

DEMAND: Immediately Stop Distribution, Access and Administration of COVID-19 mRNA Nanoparticle Injections Across All *Name the County* Vaccination Facilities and Seize Inventory

Attention: *Sheriff John Smith, Deputy Sheriff Jane Doe*

CC: *(list friends, church members, family, mediam and attorneys who have given permission)*

It is well-established that the FDA clinical trials for the ‘COVID-19 vaccines’ (hereafter referred to as ‘COVID-19 nanoparticle injections’ or ‘mRNA nanoparticle injections’ or ‘COVID-19 injections’) were **not** designed to clinically and statistically demonstrate that the COVID-19 nanoparticle injections prevent infection, **prevent transmission, or** protect against disease, hospitalizations, and death.¹⁻⁷

FDA clinical trials, US government data, and real-world evidence have demonstrated that mRNA nanoparticle injections cause clinically significant increases in mild-to-moderate disease, serious diseases, disabilities, hospitalizations, and death within days, weeks and/or months of receiving COVID-19 mRNA nanoparticle injections in formerly healthy infants, children, and adults.^{2,4,6-13, 79-81}

The COVID-19 mRNA nanoparticle injections were administered to civilian adults and children through unlawful human experimentation, specifically whereas the clinical safety risks were known by the FDA to outweigh any potential clinical benefits and the COVID-19 injections were administered **without** informed consent regarding;

- the composition and variability of the COVID-19 nanoparticle injections’ vials,
- the gene-editing mechanism of action of COVID-19 nanoparticle technologies, and
- the known harmful, permanently disabling and/or sometimes deadly clinical outcomes of being injected with engineered COVID-19 nanoparticle technologies.^{2,4, 9,14-55,82}

This DEMAND is sent to the attention of “*Sheriff John Doe and Deputy Sheriff Jane Smith,*” who are hereafter referred to individually and collectively as “COUNTY LAW ENFORCEMENT.”

WHEREAS the ‘COVID-19 vaccines’ contain engineered nanoparticle technologies per the manufacturer’s product labeling, FDA submissions, US military contracts, peer-reviewed publications, patents, and manufacturer’s websites;^{1-8,11,14,19-24,26,32-37,51} and,

WHEREAS Pfizer ignored and violated 21 USC laws for conducting safe and legal experimentation on humans with the use of FDA-regulated products when Pfizer stated that the formulations of their COVID-19 injections distributed to US adults and children varied by LOT number, per Pfizer’s approved August 23, 2021, biological license application (BLA);^{4,11,15-19} and,

WHEREAS Pfizer’s criminal experimentation on civilian adults and children with the use of varying biotechnologies in their COVID-19 mRNA nanoparticle formulations by ‘vaccine’ LOT number (with some lots known to inflict harm, ranging from serious diseases and disabilities to death), combined with lots that are placebos (known to be harmless), was confirmed by a scientific European analysis of 52 different Pfizer mRNA nanoparticle ‘vaccine’ LOTS, administered to 4,026,575 persons who received 10,793,766 doses (an average of 2.7 injections/person) between December of 2020 and January of 2022;⁷⁹⁻⁸¹ and,

WHEREAS the FDA *and* ‘vaccine’ manufacturers (i.e. Pfizer) clinically established that the COVID-19 injections would cause an unprecedented incidence of disease, permanent disabilities, and death, when on October 22, 2020 (before the ‘COVID-19 vaccine rollout’) the FDA met with the manufacturers and reviewed this ‘working list’ of harmful clinical outcomes caused by the injections; **nervous system disease**(convulsions, seizures, **Guillain-Barre syndrome myelitis encephalitis, encephalopathy, encephalomyelitis, narcolepsy, cataplexy**, meningitis, meningoencephalitis *acute demyelinating diseases*), **cardiac disease** (acute myocardial infarction myocarditis, pericarditis, stroke), **blood and circulatory disease**(disseminated intravascular coagulation, thrombocytopenia, venous thromboembolism), **musculoskeletal disease** (arthritis, joint pain), **reproductive and pregnancy disorders** (adverse pregnancy outcomes, adverse birth outcomes), **autoimmune disease** (VAED, multisystem inflammatory syndrome), and **death**;⁹ and,

