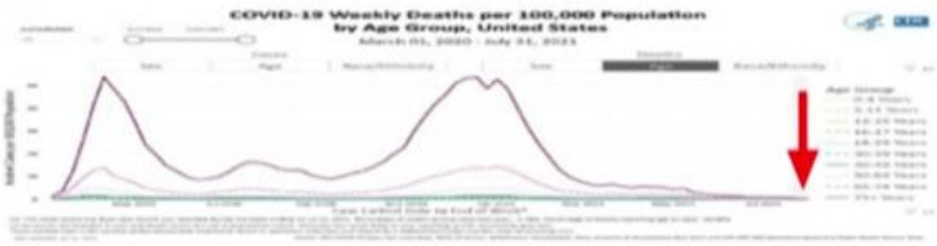

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens).

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We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I

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brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza

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vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

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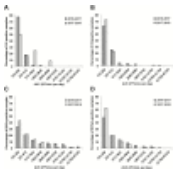

Figure 2.

Analysis of viral shedding titers.…

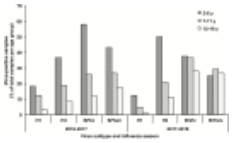

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

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Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly

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higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

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There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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Subject: Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 9:05:47 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected

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population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the

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inoculation deaths that were “covered up.” The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch’s postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it “does not have a measurable virus.”

Pfizer Protocol and Document Direct Quotes:

“It is an investigational vaccine not licensed for any indication.”

”The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

“There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance.”

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA’s most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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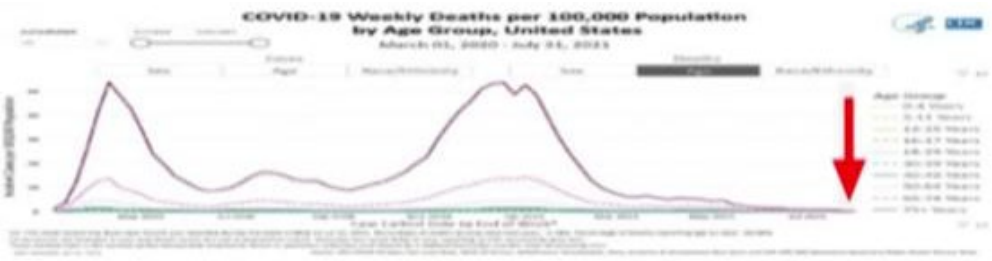

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an

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experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads

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because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3] [4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against

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(H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

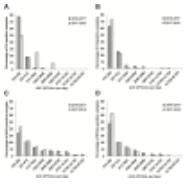

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Figure 2.

Analysis of viral shedding titers.…

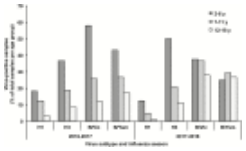

Figure 3.

The effect of participant age…

Comment in

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  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to

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evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of

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N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the

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public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN

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MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations

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they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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William Ip, BSc. MIBMS, Former NHS Biomedical Scientist (Specialist in Microbiology), for over 30 years (Sicentist) (United Kingdom)

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Jerzy Jaskowski, MD, PhD, MS, Specialties in General Surgery, Environmental Medicine, Physics and Biophysics (Retired)(Medical Doctor and Scientist) (Poland)

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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Subject: Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 9:05:30 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected

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population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the

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inoculation deaths that were “covered up.” The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch’s postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it “does not have a measurable virus.”

Pfizer Protocol and Document Direct Quotes:

“It is an investigational vaccine not licensed for any indication.”

”The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

“There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance.”

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA’s most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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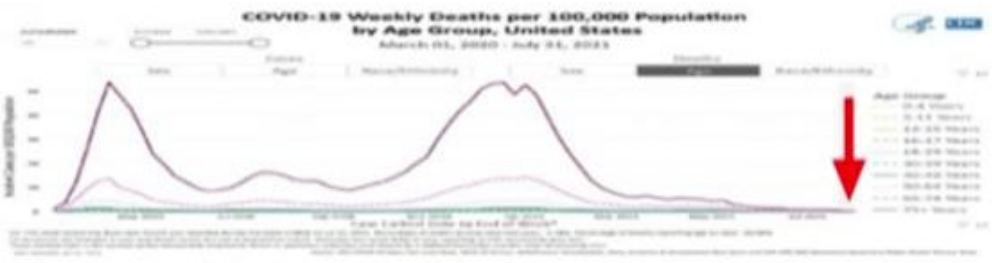

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an

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experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads

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because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3] [4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against

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(H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

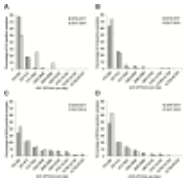

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Figure 2.

Analysis of viral shedding titers.…

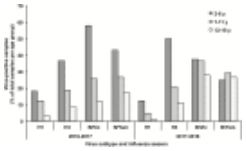

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to

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evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of

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N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the

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public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN

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MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations

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they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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Subject: Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 9:04:38 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected

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population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the

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inoculation deaths that were “covered up.” The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch’s postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it “does not have a measurable virus.”

Pfizer Protocol and Document Direct Quotes:

“It is an investigational vaccine not licensed for any indication.”

”The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

“There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance.”

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA’s most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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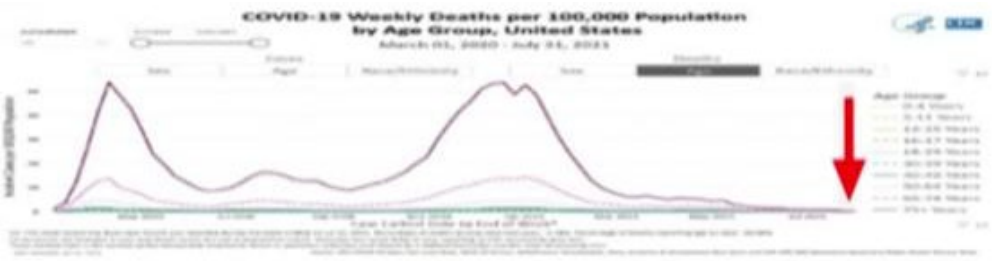

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an

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experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads

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because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3] [4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against

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(H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

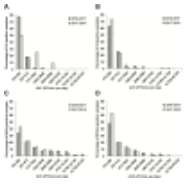

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Figure 2.

Analysis of viral shedding titers.…

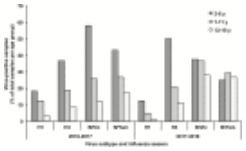

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

Similar articles

- Effectiveness of Live Attenuated vs Inactivated Influenza Vaccines in Children During the 2012-2013 Through 2015-2016 Influenza Seasons in Alberta, Canada: A Canadian Immunization Research Network (CIRN) Study.

  Buchan SA, Booth S, Scott AN, Simmonds KA, Svenson LW, Drews SJ, Russell ML, Crowcroft NS, Loeb M, Warshawsky BF, Kwong JC. JAMA Pediatr. 2018 Sep 1;172(9):e181514. doi: 10.1001/jamapediatrics.2018.1514. Epub 2018 Sep 4. PMID: 29971427 Free PMC article.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to

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evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of

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N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the

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public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN

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MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations

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they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Subject:	Committing Fraud - Masks and Jabs
Date:	Monday, August 16, 2021 9:04:23 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected

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population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the

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inoculation deaths that were “covered up.” The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch’s postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it “does not have a measurable virus.”

Pfizer Protocol and Document Direct Quotes:

“It is an investigational vaccine not licensed for any indication.”

”The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

“There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance.”

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA’s most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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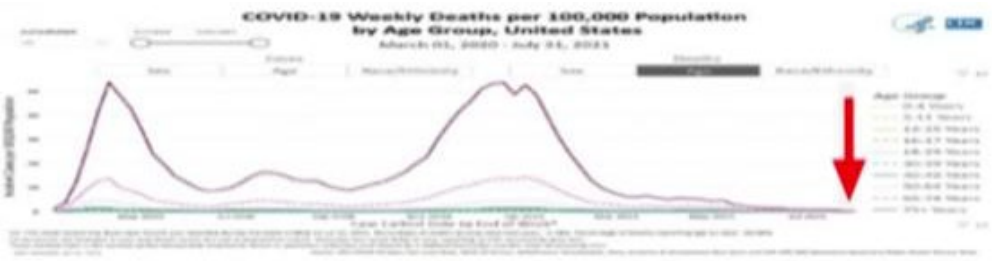

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an

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experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads

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because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

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Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against

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(H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

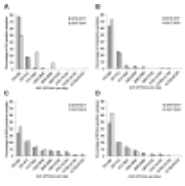

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Figure 2.

Analysis of viral shedding titers.…

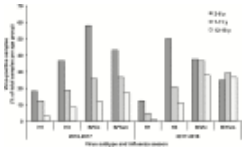

Figure 3.

The effect of participant age…

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to

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evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of

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N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the

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public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN

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MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations

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they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Subject: Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 9:04:05 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected

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population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the

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inoculation deaths that were “covered up.” The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch’s postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it “does not have a measurable virus.”

Pfizer Protocol and Document Direct Quotes:

“It is an investigational vaccine not licensed for any indication.”

”The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

“There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance.”

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA’s most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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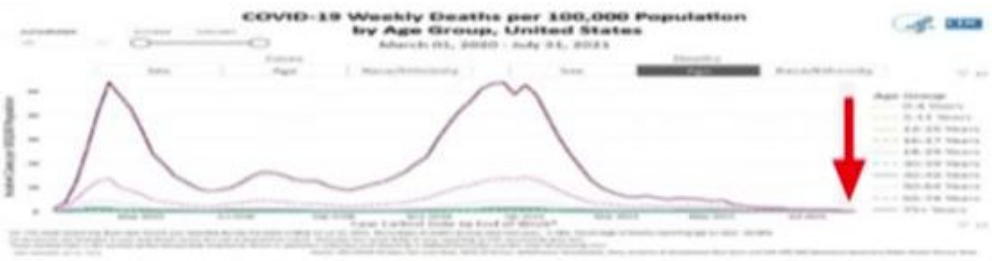

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an

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experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads

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because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3] [4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against

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(H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

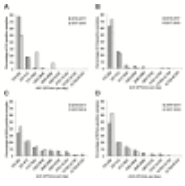

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Figure 2.

Analysis of viral shedding titers.…

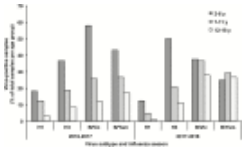

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to

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evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of

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N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the

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public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN

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MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations

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they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

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Subject:	Committing Fraud - Masks and Jabs
Date:	Monday, August 16, 2021 9:03:05 PM

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected

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population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the

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inoculation deaths that were “covered up.” The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch’s postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it “does not have a measurable virus.”

Pfizer Protocol and Document Direct Quotes:

“It is an investigational vaccine not licensed for any indication.”

”The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

“There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance.”

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA’s most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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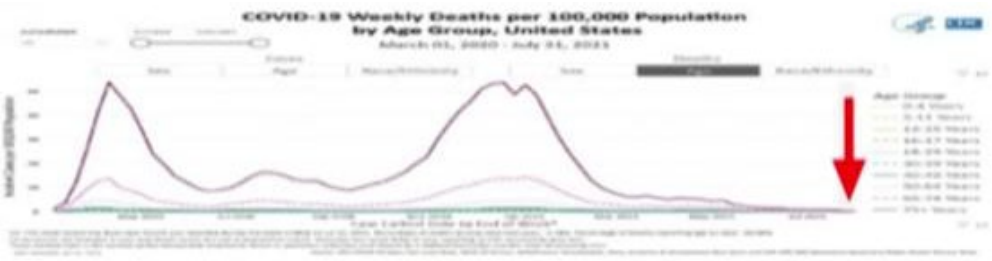

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an

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experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads

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because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3] [4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against

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(H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

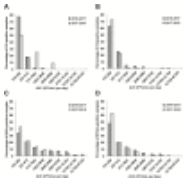

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Figure 2.

Analysis of viral shedding titers.…

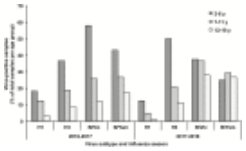

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to

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evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of

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N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the

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public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN

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MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations

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they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

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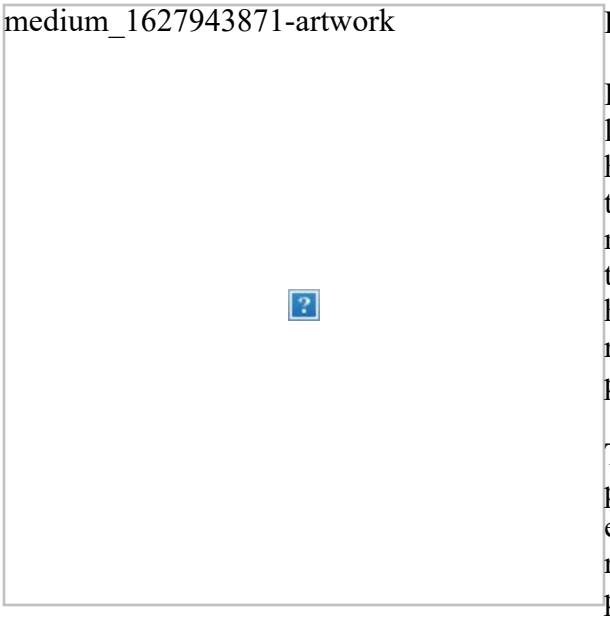
From: Jonathan Miller
To: Alan Wilson
Subject: My New Hemp Podcast -- The Delta 8 Variant
Date: Monday, August 16, 2021 3:19:51 PM



Hey Alan:

I like to joke that because I resumed practicing law after a two-decade sabbatical in politics, I had to invent a whole new legal regime in order to be an attorney. So while you wouldn't want me writing your will, my eight years in the trenches advocating for hemp legalization and helping to draft state and federal laws and regulations puts me a pretty good position to provide counsel to hemp and CBD companies.

That's why I'm excited to debut my new podcast: "Hemp Legally Speaking," a fun and enlightening look at the laws, policies, regulations and culture of hemp and hemp products like CBD. Each week, I'll have a 20 minute conversation with an expert on an emerging area of hemp law, in which we will discuss and debate some of the biggest challenges and controversies of the area.

My first guest is my Frost Brown Todd colleague, Nolan Jackson, a national expert on state laws and regulations, and we tackle today's hottest industry topic: Delta-8 THC. You can find intoxicating D8 products in vape shops and convenience stores across the country, but are they legal? And what does the debate mean for the future of non-intoxicating hemp products, such as CBD?

Please join us, and if you are so inclined, please "subscribe" to the podcast -- in all the usual podcast formats -- to keep up with the ever-evolving industry.

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Best,

Jonathan Miller
Member-in-Charge, Frost Brown Todd, Washington, DC
General Counsel, U.S. Hemp Roundtable
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Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC [redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.
>
> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

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Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent

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Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

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"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test

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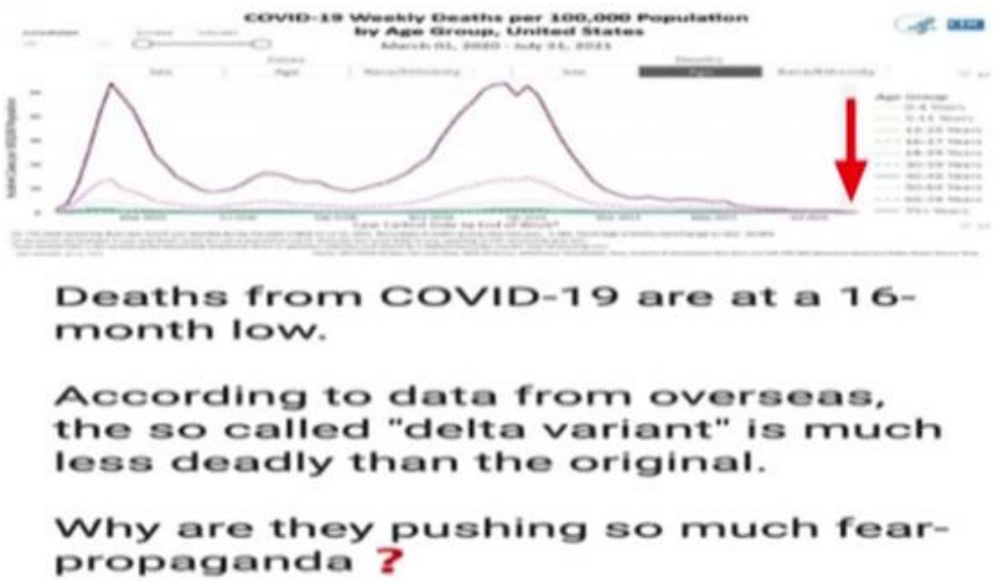
for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, “the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms.” The CDC further noted that, “ **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen.” In other words, they had not isolated the “virus” and the faulty diagnostic tool did not have an accurate dictionary of the “virus”. The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a “COVID crisis” starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?



Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding

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unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical

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mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and

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2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

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Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

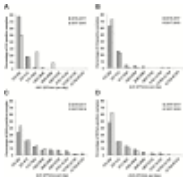

Figure 2.

Analysis of viral shedding titers.…

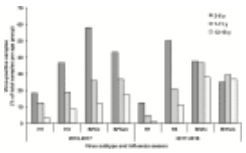

Figure 3.

The effect of participant age…

Comment in

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Similar articles

- Rotavirus shedding in premature infants following first immunization.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

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Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

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Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen

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particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until

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all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute "human experimentation", which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Dr Jasmina Vucic-Peev, PhD, studied in Freiburg, Germany, training in Psychiatry in Switzerland (Medical Doctor) (Germany, Switzerland, Portugal)

Dr Jo Waller, UK State registered Biomedical Scientist since 1990 (Scientist) (United Kingdom)

Dr Maja Waibel, Dermatologist with specialty in Melanoma prevention (Medical Doctor) (Germany)

Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

Dr Helen Westwood MBChB (Hons), MRCGP, DCH, DRCOG, GP (Medical Doctor) (United Kingdom)

Dr Madhu Wickremaratchi, MBChB, MRCP, Acute and General Medicine (United Kingdom)

Dr Clive Wilder-Smith, FRCP, AGAF, MD, Consultant Gastroenterologst, Director of Research (Medical Doctor) (Switzerland)

Thomas Robin Wilks, MA, BSc(Hons) FHEA, CPhys, MInstP, University Science Lecturer, Maths, Mathematical Modelling and Physics, Open University (Scientist) (United Kingdom)

Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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From: SC
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; superintendent@ed.sc.gov; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject: Re: Proviso 1.108 - Masks Not Authorized
Date: Monday, August 16, 2021 2:08:44 PM

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https://www.brighteon.com/63deb107-e0b0-43c2-8860-0edaa10647bd

https://www.bitchute.com/video/TsdTTHJteilw/

https://rumble.com/vl432o-truth..html

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:59 PM, SC [redacted]@protonmail.com> wrote:

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:59 PM, SC [redacted]@protonmail.com> wrote:

Good afternoon,

I am writing to you all out of legitimate concern that the board will illegally attempt to supersede Governor McMaster's Proviso 1.108 regarding face masks in schools.

Face masks, just like any other healthcare decision for our children, must rest solely on the parent to decide. Additionally, the threat of the school district enforcing a mandate despite the Governor's orders, is absolutely unacceptable. The parents must decide what is best for their children. The district has already collected waivers from parents who wish to opt out of the mandates, and making any other mandate two days before school starts will be met with another wave of waivers and parents wishing to pull their children out of school and opt for distance learning. The problem is, it is too late for that. We have learned what to do and what not to do over the past year, and masking innocent children with little scientific evidence proving efficacy is not the answer. The staff has been vaccinated and has been given the option to mask, neither of which should be forced on our children.

Furthermore, CCSD parents entered this school year understanding

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that:

“No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask..."
"...This prohibition extends to the announcement or enforcement of any such policy..."
https://www.scstatehouse.gov/sess124_2021-2022/appropriations2021/crp1b.htm

I do not question the healthcare decisions that you make for your children, nor should you question mine. Thank you for your time.

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC [redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.
>
> READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.
>
> With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina’s representatives, who represent the people, must resist coercion and fear tactics.
>
> **Shedding**
>
> To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral

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shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

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Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

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PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length

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RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on

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animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth

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mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago… nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1]

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, Nick Andrews [2], Jo Southern [3], Joanna Ellis [3]
, Katja Höschler [1], Richard Pebody [3], Paul J Turner [3]
[4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

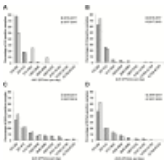

Figure 2.

Analysis of viral shedding titers.…

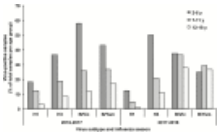

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

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  Buchan SA, Booth S, Scott AN, Simmonds KA, Svenson LW, Drews SJ, Russell ML, Crowcroft NS, Loeb M, Warshawsky BF, Kwong JC. JAMA Pediatr. 2018 Sep 1;172(9):e181514. doi: 10.1001/jamapediatrics.2018.1514. Epub 2018 Sep 4. PMID: 29971427 Free PMC article.

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  Lin X, Lin F, Liang T, Ducatez MF, Zanin M, Wong SS. Viruses. 2021 Jul 19;13(7):1400. doi: 10.3390/v13071400. PMID: 34372607 Free PMC article. Review.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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- PMID: **24076325**
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Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant

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differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

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Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece

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respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

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It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy

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younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad

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ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by

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emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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From: SC
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; superintendent@ed.sc.gov; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject: Proviso 1.108 - Masks Not Authorized
Date: Monday, August 16, 2021 1:00:54 PM

Good afternoon,

I am writing to you all out of legitimate concern that the board will illegally attempt to supersede Governor McMaster's Proviso 1.108 regarding face masks in schools.

Face masks, just like any other healthcare decision for our children, must rest solely on the parent to decide. Additionally, the threat of the school district enforcing a mandate despite the Governor's orders, is absolutely unacceptable. The parents must decide what is best for their children. The district has already collected waivers from parents who wish to opt out of the mandates, and making any other mandate two days before school starts will be met with another wave of waivers and parents wishing to pull their children out of school and opt for distance learning. The problem is, it is too late for that. We have learned what to do and what not to do over the past year, and masking innocent children with little scientific evidence proving efficacy is not the answer. The staff has been vaccinated and has been given the option to mask, neither of which should be forced on our children.

Furthermore, CCSD parents entered this school year understanding that:

"No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask..."
"...This prohibition extends to the announcement or enforcement of any such policy..."
https://www.scstatehouse.gov/sess124_2021-2022/appropriations2021/crp1b.htm

I do not question the healthcare decisions that you make for your children, nor should you question mine. Thank you for your time.

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC [redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems).

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Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

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The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it

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“does not have a measurable virus.”

Pfizer Protocol and Document Direct Quotes:

“It is an investigational vaccine not licensed for any indication.”

”The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

“There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance.”

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA’s most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T

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Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not

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work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

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. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the

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likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

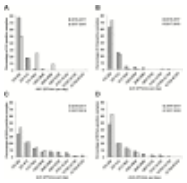

Figure 2.

Analysis of viral shedding titers.…

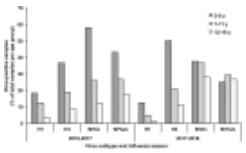

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

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Similar articles

- Effectiveness of Live Attenuated vs Inactivated Influenza Vaccines in Children During the 2012-2013 Through 2015-2016 Influenza Seasons in Alberta, Canada: A Canadian Immunization Research Network (CIRN) Study.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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- PMID: **24076325**
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Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding

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viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

“We know that wearing a mask outside health care facilities offers

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little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of

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used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to

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pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

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As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the

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time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute "human experimentation", which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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specializing in drug safety (Medical Doctor) (USA)

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Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

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Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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From: SC
To: lauren_herterich@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; governormcmaster@governor.sc.gov; erica_cokley@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; superintendent@ed.sc.gov; cindy_bohn-coats@charleston.k12.sc.us; Alan Wilson
Subject: Proviso 1.108 - Masks Not Authorized
Date: Monday, August 16, 2021 1:00:49 PM

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:59 PM, SC <[redacted]@protonmail.com> wrote:

> Good afternoon,
>
> I am writing to you all out of legitimate concern that the board will illegally attempt to supersede Governor McMaster's Proviso 1.108 regarding face masks in schools.
>
> Face masks, just like any other healthcare decision for our children, must rest solely on the parent to decide. Additionally, the threat of the school district enforcing a mandate despite the Governor's orders, is absolutely unacceptable. The parents must decide what is best for their children. The district has already collected waivers from parents who wish to opt out of the mandates, and making any other mandate two days before school starts will be met with another wave of waivers and parents wishing to pull their children out of school and opt for distance learning. The problem is, it is too late for that. We have learned what to do and what not to do over the past year, and masking innocent children with little scientific evidence proving efficacy is not the answer. The staff has been vaccinated and has been given the option to mask, neither of which should be forced on our children.
>
> Furthermore, CCSD parents entered this school year understanding that:
>
> "No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask..."
> "...This prohibition extends to the announcement or enforcement of any such policy..."
> https://www.scstatehouse.gov/sess124_2021-2022/appropriations2021/crp1b.htm
>
> I do not question the healthcare decisions that you make for your children, nor should you question mine. Thank you for your time.

Sent from ProtonMail Mobile

On Mon, Aug 16, 2021 at 12:57 PM, SC <[redacted]@protonmail.com> wrote:

> Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way,

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is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

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According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are

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suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021 despite the fact that the test is not reliable and it is not safe.**

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TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, "**since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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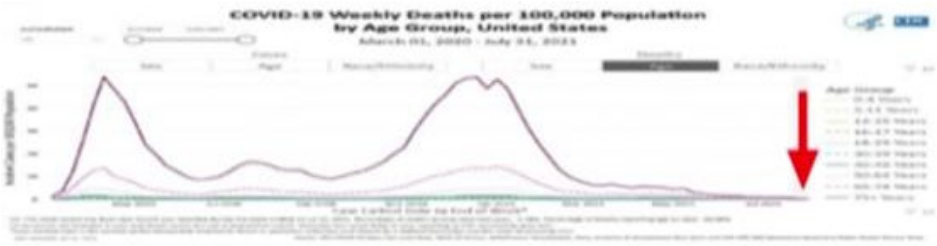

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the CDC/VAERS database (which includes teens).

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We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary and should be devoid of coercion. I

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brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

Abstract

Background: The (H1N1)pdm09 live attenuated influenza

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vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

Study flowchart. Children aged 2–18…

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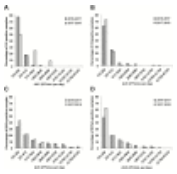

Figure 2.

Analysis of viral shedding titers.…

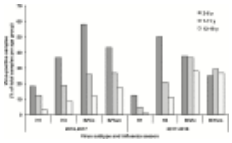

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

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- Effectiveness of Live Attenuated vs Inactivated Influenza Vaccines in Children During the 2012-2013 Through 2015-2016 Influenza Seasons in Alberta, Canada: A Canadian Immunization Research Network (CIRN) Study.

  Buchan SA, Booth S, Scott AN, Simmonds KA, Svenson LW, Drews SJ, Russell ML, Crowcroft NS, Loeb M, Warshawsky BF, Kwong JC. JAMA Pediatr. 2018 Sep 1;172(9):e181514. doi: 10.1001/jamapediatrics.2018.1514. Epub 2018 Sep 4. PMID: 29971427 Free PMC article.

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JAMA Netw Open. 2018 Oct 5;1(6):e183742. doi: 10.1001/jamanetworkopen.2018.3742. PMID: 30646262 Free PMC article.

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- Designing transmissible viral vaccines for evolutionary robustness and maximum efficiency.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

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Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly

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higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency, Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

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3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.

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There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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Yours faithfully,

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Professor Stefan Hockertz, Professor of Toxicology and Pharmacologym, European registered Toxicologist, Specialist in Immunology and Immunotoxicology, CEO tpi consult GmbH. (Scientist) (Germany)

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Dr Lissa Johnson, BSc, BA(Media) MPsych(Clin) PhD, Clinical Psychologist and Behavioural Scientist, Expertise in the social psychology of atrocity, torture, collective violence and propaganda, former member, professional body Public Interest Advisory Group (Psychologist) (Australia)

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Subject: Committing Fraud - Masks and Jabs
Date: Monday, August 16, 2021 12:58:46 PM
Attachments: image005.png

Legal actions are coming. A recent critical case was won in Jefferson County, AL and the school board/school system had to retract both jab and mask mandates for all students and teachers. You are committing fraud and can be held legally liable for your actions. The jab, by the way, is not approved as a vaccine intended for use with SARS-CoV-2. Documents from Pfizer state this is an investigational drug NOT indicated for any use. They further state that there is no drug that is licensed for use with virus, a virus which has never been isolated (see case won in Alberta, Canada). Pfizer and others are under clinical trial currently in Phase 3, which are presently scheduled to end in 2022 and 2023 (openVAERS.com shows 12,366 deaths immediately post jab and 21,224 total after the jab with 1,356,036 adverse events - this is one of 12 reporting systems). Masks are also covered below, but there is less than 2% efficacy in ANY study with N95 mask use. Imagine the nonsense you are using on your face.

READ below, which I believe you can considering you are educators but you lack the ability to research. Try it. You can learn something.

With the recent MSM and Administrator Biden push for mask revival and lock downs amidst a delta variant reported across multiple media outlets, South Carolina's representatives, who represent the people, must resist coercion and fear tactics.

Shedding

To start, the vaccinated people are shedding and that has been shown by CDC and FDA data/information. It is well documented by various studies that vaccine virus shedding occurs typically up to 28 days after the vaccine was injected. In one study posted by MedImmune LLC in November 2010, data clearly showed such results in their clinicaltrials.gov study NCT00344305. To state there is no such thing as viral shedding by the vaccinated is extremely irresponsible and a fallacy. Considering this biologic is not FDA approved as a vaccine, and proper research was not conducted, the extent and duration of the shedding is unknown. Shedding has been shown to occur with A/H1N1 and A/H3N along with many other vaccines. Considering this information, USA today and NBC reported on the Delta Variant being caused by the inoculated. Before the internet scrubbed the factual information posted on July 27, 2021 (screen shots saved) about the super shedders and super spreaders, also known as the *Inoculated*, NBC news reported that vaccinated individuals have higher levels of the virus and infect others. USA Today then reported on the NBC

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News story. Sources revealed that the inoculated are shedding the virus. In Massachusetts, it was recently reported that 74% of their infected population was previously vaccinated. There are numerous articles on vaccination shedding. Please see **Exhibit A for all peer reviewed literature and supporting research articles.**

Prof. Luc Montagnier – French Virologist (Nobel Prize Winner 2008)

According to Prof. Luc Montagnier, Nobel Prize Recipient in 2008, referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants," Prof. Luc Montagnier continued.

The prominent virologist explained that "there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die. This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Antibody-Dependent Enhancement.

Prof. Montagnier said that epidemiologists know but are "silent" about the phenomenon, known as "Antibody-Dependent Enhancement" (ADE). In the articles that mention ADE, the concerns expressed by Prof. Montagnier are dismissed. "Scientists say that ADE is pretty much a non-issue with COVID-19 vaccines," an article at Medpage Today reported in March.

Prof. Montagnier explained that the trend is happening in "each country" where "the curve of vaccination is followed by the curve of deaths."

Open Letter Attached - see Exhibit C.

Openvaers.com and Lawsuits

Openvaers.com shows you how deadly and injurious this inoculation is for all age groups. Teens have died immediately following the inoculation. Please do your research as it appears OUR representation is not currently

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doing any research. Multiple lawsuits have been filed. Thomas Renz and AFLD filed one suit against the Department of Health and Human Services due to the inoculation deaths that were "covered up." The suit seeks to stop inoculations due to the deadly outcomes. Their whistleblower shows clear data that, from the CMS database, 45,000 elderly died within 3 days of inoculation.

A Lab in South California along with 7 other universities are suing the CDC for fraud stating that not one of 1500 samples they were sent to test contained COVID-19. Dr. Derek Knauss stated that when his lab team subjected 1500 samples to Koch's postulates and put them under a SEM; no COVID was found in the 1500 samples. They found only influenzas A and B. They then sent the samples to Stanford, Cornell, and the University of California. The other universities produced the same results. When the CDC was sent a request for the isolated COVID-19 virus, it could not and was not able to produce it. The CDC admitted in the summer of 2020 that it "does not have a measurable virus."

Pfizer Protocol and Document Direct Quotes:

"It is an investigational vaccine not licensed for any indication."

"The Phase 3 clinical trial of BNT162b2, which is based on BioNTech's proprietary mRNA technology, began on July 27, 2020.

"There are currently no licensed vaccines to prevent infection with SARS-CoV-2 or COVID-19. Given the rapid transmission of COVID-19 and incidence of disease in the United States and elsewhere, the rapid development of an effective vaccine is of utmost importance."

PCR Test Recalled Yet Still in Use

The CDC and FDA just came out and said that the PCR test cannot be used any longer due to the high rate of false positives. **Last month the FDA issued a Class 1 Recall of the SARS-CoV-2 Antigen Rapid Qualitative Test due to Risk of False Test Results. The Class 1 Recall is the FDA's most serious type of recall. The use of these devices may cause serious injuries or death. False positives can lead to a delay in the correct diagnosis and appropriate treatment for the actual diagnosis. They also serve to cause inaccurate inflation of cases. The CDC is allowing use of the PCR test through December 31, 2021**

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despite the fact that the test is not reliable and it is not safe.

TESTS URGENTLY RECALLED INCLUDE:

Innova SARS-CoV-2 Antigen Rapid Qualitative [Innova COVID-19 Self-Test Kit (3T Configuration)]

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (7T Configuration)

Innova SARS-CoV-2 Antigen Rapid Qualitative Test (25T Configuration)

How does it make sense to continue to use this test? Prior economic destruction (i.e., lockdowns), mask mandates, and inoculation coercion were/are based on this false positive data. This has caused irreparable damage to so many, to includes deaths from improper treatment and death by suicide. Additionally, recent internal lab instructions increased the cycles/revolutions yet again (i.e., anything over 27 cycles is well documented to be insufficient for any detection) for the decommissioned PCR test thereby picking up all dead RNA as the COVID-19 flu. Finally, the PCR test cannot test for something which they do not have true comparison samples. Regarding the PCR test, the CDC stated, "the detection of viral RNA cannot demonstrate the presence of an infections virus, or that 2019-nCoV is the causative agent of clinical symptoms." The CDC further noted that, " **since no quantified virus isolates for the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of invitro transcribed full length RNA (N gene; GenBank Accession: MN908947.2) of known titer spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium to **mimic** clinical specimen." In other words, they had not isolated the "virus" and the faulty diagnostic tool did not have an accurate dictionary of the "virus". The fear mongering, lock downs, isolation, and mandates were based on a test that could NOT test the virus it was reporting. On Monday, a nurse in Florida leaked information that the hospital systems are preparing for a "COVID crisis" starting next week. How do the hospital systems know there will be a COVID Crisis starting next week?

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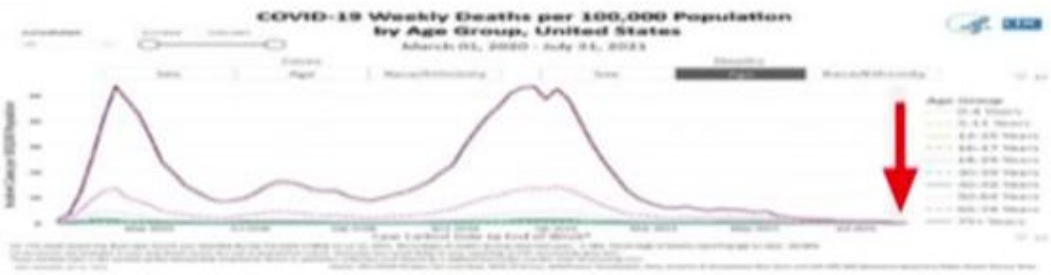

Deaths from COVID-19 are at a 16-month low.

According to data from overseas, the so called "delta variant" is much less deadly than the original.

Why are they pushing so much fear-propaganda ?

Title 21 Sections 501, 502, 312.23, 312.42

Acting Assistant US Attorney General Johnson stated in a memo that under Title Code 21 Section 564, private companies and local governments can mandate the inoculation under emergency use authorization. **This interpretation is reckless and has no merit, nor is it enforceable.** In fact, by this statement, she violates 4 other sections under Title Code 21 regarding drug and vaccine safety. Her statement violates Section 502 regarding false and misleading labeling as the biologic is not approved as a vaccine. There is no benefit to your health. Her statement violates Section 501 regarding unadulterated drugs and devices as it contains a toxin known as the trade secret *graphene oxide*. Further, her statement violates Section 312.23 of new drug applications because these biologics were not tested on animals, and under this section you must first prove safety in animals. Only a letter of intent for pregnant rats was signed, and the decision was made that this biologic can be injected into pregnant women. Does that not bother you? Under any protein therapy per the FDA, due to shedding, vaccines need to be tested on animals first, then go into Phase I human studies. Further, if there is shedding or risk to child-bearing age, the trials and the injections should be stopped. They have no control measures developed for the shedding so that the injected do not INFECT THE UNINJECTED. These biologics, may I remind you, are still under clinical trial status and, again, never underwent animal studies or proper human study completion. By attempting to enforce the inoculation in any state, you and the Federal Government will be held accountable as a complicit contributor and participant. To continue, this also violated Section 312.42 regarding controls and request for modifications, trials and injections should be stopped if any of the 3 dozen side effects to include over 11,000 US deaths reported in the

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CDC/VAERS database (which includes teens). We stopped studies before with just 4 deaths. Mandating an experimental biologic also violates every Nuremberg Code, thereby making all those complicit with the mandate guilty. If you recall, there was another point in history where humans were used as guinea pigs in experiments; they also placed yellow stars on people much like the NFL is using yellow wristbands to discriminate and create a hostile environment for those declining the inoculation. What side of history do you want to be on?

Should you not act now, you are actively supporting discrimination by biologic inoculation status. This is the very definition of fascism.

Masks

We also have endless data and research that shows masks do not work. There is less than 2% difference of viral transmission between mask and non-mask wearers. There is not any data to-date that shows masks work. Mask pores are so large (0.3 microns or larger) that all virus particles permeate the mask (virus particles are 0.06-0.17 microns). See research in **Exhibit B**.

Rand Paul Interview:

"Here's some of the science for the YouTube science deniers. A Danish study of 6000 participants found that wearing a surgical mask did not significantly reduce a person's risk of COVID 19 infection compared to the risks facing those who did not wear masks. A Vietnamese study of 1600 participants found that cloth masks allow for 97% penetration of particles the same size as the virus. This study also found that cloth mask wares had a higher rate of infection than the control group who wore no masks. Now when it comes to N 95 masks, I have always said that those do work. Dr. Fauci knew that too, which is why he originally lied to the public, and said that the masks don't work. He feared not enough health workers would be able to buy N 95 masks if the public were buying them. He justified his lies by explaining that he was trying to shape human behavior."

People are losing their jobs or being discriminated against over the refusal of the experimental biologic, which is supposedly voluntary

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and should be devoid of coercion. I brought this issue to AG Wilson, Gov. McMaster, and other Congress members months ago…nothing was addressed. Now, we are at a crossroads because you would not stand firmly. I implore you, uphold your commitment to the people, and not to money, pharma, or the hospital systems.

I look forward to your immediate response.

Exhibit A

. 2020 Jun 10;70(12):2505-2513.

doi: 10.1093/cid/ciz719.

Viral Shedding in Recipients of Live Attenuated Influenza Vaccine in the 2016-2017 and 2017-2018 Influenza Seasons in the United Kingdom

David Jackson [1], Max Pitcher [1], Chris Hudson [1], Nick Andrews [2], Jo Southern [3], Joanna Ellis [3], Katja Höschler [1], Richard Pebody [3], Paul J Turner [3 4], Elizabeth Miller [3], Maria Zambon [1]

Affiliations

- PMID: **31642899**
- PMCID: PMC7286380
- DOI: 10.1093/cid/ciz719

Free PMC article

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Abstract

Background: The (H1N1)pdm09 live attenuated influenza vaccine (LAIV) strain was changed for the 2017-2018 influenza season to improve viral fitness, following poor protection against (H1N1)pdm09 viruses in 2015-2016. We conducted LAIV virus shedding studies to assess the effect of this change.

Methods: Children aged 2-18 years were recruited to receive LAIV in the 2016-2017 (n = 641) and 2017-2018 (n = 362) influenza seasons. Viruses from nasal swabs taken 1, 3, and 6 days postvaccination were quantified by reverse-transcription polymerase chain reaction and area under the curve titers were determined. Presence and quantity of shedding were compared between strains and seasons with adjustment for age and prior LAIV (n = 436), inactivated seasonal vaccine (n = 100), or (H1N1)pdm09 vaccine (n = 166) receipt.

Results: (H1N1)pdm09 detection (positivity) in 2016-2017 and 2017-2018 (11.2% and 3.9%, respectively) was lower than that of H3N2 (19.7% and 18.7%, respectively) and B/Victoria (28.9% and 33.9%, respectively). (H1N1)pdm09 positivity was higher in 2016-2017 than 2017-2018 (P = .005), but within shedding-positive participants, the (H1N1)pdm09 titer increased in 2017-2018 (P = .02). H3N2 and influenza B titers were similar between seasons. Positivity declined with age, and prior vaccination reduced the likelihood of shedding influenza B but not (H1N1)pdm09.

Conclusions: The (H1N1)pdm09 titer increased in 2017-2018, indicating more efficient virus replication in shedding-positive children than the 2016-2017 strain, although overall positivity was reduced. Age and vaccination history require consideration when correlating virus shedding and protection.

Clinical trials registration: NCT02143882, NCT02866942, and NCT03104790.

Keywords: LAIV; influenza; vaccine effectiveness; virus shedding.

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Figures

Figure 1.

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Study flowchart. Children aged 2–18…

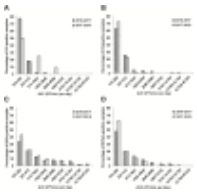

Figure 2.

Analysis of viral shedding titers.…

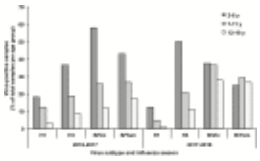

Figure 3.

The effect of participant age…

Comment in

- Effectiveness of the Live Attenuated Influenza Vaccine: Was the Addition of the Second Type B Lineage a Step Too Far?

  Monto AS. Clin Infect Dis. 2020 Jun 10;70(12):2514-2516. doi: 10.1093/cid/ciz722. PMID: 31408517 No abstract available.

Similar articles

- Effectiveness of Live Attenuated vs Inactivated Influenza Vaccines in Children During the 2012-2013 Through 2015-2016 Influenza Seasons in Alberta, Canada: A Canadian Immunization Research Network (CIRN) Study.

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Comparison of virus shedding after lived attenuated and pentavalent reassortant rotavirus vaccine

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Yu-Chia Hsieh [1], Fang-Tzy Wu [2], Chao A Hsiung [3], Ho-Sheng Wu [2], Kuang-Yi Chang [4], Yhu-Chering Huang [5]

Affiliations

- PMID: **24076325**
- DOI: 10.1016/j.vaccine.2013.08.041

Abstract

Transmission of rotavirus vaccine or vaccine-reassortant strains to unvaccinated contacts has been reported. Therefore, it is essential to evaluate and characterize the nature of vaccine-virus shedding among rotavirus vaccine recipients. Two groups of healthy infants who received a complete course of RotaTeq (RV5) or Rotarix (RV2) were enrolled (between March 2010 and June 2011) to compare fecal shedding for one month after each vaccine dose. Shedding was assessed using both enzyme immunoassay (EIA) and real-time reverse transcription-polymerase chain reaction (RT-PCR). Eighty-seven infants (34 girls and 53 boys) were enrolled in the study. After the first vaccine dose, the peak time of virus shedding occurred between day 4 and day 7, with positive detection rates of 80-90% by real-time RT-PCR and 20-30% by EIA. In both groups, vaccine shedding occurred as early as one day and as late as 25-28 days. Mixed effects logistic regression analysis of real-time RT-PCR data showed no significant differences between two groups when shedding rates were compared after the first vaccine dose (odds ratio [OR] 1.26; P=0.71) or after the second vaccine dose (odds ratio [OR] 1.26; P=0.99). However, infants receiving RV2 shed significantly higher viral loads than those receiving RV5 when compared after the first vaccine dose (P=0.001) and after the second dose (P=0.039). In terms of shedding rates detected by real-time RT-PCR, vaccine uptake of RV5 or RV2 among infants in Taiwan was comparable. Clinical significance of higher shedding viral loads in RV2 should be further observed.

Keywords: Rotavirus vaccine; Shedding.

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Exhibit B

Mask Data/Research

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

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Researchers are concerned about possible burden of face-masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when

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compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O2 greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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Exhibit C

Open Letter

Emer Cooke, Executive Director, European Medicines Agency,
Amsterdam, The Netherlands

28 February 2021

Dear Sirs/Mesdames,

FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request

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evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence

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by the EMA.

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute "human experimentation", which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

Doctors and scientists can sign the open letter by emailing their name, qualifications, areas of expertise, country and any affiliations they would like to cite, to Doctors4CovidEthics@protonmail.com

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[8] **Grady, D. (2021)**. *A Few Covid Vaccine Recipients Developed a Rare Blood Disorder*, The New York Times, Feb. 8, 2021.

Yours faithfully,

Professsor Sucharit Bhakdi MD, Professor Emeritus of Medical Microbiology and Immunology, Former Chair, Institute of Medical Microbiology and Hygiene, Johannes Gutenberg University of Mainz (Medical Doctor and Scientist) (Germany and Thailand)

Dr Marco Chiesa MD FRCPsych, Consultant Psychiatrist and Visiting Professor, University College London (Medical Doctor) (United Kingdom and Italy)

Dr C Stephen Frost BSc MBChB Specialist in Diagnostic Radiology, Stockholm, Sweden (Medical Doctor) (United Kingdom and Sweden)

Dr Margareta Griesz-Brisson MD PhD, Consultant Neurologist and Neurophysiologist (studied Medicine in Freiburg, Germany, speciality training for Neurology at New York University, Fellowship in Neurophysiology at Mount Sinai Medical Centre, New York City; PhD in Pharmacology with special interest in chronic low level neurotoxicology and effects of environmental factors on brain health), Medical Director, The London Neurology and Pain Clinic (Medical Doctor and Scientist) (Germany and United Kingdom)

Professor Martin Haditsch MD PhD, Specialist (Austria) in Hygiene and Microbiology, Specialist (Germany) in Microbiology, Virology, Epidemiology/Infectious Diseases, Specialist (Austria) in Infectious Diseases and Tropical Medicine, Medical Director, TravelMedCenter, Leonding, Austria, Medical Director, Labor Hannover MVZ GmbH (Medical Doctor and Scientist) (Austria and Germany)

Professor Stefan Hockertz, Professor of Toxicology and Pharmacologym, European registered Toxicologist, Specialist in Immunology and Immunotoxicology, CEO tpi consult GmbH. (Scientist) (Germany)

AMERICAN OVERSIGHT

Dr Lissa Johnson, BSc, BA(Media) MPsych(Clin) PhD, Clinical Psychologist and Behavioural Scientist, Expertise in the social psychology of atrocity, torture, collective violence and propaganda, former member, professional body Public Interest Advisory Group (Psychologist) (Australia)

Professor Ulrike Kämmerer PhD, Associate Professor of Experimental Reproductive Immunology and Tumor Biology at the Department of Obstetrics and Gynaecology, University Hospital of Würzburg, Germany, Trained molecular virologist (Diploma, PhD-Thesis) and Immunologist (Habilitation), Remains engaged in active laboratory research (Molecular Biology, Cell Biology (Scientist) (Germany)

Associate Professor Michael Palmer MD, Department of Chemistry (studied Medicine and Medical Microbiology in Germany, has taught Biochemistry since 2001 in present university in Canada; focus on Pharmacology, metabolism, biological membranes, computer programming; experimental research focus on bacterial toxins and antibiotics (Daptomycin); has written a textbook on Biochemical Pharmacology, University of Waterloo, Ontario, Canada (Medical Doctor and Scientist) (Canada and Germany)

Professor Karina Reiss PhD, Professor of Biochemistry, Christian Albrecht University of Kiel, Expertise in Cell Biology, Biochemistry (Scientist) (Germany)

Professor Andreas Sönnichsen MD, Professor of General Practice and Family Medicine, Department of General Practice and Family Medicine, Center of Public Health, Medical University of Vienna, Vienna (Medical Doctor) (Austria)

Dr Wolfgang Wodarg, Specialist in Pulmonary and Bronchial Internal Medicine, Hygiene and Environmental Medicine, Epidemiology, and Public Health; Honorary Member of the Parliamentary Assembly of the Council of Europe and former Head of the Health Committee of the Parliamentary Assembly of the Council of Europe; former Member of Parliament, German Bundestag; Initiator and Spokesman for the study commission ‘Ethics and Law in Modern Medicine’; Author and University Lecturer (Medical Doctor) (Germany)

Dr Michael Yeadon BSc (Joint Honours in Biochemistry and Toxicology) PhD (Pharmacology), Formerly Vice President & Chief Scientific Officer Allergy & Respiratory, Pfizer Global R&D; Co-founder & CEO, Ziarco Pharma Ltd.; Independent Consultant (Scientist) (United Kingdom)

Endorsing signatories

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Dr Véronique Ahari, General Practitioner (France)

AMERICAN OVERSIGHT

Dr. Elizabeth Bastian, BSc (Genetics and Microbiology), MDCM, Family Medicine, General Practitioner in Oncology, sub specialty trained in Palliative Care (Medical Doctor) (Canada)

Dr Michael D Bell, MB, ChB (1978 Edinburgh) MRCGP (1989), General Practitioner (Medical Doctor) (United Kingdom)

Rev. Reuben P. Bell, DO, MS, MDiv, PhD, Osteopathic family physician since 1982, Bachelors and Masters degrees in Zoology, Professor of Biology (including Molecular Genetics and Developmental Biology) at the Bryn Athyn College of the New Church, 1989–1998, M.Div. and Ph.D. in theological studies, with attention to issues of science and religion (Medical Doctor and Scientist) (USA)

Dr Francisco Lacruz Bescos, MD, PhD, Consultant Neurologist with special training and dedication to Neuroimmunology and Multiple Sclerosis (Retired) (Medical Doctor) (Spain)

Dr Thomas Binder, MD, specialised in Cardiology and Internal Medicine, thesis in Immunology and Virology, with 32 years experience in diagnosis and treatment of Acute Respiratory Illness (Medical Doctor) (Switzerland)

Sarah Binns, MA VetMB, MS, MRCVS, MSc, PhD, DipLSHTM, Former Veterinary Infectious Disease Epidemiologist (United Kingdom)

Dr Rainer Bliefert, Dentist (Switzerland)

Dr Rachel Brown, MBChB, LLM (Medical Law & Ethics), MRCPsych CFMP, Consultant Psychiatrist (Medical Doctor) (United Kingdom)

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Dr Elizabeth Burton, MBChB, General Medical Practitioner (Retired) (Medical Doctor) (United Kingdom)

Dr Ronald S. Carlson, AB Chem/Bio, DDS, Dentist (USA)

Dr Vernon Coleman, MB, ChB, General Practice Principal (Retired) (Medical Doctor) (United Kingdom)

Dr David Critchley, BSc, PhD, Clinical Research Scientist with more than 30 years experience, including projects in Virology and Immunology (Scientist) (United Kingdom)

Professor Barbara A Crothers, DO, Associate Professor, Pathology, Gynecologic, Breast and Cytopathology (USA)

Dr Rita Darby, General Practitioner (Medical Doctor) (Wales)

Dr. Daniel de la Torre Llorente, Biology Professor, Biotechnology-Plant Biology Department. Agronomic, Food and Biosystems Engineering School (ETSIAAB) Universidad Politécnica de Madrid (Scientist) (Spain)

Dr Nyjon Eccles, BSc, MBBS, MRCP, PhD, Specialist in Functional &

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Environmental Medicine (United Kingdom)

Dr Kjetil H. Elvevold, Senior Scientist, worked as Senior Scientist in a Contract Research Organization (CRO) in Norway that performed pre-clinical experiments for the pharmaceutical industry (Scientist) (Norway)

Dr Andreas Emmert, Specialist in Microbiology, Head Physician at Østfold Regional Hospital, Norway (Medical Doctor) (Norway)

Merit Enckell, Civ. Ing, PhD, Independent researcher, Structural Health Monitoring and Emerging Technologies, Formerly of KTH Royal Institute of Technology (Scientist) (Sweden)

Dr Radimé Farhumand, Specialist in Anesthesia (Medical Doctor) (Germany)

Dr Thomas Faulkner, MChiro, DC, Managing Director and Chiropractor (United Kingdom)

Dr Susan Flett, Specialist in Psychiatry, Child Psychiatry and Psychotherapy (Semi-retired) (Medical Doctor) (United Kingdom)

Dr Konstantinos Fountzoulas, MD, PGDiP Orth Eng., FEBOT, FRCS (Tr & Orth), Consultant Trauma and Orthopaedic Surgeon (Medical Doctor) (England and Italy)

Dr Carrie Ganek, MD, Adult Psychiatry (Medical Doctor) (USA)

Dr Martin E Ganek, MD, Board Certified Paediatrician (Medical Doctor) (USA)

Dr Parisi Giovanni, Specialist in Ophthalmology and Sports Medicine (Medical Doctor) (Italy)

Dr Céline Guérin, PhD in Neurosciences, Master in Microbiology and Genetics (Scientist-Practitioner) (France)

Dr. Olga Petrovna Guzova, Pediatrician, Dermatologist and Dermatopathologist (Medical Doctor) (Panama)

Dr Roman Häussler, General Medicine (Austria)

Dr Jutta Heinrich-Nols, Doctor and Clinical Pharmacologist (Medical Doctor and Scientist) (Germany)

Dr April M. Hurley, MD, Family Physician for 35 years (Medical Doctor) (USA)

William Ip, BSc. MIBMS, Former NHS Biomedical Scientist (Specialist in Microbiology), for over 30 years (Sicentist) (United Kingdom)

Dr Hervé Janecek, Veterinarian (France)

Jerzy Jaskowski, MD, PhD, MS, Specialties in General Surgery, Environmental Medicine, Physics and Biophysics (Retired)(Medical

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Doctor and Scientist) (Poland)

Dr. Elisabeth Jenik, General Medicine, Occupational Medicine and Psychosomatic Medicine (Medical Doctor) (Austria)

Dr Alain Joseph, General Medicine Specialist (Retired) (Medical Doctor) (France)

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Dr Wiltrud Kling, Specialist in General Medicine (Medical Doctor) (Germany)

Dr Ewa Konik, MD, Heart Transplant Cardiologist (Medical Doctor) (USA)

Dr Doris Krien, Assistant Doctor, Günzburg District Hospital (Medical Doctor) (Germany)

Brigitte Lacroix, clinical PKPD and PBPK modeler (Pharma industry), PhD in Pharmacy (Paris XI University), PhD in Pharmacometrics (Uppsala University) (Scientist) (France, Sweden)

Dr Andreas Lang, MD (Medical Doctor) (Germany)

Dr Paul Laursen, PhD, Adjunct Professor, AUT University (Scientist) (New Zealand and Canada)

Dr Michael S Lavender, Consultant Anaesthetist (Medical Doctor) (Australia)

Dr Tess Lawrie, MBBCh, PhD, Guideline methodologist and evidence synthesis expert, Director of The Evidence Based Medicine Consultancy Ltd, Bath UK. Honorary Researcher at the Royal United Hospital, Bath UK (Medical Doctor and Scientist) (United Kingdom)

Dr Bronia Lee, MBBCh, MRCGP, Retired General Practitioner (Medical Doctor) (United Kingdom)

Dr Katrina Lewis, MD, BSc in Immunology and Physiological Chemistry, triple Board certified (USA) in Anesthesiology, Pain Medicine and Functional Medicine (Medical Doctor) (South Africa, USA)

Dr Derek Lohan, Consultant Radiologist and Director, Helix Radiology (Medical doctor) (Ireland)

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Dr. Adele Lorigan, BSC (Chiro), Chiropractor (Australia)

Dr Antje Lueg, Specialist in Opthamology (Medical Doctor) (Germany)

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Dr. Rosemarie Mayr, Specialist in Psychiatry and Psychotherapeutic Medicine and Child and Adolescent Psychiatry, ÖÄK Diploma for Homeopathy (Retired) (Medical Doctor) (Germany)

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Dr Niall McCrae, PhD, MSc, RMN, Mental health researcher, Psychiatric Nurse (United Kingdom)

Professor Nathalie McDonell, MD, PhD (human genetics), Professor of Molecular and Cell Biology (Medical Doctor and Scientist) (France)

Dr Sabine de Monvallier, General Practitoner (Medical Doctor) (France)

Dr Amir Mortasawi, Physician and author (Germany)

Dr Souha Nasreddine, MD, Ob/Gyn, Graduated from the Free University of Brussels Belgium, Holistic Gynecology (Lebanon)

Dr Terezia Novotna, General Practitioner, Emergency Doctor, and Anesthesiologist in Training (Medical Doctor) (Austria)

Akhmetzhanova Tamara Nikolaevna, Therapist and Cardiologist, the Republican Medical Genetic Center, Ufa (Medical Doctor) (Russia)

Ole C G Olesen, Double specialist in General Surgery, as well as Orthopedic Surgery and Trauma (Medical Doctor) (Denmark, Norway, Sweden and United Kingdom)

Dr Waltraud Parta-Kehry, Biologist and Doctor for Gynaecology and Reproductive Medicine (Medical Doctor) (Germany)

Dr Arun Kumar Patel, MBBS, MPH, MRCPH, FFPH, Medical Public Health Specialist (Retired), NHS (Medical Doctor) (United Kingdom)

Dr. Cristina Pinho, MD, Gastroenterologist (Medical Doctor) (Portugal)

Dr Hélène Potrich, General Practitioner (Medical Doctor) (France)

Dr Fabio Quirici, Swiss Medical Association (Medical Doctor) (Switzerland)

Professor Denis Rancourt, PhD, Researcher, Ontario Civil Liberties Association, Member scientist, PANDA (Pandemics Data & Analysis), Retired former Full Professor of Physics, University of Ottawa, with expertise in environmental nanoparticles, molecular science, molecular dynamics, statistical analysis methods and mathematical and

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epidemiological modelling (Scientist) (Canada)

Claudia Riempp, Psychologist and psychotherapist, expert in health education (Germany)

Dr Nicola Reiser, Anaesthetist and Intensive Care Physician, Senior Physician at the University Clinic UMEÅ (Medical Doctor) (Sweden)

Rhys Rogers, BSc, Physiotherapy, 12 years experience as a frontline Physiotherapist (United Kingdom)

Dr Tred J Rissacher, DC, Chiropractor specialising in obesity and diabetes (USA)

Professor Simon Ruijsenaars, Professor in Mathematical Physics, School of Mathematics, University of Leeds (Scientist) (United Kingdom)

Dr Sam Saidi, MB, ChB, BSc, FRCOG, PhD, University of Sydney (Medical Doctor and Scientist) (Australia)

Dr Pamela Shervanick, DO, Medical doctor and Doctor of Osteopathic Medicine, with specialization in Psychiatry (Medical Doctor) (USA)

Dr Guido Spanoghe, Gastroenterologist (Medical Doctor) (Belgium)

Dr Paul Steven Spradbery, Forensic and Research Biologist, Foundation for Science and Technology, Lisbon, Intertek Life Sciences, London (Scientist) (United Kingdom)

Dr Duncan Syme, MBBS, FRACGP, Dip Prac Derm University of Cardiff, Graduate Monash University 1987, General Practitioner (Medical Doctor) (Australia)

Dr Carol Taccetta, MD, FCAP (Fellow of the College of American Pathologists), Pharmaceutical Physician for over 25 years, specializing in drug safety (Medical Doctor) (USA)

Dr Noel Thomas, MA, MB, ChB, DCH, DObsRCOG, DTM&H, MFHom. Semi retired NHS GP and homeopath (Medical Doctor) (United Kingdom)

Dr Corinne Tilloy, General Practitioner, (Medical Doctor) (France)

Dr Gilbert Tominez, General Practitioner (Retired) (Medical Doctor) (France)

De Georgy Urushadze, Naturopathic Doctor, Pediatrician (Pirogov Russian National Medical University), Emergency Doctor, Physiotherapist, Homeopath, Researcher (Russia)

Dr Jasmina Vucic-Peev, PhD, studied in Freiburg, Germany, training in Psychiatry in Switzerland (Medical Doctor) (Germany, Switzerland, Portugal)

Dr Jo Waller, UK State registered Biomedical Scientist since 1990

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(Scientist) (United Kingdom)

Dr Maja Waibel, Dermatologist with specialty in Melanoma prevention (Medical Doctor) (Germany)

Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner, Recently suspended from Irish medical register for refusing to administer C 19 vaccine and objecting to Covid lockdowns (Medical Doctor) (Ireland)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

Dr Helen Westwood MBChB (Hons), MRCGP, DCH, DRCOG, GP (Medical Doctor) (United Kingdom)

Dr Madhu Wickremaratchi, MBChB, MRCP, Acute and General Medicine (United Kingdom)

Dr Clive Wilder-Smith, FRCP, AGAF, MD, Consultant Gastroenterologst, Director of Research (Medical Doctor) (Switzerland)

Thomas Robin Wilks, MA, BSc(Hons) FHEA, CPhys, MInstP, University Science Lecturer, Maths, Mathematical Modelling and Physics, Open University (Scientist) (United Kingdom)

Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

Signatures of Colleagues in Allied Disciplines relating to Ethics and Human Rights

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

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AMERICAN OVERSIGHT

From: Lori Ladd Seifert
To: governormcmaster@governor.sc.gov; Alan Wilson; Chipcampsen@scsenate.gov; superintendent@ed.sc.gov; superintendent@charleston.k12.sc.us; Eric_Mack@charleston.k12.sc.us; courtney_waters@charleston.k12.sc.us; kate_darby@charleston.k12.sc.us; cindy_bohn-coats@charleston.k12.sc.us; joyce_green@charleston.k12.sc.us; erica_cokley@charleston.k12.sc.us; helen_frazier@charleston.k12.sc.us; kristen_french@charleston.k12.sc.us; lauren_herterich@charleston.k12.sc.us; jeffrey_borowy@charleston.k12.sc.us
Subject: CCSD's new covid policy
Date: Monday, August 16, 2021 11:28:52 AM

To whom it may concern,

I'm writing to voice my displeasure over the CCSD quarantine policy for the upcoming school year. The new covid policy is a 14 day quarantine for unvaccinated students for a "close contact." If a student provides proof of vaccination status, they may return to school, while unvaccinated children are banned. CCSD has not announced plans to allow students to log in virtually in all classes if they are forced to quarantine. The CCSD is using their own discretion and not following the SCDHEC Covid Guidelines set for K-12 schools that offer a REDUCED quarantine time for unvaccinated healthy students. How is banning children from school an acceptable school policy?! How is this not discrimination? How is this not unconstitutional?

