NUREMBURG 2.0 IN AMERICA – IT IS TIME

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WHERE WE ARE

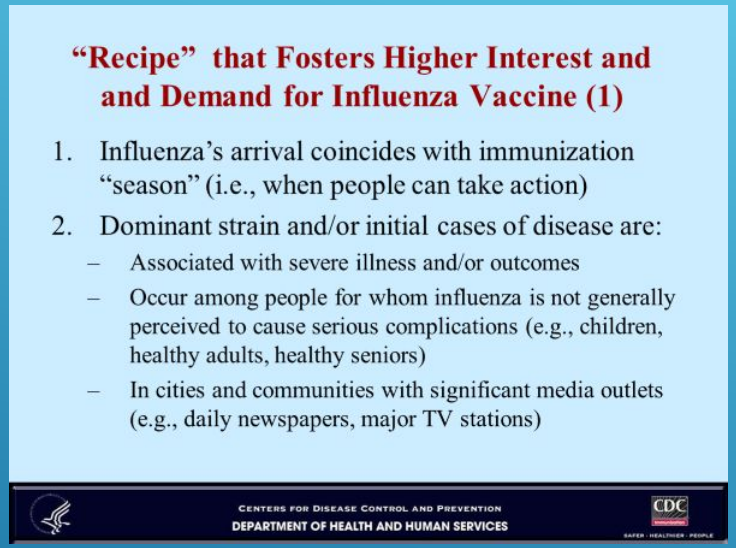
- At this point it is indisputable that the entirety of the world has been lied to about COVID-19.
- This presentation will lay out the lie and the path forward.
- This must include criminal and civil investigations by INDEPENDENT investigators, as well as prosecution where appropriate.
- At the end of this presentation we challenge anyone to suggest INDEPENDENT investigations are inappropriate with complete disclosure and transparency.

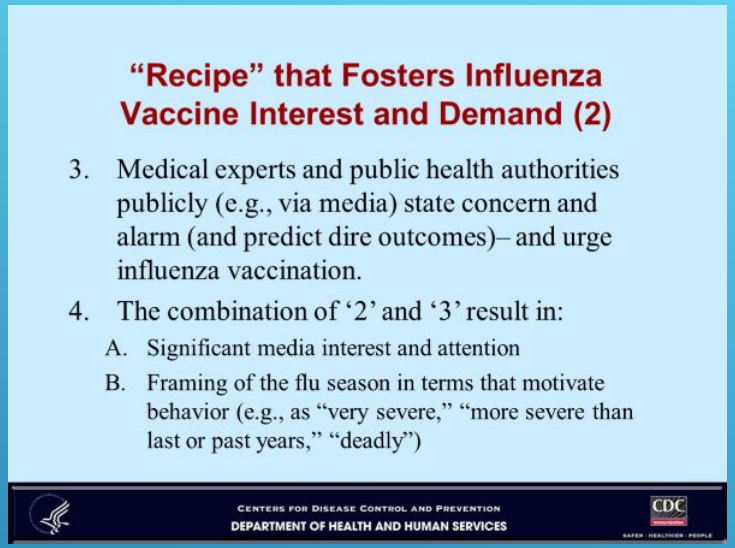
THE EVIDENCE

- At this point it is indisputable that everything about the "pandemic" and the "vaccines" is a lie.
- While there is more evidence than could be presented in any single presentation, we will discuss data from four primary sources here.
  - The United States Department of Defense Document
  - The Pfizer Analysis of Post-Authorization of Adverse Event Reports
  - A CDC presentation promoting the use of fear to manipulate the public
  - Whistleblower data from the Center for Medicare and Medicaid Services
- We also touch on the COVID Consumer Protection Act and some other potential legal issues.

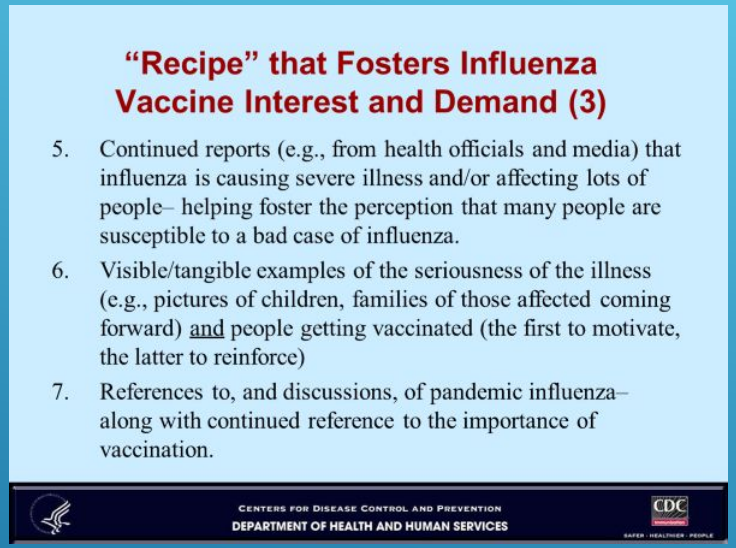
THE FEAR AND MANIPULATION PRESENTATION

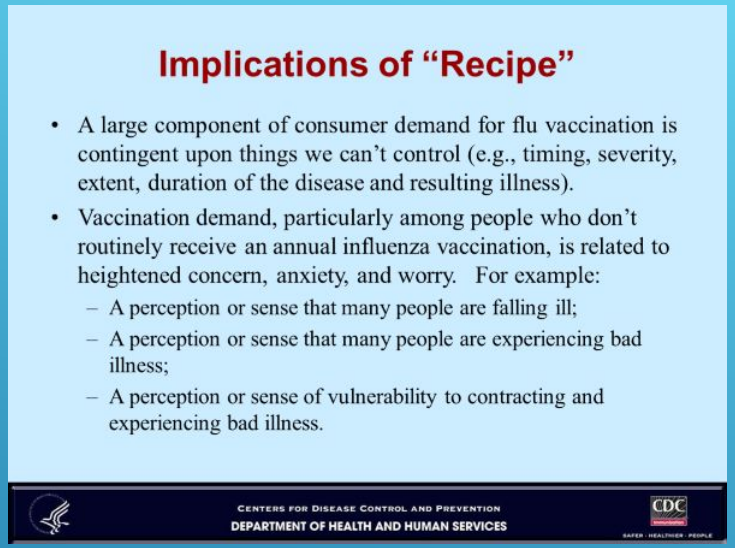
- Public health has used fear and manipulation for years against the public
- The next few slides are critical in understanding the global fraud now occurring
- These documents are from the CDC and DHHS