WHEREAS 696,605 nervous system disorders, 539,299 musculoskeletal and connective tissue disorders (92,942 pain in extremities), and 317,811 gastrointestinal disorders, 224,633 skin, hair and nail disorders, 190,720 respiratory and chest disorders, 178,353 female and

male reproductive system disorders (erectile dysfunction, infertility, heavy menstrual bleeding), **167,382 victims developed bacterial, viral, or parasitic infections (24,9010 herpetic infections), 126,993 cardiac disorders, 100,970 blood and lymphatic system disorders, 77,148 psychiatric disorders, 73,542 vascular disorders, 61,518 eye disorders, 47,038 ear and labyrinth disorders (15,833 tinnitus), 31,895 autoimmune disorders, 13,647 kidney and urinary disorders, 3,711 cancers and benign cysts, 4,056 pregnancy complications (1,859 spontaneous abortion complications, 1,143 genetic disorders, and 3,814 deaths** were documented in an internal Pfizer document as of June 18, 2022;⁵⁶ and,

WHEREAS 17,560 deaths, 83,092 hospitalizations, 116,479 urgent care visits, 194,594 doctor visits, 36,014 anaphylaxis/severe allergic reactions, 13,515 cardiac events/conditions, 17,076 permanent disabilities, and an additional 14,494 life threatening events have been reported into the CDC's VAERS database as of June 16, 2023, with an estimated 100-fold underreporting factor per a Harvard Pilgrim Healthcare Analysis commissioned by HHS;⁵⁷⁻⁵⁸ and,

WHEREAS more than one (1) million adverse events were reported in the VAERS database (1,055,219) in the year 2021 from the COVID-19 injections, including; hospitalizations, permanent disabilities, anaphylaxis, heart attacks, miscarriages, adult, child, and newborn deaths which is more than *ALL* reported adverse events from *ALL* childhood and adult vaccines over the past 20 years combined prior to the COVID-19 injection rollout (1990 -2020);⁵⁷ and,

WHEREAS based on data from the Defense Medical Epidemiology Database (DMED), it was reported that US military men and women experienced a 2,181% increase in hypertension, **1,048% increase in nervous system disorders**, a 894% increase in malignant neoplasms of esophagus, a 680% increase in multiple sclerosis, a 624% increase in malignant neoplasms of digestive organs, 551% increase in Guillain-Barre syndrome (paralysis), a 487% increase in breast cancer, 487% increase in demyelinating disease (damage to the myelin sheath protecting nerve fibers of the brain, optic nerve, and spinal cord), a 474% increase in malignant neoplasms of thyroid and other endocrine glands, a 472% increase in female infertility, a 468% increase in pulmonary embolism, a 452% increase in migraines, a 437% increase in ovarian dysfunction, 369% increase in testicular cancer, and a 302% increase in tachycardia;¹⁰ and,

WHEREAS data collected by the Joint Artificial Intelligence Center (JAIC) of the U.S. Department of Defense (DoD), demonstrated that among 5.6 million Medicare beneficiaries 65

years and older who received Pfizer's or Moderna's mRNA nanoparticle technology injections or remained un-injected, 71% of COVID-19 cases occurred in fully-vaccinated seniors and 60% of COVID-19 hospitalizations occurred in fully-vaccinated seniors as of August 7, 2021;⁵⁹ and

WHEREAS data published by the CDC on June 15, 2023, demonstrated that in adults who were fully vaccinated or fully-vaccinated and boosted, and who were formerly immunocompetent (healthy) experienced an *increased risk* for hospitalization due to COVID-19;⁶⁰ and,