Our governor has stated that we need to stand up for all children, and let parents decide what's best for our kids. CCSD has unconstitutionally developed this discriminatory policy that keeps our kids out of school and sports longer than even the CDC would, because they disagree with our state legislators' decision to let every parent decide how to protect their own child. Having children miss 14 days of school violates SC truancy laws, which I believe, only allows 10 lawful absences from school each year. Are we saying we're going to fail all of these children? I'm not against keeping our children safe, in fact, I want nothing more than to do just that. Why are we not continuing with the same virtual school availability as last year?

No one knows our medical history, natural immunities, religious beliefs, etc better than the children's parents. Several studies are showing the risks to the covid shot are greater than the virus itself, including unexpected changes to young girls' menstrual cycles. Also, as of July for the children aged 12 -17, almost 10,000 side effects were reported for the Pfizer-BioNTech shots with many incredibly life altering effects, like myocarditis. They are depriving healthy children equal access to education by forced quarantine. Please have the courage to stand up for our children and not rush into poor decisions that will continue to impact them for years to come. We must stand up for these children.

Regards,
Lori Seifert
[redacted]

https://www.npr.org/sections/health-shots/2021/08/09/1024190379/covid-vaccine-period-menstrual-cycle-research?utm_medium=social&utm_term=nprnews&utm_source=facebook.com&utm_campaign=npr&fbclid=IwAR3d47zWiM78j9Y0ml0XsE6ocPNwN8Q25Hf9696aRyt2FdsfWQmyUhbB0pQ

https://www.webmd.com/vaccines/covid-19-vaccine/news/20210802/after-nearly-9-million-pfizer-shots-for-us-teens-serious-side-effects-rare-cdc?ecd=soc_fb_210802_cons_news_teenvaccines&linkId=100000058662096&fbclid=IwAR22a4wEr84hFGvQ0ibCoBmJiAYWcwM_nU5RHN2TPBznSDdkQk6iDN9zsow

AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: Charleston County School District...CCSD...NO Face Masks...NO Covid-19 Testing...NO Covid-19 Vaccines...Violating US Federal Law...EUA Products...Option To REFUSE...Thanks!
Date: Monday, August 16, 2021 11:09:27 AM
Attachments: image.png
image.png
image.png

Date: Monday, August 16, 2021
For: Charleston County School District (CCSD) - Board Meeting - Monday, August 16, 2021
2nd - Official Written Notification:
NO Face Masks: For CCSD Students, Teachers, Staff & Visitors
NO Covid-19 Testing: For CCSD Students, Teachers, Staff & Visitors
NO Covid-19 Vaccines: For CCSD Students, Teachers, Staff & Visitors
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for any Student, Teacher, Staff Member or Visitor is:
WRONG
VIOLATES South Carolina Proviso 1.108 which prohibits face-covering mandates in public schools no matter where in the state they are located
VIOLATES United States Federal Law - U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3 - Authorization for medical products for use in emergencies
VIOLATES The Nuremberg Code (1949)

Dear South Carolina Attorney General Alan Wilson:

This is in reference to Charleston County School District (CCSD):
NO Face Masks: For CCSD Students, Teachers, Staff & Visitors
NO Covid-19 Testing: For CCSD Students, Teachers, Staff & Visitors
NO Covid-19 Vaccines: For CCSD Students, Teachers, Staff & Visitors

On the Monday, August 16, 2021 Charleston County School District (CCSD) Agenda the following was listed:
Face Masks
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for Students, Teachers, School Staff or Visitors is WRONG for the following reasons:
1) VIOLATES South Carolina Proviso 1.108: SC Proviso 1.108 prohibits Face-Covering Mandates in Public Schools no matter where in the state they are located
2) US FDA Designated - EUA Products - Face Masks, Covid-19 Testing & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks, Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
3) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)
As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
...
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3
4) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree
- NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- "...Voluntary Consent: 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, over-reaching, or other ulterior form of constraint or coercion;..."- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf
5) Survival Rate - Covid-19 Infections - 99.98%: People 0-49 Years Old have a 99.98% Survival Rate of Covid-19 Infections
- "...For most people under the age of 65, the study found, the risk of dying from COVID-19 isn't much higher than from getting in a car accident driving to work.'..."
- https://assets.website-files.com/606d3a50c62e44338008303d/6076e4fd8bde421370729e47_Vaccine-PP.pdf
6) Existing US FDA Approved Drug - Can Prevent & Treat Covid-19 Infections: Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
- "...A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19,' the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts..."
- "...The use of the antiparasitic drug ivermectin could lead to "large reductions" in COVID-19 deaths and may have a "significant impact" on the pandemic globally, according to a recent pre-print review based on peer-reviewed studies..."
- Article: "New Study Links Ivermectin To 'Large Reductions' In Covid-19 Deaths"
- https://www.theepochtimes.com/mkt_breakingnews/new-study-links-ivermectin-to-large-reductions-in-covid-19-deaths_3867278.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-06-21-1&mktids=1b4522b015841ca99fc0d8ff9a7b896b&est=NLJdLiEt6edscWmees0dc5JjJWlnL1bXSsA1%2B3fbsk%2Fs1HVnqvzTzvBqkDqrVXNr&fbclid=IwAR118bvxOYD_3waDSviUiQUa95BuoX5q4dHrtwIjqAbZTovuXqM5vKiem4U
- "...a US Food and Drug Administration-approved anti-parasitic agent, was found to inhibit severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) replication in vitro..."
- Article: "A Five-day Course Of Ivermectin For The Treatment Of Covid-19 May Reduce The Duration of Illness"
- https://pubmed.ncbi.nlm.nih.gov/33278625/
7) UNSAFE For Use In Humans - Covid-19 Vaccines: UK-Based Evidence-Based Medicine Consultancy Ltd Declared The Covid-19 Vaccines UNSAFE For Use In HUMANS
- "...An 'urgent preliminary report of Yellow Card data' issued by the UK-based Evidence-Based Medicine Consultancy Ltd submitted to the Medicines and Healthcare Products Regulatory Agency (MHRA) states that 'the MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans.'..."
- "...The report, signed by Evidence-based Medicine Consultancy Ltd and EbMC Squared CiC Director Dr. Tess Lawrie (MBBCh, PhD), says: 'we have searched the Yellow Card reports using pathology-specific key words to group the data according to the following five [sic] broad, clinically relevant categories:
• Bleeding, Clotting and Ischaemic ADRs
• Immune System ADRs
• 'Pain' ADRs
• Neurological ADRs
• ADRs involving loss of Sight, Hearing, Speech or Smell
• Pregnancy ADRs'..."
- Article: " 'Urgent' British report calls for complete cessation of COVID vaccines in humans"
- https://americasfrontlinedoctors.org/frontlinenews/urgent-british-report-calls-for-complete-cessation-of-covid-vaccines-in-humans/
8) Heart Issues - Covid-19 Vaccines: AFTER Receiving the Covid-19 Vaccine the following issues arose in Vaccinated Individuals:- Heart Inflammation- Myocarditis- In Young Teens
- Covid-19 Vaccines have been causing cases of myocarditis (heart issues) in young teens
- "...In guidance quietly updated June 1, the Centers for Disease Control and Prevention said there is a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine..."
- Article: "CDC Admits Teens Vaccinated With Pfizer or Moderna at Higher Risk of Heart Inflammation"
- https://childrenshealthdefense.org/defender/cdc-teens-vaccinated-pfizer-moderna-higher-risk-heart-inflammation/?fbclid=IwAR1scdPkti5Tn1pyvGCXQcfus0Ryu6b5l6M3hwTpJ8Kna216vnwGtRQ2G6E
9) Blood Clot Issues - Covid-19 Vaccines: AFTER Receiving Pfizer Covid-19 Vaccine - Autoimmune Disease - Causes Blood Clots - aTTP - acquired Thrombotic Thrombocytopenic Purpura
- "...Israeli researchers this week pointed to a link between the Pfizer Covid-19 vaccine and a 'rare autoimmune disease.'...
- "...The researchers, associated with the Department of Hematology at the Shamir Medical Center, found an increased incidence of acquired Thrombotic Thrombocytopenic Purpura (aTTP) in Israel over a one-month period, and noted that the cases appeared in those who had received the Pfizer vaccine up to a month before..."
- "...Blickstein added that 'with the help of the serological tests,' the researchers knew that 'the patients were not patients sick with coronavirus, but rather patients who RECEIVED the VACCINE.'..."
- "...The US National Library of Medicine defines TTP as 'a rare disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.'..."
- Article: "Israeli researchers: 'Rare autoimmune disease' linked to Pfizer Covid-19 vaccine"
- https://www.israelnationalnews.com/News/News.aspx/308664?fbclid=IwAR1QJeAqeUArySJS1yBlsnrQf2HmNS2R8V8X3sloezhB3ly_zcO-EaJzx98
Thanks So Very Much!
Kristin Adams
Charleston County School District (CCSD) Parent

On 08/07/2021 3:27 PM Kristin J Adams <kristinjadams@comcast.net> wrote:
Date: Saturday, August 7, 2021
For: Charleston County School District (CCSD) - Board Meeting - Monday, August 9, 2021
Official Written Notification:
NO Face Masks
NO Covid-19 Testing
NO Covid-19 Vaccines
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for any Student, Teacher, Staff Member or Visitor is:
WRONG
VIOLATES South Carolina Proviso 1.108 which prohibits face-covering mandates in public schools no matter where in the state they are located
VIOLATES United States Federal Law - U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3 - Authorization for medical products for use in emergencies
VIOLATES The Nuremberg Code (1949)

AMERICAN OVERSIGHT

Dear South Carolina Attorney General Alan Wilson:

This is in reference to Charleston County School District (CCSD):
NO Face Masks: For CCSD Students, Teachers, Staff & Visitors
NO Covid-19 Testing: For CCSD Students, Teachers, Staff & Visitors
NO Covid-19 Vaccines: For CCSD Students, Teachers, Staff & Visitors

On the Monday, August 9, 2021 Charleston County School District (CCSD) Agenda the following was listed:
Face Masks
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for Students, Teachers, School Staff or Visitors is WRONG for the following reasons:
1) VIOLATES South Carolina Proviso 1.108: SC Proviso 1.108 prohibits Face-Covering Mandates in Public Schools no matter where in the state they are located
- Screen Shot of Letter below
2) US FDA Designated - EUA Products - Face Masks, Covid-19 Testing & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks, Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
3) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)
As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
...
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3
4) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree
- NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- "...Voluntary Consent: 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, over-reaching, or other ulterior form of constraint or coercion;..."- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf
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- "...For most people under the age of 65, the study found, the risk of dying from COVID-19 isn't much higher than from getting in a car accident driving to work.'..."
- https://assets.website-files.com/606d3a50c62e4433808303d/6076e4fd8bde421370729e47_Vaccine-PP.pdf
6) Existing US FDA Approved Drug - Can Prevent & Treat Covid-19 Infections: Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
- "...A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19,' the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts..."
- "...The use of the antiparasitic drug ivermectin could lead to "large reductions" in COVID-19 deaths and may have a "significant impact" on the pandemic globally, according to a recent pre-print review based on peer-reviewed studies..."
- Article: "New Study Links Ivermectin To 'Large Reductions' In Covid-19 Deaths"
- https://www.theepochtimes.com/mkt_breakingnews/new-study-links-ivermectin-to-large-reductions-in-covid-19-deaths_3867278.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-06-21-1&mktids=1b4522b015841ca99fc0d8ff9a7b896b&est=NLJdLiEt6edscWmees0dc5JjJWlnL1bXSsA1%2B3fbsk%2Fs1HVnqvzTzvBqkDgrVXNr&fbclid=IwAR118bvxOYD_3waDSviUiQUa95BuoX5g4dHrtwIjqAbZTovuXgM5vKiem4U
- "...a US Food and Drug Administration-approved anti-parasitic agent, was found to inhibit severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) replication in vitro..."
- Article: "A Five-day Course Of Ivermectin For The Treatment Of Covid-19 May Reduce The Duration of Illness"
- https://pubmed.ncbi.nlm.nih.gov/33278625/
7) UNSAFE For Use In Humans - Covid-19 Vaccines: UK-Based Evidence-Based Medicine Consultancy Ltd Declared The Covid-19 Vaccines UNSAFE For Use In HUMANS
- "...An 'urgent preliminary report of Yellow Card data' issued by the UK-based Evidence-Based Medicine Consultancy Ltd submitted to the Medicines and Healthcare Products Regulatory Agency (MHRA) states that 'the MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans.'..."
- "...The report, signed by Evidence-based Medicine Consultancy Ltd and EbMC Squared CiC Director Dr. Tess Lawrie (MBBCh, PhD), says: 'we have searched the Yellow Card reports using pathology-specific key words to group the data according to the following five [sic] broad, clinically relevant categories:
• Bleeding, Clotting and Ischaemic ADRs
• Immune System ADRs
• 'Pain' ADRs
• Neurological ADRs
• ADRs involving loss of Sight, Hearing, Speech or Smell
• Pregnancy ADRs'..."
- Article: " 'Urgent' British report calls for complete cessation of COVID vaccines in humans"
- https://americasfrontlinedoctors.org/frontlinenews/urgent-british-report-calls-for-complete-cessation-of-covid-vaccines-in-humans/
8) Heart Issues - Covid-19 Vaccines: AFTER Receiving the Covid-19 Vaccine the following issues arose in Vaccinated Individuals:- Heart Inflammation- Myocarditis- In Young Teens
- Covid-19 Vaccines have been causing cases of myocarditis (heart issues) in young teens
- "...In guidance quietly updated June 1, the Centers for Disease Control and Prevention said there is a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine..."
- Article: "CDC Admits Teens Vaccinated With Pfizer or Moderna at Higher Risk of Heart Inflammation"
- https://childrenshealthdefense.org/defender/cdc-teens-vaccinated-pfizer-moderna-higher-risk-heart-inflammation/?fbclid=IwAR1scdPkti5Tn1pyvGCXQcfus0Ryu6b5l6M3hwTpJ8Kna216vnwGtRO2G6E
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- "...The researchers, associated with the Department of Hematology at the Shamir Medical Center, found an increased incidence of acquired Thrombotic Thrombocytopenic Purpura (aTTP) in Israel over a one-month period, and noted that the cases appeared in those who had received the Pfizer vaccine up to a month before..."
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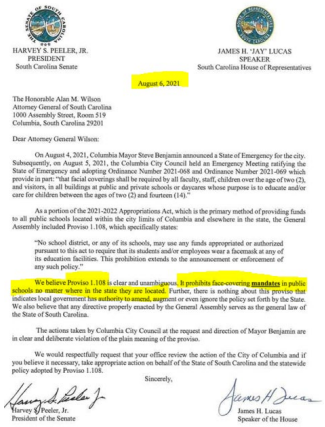
- https://www.israelnationalnews.com/News/News.aspx/308664?fbclid=IwAR1QJeAqeUArySJS1yBlsnrQf2HmNS2R8V8X3sloezhB3ly_zcO-EaJzx98
Thanks So Very Much!
Kristin Adams
Charleston County School District (CCSD) Parent



HARVEY S. PEELER, JR.
PRESIDENT
South Carolina Senate

JAMES H. "JAY" LUCAS
SPEAKER
South Carolina House of Representatives

August 6, 2021

The Honorable Alan M. Wilson
Attorney General of South Carolina
1000 Assembly Street, Room 519
Columbia, South Carolina 29201

Dear Attorney General Wilson:

On August 4, 2021, Columbia Mayor Steve Benjamin announced a State of Emergency for the city. Subsequently, on August 5, 2021, the Columbia City Council held an Emergency Meeting ratifying the State of Emergency and adopting Ordinance Number 2021-068 and Ordinance Number 2021-069 which provide in part: "that facial coverings shall be required by all faculty, staff, children over the age of two (2), and visitors, in all buildings at public and private schools or daycares whose purpose is to educate and/or care for children between the ages of two (2) and fourteen (14)."

As a portion of the 2021-2022 Appropriations Act, which is the primary method of providing funds to all public schools located within the city limits of Columbia and elsewhere in the state, the General Assembly included Proviso 1.108, which specifically states:

"No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy."

We believe Proviso 1.108 is clear and unambiguous. It prohibits face-covering mandates in public schools no matter where in the state they are located. Further, there is nothing about this proviso that indicates local government has authority to amend, augment or even ignore the policy set forth by the State. We also believe that any directive properly enacted by the General Assembly serves as the general law of the State of South Carolina.

The actions taken by Columbia City Council at the request and direction of Mayor Benjamin are in clear and deliberate violation of the plain meaning of the proviso.

We would respectfully request that your office review the action of the City of Columbia and if you believe it necessary, take appropriate action on behalf of the State of South Carolina and the statewide policy adopted by Proviso 1.108.

Sincerely,

Harvey S. Peeler, Jr.
President of the Senate

James H. Lucas
Speaker of the House

AMERICAN OVERSIGHT

The Nuremberg Code (1949)

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, over-reaching, or 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.

AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: Charleston County…South Carolina…Board Members…..FORCED Face Masks & FORCED Covid-19 Testing & FORCED Covid-19 Vaccines…VIOLATE US Federal Law…Thanks!
Date: Friday, August 13, 2021 11:26:56 AM
Attachments: image.png
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Date: Friday, August 13, 2021
Official Written Notification
Charleston County - South Carolina:
- NO Forced Face Masks: For Charleston County Students, Children, Citizens, Visitors & Employees
- NO Forced Covid-19 Testing: For Charleston County Students, Children, Citizens, Visitors & Employees
- NO Forced Covid-19 Vaccines: For Charleston County Students, Children, Citizens, Visitors & Employees
Mandating and/or Advocating for (or using "…force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion…") Forced Face Masks -or- Forced Covid-19 Testing -or- Forced Covid-19 Vaccines for any Charleston County Students, Children, Citizens, Visitors & Employees is:
- WRONG
- VIOLATES United States Federal Law: US FDA "Emergency Use Authorization" (EUA) Products - Option to REFUSE "EUA" Products - U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3 - Authorization for medical products for use in emergencies - [US FDA designated Face Masks & Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products]
- VIOLATES The Nuremberg Code (1949): Medical Experiments on Human Beings - Voluntary Consent & NO "…force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- Physically HARMS & KILLS People: Covid-19 Vaccines causing "Heart Issues" - As per the US FDA Website it states that risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) occur AFTER the Moderna & Pfizer Covid-19 Vaccines

Dear South Carolina Attorney General Alan Wilson:

This is in reference to Charleston County - South Carolina:
- NO Forced Face Masks: For Charleston County Students, Children, Citizens, Visitors & Employees
- NO Forced Covid-19 Testing: For Charleston County Students, Children, Citizens, Visitors & Employees
- NO Forced Covid-19 Vaccines: For Charleston County Students, Children, Citizens, Visitors & Employees
Charleston County Board Members voted for Forced Face Masks in Charleston County Government Buildings beginning 8/2/21 (Forced Face Masks VIOLATES US Federal Law): "…Anyone inside public areas of Charleston County government buildings will be required to wear face coverings beginning next week, as COVID-19 cases around the state continue rising…" "…The requirement to wear masks in county buildings will apply to everyone, regardless of their COVID-19 vaccination status, beginning Monday, Aug. 2…" - https://www.thestate.com/news/local/article253144648.html
Mandating or Advocating for (or using "…force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion…") Forced Face Masks -or- Forced Covid-19 Testing -or- Forced Covid-19 Vaccines for Charleston County Students, Children, Citizens, Visitors & Employees is WRONG for the following reasons:
1) US FDA Designated - EUA Products - Face Masks & Covid-19 Testing & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks & Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
2) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)
- As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
…
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
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of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
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- https://www.law.cornell.edu/uscode/text/21/360bbb-3
3) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree
- NO "…force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion…"
- US FDA (US Food And Drug Administration) designated the use of Face Masks & Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- "…Voluntary Consent: 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, over-reaching, or other ulterior form of constraint or coercion;…"- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf
4) Survival Rate - Covid-19 Infections - 99.98%: People 0-49 Years Old have a 99.98% Survival Rate of Covid-19 Infections
- "…For most people under the age of 65, the study found, the risk of dying from COVID-19 isn't much higher than from getting in a car accident driving to work.'..."
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5) Existing US FDA Approved Drug - Can Prevent & Treat Covid-19 Infections: Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
- "…A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19,' the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts…"
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- Covid-19 Vaccines have been causing cases of myocarditis (heart issues) in young teens
- "…In guidance quietly updated June 1, the Centers for Disease Control and Prevention said there is a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine…"
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- "…On June 25, 2021, the FDA revised the patient and provider fact sheets regarding the suggested increased risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) following vaccination..."
- "…The emergency use authorization allows the Moderna COVID-19 Vaccine to be distributed in the U.S for use in individuals 18 years of age and older..."
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine
- US FDA states on their Website that there are "Heart Issues" with Pfizer Covid-19 Vaccines
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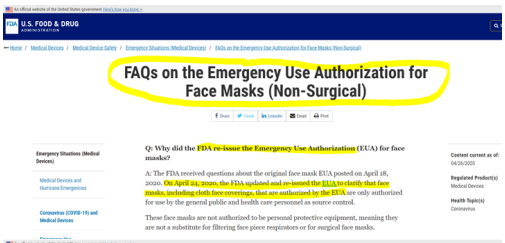
Thanks So Very Much!
Kristin Adams
Charleston County Tax Payer

AMERICAN OVERSIGHT



U.S. FOOD & DRUG ADMINISTRATION

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FAQs on the Emergency Use Authorization for Face Masks (Non-Surgical)

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Emergency Situations (Medical Devices)

Medical Devices and Hurricane Emergencies

Coronavirus (COVID-19) and Medical Devices

Q: Why did the FDA re-issue the Emergency Use Authorization (EUA) for face masks?

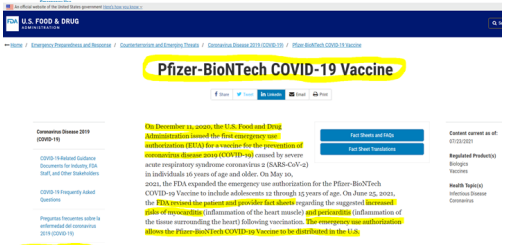
A: The FDA received questions about the original face mask EUA posted on April 18, 2020. On April 24, 2020, the FDA updated and re-issued the EUA to clarify that face masks, including cloth face coverings, that are authorized by the EUA are only authorized for use by the general public and health care personnel as source control.

These face masks are not authorized to be personal protective equipment, meaning they are not a substitute for filtering face piece respirators or for surgical face masks.

Content current as of: 04/26/2020

Regulated Product(s): Medical Devices

Health Topic(s): Coronavirus



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Pfizer-BioNTech COVID-19 Vaccine

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COVID-19 Related Guidance Documents for Industry, FDA Staff, and Other Stakeholders

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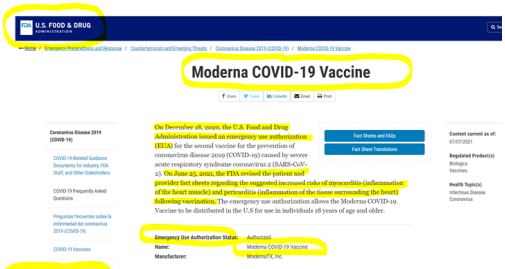
Fact Sheets and FAQs

Fact Sheet Translations

Content current as of: 07/23/2021

Regulated Product(s): Biologics Vaccines

Health Topic(s): Infectious Disease Coronavirus



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Home / Emergency Preparedness and Response / Counterterrorism and Emerging Threats / Coronavirus Disease 2019 (COVID-19) / Moderna COVID-19 Vaccine

Moderna COVID-19 Vaccine

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Emergency Use Authorization Status: Authorized

Name: Moderna COVID-19 Vaccine

Manufacturer: ModernaTX, Inc.

Fact Sheets and FAQs

Fact Sheet Translations

Content current as of: 07/07/2021

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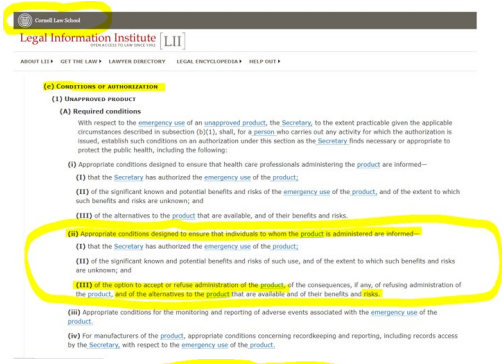

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(c) Conditions of authorization

(1) Unapproved product

(A) Required conditions

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(i) Appropriate conditions designed to ensure that health care professionals administering the product are informed—

(I) that the Secretary has authorized the emergency use of the product;

(II) of the significant known and potential benefits and risks of the emergency use of the product, and of the extent to which such benefits and risks are unknown; and

(III) of the alternatives to the product that are available, and of their benefits and risks.

(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—

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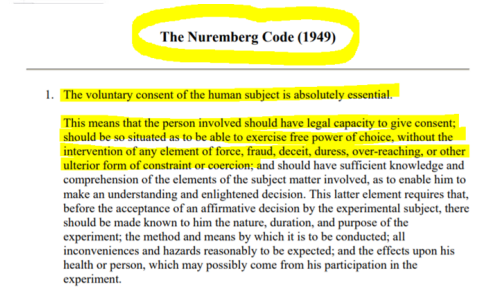
(II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and

(III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

(iii) Appropriate conditions for the monitoring and reporting of adverse events associated with the emergency use of the product.

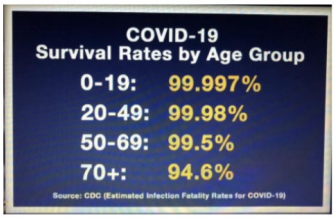
(iv) For manufacturers of the product, appropriate conditions concerning recordkeeping and reporting, including records access by the Secretary, with respect to the emergency use of the product.



The Nuremberg Code (1949)

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, over-reaching, or 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.



AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: City of Charleston...South Carolina...Councilmembers.....FORCED Face Masks & FORCED Covid-19 Testing & FORCED Covid-19 Vaccines...VIOLATE US Federal Law...Thanks!
Date: Friday, August 13, 2021 8:59:31 AM
Attachments: image.png
image.png
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Date: Friday, August 13, 2021
Official Written Notification
City of Charleston - South Carolina:
- NO Forced Face Masks: For City of Charleston Students, Children, Citizens, Visitors & Employees
- NO Forced Covid-19 Testing: For City of Charleston Students, Children, Citizens, Visitors & Employees
- NO Forced Covid-19 Vaccines: For City of Charleston Students, Children, Citizens, Visitors & Employees
Mandating and/or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks -or- Forced Covid-19 Testing -or- Forced Covid-19 Vaccines for any City of Charleston Students, Children, Citizens, Visitors & Employees is:
- WRONG
- VIOLATES United States Federal Law: US FDA "Emergency Use Authorization" (EUA) Products - Option to REFUSE "EUA" Products - U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3 - Authorization for medical products for use in emergencies - [US FDA designated Face Masks & Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products]
- VIOLATES The Nuremberg Code (1949): Medical Experiments on Human Beings - Voluntary Consent & NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- Physically HARMS & KILLS People: Covid-19 Vaccines causing "Heart Issues" - As per the US FDA Website it states that risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) occur AFTER the Moderna & Pfizer Covid-19 Vaccines

Dear South Carolina Attorney General Alan Wilson:

This is in reference to City of Charleston - South Carolina:
- NO Forced Face Masks: For City of Charleston Students, Children, Citizens, Visitors & Employees
- NO Forced Covid-19 Testing: For City of Charleston Students, Children, Citizens, Visitors & Employees
- NO Forced Covid-19 Vaccines: For City of Charleston Students, Children, Citizens, Visitors & Employees
City of Charleston is having a City Council Meeting on the following date and will discuss Covid-19 and Forced Mandates such as Forced Face Masks (which is a VIOLATION of US Federal Law):
- Tuesday
- 8/17/21
- @ 5:00 PM
- Conference Call #: 1-929-205-6099 Meeting ID: 912 096 416
- Location: Daniel Island Recreation Center, 160 Fairbanks Drive, Daniel Island, SC

Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks -or- Forced Covid-19 Testing -or- Forced Covid-19 Vaccines for City of Charleston Students, Children, Citizens, Visitors & Employees is WRONG for the following reasons:
1) US FDA Designated - EUA Products - Face Masks & Covid-19 Testing & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks & Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine

2) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)
- As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)

"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
...
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3

3) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree
- NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- US FDA (US Food And Drug Administration) designated the use of Face Masks & Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- "...Voluntary Consent: 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, over-reaching, or other ulterior form of constraint or coercion;..."- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf

4) Survival Rate - Covid-19 Infections - 99.98%: People 0-49 Years Old have a 99.98% Survival Rate of Covid-19 Infections
- "...For most people under the age of 65, the study found, the risk of dying from COVID-19 isn't much higher than from getting in a car accident driving to work.'..."
- https://assets.website-files.com/606d3a50c62e44338008303d/6076e4fd8bde421370729e47_Vaccine-PP.pdf

5) Existing US FDA Approved Drug - Can Prevent & Treat Covid-19 Infections: Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
- "...A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19,' the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts..."
- "...The use of the antiparasitic drug ivermectin could lead to 'large reductions' in COVID-19 deaths and may have a "significant impact" on the pandemic globally, according to a recent pre-print review based on peer-reviewed studies..."
- Article: "New Study Links Ivermectin To 'Large Reductions' In Covid-19 Deaths"
- https://www.theepochtimes.com/mkt_breakingnews/new-study-links-ivermectin-to-large-reductions-in-covid-19-deaths_3867278.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-06-21-1&mktids=1b4522b015841ca99fc0d8ff9a7b896b&est=NLJdLiEt6edscWmees0dc5JjJWlnL1bXSsA1%2B3fbsk%2Fs1HVnqvzTzvBqkDgrVXNr&fbclid=IwAR118bvxOYD_3waDSviUiQUa95BuoX5g4dHrtwIjqAbZTovuXgM5vKiem4U
- "...a US Food and Drug Administration-approved anti-parasitic agent, was found to inhibit severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) replication in vitro..."
- Article: "A Five-day Course Of Ivermectin For The Treatment Of Covid-19 May Reduce The Duration of Illness"
- https://pubmed.ncbi.nlm.nih.gov/33278625/

6) UNSAFE For Use In Humans - Covid-19 Vaccines: UK-Based Evidence-Based Medicine Consultancy Ltd Declared The Covid-19 Vaccines UNSAFE For Use In HUMANS
- "...An 'urgent preliminary report of Yellow Card data' issued by the UK-based Evidence-Based Medicine Consultancy Ltd submitted to the Medicines and Healthcare Products Regulatory Agency (MHRA) states that 'the MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans.'..."
- "...The report, signed by Evidence-based Medicine Consultancy Ltd and EbMC Squared CiC Director Dr. Tess Lawrie (MBBCh, PhD), says: 'we have searched the Yellow Card reports using pathology-specific key words to group the data according to the following five [sic] broad, clinically relevant categories:
• Bleeding, Clotting and Ischaemic ADRs
• Immune System ADRs
• 'Pain' ADRs
• Neurological ADRs
• ADRs involving loss of Sight, Hearing, Speech or Smell
• Pregnancy ADRs'..."
- Article: " 'Urgent' British report calls for complete cessation of COVID vaccines in humans"
- https://americasfrontlinedoctors.org/frontlinenews/urgent-british-report-calls-for-complete-cessation-of-covid-vaccines-in-humans/

7) Heart Issues - Covid-19 Vaccines: AFTER Receiving the Moderna & Pfizer Covid-19 Vaccine - Heart Issues
- Covid-19 Vaccines have been causing cases of myocarditis (heart issues) in young teens
- "...In guidance quietly updated June 1, the Centers for Disease Control and Prevention said there is a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine..."
- Article: "CDC Admits Teens Vaccinated With Pfizer or Moderna at Higher Risk of Heart Inflammation"
- https://childrenshealthdefense.org/defender/cdc-teens-vaccinated-pfizer-moderna-higher-risk-heart-inflammation/?fbclid=IwAR1scdPkti5Tn1pyvGCXQcfus0Ryu6b5l6M3hwTpJ8Kna216vnwGtRO2G6E
- US FDA states on their Website that there are "Heart Issues" with Moderna Covid-19 Vaccines
- "...On June 25, 2021, the FDA revised the patient and provider fact sheets regarding the suggested increased risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) following vaccination..."
- "...The emergency use authorization allows the Moderna COVID-19 Vaccine to be distributed in the U.S for use in individuals 18 years of age and older..."
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine
- US FDA states on their Website that there are "Heart Issues" with Pfizer Covid-19 Vaccines
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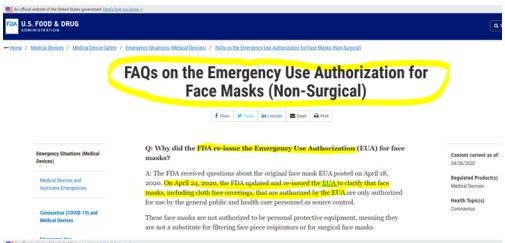
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine

8) Blood Clot Issues - Covid-19 Vaccines: AFTER Receiving the Pfizer Covid-19 Vaccine - Autoimmune Disease - Causes Blood Clots - aTTP - acquired Thrombotic Thrombocytopenic Purpura
- "...Israeli researchers this week pointed to a link between the Pfizer Covid-19 vaccine and a 'rare autoimmune disease.'..."
- "...The researchers, associated with the Department of Hematology at the Shamir Medical Center, found an increased incidence of acquired Thrombotic Thrombocytopenic Purpura (aTTP) in Israel over a one-month period, and noted that the cases appeared in those who had received the Pfizer vaccine up to a month before..."
- "...Blickstein added that 'with the help of the serological tests,' the researchers knew that 'the patients were not patients sick with coronavirus, but rather patients who RECEIVED the VACCINE.'..."
- "...The US National Library of Medicine defines TTP as 'a rare disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.'..."
- Article: "Israeli researchers: 'Rare autoimmune disease' linked to Pfizer Covid-19 vaccine"
- https://www.israelnationalnews.com/News/News.aspx/308664?fbclid=IwAR1QJeAqeUArySJS1yBlsnrQf2HmNS2R8V8X3sloezhB3ly_zcO-EaJzx98

Thanks So Very Much!
Kristin Adams

AMERICAN OVERSIGHT



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Content current as of: 04/26/2020

Regulated Product(s): Medical Devices

Health Topic(s): Coronavirus

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Pfizer-BioNTech COVID-19 Vaccine

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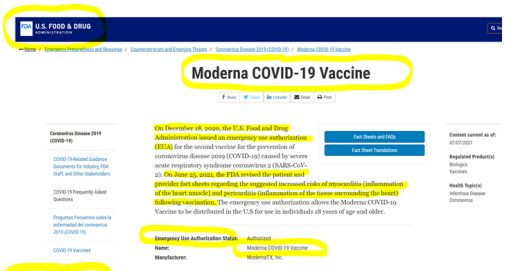

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Moderna COVID-19 Vaccine

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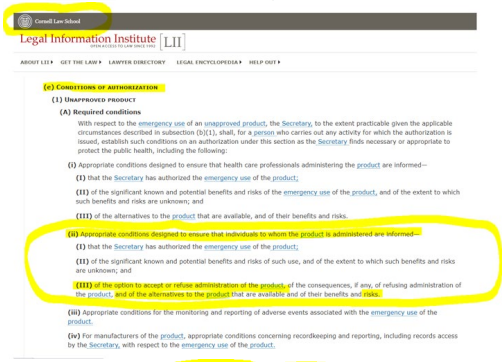
Regulated Product(s): Biologics Vaccines

Health Topic(s): Infectious Disease Coronavirus

Emergency Use Authorization Status: Authorized

Name: Moderna COVID-19 Vaccine

Manufacturer: ModernaTX, Inc.



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(e) CONDITIONS OF AUTHORIZATION

(1) UNAPPROVED PRODUCT

(A) Required conditions

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(iii) Appropriate conditions for the monitoring and reporting of adverse events associated with the emergency use of the product.

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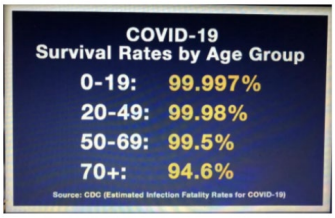
The Nuremberg Code (1949)

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, over-reaching, or 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.



AMERICAN OVERSIGHT

From:	Kristin J Adams
To:	Alan Wilson
Subject:	Charleston County School District...CCSD Safe Start...Issues With: Face Masks & Bus Service & Quarantine Discrimination & Visitor Restrictions...Thanks!
Date:	Wednesday, August 11, 2021 12:47:20 PM
Attachments:	image.png image.png image.png

Date: Wednesday, August 11, 2021
Official Written Notification
Charleston County School District - CCSD Safe Start Items
The following Charleston County School District - CCSD Safe Start items (from 8/10/21) are WRONG:
1) Face Masks: In CCSD School - Being "Strongly Encouraged" - [**This is WRONG** - There should be NO Face Masks & NO "Strongly Encouraged" Face Masks Language]
2) Face Masks: On CCSD School Buses - Being Required - [**This is WRONG** - There should be NO Forced Faced Masks]
3) Quarantine Discrimination: Discriminating between NOT Vaccinated & Vaccinated - [**This is WRONG** - Quarantine should ONLY exist for SYMPTOMATIC People]
4) Restricting Visitors: Visitors to CCSD Schools will be limited - And Visitors will be restricted to certain parts of the building - [**This is WRONG** - Restricting Visitors stops the Transparency of Parents being able to check on the well-being of their Minor Children]

Dear South Carolina Attorney General Alan Wilson:

On Tuesday, August 10, 2021 Charleston County School District (CCSD) put out the following "CCSD Safe Start To In-Person Instruction" Items on the CCSD Website:
"...All schools will open for students on Wednesday, August 18 with in-person instruction five days a week in all CCSD schools. The following is a summary of the District's Safe Return protocols:
1) "...Facemasks for students, employees, and visitors are "strongly encouraged" indoors to help prevent the spread of COVID, but will not be required in compliance with SC Budget Proviso 1.108..."
2) "...Masks will be worn on all school buses, consistent with federal transportation guidelines. Masks will be worn by students and staff in school health clinics and athletic training spaces..."
3) "...Quarantine periods: 14 days for unvaccinated individuals identified as close contacts (within 6 feet for 15 minutes) of positive COVID cases. Employees and students who have been vaccinated will not be required to quarantine unless they become symptomatic..."
4) "...Visitors to schools will be limited and will be restricted to certain parts of the building..."
- https://www.ccsdschools.com/safereturn
The following Charleston County School District - CCSD Safe Start items are WRONG:

AMERICAN OVERSIGHT

1) Face Masks: In CCSD School - Being "Strongly Encouraged" - [This is WRONG - VIOLATES The Nuremberg Code (1949) - NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."]

2) Face Masks: On CCSD School Buses - Being Required - [This is WRONG - VIOLATES US Federal Law concerning US FDA "Emergency Use Authorization" (EUA) Products - US Federal Law - (U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3) - Users have the OPTION to REFUSE "EUA" Products (Face Masks) - In addition School Buses are NOT Federal Public Transportation - US Federal Law - (U.S. Code > Title 49 > Subtitle III > Chapter 53 > § 5302)]

3) Quarantine Discrimination: Discriminating between NOT Vaccinated & Vaccinated - [This is WRONG - Quarantine Discrimination creates a "Vaccine Passport" which is ILLEGAL in South Carolina - In addition the Quarantine Discrimination VIOLATES The Nuremberg Code (1949) states NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..." as the Quarantine Discrimination is being USED to cause "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..." (which is ILLEGAL)]

4) Restricting Visitors: Visitors to CCSD Schools will be limited - And Visitors will be restricted to certain parts of the building - [This is WRONG - Restricting Visitors STOPS the TRANSPARENCY & ABILITY of Parents being able to check on the well-being of their Minor Children]

MANDATING and/or ADVOCATING for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") FORCED Face Masks, FORCED Covid-19 Testing or FORCED Covid-19 Vaccines for Students, Teachers, School Staff or Visitors is WRONG for the following reasons:

1) FORCED Face Masks - VIOLATES South Carolina Proviso 1.108 > SC Proviso 1.108 > SDE: Mask Mandate Prohibition PROHIBITS SC School Districts and/or Any SC Schools to REQUIRE Face-Mask for any Student and/or Employee in Public Schools

- South Carolina Proviso 1.108 > SC Proviso 1.108 > SDE: Mask Mandate Prohibition
- "...1.108. (SDE: Mask Mandate Prohibition) No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask..."
- "...This prohibition extends to the announcement or enforcement of any such policy..."
- https://www.scstatehouse.gov/sess124_2021-2022/appropriations2021/crp1b.htm

2) US FDA Designated Products - US FDA "EUA" Products - US FDA "Emergency Use Authorization" (EUA) Products - Face Masks & Covid-19 Testing & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks & Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products

- US FDA Designated Face Masks & Covid-19 Testing & Covid-19 Vaccines as US FDA "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-

AMERICAN OVERSIGHT

devices/faqs-emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine

3) US Federal Law - US FDA "EUA" Products - US FDA "Emergency Use Authorization" (EUA) Products - US Federal Law - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the US FDA "EUA" Product (Face Masks & Covid-19 Testing & Covid-19 Vaccines)

- As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)

"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
…
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product…"

- https://www.law.cornell.edu/uscode/text/21/360bbb-3

4) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - VOLUNTARY Consent of the Human Subject: The Nuremberg Code (1949) states that there should be VOLUNTARY Consent & NONE of the following should be used to get a Human Subject to agree - NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."

- NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- "…Voluntary Consent: The voluntary consent of the human subject is absolutely essential.

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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, over-reaching, or other ulterior form of constraint or coercion;…"
- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf

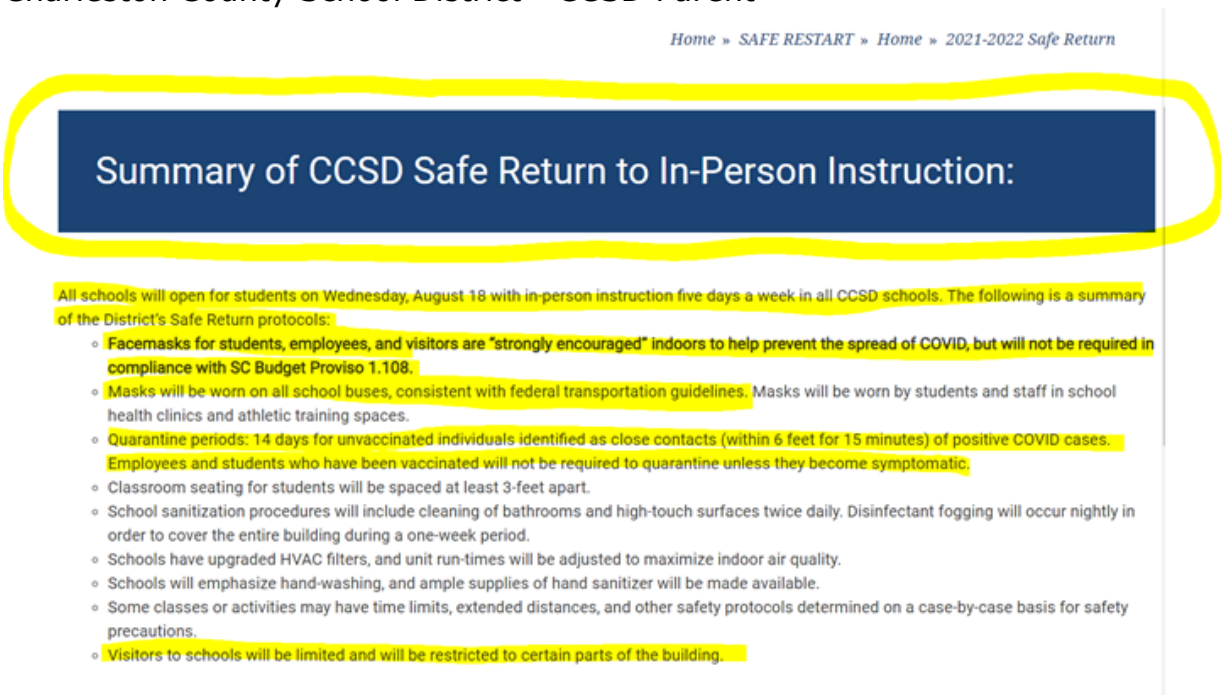
5) Survival Rate - Covid-19 Infections - 99.98%: People 0-49 Years Old have a 99.98% Survival Rate of Covid-19 Infections

- "...For most people under the age of 65, the study found, the risk of dying from COVID-19 isn't much higher than from getting in a car accident driving to work.'..."
- https://assets.website-files.com/606d3a50c62e44338008303d/6076e4fd8bde421370729e47_Vaccine-PP.pdf

6) CCSD - School Bus Services are NOT Federal "Public Transportation": As per US Federal Law - U.S. Code/Title 49/Subtitle III/Chapter 53/§ 5302 - Definitions:

- U.S. Code > Title 49 > Subtitle III > Chapter 53/§ 5302 - Definitions:
- "…(14)Public Transportation.-The term 'public transportation'-
- (B) does NOT include-
- (iv) school bus service;…"
- https://www.law.cornell.edu/uscode/text/49/5302

Thanks So Very Much!
Kristin Adams
Charleston County School District - CCSD Parent



Home » SAFE RESTART » Home » 2021-2022 Safe Return

Summary of CCSD Safe Return to In-Person Instruction:

All schools will open for students on Wednesday, August 18 with in-person instruction five days a week in all CCSD schools. The following is a summary of the District's Safe Return protocols:

- Facemasks for students, employees, and visitors are "strongly encouraged" indoors to help prevent the spread of COVID, but will not be required in compliance with SC Budget Proviso 1.108.
- Masks will be worn on all school buses, consistent with federal transportation guidelines. Masks will be worn by students and staff in school health clinics and athletic training spaces.
- Quarantine periods: 14 days for unvaccinated individuals identified as close contacts (within 6 feet for 15 minutes) of positive COVID cases. Employees and students who have been vaccinated will not be required to quarantine unless they become symptomatic.
- Classroom seating for students will be spaced at least 3-feet apart.
- School sanitization procedures will include cleaning of bathrooms and high-touch surfaces twice daily. Disinfectant fogging will occur nightly in order to cover the entire building during a one-week period.
- Schools have upgraded HVAC filters, and unit run-times will be adjusted to maximize indoor air quality.
- Schools will emphasize hand-washing, and ample supplies of hand sanitizer will be made available.
- Some classes or activities may have time limits, extended distances, and other safety protocols determined on a case-by-case basis for safety precautions.
- Visitors to schools will be limited and will be restricted to certain parts of the building.

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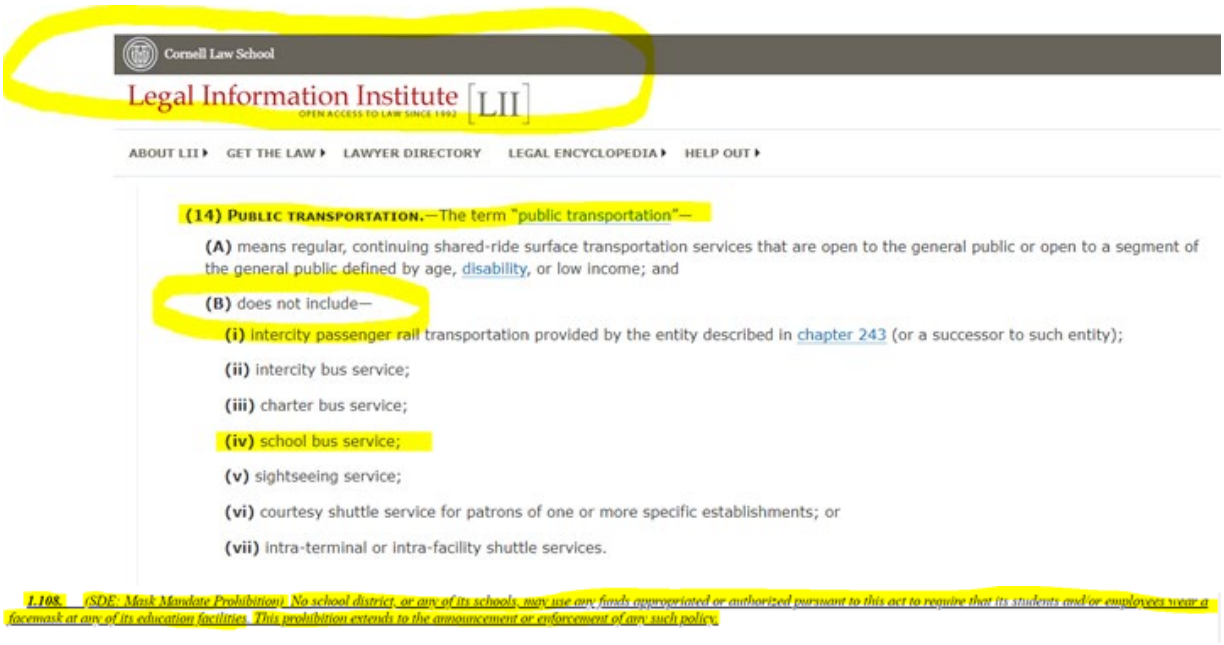

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(14) PUBLIC TRANSPORTATION.—The term "public transportation"—

(A) means regular, continuing shared-ride surface transportation services that are open to the general public or open to a segment of the general public defined by age, disability, or low income; and

(B) does not include—

(i) intercity passenger rail transportation provided by the entity described in chapter 243 (or a successor to such entity);

(ii) intercity bus service;

(iii) charter bus service;

(iv) school bus service;

(v) sightseeing service;

(vi) courtesy shuttle service for patrons of one or more specific establishments; or

(vii) intra-terminal or intra-facility shuttle services.

1.108. *(SDE: Mask Mandate Prohibition) No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy.*

AMERICAN OVERSIGHT

From: Marty Anderson
To: Alan Wilson
Subject: FW: Important information
Date: Wednesday, August 11, 2021 10:47:16 AM
Attachments: image001.png
image002.png
image003.png
image004.png

Dear Attorney General,

I had sent this yesterday, but I wanted to add to it. I have two out of states students at Clemson. My youngest son moved in yesterday as a freshman. He completed the mandatory move-in covid testing. He had tested negative on Friday. He is vaccinated with the Pfizer covid vaccine, he is asymptomatic and now is being forced to isolate for 10 days. Clemson is putting these kids in a Best Western Hotel and only allowing them out of their rooms for 2 hours in the parking lot for "outdoor time".

I reached out to the administration because they have NO retesting plan and have not provided info on false positive rates with their PCR test. At a time when this age group is more likely to die of suicide than covid, this is how our kids are treated. Now my son will not only miss out on the first 10 days of his freshman year, but he will also miss the first 3 days of classes.

I want you to be aware of what these public institutions are doing to our kids.

Thank you.

Marty Anderson
Chief Executive Officer

Ventavia Research Group, LLC
1307 8th Avenue Suite 201
Fort Worth, TX 76104
t: 817-348-0228
m: [redacted]
e: [redacted]@ventaviaresearch.com

www.ventaviaresearch.com

PLATINUM RESEARCH NETWORK

---------- Forwarded message ---------
From: **BaylorMom** [redacted]@gmail.com>
Date: Tue, Aug 10, 2021 at 7:27 AM
Subject: Important information
To: info@scag.gov <info@scag.gov>

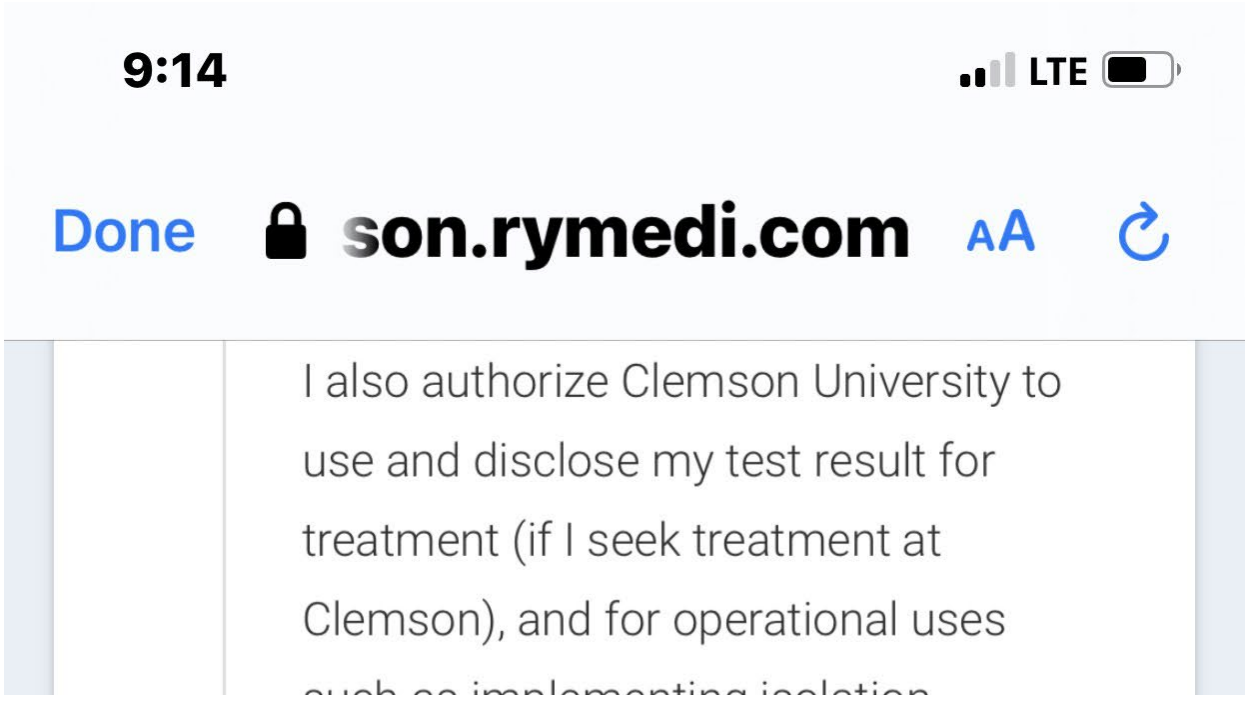
Dear Attorney General,

Thank you for fighting for students of all ages to stop both vaccine and mask mandates. I am personally pro-vaccine having worked in vaccine and infectious disease research and development for over 28 years; however, I also see the data daily and this vaccine needs to come with personal choice!

I believe EO 2021-2023 states that DHEC must standardize an informed consent for testing. As you may know Clemson University has gone back to mandatory weekly testing. While my son was signing up for move-in day testing yesterday, I sat with him and noticed the attached "informed consent". It only gives the option for a yes answer and doesn't even provide another option. That is NOT informed consent. In addition, it states "I have had the opportunity to ask questions and receive answers" which is untrue! I live CU, but that is sneaky and deliberate. They need to be held accountable!

Please help us stop this madness. The more you test asymptomatic people the longer this pandemic will keep going!

Thank you



AMERICAN OVERSIGHT

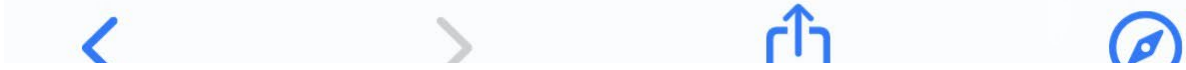
such as implementing isolation, quarantine, or other changes to my on-campus housing, working or dining locations, and for contact tracing in order to reduce further infections. Contact tracing will use data voluntarily provided by me and data in Clemson's existing records such as my on-campus housing location, class schedule, network access and ID card usage.

I understand the above statements. I had the opportunity to ask questions and have had them answered.

☐ Yes, I am electronically signing my approval and consent to proceed. *

I am signing as *

◯ The Patient.



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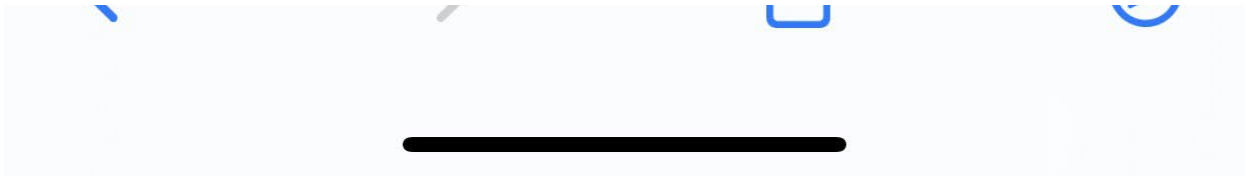

AMERICAN OVERSIGHT

From: Amanda Maddock
To: Alan Wilson
Subject: Fwd: Employee discrimination
Date: Tuesday, August 10, 2021 11:46:21 AM
Attachments: Employee discrimination.msg

Get Outlook for iOS

From: Microsoft Outlook <postmaster@outlook.com>
Sent: Tuesday, August 10, 2021 11:46:07 AM
To: awilson@agsc.gov <awilson@agsc.gov>
Subject: Undeliverable: Employee discrimination

Delivery has failed to these recipients or groups:

awilson@agsc.gov (awilson@agsc.gov)
Your message couldn't be delivered. The Domain Name System (DNS) reported that the recipient's domain does not exist.

Contact the recipient by some other means (by phone, for example) and ask them to tell their email admin that it appears that their domain isn't properly registered at their domain registrar. Give them the error details shown below. It's likely that the recipient's email admin is the only one who can fix this problem.

For more information and tips to fix this issue see this article: https://go.microsoft.com/fwlink/?LinkId=389361.