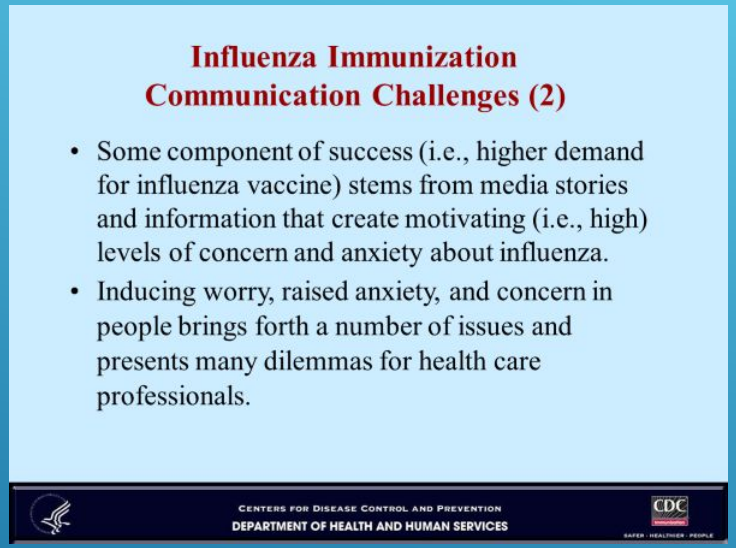


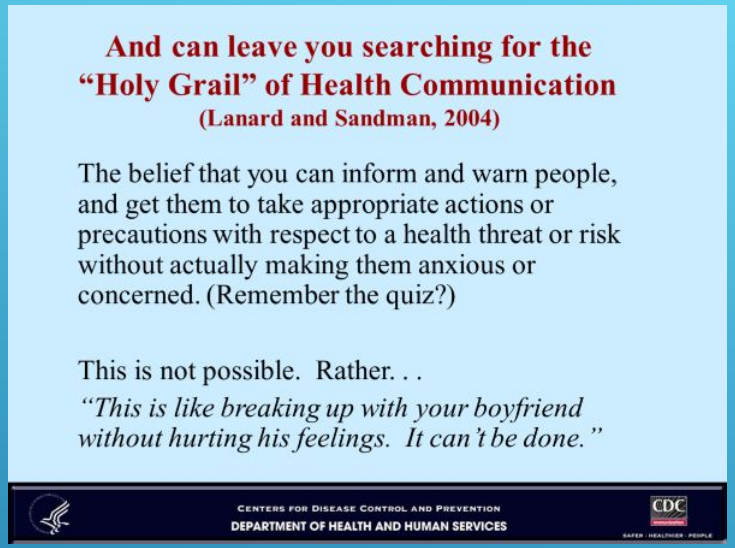
THE CDC RECIPE FOR FEAR





CDC AND FEAR CONT.

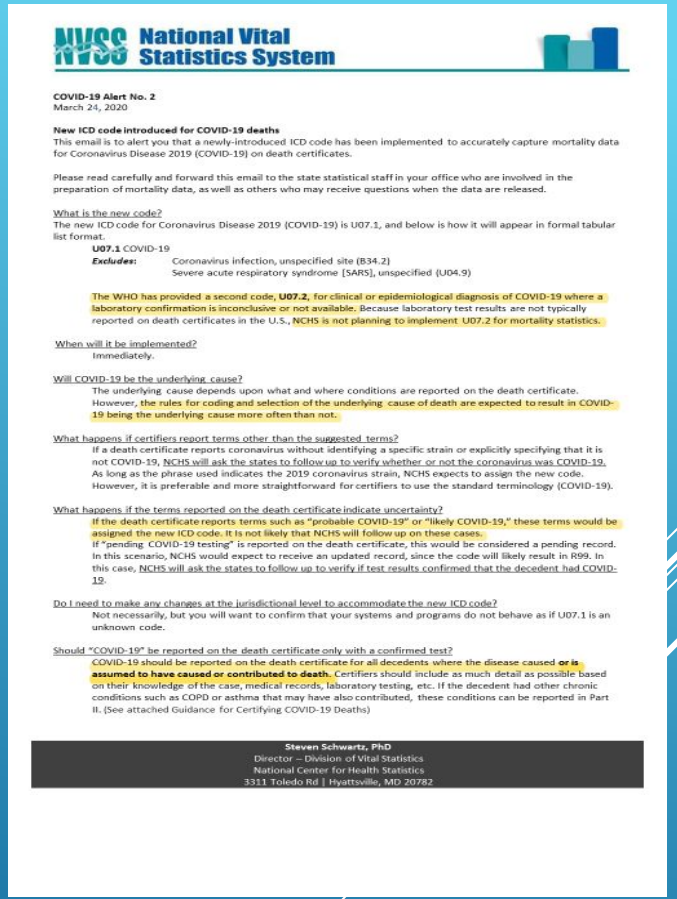




CDC SUCCESS = CREATING FEAR

- This presentation was well developed and based on years of work related to the use of fear in public health
- The presentation was presented by the CDC regarding the 2004-2005 flu season
- The use of fear and manipulation in public health has been mastered and leveraged to the maximum extent possible with COVID
- Truth does not matter – only creating "heightened concern, anxiety, and worry."
- The document shown here is one of the primary methods the CDC has used to promote fear of COVID – they wanted every death to be called a COVID death

THE USE OF FEAR IS NOT NEW - BUT HAS NOW BEEN MASTERED



NVSS National Vital Statistics System

COVID-19 Alert No. 2
March 24, 2020

New ICD code introduced for COVID-19 deaths
This email is to alert you that a newly-introduced ICD code has been implemented to accurately capture mortality data for Coronavirus Disease 2019 (COVID-19) on death certificates.

Please read carefully and forward this email to the state statistical staff in your office who are involved in the preparation of mortality data, as well as others who may receive questions when the data are released.

What is the new code?
The new ICD code for Coronavirus Disease 2019 (COVID-19) is U07.1, and below is how it will appear in formal tabular list format.

U07.1 COVID-19
Excludes: Coronavirus infection, unspecified site (B34.2)
Severe acute respiratory syndrome [SARS], unspecified (U04.9)

The WHO has provided a second code, **U07.2**, for clinical or epidemiological diagnosis of COVID-19 where a laboratory confirmation is inconclusive or not available. Because laboratory test results are not typically reported on death certificates in the U.S., NCHS is not planning to implement U07.2 for mortality statistics.

When will it be implemented?
Immediately.

Will COVID-19 be the underlying cause?
The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

What happens if certifiers report terms other than the suggested terms?
If a death certificate reports coronavirus without identifying a specific strain or explicitly specifying that it is not COVID-19, NCHS will ask the states to follow up to verify whether or not the coronavirus was COVID-19. As long as the phrase used indicates the 2019 coronavirus strain, NCHS expects to assign the new code. However, it is preferable and more straightforward for certifiers to use the standard terminology (COVID-19).