WHEREAS *more than* 4 million Americans reported a Grade 3 adverse event (as defined as 'unable to perform their daily functions') and approximately 200,000 (2%) required admittance to the emergency room or hospital after receiving a COVID-19 injection according to the CDC's V-Safe database of 10 million US residents who were early recipients of COVID-19 injections as of July 31, 2022;⁶¹ and,

WHEREAS 403,396 Florida residents who were early recipients of COVID-19 injections, 167,005 (41.1%) reported a Grade 3 adverse event (unable to perform their daily functions) and 8,471 (2.1%) required admittance to the emergency room or hospital after receiving a COVID-19 injection per the CDC's V-Safe database report as of July 31, 2022;⁶¹ and,

WHEREAS Florida Surgeon General Joseph Ladapo identified 16,406 cardiac deaths from Florida's disease repository (MERLIN), Florida State Health Online Tracking System (FLSHOTS), and death records, in adult Florida residents within 25 weeks of a 1st or 2nd mRNA nanoparticle injection; 3,417 of these cardiac deaths occurred within 28 days of a 1st or 2nd mRNA nanoparticle injection and *none* of these deaths were attributed to COVID-19 infection or a history of heart disease;⁶² and

WHEREAS a recent systematic review of 100 studies, including case-reports and case studies, demonstrated that the average rate of myocarditis (a formerly rare disease among healthy adults and children) is 1.62% post COVID-19 mRNA nanoparticle injection, as well as demonstrated a clinically significant incidence of cardiomyopathy, pulmonary embolism (PE), and vaccine-induced thrombotic thrombocytopenia post COVID-19 mRNA injection;⁶³ and,

WHEREAS it is clinically established that the mRNA 'spike proteins' and 'lipid' nanoparticles cross the barrier membranes of the cardiovascular, respiratory, reproductive, and central nervous system (including the brain); causing inflammation that can result in disease, disability, and

death, per peer-reviewed publications and research & development Pfizer documents;^{52-55,64-67} and

WHEREAS there were 195% excess mortality claims in the State of Florida made to Group Life Insurance companies in July-September of 2021, during the time period when President Biden's previously announced COVID-19 vaccine mandate was to go into effect by July 4, 2021, for all employed Americans;⁶⁸⁻⁶⁹ and,

WHEREAS the CDC recorded an excess of 492,851 deaths in the United States in 2022, and an excess of 64,375 deaths in the first 14 weeks (Q1) of 2023;⁷⁰ and,

WHEREAS on November 20, 2020, Pfizer stated *in writing* that the risk-benefit ratio of their COVID-19 mRNA nanoparticle injections were *not favorable* (unfavorable) for children 12 to 15 years of age, based on FDA submitted data from 100 injected children from their Phase 3 trial;² and,

WHEREAS on June 10, 2021, the FDA Vaccine and Biological Products Advisory Committee (VRBPAC) stated *in writing* that it would *not be infeasible* (it would be *impossible*) to conduct a clinical trial that could clinically and statistically prove that any vaccine could prevent SARS-CoV-2 infection and/or COVID-19 disease in pediatric populations because teenagers, children, and infants rarely (if ever) become infected or present with symptoms;¹⁶ and,

WHEREAS children who received two (2) COVID-19 injections are 1400% (15x) more likely to die of any cause than unvaccinated children and children who received three (3) COVID-19 injections are 4400% (45x) more likely to die of any cause than unvaccinated children per UK Government data;^{13,71} and,