Diagnostic information for administrators:

Generating server: DM6NAM04HT108.mail.protection.outlook.com

awilson@agsc.gov
Remote Server returned '550 5.4.310 DNS domain agsc.gov does not exist [Message=InfoDomainNonexistent] [LastAttemptedServerName=agsc.gov'] [MW2NAM04FT025.eop-NAM04.prod.protection.outlook.com']

Original message headers:


```
ARC-Seal: i=1; a=rsa-sha256; s=arcselector9901; d=microsoft.com; cv=none;
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ARC-Message-Signature: i=1; a=rsa-sha256; s=arcselector9901; d=microsoft.com;
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```

David Leggett

From: Amanda Mandlove [redacted]@hotmail.com>
Sent: Tuesday, August 10, 2021 11:46 AM
To: awilson@agsc.gov
Subject: Employee discrimination

Hi Alan, first of all, thank you so much for all you're doing for South Carolina and our individual rights. I am an employee at Wofford college. I have chosen not to get vaccinated because I have had covid and have natural immunity.
They are requiring students and faculty/staff to do weekly testing and wear masks if we are unvaccinated regardless of reason and regardless of if we have antibodies.
Is there anything that can help the employees exercise our rights? This is discrimination but I also know Wofford is private but thought I would ask before I try to fight this battle on my own.
Thanks so much for your time!
Amanda Mandlove

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From:	Robert Kittle
To:	DeLinda Ridings
Subject:	Attorney General Wilson calls for faster implementation of anti-robocall technology
Date:	Monday, August 9, 2021 12:00:19 PM
Attachments:	FILED_Reply%20Comments_51%20AGs_Small%20VSPs%20and%20STIR-SHAKEN_WC17-97.pdf

FOR IMMEDIATE RELEASE Aug. 9, 2021

Attorney General Wilson calls for faster implementation of anti-robocall technology

Urges the FCC to accelerate deadline for STIR/SHAKEN adoption

August 9, 2021

(COLUMBIA, S.C.) - Attorney General Alan Wilson today urged the Federal Communications Commission (FCC) to fight back against the scourge of illegal robocalls by moving up the deadline for smaller telephone companies to implement caller ID technology. Attorney General Wilson joined a bipartisan coalition of 51 attorneys general, led by Attorney General Josh Stein (NC), Attorney General Josh Shapiro (PA), and Attorney General Leslie Rutledge (AR), in submitting comments to the FCC.

“This technology is not a silver bullet that will get rid of all illegal robocalls but it will reduce them and allow you to feel more comfortable knowing who’s calling you,” Attorney General Wilson said. “But right now, smaller companies don’t have to implement it until June 30, 2023, even if they do a high volume of illegal robocalls. That’s a loophole we need to close as quickly as possible.”

Under the TRACED Act, which became law in 2019, phone companies are required to implement STIR/SHAKEN technology on their networks. This caller ID authentication technology helps ensure that telephone calls are originating from verified numbers, not spoofed sources. Large companies were required to implement the technology by June 2021, and smaller phone companies were given an extension until June 2023.

However, some of the same smaller phone companies that are benefitting from this extension are also responsible for originating or facilitating high volumes of illegal robocalls that spam Americans and lead to financial or personal data loss. And without the STIR/SHAKEN technology in place, these smaller companies are failing to take a

AMERICAN OVERSIGHT

necessary step to minimize the continued onslaught of illegally spoofed robocalls that harm residents.

The coalition of attorneys general is asking the FCC to require these companies to implement the STIR/SHAKEN technology as soon as possible and no later than June 30, 2022.

Attorney General Wilson is joined in submitting today's comments by the attorneys general of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.

A copy of the comments is available attached.

Contact:

Robert Kittle

803.734.3670

rkittle@scag.gov

This email was sent to dridings@scag.gov
South Carolina Attorney General's Office, 1000 Assembly Street, P.O. Box 11549, Columbia, SC 29211-1549, United States
Unsubscribe

AMERICAN OVERSIGHT

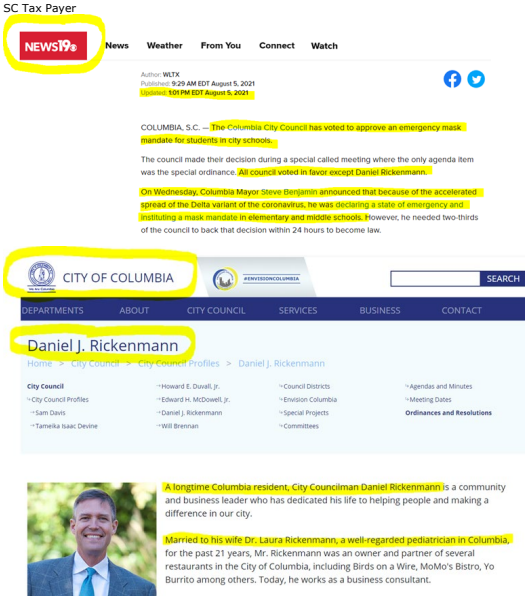
From: Kristin J Adams
To: Alan Wilson
Subject: City Of Columbia...NO Face Masks...NO Covid-19 Tests...NO Covid-19 Vaccines...Violating US Federal Law....EUA Products...Option To REFUSE...Thanks!
Date: Saturday, August 7, 2021 5:25:28 PM
Attachments: image.png
image.png
image.png
image.png
image.png
image.png
image.png

Date: Saturday, August 7, 2021
2nd Official Written Notification:
NO Face Masks
NO Covid-19 Testing
NO Covid-19 Vaccines
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for any Student, Teacher, Staff Member or Visitor is:
WRONG
VIOLATES South Carolina Proviso 1.108 which prohibits face-covering mandates in public schools no matter where in the state they are located
VIOLATES United States Federal Law - U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3 - Authorization for medical products for use in emergencies
VIOLATES The Nuremberg Code (1949)

Dear South Carolina Attorney General Alan Wilson:

This is in reference to the City Of Columbia - South Carolina:
NO Face Masks: For City Of Columbia Students
NO Covid-19 Testing: For City Of Columbia Students
NO Covid-19 Vaccines: For City Of Columbia Students

On Thursday, August 5, 2021 the City Of Columbia, South Carolina City Council voted to do Forced Face Masks on Children in Elementary Schools and Middle Schools (as per WLTX - News 19's Website):
- "...The Columbia City Council has voted to approve an emergency mask mandate for students in city schools..."
- "...The council made their decision during a special called meeting where the only agenda item was the special ordinance..."
- "...All council voted in favor except Daniel Rickenmann..."
- "...On Wednesday, Columbia Mayor Steve Benjamin announced that because of the accelerated spread of the Delta variant of the coronavirus, he was declaring a state of emergency and instituting a mask mandate in elementary and middle schools..."
- "...However, he needed two-thirds of the council to back that decision within 24 hours to become law..."
- https://www.wltx.com/article/news/local/columbia-sc-face-mask-mandate-city-schools/101-51d90e68-d6bd-405b-a8d1-cd2c5caaf6ff
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for Students, Teachers, School Staff or Visitors is WRONG for the following reasons:
1) VIOLATES South Carolina Proviso 1.108: SC Proviso 1.108 prohibits Face-Covering Mandates in Public Schools no matter where in the state they are located
- Screen Shot of Letter below
2) US FDA Designated - EUA Products - Face Masks, Covid-19 Testing & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks, Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
3) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)
As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
...
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3
4) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree
- NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- "...Voluntary Consent: 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, over-reaching, or other ulterior form of constraint or coercion;..."
- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf
Thanks So Very Much!
Kristin Adams
SC Tax Payer



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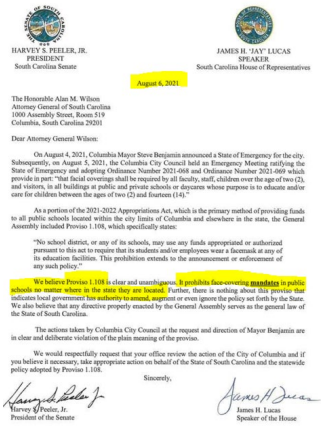

HARVEY S. PEELER, JR.
PRESIDENT
South Carolina Senate

JAMES H. "JAY" LUCAS
SPEAKER
South Carolina House of Representatives

August 6, 2021

The Honorable Alan M. Wilson
Attorney General of South Carolina
1000 Assembly Street, Room 519
Columbia, South Carolina 29201

Dear Attorney General Wilson:

On August 4, 2021, Columbia Mayor Steve Benjamin announced a State of Emergency for the city. Subsequently, on August 5, 2021, the Columbia City Council held an Emergency Meeting ratifying the State of Emergency and adopting Ordinance Number 2021-068 and Ordinance Number 2021-069 which provide in part: "that facial coverings shall be required by all faculty, staff, children over the age of two (2), and visitors, in all buildings at public and private schools or daycares whose purpose is to educate and/or care for children between the ages of two (2) and fourteen (14)."

As a portion of the 2021-2022 Appropriations Act, which is the primary method of providing funds to all public schools located within the city limits of Columbia and elsewhere in the state, the General Assembly included Proviso 1.108, which specifically states:

"No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy."

We believe Proviso 1.108 is clear and unambiguous. It prohibits face-covering **mandates** in public schools no matter where in the state they are located. Further, there is nothing about this proviso that indicates local government has authority to amend, augment or even ignore the policy set forth by the State. We also believe that any directive properly enacted by the General Assembly serves as the general law of the State of South Carolina.

The actions taken by Columbia City Council at the request and direction of Mayor Benjamin are in clear and deliberate violation of the plain meaning of the proviso.

We would respectfully request that your office review the action of the City of Columbia and if you believe it necessary, take appropriate action on behalf of the State of South Carolina and the statewide policy adopted by Proviso 1.108.

Sincerely,

Harvey S. Peeler, Jr.
President of the Senate

James H. Lucas
Speaker of the House

The Nuremberg Code (1949)

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, over-reaching, or 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.

On 08/05/2021 12:08 PM Kristin J Adams <kristinjadams@comcast.net> wrote:

Date: Thursday, August 5, 2021
Official Written Notification
NO Face Masks: For City Of Columbia - South Carolina
NO Covid-19 Testing: For City Of Columbia - South Carolina
NO Covid-19 Vaccines: For City Of Columbia - South Carolina
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for any Student, Teacher, Staff Member, Resident or Visitor is:
WRONG
VIOLATES United States Federal Law - US FDA "Emergency Use Authorization" Designation - U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3 - Authorization for medical products for use in emergencies
VIOLATES The Nuremberg Code (1949)

Dear South Carolina Attorney General Alan Wilson:

This is in reference to & this is an Official Written Notice:
NO Face Masks
NO Face Masks: For Columbia, South Carolina Students
NO Face Masks: For Columbia, South Carolina Teachers & School Staff
NO Face Masks: For Columbia, South Carolina Residents & Visitors
NO Covid-19 Testing
NO Covid-19 Testing: For Columbia, South Carolina Students
NO Covid-19 Testing: For Columbia, South Carolina Teachers & School Staff
NO Covid-19 Testing: For Columbia, South Carolina Residents & Visitors
NO Covid-19 Vaccines
NO Covid-19 Vaccines: For Columbia, South Carolina Students
NO Covid-19 Vaccines: For Columbia, South Carolina Teachers & School Staff
NO Covid-19 Vaccines: For Columbia, South Carolina Residents & Visitors
On Wednesday, August 4, 2021 Columbia Mayor Steve Benjamin:
"...announced a state of emergency in the city that includes a mask mandate for schools in the city..."
https://www.wltx.com/article/news/local/columbia-south-carolina-mask-mandate-schools/101-0e3e906e-d112-4bb6-b254-27fa72b39807
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for Students, Teachers, School Staff, Residents or Visitors is WRONG for the following reasons:
1) US FDA Designated - EUA Products - Face Masks, Covid-19 Testing & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks, Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
2) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)
As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
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- https://assets.website-files.com/606d3a50c62e44338008303d/6076e4fd8bde421370729e47_Vaccine-PP.pdf
5) Existing US FDA Approved Drug - Can Prevent & Treat Covid-19 Infections: Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
- "...A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19,' the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts..."
- "...The use of the antiparasitic drug ivermectin could lead to "large reductions" in COVID-19 deaths and may have a "significant impact" on the pandemic globally, according to a recent pre-print review based on peer-reviewed studies..."
- Article: "New Study Links Ivermectin To 'Large Reductions' In Covid-19 Deaths"
- https://www.theepochtimes.com/mkt_breakingnews/new-study-links-ivermectin-to-large-reductions-in-covid-19-deaths_3867278.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-06-21-1&mktids=1b4522b015841ca99fc0d8ff9a7b896b&est=NLJdLiEt6edscWmees0dc5Jj1WlnL1bXSsA1%2B3fbsk%2Fs1HVnqvzTzvBqkDgrVXNr&fbclid=IwAR118bvxOYD_3waDSviUiQUa95BuoX5g4dHrtwIjqAbZTovuXgM5vKiem4U
- "...a US Food and Drug Administration-approved anti-parasitic agent, was found to inhibit severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) replication in vitro..."
- Article: "A Five-day Course Of Ivermectin For The Treatment Of Covid-19 May Reduce The Duration of Illness"
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6) UNSAFE For Use In Humans - Covid-19 Vaccines: UK-Based Evidence-Based Medicine Consultancy Ltd Declared The Covid-19 Vaccines UNSAFE For Use In HUMANS
- "...An 'urgent preliminary report of Yellow Card data' issued by the UK-based Evidence-Based Medicine Consultancy Ltd submitted to the Medicines and Healthcare Products Regulatory Agency (MHRA) states that 'the MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans.'..."
- "...The report, signed by Evidence-based Medicine Consultancy Ltd and EbMC Squared CiC Director Dr. Tess Lawrie (MBBCh, PhD), says: 'we have searched the Yellow Card reports using pathology-specific key words to group the data according to the following five [sic] broad, clinically relevant categories:

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• Bleeding, Clotting and Ischaemic ADRs
• Immune System ADRs
• 'Pain' ADRs
• Neurological ADRs
• ADRs involving loss of Sight, Hearing, Speech or Smell
• Pregnancy ADRs'..."
- Article: " 'Urgent' British report calls for complete cessation of COVID vaccines in humans"
- https://americasfrontlinedoctors.org/frontlinenews/urgent-british-report-calls-for-complete-cessation-of-covid-vaccines-in-humans/

7) Heart Issues - Covid-19 Vaccines: AFTER Receiving the Covid-19 Vaccine the following issues arose in Vaccinated Individuals:- Heart Inflammation- Myocarditis- In Young Teens

- Covid-19 Vaccines have been causing cases of myocarditis (heart issues) in young teens
- "...In guidance quietly updated June 1, the Centers for Disease Control and Prevention said there is a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine..."
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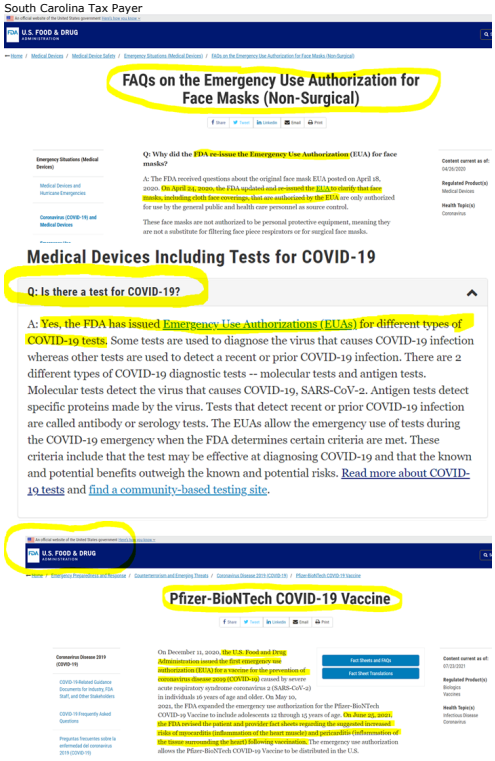
8) Blood Clot Issues - Covid-19 Vaccines: AFTER Receiving Pfizer Covid-19 Vaccine - Autoimmune Disease - Causes Blood Clots - aTTP - acquired Thrombotic Thrombocytopenic Purpura

- "...Israeli researchers this week pointed to a link between the Pfizer Covid-19 vaccine and a 'rare autoimmune disease.'...
- "...The researchers, associated with the Department of Hematology at the Shamir Medical Center, found an increased incidence of acquired Thrombotic Thrombocytopenic Purpura (aTTP) in Israel over a one-month period, and noted that the cases appeared in those who had received the Pfizer vaccine up to a month before..."
- "...Blickstein added that 'with the help of the serological tests,' the researchers knew that 'the patients were not patients sick with coronavirus, but rather patients who RECEIVED the VACCINE.'..."
- "...The US National Library of Medicine defines TTP as 'a rare disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.'..."
- Article: "Israeli researchers: 'Rare autoimmune disease' linked to Pfizer Covid-19 vaccine"
- https://www.israelnationalnews.com/News/News.aspx/308664?fbclid=IwAR1QJeAqeUArySJS1yBlsnrQf2HmNS2R8V8X3sloezhB3ly_zcO-EaJzx98

Thanks So Very Much!
Kristin Adams
South Carolina Tax Payer



AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: Charleston County School District...CCSD...NO Face Masks...NO Covid-19 Testing...NO Covid-19 Vaccines...Violating US Federal Law...EUA Products...Option To REFUSE...Thanks!
Date: Saturday, August 7, 2021 3:27:36 PM
Attachments: image.png
image.png

Date: Saturday, August 7, 2021
For: Charleston County School District (CCSD) - Board Meeting - Monday, August 9, 2021
Official Written Notification:
NO Face Masks
NO Covid-19 Testing
NO Covid-19 Vaccines
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for any Student, Teacher, Staff Member or Visitor is:
WRONG
VIOLATES South Carolina Proviso 1.108 which prohibits face-covering mandates in public schools no matter where in the state they are located
VIOLATES United States Federal Law - U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3 - Authorization for medical products for use in emergencies
VIOLATES The Nuremberg Code (1949)

Dear South Carolina Attorney General Alan Wilson:

This is in reference to Charleston County School District (CCSD):
NO Face Masks: For CCSD Students, Teachers, Staff & Visitors
NO Covid-19 Testing: For CCSD Students, Teachers, Staff & Visitors
NO Covid-19 Vaccines: For CCSD Students, Teachers, Staff & Visitors

On the Monday, August 9, 2021 Charleston County School District (CCSD) Agenda the following was listed:
Face Masks
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for Students, Teachers, School Staff or Visitors is WRONG for the following reasons:
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- Screen Shot of Letter below
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- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
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Thanks So Very Much!
Kristin Adams
Charleston County School District (CCSD) Parent

AMERICAN OVERSIGHT

HARVEY S. PEELER, JR.
PRESIDENT
South Carolina Senate

JAMES H. "JAY" LUCAS
SPEAKER
South Carolina House of Representatives

August 6, 2021

The Honorable Alan M. Wilson
Attorney General of South Carolina
1000 Assembly Street, Room 519
Columbia, South Carolina 29201

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On August 4, 2021, Columbia Mayor Steve Benjamin announced a State of Emergency for the city. Subsequently, on August 5, 2021, the Columbia City Council held an Emergency Meeting ratifying the State of Emergency and adopting Ordinance Number 2021-068 and Ordinance Number 2021-069 which provide in part: "that facial coverings shall be required by all faculty, staff, children over the age of two (2), and visitors, in all buildings at public and private schools or daycares whose purpose is to educate and/or care for children between the ages of two (2) and fourteen (14)."

As a portion of the 2021-2022 Appropriations Act, which is the primary method of providing funds to all public schools located within the city limits of Columbia and elsewhere in the state, the General Assembly included Proviso 1.108, which specifically states:

> "No school district, or any of its schools, may use any funds appropriated or authorized pursuant to this act to require that its students and/or employees wear a facemask at any of its education facilities. This prohibition extends to the announcement or enforcement of any such policy."

We believe Proviso 1.108 is clear and unambiguous. It prohibits face-covering **mandates** in public schools no matter where in the state they are located. Further, there is nothing about this proviso that indicates local government has authority to amend, augment or even ignore the policy set forth by the State. We also believe that any directive properly enacted by the General Assembly serves as the general law of the State of South Carolina.

The actions taken by Columbia City Council at the request and direction of Mayor Benjamin are in clear and deliberate violation of the plain meaning of the proviso.

We would respectfully request that your office review the action of the City of Columbia and if you believe it necessary, take appropriate action on behalf of the State of South Carolina and the statewide policy adopted by Proviso 1.108.

Sincerely,

Harvey S. Peeler, Jr.
President of the Senate

James H. Lucas
Speaker of the House

The Nuremberg Code (1949)

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, over-reaching, or 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.

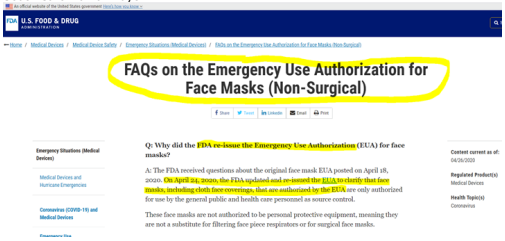
AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: NO Face Masks...NO Covid-19 Tests...NO Covid-19 Vaccines...Columbia, South Carolina...Violating US Federal Law...EUA Products...Option To REFUSE...Thanks!
Date: Thursday, August 5, 2021 12:08:51 PM
Attachments: image.png
image.png
image.png

Date: Thursday, August 5, 2021
Official Written Notification
NO Face Masks: For City Of Columbia - South Carolina
NO Covid-19 Testing: For City Of Columbia - South Carolina
NO Covid-19 Vaccines: For City Of Columbia - South Carolina
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for any Student, Teacher, Staff Member, Resident or Visitor is:
WRONG
VIOLATES United States Federal Law - US FDA "Emergency Use Authorization" Designation - U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3 - Authorization for medical products for use in emergencies
VIOLATES The Nuremberg Code (1949)

Dear South Carolina Attorney General Alan Wilson:

This is in reference to & this is an Official Written Notice:
NO Face Masks
NO Face Masks: For Columbia, South Carolina Students
NO Face Masks: For Columbia, South Carolina Teachers & School Staff
NO Face Masks: For Columbia, South Carolina Residents & Visitors
NO Covid-19 Testing
NO Covid-19 Testing: For Columbia, South Carolina Students
NO Covid-19 Testing: For Columbia, South Carolina Teachers & School Staff
NO Covid-19 Testing: For Columbia, South Carolina Residents & Visitors
NO Covid-19 Vaccines
NO Covid-19 Vaccines: For Columbia, South Carolina Students
NO Covid-19 Vaccines: For Columbia, South Carolina Teachers & School Staff
NO Covid-19 Vaccines: For Columbia, South Carolina Residents & Visitors
On Wednesday, August 4, 2021 Columbia Mayor Steve Benjamin:
"...announced a state of emergency in the city that includes a mask mandate for schools in the city..."
https://www.wltx.com/article/news/local/columbia-south-carolina-mask-mandate-schools/101-0e3e906e-d112-4bb6-b254-27fa72b39807
Mandating or Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for Students, Teachers, School Staff, Residents or Visitors is WRONG for the following reasons:
1) US FDA Designated - EUA Products - Face Masks, Covid-19 Testing & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks, Covid-19 Testing & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical
https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-frequently-asked-questions#devices
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
2) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks, Covid-19 Testing & Covid-19 Vaccines)
As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
...
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3
3) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree
- NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- "...Voluntary Consent: 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, over-reaching, or other ulterior form of constraint or coercion;..."- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf
4) Survival Rate - Covid-19 Infections - 99.98%: People 0-49 Years Old have a 99.98% Survival Rate of Covid-19 Infections
- "...For most people under the age of 65, the study found, the risk of dying from COVID-19 isn't much higher than from getting in a car accident driving to work.'..."
- https://assets.website-files.com/606d3a50c62e443380803d/6076e4fd8bde421370729e47_Vaccine-PP.pdf
5) Existing US FDA Approved Drug - Can Prevent & Treat Covid-19 Infections: Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
- "...A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19,' the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts..."
- "...The use of the antiparasitic drug ivermectin could lead to "large reductions" in COVID-19 deaths and may have a "significant impact" on the pandemic globally, according to a recent pre-print review based on peer-reviewed studies..."
- Article: "New Study Links Ivermectin To 'Large Reductions' In Covid-19 Deaths"
- https://www.theepochtimes.com/mkt_breakingnews/new-study-links-ivermectin-to-large-reductions-in-covid-19-deaths_3867278.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-06-21-1&mktids=1b4522b015841ca99fc0d8ff9a7b896b&est=NLJdLiEt6edscWmees0dc5JjJWlnL1bXSsA1%2B3fbsk%2Fs1HVnqvzTzvBqkDgrVXNr&fbclid=IwAR118bvxOYD_3waDSviUiQUa95BuoX5g4dHrtwIjqAbZTovuXgM5vKiem4U
- "...a US Food and Drug Administration-approved anti-parasitic agent, was found to inhibit severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) replication in vitro..."
- Article: "A Five-day Course Of Ivermectin For The Treatment Of Covid-19 May Reduce The Duration of Illness"
- https://pubmed.ncbi.nlm.nih.gov/33278625/
6) UNSAFE For Use In Humans - Covid-19 Vaccines: UK-Based Evidence-Based Medicine Consultancy Ltd Declared The Covid-19 Vaccines UNSAFE For Use In HUMANS
- "...An 'urgent preliminary report of Yellow Card data' issued by the UK-based Evidence-Based Medicine Consultancy Ltd submitted to the Medicines and Healthcare Products Regulatory Agency (MHRA) states that 'the MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans.'..."
- "...The report, signed by Evidence-based Medicine Consultancy Ltd and EbMC Squared CiC Director Dr. Tess Lawrie (MBBCh, PhD), says: 'we have searched the Yellow Card reports using pathology-specific key words to group the data according to the following five [sic] broad, clinically relevant categories:
• Bleeding, Clotting and Ischaemic ADRs
• Immune System ADRs
• 'Pain' ADRs
• Neurological ADRs
• ADRs involving loss of Sight, Hearing, Speech or Smell
• Pregnancy ADRs'..."
- Article: " 'Urgent' British report calls for complete cessation of COVID vaccines in humans"
- https://americasfrontlinedoctors.org/frontlinenews/urgent-british-report-calls-for-complete-cessation-of-covid-vaccines-in-humans/
7) Heart Issues - Covid-19 Vaccines: AFTER Receiving the Covid-19 Vaccine the following issues arose in Vaccinated Individuals:- Heart Inflammation- Myocarditis- In Young Teens
- Covid-19 Vaccines have been causing cases of myocarditis (heart issues) in young teens
- "...In guidance quietly updated June 1, the Centers for Disease Control and Prevention said there is a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine..."
- Article: "CDC Admits Teens Vaccinated With Pfizer or Moderna at Higher Risk of Heart Inflammation"
- https://childrenshealthdefense.org/defender/cdc-teens-vaccinated-pfizer-moderna-higher-risk-heart-inflammation/?fbclid=IwAR1scdPkti5Tn1pyvGCXQcfus0Ryu6b5l6M3hwTpJ8Kna216vnwGtRO2G6E
8) Blood Clot Issues - Covid-19 Vaccines: AFTER Receiving Pfizer Covid-19 Vaccine - Autoimmune Disease - Causes Blood Clots - aTTP - acquired Thrombotic Thrombocytopenic Purpura
- "...Israeli researchers this week pointed to a link between the Pfizer Covid-19 vaccine and a 'rare autoimmune disease.'...
- "...The researchers, associated with the Department of Hematology at the Shamir Medical Center, found an increased incidence of acquired Thrombotic Thrombocytopenic Purpura (aTTP) in Israel over a one-month period, and noted that the cases appeared in those who had received the Pfizer vaccine up to a month before..."
- "...Blickstein added that 'with the help of the serological tests,' the researchers knew that 'the patients were not patients sick with coronavirus, but rather patients who RECEIVED the VACCINE.'..."
- "...The US National Library of Medicine defines TTP as 'a rare disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.'..."
- Article: "Israeli researchers: 'Rare autoimmune disease' linked to Pfizer Covid-19 vaccine"
- https://www.israelnationalnews.com/News/News.aspx/308664?fbclid=IwAR1QJeAqeUArySJS1yBlsnrQf2HmNS2R8V8X3sloezhB3ly_zcO-EaJzx98
Thanks So Very Much!
Kristin Adams
South Carolina Tax Payer



AMERICAN OVERSIGHT

Medical Devices Including Tests for COVID-19

Q: Is there a test for COVID-19?

A: Yes, the FDA has issued Emergency Use Authorizations (EUAs) for different types of COVID-19 tests. Some tests are used to diagnose the virus that causes COVID-19 infection whereas other tests are used to detect a recent or prior COVID-19 infection. There are 2 different types of COVID-19 diagnostic tests -- molecular tests and antigen tests. Molecular tests detect the virus that causes COVID-19, SARS-CoV-2. Antigen tests detect specific proteins made by the virus. Tests that detect recent or prior COVID-19 infection are called antibody or serology tests. The EUAs allow the emergency use of tests during the COVID-19 emergency when the FDA determines certain criteria are met. These criteria include that the test may be effective at diagnosing COVID-19 and that the known and potential benefits outweigh the known and potential risks. Read more about COVID-19 tests and find a community-based testing site.

AMERICAN OVERSIGHT

From: DeLinda Ridings
To: DeLinda Ridings; AWilson Calendar
Subject: FW: Call

This out-of-policy resource request was forwarded to you for your approval.

This request was forwarded to you for approval because the organizer doesn't have permission to book this resource.

_____

Sent by Microsoft Exchange Server 2016

POC: Pete (he will brief you prior to the call)

Kate Rumbaugh is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting
https://juul.zoom.us/j/97986799685 <https://www.google.com/url?q=https%3A%2F%2Fjuul.zoom.us%2Fj%2F97986799685&sa=D&source=calendar&usd=2&usg=AOvVaw2b0fbhgVdxph_LtO4JiacN>

Meeting ID: 979 8679 9685
One tap mobile
+16468769923,,97986799685# US (New York)
+16692192599,,97986799685# US (San Jose)

Dial by your location
+1 646 876 9923 US (New York)
+1 669 219 2599 US (San Jose)
+44 330 088 5830 The United Kingdom
+44 203 901 7895 The United Kingdom
+1 204 272 7920 Canada
+65 3165 1065 Singapore
+39 069 480 6488 Italy
+48 22 306 5342 Poland
+7 812 426 8988 Russia
+7 499 951 6379 Russia
+420 2 3901 8272 The Czech Republic
+33 1 7095 0103 France
+49 69 3807 9883 Germany
+32 2 588 4188 Belgium
+972 55 330 1762 Israel
+351 308 804 188 Portugal
+82 2 6105 4111 Korea, Republic of
+34 917 873 431 Spain
+41 31 528 09 88 Switzerland
+353 1 653 3897 Ireland
+81 524 564 439 Japan
+81 363 628 317 Japan
Meeting ID: 979 8679 9685
Find your local number: https://juul.zoom.us/u/aemTrChudh <https://www.google.com/url?q=https%3A%2F%2Fjuul.zoom.us%2Fu%2FaemTrChudh&sa=D&source=calendar&usd=2&usg=AOvVaw0xmp2MqwnfN0QVpPbq6kaZ>

AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: NO Covid-19 Vaccines...CCSD...LBHS...Giving Pfizer Covid-19 Vaccines To MINORS At Schools Is WRONG...Heart Issues In Young Teens AFTER Pfizer Covid-19 Vaccine...Thanks!
Date: Monday, August 2, 2021 9:51:44 PM
Attachments: image.png
image.png
image.png

Date: Monday, August 2, 2021
1st Official Written Notification
NO Covid-19 Vaccines: Given At Charleston County School District Schools
NO Covid-19 Vaccines: Given At CCSD - Lucy Beckham High School - Mt Pleasant - SC
NO Covid-19 Vaccines: For CCSD Students
NO Covid-19 Vaccines: For CCSD Employees

Dear South Carolina Attorney General Alan Wilson:

This is in reference to & this is an Official Written Notice:
NO Covid-19 Vaccines: Given At Charleston County School District Schools
NO Covid-19 Vaccines: Given At CCSD - Lucy Beckham High School - Mt Pleasant - SC
NO Covid-19 Vaccines: For CCSD Students
NO Covid-19 Vaccines: For CCSD Employees

As per the Charleston County School District - Lucy Beckham High School - Email from 7/29/21 CCSD LBHS will be giving the Covid-19 Vaccine on 8/5/21 - This is WRONG:
"...The District's Nursing Services Department will be on campus from 9 AM to 3 PM on Thursday, August 5th to offer shots for required vaccines for attendance, such as TDAP, and vaccines recommended by health organizations, like the one for COVID-19. ..."
Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."), arranging & allowing the administration of Covid-19 Vaccines at CCSD Schools for Students or Employees is WRONG for the following reasons:
1) Survival Rate - Covid-19 Infections - 99.997% Survival Rate For Children 0-19 Years Old: Children 0-19 Years Old have a 99.997% Survival Rate of Covid-19 Infections
- Graph on Page 10
- "...For children COVID-19 is much less lethal than influenza..."
- "...In a report detailing the differences between COVID-19 and the flu, the CDC states, 'the risk of complications for healthy children is higher for flu compared to COVID-19.'..."
- Article: "America's Frontline Doctors White Paper On Experimental Vaccines For COVID-19"
- https://assets.website-files.com/606d3a50c62e44338008303d/6076e4fd8bde421370729e47_Vaccine-PP.pdf
2) Existing US FDA Approved Drug - Can Prevent & Treat - Covid-19 Infections: Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
- "...A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19,' the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts..."
- "...The use of the antiparasitic drug ivermectin could lead to "large reductions" in COVID-19 deaths and may have a "significant impact" on the pandemic globally, according to a recent pre-print review based on peer-reviewed studies..."
- Article: "New Study Links Ivermectin To 'Large Reductions' In Covid-19 Deaths"
- https://www.theepochtimes.com/mkt_breakingnews/new-study-links-ivermectin-to-large-reductions-in-covid-19-deaths_3867278.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-06-21-1&mktids=1b4522b015841ca99fc0d8ff9a7b896b&est=NLJdLiEt6edscWmees0dc5JjJWlnL1bXSsA1%2B3fbsk%2Fs1HVnqvzTzvBqkDgrVXNr&fbclid=IwAR118bvxOYD_3waDSviUiQUa95BuoX5g4dHrtwIjqAbZTovuXgM5vKiem4U
- "...a US Food and Drug Administration-approved anti-parasitic agent, was found to inhibit severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) replication in vitro..."
- Article: "A Five-day Course Of Ivermectin For The Treatment Of Covid-19 May Reduce The Duration of Illness"
- https://pubmed.ncbi.nlm.nih.gov/33278625/
3) Children - 50 Times MORE Likely - To Be Killed - By Covid-19 VACCINE: Children Are 50 Times MORE Likely To Be KILLED By the Covid-19 VACCINE Than By The Virus As Per Former Pfizer Vice President
- "...Dr. Michael Yeadon, former Pfizer vice president, warns children are 50 times more likely to be killed by the covid vaccines than the virus itself..."
- Article: "Dr. Yeadon Warns: Children 50 TIMES More Likely to Die from Covid Vaccine Than From Virus"
- https://warroom.org/2021/06/09/dr-yeadon-warns-children-50-times-more-likely-to-die-from-covid-vaccine-than-from-virus/?utm_source=rss&utm_medium=rss&utm_campaign=dr-yeadon-warns-children-50-times-more-likely-to-die-from-covid-vaccine-than-from-virus
4) Heart Issues – In Young Teens - AFTER Covid-19 Vaccines: AFTER Receiving the Covid-19 Vaccine the following issues arose in Vaccinated Young Teens:
- Heart Inflammation
- Myocarditis
- In Young Teens
- Covid-19 Vaccines have been causing cases of myocarditis (heart issues) in young teens
- "...In guidance quietly updated June 1, the Centers for Disease Control and Prevention said there is a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine..."
- Article: "CDC Admits Teens Vaccinated With Pfizer or Moderna at Higher Risk of Heart Inflammation"
- https://childrenshealthdefense.org/defender/cdc-teens-vaccinated-pfizer-moderna-higher-risk-heart-inflammation/?fbclid=IwAR1scdPkti5Tn1pyvGCXQcfus0Ryu6b5l6M3hwTpJ8Kna216vnwGtRO2G6E
- As per the US FDA website on 8/2/21:
"... On June 25, 2021, the FDA revised the patient and provider fact sheets regarding the suggested increased risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) following vaccination..."
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
5) Schools - Should NOT Be Giving - Covid-19 Vaccines - NO Long-Term Studies of the BAD Side Effects - US FDA Designation of "Emergency Use Authorization" (EUA) Product:
- US FDA (US Food And Drug Administration) designated the use of Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- There are NO Long-Term studies of the BAD Side Effects of Covid-19 Vaccines
- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
6) SC DHEC - Pfizer Covid-19 Vaccine - Available At 7 Other Locations - In Mount Pleasant - SC:
- As per SC DHEC's website there are at least 7 other locations just in Mount Pleasant that give the Pfizer Covid-19 Vaccine [East Cooper Hospital, Harris Teeter (3 Locations), Walgreens (3 Locations)]
- Schools should NOT be giving the Pfizer Covid-19 Vaccine
- https://vaxlocator.dhec.sc.gov/
Thanks So Very Much!
Kristin Adams
Charleston County School District - Parent
Lucy Beckham High School - Parent

-------- Original message --------
From: Stephanie Flock
Date: 7/29/21 3:46 PM (GMT-05:00)
To: Lucy Garrett Beckham High School Recipients
Subject: LBHS Updates July 29

Dear Bengal Families,
We are getting excited here at LBHS as the school year approaches!
As a reminder, the assigned days and times for Back to Beckham are as follows:

Grade Level	Date	8 AM to 11AM	1 PM to 4 PM
11th	Tuesday, August 3	A-H	I-Z
10th	Wednesday, August 4	A-J	K-Z
9th	Thursday, August 5	A-J	K-Z

The District's Nursing Services Department will be on campus from **9 AM to 3 PM on Thursday, August 5th** to offer shots for required vaccines for attendance, such as TDAP, and vaccines recommended by health organizations, like the one for COVID-19.
Also attached is information from DHEC that highlights all necessary vaccinations as well as changes for the 2021-22 school year.
If you have any questions, please do not hesitate to reach out. We look forward to seeing everyone next week for Back to Beckham!

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: NO Face Masks...NO Covid-19 Vaccines...University Of South Carolina...Violating US Federal Law...EUA Products...Option To REFUSE...Thanks!
Date: Sunday, August 1, 2021 3:45:35 PM
Attachments: image.png
image.png
image.png
image.png

Date: Sunday, August 2, 2021
2nd Official Written Notification
NO Face Masks
NO Face Masks: For University of South Carolina Students
NO Face Masks: For University of South Carolina Employees
NO Covid-19 Testing
NO Covid-19 Testing: For University of South Carolina Students
NO Covid-19 Testing: For University of South Carolina Employees
NO Covid-19 Vaccines
NO Covid-19 Vaccines: For University of South Carolina Students
NO Covid-19 Vaccines: For University of South Carolina Employees
Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") or mandating Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for Students or Employees is WRONG for the following reasons:
1) US FDA Designated - EUA Products - Face Masks & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
2) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks & Covid-19 Vaccines)
3) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree - NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
4) Survival Rate - Covid-19 Infections - 99.98%: People 0-49 Years Old have a 99.98% Survival Rate of Covid-19 Infections
5) Existing US FDA Approved Drug - Can Prevent & Treat Covid-19 Infections: Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
6) UNSAFE For Use In Humans - Covid-19 Vaccines: UK-Based Evidence-Based Medicine Consultancy Ltd Declared The Covid-19 Vaccines UNSAFE For Use In HUMANS
7) Heart Issues - Covid-19 Vaccines: AFTER Receiving the Covid-19 Vaccine the following issues arose in Vaccinated Individuals: - Heart Inflammation - Myocarditis - In Young Teens
8) Blood Clot Issues - Covid-19 Vaccines: AFTER Receiving Pfizer Covid-19 Vaccine - Autoimmune Disease - Causes Blood Clots - aTTP - acquired Thrombotic Thrombocytopenic Purpura

Dear South Carolina Attorney General Alan Wilson:

This is in reference to & this is an Official Written Notice:
NO Face Masks
NO Face Masks: For University of South Carolina Students
NO Face Masks: For University of South Carolina Employees
NO Covid-19 Testing
NO Covid-19 Testing: For University of South Carolina Students
NO Covid-19 Testing: For University of South Carolina Employees
NO Covid-19 Vaccines
NO Covid-19 Vaccines: For University of South Carolina Students
NO Covid-19 Vaccines: For University of South Carolina Employees
On Friday July 24, 2021 the University of South Carolina Interim President Harris Pastides sent out an Email concerning Covid-19 & USC. Below are portions of the 7/24/21 Email from the University of South Carolina Interim President Harris Pastides:
- "...Return to Campus COVID-19 Requirements:
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• All students residing off campus, faculty and staff must provide proof of one of the following by Wednesday, Aug. 18:
o a negative COVID-19 PCR or antigen test conducted between Aug. 8 to Aug. 18
o proof of a prior positive COVID-19 infection within the last 90 days
o a completed COVID-19 vaccination record..."
- "...Vaccinations:
• The university strongly encourages all students, faculty and staff to get fully vaccinated in order to protect themselves and the community.
• If you have received the vaccine, please upload your vaccine record into the MyHealthSpace portal..."
- "...Face Coverings:
• Face coverings will be required in the Center for Health and Well-Being and Thomson Student Health Center. They are also required on shuttles, buses and other forms of university transportation..."
- "...• Unvaccinated individuals are required to quarantine following an exposure to a positive COVID-19 infection, regardless of their symptoms,..."
Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") or mandating Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for Students or Employees is WRONG for the following reasons:
1) US FDA Designated - EUA Products - Face Masks & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical - https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
2) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks & Covid-19 Vaccines)
As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
...
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3
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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, over-reaching, or other ulterior form of constraint or coercion;..."
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Thanks So Very Much!
Kristin Adams
South Carolina Tax Payer

AMERICAN OVERSIGHT

On 07/25/2021 8:27 PM Kristin J Adams <kristinjadams@comcast.net> wrote:

Date: Sunday, July 25, 2021
Official Written Notification
NO Face Masks
NO Face Masks: For University of South Carolina Students
NO Face Masks: For University of South Carolina Employees
NO Covid-19 Testing
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AMERICAN OVERSIGHT

- https://pubmed.ncbi.nlm.nih.gov/33278625/

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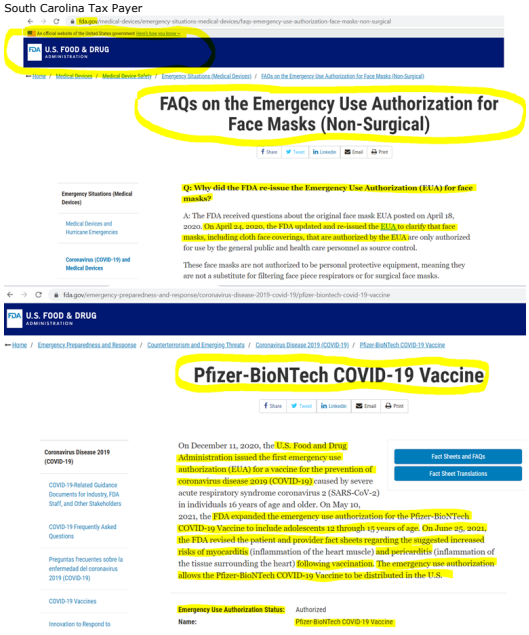

AMERICAN OVERSIGHT

From: Admin
To: Alan Wilson
Subject: Spam Quarantine Notification
Date: Friday, July 30, 2021 12:01:04 AM

Spam Quarantine Notification

your email quarantineThe message(s) below have been blocked by your administrator as suspected spam.

There are 5 new messages in your Email Quarantine since you received your last Spam Quarantine Notification. If the messages below are spam, you do not need to take any action. Messages will be automatically removed from the quarantine after 14 day(s).

If any of the messages below are not spam, click the Release link to have them sent to your Inbox. To see all quarantined messages view your email quarantine.

Quarantined Email

	From	Subject	Date
Release	Sra Hermuy Calle <pastoredwinclark2...	[SPAM] Dear Friend,	29 Jul 2021
Release	mary williams <[redacted]@gmai...	[SPAM] Response Is urgent from mary williams	29 Jul 2021
Release	Trailwood Foundation Inc. <rosie@tw...	[SPAM] Attend these two leading edge webinars in August	29 Jul 2021
Release	Daniel Wesson [redacted]@gmail.com...	[SUSPECTED SPAM] RE	29 Jul 2021
Release	"Kimberly Poe" <kimberly.poe@datasa...	[SPAM] RE: Business-to-Business Contacts List	29 Jul 2021

View All Quarantined Messages(65)

Note: This message has been sent by a notification only system. Please do not reply

If the above links do not work, please copy and paste the following URL into a Web browser: https://spam.scag.gov:83/Search?h=a46fd427858d1df9dbde6a5f30f242f7&email=agwilson%40scag.gov%2Cawilson%40scag.gov

AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: NO Face Masks...NO Covid-19 Vaccines...University Of South Carolina...Violating US Federal Law...EUA Products...Option To REFUSE...Thanks!
Date: Sunday, July 25, 2021 8:28:12 PM
Attachments: image.png
image.png

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- "...Return to Campus COVID-19 Requirements:
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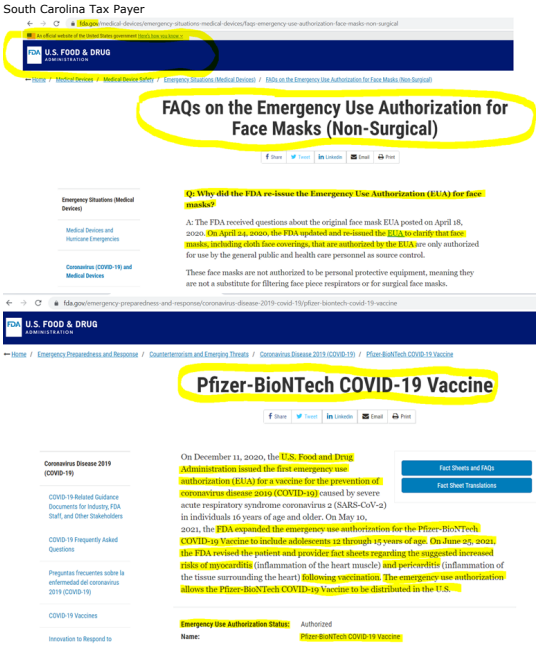
o a negative COVID-19 PCR or antigen test conducted no more than 10 days prior to arrival to campus
o proof of prior positive COVID-19 infection within the last 90 days
o a completed COVID-19 vaccination record
• All students residing off campus, faculty and staff must provide proof of one of the following by Wednesday, Aug. 18:
o a negative COVID-19 PCR or antigen test conducted between Aug. 8 to Aug. 18
o proof of a prior positive COVID-19 infection within the last 90 days
o a completed COVID-19 vaccination record..."
-"...Vaccinations:
• The university strongly encourages all students, faculty and staff to get fully vaccinated in order to protect themselves and the community.
• If you have received the vaccine, please upload your vaccine record into the MyHealthSpace portal..."
- "...Face Coverings:
• Face coverings will be required in the Center for Health and Well-Being and Thomson Student Health Center. They are also required on shuttles, buses and other forms of university transportation..."
- "...• Unvaccinated individuals are required to quarantine following an exposure to a positive COVID-19 infection, regardless of their symptoms,..."
Advocating for (or using "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion...") or mandating Forced Face Masks, Forced Covid-19 Testing or Forced Covid-19 Vaccines for Students or Employees is WRONG for the following reasons:
1) US FDA Designated - EUA Products - Face Masks & Covid-19 Vaccines: US FDA (US Food And Drug Administration) designated the use of Face Masks & Covid-19 Vaccines as "Emergency Use Authorization" (EUA) Products
- https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical - https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine
2) US Federal Law - EUA Products - Individuals Have Option To REFUSE: US Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Face Masks & Covid-19 Vaccines)
As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
...
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3
3) The Nuremberg Code (1949) - Crimes Against Humanity - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: The Nuremberg Code (1949) states that there should be Voluntary Consent & NONE of the following should be used to get a Human Subject to agree - NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- "...Voluntary Consent: 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, over-reaching, or other ulterior form of constraint or coercion;..."
- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf
4) Survival Rate - Covid-19 Infections - 99.98%: People 0-49 Years Old have a 99.98% Survival Rate of Covid-19 Infections
- "...For most people under the age of 65, the study found, the risk of dying from COVID-19 isn't much higher than from getting in a car accident driving to work.'..."
- https://assets.website-files.com/606d3a50c62e443380083 03d/6076e4fd8bde421370729e47_Vaccine-PP.pdf
5) Existing US FDA Approved Drug - Can Prevent & Treat Covid-19 Infections: Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
- "...A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19,' the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts..."
- "...The use of the antiparasitic drug ivermectin could lead to "large reductions" in COVID-19 deaths and may have a "significant impact" on the pandemic globally, according to a recent pre-print review based on peer-reviewed studies..."
- Article: "New Study Links Ivermectin To 'Large Reductions' In Covid-19 Deaths"
- https://www.theepochtimes.com/mkt_breakingnews/new-study-links-ivermectin-to-large-reductions-in-covid-19-deaths_3867278.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-06-21-1&mktids=1b4522b015841ca99fc0d8ff9a7b896b&est=NLJdLiEt6edscWmees0dc5JjJWlnL1bXSsA1%2B3fbsk%2Fs1HVnqvzTzvBqkDgrVXNr&fbclid=IwAR118bvxOYD_3waDSviUiQUa95BuoX5g4dHrtwIiqAbZTovuXgM5vKiem4U
- "...a US Food and Drug Administration-approved anti-parasitic agent, was found to inhibit severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) replication in vitro..."
- Article: "A Five-day Course Of Ivermectin For The Treatment Of Covid-19 May Reduce The Duration of Illness"
- https://pubmed.ncbi.nlm.nih.gov/33278625/
6) UNSAFE For Use In Humans - Covid-19 Vaccines: UK-Based Evidence-Based Medicine Consultancy Ltd Declared The Covid-19 Vaccines UNSAFE For Use In HUMANS
- "...An 'urgent preliminary report of Yellow Card data' issued by the UK-based Evidence-Based Medicine Consultancy Ltd submitted to the Medicines and Healthcare Products Regulatory Agency (MHRA) states that 'the MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans.'..."
- "...The report, signed by Evidence-based Medicine Consultancy Ltd and EbMC Squared CiC Director Dr. Tess Lawrie (MBBCh, PhD), says: 'we have searched the Yellow Card reports using pathology-specific key words to group the data according to the following five [sic] broad, clinically relevant categories:
• Bleeding, Clotting and Ischaemic ADRs
• Immune System ADRs
• 'Pain' ADRs
• Neurological ADRs
• ADRs involving loss of Sight, Hearing, Speech or Smell
• Pregnancy ADRs'..."
- Article: " 'Urgent' British report calls for complete cessation of COVID vaccines in humans"
- https://americasfrontlinedoctors.org/frontlinenews/urgent-british-report-calls-for-complete-cessation-of-covid-vaccines-in-humans/
7) Heart Issues - Covid-19 Vaccines: AFTER Receiving the Covid-19 Vaccine the following issues arose in Vaccinated Individuals: - Heart Inflammation - Myocarditis - In Young Teens
- Covid-19 Vaccines have been causing cases of myocarditis (heart issues) in young teens
- "...In guidance quietly updated June 1, the Centers for Disease Control and Prevention said there is a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine..."
- Article: "CDC Admits Teens Vaccinated With Pfizer or Moderna at Higher Risk of Heart Inflammation" - https://childrenshealthdefense.org/defender/cdc-teens-vaccinated-pfizer-moderna-higher-risk-heart-inflammation/?fbclid=IwAR1scdPkti5Tn1pyvGCXQcfus0Ryu6b5l6M3hwTpJ8Kna216vnwGtRO2G6E
8) Blood Clot Issues - Covid-19 Vaccines: AFTER Receiving Pfizer Covid-19 Vaccine - Autoimmune Disease - Causes Blood Clots - aTTP - acquired Thrombotic Thrombocytopenic Purpura
- "...Israeli researchers this week pointed to a link between the Pfizer Covid-19 vaccine and a 'rare autoimmune disease.'...
- "...The researchers, associated with the Department of Hematology at the Shamir Medical Center, found an increased incidence of acquired Thrombotic Thrombocytopenic Purpura (aTTP) in Israel over a one-month period, and noted that the cases appeared in those who had received the Pfizer vaccine up to a month before..."
- "...Blickstein added that 'with the help of the serological tests,' the researchers knew that 'the patients were not patients sick with coronavirus, but rather patients who RECEIVED the VACCINE.'..."
- "...The US National Library of Medicine defines TTP as 'a rare disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.'..."
- Article: "Israeli researchers: 'Rare autoimmune disease' linked to Pfizer Covid-19 vaccine"
- https://www.israelnationalnews.com/News/News.aspx/308664?fbclid=IwAR1QJeAqeUArySJS1yBlsnrQf2HmNS2R8V8X3sloezhB3ly_zcO-Ea1zx98
Thanks So Very Much!
Kristin Adams

AMERICAN OVERSIGHT

South Carolina Tax Payer



U.S. FOOD & DRUG ADMINISTRATION

Home / Medical Devices / Medical Device Safety / Emergency Situations (Medical Devices) / FAQs on the Emergency Use Authorization for Face Masks (Non-Surgical)

FAQs on the Emergency Use Authorization for Face Masks (Non-Surgical)

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Emergency Situations (Medical Devices)

Medical Devices and Hurricane Emergencies

Coronavirus (COVID-19) and Medical Devices

Q: Why did the FDA re-issue the Emergency Use Authorization (EUA) for face masks?

A: The FDA received questions about the original face mask EUA posted on April 18, 2020. On April 24, 2020, the FDA updated and re-issued the EUA to clarify that face masks, including cloth face coverings, that are authorized by the EUA are only authorized for use by the general public and health care personnel as source control.

These face masks are not authorized to be personal protective equipment, meaning they are not a substitute for filtering face piece respirators or for surgical face masks.

U.S. FOOD & DRUG ADMINISTRATION

Home / Emergency Preparedness and Response / Counterterrorism and Emerging Threats / Coronavirus Disease 2019 (COVID-19) / Pfizer-BioNTech COVID-19 Vaccine

Pfizer-BioNTech COVID-19 Vaccine

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Coronavirus Disease 2019 (COVID-19)

COVID-19-Related Guidance Documents for Industry, FDA Staff, and Other Stakeholders

COVID-19 Frequently Asked Questions

Preguntas frecuentes sobre la enfermedad del coronavirus 2019 (COVID-19)

COVID-19 Vaccines

Innovation to Respond to

On December 11, 2020, the U.S. Food and Drug Administration issued the first emergency use authorization (EUA) for a vaccine for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older. On May 10, 2021, the FDA expanded the emergency use authorization for the Pfizer-BioNTech COVID-19 Vaccine to include adolescents 12 through 15 years of age. On June 25, 2021, the FDA revised the patient and provider fact sheets regarding the suggested increased risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) following vaccination. The emergency use authorization allows the Pfizer-BioNTech COVID-19 Vaccine to be distributed in the U.S.

Fact Sheets and FAQs

Fact Sheet Translations

Emergency Use Authorization Status: Authorized

Name: Pfizer-BioNTech COVID-19 Vaccine

AMERICAN OVERSIGHT

From: Kimberly Barker
To: Alan Wilson
Subject: University of South Carolina/Proviso 117.163
Date: Saturday, July 24, 2021 3:14:29 PM

Dear Attorney General Alan Wilson,

I hope this email finds you well sir. I am writing to you for some assistance regarding an email sent of by University of South Carolina. Unfortunately, The University of South Carolina has put its students in an unfair position by demanding that they provide ***proof that they are safe to be in school. Proof in this situation (vaccine/antibodies/negative test) are all equivalent to a vaccine passport. This truly seems that it Is just another way to ask for vaccine passports which as our governor has stated are NOT welcome in our state.*** The Covid-19 vaccine is the most rushed vaccine we have ever seen, it is also causing more death in less than a year than any of the other vaccines have over a thirty year period. This is alarming to say the least. Below, I have included the links from the FDA below that list various side effects and adverse reactions including myocarditis as a possibility. Recovery rates are quite high, it seems unfair/against the law that publicly funded schools should be pressuring students to either take the experiment or provide proof of antibodies or negative infection. Where will this end?Are we in a free country or are we living under tyranny? Life needs to continue despite Covid and there are a large number of people in this country and state who are simply not comfortable with this injection. Does this mean our rights will continue to be violated every time we are simply uncomfortable with a risky medical procedure? You may or may not be aware that when someone is injured or killed by a vaccine, no manufacturer is held liable. Something is truly wrong here. I am requesting that you please look into what the school is asking of its students, as it is a state funded school and violating current SC state law. I am concerned that if this is not addressed, this may encourage other institutions to also feel comfortable violating the rights of their students and breaking other laws.

I thank you for taking the time to read my email and for any help you can offer on this issue. I know that ensuring all South Carolinians are living as free beings is important to you as it is to my family and many others. Thank you again and I look forward to your response.

With Gratitude,
Kimberly Barker

Part 1B SECTION 117 - X900 - GENERAL PROVISIONS
2021-2022 As passed by the Senate

SECTION 117 - X900 - GENERAL PROVISIONS

"For the current fiscal year, state-supported institutions of higher learning that directly or indirectly receive funds appropriated or authorized through the general appropriations act shall be restricted from requiring proof of COVID-19 vaccination for any student as a condition of enrollment, attendance at on campus instruction, or residence on campus. In instances of off-campus learning events for which third party program providers require proof of vaccination, the third party requirements shall apply.

https://www.scstatehouse.gov/query.php?search=DOC&searchtext=security&category=BUDGET&year=2021&version_id=4&return_page=&version_title=As%20passed%20by%20the%20Senate&conid=36731060&result_pos=0&keyval=45253&numrows=10

EUA of Pfizer Covid-19 Vaccine
https://www.fda.gov/media/144414/download?fbclid=IwAR3VDI8SwqtPVDFeJ9eRV-R3y61hehni3xIMZsnu1xEwxIj6piAJy3y0WPc
EUA of Janssen Covid-19 Vaccine
https://www.fda.gov/media/146305/download?fbclid=IwAR2-FLzS24tEbjXWssnsgJEc0kt_LWIFOxUqAFXXA5gHb7TJULOZAkhT5uE
EUA Moderna Covid-19 Vaccine
https://www.fda.gov/media/144638/download?fbclid=IwAR2TVCc1T2VDhW8EPlUcvYrcOSOyTEn79W7cYb80aSmCKs5qGQLq8GOWbCU

AMERICAN OVERSIGHT

Letter from President of UofSC Harris Pastides

Dear Students, Faculty and Staff,
Since the onset of the COVID-19 pandemic, our university has prioritized the health and safety of students, faculty and staff. Despite the challenges of the past year, the university persevered together, and with your help, successfully completed the 2020-2021 academic year.
Now, CDC projections for the fall suggest there will be surges in COVID-19 infection rates. Additionally, the Delta strain of the virus, currently the dominant strain, is more easily transmitted and has already been detected within our campus community.
This is why we must continue to take this virus seriously and work together to reduce its spread by employing scientifically proven mitigation strategies, such as vaccination. In alignment with guidance from the S.C. Department of Health and Environmental Control, we strongly encourage you to get vaccinated if you haven't already done so to protect yourself and others.
In our community, vaccination not only helps protect each other, but also allows for resumption of in-person class instruction, relaxed mask guidelines and the return of fans to athletic events. Recent studies estimate that vaccination has prevented almost 300,000 deaths from COVID-19 in the U.S. alone. We also know that more than 97 percent of people hospitalized with COVID-19 and more than 99.5 percent of people who die from COVID-19 are unvaccinated.
Informed by the latest state and federal guidance and our own public health experts, university leadership has developed mitigation recommendations and requirements for the Fall 2021 semester. Please carefully review the following mitigation plan:
Return to Campus COVID-19 Requirements:
• Students residing in UofSC-operated housing, including the Greek Village, must provide proof of one of the following relative to their respective move-in dates:
o a negative COVID-19 PCR or antigen test conducted no more than 10 days prior to arrival to campus
o proof of prior positive COVID-19 infection within the last 90 days
o a completed COVID-19 vaccination record
• All students residing off campus, faculty and staff must provide proof of one of the following by Wednesday, Aug. 18:
o a negative COVID-19 PCR or antigen test conducted between Aug. 8 to Aug. 18
o proof of a prior positive COVID-19 infection within the last 90 days
o a completed COVID-19 vaccination record
• The university will continue to offer voluntary free testing to students, faculty and staff throughout the fall semester. Testing is also available at multiple locations throughout the state.
Vaccinations:
• The university strongly encourages all students, faculty and staff to get fully vaccinated in order to protect themselves and the community.
• If you have received the vaccine, please upload your vaccine record into the MyHealthSpace portal. The portal is compliant with federal health privacy law and your records will not be shared. For instructions on how to upload a copy of your completed vaccine card to MyHealthSpace visit our COVID-19 Vaccine Information page. If you received your vaccine on campus through University Health Services, your vaccine status will be updated automatically.
Face Coverings:
• Face coverings will be required in the Center for Health and Well-Being and Thomson Student Health Center. They are also required on shuttles, buses and other forms of university transportation.
• Because face coverings have been proven effective in mitigating the spread of COVID-19, we encourage everyone on campus to wear one indoors whenever physical distancing is not possible. If you are not vaccinated, you are strongly encouraged to take this simple step to protect yourself and others.
Environmental Monitoring:
• The university will continue to conduct environmental wastewater monitoring to identify and rapidly respond to COVID-19 outbreaks within our campus community.
International Travel:
• The Emergency Management Team will continue regular monitoring of international disease activity and guidance from the Centers for Disease Control and Prevention, World Health Organization, US Department of State and others.
Isolation and Quarantine:

AMERICAN OVERSIGHT

• Following the most updated guidelines from the CDC and SCDHEC, fully vaccinated individuals are not required to quarantine following exposure to a positive COVID-19 infection if they are not showing any symptoms.
• Unvaccinated individuals are required to quarantine following an exposure to a positive COVID-19 infection, regardless of their symptoms, as per guidelines from the CDC and SCDHEC.
• All students living on campus are required to file a quarantine and isolation plan with Housing and Residence Life. Emergency arrangements will be provided for on-campus students who are unable to quarantine or isolate at home.
• Students, faculty, and staff who test positive for COVID-19 will be expected to isolate at home to prevent the spread of illness.
Event and Activity Approval:
• The Emergency Management Team is transitioning control of campus events and activities to the Dean and/or Vice President level for approval of all events taking place on Aug.16, 2021 and later.
Again, the health, safety and well-being of every student, faculty and staff member will remain our number one priority. While we cannot predict the impact of the virus this fall, our planning is ongoing and we will make necessary adjustments if conditions change. Please visit our COVID-19 site for the latest information and updates.
In the meantime, I hope you enjoy the final weeks of summer and I look forward to welcoming you back soon.
Sincerely,
Harris Pastides

1986 Vaccine Injury Act (Manufacturer Protection)
H.R.5546 - 99th Congress (1985-1986): National Childhood Vaccine Injury Act of 1986 | Congress.gov | Library of Congress

https://www.congress.gov/bill/99th-congress/house-bill/5546

AMERICAN OVERSIGHT

From: Tyrone Henderson
To: All Staff
Date: Friday, July 23, 2021 9:58:06 AM

The shred truck will be leaving around 10:30am. Bring all shred to loading dock 1st floor In DNR

Sent via the Samsung Galaxy S21 Ultra 5G, an AT&T 5G smartphone
Get Outlook for Android

AMERICAN OVERSIGHT

From: Tyrone Henderson
To: All Staff
Subject: Shred day info for today 1-3pm staging
Date: Thursday, July 22, 2021 1:21:07 PM

The SGJ Auditorium 148- A will be lock and Secured overnight and there is an additional lock area inside the Auditorium for super sensitive materials.