What happens if the terms reported on the death certificate indicate uncertainty?
If the death certificate reports terms such as "probable COVID-19" or "likely COVID-19," these terms would be assigned the new ICD code. It is not likely that NCHS will follow up on these cases.
If "pending COVID-19 testing" is reported on the death certificate, this would be considered a pending record. In this scenario, NCHS would expect to receive an updated record, since the code will likely result in R99. In this case, NCHS will ask the states to follow up to verify if test results confirmed that the decedent had COVID-19.

Do I need to make any changes at the jurisdictional level to accommodate the new ICD code?
Not necessarily, but you will want to confirm that your systems and programs do not behave as if U07.1 is an unknown code.

Should "COVID-19" be reported on the death certificate only with a confirmed test?
COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death.** Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached Guidance for Certifying COVID-19 Deaths)

Steven Schwartz, PhD
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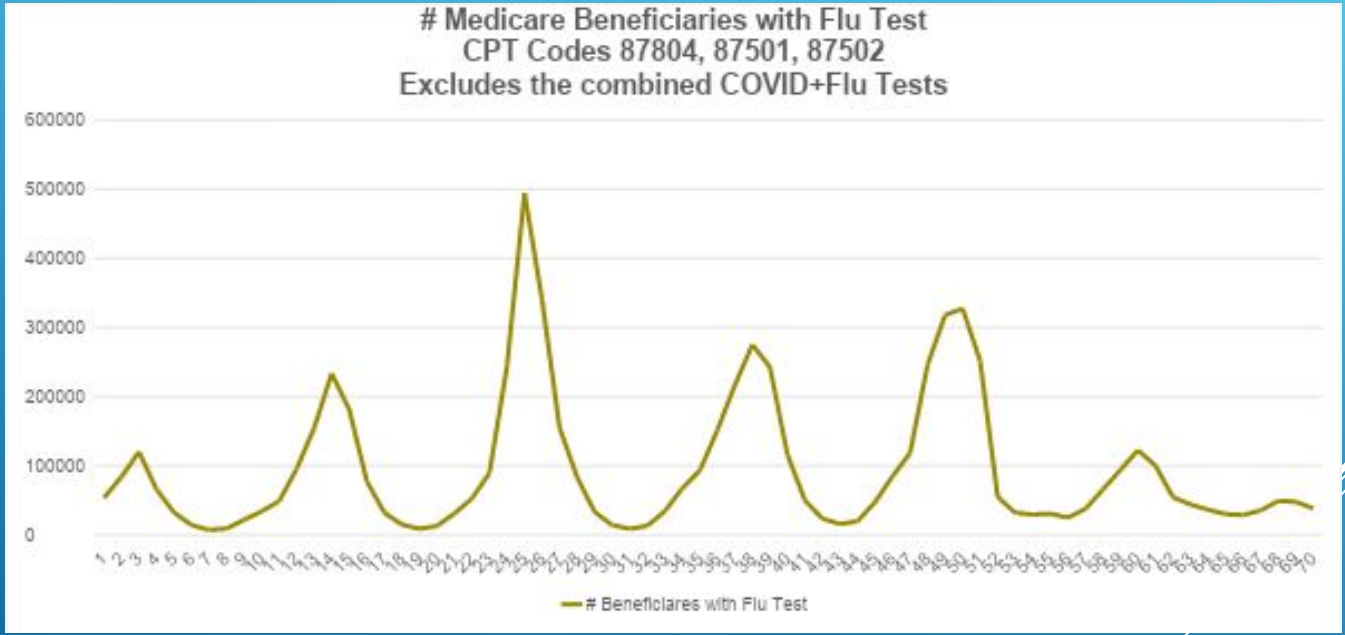
WHERE DID THE FLU GO?

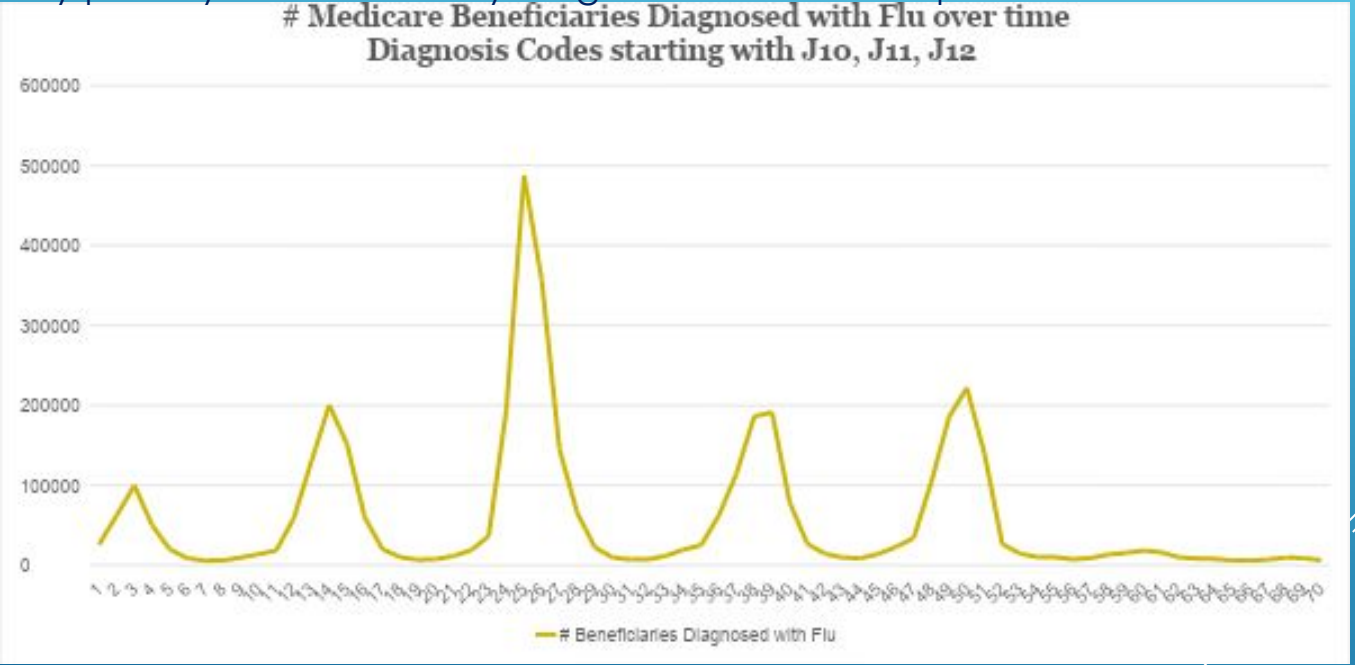
Flu testing decreased significantly almost to a halt in late 2020



WHERE DID THE FLU GO?