WHEREAS, COVID-19 mRNA nanoparticle injections induce anaphylaxis, appendicitis, fevers of greater than 104 degrees Fahrenheit, seizures (with eye rolling), convulsions, status epilepticus (seizures lasting more than 5 minutes and multiple seizures that can lead to permanent brain damage), epilepsy, exanthema subitum (herpes induced fevers and seizures), hypotonia (limp 'lifeless-like baby syndrome'), permanent brain damage confirmed by an EEG, and lissencephaly (genetic-induced brain malformation characterized by the absence of convolutions/folds), per Pfizer's June 15, 2022, FDA clinical trial data submission of 6 month

old babies through 4 year old toddlers; in which a subgroup of 370 toddlers (2 to 4 year old) only 21 toddlers (5%) made it to their 1-month study follow-up visit after receiving their 3rd COVID-19 mRNA injection, and in a subgroup of 344 babies (6 to 23 months old) only 3 babies (1%) made it to their 1-month study follow-up visit after receiving their 3rd injection of COVID-19 mRNA injection; reasons for discontinuing or withdrawing from the study included adverse events, neurological dysfunctions, ICU admission, hospitalization, and death (but reasons for discontinuation or withdrawal need not be noted by the investigator);¹⁴ and,

WHEREAS the engineered COVID-19 mRNA nanoparticles can cross the blood brain barrier causing demyelinating disease (deterioration to the protective covering of nerve cells) including permanent changes to nerve cell structures, nerve cell damage, and nerve cell death in the spinal cord and brain leading to permanent brain and neurological disorders and diseases, such as the **696,605 neurological disorders** and diseases documented by Pfizer;^{53,55,56,65,67} and,

WHEREAS the engineered mRNA nanoparticles cross the biological barriers of the male reproductive system accumulating in the testis and epididymis adversely affecting sexual health in men, including; sperm quality, quantity, morphology, and motility, and affecting male hormones causing reproductive organ dysfunction such as the **178,353 female and male reproductive system disorders** documented by Pfizer (including male erectile dysfunction, infertility, and testicular pain); ^{53,56,67} and,

WHEREAS the engineered COVID-19 mRNA nanoparticles cross the biological barriers of the female reproductive system accumulating in the ovaries, placenta, and uterus, causing reproductive dysfunction including damage to eggs and follicle development, and adversely affecting the health of women, unborn babies and newborn babies, as was demonstrated by the **178,353 female and male reproductive system disorders** and **4,056 pregnancy complications** (including heavy menstrual bleeding, irregular menstruation, spontaneous abortions, and infertility); ^{53,56,67} and,

WHEREAS the engineered mRNA nanoparticle technologies in the COVID-19 injections are classified as electromagnetic devices per Pfizer's Operation Warp Speed contract and *Title 21 US Code 351(a)(2)(B)*, and the 2017 FDA Guidance on Drugs and Devices;^{23,24,49} and,

WHEREAS the engineered nanoparticle technologies in COVID-19 mRNA injections are gene-editing technologies per Pfizer's May 18, 2021 FDA-submitted biological license application stating that the COVID-19 mRNA mechanism-of-action is through RNA transcription (nucleoside substitutions) substituting the genetic material of human cells within human bodies with foreign genetic material;^{4,25,28,29} and,

WHEREAS the engineered nanoparticle technologies in COVID-19 mRNA injections are gene-editing nanotechnologies that use cationic liposome technologies to alter human DNA through RNA transfection; as has been described in Pfizer's biological license application (BLA), on Pfizer's website, in Dr. Robert Malone and colleagues' 1996 patent "Delivery of Exogenous DNA Sequences in a Mammal" for cationic liposome technology; and as is demonstrated in multiple scientific papers and Pfizer's internal report of 1,143 genetic diseases spontaneously reported post- COVID-19 mRNA nanoparticle injection; ^{4,25-51,56,72,73} and,

WHEREAS it is an established scientific fact that the engineered nanoparticle technologies in the COVID-19 mRNA injections are gene-editing technologies with known and unknown risks for; integrating non-human DNA into the human genome, transmission of foreign DNA into the germline (genetic mutations passed from parent to child through sperm or egg), passage foreign genes into sperm, embryo/fetal and perinatal toxicity, genotoxicity (DNA damage that can lead to birth defects and diseases i.e. cancers), and the potential for horizontal transmission (i.e., shedding) is further confirmed in a June 9, 2023 peer-reviewed publication in the *International Journal of Molecular Science*;⁸² and,