Thank
Sent via the Samsung Galaxy S21 Ultra 5G, an AT&T 5G smartphone
Get Outlook for Android

AMERICAN OVERSIGHT

From: Info Attorney General
To: DeLinda Ridings
Subject: FW: Contact Form [#29067]
Date: Friday, July 16, 2021 3:53:47 PM
Attachments: image003.png

This is the email I was asking about earlier~

--

VALERIE INGRAM, Constituent Services Coordinator
South Carolina Attorney General's Office
Executive Division | Office 803-737-3953
P.O. Box 11549 | Columbia, SC 29211
scag.gov

This email, along with any attachments, is considered confidential and may be legally privileged. If you have received it in error please notify the sender immediately by reply email and then delete this message from you system. Please do not copy it or use it for any purposes, or disclose its contents to any other person. This email, and attachments, are subject to FOIA requests. Thank you for your cooperation.

From: South Carolina Attorney General <no-reply@wufoo.com>
Sent: Thursday, July 15, 2021 8:48 PM
To: Info Attorney General <Info@scag.gov>; email2db@scag.gov
Subject: Contact Form [#29067]

Name *	Darren Sonderman
Email *	[redacted]@cacspecialty.com
Phone Number	[redacted]
Zip Code *	29920

Question or Comment *

South Carolina AG Wilson,

Citizens of South Carolina have been and are being harmed by criminal activity and fraud being perpetrated by Anthony Fauci, Pfizer, Moderna, and others that have sought to mandate vaccines to COVID-19, a virus that Dr. Fauci, Pfizer and Moderna have been directly involved in creating. Please take the time to review the video "A Manufactured Illusion" accessible at www.brandnewtube.com

This video provides scientific and proven facts proving criminal / fraudulent activities that continue to harm citizens of South Carolina. -Darren Sonderman

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: DeLinda Ridings
To: eric fry
Subject: RE: AG Wilson
Date: Wednesday, July 14, 2021 11:00:00 AM
Attachments: image003.png
image004.png

I will and honestly, contacting me is better than the General. He just goes where we schedule him and is not involved with staffing.

Stay safe and well.

Sincerely,

DeLinda Ridings,
Executive Assistant
Office of the Attorney General
State of South Carolina
Rembert C. Dennis Building
Office: (803) 734-3596

From: eric fry [redacted]@hotmail.com>
Sent: Tuesday, July 13, 2021 7:07 PM
To: DeLinda Ridings <DRidings@scag.gov>
Subject: Re: AG Wilson

Hey DeLinda,
Thanks for getting back to me. I have Alan's number but it's so early I just figured a general email would get me the information without bothering him.
Good to hear from you - just keep me posted as we get closer to filing/reelection season.
Hope you are doing well!
Eric

Sent via the Samsung Galaxy S21 5G, an AT&T 5G smartphone
Get Outlook for Android

From: DeLinda Ridings <DRidings@scag.gov>
Sent: Tuesday, July 13, 2021 2:08:46 PM
To: [redacted]@hotmail.com <[redacted]@hotmail.com>
Subject: AG Wilson

Hi Eric,

AMERICAN OVERSIGHT

I hope you are doing well. I was forwarded your email about volunteering for the Attorney General's campaign. Thank you! I will keep you posted because as of right now there is no campaign at the present. I am sure he will be running for re-election.

Sincerely,

DeLinda Ridings,
Executive Assistant
Office of the Attorney General
State of South Carolina
Rembert C. Dennis Building
Office: (803) 734-3596

AMERICAN OVERSIGHT

From:	Sineath, Christina
To:	"rdudek@sccid.sc.gov"; Bill Schumacher; Finney, Ernest A. III; Alan Wilson
Cc:	"billschumacher5@gmail.com"; finneyiii@aol.com; DeLinda Ridings; Falin, Lynn
Subject:	The State v. James Caleb Williams 2017-001601
Date:	Wednesday, July 14, 2021 10:47:26 AM
Attachments:	The State v. James Caleb Williams - Cover Letter and Opinion.pdf

Good morning,

Attached please find correspondence from the Court of Appeals.

Christina Sineath
Senior Appeals Specialist
S.C. Court of Appeals
(803) 734-1890

CONFIDENTIALITY NOTICE ~~~ This message is intended only for the addressee and may contain information that is confidential. If you are not the intended recipient, do not read, copy, retain, or disseminate this message or any attachment. If you have received this message in error, please contact the sender immediately and delete all copies of the message and any attachments.

AMERICAN OVERSIGHT

From: eric fry
To: DeLinda Ridings
Subject: Re: AG Wilson
Date: Tuesday, July 13, 2021 7:06:43 PM
Attachments: image003.png

Hey DeLinda,
Thanks for getting back to me. I have Alan's number but it's so early I just figured a general email would get me the information without bothering him.
Good to hear from you - just keep me posted as we get closer to filing/reelection season.
Hope you are doing well!
Eric

Sent via the Samsung Galaxy S21 5G, an AT&T 5G smartphone
Get Outlook for Android

From: DeLinda Ridings <DRidings@scag.gov>
Sent: Tuesday, July 13, 2021 2:08:46 PM
To: [redacted]@hotmail.com [redacted]@hotmail.com>
Subject: AG Wilson

Hi Eric,

I hope you are doing well. I was forwarded your email about volunteering for the Attorney General's campaign. Thank you! I will keep you posted because as of right now there is no campaign at the present. I am sure he will be running for re-election.

Sincerely,

DeLinda Ridings,
Executive Assistant
Office of the Attorney General
State of South Carolina
Rembert C. Dennis Building
Office: (803) 734-3596

AMERICAN OVERSIGHT

From:	Robert Kittle
To:	Alan Wilson; Jeff Young; Bob Cook; Barry Bernstein; Don Zelenka; DeeBo Kelly; Matt Gates; Matt Wills; DeLinda Ridings; Valerie Ingram; Robert Kittle; Dylan Nolan; Nick Barboza
Subject:	Exec. News Clips 7.9.2021
Date:	Friday, July 9, 2021 10:06:46 AM
Attachments:	image002.png image003.png

Today in History

Wimbledon tournament begins

On July 9, 1877, the All England Croquet and Lawn Tennis Club begins its first lawn tennis tournament at Wimbledon, then an outer-suburb of London. Twenty-one amateurs showed up to compete in the Gentlemen's Singles tournament, the only event at the first Wimbledon. The winner was to take home a 25-guinea trophy.

The State

$7B city impact, 3 major hotels at stake if Columbia doesn't expand convention center

How does Columbia's convention center compare to other cities'? Smaller — by far

Richland 2 school district employee charged with sexually assaulting children

LR5 school board member used district email to call for colleagues' election defeat

Greenville News

Greenville County Republican leaders resign after pressure from Pro-Trump faction

Murdaugh family killings: New documents allege civil conspiracy in fatal boat crash

Small business owner quickly learned about government influence. Now she wants more voice

Upstate SC blood center warns of emergency need for blood donations

Post and Courier

Greenville County may refund fees Supreme Court ruled illegal, could first seek rehearing

Man sentenced to 18 months in federal prison for role in Charleston riot

Understand SC: South Carolina's secretive process for disciplining judges

AMERICAN OVERSIGHT

Greenville GOP leadership abruptly resigns in overthrow launched by 'true MAGA supporters'

WSJ

Biden Takes Aim at Corporate Consolidation, Big-Business Tactics

Pfizer to Ask Regulators to Authorize Covid-19 Vaccine Booster

Job Openings Are at Record Highs. Why Aren't Unemployed Americans Filling Them?

Stocks Edge Up After Dow, S&P 500 Selloff

Office Mentions

SLED charges two SC police officers with domestic violence this week

Robert Kittle
Communications Director
Office: (803) 734-3670
Cell: (803) 381-3453
rkittle@scag.gov
Rembert C. Dennis Building
1000 Assembly Street
Columbia, S.C. 29201

AMERICAN OVERSIGHT

From: Admin
To: Alan Wilson
Subject: Spam Quarantine Notification
Date: Friday, July 9, 2021 12:00:10 AM

Spam Quarantine Notification

your email quarantineThe message(s) below have been blocked by your administrator as suspected spam.

There are 6 new messages in your Email Quarantine since you received your last Spam Quarantine Notification. If the messages below are spam, you do not need to take any action. Messages will be automatically removed from the quarantine after 14 day(s).

If any of the messages below are not spam, click the Release link to have them sent to your Inbox. To see all quarantined messages view your email quarantine.

Quarantined Email

	From	Subject	Date
Release	Mrs Aisha Gaddafi <[redacted]@gmail.c...	[SPAM] Urgent Message From Mrs Aisha.	08 Jul 2021
Release	Ishmael Akotiti [redacted]@gmail.com>...	[SPAM] Inviting you for a profitable deal,	08 Jul 2021
Release	Daniel Wesson [redacted]@gmail.com...	[SPAM] RE	08 Jul 2021
Release	"FirstResponder Technologies" <info...	[SUSPECTED SPAM] Disinfect Smarter & Faster - Portable UV-C ...	08 Jul 2021
Release	Abderazack zebdani <abderazackzebda...	[SPAM] Hello	08 Jul 2021
Release	Urgent [redacted]@gmail.com>	[SPAM] HI	08 Jul 2021

View All Quarantined Messages(59)

Note: This message has been sent by a notification only system. Please do not reply

If the above links do not work, please copy and paste the following URL into a Web browser: https://spam.scag.gov:83/Search?h=a46fd427858d1df9dbde6a5f30f242f7&email=agwilson%40scag.gov%2Cawilson%40scag.gov

AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: NO Covid-19 Vaccines...University Of South Carolina...Crimes Against Humanity...The Nuremberg Code (1949)...Voluntary Consent...Thanks!
Date: Thursday, July 8, 2021 3:49:41 PM
Attachments: image.png
image.png

Date: Thursday, July 8, 2021
Official Written Notification
NO Covid-19 Vaccines
NO Covid-19 Vaccines: For University of South Carolina Students
NO Covid-19 Vaccines: For University of South Carolina Employees
Advocating for any Student or Employee to take Covid-19 Vaccines is WRONG for the following reasons:
1) FDA "Emergency Use Authorization" Products (EUA): FDA authorized the use of Covid-19 Vaccines as "Emergency Use Authorization" Products (EUA)
2) United States Federal Law requires Individuals to whom an "Emergency Use Authorization" (EUA) Product is administered to have the OPTION to REFUSE administration of the EUA Product (Covid-19 Vaccine)
3) Crimes Against Humanity - The Nuremberg Code (1949) - Medical Experiments On Human Beings - Voluntary Consent of the Human Subject: NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
4) Known Covid-19 Vaccines' Bad Side Effects
- Heart Inflammation
- Myocarditis
- In Young Teens
5) People 0-49 Years Old have a 99.98% Survival Rate of Covid-19
6) Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
7) UK-Based Evidence-Based Medicine Consultancy Ltd Declared The Covid-19 Vaccines UNSAFE For Use In HUMANS
8) AFTER Receiving Pfizer Covid-19 Vaccine – Autoimmune Disease – Causes Blood Clots - aTTP – acquired Thrombotic Thrombocytopenic Purpura
Dear South Carolina Attorney General Alan Wilson:

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As per the United States Federal Law the FDA Approval of "Emergency Use Authorization" (EUA) requires:
- Individuals to whom the Product (EUA – Face Mask) is administered have: The OPTION to REFUSE administration of the Product (EUA - Covid-19 Vaccine)
"...U.S. Code > Title 21 > Chapter 9 > Part E > § 360bbb–3
21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
(e) CONDITIONS OF AUTHORIZATION
(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
...
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3
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- "...Blickstein added that 'with the help of the serological tests,' the researchers knew that 'the patients were not patients sick with coronavirus, but rather patients who RECEIVED the VACCINE.'..."
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Thanks So Very Much!
Kristin Adams
South Carolina Tax Payer

The Nuremberg Code (1949)

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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, over-reaching, or 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.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

AMERICAN OVERSIGHT

Pfizer-BioNTech COVID-19 Vaccine

Share Tweet LinkedIn Email Print

May 10, 2021: The FDA expanded the emergency use authorization of the Pfizer-BioNTech COVID-19 Vaccine to include adolescents 12 through 15. Read the press release and view the press briefing.

On December 11, 2020, the U.S. Food and Drug Administration issued the first emergency use authorization (EUA) for a vaccine for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older. On May 10, 2021, the FDA expanded the emergency use authorization for the Pfizer-BioNTech COVID-19 Vaccine to include adolescents 12 through 15 years of age. The emergency use authorization allows the Pfizer-BioNTech COVID-19 Vaccine to be distributed in the U.S.

Fact Sheets and FAQs

Fact Sheet Translations

Content current as of: 06/11/2021

Regulated Product(s)
Biologics
Vaccines

Health Topic(s)
Infectious Disease
Coronavirus

Emergency Use Authorization Status:	Authorized
Name:	Pfizer-BioNTech COVID-19 Vaccine
Manufacturer:	Pfizer Inc.

AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: NO Covid-19 Vaccines...Clemson University...Crimes Against Humanity...The Nuremberg Code (1949)...Voluntary Consent...Thanks!
Date: Thursday, July 8, 2021 3:29:19 PM
Attachments: image.png
image.png

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Biologics
Vaccines

Health Topic(s)
Infectious Disease
Coronavirus

Emergency Use Authorization Status:	Authorized
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Manufacturer:	Pfizer Inc.

AMERICAN OVERSIGHT

From: Kristin J Adams
To: Alan Wilson
Subject: NO Covid-19 Vaccines...College Of Charleston...Crimes Against Humanity...The Nuremberg Code (1949)...Voluntary Consent...Thanks!
Date: Wednesday, June 30, 2021 10:39:20 AM
Attachments: image.png
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Dear South Carolina Attorney General:
Dear Alan Wilson:
This is in reference to & this is an Official Written Notice:
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Recently, College Of Charleston (CofC COVID-19 Leadership Team) send an email with the following information:
- "...Every student, including returning students, should complete the College of Charleston COVID-19 Vaccination Documentation or Declination Form (https://forms.office.com/r/JyD5fwfA2p)..."
- "...Students who are not vaccinated or who choose to not complete the form will be placed in a monthly COVID-19 required testing protocol..."
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b) The OPTION to accept or REFUSE administration of the Product
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(1) UNAPPROVED PRODUCT
(A) Required conditions
With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:
...
(ii) Appropriate conditions designed to ensure that individuals to whom the product is administered are informed—
(I)
that the Secretary has authorized the emergency use of the product;
(II)
of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III)
of the option to accept or refuse administration of the product..."
- https://www.law.cornell.edu/uscode/text/21/360bbb-3
2) Crimes Against Humanity - The Nuremberg Code (1949) - Voluntary Consent of the Human Subject: NO "...force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion..."
- "...Voluntary Consent: 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, over-reaching, or other ulterior form of constraint or coercion;..."
- Article: "The Nuremberg Code (1949)"
- https://research.wayne.edu/irb/pdf/2-2-the-nuremberg-code.pdf
3) Known Covid-19 Vaccines' Bad Side Effects - Heart Inflammation - Myocarditis - In Young Teens
- Covid-19 Vaccines have been causing cases of myocarditis (heart issues) in young teens
- "...In guidance quietly updated June 1, the Centers for Disease Control and Prevention said there is a higher-than-expected number of cases of myocarditis among young teens after the second dose of an mRNA COVID vaccine..."
- Article: "CDC Admits Teens Vaccinated With Pfizer or Moderna at Higher Risk of Heart Inflammation" - https://childrenshealthdefense.org/defender/cdc-teens-vaccinated-pfizer-moderna-higher-risk-heart-inflammation/?fbclid=IwAR1scdPkti5Tn1pyvGCXQcfus0Ryu6b5l6M3hwTpJ8Kna216ynwGtRO2G6E
4) People 0-49 Years Old have a 99.98% Survival Rate of Covid-19
- "...For most people under the age of 65, the study found, the risk of dying from COVID-19 isn't much higher than from getting in a car accident driving to work.'..."
- https://assets.website-files.com/606d3a50c62e44338008303d/6076e4fd8bde421370729e47_Vaccine-PP.pdf
5) Existing US FDA Approved Drug (Anti-Parasitic Agent called Ivermectin) Was Found To Successfully Prevent & Treat Covid-19 Infections
- "...A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19,' the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts..."
- "...The use of the antiparasitic drug ivermectin could lead to "large reductions" in COVID-19 deaths and may have a "significant impact" on the pandemic globally, according to a recent pre-print review based on peer-reviewed studies..."
- Article: "New Study Links Ivermectin To 'Large Reductions' In Covid-19 Deaths"
- https://www.theepochtimes.com/mkt_breakingnews/new-study-links-ivermectin-to-large-reductions-in-covid-19-deaths_3867278.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-06-21-1&mktids=1b4522b015841ca99fc0d8ff9a7b896b&est=NLJdLiEt6edscWmees0dc5JjJWlnL1bXSsA1%2B3fbsk%2Fs1HVnqvzTzvBqkDgrVXNr&fbclid=IwAR118bvxOYD_3waDSviUiQUa95BuoX5g4dHrtwIjqAbZTovuXgM5vKiem4U
- "...a US Food and Drug Administration-approved anti-parasitic agent, was found to inhibit severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) replication in vitro..."
- Article: "A Five-day Course Of Ivermectin For The Treatment Of Covid-19 May Reduce The Duration of Illness"
- https://pubmed.ncbi.nlm.nih.gov/33278625/
6) UK-Based Evidence-Based Medicine Consultancy Ltd Declared The Covid-19 Vaccines UNSAFE For Use In HUMANS
- "...An 'urgent preliminary report of Yellow Card data' issued by the UK-based Evidence-Based Medicine Consultancy Ltd submitted to the Medicines and Healthcare Products Regulatory Agency (MHRA) states that 'the MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans.'..."
- "...The report, signed by Evidence-based Medicine Consultancy Ltd and EbMC Squared CiC Director Dr. Tess Lawrie (MBBCh, PhD), says: 'we have searched the Yellow Card reports using pathology-specific key words to group the data according to the following five [sic] broad, clinically relevant categories:
• Bleeding, Clotting and Ischaemic ADRs
• Immune System ADRs
• 'Pain' ADRs
• Neurological ADRs
• ADRs involving loss of Sight, Hearing, Speech or Smell
• Pregnancy ADRs'..."
- Article: " 'Urgent' British report calls for complete cessation of COVID vaccines in humans"
- https://americasfrontlinedoctors.org/frontlinenews/urgent-british-report-calls-for-complete-cessation-of-covid-vaccines-in-humans/
7) AFTER Receiving Pfizer Covid-19 Vaccine - Autoimmune Disease - Causes Blood Clots - aTTP - acquired Thrombotic Thrombocytopenic Purpura
- "...Israeli researchers this week pointed to a link between the Pfizer Covid-19 vaccine and a 'rare autoimmune disease.'...
- "...The researchers, associated with the Department of Hematology at the Shamir Medical Center, found an increased incidence of acquired Thrombotic Thrombocytopenic Purpura (aTTP) in Israel over a one-month period, and noted that the cases appeared in those who had received the Pfizer vaccine up to a month before..."
- "...Blickstein added that 'with the help of the serological tests,' the researchers knew that 'the patients were not patients sick with coronavirus, but rather patients who RECEIVED the VACCINE.'..."
- "...The US National Library of Medicine defines TTP as 'a rare disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.'..."
- Article: "Israeli researchers: 'Rare autoimmune disease' linked to Pfizer Covid-19 vaccine"
- https://www.israelnationalnews.com/News/News.aspx/308664?fbclid=IwAR1QJeAqeUArySJS1yBlsnrQf2HmNS2R8V8X3sloezhB3ly_zcO-EaJzx98
Thanks So Very Much!
Kristin Adams
South Carolina Tax Payer

The Nuremberg Code (1949)

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, over-reaching, or 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.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

AMERICAN OVERSIGHT

Pfizer-BioNTech COVID-19 Vaccine

Share Tweet LinkedIn Email Print

May 10, 2021: The FDA expanded the emergency use authorization of the Pfizer-BioNTech COVID-19 Vaccine to include adolescents 12 through 15. Read the press release and view the press briefing.

On December 11, 2020, the U.S. Food and Drug Administration issued the first emergency use authorization (EUA) for a vaccine for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older. On May 10, 2021, the FDA expanded the emergency use authorization for the Pfizer-BioNTech COVID-19 Vaccine to include adolescents 12 through 15 years of age. The emergency use authorization allows the Pfizer-BioNTech COVID-19 Vaccine to be distributed in the U.S.

Fact Sheets and FAQs

Fact Sheet Translations

Content current as of: 06/11/2021

Regulated Product(s)
Biologics
Vaccines

Health Topic(s)
Infectious Disease
Coronavirus

Emergency Use Authorization Status:	Authorized
Name:	Pfizer-BioNTech COVID-19 Vaccine
Manufacturer:	Pfizer Inc.

AMERICAN OVERSIGHT

From:	Robert Kittle
To:	Alan Wilson; Jeff Young; Bob Cook; Barry Bernstein; Don Zelenka; DeeBo Kelly; Matt Gates; Matt Wills; DeLinda Ridings; Valerie Ingram; Robert Kittle; Dylan Nolan; Nick Barboza
Subject:	Exec. News Clips 6.28.2021
Date:	Monday, June 28, 2021 1:42:15 PM
Attachments:	image002.png image003.png

Today in History

The Stonewall Riots begin in NYC's Greenwich Village

Sometime after midnight on June 28, 1969, in what is now regarded by many as history's first major protest on behalf of equal rights for LGBTQ people, a police raid of the Stonewall Inn—a popular gay club located on New York City's Christopher Street—turns violent as patrons and local sympathizers begin rioting against the authorities.

The State

Aligning himself with Trump, Sen. Tim Scott kicks off 2022 reelection campaign in SC

Execution stays in hand, SC death row inmates drop requests for emergency injunction

Tropical depression forms off SC coast. Here's what it means for the Midlands

Third night of Rock Hill protests are quieter, still focused on police arrest methods

Greenville News

Life-changing money awaits thousands of homeless people in Greenville, but there's risk

Greenville Tech coach Rodenfels to use Olympic Trials run as motivation for self, her team

Tropical depression could bring storms to Greenville Tuesday. Here's what to expect

Despite 'sub-par' performance, pole vaulter Sandi Morris qualifies for Tokyo Olympics

Post and Courier

Millions for SC rent assistance remain as eviction moratorium extended through July

Tropical storm warning issued for part of SC coast

SC business groups prep push for legal change that could cut their lawsuit costs

AMERICAN OVERSIGHT

McMaster vetoes $153M in earmarks from Legislature's $10.8B spending plan

WSJ

Miami-Area Condo Collapse: Death Toll Rises to 10 as Rescue Reaches Fifth Day

Juul to Pay $40 Million to Settle Lawsuit Alleging It Targeted Teens

Supreme Court Declines to Consider Transgender Bathroom Case

Iran-Backed Militias Threaten Revenge After U.S. Airstrikes in Iraq, Syria

Office Mentions

SC education official stole $90K in school money and went on shopping sprees, AG says

6.28.2021 FITSNews _ Former South Carolina Lawmaker, Code Commissioner Scheduled To Appear In Court On Misconduct In Office Charge

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Rembert C. Dennis Building
1000 Assembly Street
Columbia, S.C. 29201

AMERICAN OVERSIGHT

Entry Id	Organization Or Group Name
1	South Carolina Association of Legal Investigatiors
2	Anderson University Command College
3	South Carolina Chapter of the Association for Public-Safety Communications Officials (SC APCO)
4	South Carolina Hemophilia Foundation
5	Clover-Lake Wylie Republican Women's Club
6	test
7	CALHOUN BAPTIST CHURCH
8	SC Coroner's Association

AMERICAN OVERSIGHT

9 Myrtle Beach Tea Party

10 family Services, Inc.

11 Upstate Judicial Association

12 South Carolina Association of Clerks of Courts and Registers of Deeds

13 Greater Greer Chamber of Commerce

14 South University (Criminal Justice Program)

AMERICAN OVERSIGHT

15 Aiken County GOP

16 Dillon County Law Enforcement Week

17 National Anthem Project 2011

18 Associated Builders & Contractors of the Carolinas

19 University of South Carolina - Pre-Law Students

AMERICAN OVERSIGHT

20 Columbia Medical Society

21 Berkeley County Republican Party
22 Charleston School of Law

23 Grand Strand Optimist Club

24 Kelly Mill Middle School

25 Concerned citizens Of Saluda County

26 Ponderosa Civic

27 none

28 South Carolina Association of Legal Investigators (SCALI)

29 Doors To Freedom

AMERICAN OVERSIGHT

30 Rocky Creek Elementary

31 McCormick County Republican Party

32 Goose Creek SC 9-12

33 The National Center for the Prevention of Home Improvement Fraud

34 Judicial Watch Inc.

AMERICAN OVERSIGHT

35 SAINT JOHN BAPTIST CHURCH

36 Greenville Society for Human Resource Management

37 M2 TARS Teenage republican club

38 SC Association of Legal Investigators

39 Kiwanis Club of Florence

40 NAVY JUNIOR ROTC

41 Goose Creek 9-12

42 Hampton County School District 2

AMERICAN OVERSIGHT

43 Sumter Rotary Club

44 Cross High School/CHECK

45 Senior Care Professionals of the Midlands

46 SC Baptist Ministries for the Aging

47 Sumter Rotary Club

48 Election League

49 Lexington School District One Career Showcase

50 Rotary Club of the Vista Night

AMERICAN OVERSIGHT

51 Mom VS NC Schoolboard

52 West Metro Republican Women

53 Gleamns Head Start
54 SC Police Chief Assoc.

55 Mrs. Anderson's Geometry Class

56 Lexington Sertoma Club

57 South Carolina Christian COC meeting

58 American Enterprise Institute

AMERICAN OVERSIGHT

59 individual
60 Palmetto Citizen Against Sexual Assault

61 Northeast Republican Women

62 SANDLAPPER Securities, LLC

63 SC Utility Coordinating Committee

64 Rotary Club of St. Andrews, Charleston, SC

65 Be a Man at USC

AMERICAN OVERSIGHT

66 Spartanburg Public Safety Department

67 GSP Republican Women
68 Test

69 Midlands Technical College-Upward Bound Program

70 Cumbee Center to Assist Abused Persons, Inc.
71 Westview Elementary

72 Calhoun Baptist Church

73 Blythewood High School

74 Rotary Club of Aiken

AMERICAN OVERSIGHT

75 The National Center for the Prevention of Home Improvement Fraud

76 The A21 Campaign

77 The A21 Campaign

78 Columbia Area Mental Health Center-Multi-Cultural Committee

AMERICAN OVERSIGHT

79 CHECK/Cross High School

80 NAPBS - National Association of Professional Background Screeners

81 McCormick County Republican Party

82 McCormick County Republican Party

83 SC Telecommunications Association

84 The Pain Society of the Carolinas

85 Animal Protection Efforts of SC

86 Animal Protection Efforts of SC (APE)

87 Riverview Elementary

AMERICAN OVERSIGHT

88 South Carolina Jail Administrators Association

89 Chapin Middle School

90 Free The Freasian Dz Funding help compensate the Richard J Kilgore (v.o.v.c0 to his caretakers funding also a negligent d.o.j help stock and sexualy harrase this man everyday and several others im a human not ur holiday laughing joke ur doj

AMERICAN OVERSIGHT

Frisian Dz (v.o.v.c.f) private agentcy thats a group sent out in spite of you happenings we see life and safty as a priority ill fight fist tooth and nail for this flag and several others vill find the victome safe and private compt and
91 closure...

AMERICAN OVERSIGHT

Caretakers funding of Victomes of terrior and slander stacking safty of mind and food and warm stay need funding these victomes if any as i have some
92 needed to repay
93 Loris Elementary

94 SE Assoc of Telecommunications Officers & Advisors

AMERICAN OVERSIGHT

95 Palmetto Teen Group

96 SC Association of Legal Investigators (SCALI)

97 Florence Baptist Assoc. Human Trafficking Task Force

98 Hilton Head Island-Bluffton Chamber of Commerce

99 Summerville High School

100 Armstrong Williams Television Show

101 Fulmer Middle School

102 Greenville Technical College Libraries

103 Florence Lions Club

AMERICAN OVERSIGHT

104 Palmetto ACFE (Association of Certified Fraud Examiners)

105 Singleton Beach Homeowners Assoc.

106 Busbee Creative Arts Academy

107 National Association of Hearing Officials (NAHO)

108 THE GORDON FOUNDATION HONORING SANDOR GORDON

109 Rollings Middle School of the Arts

110 Charleston County Republican Party

111 Sexual Trauma Services of the Midlands

112 Waccamaw Sertoma Club

AMERICAN OVERSIGHT

113 GSP Republican Women

114 Chuck Collins & Bren Gibson

115 Rotary Club of St. Andrews (Charleston)

116 South Carolina Training Officers Association

117 South Carolina training officers Association

AMERICAN OVERSIGHT

118 United States Probation Office

119 Summerville Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

120 Safe Homes Rape Crisis

121 Charleston Jewish Federation

122 South Carolina Association of Student Councils

123 Barnwell County Republican Party

124 Palmetto Woman's Club

AMERICAN OVERSIGHT

125 Congaree Elementary

126 Woman's Club of Rock Hill (GFWC-SC)

127 AJ Whittenberg Elementary School PTA

128 Untied Methodist Women

129 Westwood High School

130 Gettys Middle School

AMERICAN OVERSIGHT

131 Boy Scouts of America

132 Lieutenant Governor's Office on Aging/SHIP & SMP Training 2015

133 South Carolina United Methodist Women

134 Palmetto Association for Children & Families

135 Sun City Carolina Lakes Republican Club

136 Olde English Consortium

137 Dillon County Chamber of commerce
138 Sorority (Delta Sigma Theta)

139 Clemson University College Republicans

140 Student Nurses' Association of South Carolina

AMERICAN OVERSIGHT

141 Viet Nam Veterans of America Chapter 303

142 CLWRW

143 SUMTER, SC COMBAT VETERANS GROUP

144 SANDLAPPER Securities, LLC
145 SUCK IT GOVERNOR

146 Berkeley County Fundraiser Dinner

AMERICAN OVERSIGHT

147 NORTH COLUMBIA BUSINESS ASSOCIATION

148 St. John's United Methodist Church

149 OLLI Live Long Learning

AMERICAN OVERSIGHT

150 Gadsden Elementary School

151 TeenPact

152 SC ASSOCIATION OF HEALTH UNDERWRITERS-PIEDMONT CHAPTER

153 Palmetto Citizens Against Sexual Assault - Children's Advocay Center

AMERICAN OVERSIGHT

154 Rivers of Justice

155 Columbia Urban League, Inc.
156 Lexington County Peach Festival

157 Conway Branch NAACP

AMERICAN OVERSIGHT

158 ApostolovaPenka

159 SouthernCarolina Regional Development Alliance

160 Executive Speakers Bureau

AMERICAN OVERSIGHT

161 SCFOP

162 Five Oaks Academy

163 South Carolina Correctional Association Department of Juvenile Justice Chapter

164 Retirement

165 Columbia Opportunity Resurce (COR)

166 Cross High School-18th Annual Kids Day 2015

167 Community Orginizers

168 Bluffton - Jasper Tea Party

AMERICAN OVERSIGHT

169 Winthrop Legal Studies Program

170 South Carolina Against Trafficking

171 St Mark United Methodist Church, Seneca SC

172 EDSON CARLOS BARBOSA

173 SC Department of Administration

AMERICAN OVERSIGHT

174 Westwood High School

175 Calhoun Academy

176 Carolinas Credit Union League

177 FOOD STAMP AND MEDICAID FRAUD REPORT
178 Spartanburg County Public Libraries Cowpens Branch

179 BSA Troop 2
180 River Bluff High School CoachWilliams CREW

AMERICAN OVERSIGHT

181 Special Olympics South Carolina

182 Design & Innovation Club

183 Blue Ridge Council, Boy Scouts of America

184 Darlington Kiwanis Club

185 Lambda Chi Alpha Fraternity and Alpha Chi Omega Sorority

186 Greater Greer Chamber of Commerce / Leadership Greer

AMERICAN OVERSIGHT

187 YWCA of the Upper Lowlands

188 Junior League of Florence

189 CODA (Citizens Opposed to Domestic Abuse)

190 North Greenville Rotary Club
191 Mccormick elementary school

192 Rotary Club of Greenville (Downtown Rotary Club)

193 SC School Boards Association, Council of School Attorneys

194 Manufactured Housing Institute of SC

195 Retiree Group - SCDHEC

AMERICAN OVERSIGHT

196 South Carolina school of Law Veterans of Law student organization

197 International Justice Mission at USC

198 G&T Accounting and Finance Association

199 ..

AMERICAN OVERSIGHT

200 Lambda Chi Alpha

201 Military Officers Association of America, Aiken Chapter

202 International Justice Mission

203 north colunbia business association

204 Rotary Club of Rock Hill

205 White Knoll High School Student Government Association

AMERICAN OVERSIGHT

206 N/A

207 US Army

208 Carolinas Credit Union League

209 Chapin Woman's Club

AMERICAN OVERSIGHT

210 Salt & Light Biblical Citizenship Ministry

211 Greater Greer Chamber of Commerce

212 SCVAN/Aiken Regional/Cumbee Center

213 DAR - Granby Chapter

AMERICAN OVERSIGHT

214 Virginians First AG Candidate Forum

215 Sand River Woman's Club-GFWC

216 Clemson University College Republicans

217 Clemson Area Chamber of Commerce

218 Sand River Woman's Club-GFWC
219 American Association of University Women-Aiken Branch

220 Dorchester Children's Center

221 SC Association Of Legal Investigators

AMERICAN OVERSIGHT

222 John E. Harter Nursing Center
223 Personal
224 Cross High School-19th Annual Kids Day

225 Cub Scout Pack 518
226 THE EMBRACE COMMUNITY CENTER

227 MUSC Domestic Violence Steering Committee

228 Clemson College Republicans

229 City of Myrtle Beach

230 William T. Howell Pre-Law Society

231 Montina McMorris

232 Bluffton - Jasper Tea Party

AMERICAN OVERSIGHT

233 River Blufh

234 River Bluff High School Homeroom

235 Youth Challenge/Post Challenge Program

236 US Military

237 Columbia Area Mental Health Center

238 Pee Dee Area Health Education Center

239 Midlands Women's Center
240 Eleventh hour Baptist church

241 joe
242 CLWRW (Clover Lake Wylie Republican Women)

AMERICAN OVERSIGHT

243 Bon Secours St. Francis Health Systen

244 Bluffton - Jasper Tea Party
245 Clemson Area Chamber of Commerce
246 test

247 Angela Drake

248 Leadership Lexington County

249 SC Clean Energy Business Alliance

250 Lexington United Methodist Church- Church & Society Committee

251 Fairfield Educational & Training Complex
252 FPA South Carolina

AMERICAN OVERSIGHT

253 Columbia Urban Leage

254 Peidmont Association of Health Underwriters

255 Able SC

256 Bernice Thomas

257 LRADAC

258 Cross High School-20th Annual Kids' Day 2017

259 Carolinas Credit Union League

260 Corpus Christi Catholic Women & other parish members

261 Camden Military Academy

AMERICAN OVERSIGHT

262 South Carolina State Welcome Centers

263 Camden Military Academy

264 Pilgrim Rest Baptist church Health and Wellness Ministry

265 Batesburg-Leesville High School Army JROTC

266 Carolinas Credit Union League

267 ECPI University

268 Department of Social Services

269 Children's Law Center
270 Up state Republican women

AMERICAN OVERSIGHT

271 Student Animal Legal Defense Fund - USC Law

272 Rape Crisis Center
Stop the Violence Week Event...15th Circuit Solicitor's Office; Horry County Sheriff's Office; Horry County Policeand various community support
273 organizations

274 Sumter County Republican Party

275 South Carolina State Housing Finance and Development Authority
276 Team A & B Crime Watch

277 SC Auditors, Treasurers and Tax Collectors

AMERICAN OVERSIGHT

278 Greenville Spartanburg Republican Women

279 Coker College

280 South Carolina Department of Juvenile Justice
281 SUMTER, SC COMBAT VETERANS GROUP

282 SUMTER, SC COMBAT VETERANS GROUP
283 Chapin High School

AMERICAN OVERSIGHT

284 Palmetto CItizens Against Sexual Assault - Children's Advocacy Center

285 Politically conservative friends

286 American Public University System

287 Palmetto Citizens Against Sexual Assault

288 Hopeful Horizons

289 USC Law - Konduros Leadership Development Program

290 Williamsburg County Sheriff's Office
291 Rotary Club of Carolina Forest Sunrise

292 Cumbee Center to Assist Abused Persons

293 Cumbee Center to Assist Abused Persons

AMERICAN OVERSIGHT

294 Thomas Hart Academy

295 the Coalition of State Rheumatology Organizations

296 NAVY JUNIOR ROTC PROGRAM

297 Winnsboro Rotary Club

AMERICAN OVERSIGHT

298 Rotary Club of Greenville Evening

299 Mid-Carolina Middle School

300 Cross High School & Cross Elementary School

301 Cross High School & Cross Elementary School

AMERICAN OVERSIGHT

302 jso

303 University of South Carolina

304 Fountain of Life Baptist Church

305 South Carolina Law Review

306 Greenville High Academy of Law, Fiance and Business

307 Bob Jones University Public Policy Organization

AMERICAN OVERSIGHT

308 Ms.

309 South Carolina Department of Corrections

310 Cokesbury College Commission

311 VFW Post 6740

AMERICAN OVERSIGHT

312 American Public University System

313 Academy of Law, Finance and Business
314 Phi Theta Kappa Midlands Technical College

315 Pelion Middle School

316 Independent Insurance Agents and Brokers of Charleston
317 Anna

318 Children's Attention Home

AMERICAN OVERSIGHT

319 Haut Gap Middle School

320 Interact Club of Midlands Middle College

321 Bob Jones University

322 Juvenile Arbitration Aiken
323 Common Sense
324 Micheal Burgress' CREW class

325 Beaver Creek Baptist Church

326 Jeremy Childers vs Big Pharma (*Alan Wilson)

327 Hoods Chapel UMC Young at Heart

328 Greer Centennial Lions Club

329 The Woman's Club of Cayce

AMERICAN OVERSIGHT

330 Height Capital Markets

331 Boy scouts of America. Troop 224

332 Atlantic Institute

333 Anderson Christian School

334 Blythewood Middle School School Improvement Council

335 Hopeful Horizons

336 Blythewood Model UN Conference

337 Dorchester Academy

338 Bon Secours St. Francis Health System
339 4,650,000.00
340 Union County Schools
341 SCHA

AMERICAN OVERSIGHT

342 Allen University

343 Cross High School & Cross Elementary School

344 Christian Life Church
345 Faith Christian School

346 MUSC Intimate Partner Violence committee

347 M.A.D. USA, Inc

348 Aiken Youth Empowerment

AMERICAN OVERSIGHT

349 Fairfield County Museum Veterans Day Committee
350 Lexington County School District One

351 Henry Middleton DAR chapter

352 Henry Middleton DAR chapter - change in month

353 La Petite Academy
354 Jasper County Sheriffs Office

355 Basilica of St. Peter's Catholic Church, Sodality

356 Heritage Christian Academy, Lexington, SC

AMERICAN OVERSIGHT

357 Richland County Sheriff Department

358 Big Homie Lil Homie Mentor Program

359 Beaufort County School District
360 Turning Point USA

361 Stylist Against Domestic Violence Sneaker Ball

362 Lynch Foundation CAROLINAS re Tri-County Human Trafficking Task Force

363 Lexington Rotary
364 Okatie Elementary School, Okatie, SC

365 Pelion Middle School

366 Richland Northeast: Convergence Media
367 Scouts BSA

368 Wiley Kennedy Foundation
369 Captain's Club

AMERICAN OVERSIGHT

370 Charleston Law Review

371 HopeHealth

372 HopeHealth

373 HopeHealth
374 SCACEE
375 SCACEE

376 Pro-Life Charleston

377 Victim Of Crime

378 West Metro Republican Women

AMERICAN OVERSIGHT

379 Hemingway First Baptist (open to entire community)

380 Cassandra

381 Denmark- Olar Elementary
382 Camden Military Academy

383 Folly Beach

384 BSA Troop 518

385 ALAN WILSON PEDOPHILE ORGANIZATION

AMERICAN OVERSIGHT

386 eBay Inc.
387 KeishaQuiche Farms

388 Rotary Club of St. Andrews (Charleston)

389 North Greenville University

390 Penry2020 Oyster Roast

391 Charleston School of Law, Resolved: Journal of Alternative

AMERICAN OVERSIGHT

392 Beech Hill Elementary School

393 Academy of Law, Finance and Business

394 Rotary District 7770

395 Wiley Kennedy Foundation

396 Christian Legal Society at Charleston School of Law
397 Concerned residents

398 Jeffery Donahue

399 Christian Legal Society at Charleston School of Law

AMERICAN OVERSIGHT

400 Beaufort County School District

401 SCDEW

402 Palmetto House Republican Women's Club

403 Palmetto House Republican Women's Club

404 Palmetto House Republican Women's Club

405 Greater Easley Chamber of Commerce

406 Wreaths Across America

407 Hampton County Republican Party

408 Lexington Rotary

409 ??????

AMERICAN OVERSIGHT

410 Chicago Law Students for Life

411 United States Naval Academy Parents Club of South Carolina
412 USC

413 USC

414 SHINEDOWN/M.A.TRUMP

415 SCFOP Tri-County #3

416 McCormick County Republican Party

AMERICAN OVERSIGHT

417 NOTIFICATION TO WALMART HEADQUARTERS ' EMPLOYEES (Bentonville, AR)

418 Truth Chats - Health + Freedom Information Sessions

419 SC Jasper County Republican Party

AMERICAN OVERSIGHT

420 Brents Army

421 Laurence Manning Academy

422 NCFCA Christian Speech and Debate

423 Gas gouging in Chesterfield co

AMERICAN OVERSIGHT

424 Honest Elections Project (at the American Legislative Exchange Council)

425 South Carolina FBI-NA

426 Generatons

427 McCormick County Republican Party

428 Concerned Parents of Dorchester/Berkeley Counties

AMERICAN OVERSIGHT

429 SDPC PARENTS AGAINST VIRTUAL LEARNING
430 Columbia Council for Internationals

431 Look Ahead America

432 Piney Woods Elementary School

433 Center for God's Peace & Love

434 Friends of Liberty

AMERICAN OVERSIGHT

Location of Event	Name
Myrtle Beach, S.C.	Mike
ANderson , S.C.	JJ
Courtyard by Marriott (across from USC), Columbia, SC	Bill
Marriott Courtyard Downtown at USC	James
River Hills Country Club, Lake Wylie, SC test	Margarett
4318 OLD STATE ROAD, ST. MATTHEWS, SC	MAX
Litchfield Beach & Golf Resort	Kenny

AMERICAN OVERSIGHT

Grand Park, Myrtle Beach	Joe
North Charleston City Hall, 2500 City Hall Lane, North Charleston, Sc 29406	Carolyn
President's Box - Clemson University Memorial Stadium	Debi
Kingston Plantation , Myrtle Beach SC	sharon
Greer City Hall - 103 E. Poinsett Street	Allen
9 Science Court	Melvin

AMERICAN OVERSIGHT

Aiken County Historical Museum	Claude
Dillon, SC	Haywood
Patriot Hall, Sumter, SC	Linda
Charleston, SC - William Aiken House	Rachel
USC campus	Sydney

AMERICAN OVERSIGHT

1615 Gervais Street, Columbia, SC	Nancy
116 Howe Hall Rd , Goos Creek SC 29445 Charleston, South Carolina	Samuel kutina
Pine Lakes CC, Myrtle Beach, SC	Marino
Blythewood, SC	Andrew
Saluda County	Brandy
Charleston, SC	PerLinda
need returned phone call	Lawrence
Embassy Suites Hotel - Columbia, SC	Ken
Wannamaker County Park, Charleston, SC	Kelley

AMERICAN OVERSIGHT

Rocky Creek Elementary	Jennifer
Hickory Knob State Park	Ruth
2 SpringHall Road, Goose Creek SC	Bill
Columbia, SC	Phae
Washington, DC	Jill

AMERICAN OVERSIGHT

3404 WEST BELTLINE BLVD., COLUMBIA, SC 29203	TANGELA
Mariott Greenville, Greenville, SC	Laura
108 Cottage Wood Trails	Mike
Columbia, SC - Embassy Suites	Ken
Florence Country Club, Florence, SC	Brandon
SHAW AIR FORCE BASE, SUMPTER SC	GRIFFITH
2 Springhall Rd, Goose Creek	Bill
Estill, SC	Akosha

AMERICAN OVERSIGHT

O'Donnell House, Sumter, SC	Travis
Cross High School	Theresa
Capital Senior Center @ 1650 Park Circle, 29201	Marsha
TD Convention Center - Greenville	Julie
120 E. Liberty St. Sumter, SC 29150	William
Blackmer Hall, Bishop Gadsden	Jacqueline
Nov, 1st 2012 at Lexington Technology Center, 2421 Augusta Hwy, Lexington SC 29072	Julie
Columbia Convention Center	William

AMERICAN OVERSIGHT

via Skype	Carolyn
October 8, 2012	June
Lexington Lexington Town Hall, Lexington SC	Terrence
Westside High School (Anderson, SC)	Vertoria
Flight Deck Restaurant Lexington, SC	Martin
the corner of Sumter and Calhoun Sts.	Don
Washington, DC	Edward

AMERICAN OVERSIGHT

anywhere you are avalible	patricia
Lancaster SC	Kemesha
Blythewood...Lizards Thicket or Columbia Country Club	Nikki
Greenville, SC Hyatt Regency Downtown	Marlene
Mt. Pleasant SC	Frank
Bessenger's BBQ, 1602 Savannah Hwy, Charleston, SC	Jerry
Capstone Campus Room (USC)	Trey

AMERICAN OVERSIGHT

575 Fairgrounds Rd, Spartanburg SC 29301	Robert
Governor's Mansion in Columbia	Gaye
Test	Leacy
USC-Capstone Campus Room, 06/10/13 at 1:30 p.m.	Sinitra
Aiken, SC	Sherry
Westview Elementary PTA Open House meeting	Kathy
4318 Old State Rd. St. Matthews, SC	Max
Blythewood High School, Blythewood, SC	Emma
Aiken, SC	Regena

AMERICAN OVERSIGHT

Greenville Library, 25 Heritage Green Place, Greenville, SC 29601	Phae
Seacoast Church - Mt. Pleasant, SC	Rebecca
Founders Hall at Charles Towne Landing, Charleston, SC 2715 Colonial Drive, Columbia, SC 29203	Rebecca Marvin

AMERICAN OVERSIGHT

Cross, SC	theresa
Phoenix AZ	Janice
Hickory Knob State Resort Park	Ruth
Hickory Knob State Resort Park	Ruth
DoubleTree by Hilton Hotel, Columbia, SC	Jerry
Columbia South Carolina	Robin
Richland Co. Public Library - Assembly St. - Columbia	Vicki
Richland Co. Pub. Library on Assembly St.	vicki
School cafeteria	Scott

AMERICAN OVERSIGHT

Myrtle Beach Hilton, 10000 Beach Club Drive	Chris
1130 Old Lexington Hwy Chapin, SC 29036	Sara
Myrtle Beach Karma Tattoo	Ricky

AMERICAN OVERSIGHT

private starting in Myrtle Beach

Ricky

AMERICAN OVERSIGHT

Myrtle beach sc
Loris, SC

O.G Ricky
Vanesa

Raleigh NC

Doris Jo

AMERICAN OVERSIGHT

Church of Christ at Gold Hill	Caleb
Kingston Plantation, Embassy Suites, Myrtle Beach, SC	Ken
Florence, SC	Donna
Hilton Head Island	Hannah
Summerville High School - 1101 Boone Hill Road Summerville, SC 29483	Michelle
WWMB-CW21/WPDE-15, Conway, SC	Nancie
Fulmer Middle School Cafeteria	Allison
GTC Main Campus 506 S. Pleasantburg Drive, Greenville	Lillie
Florence Country Club	Ted

AMERICAN OVERSIGHT

Columbia, SC	Jennifer
ocean front Hilton Head island sc	tad
Busbee Creative Arts Academy	Auketa
Charleston, SC	Diane
ORANGEBURG, SC	SAMMIE
815 South Main Street; Summerville, SC 29483	Suzan
Legare Farms, Johns Island, SC	Art
Palmetto Health Richland Hospital in Columbia, SC	Sarah
Conway, SC	James

AMERICAN OVERSIGHT

SC State Museum for a Luncheon	Pamela
North Myrtle Beach	Chuck
Bessingers BBQ (Savannah Hwy.)	Jerry
Myrtle Beach	Brian
Myrtle Beach	Brian

AMERICAN OVERSIGHT

Pawley's Island, SC	Judy
Hutchinson Square, Summerville SC	Vernida
Spartanburg, SC (downtown Marriot)	Brittany
Charleston, SC	Judi
Waccamaw High School (Pawleys Island, SC)	Lindsay
Barnwell County	Ben
1511 Laurel Street, Columbia 29201	Princa

AMERICAN OVERSIGHT

1221 Ramblin Rd. West Columbia SC	Debbie
607 Aiken Avenue, Rock Hill, South Carolina 29732	Ellen
AJ Whittenberg Elementary School - Greenville, SC	Nicole
St Mark United Methodist Church, Sumter SC	Sheron
Westwood High School, Blythewood, SC	Stacey
Gettys Middle School in Easley	Ginger

AMERICAN OVERSIGHT

Oakwood Baptist Church	Laurie
3 Trainings/ 3 Locations Please See Other Information Below	Sherhonda
Epworth Home, Columbia SC	Rachel
Embassy Suites Hotel, North Myrtle Beach February 12-13, 2015	Nancy
Sun City in Indian Land, SC - Lake House	Susan
TBD	Alice
Dillon, SC	Johnnie
Palmetto Room in Columbia SC	Lenora
Clemson University	Miller
Blatt Office Building, Columbia, SC	Samantha

AMERICAN OVERSIGHT

Memorial Park Columbia S.C.	Jim
River Hills Country Club, Lake Wylie	Barbara
SHAW AIRFORCE BASE SUMTER, SC 29150	HENRY C.
Greenville, SC: Hyatt Regency Downtown MY ASS	Marlene FUCK
Dean Hall at Cypress Gardens, Moncks Corner	Robert

AMERICAN OVERSIGHT

SHERATON HOTEL 1400 Main Street Columbia, SC 29201	Cassandra
Batesburg-Leesville, SC	Pat
Bluffton SC 29910	Ed

AMERICAN OVERSIGHT

1660 South Goodwin Circle Gadsden, SC 29052	RORY
Blatt Building, State House, Columbia, SC	Elizabeth
VERDE GREENS GREENVILLE SC	JENNIFER
Lancaster County Courthouse (Historical)	Margo

AMERICAN OVERSIGHT

Mitchell Road Presbyterian Church 207 Mitchell Road Greenville SC	Dena
W. J. Keenan High School Gilbert, SC	Jerry Al
Conway Library 801 Main Street, Conway,South Carolina	Abdullah

AMERICAN OVERSIGHT

LA, CA	Apostolova
USC Salkehatchie, Allendale, SC	Kay
Meg's House - Greenwood SC	Christine

AMERICAN OVERSIGHT

State House grounds LE Memorial	Mike
Five Oaks Academy, 1101 Jonesville Road, Simpsonville, SC 29681	Karen
Department of Juvenile Justice Community Connection Center 4900 Broad River Road Columbia, SC 29210	Priscilla
Officer's Club Ft. Jackson SC	Perry
Columbia Chamber of Commerce	Aaron
Cross High School	Theress
Northwoods Gymnasium	Hubert
Golden Corral Bluffton, SC	Pat

AMERICAN OVERSIGHT

Winthrop University - Rock Hill, SC	David
University of South Carolina School of Law	Caroline
St Mark UMC, Seneca SC	Becky
RIO DE JANEIRO - BRASIL	EDSON
Columbia SC	Thomas

AMERICAN OVERSIGHT

Westwood High School- Blythewood, SC	Stacey
Saint Matthews, SC	Mims
Comfort Suites 2120 W. Lucas Street Florence, SC.	Billy
FRAUD	FRAUD
Cowpens Library 181 School St. Cowpens, SC 29330	Joan
St. Paul's of Summerville	Megan
River Bluff High School	Jaelyn

AMERICAN OVERSIGHT

Leadership Conference, Myrtle Beach, SC January 29-31, 2016	Edwena
Calvary Lutheran Church, W. Ashley, SC	Ana Maria
First Baptist Greenville, November 23, 2015	Mike
Darlington Country Club	David
University of South Carolina's campus	Matthews
Columbia, SC (most likely the Capital City Club)	Lynn

AMERICAN OVERSIGHT

213 North Main Street - Sumter, SC 29150	Yolanda
Russell House (JLF office)	Elizabeth
Palmetto Electric Coop, 1 Cooperative Way, Hardeeville, SC 29927	Kristin
Poinsett Club Mullins, SC	David F
Westin Poinsett Hotel, Greenville	Stephanie
SC School Boards Association, Columbia, SC	Tiffany
Francis Marion Hotel Charleston, SC	Ed
Columbia SC	Jan

AMERICAN OVERSIGHT

South Carolina School of Law Columbia, SC	Mason
Russell House Student Union - USC campus, Columbia, SC	Hannah
Charleston, South Carolina	Kathleen
..	melanie

AMERICAN OVERSIGHT

Darla Moore School of Business	Matt
Newberry Hall, Aiken, SC	Linda
Second Presbyterian Church, Charleston	Bill
1013 Duke Ave	sabrina
City Club of Rock Hill, 140 E. Main St., Rock Hill, S.C. 29730	Lindsay
White Knoll High School	Craig

AMERICAN OVERSIGHT

N/A	Emmanuel
Shaw AFB	Andrew
Charlotte, NC	Barbara
We were hoping to come to you. If that is not possible, we will meet at a church in Chapin, SC.	Kaye

AMERICAN OVERSIGHT

Myrtle Beach High School	Chuck
Greer City Hall, Greer SC 301 E. Poinsett St. Greer SC 29651	Mark
University of SC Aiken	Anne
Lexington Main Library	Abbigale

AMERICAN OVERSIGHT

Barren Ridge Vineyard, Fishersville, Virginia	Dan
205 Hemlock Drive, Aiken, SC 29803	Darlene
Clemson University	Ethan
Clemson S C	David
110 Idlewild Dr. Aiken, SC 29803	Darlene
Aiken, SC	Darlene
Summerville, SC	Lyndsey
Embassy Suites, Columbia SC	Ken Robison

AMERICAN OVERSIGHT

Facility	Juanita
Greenville	Yuvia
Cross High School	theresa
Red Bank UMC, 2909 Old Barnwell Rd, Lexington 29073	Robin
DARLINGTON, SC	TRICHINA
MUSC campus, 169 Ashley Ave, Charleston, SC	Kathy
Clemson University	Ethan
Myrtle Beach Convention Center	Amy
Clemson University	Geoffrey
Frazee Dream Center Greenville SC	Montina
Golden Corral, Bluffton, SC	Patricia

AMERICAN OVERSIGHT

320 Corely Mill Road Lexington, SC 29073 (River Bluff High School)	Kelsey
320 Corely Mill Rd, Lexington,SC 29072	Kelsey
Aiken Technical College, Aiken, SC	Mary
Website Contact Only	James
2715 Colonial Drive, Building 100A, Columbia, SC 29203	Marvin
McLeod Medical Center, Florence, SC	Cheryl
Camden, SC	Rebekah
Eutawville sc	Sabrina
potts	joe
River Hills Country Club, Lake Wylie, SC	Barbara

AMERICAN OVERSIGHT

Kroc Center Greenville, Sc	Walker
Golden Corral Bluffton, SC	Patricia
Madren Center, Clemson SC	David
test	test
Columbia, SC	Angela
Lexington Chanber of Commerce	Michelle
SCANA Headquarters	Patty
LUMC - E. Main St in Lexington	Lauren
Carolina Event Center Columbia	Randy Christopher

AMERICAN OVERSIGHT

Community Elder Abuse Panel Discussion	Macie
City Range Restaurant Greenville SC	Jennifer
State House steps on the north side	Ed
Greenville SC	Bernice
LRADAC	Van
Cross High School	Chakita
Charlotte NC	Barbara
Corpus Christi Catholic Church Lexington SC	JoDee
Camden, South Carolina	Eve

AMERICAN OVERSIGHT

Hickory Knob State Park	Devon
Camden, South carolina	Eve
Pilgrim Rest Baptist church 4830 jones bridge road blackville, sc 29817 United States	Chasica
Batesburg-Leesville High School	Tim
30so West Arrowood Road, Charlotte, NC	Barbara
North Charleston, SC	Lisa
105 N. Magnolia Steet Sumter SC	Sheron
Horry County DSS Pointset club, Greenville South Carolina	Judy Cheryl

AMERICAN OVERSIGHT

USC Law School - 1525 Senate Street	Jeff
Myrtle Beach SC	Bevelyn
Myrtle Beach, South Carolina	David
Restaurant at Second Mil1100 West Liberty Street, Sumter, SC 29150	Jason
Columbia Convention Center 107 E. Bond Street	Henry Cindy
Embassy Suites, Greystone Blvd., Columbia	Amelia

AMERICAN OVERSIGHT

Pelham-Batesville Fire Dept. Station 1 Greer, SC	Ayla
300 East College Avenue, Hartsville, SC 29550	Sharon
Greenville County Juvenile Detention Center	Mackenzie
SUMTER COUNTY CIVIC CENTER	JOHNNY
Sumter County Civic Center, 700 W. Liberty St. Sumter, SC 29150	Johnny
Chapin High School	Dick

AMERICAN OVERSIGHT

Lancaster, SC - Historic Courthouse	Margo
monthly meeting	Roger O'Sullivan
Online - a podcast of about 20 minutes	Paula
Lancaster County - Historic Court House	Margo
Jarvis Creek Park, Hilton Head Island, SC	Theresa
USC Law - 1525 Senate Street (Perrin Family Lobby)	Jill
200 S. Jackson St. Famous Toastery, Myrtle Beach	Debra Kimberley
254 Beaufort Street NE	Susan
254 Beaufort Street, NE, PO Box 1293	Susan

AMERICAN OVERSIGHT

Thomas Hart Academy Hartsville, SC	Amy
Rosemont, IL	Chelsea
SHAW AFB	Griffith
Winnsboro Hotel Meeting Room	Shamieka

AMERICAN OVERSIGHT

The Commerce Club, Greenville SC	Jessica
6794 US-76; Prosperity SC 29127	Beverly
Cross High School	Theresa
Cross High School	Theresa

AMERICAN OVERSIGHT

downtown jacksonville	lalala
Darla Moore School of Business	Jason
2540 Freys Drive	Eddrena
University of South Carolina Law School	Kristen
Greenville High School	Ted
Bob Jones University	Abby

AMERICAN OVERSIGHT

Kansas	Jessica
Leath Correctional Institution Greenwood,SC	Jacquelynn
Cokesbury College, Hodges, SC	Stefan
Leesville, SC	Ginger

AMERICAN OVERSIGHT

Online	Paula
Greenville South Carolina 1260 Lexington Dr West Columbia SC 29170	Ted Clarissa
758 Magnolia Street, Pelion, SC	Clayton
Mount Pleasant, SC Anna Rushton	Kadi Anna
First Baptist Church of Rock Hill	Katy

AMERICAN OVERSIGHT

Haut Gap Middle School	Kim
Airport Campus of Midlands Technical College, 1260 Lexington Drive, West Columbia, Congaree Hall Room 120	Courtney
Bob Jones University	Courtney
Aiken, SC	Nina
Everywhere	
River Bluff High School	Talysa
Neeses, S. C.	James
Columbia, SC	Jeremy
2445 Highway 17A, Bonneau	James
Mutts BBQ 101 West Road Greer SC (corner Hwy 14 and West Rd)	Mia
The Woman's Club of Cayce Clubhouse, 701 Oakland Avenue, Cayce	Vicki

AMERICAN OVERSIGHT

1400 Main Street, Columbia, SC	Katie
SC state house	Chris
The Palmeto Club	Paula
3902 Liberty Hwy, Anderson, SC 29621	Corey
Blythewood Middle School	Karis
Jarvis Creek Park Hilton Head Island	Kritsin
Blythewood High School	Swetha
Dorchester Academy St George, SC	Lynne
Greenville, SC	Walker
FLORENCE SC	SHEYRE
Union County High School	Rhonda
1000 Center Point Road, Columbia, SC	Kimberly

AMERICAN OVERSIGHT

Columbia, SC	Kareem
Cross High School	Theresa
2700 Bush River Rd., Columbia, SC Summerville, SC	Rosalind Doug
MUSC-Charleston SC. Outdoor space in the Horseshoe	Karen
College of Charleston North Campus	Christan
Aiken SC Lessie B. Price Senior and Youth Center	Tiiu

AMERICAN OVERSIGHT

Fairfield County Museum	Melvin
White Knoll High SChool	TIffany
All Saint's Anglican Church, 110 Fairfield St NE, Aiken, SC 29801	Helen
Aiken County Historical Museum, 433 Newberry St SW, Aiken , SC	Helen
West Ashley	Laura
Ridgeland SC	Jake
Basilica of St. Peter's Catholic Church, 1529 Assembly Street, Columbia SC	Debra
Heritage chapel	Jenna

AMERICAN OVERSIGHT

111 Huffstetler Drive(Pine Grove Elementary)	Sherrick
Columbia SC Richland County Sheriff's Department Training Facility	Adrian
Beaufort County School District 2900 Mink Point Blvd. Beaufort, SC 29902	Robyn
Russell House (USC)	Julia
Kings Grant Clubhouse, 222 Farmington Dr, Summerville, SC 29483	Michell
Citadel Alumni House 69 Hagood Ave, Charleston, SC 29403	Brooke
Lex Country Club	Warren
OES	Leslie
Pelion Middle School	Kayla
Your office	Jackson
Red Bank United methodist Church	Nathan
1037 Eastman Street, Columbia, SC	Gwendolyn
134 E.Main St Kingstree SC	Danny

AMERICAN OVERSIGHT

Charleston Music Hall	Timothy
Bethea Retirement Commuity	Destinee
HopeHealth Irby	Destinee
HopeHealth Kingstree	Destinee
Myrtle Beach, SC	Rhonda
Myrtle Beach, SC	Rhonda
Mt. Pleasant	Alexander
Philadelphia, PA	Richard
Flight Deck Restaurant and Bakery	Kizzi

AMERICAN OVERSIGHT

Hemingway, SC	Faith
Voting	Cassandra
Denmark- Olar Elementary Camden Military Academy: Camden, SC	Bridget Andrei
Folly Beach	Quinn
Zoom Virtual Meeting	Eric
Columbia, S.C. 29211	Alan

AMERICAN OVERSIGHT

CA	Mary
Speaker's Bureau	Keisha
Bessinger's BBQ Banquet Room, 1602 Savannah Highway, Charleston, SC 29407	T.O.
Virtual; NGU Campus Greer, SC	Amy
2444 Lockhart Rd, Camden 29020	Debra Langley
Charleston School of Law	Destiini

AMERICAN OVERSIGHT

Virtual Career Day	Jam
Virtual	Ted
Via Zoom	Mary
Wiley Kennedy Family Life Center or virtual	Gwendolyn
Virtual Zoom Event Anywhere you want	Samantka
District Court	
Zoom (Virtual Event)	Samantka

AMERICAN OVERSIGHT

Beaufort, South Carolina	Wendy
SPARTANBURG	KRISTY
Marriott Hotel Sparks Grill in Spartanburg	Celia
Marriott Hotel Sparks Grill in Spartanburg	Celia
Marriott Hotel Sparks Grill in Spartanburg	Celia
Virtual (Zoom)	Cindy
Gainesville SC	ANTHONY
195 E Palmetto Avenue Varnville SC 29944 Lexington	Amy Warren
South carolina	Daytwaun

AMERICAN OVERSIGHT

University of Chicago Law School (Zoom)	Richard
Video	Suzanne
Zoom	Kailyn
Zoom	Kailyn
ATTORNEY GENERAL REPORT TO MY HOUSE	FBIAGENT J.D
Hanahan	Aaron
Talmadge Center/McCormick, SC	Ellen

AMERICAN OVERSIGHT

NOTIFICATION TO WALMART HEADQUARTERS ' EMPLOYEES
(Bentonville, AR)

Charleston South Carolina

Hardeeville, SC

Victoria

Karen

AMERICAN OVERSIGHT

Sumter, SC

Manning South Carolina

Sandy

Lynne

Online

Chesterfield

Maclain

Dub

AMERICAN OVERSIGHT

Grand America Hotel, Salt Lake City, Utah	Sarah
Camden SC	Steve
Greenville Convention Center	Pat
McCormick SC	Ellen
American Legion Hall, Summerville, SC 29485	Linda

AMERICAN OVERSIGHT

Pickens County School Board virtual	Sarah Sewell
State House Columbia	Lori
814 Amicks Ferry Road Chapin SC	Krisdee
Benedict College	Samantka
Shelter Cove Community Park, Hilton Head Island, SC	Xiaodan

AMERICAN OVERSIGHT

Last	Email	Phone Number
Lowder		
Jones		
Petrea		
Romano		
Blackwell		
KASTER		
Johnson		

AMERICAN OVERSIGHT

Dugan

Lecque

Culler

coker

Smith

Howard

AMERICAN OVERSIGHT

O'Donovan

Proctor

Beck

Staton

Botelho

AMERICAN OVERSIGHT

Walborn

Rivers
williams

Garbin

Hoose

Skinner

Rhodan

Gault

Walter

Pruitt

AMERICAN OVERSIGHT

Adams

Obermeyer

Bates

Howard

Farrell

AMERICAN OVERSIGHT

NICHOLS

Harmon

Green

Walter

Hylton

JONES

Bates

Hinkson

AMERICAN OVERSIGHT

McIntosh

Prioleau

Clayman

Isom

Croft

Weinzierl

Rojek

Stork

AMERICAN OVERSIGHT

Homan

Fusco

Green

Anderson

Breazeale

Roy

Blum

AMERICAN OVERSIGHT

proeber
Lowery

Trawick

Arteta

Bouknight

Craig

Gordner

AMERICAN OVERSIGHT

Taylor

Holt
Burke

Johnson

Cheatham
Killough

Kaster

Waugh

Brackett

AMERICAN OVERSIGHT

Howard

Hughes

Hughes
Bryant

AMERICAN OVERSIGHT

prioleau

Walters-Taylor

Obermeyer

Obermeyer

Pate

Hoyle

Cannon

cannon

Sinclair

AMERICAN OVERSIGHT

Hudson

Holstein

Kilgore

AMERICAN OVERSIGHT

Kilgore

AMERICAN OVERSIGHT

Dz obudsman guy victome seen criminal tourtured
Holderness

Boris

AMERICAN OVERSIGHT

Johnson

Walter

Sullivan

Horne

Leviner

McPhail

Swygert

Ruegg

Moore

AMERICAN OVERSIGHT

Armstrong-Day

segars

Govan

Woodring

GORDON

Familia

Field

Nevarez

Battle

AMERICAN OVERSIGHT

Satterfield

Collins

Craig

Boling

Boling

AMERICAN OVERSIGHT

Durham

Hill

Scott

Corsaro

Jessmore

Kinlaw

Wright

AMERICAN OVERSIGHT

Manos

Mayes

Ream

DEAS

Plotner

Dickard

AMERICAN OVERSIGHT

Stokes

Jones

Shupe

Gantt

DeKleine

Willis

Luehrs
Powe

Thompson

Campbell

AMERICAN OVERSIGHT

Fisher

Haba

BOYD

Arteta
YOU

Hunter

AMERICAN OVERSIGHT

Portee

Dunn

Hassett

AMERICAN OVERSIGHT

WASHINGTON

McGuire

BUTCHER-LOWERY

Dixon

AMERICAN OVERSIGHT

Rapp

Screen
Harman

Mustafa

AMERICAN OVERSIGHT

Penka

Maxwell

Adams

AMERICAN OVERSIGHT

Loftis

Price

Pee

Langston

Roe
Prioleau

Pierce

Dansbury

AMERICAN OVERSIGHT

Meeler

Ross

Hazelwood

CARLOS

Scott

AMERICAN OVERSIGHT

Plotner

Taylor

Boylston

REPORT
Blalock

Martin
James

AMERICAN OVERSIGHT

King Lassiter

Blevins

Butler

Vaughan

Maxwell

Pascazio

AMERICAN OVERSIGHT

Wilson

Kahn

Dubrowski

Carson
Sawyer

Lewis

Richardson

Schafer

Cooke

AMERICAN OVERSIGHT

Harlow

Odom

Ortega

van kampen

AMERICAN OVERSIGHT

Maxwell

Caldwell

Read

odom

Walker

Wheatley

AMERICAN OVERSIGHT

Hampton

Ritner

Lehew

Gerrald

AMERICAN OVERSIGHT

Collins

Owens

McKibbin

Patterson

AMERICAN OVERSIGHT

Moxley

Rittel

Strickland

Lane

Rittel
Rittel

Smith

AMERICAN OVERSIGHT

Hiatt
Florez
prioleau

George
PIERCE

Gill-Hopple

Strickland

Prock

Berger

McMorris

Dansbury

AMERICAN OVERSIGHT

Warf

Warf

Jackson

Hill

Bryant

Neuner

Chandler
Goodwin

potta
Haba

AMERICAN OVERSIGHT

Smith

Dansbury
Lane
test

Drake

Sarokas

Pierce

Robbins

Sisk
Cabri

AMERICAN OVERSIGHT

Smith

Lowery

Schafer

Thomas

Addison
Spears

Lehew

Douda

Carlin

AMERICAN OVERSIGHT

Harris

Carlin

Hampton

Covington

Lehew

Rogers

Deas

Caldwell
Cuthrell

AMERICAN OVERSIGHT

Blaylock

Mitchell

Cooley

Reddick

Murrell
Barr

Ruple

AMERICAN OVERSIGHT

Luers Connor

Dutton

Chastain
GOODLEY

Goodley
Hiller

AMERICAN OVERSIGHT

Dixon

Wylie Drury

Dixon

Lacey

Kunkle

Williams
Causey-Gomez

Selden

Selden

AMERICAN OVERSIGHT

Jenner

Jerominski

Jones

Sims

AMERICAN OVERSIGHT

Smith

Wood

Prioleau

Prioleau

AMERICAN OVERSIGHT

lalalolo

Rasso

Truly

Coble

Mauro

Klass

AMERICAN OVERSIGHT

Koehn

Lewis

Wiecki

Graham

AMERICAN OVERSIGHT

Wylie Drury

Mauro
Salas

Henke

Quinn
Rushton

Motsinger

AMERICAN OVERSIGHT

Cooper

Girolamo

Montgomery

Spinelli

Wilson

Brown

Childers

Lewis

Wade

Shafer

AMERICAN OVERSIGHT

Bays

Upham

Ludwig

Sinclair

Mazyck

Dubrowski

Sekhar

Reeves

Smith
EPPS
Hollingsworth
Wooten

AMERICAN OVERSIGHT

Muhammad

Prioleau

Grossman
Dickerson

Hughes

Rainey

Goode

AMERICAN OVERSIGHT

Whittenburg
Miller

Randall

Randall

Sanders
Higgins

Brooks

Rapacciuolo

AMERICAN OVERSIGHT

Hill

Peay

Cushingberry
Johnson

Simmons

Burris

Herndon
Bauer

Meermans

Stanton
Norris

Singletary
Graham

AMERICAN OVERSIGHT

Nicolette

Gregg

Gregg

Gregg
McElveen
McElveen

Palyo

Mills

Gibson

AMERICAN OVERSIGHT

Truesdale

Adams

Pough
Sujka

Burke

Cassity

Wilson

AMERICAN OVERSIGHT

sen
Johnson

Sanders

Maurer

Kennedy

Anderson

AMERICAN OVERSIGHT

Helton

Mauro

Gasque

Singletary

Miller

Miller

AMERICAN OVERSIGHT

Cartledge

LANDS

Anderson

Anderson

Anderson

Hopkins

VENETZ

Shaffer
Herndon

Hair

AMERICAN OVERSIGHT

Howell

Hopper
Johnson

Johnson

RILEY

Reed

Cook

AMERICAN OVERSIGHT

Finneran

Wyld

AMERICAN OVERSIGHT

Jackson

Reeves

Conlin

AMERICAN OVERSIGHT

Wall

Knafelc

Wilbanks

Cook

Ensor

AMERICAN OVERSIGHT

Parker
Gelberd

Boddy

Clark

Miller

Li

AMERICAN OVERSIGHT

Speaker's Topic

Tress pass law/GPS tracking devices

Command College

9-1-1 Telecommunications

Serving your state and Country

Happenings in the Attorney General's Office; Healthcare Lawsuit test

AMERICAN HERITEGE or FOUNDER'S PRINCIPLES

Attorney General's primary duty as it relates to Coroners and Law enforcement

AMERICAN OVERSIGHT

10th Amendment

Fraud, Identity Theft, Consumer Issues

Current Issues in Traffic and Criminal Law Enforcement
Mortgages -Also, can we discuss MERS and the Court Administration confusion about fees under Title 8 and Title 12

Increased activity from the NLRB and the AG's action on the issue

Ethics

AMERICAN OVERSIGHT

Legal Challenges to SC

Speak at our County Law enforcement Banquet

Importance of all Americans knowing the National Anthem and it's history

Free Enterprise - Open Competition

Law School, Career Advice, How do you become an Attorney General?

AMERICAN OVERSIGHT

Federal lawsuit regarding required purchase of health insurance

Politics
Voter ID Law - with panelists

Growth of Child Violence in SC and Steps Taken to Combat

Dog Fighting and Animal Abuse
Not Allowed Legal Council in Magistrate Court is this not agianst Constitutional Rights?

education on gangs, criminal activity, preventive maintenance

none

Law topics as related to case updates, legislative updates, and legal industry

Human Trafficking

AMERICAN OVERSIGHT

Internet Safety

Impact of Obamacare on South Carolina

States Rights Issues concerning SC

Home Repair Contractor Scams

Obamacare

AMERICAN OVERSIGHT

INTERNET SAFETY

Employment & Criminal Backgrounds

Republican Party/ Government

what the AG is seeing with regard to insurance fraud

Current events in SC and Federal level

INAPPROPRIATE TEACHER/STUDENT RELATIONSHIPS

Current SC Issues and Q&A

Internet Safety

AMERICAN OVERSIGHT

Overview from Attorney General/Current Issues

Programs & Services

Senior Health Care/Senior Scams

Senior Citizens issues

Duties of office, current matters of interest

Choice of Topic at the Month You Speak

Speak with stundents about their career. The path they took to get to where they are.