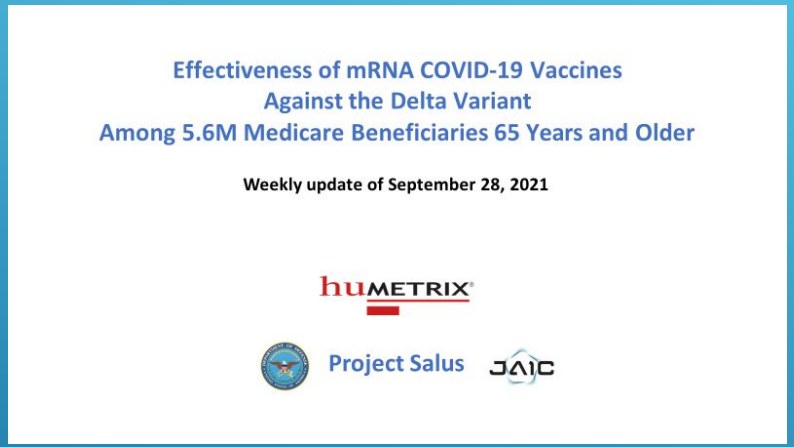
The graph below shows the number of Medicare beneficiaries who had a Diagnosis of influenza, defined as a diagnosis code starting with J10, J11, or J12.

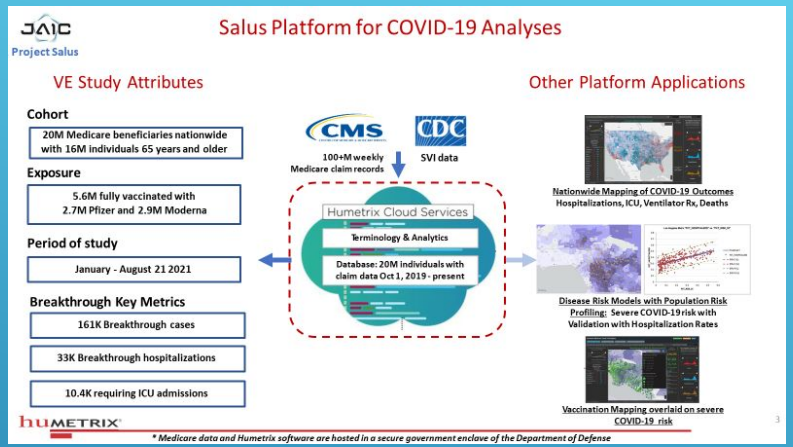
Only primary and secondary diagnosis codes were queried.



THE DOD DOCUMENT

- Several weeks ago we publicized a document from the United States Department of Defense.
- That document was publicly available on the internet and was a "weekly report" regarding the "vaccines"
- Prior to that time and even occasionally since, some of our elected leaders, the media, and many bureaucrats have stated that we are seeing a crisis of the unvaxxed and that the hospitals were overflowing with unvaxxed patients. They lied.
- According to the DoD, 60% of hospitalizations and 71% of new cases were in fully vaccinated individuals.
- It also showed the vaccines fared even worse in people of color than in white people.
- Why aren't all of these "weekly reports" public?

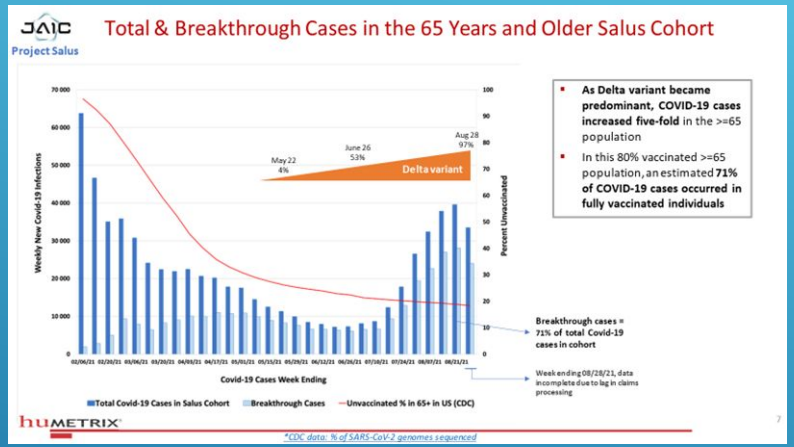


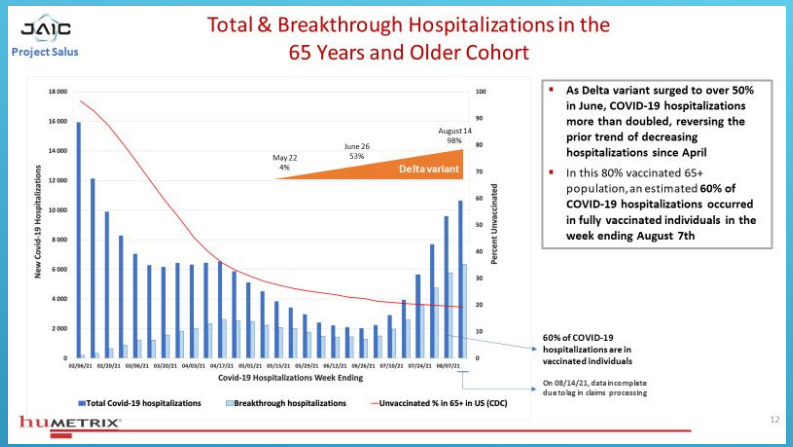


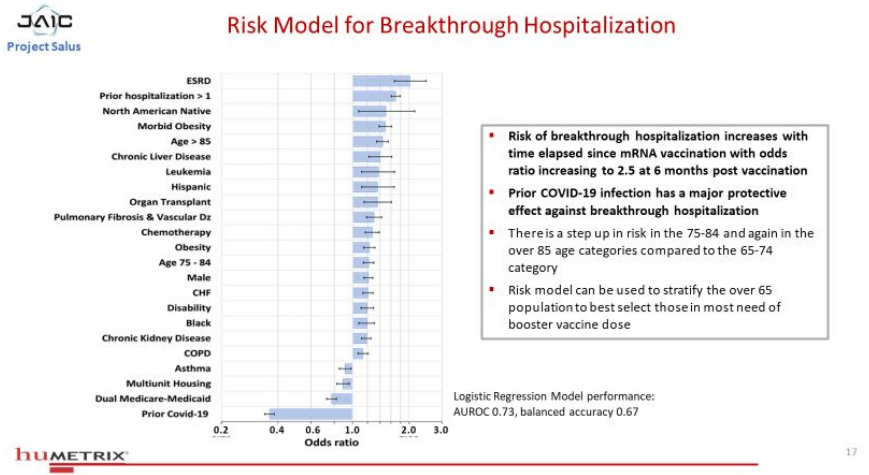
DOD EXCERPTS

- NOTE THE DOD SEAL AND THAT THEY ANALYZE CMS

DOD EXCERPTS 2







DOD EXCERPTS 3

Why is this less effective against North American Natives, Hispanics, and "Blacks"

THE PFIZER REPORT

- The government fought in court to hide the Pfizer document.
- Thanks to the actions of a group known as Public Health and Medical Professionals for Transparency and their attorney Aaron Siri, this document was made public.
- This document notes that there may be underreporting of adverse events.