WHEREAS the COVID-19 mRNA nanoparticle injections were *NEVER* proven to prevent infection, disease, hospitalization or death, per Pfizer's November 20, 2020, FDA submission, in which Pfizer stated *in writing* that out of 18,198 human subjects originally injected with BNT162b2, 11% or two-thousand and fifty-three (2,053) developed mild, moderate, or severe COVID-19 disease within 2 months of the 1st or 2nd mRNA nanoparticle injection; ¹⁻³ and

WHEREAS 19 (0.1%) *deaths were reported by Pfizer within 3 days -142 days* (less than 4 months) post- Pfizer mRNA nanoparticle injections in previously healthy human subjects per Pfizer's May 18, 2021, post-hoc analysis;⁴ and,

WHEREAS the rotovirus vaccine (RotaShield) was pulled off the US market in 1999 due to five cases (0.05%) of respiratory infection among 10,054 pediatric vaccine recipients;⁷⁵ and,

WHEREAS the manufacturers of the COVID-19 nanoparticle injections *NEVER* submitted clinical trial evidence demonstrating clinically and statistically significant *protection against*; infection, symptomatic illness, medically attended illness, including emergency department and urgent care visits, or severe illness, including hospitalization and death, but did submit clinical data demonstrating an increased risk of heart inflammation, vaccine-related enhanced respiratory disease, and vaccine-related enhanced autoimmune diseases per Pfizer’s August 23, 2021 FDA approval and Moderna’s January 30, 2022, FDA approval;^{20-22, 75} and,

WHEREAS the engineered nanoparticles in the COVID-19 injections are nanotechnologies designed to force human cells to produce disease-causing pathogens known as spike proteins, spike proteins that are established lab-made pathogens that cause disease, disabilities, and death per dozens of scientific and clinical publications, abstracts, and patents as well as Pfizer’s internal documents and website;^{4,19-22,26-67}and,

WHEREAS the engineered nanoparticle technologies (aka vaccine nanotechnology) in the COVID-19 mRNA injections are patented for use as a nanocarrier of an ‘agent of biowarfare,’ per US Patent Number 9539210, VACCINE NANOTECHNOLOGY;⁷⁶ and,

WHEREAS COVID-19 injections containing engineered mRNA nanoparticle technologies meet the legal definition of biological weapons according to 18 USC 175, Ch. 10: BIOLOGICAL WEAPONS **which is a biological agent, toxin and/or delivery device for use *other than prophylactic* (preventative), *protective, bona fide research, or other peaceful purpose***;⁷⁷ and,

WHEREAS, COVID-19 injections containing engineered mRNA nanoparticles meet the exact criteria of weapons of mass destruction according to F.S.790.166;⁷⁸ and

WHEREAS, a person who manufactures, possesses, sells, delivers, displays, uses, attempts to use, or conspires to use, or who makes readily accessible to others a weapon of mass destruction commits a felony of the first degree per F.S.790.166;⁷⁸ and

On behalf of _____, I am demanding that COUNTY LAW ENFORCEMENT issue a *cease and desist* to immediately stop distribution, promotion, access and administration of COVID-19 mRNA nanoparticle injections to All *NAME OF COUNTY* Vaccination Facilities by _____ and to seize their mRNA nanoparticle injections inventory by _____.

Vaccination facilities are defined as all entities including but not limited to, a business entity, government entity, healthcare provider, educational institution, or individual within NAME OF COUNTY, as defined in Florida Statutes Sec. 768.38.

Vaccination facilities and administrators *who do not comply* with the cease and desist and immediate forfeit COVID mRNA nanoparticle injections inventory **will be in violation of in F.S.790.166 and may subject imprisonment and/or fines.**

(CLOSING)

By: _____

2 Corinthians 10: 3-6

For though we live in the world, we do not wage war as the world does. The weapons we fight with are not the weapons of the world. On the contrary, they have divine power to demolish strongholds. We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ. And we will be ready to punish every act of disobedience, once your obedience is complete.

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