General "What's currently happening in the AG's office"

AMERICAN OVERSIGHT

Internet Dangers & How We Keep Our K-5 Safe

SC Ethics Issues and Reform

Domestic Violenc
Law enforcement

Process of Using Facts (Evidence) to Draw Conclusions for Trial

Medicaid fraud

Comments of Choice

Section 5 of the VRA--Is It Constitutional?

AMERICAN OVERSIGHT

laws involving child abuse
Awareness on domestic violence and sexual assault

Obamacare, NLRB, etc.

Constitutional challenge of Dodd-Frank also touching on the 2nd Amendment

The Attorney General's enforcement of Section 58-36-120 (penalties of the SC underground facility damage prevention act

your choice

Influence and Duty

AMERICAN OVERSIGHT

Missing And Exploited Children

Campaign Speech or Brief Office Update
Test

Safe Tweeting and Internet Safety

Sexually Violent Predator
Internet crimes against children

Patriotic Theme of Your Choice

Intro to Attorney General and State Government

Human Trafficking

AMERICAN OVERSIGHT

Home Repair Contractor Fraud Prevention

The SC Task Force on Human Trafficking and the the ground that is being made in our state

Human Trafficking in the US and South Carolina
Domestic Violence & the Culture of Mental Health

AMERICAN OVERSIGHT

Identity Theft/Fraud Awareness/Victim Services

The recent suit against the EEOC

Obamacare, Voting Rights Act, etc.

Obamacare, Voting Rights Act

Any topic Gen. Wilson chooses

Address and Welcome remarks

animal protection policies and efforts in SC

recents arrests of bear bayers and other efforts to increase animal protection

Internet Safety

AMERICAN OVERSIGHT

Integrity/Leadership/Any "HOT" topics that is effection Local Detention Centers in South Carolina

Internet Safety

Safty of Victomes of violent crimes and the States terriorism acts/with sesualy invading and personaly theifts in events

AMERICAN OVERSIGHT

Compensation for Richard J Kilgore Peacefulenjoyment sexual harrasment state stocking me citizens slandering me to have compisation or u see a justice needed from a few good men

AMERICAN OVERSIGHT

care takers to be reenbursed for there lifes rights also tormented and private amount given to those in my safty care property i am being helped by and those involed are in my need to seek besides the 2 pluse self pluse 2 and getting my remy back im fucki
Internet Safety

SC State Video Franchising Enforcement Rights

AMERICAN OVERSIGHT

Commencement

Keynote - Private Investigator and legal issues

Update on SC Human Trafficking Task Force

Securities Division, Issues and Advances in Financial Oversight

Laws/Prosecution involving bullying in schools.

Townhall on Domestic Violence

Cyberbullying and/or Internet safety

Human Trafficking and Sex Trafficking

any

AMERICAN OVERSIGHT

Any fraud related topic

Lender liability

Internet Safety, Sexting and the Law

NAHO Keynote Address

TOPIC OF HIS CHOOSING

Internet Safety - Parent Version

Your Candidacy for Re-election

Criminal Justice System Perspective on Sexual Violence

Open

AMERICAN OVERSIGHT

His Choice

First Amendmentnand other freedoms

Your choice

Use of Force

Use of Force (discussion panel)

AMERICAN OVERSIGHT

Criminal Domestic Violence and Sexual Assault

Domestic Violence Awareness and Violence Against Women

Judicial Ethics

Rally for Israel

Leadership

AG's role

Trafficking (same as at General Federation of Women's Clubs of South Carolina convention April 2014)

AMERICAN OVERSIGHT

Internet Safety

Whatever you like but touch on Domestic Violence

Internet Safety for Children

Domestic Violence

Human Trafficking in SC

Cyber Bullying/Cyber Security

AMERICAN OVERSIGHT

effect of scouting on your personal development and it's effects on developing the leaders of tomorrow

Medicaid Fraud

Domestic Violence & most things that involve women & children

Human Trafficking

Current challenges of the AG.

Internet Safety

Speaker's Choice
Domestic Violence

South Carolina Leading the Charge on Holding Obama Admin Accountable

Human Trafficking or Healthcare related topics

AMERICAN OVERSIGHT

Memorial Day Remembrance

Immigration

VETERANS CONCERN

Financial
YOU ARE AN EMBARRASSMENT

State of SC issues of his choosing

AMERICAN OVERSIGHT

Domestic Violence and Human Trafficking

"Safe Surfing" - Internet safety

Identifying fraud in Medicare

AMERICAN OVERSIGHT

Career Fair

Our students would enjoy hearing from Attorney General Wilson on any subject he would like to speak on.

COCKTAIL RECEPTION

Denium Day

AMERICAN OVERSIGHT

Address SC Human Trafficking Law and Inroads that SC is making to end human trafficking

Gang Awareness, Internet Safety, Human Trafficking
Patriotism, important topics to Alan

Discussion on police accountability/citizen reveiw board

AMERICAN OVERSIGHT

I am asking for your help

crime in rural and poverty challenged areas

Prevention of Sexual Assault & Domestic Violence

AMERICAN OVERSIGHT

Law Enforcement Memorial Service

Internet Safety for children/adolescents

Domestic Violence Reform Bill

Serving the Community

Getting Involved in Public Service
Internet Crimes/Youth Mentoring

Black Men In The State Of South Carolina

Status of ethics reform in SC

AMERICAN OVERSIGHT

Wetlands designations and proposed federal rules

Human Trafficking in South Carolina

Human Trafficking

certdão anti terrorista

Cyber Security - ICAC

AMERICAN OVERSIGHT

Human Trafficking

Internet safety

General state update - Dodd Frank case

SEE INFO. BELOW
Keeping Children Safe on the Internet

Internet/Social Media Safety
Prosecuting Attorney

AMERICAN OVERSIGHT

Internet Activities, Your Safety and the Law

Internet Safety

Boy Scouts and the Eagle Scout Award

The Office of the Attorney General

Domestic Violence/Sexual Assault

AG Wilson could talk about any relevant news in 2016...see more in "other information"

AMERICAN OVERSIGHT

New laws on Domestic Violenc and Human Trafficing

Human Trafficking

Domestic Violence in SC - since the Reform Act has been in place

state legislature
Career goals and student achievement

Law Enforcement Priorities

Transgender Students and the AG's 4th Circuit Brief

Dodd-Frank: Lawsuit Challenging the Constitutionality of the Consumer Financial Protection Bureau (CFPB)

Scams & Fraud - Protect Seniors

AMERICAN OVERSIGHT

Experience as AG and balancing employment with Army National Guard

Human Trafficking in Columbia and SC

Accounting Fraud/White Collar Crime

..

AMERICAN OVERSIGHT

Sexual Assault/Domestic Violence/Healthy Relationships

His choice

Affirm the commitment to end human trafficking and slavery

NOT MY COMMUNITY

Spousal Abuse/Human Trafficking

Leadership and what students can do in their community.

AMERICAN OVERSIGHT

EMERGENCY!!!!!!!

Law Day 2016 (Miranda)

Elder Abuse / Exploitation

Human Trafficing

AMERICAN OVERSIGHT

Protecting our rights as parents

General update from his office, workforce laws

Improving services for victims of sexual violence

Women Issues -

AMERICAN OVERSIGHT

AG Wilson as moderator

Human Trafficing

Current issues faced by the AG
Background and efforts on behalf of the state of S C and joint efforts with other ststes to fight the Frderal government's efforts to usurp state sovereignty.

Human Trafficking
Legislation for Equal Pay

Special Considerations in Child Sexual Assault Investigations

Opening of conference/welcome to Columbia

AMERICAN OVERSIGHT

Abuse in Nursing Homes
Name change for infants
internet crime, insurance fraud

Building a Better World
Social Media, Sexting, and Juvenile Law

SC response to DV

Current Legal Issues facing South Carolina

Myrtle Beach Special Events Summit

The role of the Attorney General in Criminal Justice and State Politics

Human Trafficking

Asset Forfeiture in SC

AMERICAN OVERSIGHT

Human Trafficking

Human Trafficking

Celebrate More Positive Goals for Future

Founding Father Law

Internet Crimes against Children & the Elderly

Human Trafficking-What's happening, legislation, convictions, reporting, etc.

Christian duty to defend life and break the yoke of poverty
Human trafficking

bigotey
Human Trafficking Task Force

AMERICAN OVERSIGHT

Human Trafficking

2017 challenges
Membership Luncheon, Topic open for AG Wilson to choose
test

Fraud on Child Attuintant Payment

Human Trafficking

VW Settlement Opportunity

Task Force on Human Trafficking

Human Trafficking
Securities

AMERICAN OVERSIGHT

Discuss the role of the Attorney General's Office in Elder Abuse, Fraud, or Exploitation Cases. How to recognize signs of Elder Abuse/Mistreatment. How to report alleged Elder Abuse.

SC update

Disability Access and Independence

Abuse in adult day care facility

Opioid and other Drugs (Prescription/Fentanyol)
Anything beneficial to Youth, Adults & Families

Money service business bond & license requirements- transmittal law

Human Trafficking

His choice. Overview of AG's office,etc.

AMERICAN OVERSIGHT

Human Trafficking

Overview of Office and trends for the office

Domestic violence laws & restraining orders

Veterans Day Ceremony

SC Money Transmitter Law

Healthcare Fraud and Abuse

Effects of Domestic Abuse/Violence

Children in Human/Sexual trafficking
Latest issues. Topic can be decided later

AMERICAN OVERSIGHT

Prosecution of animal abuse cases

Internet crimes, cyber stalking,and the impact it has on the community we serve

Domestic Violence statewide

Speaker's Choice

Violence Against Women Act
SC Laws

Servicemember's Civil Relief Act, Spousal Residency as pertains to county property taxes

AMERICAN OVERSIGHT

Q&A

White collar crime in South Carolina

Internet Safety
Veterans affairs or you choose

veterans affairs issues
Bullying and Social media concerns for youth

AMERICAN OVERSIGHT

Denim Day - Sexual Assault Awareness Month

general AG topics.

Human Trafficking Initiatives in South Carolina

Denium Day

Brief Comments on Sexual Assault

Leadership

Trauma Informed Care
Human Trafficking
general domestic violence and sexual assault information, grand opening of our new office building

domestic violence/sexual assault agency

AMERICAN OVERSIGHT

Internet Safety for students

Advocacy Concerns for Rheumatology- Leaders and Patients

Inappropriate teacher/student relationships

Human Trafficking

AMERICAN OVERSIGHT

Human trafficking in South Carolina

Community Reader

21st Annual Kids' Day 2018

Informational Table

AMERICAN OVERSIGHT

oil of olay products...a healing ministry

Evaluating prosecution cases

Teens and Social Media (Beauty & Pitfalls of SM)

opioid crisis

What does the Attorney General's office do?
General--progress being made in South Carolina, how students can get involved politically and why they should, what are important issues in South Carolina

AMERICAN OVERSIGHT

Kansas

Domestic Violence Awareness

why you are running and what you hope to accomplish if reelected

POW/MIA Recognition Day

AMERICAN OVERSIGHT

The Attorney General's office initiatives against human trafficking

Speakers Choice
Domestic Violence and Sexual Abuse

Social Media Awareness

Insurance Fraud
test

The uphill battle for victims, and the role of human service agencies in changing their stories

AMERICAN OVERSIGHT

Prosecuting Cyber Crimes

Sexual Predators

Honor Greenville county law enforcement and memory of Allen Jacobs
We are open -- maybe human trafficking and the juvenile justice system, or raise the age for juveniles
Common Sense
Sex Trafficing

Fourth of July - Whatever he sees fit for this type of service.

Debate vs Alan Wilson on the topic of Marijuana

What does the Attorney General do for us

How pro-active community service organizations can best assist and support state and local agencies ...or any topic the AG wants to speak to us about.

Sex Trafficking in our Communities

AMERICAN OVERSIGHT

Santee Cooper Sale

Citizenship in the Nation

Honoring Awardees

Trafficking

Human Trafficking

Sexual Assault Awareness Month
Learning about the democratic process as a student and the benefits of democracy

HUman Trafficking and Internet crimes against children

Human Trafficking
COUNTY
Child Trafficking: What Educators Need to Know
Human Trafficking

AMERICAN OVERSIGHT

Allen University constitutional forum

Community & Youth Related

Fraud & Scams against Seniors
Internet Safety

IVP in the state

Sex Trafficking

Sexting

AMERICAN OVERSIGHT

Thanking 10 WWII Vets living in Fairfield County
Media and Digital Literacy

what the state is doing about domestic violence ans human trafficking

domestic violence

Natural disasters
Scams, elderly and fianancial scams

Human Traffiking in Columbia SC

Social media/internet safety

AMERICAN OVERSIGHT

Staying away from Drug and Bullying

Internet Crimes Against Children

FOIA
TBD- would like to discuss

Stopping Domestic Violence

Human Trafficking in SC and the importance of a collaborative response and the regional Task Forces

Human Trafficking
Social Media etiquette and safety

Internet Safety

The 2nd Ammendment
leadership

Human/Sex Trafficking
Optional

AMERICAN OVERSIGHT

Seismic Testing and Offshore Drilling

How to aviod Probate

How to avoid probate

How to avoid probate
Ethics
Ethics

The state of the pro-life movement in SC and the hope of progress in the future

Request Witness Protection Assistance

Update on Sex Trafficking in SC

AMERICAN OVERSIGHT

intenet and social media crimes
Native American slavery & use of color on menstruation : federal breech

Careers within the agency
Graduation Commencement. Life lessons

Come to Folly Beach

Citizenship in the Community

alan wilsons raging homosexual urge's to fuck his own son

AMERICAN OVERSIGHT

Accused eBay of covering up the truth about its sale of fake meteorite
Farming for Insurance?

Current issues you are handling (Speaker's Choice)

Combating Human trafficking

Penry Gustafson for SC Senate

The Legal Aftermath of COVID-19: A Discussion on the Execution of Alternative Dispute Resolution in Socio-Economic Issues"

AMERICAN OVERSIGHT

Job Responsibilities of Attorney General

Role of State Attorney General

Human Trafficking

Sex Trafficking - opening remarks

The Road to Attorney General
How dumb it was to join Texas

Denial of Equal Protection

Faith and Legal Work

AMERICAN OVERSIGHT

Trafficking in South Carolina (emphasis on children and Hispanic population)

SCDEW

NULLIFY the BIDEN Executive Orders

NULLIFY the BIDEN Executive Orders

NULLIFY the BIDEN Executive Orders

Role of Attorney General & Current Issues Update

Mission of Wreaths Across America

Election Integrity
Human Trafficking

By law child marriage is legal

AMERICAN OVERSIGHT

State Abortion Laws and their Defense

Video clip to USNA Class of 2021
SC abortion law

SC abortion law

spartanburg county tax fraud / federal mail theiff

Human Trafficing

Human trafficking in SC and what the AG is doing to combat it

AMERICAN OVERSIGHT

NOTIFICATION TO WALMART HEADQUARTERS ' EMPLOYEES
(Bentonville, AR)

Over Reach of Government Officals on Civil Liberties + Health Freedoms

RAGA, pushback agenda, nullification

AMERICAN OVERSIGHT

Missing people in Sumter

Cyber crimes for a student audience

Not applicable

Stop the gas gouge in Chesterfield June 2021

AMERICAN OVERSIGHT

Election integrity - legislative authority over election laws, the role of Attorney General in combatting federal authority

Law Enforcement Topics

Generations as an alternative to DJJ

Human Trafficking Report 2020 and AT Wilson's work on pushing back on the Dept of Education on their CRT curriculum. Also, the Second Amendment fight at the SCOTUS

Is education stealing parental rights and responsibilities?

AMERICAN OVERSIGHT

Mask mandates
Domestic Violence Victim Assistance

Justice for January 6 rally

Veterans Day Elementary Celebration

Domestic Violence Awareness

How does South Carolina flight back against federal overreach?

AMERICAN OVERSIGHT

Expected Number of Attendees
165
100 plus
100
20 highschool students
75-100
120-150
125

AMERICAN OVERSIGHT

1000+

50 -75

30-40

200

100-125

10

AMERICAN OVERSIGHT

70

100

300

100

75

AMERICAN OVERSIGHT

45 to 60

150
80-100

70

20-25 students

unknown at this time

none

125-175

200 or more

AMERICAN OVERSIGHT

20-30

approximately 135

20

100+

35 plus online

AMERICAN OVERSIGHT

50 - 100

200

25

150

40-60

70+

25-30

25

AMERICAN OVERSIGHT

70

500

100

50

60-70

40

possibly 800 students--this woudl be from 8:30 until 2:30

30

AMERICAN OVERSIGHT

NA

20-30

30
80-100

30 - 40

30

35

100+

AMERICAN OVERSIGHT

unknown at this time
50-100

25+

110

200

90

50

AMERICAN OVERSIGHT

1500

30 to 40

50 high school students and 9 staff members

200
200

100 - 120 (Typical)

20

150-200

AMERICAN OVERSIGHT

40 people

400+
50

AMERICAN OVERSIGHT

500

650

100

100

200

40

40

45

350

AMERICAN OVERSIGHT

200+

1100

as i richard Kilgore J 188645732 03/26/1984 willl appear
with self unless i choose to bring or show private partys
involed

AMERICAN OVERSIGHT

as i can fill a ocean with those i need i wish only to privately be awarded victomes rights and privately be addressed with a plesent as i treat those how would want treated im over calling for my safty and laweyers failure to know the law and scared of

AMERICAN OVERSIGHT

350

125

AMERICAN OVERSIGHT

200-250

150 -175

75-100

75

160

200-230 per grade level

@00

30-50

AMERICAN OVERSIGHT

50

7

100

150

200 - 250

Hopefully ~ 200-300

500-1000

20-30

15-30

AMERICAN OVERSIGHT

Upwards of 20; I am being conservative; our last trip we had over 40

50 -60

90

60

50-60

AMERICAN OVERSIGHT

20

150

15- 20

250-600

400

75-100

16

AMERICAN OVERSIGHT

400

We have a 70 member club but plan to invite others

75

50

1500

1400 plus

AMERICAN OVERSIGHT

100-125

20-30 attendees for 3 trainings

200-300 women

50-75 per workshop

From 50-100

100

100-125
100

50

150

AMERICAN OVERSIGHT

200-300

60+

250 TO 300

100
10000000000000000000000000000000000000000

250

AMERICAN OVERSIGHT

approximately 80+

30 - 40

could be up to 150

AMERICAN OVERSIGHT

160

50 +

50

100

AMERICAN OVERSIGHT

300+

450 High School youth from (9) counties around the state
300 speech, 30000 at Festiva

100

AMERICAN OVERSIGHT

1

250

75+

AMERICAN OVERSIGHT

100-200

60-80

50-100

150

80
300

300-400

Varied numbers, usually 25 to 50

AMERICAN OVERSIGHT

100-200

25-50

50-75

300

AMERICAN OVERSIGHT

1500

165

60

12

50

AMERICAN OVERSIGHT

180 conference attendees

30

300-400

40-45

50-100

45

AMERICAN OVERSIGHT

250

30-40

25-50

100

200

30

200

20

AMERICAN OVERSIGHT

twelve to twenty

15

200 -250

..

AMERICAN OVERSIGHT

100

50-60

600

20

50

~86

AMERICAN OVERSIGHT

40-50

50-60

35

AMERICAN OVERSIGHT

1,500

165

50-100

30 -40

AMERICAN OVERSIGHT

100

28-30

70

25
30-40

200

200+

AMERICAN OVERSIGHT

20
Two
300

85
50-75

100

75-100

100

300+

50-100

25 to 50

AMERICAN OVERSIGHT

20

20

200

0

40

25 plus videoconferenced out to others

200
30

60-75

AMERICAN OVERSIGHT

100+ (max it 250)

30 to 50
100

2

25-30

50-60

30+

+/- 200
75-100

AMERICAN OVERSIGHT

30

30-40

400

1

Unknown at this time
300

100

40 - 60

Anywhere from 20-250 cadets, +faculty+admin.

AMERICAN OVERSIGHT

40-50

20 -250

75

600

75 - 100

6-8

15

45
70

AMERICAN OVERSIGHT

20-30

25-50

500

20-30

20 - 30
25-30

175--190

AMERICAN OVERSIGHT

30

20

30
300

300 to 350
1,400

AMERICAN OVERSIGHT

100-150

30+

1000+ will listen to the recorded podcast; about 50-100
live

100-150 ppl

50-100

25

20
20-35

100+

100+

AMERICAN OVERSIGHT

60

120

70

15-30

AMERICAN OVERSIGHT

40

30

500

500

AMERICAN OVERSIGHT

1000+

12

100-150

200

100+

AMERICAN OVERSIGHT

200

60-100

70

AMERICAN OVERSIGHT

50

150
30

100

40

350

AMERICAN OVERSIGHT

50

25

250-300

20

15

50-75

150

20 - 25

35-40

100+

AMERICAN OVERSIGHT

10

Less than 10

85

190

200

50

100

250

1000
10
500
100

AMERICAN OVERSIGHT

100

500

50+
130

100 or more

200

AMERICAN OVERSIGHT

100
80+

50

50

100 to 200

25

50-80

AMERICAN OVERSIGHT

650

25

25
60

100+

250

75
130

100

2
150

300
10-20

AMERICAN OVERSIGHT

200+

20

40

30
More than 50
More than 50

100 - 120

TBD

40

AMERICAN OVERSIGHT

20-50 (not sure just yet)

Approximately 160 students rotating
600

120

15

just alan wilson and his son

AMERICAN OVERSIGHT

6

50

31

300

150

AMERICAN OVERSIGHT

892

90+

300 via live stream

25-30

20

AMERICAN OVERSIGHT

50+

1

30 to 40

30 to 40

30 to 40

25

1000

100
60

AMERICAN OVERSIGHT

50

Being used on social media platforms and all parents and family

1

1

2

50

140

AMERICAN OVERSIGHT

30-50

50

AMERICAN OVERSIGHT

200

320 in 2 sessions

100 students and hundreds of judges will attend over the course of the week

5,000

AMERICAN OVERSIGHT

30 select legislators and Secretaries of State - private, exclusive event

60-70

600 - 800

125

75

AMERICAN OVERSIGHT

300
5

Not sure 100? More?

100+

25-50

100+

AMERICAN OVERSIGHT

Who is the audience? (Business, Govenmental Agency, Students, Seniors, etc.)

Private Investigators

Law Enforcement

9-1-1 Telecommunicators, Supervisors, and Managers

Students

Republicans

CHURCH & LOCAL OFFICIALS

Coroners, law enforcement, medical persons, government employees

AMERICAN OVERSIGHT

Tea Party Members and concerned conservative citizens

Consumers and Homeowners

Magistrates and Municipal Judges

governmental agency - statewide

Upstate Business Leaders

Graduate Students

AMERICAN OVERSIGHT

Members of Aiken County GOP

Law Enforcement Agencies in Dillon County

City and County of Sumter, SC

business owners, ABC members

Students, USC staff and faculty, other invited distinguished guests (local)

AMERICAN OVERSIGHT

Physicians and medical students

Business, Elected officials, College students and Seniors
law students, attorneys, law professors

Civic Group

8th Grade Students

Citizens,students, seniors, etc

parents and students

none

Private Investigators licensed in South Carolina

Every day citizens from children to adults

AMERICAN OVERSIGHT

parents of elementary students

mostly seniors

Grass Roots Activists

All Homeowners

press and public

AMERICAN OVERSIGHT

ADULTS, PRE-TEENS, TEENAGERS

Human Resource Professionals / Community Leaders

High school who are home schooled

private investigators, attorney, law enforcement, students

Business

CURRENT NJROTC INSTRUCTORS - ALL RETIRED MILITARY

adult

Students & Parents

AMERICAN OVERSIGHT

Business Professionals/Rotarians

Students/Parents/ community

Health Care business owners, professionals with main focus on serving the elderly population

Seniors

Local business leaders

Business/Seniors

Lexington One 10th graders who attend the Career Showcase

Mixed crowd

AMERICAN OVERSIGHT

NA

Republican women, elected officials, candidates

Parents of the students
Police Chiefs from SC

students, parents, teachers

Civic club

Christian Business & Professionals

Media; Washington DC legal community; scholars and fellows

AMERICAN OVERSIGHT

parents
Solicitor, Judges, Law Enforcement, Advocates, Medical Personnel, etc

Mostly Women

Business (financial services--FINRA licensed professionals)

Utility Owners, cities, contractors, excavators, SCDOT

Business people

College Students

AMERICAN OVERSIGHT

Members of the community

Republican Women from Greenville and Spartanburg

High School Students

Legal, Social Work, Mental Health, Law Enforcement, Medical
Parents of students in grades 3,4,5 and some children

All the above

Students

Rotary club members and guests.

AMERICAN OVERSIGHT

homeowners, seniors, women, low income, storm damage victims

Medical Professionals, Hospitality Industry, Law Enforcement/Legal Professionals, Social Service Providers

Open to all ages; target groups are 30-50 year old professionals
Columbia Area Mental Health Employees

AMERICAN OVERSIGHT

adults and children

Businesses, CRAs, End Users

Seniors

Seniors

Owners, managers, personnel and vendors to SC's Incumbent Local Exchange Carriers (Local telecom companies)

Pain Management Subspecialists, legislators, payors, industry

adults, mostly women

mostly women

Elementary Students in grades 3-5

AMERICAN OVERSIGHT

Sheriff's, Jail Administrators, Second In Command, Lt, Sgt, line detention deputies and possible vendors

6th, 7th, and 8th graders

state and u.s of america i first man 1yr 3 months victomized now still stocked toutured daily and nightly

AMERICAN OVERSIGHT

private till notice of this will be personaly given by my walking to doors to a few more brave good men and a private world orginization wanting me a defending of rights fed all agencys private and un all atterney genirals involed and states street*life

AMERICAN OVERSIGHT

a croud of individals to vitnes a leathal injection some sad i and others safe and hapy to see virdict and i wish those to watch that i can see them for they have already did this to me Students

State and local government staffers

AMERICAN OVERSIGHT

Graduating high school seniors and their families and friends

licensed private investigators of SC and NC

Community Citizens

Banking, Finance

Teachers/Staff of SHS

State and Federal Gov., Ministers, Abused Victims, local law enforcement

6th, 7th, 8th graders

GTC Students & Faculty, Greenville County Community

business owners

AMERICAN OVERSIGHT

investigators from various state government depts as well as businesses such as financial institutions, accountants, healthcare, etc.

Singleton Board member/s, attorney, HH Properties,Town official, Pres. of HH Realtor Assoc.

7th and 8th grade students

Government Hearing Officials, NAHO members nationwide

MIXTURE

Parents of Middle School Students

Republican Candidates, Supporters and Friends

Volunteers in training to become advocates with Sexual Trauma Services of the Midlands

Business leaders

AMERICAN OVERSIGHT

Conservatives, mostly women but some men will join us.

ctizens and grassroots activists

Primarily conservative business owners

Law Enforcement training officers in SC

Training Officers for Law Enforcement

AMERICAN OVERSIGHT

Probation Administrative Support Staff (all women)

Citizens, Victims and other Civic groups in Dorchester County

Judges and attorneys

Entire Charleston Community will be invited

Student Council/Students (Middle and High School)

Voters

Women over age 30

AMERICAN OVERSIGHT

2nd through 5th graders

We are a Woman's Club near Winthrop University and we intend to invite the public

Parents of Elementary Age children

Uniter Methotist Women

Students, community members, business people, other politicians

6-8 graders and their parents

AMERICAN OVERSIGHT

Boy Scouts, scout leaders, council and district executives

State Health Insurance Program Counselors

Women of most ages (and a lot retired and various jobs

Providers of residential foster care services for children

Republican club / senior citizens

School Library Media Specialists

Business, Goverment, Dillon County Citizens
Females

Students

Nursing Students from all over South Carolina

AMERICAN OVERSIGHT

Veterans

50+ Women & 60+ Men

VETERANS COMMUNITY AND FAMILY

Financial Service: Corporate Conference
FED UP SC CITIZENS

Mainly active GOP members of Berkeley County

AMERICAN OVERSIGHT

NCBA Members, Columbia College, dignataries, business owners

Middle school age and up - This will be an event open to the entire congregation

Retired ewsidents from Sun City (14,00) or so

AMERICAN OVERSIGHT

Students

Students from all over SC

HEALTH ISNURANCE INDUSTRY

Governmental, Business,Law Enforcement, Students, Victim Advocates, Volunteers, Citizens of the community and Survivors

AMERICAN OVERSIGHT

Varied

High Schoolers ages 14-19

All of above...

AMERICAN OVERSIGHT

Lower

industry and business leaders from 6 counties

Community, Business

AMERICAN OVERSIGHT

Police, surviving family members, government officers

Parents of our Academy

State employees & few civilians

Retirees, AFJROTC Students, seniors, etc.

Columbia Young Professionals
Children and their families

Business Owners ,Lawyers.Pastors,Citizens

Varied audience of liberty loving citizens

AMERICAN OVERSIGHT

University Students

law school students

Members of st Mark and the community

bisuness

Government

AMERICAN OVERSIGHT

Students, Teacher, Community Members

Students

Credit Unions

Concerned Citizens of the Cowpens Community

Youth and Adults
Seniors

AMERICAN OVERSIGHT

Volunteers and athletes

Educators and Students

Scouting volunteers, community leaders, scouts

Business Professionals and Retirees

USC students, Greek life members, USC faculty

Business and Community leaders from the Greater Greer area

AMERICAN OVERSIGHT

Business, government, law enforcement, other

Professional women age 25-40

CODA staff, board members, volunteers and general public

Students, school faculty, and parents

Business and Law Enforcement

School Law Attorneys

SC business owners - manufacturers, developers, display center owners, banks, and other service and supply companies that serve the manufactured and modular home industries

DHEC retirees ages 60-90

AMERICAN OVERSIGHT

Law Students

Students

Accounting and finance managers and personnel for Cooperative generation and transmission utilities

..

AMERICAN OVERSIGHT

Brothers of Lambda Chi Alpha

Retired military officers

Broad audience of young and old

Business and community leaders

Rotarians - community business leaders

Students, their parents and various school officials

AMERICAN OVERSIGHT

military legal community

Credit Union Compliance staff from NC & SC

Civic Group

AMERICAN OVERSIGHT

Parents of School Aged Parents

Mostly Business with some non-profits and students

Hospitals (Aiken Regional, Allendale Community Hospital, Edgefield County Hospital), law enforcement agencies (25 agencies will be invited), solicitor's office, Cumbee Center (community advocacy center), non profit organizations, SCCADVASA,

Women - Different ages

AMERICAN OVERSIGHT

All of the above

Members of the Woman's Club, most are senior citizens and from various professions

Students

Business

Community non profit organization, adult women
Non profit group of college educated women of all ages and professions.

Dorchester and Berkeley Co. Multi-Disciplinary Teams

Private Investigators/Paralegals/Attorneies

AMERICAN OVERSIGHT

Nurses, CNA's Housekeepers, Dietary
Family
Youth and their families

Approx 55 boys 1st-5th grade, their den leaders and parents
STUDENTS & PARENTS

employees, visitors, students

Students

Law Enforcement Executives / Government Executives

Students

Parents, Greenville Residents

Variety of constitutional conservatives, many who are retired

AMERICAN OVERSIGHT

Students (Seniors)

Students (Seniors)

Students/family/Aiken Tech staff

White House

Mental Health Staff: Clinicians, Psychiatrist, Administrative Staff

Primary Healthcare Providers

Supporters of Midlands Women's Center (Kershaw County's pregnancy care center)
Youth group

All ages from college age to seniors

AMERICAN OVERSIGHT

First Responders, Clergy, Health Care Professionals, General Public

Tea Party activists
Clemson Area Chamber of Commerce Members

Angela Drake and Paul Williams

Business and community leaders

business, utilities, energy office

LUMC congregants

Parents as well as students.
Investment advisors

AMERICAN OVERSIGHT

Seniors, Caregivers, Governmental and Political Stakeholders, and the Community

Insurance professionals

SC residents and 25 statewide organizations

Government Agency

Law Enforcement/Prevention Staff
Rural Children & their families

Business-Credit Unions

parishioners of Corpus Christi Catholic Church

Cadets who are 7th - 12th graders

AMERICAN OVERSIGHT

Front line staff of state welcome centers

Cadets (7th - 12th graders), faculty/staff

Mixture

High School Student Body & Local Veterans

Credit Union staff from North & South Carolina Credit Unions who are responsible for BSA eduation in their credit unions

B.S. in Healthcare Administration students

Govenmental Agency

Volunteer guardian ad litems for child abuse / neglect cases
Republican women all ages

AMERICAN OVERSIGHT

Law students

Community organizations that provide services for adults and children

Law enforcement...community leaders...civic organizations...students ...parents....victims of domestic violence

Sumter County GOP

Primarily Attorneys
Community Crime Watch

County officials--Auditors, treasurers, tax collectors and staff

AMERICAN OVERSIGHT

Students, Seniors, and general involved citizens

College Jr. and Sr. majoring in Business Administration

Students
Military Veterans, local elected officials, seniors

Students and staff

AMERICAN OVERSIGHT

Stakeholders, Victim advocates, Law enforcement, Community leaders and members, ETC

mostly senior couples

Faculty at university live; then students listening to podcast

Victim Advocates, Solitcitors, Law Enforcement other Stake holders in the community,

Mixed advocacy, survivors, and general puclic

Leadership Students and Konduros Family

Law Enforcement Officers
Businesses, high school and college students (Interact/Rotaract)

Businesses, Chamber, law enforcement, Board members of our agency

law enforcement, victims advocates, Aiken Chamber of Commerce, business leaders in Aiken

AMERICAN OVERSIGHT

Middle School Students

Retired Navy senior officers and enlisted personnel

Rotary Club members -- Community Leaders

AMERICAN OVERSIGHT

Rotary Club (Professionals)

Students

Youth & Families

Youth/Families/Communities

AMERICAN OVERSIGHT

citizens of the city..

USC Master's of Accountancy Students

Youth, Students

lawyers, academics, students

High School Law Class

Students

AMERICAN OVERSIGHT

Correctional Staff and Female offenders

voters from Greenwood County

Veterans, seniors, students

AMERICAN OVERSIGHT

faculty and students of the university

Students
College students and teens

parents of middle school students

Independent Insurance Agents and Other Related Industry Professionals

Businesses, community agencies, a few local government officials, community supporters

AMERICAN OVERSIGHT

Middle School Students

High school students (11th & 12th grade)

members of Greenville county law enforcement agencies, city and county council members, BJU faculty and staff

Volunteers in hte Solicitor's Office and Guardian-ad-Litems
All of SC, and the rest of the country who is already ahead.
High School Students

general audience - all ages

Humans of all walks of life.

Church Seniors Group

Business owners, community leaders, professionals with a servants heart

Community Event - Suitable for 15 years of age and older

AMERICAN OVERSIGHT

Institutional Investors

Students

Business, Government, Awardees

K-12th Grade School

Parents

community members

Middle school students

Middle school, high school students, teachers, staff, and parents

community leaders, medical providers, teachers, churches, other educational professionals, law enforcement
GOVERNMENTAL, ENVIRONMENT
K-12 Educators
SC Hospital Nurses, Risk Managers & Quality folks

AMERICAN OVERSIGHT

students

All age groups

Senior Group at Christian Life
Middle and High School Students

Medical staff, visitors to the hospital, and community partners of IPV in the Charleston area

Counselors, Victim Advocates, Doctors, Nurses, Law Enforcement, Legislatures, Students, Ministers, etc.

youth and parents

AMERICAN OVERSIGHT

Veterans, Fairfield County Residence
9th grade Students

ladies - mostly retired

ladies age 50 and up

Business, parents
Citizens

Church Group-Ladies

parents, teachers, community members

AMERICAN OVERSIGHT

Students,teachers and guests

Parents of Mentoring Program

School Board Members
Students

Community, Hair Stylist, Victims Family and County officials/advocates

business, government, and potential donors

Business
students, maybe some parents

Parents of our students

Students

Community, faith/civic group, students and school officials
Law Enforcement

AMERICAN OVERSIGHT

Law Students, Professors, Local Environmental Organizations, etc.

Elderly

Elderly

ELDERLY
Elected officials of South Carolina
Elected officials of South Carolina

Mixed age, mixed professions and retired, mostly pro-life

House & Senate Judiciary Committee's

Republican Women and Men

AMERICAN OVERSIGHT

Community (parents, grandparents, children, teens)

Ohio conglomerate

3rd through 5th grade elementary students
Corps of Cadets & family members

Students, Business, Senior

Boy Scouts

alan wilson and his son

AMERICAN OVERSIGHT

State Farm Insurance, LLC

Business owners and supervisors

Physician Assistant (PA) Students

Conservative Republicans

Law students, Professors, Attoneys

AMERICAN OVERSIGHT

Students (Kindergarten-5th grade)

High School Students

Rotarians around the District

Community, educators, families, etc.

Students
Moderate IQ

Students

AMERICAN OVERSIGHT

Principals, Administrators, Senior ledership

Dignitaries and Politicians from the County

Dignitaries and Politicians from the County

Dignitaries and Politicians from the County

Leadership Pickens County

Military, Veterans, students, NJROTC, public

Hampton County GOP
Mixed group

Governmental agency

AMERICAN OVERSIGHT

Law Students

Parents, family, friends, and supporters of the USNA Class of 2021
Zoom interview - fellow students will watch the finished documentary

USC students

EX GOVERMENT MONEY TRUCKER

10-12 yo girls with parents

McCormick County Republicans

AMERICAN OVERSIGHT

Private Citizens - Community Members

Jasper County Republicans

AMERICAN OVERSIGHT

Families of all who is currently missing

Students

Students aged 13-18 are eligible to compete.

Tax-paying So.Carolinians

AMERICAN OVERSIGHT

Select legislators and Secretaries of State

Law Enforcement Professionals

Business, Government Agencies, Donors

Republicans, state senators, county councilmen

Parents, educators, school board members and candidates, concerned citizens

AMERICAN OVERSIGHT

Parents, school board, students
Foreign Dignitaries From Ukraine

Patriots of SC

Elementary students and veterans

Students

Beaufort County Residents, South Carolina

AMERICAN OVERSIGHT

Date and Time Of Meeting

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

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Friday, November 10, 2017 10:00AM

January 10, 2018 - 2:35-4:00 pm

After 5:30pm Monday-Thursday

10/19/2017 9:00-1:00

10-16-17 9:00 to 2:00
November 20, 2017 at 12 o'clock noon

AMERICAN OVERSIGHT

Weekday in October during lunch hour 12:40-1:40

January 9th 8:30-4 and April 3rd 8:30-4 pm

Saturday October 21, 2017 11:00 A.M.

Thursday, December 7, 2017 7:00pm

April 17 & 18, 2018 (times vary)
12-04-2017/18:30 hrs.

Feb. 7, 8, 9, 2018. 9 AM--4 PM. Please let me know what fits in your schedule.

AMERICAN OVERSIGHT

TBD

choice of Apr. 27, Apr 13, or Mar. 23 1:15 pm
to 3:15 pm

July 27 4:30 pm- 6:00 pm
April 28, 2018 @ 7 pm

April 28, 2018 at 7 pm
3/23/18

AMERICAN OVERSIGHT

11:30-1pm

Sun. June 3rd, 4:30 to 6:30

September 2018 - usually on a Wednesday at
2pm ET - we are flexible.

April 25, 2018 - 12 noon

April 6, 2018 6p.m.

Friday, March 23rd at 3:00 p.m.

Wednesday's at 7:00am
day that is convenient for Mr. Wilson at the
end of

May 15, 2018 at 4:00 pm

AMERICAN OVERSIGHT

September 15, 2018

20 June 18. 10:00 am

June 19, 2018 at 1pm

AMERICAN OVERSIGHT

2nd and 4th Tuesdays of the month

11/15/2018- 8:00 AM

August 16, 2018 @ 4pm

08/16/2018

AMERICAN OVERSIGHT

7-9-2018 6:00 pm

Wednesday, December 5 10:30 AM

Saturday, July 28, 2018 (10-3 pm)

Friday, February 8 after lunch for 1 hour

any day - Friday best
Meeting can be held any weekday that
Attorney General Wilson is available; forums
are generally held in the evening

AMERICAN OVERSIGHT

October 12 @ 10am-12pm

September 13, 2018 from 5:30pm to 8:30pm

Sept. 22, 2018; 5 pm

AMERICAN OVERSIGHT

Between 12-3 pm ET any work day in November

Speakers Choice
December 13, 2018 4pm-6:30pm

1-22-18, 5:30pm

April 17, 2019; 12pm

11:30 a.m. - 1:00 p.m.

AMERICAN OVERSIGHT

Flexible

Various

March 14, 2019 at 7:00 AM (6:30 AM Buffet)

Tuesday March 12, 2019

February 4th,11th or 12th

June 30, 2019 11:00

February 6, 2019 16:20

February 13th, 2019 at 11am

April 9,2018 or May 14, 2019 or May 28, 2019

Thursday, April 4, 2019 - 6:00 p.m. till 8:00 p.m.

AMERICAN OVERSIGHT

2/28/2019 at 2:00 PM

March 2. 2:30 PM

Monday, April 30, 2019, 6pm

Any week day in April except April 21st

April 30, 2019 @ 6:00

April 5 at 5:30 PM

May 17, 5 pm to 6pm

August or September 2019

August 23 8 am to 2ish
05/24/2019
August 13, 2019 from 12:30-1:30
December 6, 2019 2:45 pm - 3:45 pm

AMERICAN OVERSIGHT

September 23, 2019. 12-1 pm

August 14th @ 5pm

Thur., Sept 26th - 12:15
October 2, 2019

October 30th 11:00 am speaking to start at
12:00 noon

October 23, 2019 9:45 a.m.

10/18/2019 @ 12:30 PM

AMERICAN OVERSIGHT

9 Nov 19
September 6th (flexible dates)

November 13, 2019 9:30 am

October 9,2019 9:30 for social time, 10:00 for meeting

Sept 28 10am to 1130

October 15, 2019 6:00 p.m.

tbd (a Monday or Tuesday would be best)

AMERICAN OVERSIGHT

10/22/19 9:00am

11/3/2019 6pm-8pm

October 25, 2019 anytime
tbd

November 30th, 2019 6pm

Dec. 5, 2019; 11:30am - 1:00pm

Thursday 7:30 a.m.
during school day

01/14/20 5:00 - 7:00 pm

Whenever
December 28, 2019

jan 28, 2020 at 6:30 -8:30 PM
1/7/2020 @ 10:30AM

AMERICAN OVERSIGHT

2/7/2020 8:00am - 1:30pm

MARCH 5, 2020 2-330pm

MARCH 12, 2020 2-330PM

MARCH 19, 2020 2-330PM
March 18, 2020 @10:00 a.m.
March 18, 2020 @10:00 a.m.

9 am to 4 pm, September 12, 2020

A.S.A.P.!

Monday March 9th, 2020 at 6PM

AMERICAN OVERSIGHT

Weekday Evening or Sunday Afternoon - Flexiable

3/17/2020

Thursday, April 2, 2020, from 8:30-10:30 am
May 10th, 2020, 10am

April 15th 2020

6/15/20 7PM

every night at 8pm sharp

AMERICAN OVERSIGHT

Sunday July 22, 2021

See below for available dates

08/21/2020 1 PM

10/10/2020 5pm - 8pm

February 26th, 2021, 9am

AMERICAN OVERSIGHT

10/9/2020 7:20am-2:00pm

Your Choice

Monday or Friday via Zoom at 11am

Thursday, Jan 14, 2021 ,6:30 PM

03-21-2021 at 7:30PM

Thursday, February 25th at 7:00PM EST.

AMERICAN OVERSIGHT

February 24, 2021 - 9:00-5:00

Monday, March 15th at 7PM

Monday, March 15th at 7PM

Monday, March 15th at 7PM

Tuesday, March 16, 2021 (30 minutes)

12/18/21 11:30 AM to 1 PM

April 22 @ 6PM
Mar. 25 2021 at 7:30

AMERICAN OVERSIGHT

Flexible, 12:15 Central (Lunch Talk)

Deadline May 1, 2021
Documentary is due
Documentary is due May 4th, so interview would take place before this

EMAIL OR CALL HOME LEAVE MESSAGE TIME AN DATE

Date Mr. Wilson can visit

AMERICAN OVERSIGHT

The next meeting scheduled for Thursday May 21st @ 6:30p but we will accommodate you sooner if your available.

Tuesday, June 8, 6:30 pm

AMERICAN OVERSIGHT

October 29, 2021 2 sessions 9:15-10:45 and 1-2:30.

June 21-26, please see Other Information for clarification

AMERICAN OVERSIGHT

Monday, July 26th in evening

09-23-2021/ 6:15 pm

9-28-21 12:00 noon

November 11, 2021 @ 6:00 p.m.

Any Wednesday night at 7

AMERICAN OVERSIGHT

Aug.23 6pm
(9/30/2021 at 8:30 Am

September 25 1 -3 pm

11/12/21 10AM

October 27th at 11AM

130pm, October 24, 2021

AMERICAN OVERSIGHT

Other Information

I spoke with Alan about this conference back in November and also sent information to Vicky about the conference as well.

I am a member of the Master's Program at Anderson University. Professor George Duckworth (retired solicitor for Anderson County) is coordinating this yearly event. As a member of law enforcement in the midlands and also a Command College student, I respectfully request Attorney General Wilson to speak with us.
SC APCO will be hosting a training event on April 13, 2011 to coincide with National Public-Safety Telecommunicator's Week. I am looking for Mr. Wilson to make some brief (10 minutes) opening remarks for the event starting at 9:30 A.M. Our website is www.scapco.net and information about the event can be found on this page. I am the President for this organization and will be coordinating the event. Thank you for your consideration. Bill Petrea

The South Carolina Hemophilia Foundation is hosting an advocacy day and training in Columbia on March 15th and 16th. The Foundation would like to invite the Attorney General to speak on Tuesday, March 15th, 2011 at 6pm to a group of young men and women about his service to the country and the state. The organization would love to have him speack about what inspired him into public service and how other young people can get involved. This would be about 20 minutes of speaking followed by question and answers and some photos for the SC Hemophilia Foundation newsletter. The next day these young people will set out to the Capitol to meet their legislators. Hemophilia is a hereditary disorder in which patients do not have the required enzymes or clotting factors to assist the blood to clot. Patients treat with anti-hemophilia clotting factor concentrates which replace the missing enzymes. Without treatment, patients will develop joint damage in the arms and legs and could have a fatal bleed due to trauma. The Hemophilia Foundation of South Carolina promotes awareness; provides education and service to the population and support to the families of patients.
The date we would like for Attorney General Wilson to speak is May 27, 2011. Social hour is 11:30 to 12:00 Lunch is served at 12:00 Speaker speaks for 20-30 minutes with questions and answers to follow. I look forward to hearing from you concerning this speaking engagement. Thanks!

Mr. Wilson: On June 26, 2011, Calhoun Baptist Church will be celebrating the 15th Annual "I Love America" celebration. This event that has grown each year since its beginning, is beieved to be the largest such event in Calhoun County. All elected and appointed officials are invited and recognized during the service as we pay tribute to God for His rich blessings on our Republic. You would be the featured speaker of the morning. Following the service, we serve a big TEXAS BBQ to all attendees.
We would like for the Mr. Wilson to give the opening remarks and welcome and to follow-up with about an hour or more discussing his office and how the AG's office can assist coroners. Our conference is June 8th, 2011 beginning at 0830.

AMERICAN OVERSIGHT

Alan, I have tried to reach you through both email and Facebook and have not had the pleasure of your reply. Since, during the campaign you were "the Tea Party candidate", I would have expected better lines of communication. The Myrtle Beach Tea Party will be holding their 3rd annual Tax Day Rally on Saturday, April 16th. This year the rally will be held in Grand Park at Market Common in Myrtle Beach, from 12pm until 3pm. We would be honored if you would consider being a Guest Speaker this year. The MBTP is well known for drawing huge crowds for this annual event and we feel that the public would be very interested in hearing from you directly, on the critical issues we are facing on local, state and national levels.. Please reply ASAP, as we have less than one month to finalize our agenda. Best regards, Joe Dugan 843-234-0118 Myrtle Beach Tea Party, Chairman http://www.mbTeaParty.net These are the times that try men's souls. The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of their country; but he that stands by it now, deserves the love and thanks of man and woman. Tyranny, like hell, is not easily conquered; yet we have this consolation with us, that the harder the conflict, the more glorious the triumph. December 23, 1776
The Crisis - Thomas Paine

The Homeownership Resource Center, a division of Family Services, Inc., is hosting a Consumer and Homeowner Advocacy Forum on Thursday, April 7th, 6 PM, Council Chambers, North Charleston City Hall. In our business, we see so many troubled consumers and homeowners who constantly say, “If I had only known …..”. The purpose of the forum is to inform and educate consumers and homeowners on their rights and responsibilities Panelists who will be participating include the Wells Fargo Home Mortgage team from Charlotte, a representative from SC State Housing who will speak on the Hardest Hit Funds Program in which SC received $298 million dollars to help unemployed and other homeowners who are at risk for foreclosure. Also participating are presenters in the field of bankruptcy, consumer credit counseling, SC Legal Services, the Sheriff’s office. Please see our website at www.fsisc.org. We hope the Attorney General's office can send a representative to this event. Thanks!

We are looking for speakers for a program being sponsored by our local summary court judges association. Please contact me if you have anyone interested in presenting for an hour or two on Wednesday, May 25. Our treat for breakfast and/or lunch. Call me if anyone is interested. -Judge Debi Culler
Interested in seeing if Mr. Wilson could speak at our conference which is May 1-5th, 2011. I will also call Mr. Wilson office as well. thanks.

First of all, let me thank the AG for his agressive position against the NLRB and their absurd action to undermine the state's continued economic development. We would be honored to host the AG at our First Friday Luncheon in June. The date of the event is June 2. Buffet lunch opens at 11:30am, and the AG could take the podium by 12:20 (following brief annoucements). He has 40 minutes and can take questions at his discretion. Again, on behalf of our 600 members, we would be honored to host AG Wilson at our upcoming First Friday Luncheon. Allen C. Smith President/CEO Greater Greer Chamber of Commerce
I am a criminal justice professor for South University (Columbia Campus), a retired South Carolina State Trooper (Lieutenant Colonel), as well as a retired SC National Guardsman (Lieutenant Colonel). I served with the initial group (3rd Army) that planned and executed the Iraq invasion. I would very much appreciate it if you can find time to speak to my (evening) class on either May 18, 25, or June 1, 2011. If you can accomodate us, please give me a call at the number listed above. Thank you so much for your consideration. Melvin L. Howard, MPA, ABD South University

AMERICAN OVERSIGHT

The meeting will be at 7 PM June 14th 15-20 minutes. Since this is on Flag Day, AG Wilson is welcome to wear his Military uniform if he wants. Aiken has the most active party in the state, We had the largest county convention in SC with 312 delegates. Myrtle Beach was second. This is a different group than the Republican Club, which he spoke at last month.

In the past we have had Mark Keel from DPS and Hubert Harrell from the Criminal Justice Academy. Our Law Enforcement Week Banquet is held on Thursday night during National Law Enforcement Week which will be observed during the second week of May 2012. We would like for the the Attorney General to speak at this banquet if he can. Please let me know. Haywood Proctor Chaplain Dillon County Sheriff's Office Dillon, SC

This is our 7th year of the National Anthem Project in Sumter, SC, which, as Gen. Tom Olsen states, makes this now a tradition in Sumter. We have speakers from Shaw AFB, the Third Army, and our Mayor and County Council make proclamations regarding National Anthem Day. We have around 200 students from Sumter singing at this event as well as guest singers. Our event has been in the national MENC, our national music association magazine for numerous years. This is a very educational and historic event that we would love to have you attend. Linda Beck Coordinator of the National Anthem Project Sumter, SC

Victoria, On behalf of Associated Builders and Contractors (ABC), a national association with 75 chapters representing more than 23,000 merit shop construction and construction-related firms with nearly two million employees, I would like to cordially invite Alan Wilson to be a featured speaker at our Free Enterprise Alliance Reception. Founded by ABC in 2001, the Free Enterprise Alliance is leading the campaign to halt the assault on America's free enterprise system. The Free Enterprise Alliance is the action arm for small businesses, entrepreneurs, and other advocates of limited government, open and fair (and intense) competition and the economically sound principles upon which America was built. The reception will be held at the William H. Aiken House in Charleston, South Carolina. If your schedule permits, I would like to welcome you to address our members on Friday, August 5, 2011 from 7:00 p.m. to 10:00 p.m. Within the framework of our schedule, I would be happy to accommodate you in any way possible. We are expecting the attendance of over 100 ABC members including CEO's, executives, owners and senior managers from across the Carolinas who are strong supporters of free enterprise and the pro-business agenda will be in attendance. I am grateful for your consideration of this invitation and we look forward to hearing from you soon. Please feel free to contact me at 704.367.1331 or email me at rstaton@abccarolinas.org if we can provide any further information.
I am the pre-law advisor at the University of South Carolina and would like to invite the Attorney General to speak at our annual Professional Law Meet and Greet. We have local lawyers, judges, and politicians come speak about their background, how they decided/came into their current position, and general advice for pre-law students embarking on law school shortly. We would like to know if you would be available for any of these possible dates from 6 p.m. - 8 p.m. on USC campus: Thursday, Oct. 27 Thursday, Nov. 3 Thursday, Nov. 10 Thank you very much for your time.

AMERICAN OVERSIGHT

Columbia Medical Society would like to invite Atty. General Wilson to speak to our members on either Tuesday evening, October 25 or Tuesday evening, November 29, whichever date works best for him, regarding progress on the federal lawsuit challenging the health care law requirement that individuals purchase health insurance. Our programs begin at 6:00 with drinks, dinner at 6:30, and speaker 7:00 to 8:00. They are held at the Clarion Hotel. Please let me know if you have any questions. Thank you so much for considering our request. I look forward to hearing from you. Nancy Walborn, Executive Director Columbia Medical Society
I, Samuel Rivers Jr., am Vice Chairman, Executive Committee Member, and Program Director for Berkeley County Republican Party (Charleston, South Carolina). We are happy to extend an Invitation to Attorney General Alan Wilson to come and speak at Berkeley County Breakfast, Satuday October 1st, 2011 at 9:00 A.M. I can be reached at 843-513-7969

Mr. Wilson may remember me as the provider for sound at several Tea Party and Republican Party Events. I first met him at the 2009 Republican Christmas Party at the Springmaid Hotel with his father Joe and representative Brown.
We are working to learn more about dog fighting and animal abuse in South Carolina. We hope to increase awareness in our community and influence public policy on this issue.

I was informed a few years ago that this office can provide speakers re gangs, juvenile crime, etc. We are trying to schedule an informational mtg in our subdivision re this matters. Plz advise if this information is accurate thus we can proceed w/planning. Thanks.
Would like for some one to call me concering some harrasment from the Spartanburg County Sheriff Department

SCALI has been established since 1985. We promote ethics and improvement of the private investigator industry. We have two educational seminars per year with the the yearly conference held each May. This year our conference will be in Columbia May 10-12. We are requesting Attorney General Alan Wilson as our keynote speaker for our banquet held Friday, May 11 at the Embassy Suites. The banquet starts at approximately 7:30pm. A short 20-30 minute address to the professionals and members of our Association relating to the legal industry, which could include legistlative and legal updates, case updates and /or how our industry helps with the legal field as a whole. My email address is ken@carolinainvestigations.com and my office number is (864) 948-1333. I am the State Director for the Association. Please contact me at your convenience with questions. We are preparing our agenda and would appreciate a reasonable response time to our request. Thank you. Ken Walter

Because Honorable Wilson is very passionate about the issue of human trafficking, we thought that he would be a very qualified person to have as a speaker at this event. This event will be held on Saturday, September 29th, 2012 from 10 am -2pm. Doors to Freedom exists to provide a safe place for survivors of sex trafficking to be transformed by the power of Christ. I look forward to hearing from you. Thank you.

AMERICAN OVERSIGHT

I am one of the school counselors at RCE and we are looking for a speaker for a parent workshop for March 27th at 6:30 p.m. Many of our elementary students are very tech savvy and have access to many devices with internet. Unfortunately, many also have Facebook accounts and also spend time, unsupervised, on Youtube and other sites. We want the speaker to address the dangers of this but also address how technology can be a educational and social tool if used and supervised wisely with children of a young age. I did contact Patti Fowler with an email I had used in the past, before seeing this, so apologize if someone is seeing this request a second time.

We have billed this event as a Campaign Kick Off event. State Party Chair, Chad Connelly and State Senator Shane Massey have committed. We would be most pleased if Attorney General Wilson would come to share the impact of the Healthcare law on seniors and the state budget. The event is scheduled for March 22nd at 6:00pm at the Long Cane Center in Hickory Knob State Park. Thank you for your consideration.
Attorney General, I contacted your assistant Adam Piper as you suggested at the Dorchester GOP Breakfast concerning your expressed desire to come speak to our group as well as the matter concerning minutes of a Berkeley County Council Meeting. To date have not even received acknowledgement of that contact. We are asking you to speak to our group on 5 April, 7 pm at the Berkeley Electric Coop Bldg at the enclosed address.
Bill Bates

The area public meeting is free and open to the public. The event is on March 22, 2012, from 6:30pm to 8:00pm. Mayor Benjamin will also be speaking at the event. We would like to request the Attorney General speak at the event as well. We will be educating homeowners on how to protect themselves from becoming victims of home repair contractor fraud. In this storm season, this information is not only critical, it is urgent. Everyone who owns a home is at some point, going to have to deal with a contractor, whether it is home improvement or home repair. Other speakers include Mayor Benjamin, City of Columbia police officer, City of Columbia Building & Zoning, insurance experts, FEMA disaster inspectors, consumer protection attorneys, among others. Please respond asap as the event is March 22nd. We look forward to your participation in helping us protect the citizens of South Carolina. Incidentally, we are also holding events in Greenville (April 12th) and scheduling Florence and Charleston. Thank you, Phae Howard Executive Director The National Center for the Prevention of Home Improvement Fraud

Dear Mr. Wilson, Judicial Watch would be honored to have you participate in a panel discussion regarding the "Obamacare" to be held at our offices near Capitol Hill. The exact time is yet to be finalized. Please let me know what your window of availability is for Thursday, March 22. As part of our educational mission we would like to increase the public's awareness of the repercussions that will ensue should Obamacare not be struck down by the High Court. Your expertise regarding the issue will be immensely appreciated. Each panelist will have five to seven minutes to make introductory remarks, which will be followed by a broader panel discussion and audience participation. Judicial Watch president Tom Fitton will moderate. The panel will be free of charge and open to the press and public. We have a good record of media coverage by C-Span and other outlets. We also plan to issue a special report to our membership summarizing the panel discussion. I will follow up with you soon about this event and do hope you can participate. Thank you for your consideration. Sincerely, Jill Sutherland Farrell Director of Public Affairs Judicial Watch Inc. 425 Third St., SW, Suite 800 Washington, DC 20024 Desk 202.646.5188 Cell 703.405.8905 www.judicialwatch.org

AMERICAN OVERSIGHT

WOMEN'S CONFERENCE - EVENT DATE SCHEDULED FOR APRIL 21ST, 2012; 9AM-1PM ATTENDEES WILL BE MADE UP OF CHURCH MEMBERS-ADULT WOMEN, PRETEEN & TEENAGE GIRLS. WOULD LIKE FOR PRESENTER TO ADDRESS BOTH GROUPS SEPARATELY. TOPICS TO INCLUDE: SOCIAL NETWORKING, TEXTING, SEXTING, CYBERBULLYING, ONLINE PREDATORS.

We are looking for a panel of speakers who can objectively offer various viewpoints regarding employment of people with criminal backgrounds. We want to educate our membership on the scope of this issue, how employers can be part of the solution, etc. We are looking to provide: 1) Statistics on the connection between employment and recidivism; Statistics on the number of people of working age in Greenville and in SC with a criminal background vs. the number of those without a criminal background, etc. 2) Speakers to provide the viewpoint of how employers can prudently / safely employ ex offenders and/or those with a criminal background, which industries have more/less leeway with this issue 3) Legal issues related to employment of ex offenders and/or those with a criminal background.

This is for the Midlands Homeschool resource center. Kathy Lord's group Mike Green will be taking over the class this coming year. We would like you to speak to our TAR group on May 10 or May 4 around 6:30PM if you could if you can't do it then and some other date might work better we will move our meeting until then. Thanks.

Melissa Manning gave a good presentation to the SCIFI group about what the AG office is seeing with respect to insurance fraud. I would request her topic again if she is available. the conference is May 10-12, however, we only have speaker times available for May 12. please let me know asap since we are about to print our agenda and handouts.

Alan and I were in law school at Cooley together and transferred back to USC. I would be grateful if Alan would come speak to our club in late June or anytime in July, other than July 5th. Thanks, Brandon Hylton

My name is CDR (retired) Gart Jones and I run the 67 Navy Junior ROTC programs at host high schools in North and South Carolina. I am based in Charleston. This summer we are holding our annual instructor training at Shaw AFB on 27 & 28 June. One of the subjects my boss has asked me to cover is inappropriate instructor/teacher student relationships. It does not happen often, but as I'm sure you know, instuctors and teachers occasionally make poor decisions and end up in the wrong kind of relationship with one of their students. I'm hoping that I can find someone in the prosection or law enforcement community who can discuss this matter in a way that helps instructors recognize when they are going down the wrong road and if they continue, what the potential penalties are. Any information on how social media exacerbates this would also be beneficial. A "scared straight" approach if possible with a frank discussion on the impact these sort of relationships have on the student and the families involved. Someone who has worked on cases like this and knows the damage they cause would be perfect. If this does does not sound like something that you can help me with, any suggestions would be greatly appreciated. Thanks so much! Gart Jones

We previously asked for the Attorney General to speak 5 July or 2 August. 5 July is no longer open. Could you please call. Bill Bates

Can you please give me a call to schedule a workshop for the parents and students in September 2012?

AMERICAN OVERSIGHT

Good evening. I'm contacting you on behalf of the Sumter Rotary Club, one of the oldest Rotary Clubs in South Carolina. We would like to extend you an invitation to speak at our club on Monday, August 13. We serve lunch at 12:30 PM, and the meeting is called to order at 1:15 PM. We would ask that you plan to speak for 30-35 minutes, leaving 5 minutes for questions at the end. We adjourn promptly at 2 PM. I would request that you respond regarding your availablity on this date as soon as possible. Thank you in advance for your time and consideration. Sincerely yours, L. Travis McIntosh

We would love for you to set up an exhibit to share some of the programs and services offered by the Attorney General's office.

Agenda: 8:30-8:50 coffee, continental breakfast, networking Special Speaker: 9:10-9:40 Next meeting is Thursday, August 16th. PLEASE ADVISE IF THIS WOULD BE POSSIBLE.

At the SC Baptist Convention, Nov 13-14, my group will have a "Lunch & Learn" session in which we may have a speaker. We are interested in topics of interest to senior citizen and I thought perhaps someone from your office may be available. The session has up to 50 people from all over the State and will be at the TD Convention Center in Greenville. Please let me know if this is a possibility and who I may speak with. Thanking you, in advance, Julie Isom