GENERAL INFORMATION

- The Pfizer document only analyzes adverse event reports through February 28, 2021.
- The Pfizer vaccine was only authorized in the USA just over 2 months prior to this date on December 11, 2020. The document notes shipping began December 1st, 2020.
- In that time, the document admits the following about this safe and effective "vaccine" – please note these numbers do not include the other available "vaccines":
  - 42,086 cases reported including 158,893 adverse events.
  - This includes 1,223 deaths.
  - This despite the fact that there were 9,400 unknown case outcomes which could have included additional deaths.

- Anaphylaxis – which can result in death – occurred in 1883 of the 42,086 cases. This indicates a very high risk of immediate danger to anyone receiving a jab.
- COVID infection post vaccination was reported in 3,067 cases, this was 7.3% of the data set. 136 of these cases resulted in death.
- There were 1,403 "cardiovascular AESIs (Adverse Events of Special Interest) including heart attacks, heart failure, etc. (3.3% of the data set). 136 of these cases resulted in death. Pfizer concluded that "This cumulative case review does not raise new safety issues." We hope that is comfort to those 1,403 people.
- While there are a number of other horrendous facts included, we find the development of Herpes being listed amongst "Other AESIs" particularly noteworthy. It is unclear whether Pfizer was tracking the potential of the "vaccine" to facilitate herpes infection; however, herpes was listed as an AESI in several hundred cases.

INFO CONTINUED 1

- Though the jab was not generally authorized for pregnant women a small number but unknown number received it. Of the women that received it there were 274 case reports in women and their babies/fetuses.
- Within these 274 case reports there were 23 spontaneous abortions.
- No outcome was provided for 238 of the pregnancies.
- The document seems to indicate that exposure via breast milk is a legitimate concern and that there were 17 reported cases of adverse events for the babies exposed in this way.

INFO – PREGNANCY AND BABIES

IMPORTANT NOTE:

- Data was gathered at different points in time so some numbers may not agree. This is because each day that goes by means more are hurt or injured without informed consent by these dangerous jabs and so the numbers continue to increase.
- Key take-away is that these shots are dangerous and our elected officials, AG's, and prosecutors MUST take action.

COVID-19 VACCINE DEATHS & ADVERSE EVENTS

An analysis of COVID-19 vaccine deaths derived from CMS Medicare and Medicaid data – Causality?

The real issue is where is the INDEPENDENT investigation?

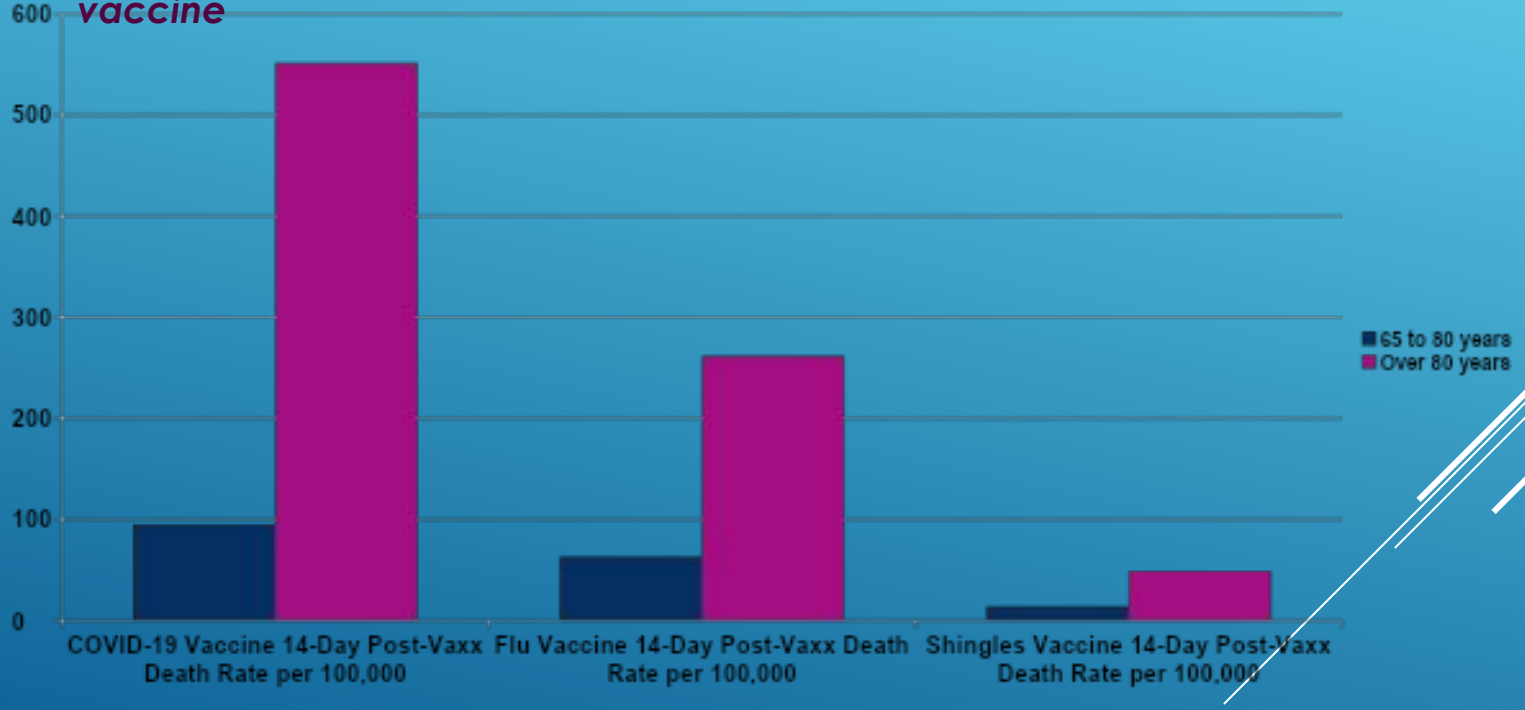
COVID-19 VACCINE COMPARED TO FLU & SHINGLES VACCINE (ALL AGES IN MEDICARE) – SOME PEOPLE RECEIVED FLU/COVID VAX AT THE SAME TIME SO THE REAL NUMBERS ARE WORSE

Year	# of Benes with COVID-19 Vaccine	# Benes who died within 14 days of COVID-19 vaccine	# Benes who died within 14 days of COVID-19 vaccine PER 100,000	# Benes who had Flu Vaccine	# Benes who died within 14 days of Flu Vaccine	# Benes who died within 14 days of Flu Vaccine PER 100,000
2021	27,431,845	52,030	189	N/A	N/A	N/A
2020	N/A	N/A	N/A	23,441,863	25,473	108
2019	N/A	N/A	N/A	22,810,724	23,740	104
2018	N/A	N/A	N/A	23,023,803	25,591	111

Year	# of Benes with COVID-19 Vaccine	# Benes who died within 14 days of COVID-19 vaccine	# Benes who died within 14 days of COVID-19 vaccine PER 100,000	# Benes who had Shingles Vaccine	# Benes who died within 14 days of Shingles Vaccine	# Benes who died within 14 days of Shingles Vaccine PER 100,000
2021	27,431,845	52,030	189	N/A	N/A	N/A
2020	N/A	N/A	N/A	548,757	117	21.3
2019	N/A	N/A	N/A	528,975	105	19.8
2018	N/A	N/A	N/A	347,007	81	23.3

Comparison of COVID-19 Vaccine with Other Vaccine:
Death Rates per 100,000

Death rates per 100,000 where death occurred within *14 days of the vaccine*



MEDICARE DEATHS WITHIN 14 DAYS OF 1ST VACCINE DOSE

Total deaths 14 days after 1st dose: 29,398

Total deaths 14 days after 2nd dose: 21,031

Total: 50,429

n=29,398

Days Died After 1st Dose	# Beneficiaries Died	% Beneficiaries Died	Cumulative Number	Cumulative Percentage
0	555	1.89	555	1.89
1	1,137	3.87	1,692	5.76
2	1,492	5.08	3,184	10.83
3	1,654	5.63	4,838	16.46
4	1,750	5.95	6,588	22.41
5	1,876	6.38	8,464	28.79
6	1,924	6.54	10,388	35.34
7	2,095	7.13	12,483	42.46
8	2,099	7.14	14,582	49.60
9	2,244	7.63	16,826	57.24
10	2,266	7.71	19,092	64.94
11	2,458	8.36	21,550	73.30
12	2,593	8.82	24,143	82.12
13	2,595	8.83	26,738	90.95
14	2,660	9.05	**29,398**	100.00

MEDICARE DEATHS WITHIN 14 DAYS OF 2ND VACCINE DOSE

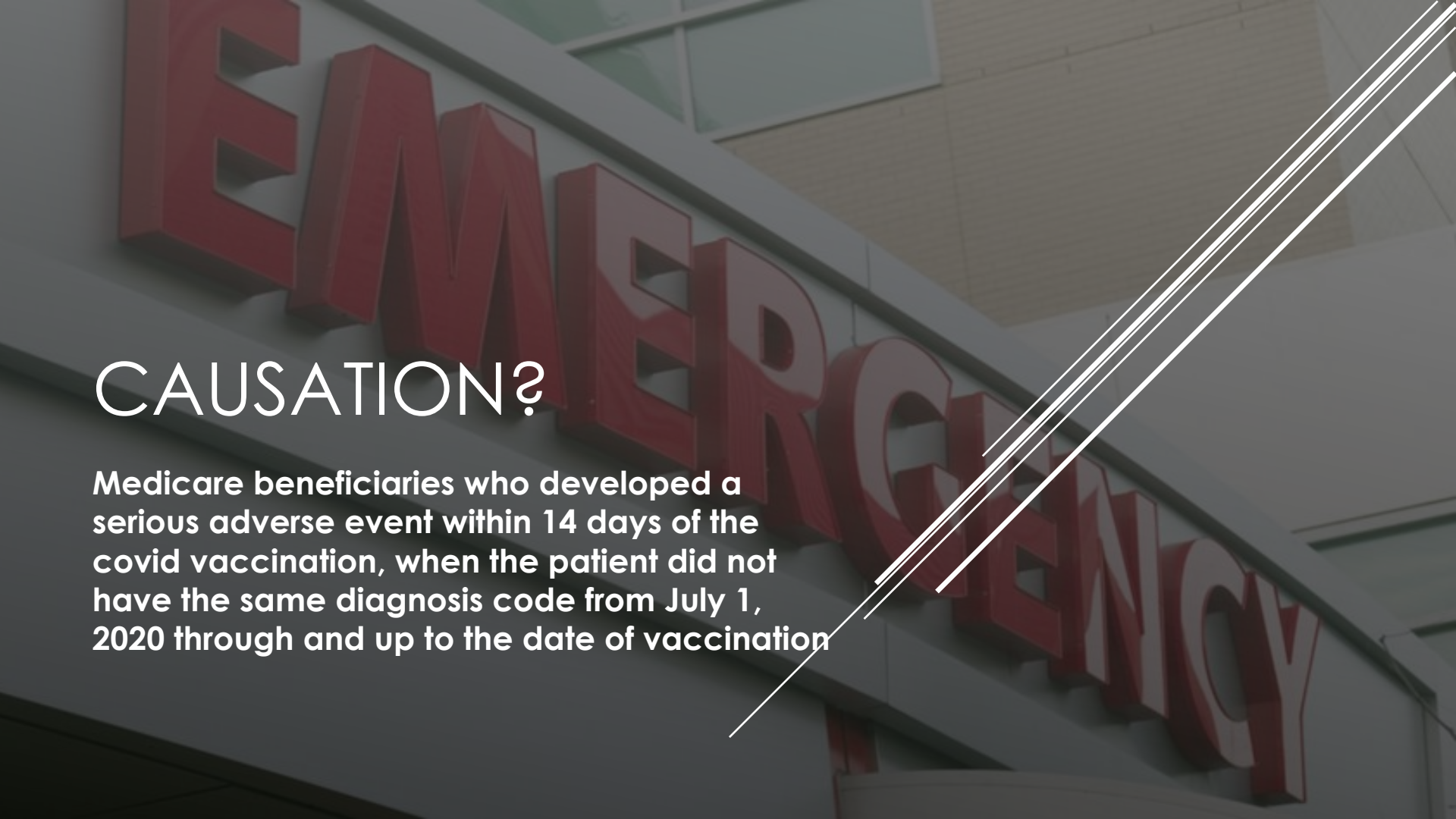
Total deaths 14 days after 1st dose: 29,398

Total deaths 14 days after 2nd dose: 21,031

Total: 50,429

n=21,031

Days Died After 2nd Dose	# Beneficiaries Died	% Beneficiaries Died	Cumulative Number	Cumulative Percentage
0	362	1.72	362	1.72
1	1023	4.86	1385	6.59
2	1186	5.64	2571	12.22
3	1218	5.79	3789	18.02
4	1326	6.30	5115	24.32
5	1398	6.65	6513	30.97
6	1426	6.78	7939	37.75
7	1508	7.17	9447	44.92
8	1541	7.33	10988	52.25
9	1570	7.47	12558	59.71
10	1602	7.62	14160	67.33
11	1708	8.12	15868	75.45
12	1678	7.98	17546	83.43
13	1740	8.27	19286	91.70
14	1745	8.30	**21031**	100.00



CAUSATION?