We invite the Attorney General to speak to us on September 24, 2012, although arrangements can be made for other dates if that particular date does not work. Our meetings start at 1pm and include lunch. The speaker would usually begin around 1:30 and speak for 20-30 minutes. Please advise if any other information can be provided. Thanks!

Mr. Wilson, Could you speak on a topic of your choice for about twenty minutes and perhaps 15 minutes of question and answer? Kathy Hughes is our President. We meet at 10 a.m. Could you speak Jan.7, March 4, or April 8? We sincerely hope you are able to speak amid your busy schehule. If you have further questions, please contact me. Thank you kindly, Jacqueline Weinzierl 8741 East Fairway Woods Circle Charleston, S.C. 843-225-7711 tomandjacqueline@msn.com

Lexington School District One along with the Lexington Chamber of Commerce would like to invite you and your organization to participate in our 3nd Annual Career Showcase on Thursday, November 1, 2012. Many of you have participated in the past, so you are familiar with the venue. Our Sophomores from the four high schools in the district will participate in the event, exposing over 2,000 sophomores to a wide variety of careers requiring new and higher skill sets for the 21st century. Career Showcase 2012 will give you the opportunity to share valuable information about your career and organization with our students. You will not only talk and connect with our students who are the future workforce of this state, but with peers from a variety of other organizations. All business partners will be provided an individual table as well as morning snacks and lunch. We look forward to your participation and willingness to work with our students during Career Showcase 2012! We will send you additional details in early October, but if you have immediate questions, please contact Julie Rojek at 803-821-1977.

I am the Programs Chair for the Vista Nights Rotary Club and we would love to have Alan Wilson come and speak to our organization. We meet every tuesday night at 6:00 in the Columbia Convention Center. Currently we have speaker openings on October 23, November 6, 13, 20, and 27. Please let me know if Attorney General Wilson will be able to speak to our organization. My email address is storkwp@yahoo.com and my cell phone number is 803-413-5952. Thanks, Will Stork

AMERICAN OVERSIGHT

I am a concerned NC mom of 3 elementary school students. The county schoolboard core standard is "unlimited internet navigation for all students, even elementary students" and they deny our elementary principal the right to make safety changes to the school computers. They have a filter, millions of inappropriate sites/videos get through. This is NOT a litigation. I am creating a video to get the word out to NC moms and want to interview you. Please have someone share with us for just 2 minutes via Skype (I will videotape) what the dangers are and how SC successfully creates a safe environment. (As soon as possible please!)
Monthly meeting is second Monday of the month, October 8, beginning at 6 pm with the meeting/speaker at 6:30 pm. Meeting at the Cotton Grill, Old Mill, 711 East Main Street, Lexington, SC.
Out meeting will be Oct 12th. We understand that this is short notice but if someone could come out and speak for a short while. Thank you Shelby Stevens Parent President
date: Dec. 13, 2012 Time: 1000am

My students are studying proofs and will be practicing this skill throughout the course. I have been relating this mathematical topic to court and how prosecutors deduct information from facts and evidence to PROVE their case. They cannot use assumptions! I am requesting a state prosecutor to come speak to the class. I would like for the prosecutor to shed some light on the process of preparing for trial: putting together a case against a criminal that is based on solid evidence. As this is an ongoing topic in the course, I am flexible to the schedules of the prosecutors. I thank you in advance for your support.
We would be interested in hearing from someone at your office about incidences, magnitudes, investigations, and enforcement of Medicaid frauds in our state as well as what citizens can do to help in your efforts to enforce the law related to this type of fraud.
We would like to have Attorney General Wilson or a member of his staff speak at our Dec.19-2012 South Carolina Christian COC meeting. The time is 11:30am -1:00pm. Thanks For Your Help. Don L Roy PS: We would like you and all staff members to attend. Also lunch will be served.

Panel Topic: “Section 5 of the Voting Rights Act—Is It Constitutional?” Date: Feb. 26, 2013 Time: 2:00 PM to 3:15 PM Place: AEI Conference Center, Washington, DC ---------- On Feb. 27, 2013, the U.S. Supreme Court will hear arguments in Shelby Co. Ala v. Eric Holder a case that challenges the constitutionality of Sections 4(b) and 5 of the Voting Rights Act. Of the nine states fully covered by Section 5, six submitted cert stage amicus briefs urging the high court to accept the case and strike down the statute as unconstitutional. The six states are: Alaska, Arizona, Texas, Alabama, Georgia, and South Carolina. AEI’s event will focus on the burdens the covered states face when trying to comply with these provisions; their recent Section 5 litigation; and the ongoing problems of compliance with the Department of Justice. These topics are only suggestions. Participants may add additional topics for discussion.

AMERICAN OVERSIGHT

sir: i have recently filed a criminal child abuse charge against a district 2 principal. the nature of the abuse, wad verbal abuse, threats, and verbal terrorism. Dorchester County Sheriff's Dept. and I spoke to Capt. James Nettles today, and he informed me that there are no law on the books to charge this man. Sir, that assult resulted in my child with PTSD. This was diagnosed by her attending physician and her therapist. This pricinipal also entered her elcetronic file and changed her status from home hound to sick leave, and denied her civil rights. After he did that, he then erased her entire electronic file. I have had nothing but problems with this school district. They are resonsible for hte disrtuction of my childs mental health. Many parents here are tired of how parents and students are being treated. We wish to meet and discuss putting legislatoin and laws into place to make these offenders subject to criminal prosecution. Your attention to this matter is of great importance to me and other parents. A responsse is requested. Sincerely, Patricia Lanham Proeber

We would like the AG to speak on Thursday, February 21st, around 6:15pm. If we know in advance that he is coming, we can advertise it. We will have to move the venue to the Columbia Country Club if we get a large enough group. Thanks!

We would like him to speak on Wednesday, May 8th. Our preferred time is 9am, but we can accommodate his schedule. SANDLAPPER Securities, LLC is an investment broker dealer with 40 registered reps nationwide. Our conference of 100 would be very interested in Mr. Wilson's views on Dodd-Frank along with the 2nd amendment. Insight into the health care mandate and its effects would be welcome. Ours is a diverse group of financial savvy people who would enjoy Mr. Wilson speaking on a wide variety of topics during an otherwise "stuffy" conference. Our speaker last year was Gresham Barrett, and our group loved him.

This is our Joint Conference with our counterparts in NC. The event will be held. May 2 and 3 2013 at the Mt. Pleasant Holiday Inn.

in my 8 years as program chair, i have had the Governor Haley, AG Henry McMasters, Speaker Harrell, Sen. Tim Scott, Sen DeMint, LtGov Glenn McConnell (my first employer when i passed the SC Bar) and Paul Thurmond (who was a member of our club before his appointment.) Please check your busy schedule and advise as to your availability. i do all the scheduling of speakers so i have a lot of flexibility. i thank you in advance for your assistance in this matter. Respectfully, Jerry W. Craig, J.D. 843-834-4321

Ms. Quattrone (my apologies in advance for the spelling), This is a follow-up email concerning our phone conversation yesterday. I wanted to formally submit our event as a "speaker request." I hope that Mr. Wilson will be able to make it. Here is a bit more information. Important to note is that I misread our calendar—we were hoping to have him on the 2nd or 3rd of April, not the 23rd. Our lectures usually occur on Tuesdays at 7:00pm, so the 2nd would be ideal. The talk should last 25-35 minutes, with 10 minutes for questions afterward. Past speakers have talked on the subjects of "Toughness & Tenderness" and "Fear & Control." The lecture series is envisioned as a dialogue to teach and encourage young men to "step up" as leaders, sons, husbands, etc. Feel free to call me or email me with any further questions. I would still like to get coffee with Mr. Wilson to discuss the event, even if only for 15-20 minutes. I am available between 11am and 4pm this coming Monday and Wednesday. Thank you, Trey

AMERICAN OVERSIGHT

Good Afternoon, I am writing to ask if Mr. Alan Wilson would be able to speak at an event I have planned in the City of Spartanburg. The event is starting off with a large community clean-up that we have teamed up with several collages as well as community organizations such as United Way. After the clean-up we will be having a Northside Community Day where we will have different people giving out information to the citizens of the community. During that time we will be having a Take 25 event where we will be handing out information about missing and exploited children. It would a true honor to have Mr Wilson join us and possibly speak briefly at the opening of the event. For me personally I take great pride in having served with Mr "Captain" Wilson during Operation Iraqi Freedom at Talil Air Base as a member of the 3-178 FA. I understand Mr Wilson is on a very busy schedule but any and all considerations would be appriciated. Thanks.
Our Republican Women's Club from Greenville and Spartanburg will be coming to Columbia for a visit for Legislative Day. We will be having a sit-down luncheon at the Governor's Mansion and would like to have the Attorney General stop by for a brief visit and speech. DATE: Tuesday, May 7, 2013 TIME: 12 PM to 1:30 PM (we would like to have the AG speak for at least 15 minutes during this time) Gaye Holt, President GSP Republican Women 200 North Staunton Court Moore, South Carolina 29369 home 864.576.8071 cell 864.415.7927

The Upward Bound Summer Program provides a unique, on-campus residential experience for all Upward Bound participants. Students live in campus housing while completing rigorous academic coursework to help them prepare for the upcoming high school year. Also, during the summer experience, the program has guest speakers to speak on current issues that students are facing.
Sexual Assault Awareness Conference to be held on September 12-13, 2013. We request your participation in educating our target audience on the Sexually Violent Predator. Please follow up as soon as you possibly can. Thanks Sherry P. Cheatham, MA, LPC-Assistant Director/Cumbee Center, Inc.
Our PTA meeting is Sept. 5 at 6 PM in our multi-purpose room.
This is the 17th Annual "I Love America" celebration at Calhoun Baptist Church. All elected officials, Veterans, Fire Service, Law enforcement, and First Responders are invited and honored during the service. Patriotic music, themes, and a "visitor" from the 18th Century to bring us his story, are part of the program. A TEXAS BBQ lunch is served to all. The service is scheduled for Sunday morning, June 30th, and begins at 10:30 AM, with lunch served approximately 12:15 PM. The Attorney General and his father have attended some of the services in years past. The speaker's message should revolve around the idea of our great Republic, its history, and developent.
GEAR UP is a Federal Grant in Richland 2 public high schools. We are offering a summer workshop on Government and Economics for rising seniors. To give them the best educational experience possible, we would love to have you as a guest speaker on August 5 or August 6.

Our club membership has expressed an interest in this topic and desires information on its severity in South Carolina, and what we as a club, or as individuals, can do to help. A film crew out of Charlotte spoke last year and showed video from India but several club members went away unsure of how server this problem is in our country, our region and in our own state. Members were touched by the story and are eager to know how to help. I can be reached by email or by phone. Thank you, Regena Brackett Rotary Club of Aiken

AMERICAN OVERSIGHT

We are holding a workshop on July 9th, from 6:30pm to 8:00pm in Greenville, SC. The workshop is entitled "Protecting Yourself from Home Repair Contractor Fraud and Scams". We are a 501c3 nonprofit and our mission is to educate homeowners so they do not become victims of home repair contractor fraud. The event is free and open to the public. Speakers typically include police officers, insurance commissioners, building and zoning personnel, insurance agents, FEMA disaster inspectors, etc. We would be honored if you would be so kind as to speak or assign a representative from your department to speak to the homeowners of Greenville at the event. Your expertise is valuable to the audience. Please let me know as soon as possible who will be available to speak so we can include their name on our agenda and in our community/media outreach campaign. We look forward to hearing from you and having your support to help us educate Greenville homeowners so they do not become victims of fraud. Feel free to call anytime for information on our organization so we can give you more details of who we are and what we do. 404.902.6100

The A21 Campaign has been honored to attend the SC State Task Force meetings. We are grateful for the opportunity and look forward to assisting in any way possible in the future. As you may know, The A21 Campaign is primarily an education and awareness organization dedicated to end human trafficking. We recognize that the face of human trafficking in the U.S. is unique. Additionally, we recognize that the U.S. is equipped with both an honorable legal system and a capable society to take part in the solution as opposed to many impoverished nations. In recognition of this, we focus our efforts on creating education and awareness opportunities to equip the front lines of those who may come in contact with potential victims. Among these include: *Medical Professionals- specifically in the Emergency Room setting *Hospitality Industry- hotel, motel, transportation *Law Enforcement/Legal Professionals *Social Service providers- DSS, CPS *Teachers/Students We have recruited experts on human trafficking in each of these fields to speak for our first educational conference: The Key Conference: A Comprehensive Approach to Human Trafficking for Professionals October 18, 2013 Seacoast Church 750 Longpoint Rd Mt. Pleasant, SC 29464 We will have 2 general sessions and workshops for each industry. Continuing Education hours have been approved (CME, CLEE, as well as several others in process- CLE, VSP) We would be honored if Alan Wilson would consider speaking to our attendees about the SC Task Force, and the ground that is being made in our state. I have additional details I can send you should you be interested. Lastly, we would love the opportunity to meet with you or someone from your office to discuss both our involvement and our 2013 initiatives to make an impact here in our state. Thank you for your time.

The A21 Campaign appreciates the support of Alan Wilson and the Attorney General's Office. We have already submitted a request for our conference the Key Conference, on Oct. 18, 2013, however we would also appreciate your consideration for our annual benefit, Be Their Freedom. Be Their Freedom will be held on Sept. 19 at 7 pm at Founders Hall at Charles Towne Landing. It is our annual fundraising benefit. This year we will be highlighting our three local initiatives and we would be honored is Alan Wilson would consider being our keynote speaker for the evening. We welcome the opportunity to meet with you or someone from your office to discuss our event and our initiatives. Thank you for your consideration.

AMERICAN OVERSIGHT

Our 16th Annual Kids' Day, benefiting hundreds of children and their families in eight rural communities, will be held on Monday, August 26th at Cross High School in Cross, SC! Continuing the success of last year's event, it will be held at the dismissal of our students during a regular school day and just prior to our annual Open House. Therefore, Kids' Day will be held from 3:30 p.m. until 6:00 p.m. and Open House will be held from 6:00 p.m. until 8:00 p.m. We anticipate a tremendous number of children and adults to be in attendance. We would like to receive confirmation of your participation in this event. If you can set up an exhibit for children and adults to receive information and ask questions, it will be great.
The 2012 EEOC regarding the use of Arrest and Conviction Records has posed issues for levels of pre-employment screening. We understand that there are a group of AGs that have filed suit against the EEOC and we are looking for one or more of the state AGs to come and speak to the association about the crux of the lawsuit and its implications.
I am in the process of arranging a fund raiser for the McCormick County Republican Party. I have also contacted Curtis Loftis and they think having two state officers to cover Obamacare and the Voting Rights Act and the IRS tax exempt status is a possible scenario. The dates I have put forward are Oct. 21 or 22 or Oct. 28 or 29. It would be a dinner event. We would also ask people to bring their checkbooks to contribute to your campaign. I would also like to ask Matt Moore to attend. Please let me know if this is a possibility. Thanks, Ruth Obermeyer, Chair McCormick County Republican Party
More info on previous request. The best dates are October 14, 18, 22, 24 or 25. I hope we can coordinate something on one of these dates. Ruth Obermeyer, Chair McCormick County

On Aug, 1, 2014, We mailed Gen. Wilson a letter about this event .Presentation details are below. SC Telecommunications Association Fall Conference November 6 - 7, 2013 Doubletree by Hilton Hotel I-20 & Bush River Road Columbia, SC 803-731-0300 Presentation Any timeslot between the hours of 8:30 a.m. 11:45 a.m. & 1:15 - 2:30 p.m. Wednesday, November 6, 2013. Or 9:00 - 11:45 a.m. Thursday, November 7, 2013
The Pain Society of the Carolinas will host its first Patient Advocacy Summit on September 19, 2013 in Columbia, South Carolina. The Theme: How do we best treat patients in South Carolina who suffer from Chronic Pain. We are assembling for the first discussion about the state of South Carolina. We would like to have the Attorney General attend and welcome the group.

We are requesting that Atty. Gen. Alan Wilson address our second annual statewide meeting on Sat., Sept. 21.We are interested in hearing about all efforts to protect animals in SC and would particularly like to learn more about the inside workings of the recent arrests of 7 men in Pickens County for hunting violations following a 4-yr. investigation. I look forward to hearing from you. Thank you, Vicki Cannon

We are requesting that Atty. Gen. Alan Wilson address our second annual statewide meeting on Sat., Oct. 26. We are interested in hearing about all efforts to protect animals in SC and would particularly like to learn more about the inside workings that have resulted in the investigation, arrests and seizure of bears by the DNR.

I wanted to speak to someone about presenting to our students. My principal would be interested in seeing an outline of some of the topics you normally cover. Thank you and I look forward to hearing back.

AMERICAN OVERSIGHT

This is the 26th Annual South Carolina Jail Administrators Association Conference. Each year our attendance has increased and last years attendance was 220. It would be an HONOR to have Attorney General Alan Wilson to be our Opening Session Speaker on March 23, 2014 at 5 - 6pm. Most presenters, in the past, speaks for about 30 minutes. Some of the past presenters have been Sheriff's, Marshal Kelvin Washington, and others from the American Jail Association. Thank you in advance for your consideration in this request.
We would like to hold an Internet Safety Assembly. In the past we have had three separate grade level assemblies on the same day. We would love to do that again. I look forward to hearing from someone soon. Thank you! Sara Holstein Director of Guidance Chapin Middle School

injured will and push out of a er and surgicaly never perfessionally i need no investigator to prove care till now im saftly watched by friends seeing this as i a obudsman filed victome of a violent crime now i again and again move after move funding personal property caree equipment with help of citizens i will testify if needed to collect the funding need be to get my dog and equpiment back so i can now disabled can rest work and be a dad again asap want not only now comp but justice to also have aa individual released private to i and i also want to have a private organisation funded or call with my honestly knowing great intentions of proving this is bull shit to this beautiful state to the eye that sees this sorry u have to but please know u are blessed if i see help from my starting a new case from a neglected state case im not disrespecting those involved im trying to say u have nice now i want to be a little real life what u make it and karma is a bitch to those that the lord and i will judge after those who repent still will see punishmentss given to suffer till understand the true reason we fight hard for freedom amen....private agencys are helping me record this happing in unknown location citizens privately unless sate and u.s as it gives me great pleasure in finding out that im the last man to have rights and citizen shit born a citizen i beleive gov am able to carrie my last name Kilgore crest and never accepting any un seen or even given after threating and now being helped by private personas giving caree much needed wish to have this small request for the u.s marshalls of south carolina nort carolina and virgina as for also recorded contacted obudsman offers my criminal victomes safty and safty and terriorism as treating my thankfuly smart at life s curves and haveing the fediral law stating a private agent to shoffer my injurierd self to safty and protection in my own estate with my private choosen transportation im treating a fathersday walk also forced out of virgina north carolina back to south carolina to fnd well im never gonna get a settlement offer from the state kowing of my ospital negigents and closed negligent awfullllll awfullll police work now fediral awwwfulll awfulll investigations ty on the victory am wanting to bring atterney genirals of all states including pennsilvania virgina north carolina and def south carolina i want a jury trill if no settlements made and also u.s atterney geniral eric holder to be present due to his obudsman haveing the worst luck tring to push me a victome to poverty using loud asss audio taps aand this mans sexuality is being invaded this is my first attemp of my wanting a trial or settalment ty and happy holidays hope ill see my u.s marshall apollagee and my wife newly want off the stocking creep show u entertain slander u no u and i know its u and i want the red white and blue freedom i registered for im defending as pow of terriorism now i know ive recorded a lot of knowledgeable i

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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The SouthEast Association of Telecommunications Officers and Advisors (SEATOA) would like to extend an invitation for the SC AG's Office to participate as a speaker at our 13th Annual Conference, to be held March 24th & 25th in the Raleigh Convention Center in Raleigh, NC. We would like you to speak on our Tuesday - 3/25 - 10:30 AM panel which is described as follows: “STATE VIDEO FRANCHISES: ENFORCEMENT RIGHTS - STATE BY STATE Representatives from SEATOA states’ Attorney General Offices will be on hand to hear the concerns of SEATOA PEG members and answer questions about enforcement rights of the PEG community under state video franchise agreements. This session is an important opportunity for SEATOA’s PEG community to air their concerns and learn about their current legal rights and opportunities under their State’s revised franchising legislation.” Details about SEATOA and this conference – as well as a copy of the Conference Agenda - are available at www.seatoa.org We hope that a member of the Attorney General’s office will be able to join us for this session and the entire conference. Please contact Doris Boris, SEATOA Executive Director – directly at seatoa@carolina.rr.com or 704-541-5787 – about your availability to participate.

AMERICAN OVERSIGHT

Graduation is on May 10th, 2014 at 2pm. I am requesting on behalf of the graduation committee, and if Mr. Wilson is available and the committee approves we would love to have him give the commencement address. I am very involved in the York County Political scene and want to go into politics after college. I have heard Mr. Wilson speak on two occasions with the York County Republican Party and thoroughly enjoyed listening to him. I will know if the committee approves of having Mr. Wilson as the speaker later this spring, shortly after we know if he is available or not.

We requested Mr. Wilson to speak at last years event and on the day of the event, he was held up in Washington and we just couldn't work out the logistics. He indicated that he wanted to speak this year. This will be SCALI's 29th Annual Conference & Seminar held May 8-10, 2014. We would like Mr. Wilson to keynote our banquet with a topic of his choice. We don't have the agenda finalized yet, but will have that completed sometime in March. At that point we would know the exact time, but the dates and location are set. Our website is www.scalinv.com for more information about us. My cell number is 864-590-1310 and in included my other contact info at the top of this form. Thanks. Ken Walter
Would like speaker to give update after showing of film Cantinera on January 27,2014 at 7pm at Julia IV Theater, Irby Street, Florence, SC.

Hi! I am requesting a speaker in late February, early March to speak to our business and financial members on the work that your securities division does. This is a bi-monthly meeting of our banking, brokerage, mortgage and other business community. This would be a morning meeting (Time, date, location) that is flexible for scheduling based on your speakers' availability. We expect between 50 and 100 attendees. Hannah Horne Director of Public Policy and Small Business Education Hilton Head Island-Bluffton Chamber of Commerce
We would appreciate a guest speaker to come to our high school on a work day or after school one day to address our faculty to inform them about bullying in schools. To reference some local cases and better inform our faculty on how to prevent/identify/stop this from occurring. We can work around your schedule for the dates available. Thank you so much!

We would like to request Attorney General Alan Wilson to participate on our townhall meeting scheduled for Saturday, March 29 7-9:00 PM. We look forward to hearing from your office ASAP. Thank you very much.
Looking for a speaker on Wednesday, March 26th. This is an early release day for us, and I try to bring in speakers on these days. We had a specific request for cyberbullying/internet-appropriate behavior. We would like the speaker from 8:30-10:45, if possible. Usually we set up the schedule as follows, with three presentations of same topic: 8th grade - 8:30-9:10 7th grade - 9:15-9:55 6th grade - 10:00-10:40 We could adjust and do one large assembly if we had to, though we have found that grade level assemblies tend work better for us. Thank you for your consideration!
March 6, 2014 at 6:00 Location: GTC University Transfer Bldg 104. Tentative agenda: 2-3 speakers, Screening of film Nefarious: Merchant of Souls (http://nefariousdocumentary.com/the-films/nefarious-i/) Q & A session
I would like to invite Attorney General Wilson to be our guest speaker at the Florence Lions Club on April 9th. We are one of the oldest Lion group in the nation founded in 1923. We meet a the Florence Club at 12:30 for lunch and the program states at 1:00. Please let me know. You can contact me a t843-618-1949. Thank you. Ted Moore

AMERICAN OVERSIGHT

Our Chapter is holding our annual fraud conference in May 2014 and would like to have someone speak 2 hours on a fraud related topic. Due to the various backgrounds of our members, any fraud related topic would be beneficial. Please contact me if you have any additional questions. Thank you, Jennifer Armstrong-Day, CFE, AHFI Training Director Columbia Branch Leader Palmetto ACFE
Bank caused severe financial harm to me and other ocean front lot buyers due to negligence and misrepresentation of banks appraisal and lot values.

There has been an increased number of students using social media inappropriately. I would love if someone could visit us and share the importance of making good choices when it come to social media.

The NAHO national conference is being held in Charleston, SC this year. Janet B. Deshais, NAHO President, is the Director of Environmental Protection Office of Adjudications with the CT Dept. of Energy & Environmental Protection, in Hartford CT. The Keynote Address is scheduled for Monday, November 17, 2014, at 9:00 AM. Typically, the AG would speak about themselves, the work done at the AG's office, and the AG's perspective on the provision of due process through the administrative hearings process. Speaking time would be approximately 30 minutes. Accommodations can be arranged if needed.
WE ARE LOOKING TO DO A BANQUET TO KICK OFF THE OPENING OF THIS FOUNDATION. WE ARE HOPING TO DO IT IN MAY OR JUNE. PLEASE LET US KNOW WHAT DATES MR. WILSON HAS AVAILABLE DURING THESE MONTHS.
You came to our school in the fall and spoke along with a representative from Facebook. You said you would be glad to come back and do a parent's version. The current climate really does beg for more parent education on the subject. We'd love to have you come and speak in the fall during the evening. Respectfully, Suzan B. Familia Counselor Rollings Middle School of the Arts
Charleston County GOP Stump Meeting/BBQ Lunch Saturday, May 3, 2014 12:00-5:00 pm BBQ Lunch Provided Legare Farms, 2620 Hanscombe Point Rd, Johns Island, SC 29455 All Republican candidates for local, state and federal offices are invited to attend. You are invited to speak and take questions. You may also set up a campaign table in a 10ft x 10ft space as well. Tickets: Public and Campaign Staff: $25 Adults, $10 Children 12-17, and $5 Children 6-11 No charge under Age 6 Candidates, of course, are not charged. Anticipated Attendance: 500 RSVP by Friday, April 18, 2014 with number attending. If you have any questions or concerns, please call or email me. Thank you. Kathy Hughes, 1st VC of the CCGOP Executive Committee khughesmkm@yahoo.com 843-884-8467

STSM volunteer training typically includes a solicitor who explains the court process, charges in SC law related to sexual assault, walks through a sample case, etc. This helps our volunteers to understand the legal processes survivors may encounter after being sexually assaulted. We'd love to have a speaker from your office for our next training. The training dates are May 31 (9a-5p), June 1 (1:30-6:30 p), June 2-6 (6-9 pm each night). Please let me know if a speaker is available during one of those times!

We meet every Wednesday morning at the Trestle Cafe in Conway, SC for a breakfast buffet (eggs, grits, bacon, etc.). Afterward we have a speaker address the group for 30 minutes or so. It would be an honor to have the Attorney General speak at one of our meetings. The atmosphere is casual, and we encourage speakers to talk about whatever issues concern them at the time. Thank you for your consideration, James

AMERICAN OVERSIGHT

I am in the planning stages at this point. Please let me know if this is something Attorney General Wilson would be interested in speaking at our event. Thank you for your consideration, Pamela Satterfield

Allen, We are having a Rally and Picnic on the US Constitution and Bill of Rights -- specifically on the First Amendment on Saturday, July 12, in North Myrtle Beach at the new Sports Park and would like you to come and speak. We can pay your expenses. We will be having BBQ, hamburgers and hot dogs. The reason we're having this rally is to raise awareness of our rapidly vanishing freedoms as well as raising money for our legal defense fund. We are very concerned about the prospect that citizens can be sued when they use their constitutionally guaranteed rights of "... freely examining public characters and measures and of free communication among the people thereon... has ever been justly deemed the only effectual guardian of every other right." JAMES MADISON, Founder and former President of the United States and affirmed by the US Supreme Court Case New York Times v Sullivan. In the 2012 election, we were supporting Tracy Edge for reelection to House seat 104. City Councilman Greg Duckworth was running against him. We wrote two Letters to the Editor that appeared in the Myrtle Beach Sun News in June 2012 about the fact that Mr. Duckworth made money from a contract that the City let to design and build the Sports Park. We believe this to be completely unethical--it is in every state that we have lived in thus far. Mr. Duckworth sued both my wife, for her more tame letter, and me for the above statements. We believe that we have the right to express our beliefs and concerns through our First Amendment. Additionally, we believe that, as a country, we are losing many other rights through new laws, government intrusion, etc. Can you speak to these as well. We're looking to have one or two other speakers as well. Sincerely, Chuck Collins 843-427-4176 PS: Great work! We have supported you from the beginning and continue to do so.
We meet every Thursday for lunch at Bessinger's BBQ on Savannah Hwy. in Charleston. We would love to have you speak whenever your schedule allows. I look forward to hearing from you.

We are conducting our annual training officers conference October 6-8, 2014. On the 8th we are going to do a Use of Force panel discussion. I would like to have an attorney on the panel of subject matter experts present to round out the discussion. Our goal is to have those in attendance have greater knowledge of Use of Force trends in SC and around the country and be able to tailor their training to reduce liability for their agencies and their staff. Please feel free to call for more information. Thank you! Brian

My name is Brian Boling and I am the past president of the SCTOA and director for our annual conference. We will be hosting our annual conference October 6-8, 2014 in Myrtle Beach and want to extend an invitation for an attorney to attend. For the first time we are looking to do a discussion group with the audience and a panel of subject matter experts. We would like a representative to be a guest on our panel. The topic will be Use of Force. We hope that you can provide great input to the audience regarding legal issues associated with use of force incidents and training. I have more details if you would like to call or let me know when and where I can contact you regarding this. Thank you for any consideration. Brian

AMERICAN OVERSIGHT

I am an Administrative Analyst with the U. S. Probation Office in Columbia, SC. We are interested in having someone come speak to our administrative support staff on Criminal Domestic Violence/Sexual Assault or any topic that would be appropriate. Our statewide training meeting will be at Pawley's Island, SC. The training session will be Sept. 3, 2014(Wednesday) in the afternoon with a time slot of approximately one hour. (We are still working on the time slots of the agenda). I can be contacted at 803-253-3253 or judy_durham@scp.uscourts.gov. Thanks and I look forward to hearing from you. Judy Durham
We are requesting Attorney General Wilson's attendance and participation in our Domestic Violence Awareness Candlelight Vigil. This event will be held in early October as part of our domestic violence awareness campaign. The event has previous received local media attention. I can provide additional information if needed. Thanks

Assistant AG Kelly Hall spoke at the conference last year on Judicial Ethics. It is my understanding that she will no longer be at the AG's office come October. This conference is put on every year and in order to encourage attendacne from the legal community we offer continuing legal education credits to both attorneys and judges. I was given the name of possibly Jim Bogle and/or Brian Petrano that may be able to assist us. Conference Date: Friday, October 3, 2014.... Judicial Ethics can be presented at 11:00AM, but we can do a later time of the day if that is easier for the presenter. The conference is from 8:30 - 4:30 and lunch is included. Presenter can come and go as they please of course.

This is a rally being organized by the Charleston Jewish Federation. Senator Graham is working on attending. I am reaching out to the two of you to attempt to accommodate your schedules. Anita Zucker will be one of our speakers and we will also have either the Israeli Counsel General or the Deputy Counsel General. This will be a positive rally and will provide Attorney General Alan Wilson a platform to highlight all his wonderful work he has done on behalf of Israel. Thank you in advance for your consideration. Sincerely, Judi Corsaro CJF, CEO jewishcharleston.org judic@jewishcharleston.org 843-614-6600
Hello Mr. Wilson! My name is Lindsay Jessmore. I am a senior at Waccamaw High School in Pawleys Island, South Carolina. I currently hold the position of District Two Chair for the South Carolina Association of Student Councils. On October 24, I will be hosting the District Two Rally at Waccamaw High School with about 400 students attending from all over our area! My Co-Vice chairs for District Two, Naomi McQuiller and Sarah Ellerbe, and I are currently looking for a speaker for this event. Naomi and I both attended Palmetto Girls State this past June and enjoyed your speech! We would be honored to have you at Waccamaw High School for the rally in October. Thank you so much for your time. We cannot wait to hear from you! Lindsay Jessmore SCASC District Two Chair

We have already have confirmed Congressman Wilson, GOP Chairman Matt Moore, GOP 2nd VC Nse Ekpo.

General Federation of Women's Clubs (GFWC), founded in 1890, is an international women's organization dedicated to community improvement by enhancing the lives of others through volunteer service. General Federation of Women's Club (GFWC-SC), founded in 1898, carries out the goals of GFWC at the state level and contains eight districts. Palmetto Woman's Club (PWC) is in Central District, meets monthly, and members enjoy working together supporting PWC and Federation projects.

AMERICAN OVERSIGHT

I have used this program every year with Patty Fowler. I know she no longer does this so I am emailing to try and get a date. We would do it at 1:00 in the afternoon on a day that would be good for you.
Several of us heard Alan Wilson speak at our State Convention and he offered to come to other Women's Club. We have our meeting the second Monday of each month. We would like to have him speak in October on the 13th. If he can not make it in October we could try to change a month with another CSP in our club.(Each CSP does a program.)Our club with a 4-H Historical Club planted and maintains a Justice Garden in April which honors law enforcement and victims of crime. We work to keep these crimes before the public until they are solved and the person who committed the crime receives a sentence. We hope you can visit with us in October.

I met a representative from your office at the SCPTA training in March. She stated she would travel to speak at PTA meetings, in the schools, etc. I would love to have her come to speak to the parents for the first part of the meeting and then meet with the children in attendance separately. During our PTA meetings, kids are supervised in the gym, so she could speak 15-20 minutes to the parents and then 15-20 minutes to the kids while we conclude our meeting with the adults. Our October PTA meeting is scheduled for Monday, October 13th at 6:00 p.m. at AJ Whittenberg Elementary School in Greenville, SC. Thank you!
We at St Mark UME , are sponsoring a workshop focusing on Domestic Violence. Our date planned is October 11 at 10:00 am, we are expecting 50 or more in attendance. Please contact me if you are able to send a speaker. Thank You
Sheron T. Deas

Westwood High is proud to have partnered with the Fredrick Douglas Family Initiative(F.D.F.I.) organization in an effort to bring awareness to the issue of human trafficking. FDFI developed their Globalize 13 curriculum to commemorate the 150th anniversary of the 13th Amendment next year. Westwood High School is honored to have been one of three schools selected nation-wide to host this event on November 17, 2014. Ken Morris, President of FDFI and direct descendant of both Frederick Douglass and Booker T. Washington, will speak at this event and support our students' efforts to raise awareness of human trafficking in SC and internationally. The Globalize 13 Launch Event is a student-driven event. Our students have been working around the clock on a multitude of projects to educate others regarding the issue of human trafficking, and what we can do to help put an end to this modern day slavery. Our students would like to invite the Honorable Alan Wilson or another member of the human trafficking task force to speak briefly on what is being done in SC to combat this issue. We would be honored if you could find the time in your busy schedule to speak at this event. We will have a meet-and-greet on Monday, November 17 at 8:30 A.M. during which time breakfast will be served. The event will begin at 9:30 A.M. and will conclude at 11:00 a.m. Thank you for your time!

We are interested in an informative and fun program that will inform our students and parents concerning internet safety. We would love to provide supper for our attendees and have a session for parents and one for a students at the same time. Looking forward to hearing from you, Ginger Dickard

AMERICAN OVERSIGHT

This request is for the district banquet for the Chinquapin district of Indian Waters Council, Boy Scouts of America. Knowing that your are an Eagle Scout and well respected public citizen, we would like to know how scouting may have contributed to your personal development. We would also be interested in your views of scouting on the development for future leaders. Date of event: December 11, 2014 Time: 630 pm Location: Oakwood Baptist Church, 3520 Mineral Springs Rd, Lexington, SC 29170

We are requesting Medicaid Fraud Training at 3 locations for 2015. The Medicaid Fraud Training was previously conducted by Dan Meyers. Dan Meyers is no longer with your agency. 1/27/15 (1:00pm - 3:00pm) Appalachia Council of Governments 30 Century Drive; Greenville, SC 29606 3/3/15 (1:00pm - 3:00pm) Central Midlands 236 Stoneridge Drive; Columbia, SC 29210 4/7/15 (1:00pm - 3:00pm) Waccamaw 1230 Highmarket Street; Georgetown, SC 29440

The Lgislative Advocacy Day starts at 9:30am, however, I know you must be very busy and the classes are only from 1:00-2:00pm. We have lunch at 12 Noon and would enjoy having you join us. Please feel free to bring anyone that is interested in joining us.

Providers are looking for ways to expand their service array and serve populations of children for whom services are limited. They need to understand the scope of the human trafficking problem in SC, and what services are needed by children who have been victimized. What services are available currently, what behaviors to look for in children who may not have been identified as having been involved in human trafficking.

We meet on the second Tuesday of the month at 7 pm. Please let me know the availability. Susan DeKleine Cell: 610-316-0325

The Olde English Consortium hosts an annual professional development conference once a year for several counties. I would like to ask Marah Strickland to be a speaker. Please ask her to call Alice Willis or email me at awillis@chester.k12.sc.us. Thank you!

Annual meeting. We present awards during meeting, Citizen of the Year 2013, Volunteer of the Year 2014, Dolph Braddy Service Award. Home District of rep. Jackie "Coach" Hayes, Judge James E. Lockemy. Senator Kent Williams, Senator Greg Hembree, Rep. Wayne George. Past speakers: Governor Beasley, Governor Hodge, Senator Sheene, Rep. Jerry Govan, SC Secretary of State. This is a dinner event. 6:30 Social, 7:00 Dinner. The date of the event is February 12 at 8 am in the Palmetto Room in Columbia, SC

As Chairman of the College Republicans, it is my privilege to extend an invitation to Attorney General Alan Wilson to speak at our January meeting. We have not set a date so as to best accommodate the Attorney General's schedule, but would like to host Mr. Wilson at the end of January. We look forward to your response. G. Miller Thompson Chairman

My name is Samantha Campbell, and I am currently serving as Legislative Director for the Student Nurses' Association of South Carolina. I am planning our annual Capital Day event, which takes place in Columbia, and I was wondering if someone in your office would be interested in speaking. Back in November, the Attorney General's office was represented at an event I attended in Greenwood, SC, on Human Trafficking, and I am really interested in educating our students on this matter. The speaker from that day was from your office and her name was Marie, although I misplaced her contact information. Capital Day will take place on March 19, 2015 in room 110 of the Blatt Office Building at the State House. We plan to have up to 150 nursing students from all over the state in attendance. We would greatly appreciate your participation in our event. Please let me know if I can provide more information, and I look forward to hearing from you soon!

AMERICAN OVERSIGHT

Our Chapter will lay a wreath at the Viet Nam Wall in Memorial Park on Memorial Day May 25,2015 at 1:00 pm. This has been done since the wall was constructed. Request that Attorney General Wilson be our guest speaker and lay the wreath. The event will last for about 45 minutes. His subject should be on the sacrifices that the brave men and women of South Carolina have paid for our fallen Heroes who have fought in all our wars defending freedom..

Happy New Year! Clover Lake Wylie Republican Women would like to invite Alan Wilson to be our featured speaker for our March 27, 2015 Luncheon Meeting at River Hills Country Club. Our program will be focusing on the topic of Immigration. If you have any questions, please contact me. I look forward to hearing from you. Regards, 1st Vice President Barbara Haba barbarajhaba@aol.com 248-330-9068
ON APRIL 17, 2015 AT 7PM WE ARE PLANNING OUR FIRST ANNUAL BLACK TIE FUND RAISER EVENT AT THE SKY CLUB ON SHAW AIRFORCE BASE. PLEASE RESPOUND BY JANUARY 31, 2015

KEYNOTE SPEECH at 9:00 a.m., Thursday, March 19 at the Hyatt Regency Greenville SANDLAPPER's annual conference has hosted a variety of well-known keynote speakers, from Gresham Barrett and Edwin McCain to most recently Congressman Trey Gowdy. Named the #1 small business in South Carolina by SC Biz News in 2013, Greenville-based SANDLAPPER Securities has seen 524% growth over the past three years. We are an award winning independent securities brokerage firm with registered representatives located throughout the United States. We would also like to invite him and his guests to the Greenville Road Warriors hockey game the evening of Thursday, March 19th. The puck drops at 7pm and we are hosting a private dinner at 6pm.
FUCK OFF AND SUCK IT/SWALLOW

Berkeley County GOP is holding its first ever Swamp Fox Fundraiser, and we would like very much to ask Attorney General Wilson to be one of our speakers. The semi-formal event is being held on Thursday, May 14, 2015 in Moncks Corner, SC. Our objective for speakers are: Local Berkeley County official, Congressional State representative, Chairman of SC Republican Party, Attorney General Wilson of SC and a potential presidential candidate A timely response would be appreciated so that flyers can be printed for circulation. Thank you in advance, Bob Hunter Chairman, Berkeley County, SC Swamp Fox Fundraiser

AMERICAN OVERSIGHT

Good afternoon. My name is Cassandra Portee. I am with the North Columbia Business Association. I am working with Sabrina Odom, the Executive Director of North Columbia Business Association (NCBA) in planning an event to celebrate Women's History Month in March. NCBA is hosting the Miss Victorious Gala Pageant on Friday, March 27, 2015 at the Sheraton Hotel in Columbia, SC. The program will have several young ladies from across the state share what they are doing to help women in their communities. NCBA is focused on domestic violence, and we know Attorney General Wilson is working to bring reform to domestic violence and human trafficking. We will be honored to have Attorney General Wilson speak for a few minutes on this subject and what the Attorney General's office is doing to get laws changed and passed to help victims of domestic violence. We are also aware Attorney General Wilson is working to get laws passed for human trafficking. There is a connection between these two areas, and we want to bring it to the fore front in educating the public concerning these issues. WACH 57 is scheduled to cover the gala to broadcast it to the viewers in the Midlands. NCBA wants to make a difference in the community, and the purpose of this gala is to spread the word of ending domestic violence and human trafficking and having the young women share what they are doing to make lives of citizens in their communities better, and make South Carolina a better place to live, work, and raise families. Attorney General Wilson will certainly help highlight this problem our state is encountering, and what we can do to work to end these negative issues that affect our communities. We are grateful for what Attorney General Wilson is doing for the citizens of our great state. We hope Attorney General Wilson will be able to be a part of the gala and support NCBA in winning the battle against domestic violence and human trafficking. Thank you, and I look forward to hearing from you.

This will be a church family event. The younger children will be in another area. We have family events several times per year and would like this one to be informational. The dates for our next event can be either Sunday, April 12th or Sunday, April 26th at 5:00 PM. We didn't know if anyone would come out to talk to us on a Sunday but thought we would ask. Someone from our church works at Gilbert Middle School and heard a talk there from Ms. Strickland and thought it was so good that she suggested we try to have this for one of our events. I have called and emailed Ms. Strickland but have not been successful in reaching her. Thank you for your help with this. Pat Dunn Family Ministries Coordinator. St. John's UMC

I am on the OLLI curriculum Committee and we have a large retired audience who would like more information on how fraud is detected and prosecuted We had hoped for a round table of physicians, hospitals law enforcement and the payment agencies on how they discover and advise. We would be looking to put something in our Fall Catalogue and that date is end of April Please give me a call if your office is willing to come way down to the Hilton Head Area Respectfully Ed Hassett 2 Pear Ct Bluffton SC 29909

AMERICAN OVERSIGHT

Our school services approximately 160 elementary students in grades child development through 5th. Our "Career Fair" is scheduled for Wednesday, March 25, 2015 from 9:00 am to 12:00 pm and will consist of two parts. We will have an outdoor section that focuses on "Careers on Wheels" and an indoor section that will consist of various booths. This event will provide students with an opportunity to learn firsthand about various occupations. My primary goal is to bring awareness, however; it is also important for students to make the connection between their current school work and how it impacts future career choices. We hope that the students will gain a better understanding and broader scope of the possible career paths available to them. We ask that you set up a display/work area with items used in your business and provide any literature that may further explain your occupation. Feel free to bring any items that students may be able to obtain from your station. Please be prepared to briefly describe what you do on a daily basis. Additionally, it would be interesting to touch upon those things that happen behind the scenes, as students may not be aware of the preparation in dealing with clients. Finally, we would like to conclude the visit with questions from our students. Gadsden Elementary will provide each business with a poster, if needed, for their area listing the type of career, educational skills required, and income range taken from the "Business Information" survey you provide. Upon acceptance this information will be shared. It is our hope that you will be able to join us and share your career with our students. We appreciate your time and effort. Please feel free to contact us with any questions or recommendations.

TeenPact was founded in 1995 with a mission to train youth to understand the political process, value their liberty, and engage in the culture at a time in their lives when, typically, they do not care about such things. It truly is a "hands-on" way to teach our students about their government - they come to the State House, walk its halls, hear from our public servants, etc. It would be a privilege to have our SC Attorney General speak to our students. The dates and times we are requesting are April 7th at 1 pm or April 15 at 1 pm. We ask our speakers to address the students for about 10 minutes and leave 10 minutes for questions from the students. Thank you very much!

WE WOULD LIKE TO REQUEST THE AGs ATTENDANCE AT A COCKTAIL RECEPTION THAT IS FOLLOWING OUR ANNUAL CHARITY GOLF TOURNAMENT WHICH IS BENEFITING THE GREENVILLE FREE MEDICAL CLINIC. THE RECEPTION WILL BE A TIME FOR OUR MEMBERSHIP TO ASK QUESTIONS AND FOR THE AG TO SPEAK OUT REGARDING THE MANY INITIATIVES THAT HE HAS IN THE WORKS FOR THE COMING MONTHS/YEARS. IF HE WOULD LIKE TO PARTICIPATE OR IS AVAILABLE WE DO HAVE THE GOLF TOURNAMENT WHICH BEGINS AT 1PM FOLLOWED BY THE COCKTAIL RECEPTION FROM 5-7PM ON WED MAY 20, 2015

We would like the AG to give Remarks (15-20 mins) in reference to Sexaul Assault and Child abuse. April is Sexual Assault Awareness month and Child Abuse Awareness month and this will be bringing awareness to this area and the state that violence agaisnt women and children will not be tolerated. Denium Day is a National Day that is done around the world rememebering the young lady who was raped and the perpetrator was arrested and then the charged overturn because the Chief Judge stated that she wore very, very tight jeans thereby having to help take them off it was no longer rape but consentual sex. I know it's short notice but we would love for the AG to attend this day of recognition and show support.

AMERICAN OVERSIGHT

Rivers of Justice's mission is to prevent children from becoming victims of sex trafficking. We do this through education, raising awareness and empowering individuals to use their gifts and talents to put an end to this crime against children. People always ask us what South Carolina is doing in the area of fighting human trafficking. We would appreciate it if Attorney General Wilson would be willing to address this issue for 20 to 30 minutes on Saturday, January 9, 2016 at 10:00 a.m. The conference is not sponsored by Mitchell Road Presbyterian Church they are simply allowing us to use their facility. We had our first conference this past January and because of the great interest we are now planning a second Stop Trafficking in South Carolina Conference. Thank you for your consideration of this request. Please contact me with any questions that you might have regarding the conference.
We have a summer employment academy that youth attend prior to working their summer jobs. I would like for someone from your office to come out each day and set up a table with information about human trafficking, gangs, internet safety and whatever other information they may deem pertinent to that group. The dates for the event are June 9-11, 2015. The location is W. J. Keenan High School, located at 361 Pisgah Church Rd.

I am Mr. Abdullah Mustafa-President Conway Branch. We are requesting that Attorney General Wilson participate on our next monthly meeting agenda which is May 18, 2015 at 6pm Conway Library 801 Main Street in Conway, South Carolina. I can be reach at 843-267-5479. We greatly appreciate if you would let us know as soon as possible if his time doesn't permit so we can have enough time to locate another official. Thanking you in advance. best regards,

AMERICAN OVERSIGHT

Dear Nelly Petrucas Dear Attorney General Alan Wilson, Do you offer free legal advice, free legal help and free legal services. Cam I get a free answer to my question I am looking for lower. Is this the type of case that you handle or can you provide any further assistance? Thank you, Apostolova Penka Apostolova ---------- Would you help me heal the world we live in and stop the discrimination? This is my petition. Please, help find my children and parents and sign it. I can't thank you enough. Could you do this with me ... https://www.change.org/.../barack-obama-the-president-of... ---------- To, Barack Obama the President of the United States of America 1600 Pennsylvania Avenue Northwest, Washington, DC 20500 Re: Request for meeting Dear President Barack Obama, I am Penka Apostolova Apostolova and this is to request the President of the United States of America Barack Obama to please make some time and allow me to talk to you in person. US is a country that is interested in PEOPLE with big mental and physical abilities. AND I HAVE HIPEROSMIYA and HIPERGEUZIYA. This means that my senses - smell and taste are twice more developed in comparison with ordinary people. My senses sight and hearing are also twice more developed in comparison with ordinary people. I hope the United States of America needs a person with qualities and abilities like mine. I live in Los Angeles and I am permanent resident of the USA. I want to break the silence of Bulgarian authorities on my issue. I am using social media - Facebook and Twitter. I don't know where are my children and my parents, and I wanted them. And there are people in Bulgaria who are present themself as my relatives (my children and my parents) There are problems with the biometric data of my children and parents. I would thus like to meet you and discuss this opportunity further. I believe that this opportunity would be mutually beneficial for me, for you, and for the USA. Please let me know about the time and date of the meeting, as per your convenience. Thank you Regards, Penka Apostolova Apostolova ---------- To, Defense Secretary Ash Carter Joint Chiefs Chairman Gen. Martin Dempsey Re: Request for meeting Dear Defense Secretary Ash Carter, DEar Joint Chiefs Chairman Gen. Martin Dempsey, I am Penka Apostolova Apostolova and this is to request Defense Secretary Ash Carter and Joint Chiefs Chairman Gen. Martin Dempseyto please make some time and allow me to talk to you in person. US is a country that is interested in PEOPLE with big mental and physical abilities. AND I HAVE HIPEROSMIYA and HIPERGEUZIYA. This means that my senses - smell and taste are twice more developed in comparison with ordinary people. My hearing is also more developed in comparison with ordinary people. I live in Los Angeles and I am permanent resident of the USA. I want to break the silence of

SCA's Annual Regional Celebration is next Thursday, May 14, 5:30-7:30 pm, at the University of South Carolina in Allendale, SC. SCA is the regional economic development organization representing Allendale, Bamberg, Barnwell, Colleton, Hampton and Jasper Counties. We focus on economic development marketing and industrial recruitment. The event will be attended by more than 250 business and community leaders. We would like to have the Attorney General speak on the issue of crime in rural and poverty challenged communities. Governor Haley was our keynote speaker last year. I saw Alan at the airport and he mentioned that he would love to come down and speak anytime we have an appropriate venue.
Hello - I am with Executive Speakers Bureau. My client, Meg's House is in Greenwood SC. Meg's House provides services and programs to meet the critical needs of victims of domestic violence and their dependent children. Additionally, Meg’s House has umbrella programs that serve homeless families and chronically homeless and disabled individuals. They are holding a breakfast on 6/5 from 7-8am. They are looking for a speaker for approximately 30 minutes who can pump up the attendees and get them committed to help with the domestic violence issue. Would Attorney General Wilson be available to speak at this event? If so, what is his speaking fee for a non profit event? Thank you.

AMERICAN OVERSIGHT

We are asking the Attorney General to speak at our Law Enforcement Memorial service November 3rd at 6:30 PM at the Law Enforcement Memorial on the State House ground. Officers from across the State along with family members of the slain officers. Our theme is a celebration of the lives of the officer who have been killed in the line of duty. Any other information needed please contact me. If the Attorney General will not be available please let us know ASAP so we can search for another guest speaker. Thanks
Our Director attended a conference for the South Carolina Independent School Association in November at Sumter Academy. Marah Strickland spoke on Internet Safety and we would like her to visit our school to give this presentation as well. We are setting our schedule for next year and would like to schedule this for September, 2015 on a Thursday. Please advise. Thank you.

The Domestic Violence workshop is scheduled for October 23, 2015. Registration is from 9-9:30 a.m. The workshop will begin at 9:45 a.m. The first speaker will be up around 10:00 a.m. with a 30 minute presentation. If more time is needed, please advise so you will be accommodated. Thanks for your consideration.
Hello, On behalf of my Husband's 46 years of serving this country and community, I would like to request someone to speak on his behalf. The event is held July 11th. 6-10 p.m. at the Officer's club on Fort Jackson, S. C. Your presence would be greatly appreciated. Thank you in advance. Regards, Carol Langston 803.237.4360-C 803.419.2058 -H

Columbia Opportunity Resource, aka COR, is hosting a "Power Lunch" on Thursday, July 30th at the Columbia Chamber of Commerce. The lunch will be catered and consist of a panel of speakers discussing our event's theme of "Getting Involved in Public Office in the Greater Columbia Area." I have the privilege of hosting/moderating the event. The event will be a group discussion and not a political debate. Topics will include: running a political campaign what made you want to get into politics? your's jobs role in the community advice for people who are considering getting into politics Please let me know if you are willing to participate in our Power Lunch. We would be honored and thrilled to have you on our panel!
Please set up an exhibit again for our 18th Annual Kids Day 2015.

This will be a gathering of African -American men to address direct issues confronting African American men in SC as well as direct solutions moving forward for the future of our families and success . There will not be any on the spot questions unless it is requested by Attorney General Wilson . Listen to African-American men voices of South Carolina .If in the wake of the Charleston 9 shooting we are showing the world (supposing we as a state we are handling it so well) Mr. Wilson come talk to us .We purposely made sure we are not one organization so YOUR constituents of the state of SC are protected .