Medicare beneficiaries who developed a serious adverse event within 14 days of the covid vaccination, when the patient did not have the same diagnosis code from July 1, 2020 through and up to the date of vaccination

This section analyzes Medicare beneficiaries who did NOT have selected serious adverse events from July 1 2020 to the date of vaccination, then developed the adverse event (AE) within 14 days of the COVID-19 vaccine. This is as close to causality as we can get in the data. The patient did not have any Medicare claims with the select diagnosis codes, then had a sudden onset of the condition within 14 days of the shot. Refer to table 1 for the list of adverse events

VACCINE CAUSALITY?

14 days later…

List Serious Adverse Event (AE)
ACUTE KIDNEY FAILURE
ANAPHYLAXIS
CARDIAC ARREST
CEREBROVASCULAR EVENT
COVID-19
EMBOLISM
ENCEPHALITIS/MYELITIS/ENCHEPHALOMYELITIS /MENINGITIS/ENCEPHOLATPATHY
GUILLAIN-BARRE SYNDROME
INTRAVASCULAR COAGULATION
KAWASKI DISEASE
MYO-ENDO-PERI-CARDITIS
MYOCARDIAL INFARCTION
NARCOLEPSY/CATAPLEXY
PLEGIA/PALSY/PARALYSIS
PNEUMONIA
RESPIRATORY DISTRESS
RESPIRATORY FAILURE
RESPIRATORY INFECTION
RESPIRATORY SYNCYTIAL VIRUS
SEIZURE/CONVULSION
STROKE/CEREBRAL INFARCTION
THROMBOCYTOPENIA
THROMBOSIS

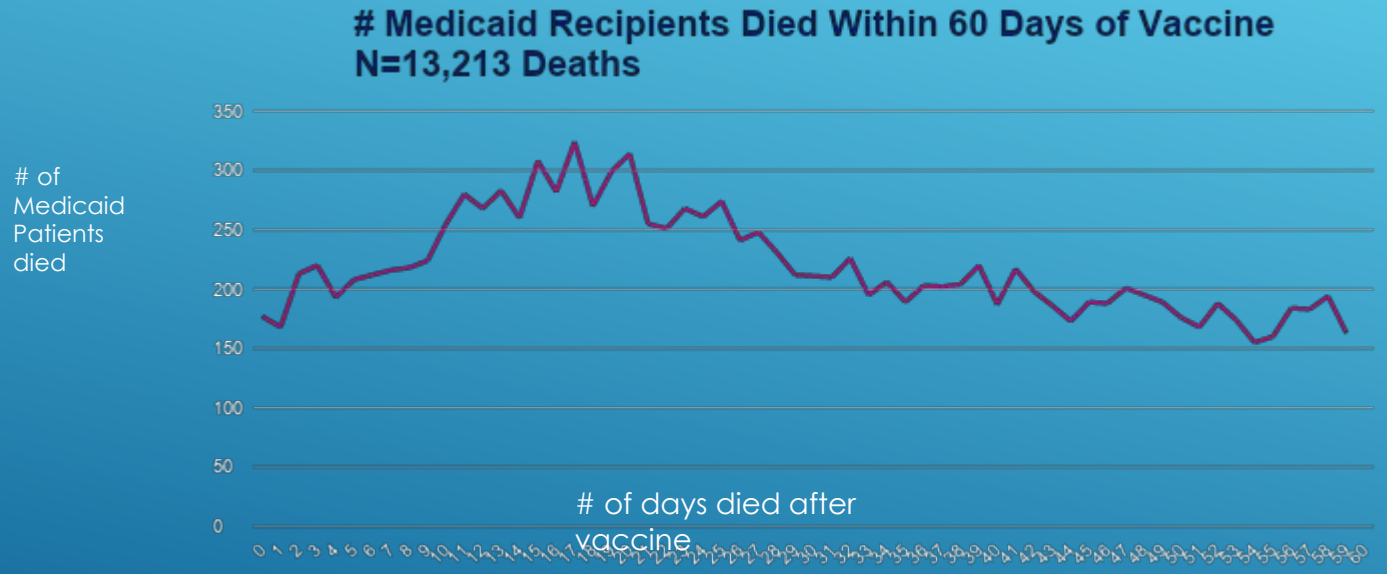
TEXAS: ADVERSE EVENTS WITHIN 14 DAYS OF VACCINE

TEXAS Serious Adverse Event (AE)	# Beneficiaries Developed the Adverse Event	# Beneficiaries who Developed the AE and Died	% Beneficiaries who Developed the AE and Died
ACUTE KIDNEY FAILURE	3633	1004	27.6%
ANAPHYLAXIS	161	6	3.7%
CARDIAC ARREST	***609***	***488***	***80.1%***
CEREBROVASCULAR EVENT	1330	201	15.1%
COVID-19	10271	1286	12.5%
EMBOLISM	2320	373	16.1%
ENCEPHALITIS/MYELITIS/ENCHEPHALOMYELITIS/ MENINGITIS/ENCEPHOLATPATHY	63	10	15.9%
GUILLAIN-BARRE SYNDROME	22	1	4.5%
INTRAVASCULAR COAGULATION	35	27	77.1%
KAWASKI DISEASE	2		
MYO-ENDO-PERI-CARDITIS	290	39	13.4%
MYOCARDIAL INFARCTION	2694	457	17.0%
NARCOLEPSY/CATAPLEXY	38	5	13.2%
PLEGIA/PALSY/PARALYSIS	1753	329	18.8%
PNEUMONIA	4141	1176	28.4%
SEIZURE/CONVULSION	1173	171	14.6%
STROKE/CEREBRAL INFARCTION	3638	472	13.0%
THROMBOCYTOPENIA	2973	370	12.4%
THROMBOSIS	2114	309	14.6%

CALIFORNIA: ADVERSE EVENTS WITHIN 14 DAYS OF VACCINE

CALIFORNIA Serious Adverse Event (AE)	# Beneficiaries Developed the Adverse Event	# Beneficiaries who Developed the AE and Died	% Beneficiaries who Developed the AE and Died
ACUTE KIDNEY FAILURE	4700	1286	27.4%
ANAPHYLAXIS	184	11	6.0%
CARDIAC ARREST	***608***	***439***	***72.2%***
CEREBROVASCULAR EVENT	1792	275	15.3%
COVID-19	7541	944	12.5%
EMBOLISM	3282	471	14.4%
ENCEPHALITIS/MYELITIS/ENCHEPHALOMYELITIS /MENINGITIS/ENCEPHOLATPATHY	128	23	18.0%
GUILLAIN-BARRE SYNDROME	47	2	4.3%
INTRAVASCULAR COAGULATION	53	38	71.7%
KAWASKI DISEASE	1		
MYO-ENDO-PERI-CARDITIS	380	62	16.3%
MYOCARDIAL INFARCTION	4412	586	13.3%
NARCOLEPSY/CATAPLEXY	42	2	4.8%
PLEGIA/PALSY/PARALYSIS	2806	344	12.3%
PNEUMONIA	4550	1278	28.1%
SEIZURE/CONVULSION	1503	166	11.0%
STROKE/CEREBRAL INFARCTION	5573	631	11.3%
THROMBOCYTOPENIA	11445	662	5.8%
THROMBOSIS	2774	389	14.0%