I am the chair of this group and we are wondering if our SC Attorney General would be available to come to speak at one of our meetings to discuss ethics reform and take questions on other issues, as applicable, i.e., immigration, human trafficing and the like. We meet the 2nd Tuesday of every month from 6:30 pm to 8 pm at the Golden Corral off of Rte 278 in Bluffton, SC.

AMERICAN OVERSIGHT

We're flexible on the date -- but probably sometime in October. Will work with speakers. We're partnering with the Environmental Sciences/Studies programs for the event, but have not yet set up a speaker. Hope to have differing perspectives on Federal wetlands regulations, conservation, & development -- especially as they relate to SC and our dottings of small wetlands. I realize a rep. couldn't speak on details of pending litigation, but might be able to explain the general perspective of the various states (which includes SC) against the federal proposal to expand wetlands regulation, or could work within a broad development perspective set against the far-reaching impact of the Army Corps of Engineers varied designations for wetlands, capacity to update maps, etc.

I am a student at the University of South Carolina School of Law. I just recently started a group which will work to raise awareness about the pressing issue of human trafficking in South Carolina. We are very open to scheduling dates for this meeting, and we would be extremely grateful if someone were able to come speak about this issue. Thanks so much for your time!

We are interested in any specific information for Oconee County. This topic is one that the UMC is particularly interested in combatting and we want to know how it is effecting our community and what we can do to help victims and law enforcement. The date for our presentation on this topic is Wednesday evening, January 13. As an additional note, some of our United Methodist Women heard a speaker from the AG office in the Legislative Day session in Columbia back in the early spring. We were much impressed with the knowledge of the speaker and the information shared. Thanks for any help, Becky Hazelwood Adult Council, St Mark UMC Seneca, SC

PLEASE I NEED TO APPLY FOR CERTIFICATION AS ANTI TERRORIST GUIDANCE. WITH ALL PRIORITY FOR PRESENTATION AT ALLY BANK BANK INTERNATIONAL. Alternatively, if you may not be able to come here because of one reason or another, you can seek the assistance of counsel Allen wilson United State Firm, to enable him help you to obtain the Anti terrorist certificate and also for the signing these classified documents on your behalf in our bank so we can transfer your fund your account and send you the transfer slip for confirmation with other documents to support this fund

We would like to check on Joe Ryan's availability to speak at the SC Cyber Security Symposium on Oct 13. Please let me know if a speaker is available....

AMERICAN OVERSIGHT

Westwood High School is dedicated to educating the community and the youth about human trafficking both in the US and abroad. Students at Westwood, who call themselves Modern Day Abolitionists, have spent the last three years studying historical slavery and modern day human trafficking. It is especially important for our students to raise awareness of human trafficking, due to the fact that we have a high percentage of vulnerable youth that may be the target of traffickers. We were recognized last year by the Frederick Douglass Family Iniative and were the one of three schools chosen nationwide to launch their Globalize 13 campaign, "a service-learning project for secondary schools that presents lessons about this insidious form of slavery within the context of the 13th Amendment and its 150th anniversary in 2015." The following is a link to a short video that documented the event last year https://goo.gl/7SxZVl. One of our student projects is featured on the FDFI.org website and won honoroable mention in the White House Student film festival https://goo.gl/KExOXg. Two students will also give speeches in a webinar sponsored by FDFI at the Underground Railroad Freedom Center in Cincinnati this month. The students are planning an all school assemby followed by a celebration of learning where they will share their service projects with their classmates and the community. Our students would like to invite Attorney General Wilson to speak about human trafficking in SC at our celebration of the 150th anniversary of the 13th amendment on December 4, 2015. One group of our students had the benefit of hearing Mr. Wilson speak at the Empower Talk event last year. Members from the Richland County anti-human trafficking coalition will also be attendance and some will speak at the event. Thank you for considering our request.
Marah Strickland spoke at the SCISA Headmaster's meeting last November, and I am interested in her coming to speak with my 7th - 12th grade students about Internet safety.

On behalf of the Carolinas Credit Union League, the trade association for credit unions, we would like to invite Mr. Wilson to speak to our Florence area credit unions next week, Tuesday October 6th at 6pm. I apologize for the late notice, but if he could make it, we would love to have him. If you have any questions please feel free to email me at: bboylston@carolinasleague.org or via phone at 803-602-0099. Thanks so much!

IMPORTANT!!!

This interactive presentation looks at popular Internet activities such as social networking, gaming, and video chatting, and the potential risks they carry related to your name, identity, and reputation. We also examine current laws that are in place to protect users, and explore ways to avoid falling on the wrong side of these laws. Young people are being prosecuted for actions they believe are harmless, yet are illegal. Using an interactive self-quiz, students recognize the possible dangers in their own behavior. The presenter then demonstrates the various privacy settings on popular social networking sites. Participants leave knowing how to stay "in line online."
This is part of a STEM/STEAM event.\ this friday oct. 23rd. The speaker was at CSU Teach Tech event, and he was really helpful.

Duty to God and Country Scouting Celebration Dinner A very special recognition event highlighting the values of the Boy Scouts of America and the promise of Duty to God and Country. -recognize 2015 Blue Ridge Council Outstanding Eagle Scout Award recipients: Tim Hunt, Ed Patton and Charlie Warlick The National Eagle Scout Association's Outstanding Eagle Scout Award (NOESA) is a prestigious recognition granted by the local council's NESA committee to Eagle Scouts who have demonstrated outstanding achievement at the local, state, or regional level. Unlike the Distinguished Eagle Scout Award, which is a national award, the NOESA recognizes Eagle Scouts whose efforts have made a positive impact closer to home. The presentation of this award should be conducted with the highest level of honor. Often, these men have devoted a lifetime to their profession, avocation, community, and beliefs, at great sacrifice to themselves and their families. Each recipient should receive recognition worthy of a lifetime's accomplishments. -recognize a group of Cub Scout and Boy Scout religious emblem award recipients -honor a local pastor(s) or religious leader -prominent special guest speaker I spoke with Alan several weeks ago in Columbia at a USC game and he said he would like to come speak to our club. I was at the game with Gene McCaskill. I have an open date for our club of December 31, 2015 at 1 P.M. (Thursday). Thanks,

In February, Lambda Chi Alpha and Alpha Chi Omega will be holding a forum on domestic violence and sexual assault. Since South Carolina leads the nation in domestic violence and universities across the nation are encountering more and more sexual assault cases, our organizations have decided to take a stand and educate our campus on these issues through a forum. Attorney General Alan Wilson, one of South Carolina's debut activists against these issues, will be asked to present points and answer questions on the topics. The event will last no more than two hours, probably around an hour; the extent of the media will be left up to the Attorney General's office; and the focus will remain on the issues facing domestic violence and sexual assault victims. We will have 40-45 business and community leaders from the Greater Greer area touring the statehouse and meeting with our legislature and would love to hear from AG Wilson. We will be there Wednesday, February 3, 2016. Last year he spoke with our group (completely different group) regarding human trafficking, scams businesses need to look for, update on legislation to watch for, and what we can help him with - it was fantastic. We appreciate all you do for our state!

AMERICAN OVERSIGHT

Dear Attorney General Alan Wilson, The YWCA of the Upper Lowlands is presenting "A Purple Affair Masquerade Dinner and Dance on "UN MASQUEING" DOMESTIC VIOLENCE. I would be honored for you to be our quest speaker at this event. The response from the Town Hall Meeting where you were a guest speaker here in Sumter was phenomenal. I will be mailing a letter to you with this request and additional information about the event. Thank you for all that you have done to improve our domestic violence and human trafficing laws in the state of South Carolina. Sincerely, Yolanda Debra Wilson

Our group would like to learn more about this issue and the work your office has done in the past few years to bring awareness and more stringent laws. Our scheduled meeting to address this topic is January 5, 2016. If you are unable to help with a speaker on such short notice, any assistance, such as a local organization to ask or printed materials, would be much appreciated.

We would like to invite Attorney General Wilson (or his designee) to speak at CODA's annual meeting, January 25 at 6 pm. He will be a part of a panel with Rep. Shannon Erickson, Jasper County's Sheriff Jenkins and (hopefully) Beaufort County's Sheriff Tanner to discuss the impact of the DV Reform Act. Last year's annual meeting had the same panelists mentioned above (plus Solicitor Stone who has a schedule conflict this year) who discussed the existing CDV law and its implications as well as discussing proposed legislation. There was a good turn out and good discussion, so we would like to update the community on the changes that have taken place over the last year.

North Greenville Rotary Club is looking for speakers for our Club. You're invited to talk with us on the State Legislature Agenda or anything related. We meet every Friday for lunch from 12:30 to 1:30 at the Poinsett Club on Washington Street in Greenville. Lunch is on us and the famous Poinsett Club Buffet is one of the best! Your presentation would be from about 1:00 to 1:30. We currently have the following dates available and would love to have you join us. March 11th April 1st, 8th, 15th May 6th, 13th, 20th June 10th Please contact me via email or phone. Regards, David Carson Plus Inc. dc@plusinc.net www.plusinc.net office 864-242-9090 cell 864-906-2151

For induction of students into the National Elementary Honor Society

The Rotary Club of Greenville is the largest and oldest club in the State and the membership consists of Greenville's business leaders. February 9 is Law Day, where we will recognize law enforcement. We would like Attorney General Alan Wilson to present his comments about his law enforcement priorities. Lunch begins at 12:00 pm, and his comments would begin at 1:00pm and be expected to last 15-20 minutes. Thank you for your consideration. Stephanie

The date of the seminar is April 29, 2016. As education lawyers, we develop policy for school districts and are getting requests for guidance on how to accommodate transgender students. Furthermore, most of these attorneys will be defending districts in court on this issue. We would appreciate the AG coming to address the group on this matter and of course, we will work around his schedule on that date. Thanks, Tiffany Richardson

We would be honored to have Attorney General Alan Wilson speak to our members at our Spring Meeting either Wednesday, March 2nd anytime between 7:30-8:30 p.m. or Thursday, March 3rd anytime between 9:00-11:00 a.m. Our members very much appreciate all he is doing to curtail federal over-regulation. Specifically, coming to the aid of the manufactured home industry and recognizing that the Dodd-Frank Act makes it harder for South Carolinians to finance a home mortgage or go to their local bank for a loan to start a business.

We meet the 3rd Wed. of each month at the Ryan's Steak House on Bower Pkwy in the Harbison area. Would like a speaker from the Securities Division to address the group either 2/17, 3/16 or 4/20.

AMERICAN OVERSIGHT

The Servicemen and Veterans of Law (SVL) has started scheduling monthly speakers and are currently booked through the Spring Semester of 2016. We would be honored to schedule an hour for AG Wilson to discuss his role as the SC Attorney General and balancing those responsibilities with those associated with the National Guard in the fall semester of 2016. Currently, Sep, Oct, and Nov are open. Thank you for your consideration. Mason Harlow Retired Marine SC Law Class of 2018

We are an anti-human trafficking student organization at USC. IJM is a global organization that splits up into campus chapters in order to take advantage of a demographic that can make a huge difference in justice issues. We mainly focus on raising awareness, but love to hear about ways we can really get involved in this issue locally. We'd love to have Alan Wilson come and speak to our student group about the importance of this issue and ways we can take action. We meet on the second and fourth Tuesdays of each month at 6pm. February 23rd or March 22nd would be ideal. Thanks so much for your consideration, Hannah Odom President, IJM at USC

Hello, Our organization will be holding a conference in Charleston on June 20-22 and are looking for speakers to present on accounting fraud. Ideally, this would address the challenges in making ethical business decisions even when the accounting rule may be technically legal. Also, discussion of fraud in the utility industry in particular would be of interest or of accounting fraud in general. Thank you for your consideration.

I am under an investigation and am being poisoned. I have a list of questions that if asked under a polygraph will prove the poisoning and the cover up of it. I also have a chemical polymer that covers my entire body and hair-permanently bonded to my skin. I believe the main poison-long term is furfuryl alcohol or something very similar, that I am exposed to on items in my condo and car. The damages due to chronic exposure as well as higher doses and frequency are worsening and some damage may now be irreversible. I am also exposed to manganese chloride, or something very similar primarily by ingestion. Years of fabricated documentation by the investigator along with the questions I have to expose the crimes against me and the coercion, directly and indirectly, of others to assist in the crimes, many I hope unknowingly will prove this. All my attempts to expose and stop these crimes to every local agency and department are blocked by the investigator. I am requesting to have a formal inquiry into the corruption of my investigation, to meet with you to discuss the list of questions and topics to be used to expose it, to stop the poisoning, to find out what polymer covers my skin and if it can be removed (my findings online is that it cannot be removed except at very high temperatures since it should not be adhered to a person's body) and expose the hate and fear that, from day 1 of this investigation, have been created intentionally by the investigator using half truths, lies, edited pics, setting up and covering up my being raped while incapacitated, planting evidence, tampering with evidence, using an employee at Grady Hospital in Atlanta to use a needle laced with a substance (furfuryl, I believe) to alter my test results, given testosterone, and more. The planning in 2010/11 of the heinous crimes against me that would take place during the years following the opening of an investigation on me and simultaneously, the main themes to cover them up, primarily that I am delusional when speaking out about the crimes against me. My communications are interfered with, and I am expecting this one will as well or your reply. If you contact me and don't hear from me, it is because I was prevented from getting your message, or you mine; and the poisoning will continue; and the soliciting members of the community to cover them up will continue. I hope you would want to know and stop these crimes. I am the only one who can assist in making sure the questions asked are the ones that expose the crimes being committed against me, using your office to do it and to cover it up. I am being poisoned daily by exposure to substances noted above, and continually by the chemical polymer bonded to my body. Melanie van Kampen 40 Folly Field Rd., C205 Hilton Head Island, SC 29928

AMERICAN OVERSIGHT

Every semester Lambda Chi Alpha holds a presentation on these topics, but have only received a very shallow education on them. With the high rates of sexual assault and abuse, rape, and unhealthy relationships in the 18-25 year old range, the fraternity of Lambda Chi Alpha is adamant on developing the brothers to ensure that they do not commit or fall victim to these crimes. We expect members of our fraternity to take the lessons of our fraternity and speakers and apply them to their own families, friends, etc.; thus furthering the values of our fraternity and strengthening the community beyond Greek life. The dates that we have open for the Attorney General to come are: March 21st, 28th April 4th

It would be an honor to have the General speak to our group and in particular, conduct the brief installation of officers oath in addition to his presentation. I met him on a plane a few years ago and asked if he could speak to our group, which he did. Unfortunately, I was unable to attend that meeting due to business obligations. Please consider this request for WEDNESDAY, JUNE 1 at 6:30 PM. Thank you!

We are bringing the Art Music Justice Tour to Charleston April 17 where singers Sara Groves, Brandon Heath, and Jenny & Tyler will perform and use music, stories and prayer to raise awareness in the fight to end modern-day slavery. www.artmusicjusticetour.com It would be wonderful if Mr. Wilson would attend to show support for the efforts of IJM and other organizations that combat this evil globally. If he could say a few words during the evening, we would greatly appreciate it. When: Sunday April 17. 7pm-9pm Where: 2nd Presbyterian Church, 342 Meeting St, Charleston Thank you for considering this ask.
Every Thursday for our business and community leaders we have coffee talk it start at 8am to 9am. This will be the kick off to our purple dress gala Miss SC Pearls against domestic violence April 29th at the state museum 8pm to 11 to raise money for the cause. We would like to have someone for March 31st or April 7th. Thank You for fighting for the cause.
Hi Alan, My wife Linda (Chinese) and I heard you speak on Spousal Abuse/Human Trafficking at the Women's Club of Rock Hill last year. You probably remember us. Your message was very powerful and informative. I would like to invite you to deliver that message to the Rotary Club of Rock Hill on April 28th for our 12:00 noon meeting at the City Club. Although you will be center stage for the audience, I hope you don't mind that under our club bylaws speakers during campaign season are not allowed to have political discussion. I look forward to your positive response. With best regards, Lindsay Lindsay W. Walker President Elect Rotary Club of Rock Hill

The event that we are inviting Attorney General Wilson to speak at is our Student Government End of the Year Banquet. This will be the fifth annual one we have held and in the past we have had various speakers such as the Mayor of Lexington and Lieutenant Governor McMaster. If Attorney General Wilson accepts, we will provide a meal for him and ask that he speak on the topic of Leadership and what students of today can do for their state. Something along that line would cover the purpose of a speaker. Also, Mrs. Wilson is more than welcome to attend as well. Currently we are on Spring Break so I the advisor, will be available via email for any questions that may arise. The date is May 25 at 7pm.

AMERICAN OVERSIGHT

Clandestine Terrorism Emergency Hello, My name is Emmanuel Jovon Hampton and my social security number is: 251-83-7577 and I am reporting an international cyber terrorist attack, illegal military drone, satellite, and “rogue” cell tower activity, eavesdropping, citizens abduction/ hostage situation, hack and breach issue, technological homosexual lynching, ETC. This terrorist activity began in Nashville, Tennessee, United States Of America in 2013. Here is the address where the terrorist activity began: 1271 Antioch Pike Nashville, Tennessee 37211 United States Of America ******** HELP! I have been trying to reach President Vladimir Putin about terrorism happening in the United States and I need to leave this country with Jonathan Mark Inman! EMERGENCY! ******* President Barack Obama does not have a social security card and is not a valid United States citizen. Can you contact NATO or anyone to help us!?!?!?! Also the United States Military are creating fake identifications for family members and whomever they want, even children! Please help! ******* There are "Christian" faith sleeper cell terrorists in The United States Of America using rogue cell towers and phones!!!!!!! For more information please visit my Twitter page: Twitter: @EjaeWild OR www.twitter.com/ejaewild (843) 714-5233 141 Queen Drive Ridgeville, South Carolina 29472 United States Of America

The military legal community celebrates law day every May. This year on May 5th at Shaw AFB we'll be getting together for a breakfast & golf outing. We'd like to invite the Hon. Alan Wilson for a 20-30 minute speaking engagement to about 40-50 active duty judge advocates. Time will be between 1000 and 1200 or so. I used to work at the SCAG and know the Hon. Wilson would have some great things to say both as a civilian AG and drawing from his JAG experience. The topic this year is Miranda. I'm available for any follow up details. Thanks!

We are looking for someone that can talk to financial institutions about how they can assist - including successful investigation and prosecution (perhaps a case reviewed) Tips for attendees to help identify and key take aways.

I was privileged to hear Alan Wilson speak at our GFWC-SC State Convention recently. He was gracious enough to say that he would be willing to come and speak to our individual clubs as well. I would love for him to present much the same talk that he gave at our GFWC-SC meeting for our January 2017 meeting. That meeting is scheduled for January 3. Would it be possible for our group to meet at the AG's office and then get a tour of the State House? If not, I will find a public venue in the Chapin community for our meeting.

AMERICAN OVERSIGHT

Faith Family Freedom Rally to educate parents of school aged children about their religious rights and options for handling the transgender issue through changes to bathrooms, locker rooms and showers policy in our schools. Christians rights should not be trampled by the rush to create rights for transgenders. We want to approach the problem sanely in a business like manner that satisfies the needs/rights of both sides of this issues. Want to AG's office to help us identify answers to the outstanding questions of: 1. When does a person qualify as a transgender? 2. what kind of legal definition will be applied? 4. What kind of notification to the school administration needs to be made if there are shared common facilities? 5. What protections can be implemented to ensure Christians will not be attacked by predatory people posing as transgenders? 6 - 100 more questions. We want to educate everyone on safely navigating this issue. Faith. Family. Freedom. Big issues with great complexities for all believers; grist for interfaith activities of all sorts with little or no danger one is going to step on another's doctrinal toe. Big issues inextricably linked with the hope and promise of our personal salvation and the protecting the Constitutional Rights as defined by our forefathers. Big issues that are intertwined, interlinked, and interlocked so tightly that when one of them is struck, the other two are damaged, that when one of them is cut, the other two will bleed.

Our event is on Friday, June 3rd from 11:30-1pm. The actual program is from noon-1pm with 20-25 minutes for the Attorney General to speak. We have full AV equipment and this is one of our largest monthly events. May local leaders will be in attendance as well. It would be our honor to have the Attorney General join us.

Sincerely, Mark

We have spent the past year collaborating with community partners to develop a community response effort for victims of sexual violence. Aiken Regional Medical Center is building a forensic nurse examiner program/SANE program and has agreed to become the referral medical center for Allendale Community Hospital and Edgefield County Hospital. In celebration of this community collaboration, which includes Aiken, Allendale, Barnwell, Edgefield, McCormick, and Saluda counties (all rural counties/communities with the exception of Aiken), we have planned an MOA signing event for Thursday, August 4, 2016, 12:00 to 1:30. We would very much appreciate if Attorney General Wilson, or a representative from his office, would consider attending and speaking at the event. Our goal is to ensure that victims of sexual violence, regardless of their background and circumstances, have access to medical, legal, and advocacy services!! This is a great example of how South Carolina is working to improve services for victims of violent crimes!! Thank you for considering this request.

Would like to know if we could get a speaker for November 20, 2016 at 3:00pm. Speaker would have 20 minutes. We give an honorarium to the speaker or it can be donated to an organization.

AMERICAN OVERSIGHT

Attorney General Wilson: In the interest of promoting Liberty and Constitutional principles, I am hosting an event to enable Virginia conservatives to meet and hear from our three Republican Attorney General candidates. This first, official, forum will be held on August 9, 2016, at Barren Ridge Vineyards in Fishersville, in the heart of the Shenandoah Valley of Virginia. The "Virginians First" event is planned to commence at 7 P.M. and conclude at 9:30 P.M. We are seeking to form a panel of several conservative Attorney's General from various states to moderate the Q&A sessions, and I am writing to invite you to join us as one of the moderators. We intend to provide round trip air fare, dinner on the evening of the event, and requisite transportation. We would be honored to have you take part in this event, as well as give our next Attorney General the opportunity to build immediate, close alliances with like-minded Attorney's General. Please feel free to contact me with any questions, and I sincerely hope you will join us. I look forward to hearing from you. Best Regards, Dan Moxley Vice Chair, Augusta County Republican Committee Former GOP State Senate candidate – VA 24 (540) 487-2639, virginiansfirst@gmail.com

I had the opportunity to hear Alan Wilson speak at our state General Federation of Women's Clubs in Columbia in April. I was very surprised at some of the statistics and information presented that day. I felt this information is most important to share with others, therefore, when I had a chance to give input for our club programs for the upcoming year, I immediately suggested this name and topic. We would be most grateful if Alan Wilson could come to Aiken on Monday, January 9, 2017 at 6:30 pm. Our speakers are for about 20-25 minutes. Immediately following the presentation we break for a 'social time' where members can interact with the speaker and ask individual questions/comments. Please feel free to contact me should further information be needed.

I am the co-chair for the Clemson College Republicans. We would love to get Attorney General Wilson to Clemson to speak whenever he has the chance to do so.

Membership Luncheon held quarterly 11:45am to 1:15pm Would request that the Attorney General personally address the members Date requested August 11

We are a local woman's club associated with the General Federation of Women's Clubs both at national level and the state level. We continually seek programs and ways to contribute to causes in our community to improve quality of life for individuals (arts, education, conservation, public affairs, etc.)

We are requesting Alan Wilson to speak at our April 22, 2017 meeting which will be held at noon.

Hello, I am inquiring about a specific speaker, Ms. Lucinda McKellar, SC Attorney General's Office ICAC Special Invstigator. On May 23rd she co-presented a training with Captain Mike Prodan, Special Agent in Charge, Criminal Profiler with SLED on Special Considerations in Child Sexual Assault Investigations. This training was sponsored by the Children's Law Center. I am hoping that she is available to speak regarding this subject at Dorchester Children's Center's 2nd Annual Conference on Child Abuse and Neglect on September 1st in Summerville, SC. Our audience is our MDT in both Dorchester and Berkeley Counties; about 200 people. The MDT consists of Law Enforcement, Department of Social Services, Guardian Ad Litems, Mental Health Professionals, the three school districts, The Medical University, the two Solicitor's Offices, CAC staff, and others. I am hoping we can discuss availability and pricing, as we would be honored to have Ms. McKellar speak at our conference this year. I look forward to hearing back and thank you!

Our Fall Conference is in Columbia on Friday, October 14th. We would love to have General Wilson who has spoken to us in the past be our "Welcoming" speaker at 0800 for 10 or 15 minutes.

AMERICAN OVERSIGHT

Looking forward to meeting you. Hope you can make this happen. Thanks Juanita Hiatt, RN
Need information on changing my daughter's name wish to simply ass two letters to her original name

Hi, Alan! I met you at FBLEX a couple years ago. You went to school with my best friend, Ava' Tranum (Medlin). My husband and I lead our youngest son's den in cub scouts. One of our adventures this year is Building a Better World. They will be learning about citizenship, public servants and everyday heroes. A requirement is to meet with a government leader and learn about their role in our community. Our den is responsible for the Tues, Nov 29 pack meeting at 6:30 and I would love for you to be able to speak with the boys for 20-25 minutes about how your background helped prepare you for your job, why you wanted your job, your most important responsibility, how citizens can help you and the biggest challenge facing our community. Hope that it works out! Thank you!!
EVENT DATE SEPTEMBER 9th (6-8 pm) OR 10th (11-1 pm) FOR 2 HOURS.
This is the second annual MUSC 'Do No Harm' rally to commemorate lives lost to DV/IPV homicide in the state. I have spoken with Megan Gresham, who is in court that day, she recommended requesting through the website. Remarks by an AG representative would be brief, but support by being here would be tremendous. Time is 11:30 am - 12:15, held outside in the Horseshoe. Other confirmed speakers are a survivor, representative of My Sister's House and a hospital administrator.

We are the Clemson College Republicans, and we would love it if Alan Wilson could come speak at one of our meetings. In general we meet on Wednesday nights, but we do not have a set schedule right now.

Our agency is holding our 3rd annual Special Events Summit which focuses on creating a best practice techniques for bridging gaps when preparing for organized an unorganized gatherings and events. We bring law enforcement and government executives from all over our state and surrounding states to discuss how to improve events and continue with the goal of strategies. Our hope is to bring a keynote speaker who can focus on embracing challenges and working together to work through them. We respectfully request Attorney General Wilson to participate. Thank you. A letter of request has been forwarded as well.
The Clemson Pre-Law Society would most likely make the Attorney General visit a dual event with either Student Government or the Young Republicans club.

I reached out to the governor's office they referred me to you. I don't have an organization, but I want to do this event to raise awareness in the community. When I bring up the topic people are shocked that its happening in our state. I am personally asking you to please come out and be a voice to these people. They need to understand the seriousness of the issue. Also they need to be made aware of ways to help victims and prevention and what to do if we suspect human trafficking. Thank you, Montina McMorris

Dear Attorney General Wilson, I am the leader of the Bluffton - Jasper Tea Party. We meet monthly in Beaufort County, SC at the Golden Coral the 2nd Tuesdays of the month from 6:30 to 8:00 pm. Recently, we had Senator Tom Davis join us to discuss the upcoming legislative session. One of the issues that came up was Asset Forfeiture which Senator Davis is planning to address. Our group would welcome you to come and speak to us about this issue along with Criminal Justice Reform and possibly the ethics reforms that we are anxious to see passed in our State. Please let me know if you would be available in the upcoming months. Our upcoming meeting dates are as follows: December 13th (2016) and January 10th, February 14th, March 14th, April 11th, May 9th and June 13th (2017). Very respectfully, Pat Dansbury

AMERICAN OVERSIGHT

To whom it may concern, My name is Kelsey Warf and I am a senior at River Bluff High School (320 Corley Mill Road Lexington SC 29072). As part of our senior experience each senior homeroom has to create a presentation to be shared at our school-wide Impact Conference. A big part of our school's mission as an EL (Expeditionary Learning) school is to focus on character development and social awareness. My homeroom has chosen to research and highlight the prevalence of human trafficking in South Carolina. As part of this project, we must bring in an expert to help us gain knowledge on this topic. If this is possible, we would like to schedule this within the next two weeks. Please let me know if this is a possibility. Thank you, Kelsey Warf
Post Challenge is a DOL pilot program for Youth Challenge graduates to assist in teaching job skills to high-risk youth, many of whom have started down a negative path in their lives. Together with Aiken Technical College and Aiken County Adult Education, these graduates have overcome many obstacles in their past and learned a job skill while obtaining GEDs, Work Keys levels, and earning college credits. Instead of becoming another state burden in prison or on the streets, these cadets will enter the military or job market, ready to become constructive members of our labor force and communities. Graduation is scheduled for December 2, 2016 at 10:00 am.
I only signed a very few documents in my life but the right people have them all are type texted and signed except my National Petition & Religious Freedom to join the Army. They are in my own handwriting so a hand writing expert would know that I signed them as a fact.

As chair of our Staff Development Committee, we discussed the possibility of having law enforcement providing an update for all our staff to be aware of how crimes are being committed without parents and family members knowledge. What steps should we suggest or feedback to provide to staff and clients. Any suggestions and/or recommendations that you provide to the public would be appreciated. Thanking you in advance! Marvin Bryant, MSW, LISW-CP/S, CPM, VSP Staff Development & Training Coordinator
I have conducted many trainings on HT. I have arranged for Kelly O'Neill-Bagwell from Horry County to present as well. She is the President of the Eastern Carolina Coalition Against Human Trafficking. The program is scheduled for Tuesday, Evening, January 17th from 6:30-8:30 pm. Many thanks, Cheryl Neuner, BSN, RNC
Pee Dee AHEC 843-777-5347
Event to be held March 3rd, 2017 at 6:30 pm. We are a pro-life pregnancy care center located in Camden, SC. I hope to emphasize how we have a duty to stand beside the women who choose life for their unborn children, even beyond the birth of the baby.
The event will be held January 20 @ 7p

I was married when in was station in for Benning ga and I found our mt wife was married to two end ar one and I have all the baby work ro prove it I would like to know how to jave her prosicuted foe thia federal crime I'd tou can point me in the right direction or numbers ro call I would really appreciate it thank you
Our meeting would be on Friday, October 27, 2017 This would be a luncheon meeting.

AMERICAN OVERSIGHT

As part of our ministry and advocacy, Bon Secours St. Francis is hosting an informational session on Human Trafficking. We are working with the Sheriff's office and SWITCH to offer high quality information on the growing problem in the upstate so that people are aware of what it is, how to spot it, what to do if they suspect it and what happens when some is caught. We know it is a growing problem in Greenville and even though it is after the NCAA in Greenville, there is possibilities other sports will be hosted in area and need to educate people on the problem. We are also trying to get continuing education for the event.
The Bluffton - Jasper Tea Party would be honored if Attny General Wilson would come to speak with our group about the challenges coming in 2017 and how we can help.

Asking for help. I am a child annuitant beneficiary for my deceased father's Survivor's Disability Pension. My step aunt illegally took the money. From 2002-2011. I have evidence in black and white. I have homeless, hungry, no money for needs sometimes and when I asked for help she would deny having any monies for me. She would not help me. I called her today March 13,2017, She denied having any monies for me. She still money held in bank accounts. I have physical proof. Please get in touch with me or give contact info of someone who can help me. Thank you very much and I appreciate this.

The chamber has graciously donated their meeting space for a breakfast where we would like you to discuss this issue in our state and Lexington. We would also like to include Jen Thompson from Lighthouse for Life. The room is available any morning of the last week in April except Tuesday. Please let us know if this is something in which you would be interested in participating. Thank you for all you do for our state! Michelle Sarokas

I'm wondering if someone from the Attorney General's Office could provide an overview of the timeline and process for state's to apply to be a beneficiary state of the VW Settlement Funds. SCCEBA is partnering with SCE&G and Duke Energy to host the roundtable meeting. I had originally scheduled DHEC to provide the overview of the VW Settlement, timeline, and process for receiving funds and overview of how funds could be used, but DHEC had to decline this morning. SCE&G, Duke Energy, and the Office of Regulatory Staff's Energy Office and the Palmetto Clean Fuels Coalition will also provide an overview of how they are currently planning now for increased clean energy infrastructure and vehicles in SC. I would very much appreciate your office's engagement. Thank you. Meeting date is set for Thursday, April 13 at SCANA Headquarters in Cayce, SC.
Thank you Patty Pierce 803-665-1237
The Lexington United Methodist Church has recently established a Church & Society Committee to shape the congregations response to an action plans for pressing social issues. Our first initiative is directed at awareness and prevention of human trafficking. We are interested in hearing about the task force's work on this issue and upcoming projects and initiatives.

Greetings, I would like to provide this as a fundraiser for Fairfield Educational & Training Complex. We would also like to educate the Parent(s) and Children in what to look out for. I would like for this information to scare them straight in the reality of Human Trafficking. Could we take photos of the child, fingerprinting and collect DNA for further use IF needed. This information will be given to the parent(s) for safe keeping. Is there a chance in holding this in three different area within Fairfield County?
October 27th Columbia convention center

AMERICAN OVERSIGHT

I am in the process of planning a Community Elder Abuse Panel Discussion for Older Americans Month with the Columbia Urban League and we would like for a representative from the Attorney General's Office to participate on the panel. We plan to do 4 panel discussions throughout Richland County at faith-based organizations in underserved areas and the participation of your office s integral in getting the much needed information about abuse, fraud, and exploitation to South Carolina's most vulnerable population. The first Community Panel Discussion is scheduled for Tuesday, May 9th from 5:30pm – 7:00pm at St. John's Baptist Church on Colonial Drive. If you or someone you recommend are able to participate, please let me know. Thank you in advance,

Alan, has spoke to our association on several occasions and we would like him to come and speak again. Date of the meeting would be one of the following dates depending on his availability. Sept 12th, Dec 12th We are requesting that Alan speak at this event please. Please advise that it is Jennifer Butcher Lowery that he went to college with.

The focus of this years advocacy day is public access, employment, transportation and housing for people with disabilities. For more information about the event and to see the list of organizations participating, please go to www.unlockingbarriers-sc.org.

My disabled autistic and mute adult son is being discriminated against and abused at his day program at Thrive upstate aka Greenville county disabilities and special needs board since 2011 and i can not seem to get help or Justice. please help me because he can not speak we are having a hard time filing suit and seeking justice because of local conflicts of interest.

I would like to meet with the speaker and tell him a little more about what we are looking for regarding this training.

Please set up an exhibit again for this year's event. August 18th 5pm until 7pm.

We host a BSA (Bank Secrecy Seminar each year in January for our credit union). It is normally in Irmo but this year we are conducting a joint NC/SC Seminar in Charlotte, NC. looking for a 60-75 min speaker who can answer questions at this event. This is new for SC credit unions and NC credit union who do business in SC.

We would like to ask Attorney General Wilson to address our Women's group and other members of our parish. We meet on the second Monday of the month. We would like to suggest September 11 or January 8. If Mr. Wilson could talk for 15-20 minutes and stay for a question/answer session of 15-20 minutes also, it would be most appreciated. Thank you for your consideration of our request.

I had the privilege of meeting the Attorney General at the South Carolina Women's Lawyer Association (SCWLA) luncheon on Thursday, August 10th. I teach business law for Johnson and Wales Univ.,but I also am an employee at the Camden Military Academy (CMA). The CMA would love to have him as a speaker to their high school law classes and/or he can speak to the entire cadet body, which is about 285 cadets. He is welcome to join the cadets and administration/faculty for lunch at the CMA as well. Preferred days for the speaking engagement would be a Tuesday, a Wednesday or a Thursday. Thank you. Eve Carlin, JD

AMERICAN OVERSIGHT

Our state's nine welcome centers offer 4 million+ visitors (annually) a place to rest while nationally certified travel professionals provide literature and quality guest and concierge services. Our visitor services are open 9am-5pm but our facilities are open 24/7. The professionals that staff these centers witness various displays of strange or illegal behaviors in the course of their duties. They aid guests in need and alert law enforcement of potential dangers to public safety. During the upcoming conference, we would like to educate our full time staff about the statistics, risk areas, etc. on human trafficking, as well as any behaviors, patterns, etc. that we should be aware of in order to alert law enforcement. The speaking opportunity is October 24, 2017. Thank you for your consideration.

Hello Office. I filled out a request form about 3 weeks ago. Didn't get any response, so I thought I would send another completed request form. The Camden Military Academy (CMA) would love to have the Attorney General speak on a Tues/Wed or Thurs and join the cadets for lunch! I met the Attorney General at a South Carolina Women's Lawyer Association (SCWLA) recent luncheon where he spoke. I am an employee at the CMA part-time. Thanks for responding to the CMA request! Eve Carlin, JD

Fight LIKE Champions Survivors Luncheon its an annual event that celebrates survivorship and bring awareness to both domestic violence and breast cancer since both causes are celebrated in October that's the reasons for combining the causes. We have speakers from an organizations that represent each cause. We not only celebrate survivors but we also try to bring community education and awareness about each cause. This will be our 5th year having the event but our 2nd year with the addition of domestic violence it has been a huge success last year we had over 70 in attendance. Thank you & looking forward to your response
This ceremony has been hosted by the Batesburg-Leesville High School Army JROTC since 1993. This ceremony is attended by all student at Batesburg-Leesville High School and approximately 100 veterans from the Batesburg-Leesville community. This ceremony includes a battalion inspection of the cadets and a pass and review. We ask Mr Wilson be in uniform if possible! Thanks for your consideration being our guest speaker at our annual Veterans Day Ceremony.

The BSA/ALM Conference is an all-day session that includes various topic and expert presenters. We are in search of a speaker/attorney to be part of a NC/SC Money Transmitter Law Panel that can discuss how their individual state will be regulating the Money Transmitter Law. I look forward to hearing from you.
I may also invite students from our medical assisting program to the talk. Usually our guest speakers will present at 6:00pm for about 30-45 minutes and have a Q&A session for 15-30 minutes. Do you have anyone in this market? Thank you.
I work as a case manager in the TANF(Welfare) program with the Department of Social Services. Most clients we see, have either been a victim of domestic violence or had some exposure to it, as case managers most have not received much training in domestic violence. I feel a workshop (in-house) would provided the workers with information needed to better assist our clients.
This training is sponsored by the Children's Law Center through a grant for Court Improvement related to Family Court - Child Abuse and Neglect Cases. The trainees will be volunteers who represent the best interest of the child in court cases. The trainer should be one who is familiar with child abuse in general and how easily young teens can be swayed into such trafficking. Signs to look for in children who are entering the foster care system and how to make reports of suspected abuse.

AMERICAN OVERSIGHT

My name is Jeff Blaylock. I am the president of the Student Animal Legal Defense Fund at USC School of Law. We would like to host a speaker at our lunch meeting who is involved in prosecution of cases that involve animal abuse or animal rights here in the state. If you do not have anyone that comes to mind, could you point me in the right direction of someone who could speak on this topic? I look forward to hearing from you soon. Thank you.

I'm in the process of preparing my Outreach & Awareness Calendar for 2018. My ED Joyce Hart, suggested that I contact you regarding the possibility of you doing some training in the Myrtle Beach area. January is "National Stalking Awareness Month", and in April which is "Sexual Assault Awareness Month". We'd love to have you training those in our area with the wealth of knowledge you have to offer. Our target audience is our SART team, school guidance counselors, clergy, law enforcement, victim advocates, DSS, DJJ, Homes for at risk youth, organizations that provide services for our homeless teen population, and our community colleges and universities. I look forward to hearing from you in the near future regarding this great training opportunity.

Request for Nick Smith. See enclosed documentation. His expertise would be welcomed at this event as a speaker and panelist.

The Sumter County GOP would love to host Alan Wilson as our guest speaker this December 7th at 7:00pm at The Restaurant at Second Mill located at 1100 W. Liberty Street, Sumter, SC 29150. Our crowd is usually 20-30 people (mostly seniors and veterans). If AG Wilson can attend, we would love for him to speak for about 15-20 minutes on the topic of his choice. Thank you, Jason Reddick Sumter Co. GOP Chairman

My name is Guyton Murrell and I am Assistant General Counsel for SCSHFDA. As part of our annual Palmetto Affordable Housing Forum, we offer a Legal Track with courses that are pre-qualified for CLE credit. As one of the topics for this year's forum, we would like to offer a course on the Violence Against Women Act and its impact on public housing. The General Counsel, Tracey Easton, would like to speak as part of a panel with a representative from the AG's office. If the AG representative could cover the Act, Ms. Easton could relate it to issues in public housing. The forum is a 2 day function and if the AG's office is agreeable to participating, we would coordinate the presentation for the date and time most convenient to your office. The overall presentation would need to be approximately 75 minutes long, with our General Counsel Ms. Easton also speaking as part of the panel. Thank you for your consideration of this request and please do not hesitate to contact me with any questions. Guyton Murrell

The issues related to the Servicemembers' Civil Relief Act and Spousal Residency come up in personal property tax matters, generally vehicle registration and taxation, as well as in the delinquent tax realm with the sale of real or personal property. The Auditors, Treasurers and Tax Collectors have asked for a speaker on these topics. I thought that Col. Kelly may be available. These elected officials want specific information with examples. Please let me know if you're available and how long you'd like to speak. DOR is required by statutes to provide 18 hours of training annually to the county auditors and treasurers and 6 hours to the tax collectors. We do this annually in February in Columbia. Please let me know if you're available and if you have questions. Thank you, Amelia Ruple, SC Dept. of Revenue.

AMERICAN OVERSIGHT

My name is Ayla Luers Connor, and I am the newly elected Vice President of the Greenville-Spartanburg Republican Women's Club. We are in the process of booking speakers at our monthly meetings for 2018 and would love to have Attorney General Wilson come speak. We meet the second Monday of every month at 6:30pm for a social, with the meeting immediately following at 7:00pm. Our meetings are held at Pelham-Batesville Fire Dept. Station 1 in Greer, SC. We do not currently have any speakers committed for 2018. Our format varies depending on the preference of the speaker(s). We have had speakers for the entire hour, two speakers with 30 min blocks, and town hall style Q&As with multiple speakers. We are open to any type of presentation. If you are interested, we would love to have Attorney General Wilson come speak at any of our following meetings: February 12, 2018 March 12, 2018 April 9, 2018 May 14, 2018 June 11, 2018 July 9, 2018 August 13, 2018 September 10, 2018 October 8, 2018 November 12, 2018 Thank you so much for your time and I look forward to hearing back from you. Best, Ayla Luers Connor

I am a college professor teaching upper division Business Law to Jr. and Sr. at Coker College. In addition to the regularly schedule lectures, we meet on Fridays for a longer period to discuss legal issues impacting the business environment. During this time, we watch a film or have a guest lecture. I would like to have a speaker from the Solicitor's office to discuss white collar crimes, fraud, cybercrimes and other legal issues that your office encounters in the South Carolina. I have giving three dates to chose from. Because of the meeting time, lunch will be provided. Please feel free to contact me if you have any questions or comments. Thank you in advance for your assistance

Joe Ryan presented at the Arbitration meeting and we would like him to present to the Greenville County Department of Juvenile Justice youth.

Annual BLACK TIE GALA FUND raiser

Date: January 31, 2018 Sumter, SC Combat Veterans Group mission, to inspire, assist, and enable our members, area veterans, active service members, and the community, generate an enhance quality of life. To give moral support and encouragement, to be a Good Samaritan to area veterans, active military, and our community. To live up to our mission and give the kind of support we would like to, require funds and our Annual Black Tie Gala is our main fundraiser. Your help will significantly increase our ability to make this event a bona fide success. This is why we're asking you to be our Speaker on Saturday April 28, 2018 at 7 pm, at our Fourth Annual Black Tie Fundraiser Gala. We would be immensely grateful if you would agree to be the speaker for this event, located at the Sumter County Civic Center, 700 West Liberty Street. Our past events have had 300 to 350 in attendance, primarily Veterans and their families, Local Civic Leaders, Elected Official, and the general public. Our group has grown to over 75 members, mainly disabled veterans, retired military including a Two Star General. If you find our event to be ill-timed for you, we would sincerely appreciate it if you would consider purchasing tickets at $50.00 each. A table for (8) is $350.00 and a table for (6) is $250.00 or make a monetary donation to offset the cost for prizes. Tickets will be mailed to you or we can donate for you in your honor if requested. All monies raised from this event will be used to support our "GROUP MISSION" (see Attached) and Constitutional By-Laws. Please respond by February 31, 2018. Making a prompt and speedy reply will aid with inviting another candidate if you're unable to attend this event Thanking you in advance. CONTACT PERSON: MAIL REPLY TO: Johnny Goodley Sumter, SC Combat veterans Group 803-236-0488 P.O. Box 1776 vnam6970@yahoo.com Sumter, SC 29151 ATTN: JOHNNY GOODLEY Johnny Goodley Media coordinator Sumter, SC Combat Veterans Group

Please give me a call to discuss. Dick Hiller, Assistant Principal 803-575-5413

AMERICAN OVERSIGHT

We love for Atty General Wilson to be our Guest Speaker at our Denim Day Luncheon.
Alan, WE met again recently at the East Cooper Republican luncheon group in Mt Pleasant. At that time you agreed to such a talk and I gave you my card. (trustee of constituent board of education). Dinner and drinks are on us if your time permits. I trust your calendar still allows for your presence. Please confirm by return or by phone at above #. Best, Roger

Hello Alan, This is Paula Drury from Charleston. I met you at a reception with my husband, Andrew Drury in our home at 54 Hasell in 2016. I am on the faculty at a Washington-based university that focuses on homeland security, intelligence, and international relations. We would like you or someone in your office to do a short presentation on human trafficking. We have a speaker series that is a remote audio presentation - about 20-30 minutes - with some Q&A - which we do live on a Wednesday afternoon around 2pm and then keep the recording and link for students and other faculty to access. We have over 100,000 students in the military, government, and business fields who are getting BA and MA degrees. We also have a PhD program in global security. I've been on the faculty for 10 years and now participate on the speaker's committee. Would you or someone from your office be able to do a short presentation on South Carolina's human trafficking initiatives? The state is a leader in this area - and the presentation would be fabulous. Thank you very much! Paula Wylie Drury - Mount Pleasant
Hi my name is Margo Dixon and I am the Children's Advocacy Director and Lead forensic Interviewer for the 6th Circuit. We would be honored of AG Wilson would be our guest speaker for this Luncheon. I made a request to your Office a few weeks ago and I have not heard from you and I was just following up. Have a beautiful day.
We would like AG Wilson to take part in our "Take Back the Night" event. His remarks could include stats on prosecution of sexual assault/human trafficking in SC. The event is meant to encourage and support survivors so should have a positive connotation. Speaking time would be 5-10 minutes.
We would be pleased for Attorney General Wilson to speak at our closing ceremony for the Konduros Leadership Development Program. Ten law students will receive certificates for completing the leadership program. We would like for Attorney General Wilson to speak for approximately ten minutes about his leadership experiences and to provide advice for aspiring leaders.

Good morning, I would like to host a training in April on Trauma Informed Care at my agency. Any assistance with a speaker that you can provide would be greatly appreciated! Thanking you in advance!!!
I'm President-elect of our club and my term as President begins July 1, 2018.

For the first time in 30 years, the Cumbee Center has moved into a larger office to accommodate more staff and victims of DV/SA. We are 1 of only 6 dual agencies in the state of SC. We are also working with victims of human trafficking. We are proud to be hosting a ribbon cutting and Open House event at our new office and would be so delighted if Attorney General Wilson could speak for a few minutes about the issues of Domestic Violence, Sexual Assault, and Human Trafficking in our state. His attending this event and speaking would motivate community leaders to participate in our prevention efforts and awareness of our programs. Thank you.

AMERICAN OVERSIGHT

Three years ago Marah Strickland came and spoke with students and parents concerning internet safety and social media. We have had some social media issues with some of our students recently and I wanted to get someone to come out and speak with our students and parents. I did not put a time and date because we are flexible. However, it would need to be before May 14th because our school year will be winding down. I appreciate any information you can provide. Thank you.

Dear Attorney General Alan Wilson, I am with the Coalition of State Rheumatology Organizations (CSRO) which represents practicing rheumatologists and all of the individual state rheumatology societies across the country. We represent approximately 4000 rheumatologists through our state membership, and each year we host an advocacy conference that includes the executive committee leadership of each state association. Our 2018 State Society Advocacy meeting takes place on Saturday, September 15 at the Westin O'Hare in Rosemont, IL (Chicago) and we will be addressing advocacy concerns affecting leaders in rheumatology and access concerns for patients. The meeting also includes significant representation from patient groups including the National Psoriasis Foundation and the entire advocacy team from the Arthritis Foundation. We would like to include the payer perspective as part of our agenda with the goal of educating the leadership on how to work with insurance commissioners in order to help facilitate patient access to care. The CSRO will provide travel reimbursement and lodging if needed. The goal of the proposed session featuring is to discuss barriers to drug access from your perspective, and also educate the physicians and patient groups in attendance on how to best work with your office to address these type of issues. The general idea is to get a feel for how your office runs, and how we can work with your office to help patients gain access to drugs/treatment. This particular session would be 30-45 minutes, with 15 minutes of Q&A on Saturday, September 15. We do not have a finalized time and would be willing to accommodate your schedule. I hope this helps clarify any questions you have and I thank you in advance for your consideration. I would ask that you please respond before Friday, May 4, 2018 as we will have to pursue other ideas if you cannot attend. To better understand our organization I would encourage you to visit our website at www.csro.info and learn more about the issues we are addressing. You can also find videos of speakers from past conferences. Thanks very much for your time, if I can answer any questions, please don't hesitate to reach out at the contact information provided.

I'm CDR Gart Jones Navy retired and I run the 66 NJROTC programs in the Carolinas. I supervise the retired Navy and USMC instructors in the high schools and act as liaison between the schools and Navy. I conduct annual instructor training at Shaw AFB every June. I'm looking for someone to talk about teacher/student boundaries and the professional and personal consequences of inappropriate teacher/student relationships. A hour or so, with some attention getting stories and statistics. Thank you for the consideration.
After hearing Mr. Wilson speak in Charleston at the Joint All Club Conference for Rotary I would love to have him share the information with my local Rotary Club.

AMERICAN OVERSIGHT

Hello, It would be our pleasure to host the Attorney General or another of his distinguished staff for a meeting of the Rotary Club of Greenville Evening. Our club has a vested interest in the well being of the citizens of South Carolina and would find a discussion on human trafficking interesting. A group of club members heard him speak to the assembly at our district conference in Charleston in May and agreed this would be a well received presentation for our club. Conveniently, AG Wilson or another designated representative of his office could come to speak to the Rotary Club of Greenville (lunch time) on the same day as our club meets (evening). The clubs meet approximately 0.5 miles apart in our walkable downtown area. Thank you! Jessica St. Clair Smith, President-Elect Rotary Club of Greenville Evening

The students of the Mid-Carolina area are our most important resources. We share a common goal, with you—educating the children of our community to become active, productive, and happy contributing community members. We are in the process of planning many special events to celebrate American Education Week and would like to include community leaders such as yourself. If you are available on Thursday, November 15, 2018 from 8:00-8:35 to read a favorite book/short story/poem to a homeroom class during their enrichment period, please respond accordingly by either calling the school at 803-364-3634 or emailing me at bwood@newberry.k12.sc.us. I would ask that you arrive a few minutes early to check into the Main Office and be escorted by a student Rebel Ambassador to an assigned classroom. Thank you for your time and consideration, Beverly Wood Assistant Principal Mid-Carolina Middle School

For the first time since the inception of Kids' Day, Cross High School and Cross Elementary School will be co-sponsoring the 21st Annual Kids' Day 2018. This event will significantly benefit the hundreds of children and their families in the eight rural communities they serve. It will be held on Thursday, August 16th from 4:00 p.m. until 6:00 p.m. at Cross High School Gymnasium in Cross, SC! Our goal is to encourage a positive change in our children and their families in the rural communities of Cross, Eadytown, Pineville, St. Stephens, Pringletown, Ridgeville, Eutawville, and Holly Hill, South Carolina with limited resources by providing education, information, and awareness about issues that are beneficial to them in our changing society.

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AMERICAN OVERSIGHT

Olay Fresh Outlast Honeydew & Moringa Body Wash - 22oz 904-630-5818 904-705-705-5528 904-314-0933 904-630-2345 877-488-7842 GOOD MORNING; BY CORRECT USE OF THE ACTUAL PAPACY UNDER THE UNIFIED BUSINESS NAMED THE VATICAN, FIRST BAPTIST ASSEMBLIES AND THE UNEMPLOYED THROUGHOUT THE UNITED STATES OF AMERICA-A CONGRADULATIONS MUST BE GIVEN BY U.S. FEDERAL LAWS UNDER THE FLORIDA TO WYMOING CONSTITUTIONS. THE TRUTH IS THE CHINESE ARMED FORCES MUST BE REWARDED FOR AN W O N D E R F U L J.O.B.; PLEASES ALSO SEND HUGS AND KISSESS TO THE GENTLEMEN WHO ARE TODAY THE PERSONS NAMED THE JSO ADMINSTRATION HERE IN JACKSONVILLE. Along with them are the persons NAMED “THE GAME”, “NATE DOGG”, AND “G-UNIT”..FOR OIL OF OLAY IS AN PROFITABLE, EXPANABLE AND PREACHING MINISTRIES IN THE STREETS HERE IN FLORIDA. OH, WEE! TRY THESE PRODUCTS FROM TARGET..FOR EVEN THEIR DELIVERY DRIVERS, TRUCK UNLOADING EMPLOYEES AND THE RETAIL SALESPERSONS IN THE DEPARTMENT STORES HAVE BEEN SINING WITH F.I.Y.A. (ATLARTNIC RECORDS..) AN MINISTRY OF PROFIT…W A I T UNTIL YOU HEAR “MIRACLES PREACHED WITH THE BUSINESS HHOUIRS/SERVICES IN THE WORLD RLIGIONS HERE..THANKS!

I teach a fraud investigation class for the accounting program at the University of South Carolina. I'm hoping to have an attorney who prosecutes fraud cases come in and listen to presentations from graduate students who will have worked through a fraud case during the semester. The students will be simulating presenting a case to an attorney for prosecution, so it would be helpful for the attorney to provide feedback and follow-up tips to the students.

Fountain of Life Baptist Church presents a "Back to School Youth Explosion: Let's RISE and WORSHIP" on Saturday, July 28th from 10-3pm. Youth Ministry leaders will be preparing youth to be active participants in developing skills, strategies: empathy, kindness, Christ-focused behaviors and critical/logical thinking by utilizing themes from the WWE/RAW (Wrestling). Various events are planned for Saturday according to age levels of the children.

The South Carolina Law Review's 2019 Symposium will focus on the opioid crisis facing South Carolina and our nation. The Symposium will be held on Friday, February 8, 2019 at the University of South Carolina School of Law in Columbia, S.C. Our keynote speaker is James Hodge from ASU School of Law. We will have health experts, doctors, pharmacists, judges, government officials, law enforcement, and legislators discussing the issue. We would love to have you as a panelist speaker at the Symposium to discuss the opioid crisis from the perspective of the Attorney General's office. The panel will take place after lunch and will last for one hour. Please let me know if you need any further information, I look forward to hearing from you.

We are studying the SC judicial system and we would love to have someone from the office visit either in person or as a virtual speaker. We meet daily and could do just a section, a whole day or a regular visit. Thank you for considering visiting us. Dr. Ted Darid Mauro tmauro@greenville.k12.sc.us Law Instructor Greenville High Academy of Law, Fiance and Business www.greenville.k12.sc.us/gvilleh 1 Vardry St, Greenville, SC 29601 School: (864) 355-5500 Office: (864) 355-5555

AMERICAN OVERSIGHT

These people are really messing with other people just not me. I think these two people have fake accounts or they are lying about where they live. I never found the lady's name on Google search engine. I found her name, but it said one thing about her. It said, "She posted on the KAKE News station." The guy did have something on him. It did say, "He lived there," but it didn't say it on the White pages that he lived there, but it said he lived in California or Pennsylvania or Florida, so he might of moved there. I have contacted all the DCFs in the United States saying, "I am not a sex offender." My grandma read the messages, so it really disgusted her that people can talk to me like that. My grandma said, "They have potty mouths." I sent DCFs all the messages that they sent to me to prove they were trying to get me in trouble for being a sex offender. They looked me up or the Sheriff told them about me, so the Sheriff was breaking confidentiality rules when you are not supposed to tell somebody else about other people's cases. I have already made a report, so someone should tell them who they are. They looked me up. They said, "I lived there for nine years." I have lived at this house for like thirty one years. They found out my house number. They found out where I lived. They found out who my family members are. They looked up who my ex friend is. They were bad mouthing my ex friend. Now, I am going to send these messages to Missing and Exploited Children Units in the United States. I am sending all these messages to the fifty states in the United States. One DCF place told me, "You need to call the police to file a police report on them." I have already filed a police report on them. If they are fake people then they need to find out who they are. I changed my url. I blocked them because I want no longer contact with them. When they were finding out my background then that is called watching me. When they were finding out who my ex friend was then they were watching me. Tell me are they going to come to my house, so I can finally get the right information on these people. Tell me are they going to call me, so I can get their information that way. I added the Sheriff Department in our conversation. They will always say, "You need to go file a police report. They don't know the situation, but they still say, "You need to go file a police report," it makes me mad when they always say that.

Hello Mr. Wilson, My name is Jacquelynn Lewis and I'm the Associate Warden of Programs at Leath Correctional Institution in Greenwood, South Carolina. We are having a Domestic Violence program and I'm requesting for you to be our guest speaker. Bringing domestic violence awareness to our female population is very important and I would love for you to be a part of of our program. Thanking you in advance.

Political STUMP Meeting at Cokesbury College Campus in Hodges Date: September 13, 2018 Time: 5:30 PM - 8:30 PM EDT Event Description: Meet Your Candidates at a Political STUMP Meeting Thursday, September 13th at 5:30 pm Cokesbury College Campus in Hodges Candidates at the National, State and Local level will share why they are running and what they hope to accomplish if elected Bring a chair...food will be available

Our post will be honoring the nationally recognized day, to remember our POW/MIA and their loved ones. Our short program will include the Junior ROTC, Boy Scouts and local veterans. Your presence would be a great honor. Thank you for your consideration, tickets and an invitation have already been mailed to you.

AMERICAN OVERSIGHT

Hello, I am sending this request for Attorney General Wilson or any staff member who might be able to provide a 20-minute presentation online (remote) about South Carolina's human trafficking initiatives. We have a faculty of almost 4000 at American Public University System with 80,000+ students. The School of Security and Global Studies in which I am a professor focuses on issues concerning international relations, homeland security, intelligence, and national security. We think South Carolina's initiatives would make a very interesting topic for our monthly Brown Bag presentations. All online, remote - 20 minutes with PowerPoint slides and then 20 minutes of Q&A. Thank you! Paula Wylie Drury Charleston, South Carolina
I am the law instructor at Greenville High School. I would love to have a speaker to come talk to us about the role of the State Attorney Generals office in the South Carolina legal system. We would love a visit however, a virtual visit would be wonderful too.
Thank you. I will like to email you a flyer.
We would like the presentation to be approximately 20-25 minutes in length, with the same presentation being delivered three times (5:30, 6:00, 6:30). Thank you for your time.

We would be honored to have someone speak to our group of Independent Insurance Agents and Brokers on the current statistics and the process of investigating insurance fraud in our state. One of our association's main objectives is to educate our members through securing the most knowledgeable speakers in our industry that will better enable us to educate consumers. If no one is available for the April meeting, we are happy to have someone at any of the following meeting dates: 02/20/2019; 03/20/2019; 04/17/2019; 06/19/2019; 09/18/2019; 10/16/2019. Thank you! Kadi Quinn President, IIABGC
test

This event is to raise funding and awareness for the Children's Attention Home and our mission to provide a safe and nurturing home for abused and neglected children. We would be honored to have Attorney General Wilson participate in the program as one of the featured speakers to help educate 350 members of our community about the struggles faced by victims of crime, specifically child abuse and neglect, and how agencies like ours play a part in helping them fight their uphill battles to change their future. Event Program (subject to change) 11:15-11:45 Guests Arrive 11:30-11:35 Luncheon Welcome & Invocation (Board Member, 2 min) 11:35-12:00 Eat & Socialize (approx. 25 min) 12:00-12:05 Opening Remarks (Board Chair Dr. Cheryl Fortner-Wood, 5 min) 12:05-12:08 Faith's Story: Before (2 min) - Focuses on her outlook and expectations of life because of her circumstances before getting help at the Children's Attention Home 12:08-12:20 Through No Fault of Their Own (Attorney General Alan Wilson, 10 min) 12:20-12:23 Faith's Story: The Turning Point (2 min) Focuses on the turning point of arriving at the Children’s Attention Home, the impact of the first couple of weeks, and how her outlook on her life began to shift 12:23-12:35 The Business of Changing Stories (Executive Director Emily Parrish, 10 min) 12:35-12:38 Faith's Story: The Hope of Today (Video, 2 min) Focuses on how she sees her future now versus before because of the ways the Home has empowered her to change her story 12:38-12:45 Changing Stories One Child at a Time (Volunteer Mentor/Donor, 5-7 min) 12:45-12:50 Time of Commitment (Table Captains, 5 min) - Guests will complete donation commitment cards 12:50-12:55 Closing Remarks (Philanthropy Committee Chair Randy Kibler, 3-5 min) Thank you, and please let me know about any additional questions you may have.

AMERICAN OVERSIGHT

I am the CTE (Computer teacher) at Haut Gap Middle School on John's Island. We are a Title I School that offers our students the opportunity to take different courses such as Coding, Google, and Digital Literacy. Each of those courses has a section of our standards that I believe you deal with quite frequently. Also, I teach the students about as many careers and paths as possible throughout the semester. I know they would be quite impressed to meet an attorney who works for the government! I would love to speak with you to see if it would be a good fit and if we can get our schedules to align. Below are the standards that I referenced above to help you decide if our content areas even are similar. Thank you for your time!
The Interact Club meets every other Wednesday, from 2:00 to 3:00. The speaker's portion is approximately 25 minutes - the format is similar to Rotary Club. Our available dates are: March 13 March 27 April 10 May 8 May 22 Please let me know if any of these would be suitable. I know our students would benefit from hearing from Attorney General Wilson. Thank you!

I work in the public relations office at Bob Jones University under Randy Page. We will be hosting the Officer Allen Jacobs Memorial Prayer Breakfast on Thursday, March 14, 2019 at 7:00 a.m. As part of the breakfast program, law enforcement professionals and agencies from Greenville County will be honored with awards for their selfless service in the line of duty. We would be honored if you would provide the keynote address this year. We typically have 250-300 members of the law enforcement community and their supporters in attendance. We know that they would be encouraged to hear from someone who truly understands the criminal justice system and the importance of their work. Thank you for your consideration!

Requesting Wilson speak some god damn common sense.

This will be our Fourth of July service. Dinner on the grounds following service. What is your usual fee?

Alan Wilson can pull that Big Pharma cock deep out of his mouth long enough for a debate over “marijuana being the most dangerous drug”. Set it up, watch him get tossed around like the sack of shit he is.

This is a seniors group with Hoods Chapel UMC and others in our community of Macedonia in Berkeley County. We meet at lunch and provide speakers with the meal and 20 - 30 minutes to speak to our group. We would be honored to hear from the Attorney General and look forward to discovering how our group can engage in or support efforts to address emerging or ongoing community issues/concerns. Please send me a brief introduction to use for the Attorney General as well to the email address provided
mwadeassociates@gmail.com
The Woman's Club of Cayce is planning a community event with Lighthouse for Life and the City of Cayce Public Safety to help inform and educate our residents about the sex trafficking in our communities. We would like the Attorney General's office to participate in this event to share information in coordination with Lighthouse for Life. We have had a meeting with both parties and they are ready to get this event off the ground so please contact me, Vicki Shafer, as soon as possible so that we can get our advertising together for the City of Cayce and The Woman's Club of Cayce to start to distribute. Thank you in advance for your attention to this matter and I would forward to talking to your office soon, Vicki Shafer 803-727-7410
vfs57@yahoo.com

AMERICAN OVERSIGHT

We would like to invite Attorney General Wilson or someone from his office to join us and our institutional investor clients to discuss the process surrounding a sale of Santee Cooper to a new party. Thank you!
Scouts are laerning about Declaration of Independence US constitution and the national government check and balances
The purpose of the Atlantic Institute is to promote interfaith and intercultural dialogue through initiating events and activities which bring peoples of different faith, ethnic, and/or cultural persuasions together in encounters which foster sincere mutual regard and acceptance. One of the most significant of all our foundation's events is the Atlantic Peace & Dialogue Awards Dinner where we are honoring five individuals for the good they do in the midlands community. For each dinner we invite a keynote speaker who represents in word and action the kind of mutual acceptance toward which we aspire. This year we would like to invite you to be that keynote speaker.
We'd like you if possible to speak to all students and parents. We could do a morning talk to elementary, a parents lunch talk, and then an afternoon Middle School High School talk

Blythewood Middle School's - School Improvement Council is preparing our families for the Summer by hosting "The Ultimate Parent University." Unlike other Parent Universities, this session will arm parents with information on hot topics that will keep their children safe during the summer months when often, kids are bored and tend to engage in more risky behaviors. Topics will include: Vaping, Sexting and Cyberbullying, Gang Prevention, Social Media and we would like to include Human Trafficking. I have been in contact with Mrs. Alexis Williams Scurry and would like to confirm her attendance via your online system.
We are requesting Atty General Alan Wilson or his designee to speak at our annual Take Back the Night Awareness event held in Hilton Head. The AG will have up to 10 minutes to speak about sexual assault in South Carolina and the work his office is doing to help protect victims and hold offenders accountable. Other speakers include Beaufort County Sheriff, PJ Tanner and local survivors.

I meet Atty General Wilson at a SCISA conference in Myrtle Beach. I am following up by requesting that one of his groups/representatives address my school on the two topics he discusses with the Heads of Schools at this conference: human trafficking and internet crimes against children.

AG Wilson spoke at this event last year. We are again hoping he is willing and able to come back and do the welcome and let the group know why this is important. Confirmed speakers this year are national experts: Sr Anne Victory, president of the US Catholic Sisters Against Human Trafficking; John Clark, CEO of the National Center for Missing and Exploited Children; Dr. Carson Felkel. This symposium has grown every year and have decided to move to the Bon Secours Wellness Arena this year to accommodate more people. As we have our grown our space the last few years. Please let me know what other information you need from me. We loved how AG Wilson set the tone last year and hope he is willing and able to join us again this year to kick us off.
MORE INFORMATION WILL BE CERTIFIED
A second contact telephone number is 864-427-2328. Thank you

AMERICAN OVERSIGHT

Good evening, Attorney General Wilson, hope all is well with you. My name is Dr. Kareem R. Muhammad, the Dean of Business and Social Science at Allen University. Rep. Micah Caskey suggested you might be a good person to contact for a forum I'm trying to facilitate at Allen this September. The Division of Business and Social Sciences has been hosting a Brown Bag lecture series since 2017. For our event in September, in conjunction with Constitution day, we'd very much like to host a civil discussion (not a debate or campaign, but a discussion) on the importance for today's young folks to acquaint themselves more closely with the constitution, discuss the relevance of the document today and why this generation should be tuned into the workings of the courts; both in terms of the Supreme Court seats and local judicial systems. Trying to get Republicans and Democrats in the same room to talk is increasingly difficult these days, and not something I'm sure I can do alone. We'd very much like to invite guests from each side to take part in this discussion; including yourself if you'd be interested. Ideally, we'd love to have elected officials, but I'd gladly have a member from the Young Republicans and/or Democrats of South Carolina as well. Would you be interested in serving on the panel? If not, is there anyone you could put me in direct contact with to make this happen? The event will be held on Monday, September 23 from Noon-1 pm. Let me know if there's anything you can do to assist in making this discussion happen. Peace and God bless, Dr. kareem r. muhammad
Our 22nd Annual Kids' Day 2019 will be held on Wednesday, August 14th from 5:00 p.m. at Cross High School Gymnasium in Cross, SC! We would like for you to attend this year once again.

Monthly Luncheon spotlighting information and services critical for seniors to know. Looking for speaker who can give info on things they can avoid involving fraud and scam; and, the most common ones seen today.
If this date does not work let me know. We can work to find an alternative one for you.
This is the 5th annual awareness rally for IPV at MUSC. We hope to bring awareness to this much under reported and misunderstood crime. As well at to honor those who have died the past year. We hope to have the Mayor of Charleston and the Chief of Police attend as well as a keynote speaker. We hope you will be able to attend. Thank You Karen Hughes
Christan Rainey, CEO of M.S.D. USA, Inc. (Men Against Domestic Violence) would like to invite Attorney General Wilson to give the Keynote address for the Second Annual Unmasking Domestic Violence Conference, Wednesday October 23. If the Attorney General is not available is it possible to send someone else to represent him? Please call Mr. Rainey or his Administrative Assistant at 843-805-4450 and et them know. Thank you for any consideration given to this request.
Present information to a group of youth and parents on sexting. These will be two different sessions at the same time so we would need two people.

AMERICAN OVERSIGHT

I am writing to request Attorney General Alan Wilson as Keynote Speaker at the Inaugural Fairfield County Museum's Veterans Day event, to be held on Saturday 9 Nov 19. Our theme is "Honoring the Living Fairfield County WWII Veterans." As a retired Army Major, I am recommending Attorney Wilson because of his love and passion for our Armed Forces and Veterans. In addition to his being a Colonel and combat veteran, Attorney Wilson knows first hand about the life of those who served. In addition to the above request, I am in communication with the Department of the Army to obtain Letters of Thanks and Recognition to the living Fairfield County WWII Veterans? I ask if Attorney Wilson's office can assist us with obtaining Letters from Governor McMaster who also has strong Fairfield County and military ties. Currently we have the information of 6 living WWII Veterans, but based our data we have 3-4 more. We feel that it would show great respect and acknowlegement of these aging WWII Veterans while they remain with us. Please advise if Attorney Wilson can participate in this inagarul event We may be reached via replying to me via email at whittenburg1@verizon or by emailing or calling Ms. Pelham Lyles at fairfieldmus@truvista.net / (803-727-5908) of the Fairfield County Museum. Thanks!

One of our members heard you talk on this topic at an Aiken County Republican meeting. Domestic Violence is this year's project for the new national DAR President General. We have a social time from 9:30-10:00 with the program beginning at 10:00.
Just found out that October is Domestic Violence Awareness month so we'd like for you to speak at our October meeting instead of our November meeting. We want to hear about what your office is doing about domestic violence and also human trafficking. Note the change in venue.

Hello, I'm speaking for childcare teachers mainly through corporate businesses! I am going through my 2nd year WITHOUT a disastrous pay vacation! I bust my butt throughout the years to get my vacation pay to learn I have to to USE my hardworking pay I DESERVE to pay for, with NO fault of my own or other employees for a NATURAL DISASTER!!! Please, if you're FOR the people, realize we need to be paid for not working bc of natural disasters! I PAY like many others in taxes but I DESERVE a vacation like our government officials!!! WE MAKE the MONEY and CARE for YOUR children for people like you to WORK! Please help us to live!
Need a great presentation to our citizens about current phone scams and rights etc

The Blessed Virgin Mary Women's Sodality is Saint Peter's oldest women's club. It was established in 1918 for devotional and charitable activity. Today the women gather together to promote and foster the spiritual, cultural, educational, social, and service oriented life of our parish. We have speakers, offer help in setting up fellowship meetings for the parish, pray and reach out to the further community. The Sodality meets the third Tuesday of every month. Meetings start with fellowship and refreshments at 6 PM, followed by the meeting/program at 6.30 PM. All women of the parish are welcome to attend. For more information, please contact Sodality President Amy Ditolla at amypld@gmail.com
Our staff heard Attorney General Wilson speak at the SCISA conference in Myrtle Beach in June, and were very impressed. We've realized our parents and staff are in great need of proper information, tools, and realistic discussion about what their children see and share on a daily basis.

AMERICAN OVERSIGHT

Red Ribbon read day and parade On behalf of Richland County Sheriff Department and Pine Grove Elementary School I would like to invite you and a guest reader (8:45 am)and/or take part in our Community parade (9:00 am) along with Sheriff Lott and other community members. Our mission is to build unity in our community. We would be honored if you could share this special occasion with us. Sr. Deputy Sherrick Hill Richland County Sheriff Department School Resource Office at Pine Grove Elementary

This meeting can be scheduled at the convenience of your office.

We are hosting our first "Stylist Against Domestic Violence Sneaker Ball. The organizers Gail Torres and Darryl Goodman, came together in support of stopping Domestic Violence starting with us in our community through stylist standing up to stop this. The Stylist community just lost one of our own Mrs. Ebony Clare, and thats one too many. We have the support of Several Advocates of Dorchester County, My Sister's House, multiple stylist and families who want this epidemic to end. We would love for you our Representative or someone from your office to attend and share how our state government is fighting with us. Thank you in advance for your support! Michell Simmons

The Sheriffs of the each of the 3 counties (Charleston, Berkeley, and Dorchester) will give welcoming remarks, then Brooke Burris will introduce the Task Force concept and introduce Alan. We would love for Alan to speak for 10-15 minutes and then we will have members of the Task Force present. This is a fundraiser for the Lynch Foundation to fill gaps identified by the Task Force.

We would love to have Gen. Wilson speak with us again. Dates- April 2,9,16 March 19 or Feb. 27 would be great.

Requesting Joe Ryan for talk

We are hosting a Parent University that will consist of multiple speakers on various topics. This event will have several 20-25 minute sessions between 5:30-7:00pm. We would love to have a speaker come talk to the parents of our students on how to promote internet safety! The presenter would have access to a projector and a private room for presentations.

Good Morning, I am Jackson Stanton and I go to Richland Northeast high school in Columbia, SC. I am apart of the Convergence Media program and we are participating in the C-SPAN Student Cam Documentary with the goal of getting students involved in politics. I was wondering if Representative Wilson would be open to doing an interview either in person or over the phone on his stance on gun control and the 2nd amendment. Please let me know a good time for him to do the interview. Thank you, Jackson Stanton

Eagle Scout court of honor

This town hall meeting will be the kick off to a series of education and awareness efforts. Shrieff Leon Lott, Chief of Police M. Holbrook are confirmed and we are inviting; government officials, superintendednts of Richland county schools among other. This is a major initiative and we would appreciate your support. Please contact me with questions.

WE HAVE MONTLY MEETINGS EACH MONTH. THE FIRST TUESDAY OF EACH MONTH @ 10:30AM

AMERICAN OVERSIGHT

Charleston Law is partnered with The Riley Institute at Furman University to host the 12th Annual Law and Society Symposium on February 7, 2020, in Charleston, SC. The Symposium has been entitled Legal, Ethical, and Policy Implications of a Changing Climate. We believe that you would be a perfect addition to this event!
I am the Outreach Specialist here at HopeHealth where we have monthly events called "Seniors with Hope". At this event we focus on one medical topic as well as a non-medical topic. This event is always from 2:00PM-3:30PM but our speakers only speak for 30 minutes. If this sounds like something you are interested in can you please give me a call so we can fully discuss this and to see what the next step is. Thank you and have a great day!
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Attorney General, Pro-Life Charleston (PLC) will be hosting the 3rd Annual SC Life Conference here in the Charleston/Mt P. area. It will be held at Christ Our King/Stella Maris School. It's an all day event with lunch. Would like to invite you to be a part of this growing event. PLC's vision is to make abortion unthinkable in the Lowcountry. The conference is one means by which we fulfill our mission - to educate and engage the folks in the Lowcountry. 40 Days for Life/Charleston and Sidewalk Advocates For Life/Charleston are organized under Pro-Life Charleston, LLC to support and further their interdenominational and international movements. Please let me know by March 21st if you are interested in participating. Respectfully in Christ, ajp

02.19.20 Dear SC AG Alan Wilson, I Need Your Help And Request Urgent Assistance From: U.S. Sen. Lindsey Graham. Someone *Evildoers Are Blocking My E-Mails & Calls To Him And Jud. Committee's. Please ADVISE His Office: I Richard Mills Wait For Witness Protection In PHILA, PA. Also See @JudiciarySOS http://www.Twitter.com/JudiciarySOS Richard Mills Plaintiff Also See @PhillyPoliceSOS http://www.Twitter.com/PhillyPoliceSOS R. Mills (Victim). Sincerely, Richard Mills SS#150-78-0087 D.O.B. 04/19/70 315 South Broad Street Unit 0419 Philadelphia, PA 19107 Cell# 445-888-1360 RichardMills2020@gmx.com Also Advised SC AG Via Web Portal: http://www.scag.gov/contact-us/contact-us We would like Alan to present a 15 min update on the topic 1st and then we will open the floor for questions. We have invited both LaVie and Lighthouse for life to set up a display and speak about what they offer the community and how WMRW can be of assistance.

AMERICAN OVERSIGHT

We are flexible on a meeting date. Please email me at flawrim@clemson.edu and let me know what some options are. The audience will be a mix of adults and youth. We have some young people getting mixed up on Tik Tok and other social media platforms and we are concerned. We also have parents who turn a blind aware and we want them to be aware of the dangers. We would also like to be educated on what steps we should take to protect our children and youth. Thanks!

I would love to have a member from this agency to come speak to our students about your agency, what a person may do on a daily basis and things of that nature. Thank you.

Would it be possible for the SC Attorney general to come to Folly town hall? The Beach is closed down! And businesses are hurting! As he said clearly, only the governor can issue this kind of shut down and we are angry! Also, at this meeting, can the Attorney General also come and warn our youth about the horrible dangers of marijuana? It is a deadly drug that turns people into true zombies. Thank you Alan Wilson for all the clarity of vision he has offered to the state of SC!

Hello, we have a group of scouts working on the Citizenship in the Community merit badge. The scouts would like to interview Mr. Wilson. This will be done via a Zoom meeting. It should take less than 30 minutes. Available dates are 6/8, 6/15, and 6/22 at 7PM. Yours in Scouting, Eric Cassity Troop 518, Lexington

alan wilson kill yourself. do it you fucking pussy, no one loves you and your going to hell so just accept it.

AMERICAN OVERSIGHT

Related eBay, covering up the truth about its sale of fake meteorite. I published an article that revealed that scammers are selling fake meteorite on eBay. Please check the last part of this article, I will place it at the end of this article for your reference. Since this article exposed the fraudsters' behavior of selling false meteorite on eBay, I think it is necessary to remind more meteorite consumers not to continue to be scammed by scammers. Therefore, I published this article on the world's largest meteorite forum For articles, please refer to this link: http://www.treasurenet.com/forums/meteorites/ My article was deleted by the forum in just a few hours, and my registered account was also frozen. Please see the photos I sent to you. On January 24, 2020, the US government announced: "...The Department of Homeland Security (DHS) considers the current state of e-commerce to be an intolerable and dangerous situation that must be resolved immediately and firmly", please refer to this link for Details, (https://www.practicalecommerce.com/new-us-regulations-on-counterfeit-goods-target-marketplaces). At the time, I thought the US government was exaggerating, and it might be a political performance. But now my experience tells me that the reality may be worse than what the US government claims. My article published on the world's largest meteorite forum (http://www.treasurenet.com/forums/meteorites/) only existed for a few hours, and my account was frozen. This makes me feel terrified, eBay has the unimaginable ability to make my articles disappear within a few hours. eBay has always announced to the public that they put consumer interests first. But the real situation is that once consumers are hurt, eBay's first task is to silence the victims and continue to deceive other consumers. Freedom of speech is the basic belief of the United States. If the consumer has no say, all the rights granted to the consumer are false. They deprived me of my freedom of speech, so I cannot help these cheated meteorite consumers. Do you have other ways to help these cheated meteorite consumers? I beg you to rescue meteorite consumers who are still cheated. If you want to confirm that what I said above is correct, just register an account on this meteorite forum (http://www.treasurenet.com/forums/meteorites/), then post my article, and then observe the article Whether it will be deleted. The following are the articles they deleted. ---------- How to successfully sell fake meteorite on eBay? eBay gave up the supervision of these scammers is the main reason, but these scammers are indeed very smart, they have designed a series of traps to deceive consumers and escape legal sanctions. So how can scammers successfully sell fake meteorite while avoiding the penalties of the law? The first important method is that the meteorite must be sold according to the Meteoritical Society (https://meteoritical.org/)
Mrs. Connie Young H Shealy will be the speaker.

The following dates are available: 11/5/20 11/19/20 12/17/20 Any Thursday in January 2021 - March 2021. Start time can be anytime between 1 and 3 and can last up to 3 hours (with a 1 PM start time). Thank you for your consideration of this request.
Penry is running for SC Senate District 27 against Vincent Sheheen. Also invited will be the Gov, the Lt. Gov, Lindsey Graham, Tim Scott, your Dad 'You lie Joe', Adj. General Bob Livingston, Ralph Norman, Newt Gingrich, David & Mary Wood Beasley, John Roberts from Fox News and President Trump. This is a private event by invitation only.
Charleston School of Law's Resolved: Journal of Alternative Dispute Resolution, requests the presence of the Attorney General at our annual symposium to discuss the legal effects of COVID-19, and the aftermath involving alternative dispute resolution.

AMERICAN OVERSIGHT

Because of safety regulations, we cannot have many visitors in our school building. With this in mind, on Friday October 9th our students (Kindergarten through 5th grade) will be able to choose from a library of career videos to watch. To make this possible I wanted to see if Mr. Wilson would be able/willing to record a 5-10 minute video showing/describing his career and email it to me. If possible, please send emails to me by Friday, October 2nd so I can compile them in a database for our students. Thank you for your consideration.
Virtual presentation (live if possible or recorded) which office member share information related to role of the office and State Cases. Question will include questions about law school and internships. I would like to make it a yearly visit.
Rotary District has a program called CWRAP (Conversation with Rotary Action People). We would love to have Attorney General Alan Wilson talk with this group via Zoom. The host of the show is Donald Hovis and we usually simulcast to the District Face Book Page. Alan's brother, Julian, is in the Five Points Rotary Club with me so he should be familiar with Rotary District 7770. We have dates open in November on Monday or Fridays at 11am and Wednesdays at 12Noon Mary

The session will be conducted via live stream. Our system has the ability to host 800+ participates. The session will be held at the Wiley Kennedy Life Center 1028 Eastman St, Columbia, SC. We would like the AG to provide opening remarks follow b a session on how sex traffickers are target our children and young adults on line and via apps. A presentation by Captain Heidi Jackson and Laurie Pinata will be next, we are also open to having the AG and/or someone from your office to participant in the presentation as well as the Q &A. We are still in the planning stages so we are open to suggestions and the date change if it will assure the AG's participation
The members of Christian Legal Society would be honored to have Attorney General Alan Wilson be a guest speaker. We would love for him to share his journey to becoming South Carolina's Attorney General and for him to share how his faith played a role. He is also welcome to share any significant law school experiences that prepared him for his role as the South Carolina Attorney General. This meeting will be a virtual meeting that will be held via Zoom.
AG ONLY

Assistant Solicitor Erin Joyner (York) tried to intimidate a potential witness through attempted protected custody following the transmission of years old evidence. I was living in Spartanburg County at the time when several deputies appeared based upon a “concerned” public servant who has repeatedly denied equal protection under US and SC constitutions regarding an assault upon a disabled veteran by a teaching student who later retaliated claiming that the victim harassed her. She also later claimed that I violated a restraining order. The Italian Rock Hill magistrate denied bail for a nonviolent misdemeanor in contradiction of the SC constitution and another judge later found no probable cause for my arrest. Both RHPD Chief Watts and AS Joyner refuse to entertain a case that took a longer than usual time to complete a very short incident report that was immediately administratively closed despite an official copy of a Facebook message apologizing for getting physical and documented medical evidence from the VA.
The student members of Christian Legal Society at Charleston School of Law would be honored to have Attorney General Alan Wilson discuss how his faith has played an important role in his legal career, and his road to becoming South Carolina's Attorney General.

AMERICAN OVERSIGHT

After listening to Attorney General Wilson's press conference on Human Trafficking and reading the task force report, I have been updating the mandatory reporting administrative regulation to add trafficking and want our staff to be knowledgeable of trafficking in South Carolina. I would greatly appreciate it if Heather Weiss or one of the assistant attorney general's could present via zoom on February 24th. An overview of the task force's report would . Please let me know what times are available on that day. Please call me on my mobile phone (803_240-8147 as I am currently working remotely following surgery. Thank

I NEED TO TALK YO SOMEONE ABOUT INCOMPETENCE OF THE SC UNEMPLOYMENT DEPT IN COLUMBIA! I HAVE CALLED DAILY BECAUSE THEY SENT MY WEEKLY PAYMENT FOR DEC 19, 3020 WAS REJECTED BY A CARDTHEY FROZE!! IVE CALLED DAILY SINCE, AND NOONE IS HELPING ME!!! UNACCEPTABLE!!

We are an ACTIVE ENGAGED GROUP OF REPUBLICAN WOMEN.TWO OF LAST 6 PRESIDENTS OF SCFRW HA VE COME FROM THE PRESIDENTS OF OUR CLUB

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We're hosting a virtual State Government session for our LPC class and would welcome the opportunity to have Mr. Wilson speak with our group for a 30 minute window of time. The session date is March 16 and we have time slots that morning at 9:00-9:30 AM, 11:00-11:30 AM, or 11:45 AM-12:15 PM. We're very hopeful that one of these time options will accommodate Mr. Wilson's schedule. Thanks so much for your consideration and I look forward to hearing back from you.

Speaker is requested because of military affiliation not political. Limited 7 to 10 minutes speaking time. Program, including wreath laying last appx. 60 minutes. Please contact above for additional information

Hi AG Wilson, My name is Amy Shaffer and I am the Chairman of the Hampton County Republican Party. First I want to say how proud I was at CPAC this year when SC was mentioned several times as the state that got it right. Election integrity is the absolute most important subject on everyone's mind in Hampton County. Our county party was more involved than ever before this past election and I was very proud and honored by how hard they worked. We will be holding our very first ever HC Convention April 22nd. I am going to be bold and ask if it would be possible for you not only to attend and speak but to be part of an election integrity panel that I am attempting to put together. It would consist of , if they accept, You, Drew McKissick and National Committeeman Glenn McCall. Those are my first choices. My goal is to show how we are currently working to solve election issues before the 2022 election to restore confidence. I would be humbled if you would accept my invitation to attend. Amy Shaffer Hampton County Chairman

I have arranged for this months ago but have lost the direct # to call and confirm. Please contact me.

Ok I've read the above article. By law it is legal to marry children. Homeland security immigration law. Now the nature of the incident. If the child loved or consented. Then I'm warning you of it because you could have framed someone the official document (Homeland security encourages child marriage) by law a lawsuit and the creditental of whoever apprehended the person nationwide adults and kids can be married. By law child porn is the depiction of a naked child. By law in 1958 the supreme court made it legal so try to stay current that's in all states cities and counties. My number is above if you have any questions.

AMERICAN OVERSIGHT

The Law Students for Life chapter at the University of Chicago Law School hopes to host an event about laws on abortion in the states and the role of AGs in defending challenges to them. It would be a virtual event with a moderator and another AG/SG. Please let me know if there is any interest in having the Attorney General participate. Thank you.

I did not see a video request form, so I tried doing it this way. I am the Secretary for the Naval Academy Parent Club of South Carolina. We are doing a video to honor the Class of 2021 and would like to ask Mr. Wilson to send in a short clip of congratulations to the Midshipmen. We did this last year and are hoping he would like to be involved this year as well! Please contact for further information: Suzanne Hopper (864) 208-4940. Please email video to hoppermomx6@gmail.com. Go Navy!

I am a junior at USC and this is a documentary for my film class. The film is about how important the abortion law is and how we as students can contribute to getting it passed.
CELL 864 541-3364 / I CREATED I DISABLITIY LOGIN AN SOMEONE KEEPS HACKING MY HOME COMPUTERS SPARTANBURG REGIONAL IN ON IT AN HAWKINS LAWFIRM I CALL LAW ME AN WELLFORD COP ON SPARTANBURG REGIONAL 25 TIMES WHEN WE RAN GOVERMENT MONEY FOR GOVERMENT HACKING / CELL TRACKING GOVERMENT HACKING EMAILS ADDRESS
I don't know if your office could do this or could recommend another group? I am a police Officer in the Chs area and am very interested in this as well. I am wanting to get my daughter, her friends, and coworkers daughters together and have a frank and open discussion regarding this.

Attorney General Wilson was scheduled last May to speak in McCormick, SC; but he had to cancel the event because of the pandemic. The McCormick County Republican Party is looking to reschedule Mr. Wilson to visit McCormick and speak at a dinner or a luncheon. Is he available any time in August or September, 2021? We will set the date of our event that is suitable for him. Thank you for your consideration.

AMERICAN OVERSIGHT

TRANSFERRED EMPLOYEES HAVE NOT DONE ANYTHING WRONG. IT IS THE WALMART STORES UNDER INVESTIGATION. ALLOW THE EMPLOYEES AND MANAGERS NAMES TO REMAIN UNIDENITIFIED AND ANONYMOUS IN THE ANY RECORDS OR FILES. THIS IS A NOTIFICATION TO WALMART HEADQUARTERS STAFF (DO NOT PLACE ANY INFORMATION IN THE RECORDS AND FILES OF THE EMPLOYEES) NOTIFICATION TO THE EMPLOYEES AT HOME (AFTER WORK HOURS) OR WORK TO: Doug McMillon, President and CEO, Dan Bartlett, Executive Vice President, Brett Biggs, Executive Vice President and Chief Financial Officer Rachel Brand, Executive Vice President, John Furner, President and CEO, Suresh Kumar, Executive Vice President, Judith McKenna, President and CEO, Kathryn McLay, President and CEO, Donna Morris, Executive Vice President LOCATION: Walmart Headquarters, 702 SW 8th Street, Bentonville, AR 72712 COMMENTS: Notify ALL the Store Managers, Managers and Human Resources Employees at Walmart, 11465 Tara Blvd, Lovejoy, GA 30250. There are part-time employees that were transferred to the Walmart, 11465 Tara Blvd, Lovejoy, GA 30250 from Texas. Ensure the part-time employees are not working at this store. It is mandatory, for the transferred employees to find other locations to work besides at 11465 Tara Blvd, Lovejoy, GA. Walmart, 11465 Tara Blvd, Lovejoy, GA 30250, HAS THE NEW EMPLOYEES STARTING SATURDAY, 04/24/2021 FROM 10AM-7PM IN THE PATIO & GARDEN CENTER. WALMART HEADQUARTERS, IMMEDIATELY MOVE THESE EMPLOYEES FROM THIS STORE OR OTHER STORES IN THESE AREAS. FIND OUT WHICH MANAGER TRANSFERRED THE PART-TIME EMPLOYEES FROM TEXAS INTO THE WALMART ON 11465 Tara Blvd, Lovejoy, GA. ENSURE THE EMPLOYEES DO NOT WORK AT THIS LOCATION OR OTHER STORES NEAR. THESE TRANSFERRED PART-TIME EMPLOYEES CAN NOT WORK AT THE FOLLOWING WALMART STORES BECAUSE OF INVESTIGATION: METRO ATLANTA STORES Stockbridge, Walmart Supercenter #745, 5600 N Henry Blvd Lovejoy, Walmart Supercenter #5363, 11465 Tara Blvd Stockbridge, Walmart Supercenter #3402, 1400 Hudson Bridge Rd Ellenwood, Walmart Supercenter #3609, 2940 Anvil Block Rd Morrow, Walmart Supercenter #1047, 6065 Jonesboro Rd Riverdale, Walmart Supercenter #787, 7050 Highway 85 Fayetteville, Walmart Supercenter #594, 125 Pavilion Pkwy College Park, Walmart Supercenter #3401, 6149 Old National Hwy Union City, Walmart Supercenter #855, 4735 Jonesboro Rd Atlanta, Clinic Pharmacy #5010, 1030 Delta Blvd East Point, Walmart Supercenter #6998, 844 Cleveland Ave East Point, Walmart Supercenter #6998, 844 Cleveland Ave Lithonia, Walmart Supercenter #1340, 5401 Fairington Rd Conyers, Walmart Supercenter #2475, 1436 Dogwood Dr Se Hiram, Walmart Supercenter #618,

Hello, I recently held a Truth Chat and had a tremendous showing of concerned parents regarding the mask mandates, specifically those who are apart of CCSD. They want the masks off the kids, especially now that Governor McMaster has stated that they should be lifted. We want to know what rights we hold as parents and who holds the school boards accountable when our elected Governor has demanded that counties remove the mandate but we have School district spokesman Andy Pruitt disagreeing, saying Charleston County will continue to follow the guidance of infection control specialists from the Medical University of South Carolina. Who has, quite honestly, not used the best scientific evidence to support their recommendations. We would love for you to come and talk to our group answer questions and give us guidance. Thank you!!

JCRP members want to know what the states are doing to rebuff Biden's unconstitutional overreach. They want to know what they can do as citizens to preserve our rights and defend the constitution. Please join us and see the interest and enthusiasm of the growing number of Republicans in Jasper County.

AMERICAN OVERSIGHT

We have not set a date and time yet. We are desperate for any help we can get. The Sumter Sheriffs Department has not given any answers and there is people who know things and has made statements that they know something about the disappearance of Brent Garcia. We need all the support we can get. I'm also reaching out to Lindsy Graham and Tim Scott and Governor McMaster. Please contact me if you're willing to help and we'll set a date. Kindest Regards, Sandy Jackson

I have heard you speak before. This is vital information for all young people. If you can come, I will get as much of the 9-12 student body as possible during the two sessions.

Dear Attorney General Wilson, My name is Maclain Conlin. I am 15 years old (and an aspiring Supreme Court justice!) and live in Virginia, just outside the capital of Washington, D.C. I am homeschooled, and compete in a national Christian speech and debate league called NCFCA. This year, NCFCA's National Championship will be held online, and, if your schedule permits, I would like to respectfully invite you to judge a round as an honorary guest! Thousands of students from all 50 U.S states (including South Carolina) have been competing all year for just over a hundred slots to the National Championship, and the winners will qualify for full scholarships to both Christian and secular universities. I apologize for the timing of this note, but due to COVID the league only recently moved the tournament online. Other judges will include: -Elizabeth McClanahan, a former Justice of the Virginia Supreme Court, retired last year -Michael Farris, General Counsel of Alliance Defending Freedom -The Moot Court coaches for Yale University, Fitchburg State University, and the University of California at Los Angeles -...and many others! Students will debate crucial issues such as the public's right to know, immigration reform, and how far criminal rights should extend. There will also be individual speeches on theology, current events, and original topics that students are passionate about. The tournament will take place online on June 21-26, and judging may be done from the comfort of your home or any place with a computer and WiFi. Each round lasts 1-2 hours, and we ask judges to select a round at any time during the week which fits their schedule. If you can attend, please visit NCFCA.org/Judge to register and select your round(s). Thank you so much for your consideration, sir! I am certain that my fellow competitors and I would greatly benefit from the feedback of a leader in the legal world. However, I also understand that schedules fill up quickly during the summer, so if you cannot attend, is there a representative from your office that you would like to send in your place? Thank you! Sincerely, Maclain Conlin P.S I am in 8th grade and most of my opponents are seniors in high school. It would be a great help if I could recruit the South Carolina Attorney General to come judge a round!

There is active gas gouging in Chesterfield Co. Prices there are more than in NC and York Co. Why? Why are you allowing this? Read Facebook. People are fed up with crooks in Chesterfield Co. You need to investigate. Your gas gouging form cannot be located on your site so I had to use this form.

AMERICAN OVERSIGHT

Dear Attorney General Wilson: Thank you for your leadership in South Carolina during these uncertain times. As the federal government seeks to encroach on your state's election system, your refusal to allow South Carolina's sovereignty to be threatened or compromised is a model for state leaders to respond in our federalist system of government. The Honest Elections Project is hosting a two-day Academy in the last week of July to educate select state leaders on how to strengthen the integrity of their election systems. For this exclusive event, we are inviting 17 state leaders, all from key battleground states and all of whom have recognized election integrity is a key priority. Because of your work and your commitment to states leading the way, we would like to invite you to be a keynote speaker at this Academy during the opening reception and dinner. The Academy's opening reception and dinner will take place on Monday, July 26th at 7 PM Mountain time at the Grand America Hotel in Salt Lake City, Utah. From your time as South Carolina Attorney General, and your model of leadership across the states, your expertise and experience would be greatly appreciated by Academy's attendees. If you are able to share your leadership and perspective during the Honest Elections Project Academy on Monday, July 26th at 7 PM Mountain time, or if you have any additional questions, please contact Sarah Wall at swall@alec.org, or at (757) 407-4255. Thank you, Jason Snead Executive Director, Honest Elections Project

Kershaw County Sheriffs Office will be hosting Law Enforcement professionals from around South Carolina to discuss current issues within law enforcement in our state. The attendees will be graduates of the FBINA, and all professionals and leaders in Law Enforcement in our state. The speaker will only speak for 10 minutes or so, and is invited to stay for a dinner if he can. Thank you

Attorney General Wilson has spoke briefly at several of our Annual Fundraising Luncheons in the past and this is our first one since COVID - hoping this is something he will be able to fit in his busy schedule! Thank you for your consideration!

The McCormick County Republican Party hosts a "MCRP Supper Club" dinner every two months. At the first one, 80 people showed up. At the second one, 101 people showed up. We had 120 people at our county convention. Republicans are eager to get involved and hungry to find out what is happening in our state. Dinner is served at 6:00 p.m., and the speaker speaks about 7:00 p.m. We are particularly interested in Attorney General Wilson's work on defending the Second Amendment at SCOTUS. The group is also interested in the Human Trafficking Report 2020 The "Supper Club" on November 11 will honor the veterans. If Attorney General Wilson is not available on Thursday, November 11,

This group is concerned with mandating mask wearing, culturally relevant teaching (aka critical race theory), sexualizing students without the parents' consent, and other issues where the state/education system is replacing parents' values. They are looking for legal answers on how to protect their rights. They would like Mr. Wilson to know how much they appreciate the decisions he has made recently on masks, as well as many decision over this time in office.

AMERICAN OVERSIGHT

Thank you so much for standing up for other schools we appreciate your support so much. We have formed a group of over 2,000 supporters and we need your support. SDPC is pushing masks into our schools and trying to push to virtual learning. They are also only giving a 30 minute window for us to speak on the topic and are refusing a bigger venue for the school board meeting. They have now announced they will force masks into Clemson schools in city limits which is against what McMasters has stated. I am sure this is only the beginning as they will start picking off our cities one at a time for the same things. They are using our children for their political agendas. We all know how dangerous masks and all the bacteria growing in them can be. Please, please join us. My 9 year old is having anxiety over this. Our children shouldn't have to live this way. We need you and McMasters to step in for us. I know it's last minute, but I didn't think we would come to this. Thank you for your consideration and time.
Please call me to discuss details.

LAA South Carolina is holding a state rally and is 1 of 13 states doing the same. We are exercising our first amendment rights against the weaponization of the FBI and DOJ against Americans because of their political ideologies, the lack of due process, bail, presumed innocence, abuse of the DC prisoners, lack of real J6 investigation, the wrongful death and cover up of Ashli Babbitt on J6. Speakers so far are Congressman Ralph Norman, Rep. Stewart Jones, Rep. Lin Bennett, candidate Matthew LEBER and more to be announced. We are inviting AG Wilson to speak at this event. Questions feel free to call 630.542.3132
Alan- As you are aware the new elementary school has opened in Chapin near the lake. Our students are excited about veterans day and so we are celebrating outside. As a veteran and someone we love in SC we would love for you to attend this for our elementary school kids. You will notice we are having this the day after veterans day because 11/11 is a half day for the kids. Please let us know if you can attend this day with us!
In honor of domestic violence awareness month, we are having a panel to bring awareness to domestic violence, and to discuss how students can be effective in reducing domestic violence. We would love to hear any insight from AG Wilson on how we can support victims and advocate for them. Most importantly, we would love to learn how his office has helped reduce the rate of domestic violence and what we students and the community can do to reduce domestic violence. This is a panel event. Please let me know if you have any questions. Thank you.
Friends of Liberty is a grassroots group formed in January 2021. We are regular American citizens who treasure our individual freedom and self-governance. Currently we have 600 members in Beaufort County and affiliates in 7 other counties in South Carolina. We meet once a month in Shelter Cove Community Park on Sundays. I met AG Wilson at a First Monday meeting months ago and had asked that he come to speak with Friends of Liberty.

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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2012-10-23 14:53:34	public	1
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AMERICAN OVERSIGHT

2012-12-31 13:18:14	public	1
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2013-01-29 13:00:09	public	1
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2013-03-20 11:36:07	public	1

AMERICAN OVERSIGHT

2013-03-26 15:37:21	public	1
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AMERICAN OVERSIGHT

2013-06-10 10:21:59	public	1
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AMERICAN OVERSIGHT

2013-08-03 15:22:39	public	1
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2013-08-13 11:03:20	public	1
2013-08-23 16:20:02	public	1
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

2014-03-11 19:28:23	public	1
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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2019-10-02 15:19:04	public	1
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2019-11-07 23:30:42	public	1
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2019-12-04 14:25:52	public	1
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AMERICAN OVERSIGHT

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2020-01-14 16:02:25	public	1
2020-01-14 16:09:53	public	1
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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2020-07-24 15:01:20	public	1
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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2021-02-19 09:43:54	public	1
2021-02-25 11:49:26	public	1
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Completion Status
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AMERICAN OVERSIGHT

Accepted: Call - JUUL

Where:	Below
When:	Fri Aug 06 11:00:00 2021 (America/New_York)
Until:	Fri Aug 06 11:30:00 2021 (America/New_York)
Organisers	
Required Attendees:	
Optional Attendees:	

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Required Attendees:	DeLinda Ridings <dridings@scag.gov> AWilson Calendar <awilsoncalendar@scag.gov>

POC: Pete (he will brief you prior to the call)

Kate Rumbaugh is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting
https://juul.zoom.us[redacted]

Meeting ID: [redacted]
One tap mobile
+16468769923,[redacted] US (New York)
+16692192599,[redacted] US (San Jose)

Dial by your location
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+81 524 564 439 Japan
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Meeting ID: [redacted]
Find your local number: https://juul.zoom.us/u/aemTrChudh

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AMERICAN OVERSIGHT

Calls

When:	Wed Jul 14 13:30:00 2021 (America/New_York)
Until:	Wed Jul 14 15:30:00 2021 (America/New_York)
Organisers	DeLinda Ridings <"/o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=028d6387301a41258d060dfba1f03524-delinda rid">
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POC: Maddison Meeks

Here is a breakdown of AG Wilson?s calls for us on Tuesday:

1pm: PC Matic [redacted]
2PM: Scott Ballard ? call his cell at [redacted]
2:15PM: Melaleuca ? [redacted]
2:45PM: SAS Institute [redacted]

Our team will have briefing materials sent over by Monday afternoon and we will all verbally brief him as well.

AMERICAN OVERSIGHT

Calls

When:	Tue Jul 20 13:00:00 2021 (America/New_York)
Until:	Tue Jul 20 15:30:00 2021 (America/New_York)
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Until:	Tue Jul 20 15:30:00 2021 (America/New_York)
Organisers	DeLinda Ridings <"/o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=028d6387301a41258d060dfba1f03524-delinda rid">
Required Attendees:	DeLinda Ridings <dridings@scag.gov> AWilson Calendar <awilsoncalendar@scag.gov>

POC: Maddison Meeks

Here is a breakdown of AG Wilson?s calls for us on Tuesday:

1pm: PC Matic [redacted]
2PM: Scott Bal[redacted]d ? al[redacted] cell at [redacted]
2:15PM: Melaleuca ? [redacted]
2:45PM: SAS Institute ? [redacted]

Our team will have briefing materials sent over by Monday afternoon and we will all verbally brief him as well.

AMERICAN OVERSIGHT

Calls

When:	Wed Jul 14 13:30:00 2021 (America/New_York)
Until:	Wed Jul 14 15:30:00 2021 (America/New_York)
Organisers	DeLinda Ridings <"/o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=028d6387301a41258d060dfba1f03524-delinda rid">
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AMERICAN OVERSIGHT

FW: Call - JUUL

Where:	Below
When:	Fri Aug 06 11:00:00 2021 (America/New_York)
Until:	Fri Aug 06 11:30:00 2021 (America/New_York)
Organisers	DeLinda Ridings <"/o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=028d6387301a41258d060dfba1f03524-delinda rid">
Required Attendees:	DeLinda Ridings <dridings@scag.gov>

This out-of-policy resource request was forwarded to you for your approval.

This request was forwarded to you for approval because the organizer doesn't have permission to book this resource.

Sent by Microsoft Exchange Server 2016

Kate Rumbaugh is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting
https://juul.zoom.us/j[redacted]

Meeting ID: [redacted]
One tap mobile
+16468769923,[redacted] US (New York)
+16692192599,,[redacted] US (San Jose)

Dial by your location
+1 646 876 9923 US (New York)
+1 669 219 2599 US (San Jose)
+44 330 088 5830 The United Kingdom
+44 203 901 7895 The United Kingdom
+1 204 272 7920 Canada
+65 3165 1065 Singapore
+39 069 480 6488 Italy
+48 22 306 5342 Poland
+7 812 426 8988 Russia
+7 499 951 6379 Russia
+420 2 3901 8272 The Czech Republic
+33 1 7095 0103 France
+49 69 3807 9883 Germany
+32 2 588 4188 Belgium
+972 55 330 1762 Israel
+351 308 804 188 Portugal
+82 2 6105 4111 Korea, Republic of
+34 917 873 431 Spain
+41 31 528 09 88 Switzerland
+353 1 653 3897 Ireland
+81 524 564 439 Japan
+81 363 628 317 Japan
Meeting ID: [redacted]
Find your local number: https://juul.zoom.us/u/aemTrChudh

AMERICAN OVERSIGHT

FW: Call - JUUL

Where:	Below
When:	Fri Aug 06 11:00:00 2021 (America/New_York)
Until:	Fri Aug 06 11:30:00 2021 (America/New_York)
Organisers	DeLinda Ridings <"/o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=028d6387301a41258d060dfba1f03524-delinda rid">
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POC: Pete (he will brief you prior to the call)

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+16692192599,,[redacted] US (San Jose)

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AMERICAN OVERSIGHT

FW: Calls

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Required Attendees:	DeLinda Ridings <dridings@scag.gov>

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Before you approve the request, please verify that there are no conflicts on the calendar for AWilson Calendar.

At the time this request was received, the following meetings conflicted with this request:

Organizer and Time of Conflicting Meeting
DeLinda Ridings - Tuesday, July 20, 2021 1:00:00 PM to Tuesday, July 20, 2021 1:20:00 PM

Sent by Microsoft Exchange Server 2016
POC: Maddison Meeks

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AMERICAN OVERSIGHT

Tentative: Call - JUUL

Where:	Below
When:	Fri Aug 06 11:00:00 2021 (America/New_York)
Until:	Fri Aug 06 11:30:00 2021 (America/New_York)
Organisers	
Required Attendees:	
Optional Attendees:	

Your request was received and is pending approval.

Sent by Microsoft Exchange Server 2016

AMERICAN OVERSIGHT

Tentative: Call - JUUL

Where:	Below
When:	Fri Aug 06 11:00:00 2021 (America/New_York)
Until:	Fri Aug 06 11:30:00 2021 (America/New_York)
Organisers	
Required Attendees:	
Optional Attendees:	

Your request was received and is pending approval.

Sent by Microsoft Exchange Server 2016

AMERICAN OVERSIGHT