MEDICAID DEATHS WITHIN 60 DAYS OF COVID-19 VACCINE*



*Please note, the majority of CMS-covered vaccinations were covered by Medicare, as Medicaid is the "payer of last resort"

CMS estimates that only 48% of all vaccinations were captured

In the Integrated Data Repository (IDR),
because many providers and mass vaccinations centers
were providing vaccinations for free. These numbers are largely under-reported.

MEDICAID PATIENTS WHO DIED WITHIN 28 DAYS OF COVID-19 VACCINE, BY AGE GROUP

Age Group	# of Patients Died within 28 Days of COVID Vaccine	Percent of Total	Cumulative #	Cumulative %
1: 0-30 YEARS	101	1.44	101	1.44
2: 31-65 YEARS	2,162	30.73	2,263	32.16
3: 65-80 YEARS	1,985	28.21	4,248	60.38
4: OVER 80 YEARS	2,788	39.62	7,036	100.00

- N=7,036 Medicaid patients died within 28 days of the COVID-19 vaccine
- Roughly 1/3 were under the age of 65

MEDICAID PATIENTS WHO DIED WITHIN 28 DAYS OF COVID-19 VACCINE, CAUSES OF DEATH

Top 10 Causes of Death* for patients who died within 28 days after vaccine, when The patient did NOT have the exact diagnosis from Oct 1 2020 to time of vaccination

Diagnosis Code	Diagnosis Description (1st or 2nd diagnosis code only)	# Recipients
Z23	Encounter for immunization	3122
I469	Cardiac arrest, cause unspecified	755
A419	Sepsis, unspecified organism	429
U071	COVID-19	418
J9601	Acute respiratory failure with hypoxia	408
J189	Pneumonia, unspecified organism	235
N179	Acute kidney failure, unspecified	230
I10	Essential (primary) hypertension	229
R4182	Altered mental status, unspecified	177

"Cause of death" defined as one of last 5 diagnosis codes prior to death

Interpretation:

For *3,122 (44%)* recipients, One of the last 5 diagnosis Codes prior to death Was the COVID-19 vaccine.

For *755* recipients, One of the last 5 diagnosis Codes prior to death was Cardiac Arrest

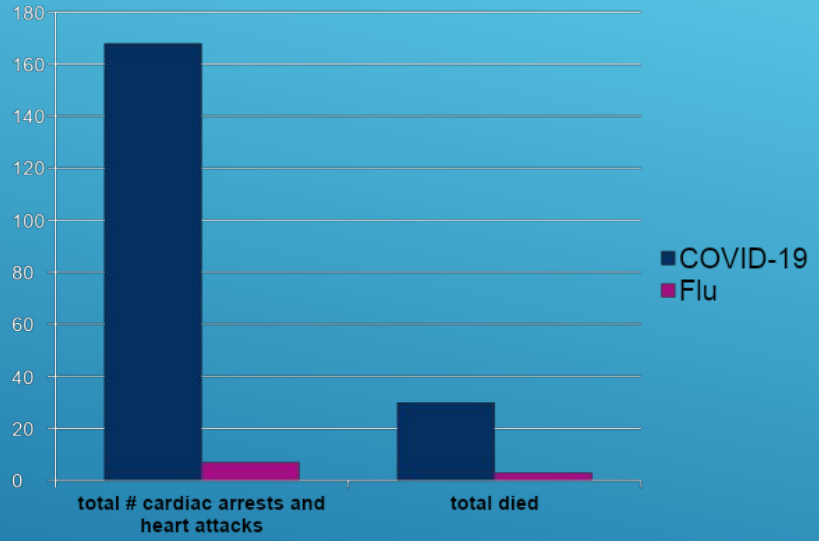
This is out of 7,036 recipients who Died within 28 post-vaccine

MEDICAID PATIENTS WHO DIED WITHIN 28 DAYS OF COVID-19 VACCINE, WHO SUFFERED CARDIAC ARREST

N=778 Medicaid patients died within 28 days of the COVID-19 vaccine with diagnosis of Cardiac Arrest - Death was almost always immediate

Age Group	# of Patients Died within 28 Days of COVID Vaccine from Cardiac Arrest	Percent of Total	Cumulative #	Cumulative %
1: 0-30 YEARS	26	3.34	26	3.34
2: 31-65 YEARS	436	56.04	462	59.38
3: 65-80 YEARS	212	27.25	674	86.63
4: OVER 80 YEARS	104	13.37	778	100.00

778 out of 7,036 **(11.1%)** died from cardiac arrest,
Where cardiac arrest was the 1st or 2nd diagnosis code,
All within 28 days of the vaccine (1st or 2nd dose, whichever was under 28 days)



- COVID Vaccine: 168
- Flu Vaccine: 7

- COVID Vaccine Deaths: 30
- Flu Vaccine Deaths: 3

- 10X AS MANY DEATHS!!

MEDICAID CARDIAC ARRESTS & HEART ATTACKS: UNDER AGE 30

THE COVID CONSUMER PROTECTION ACT

- The entirety of the COVID Consumer Protection Act reads:
  - For the duration of the COVID-19 public health emergency declared pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d), this Act makes it unlawful under Section 5 of the Federal Trade Commission Act for any person, partnership, or corporation to engage in a deceptive act or practice in or affecting commerce associated with the treatment, cure, prevention, mitigation, or diagnosis of COVID–19 or a government benefit related to COVID–19. The Act provides that such a violation shall be treated as a violation of a rule defining an unfair or deceptive act or practice prescribed under Sec. 18(a)(1)(B) of the FTC Act.

DR. ERIC NEPUTE

- Dr. Eric Nepute is being sued by the FTC for millions of dollars under the CCPA
- His crime: he gave away hundreds of thousands of dollars or more of vitamin D and zinc and talked about its value in keeping people safe from viruses.
- Both vitamin D and zinc have been confirmed in numerous studies to be valuable in keeping people safe from viruses – this is indisputable.
- With the information in this presentation, I look forward to seeing the public apology to him and the prosecution of those that are actually violating this law.
- Renz Law is not representing Dr. Nepute in this case and speaking only as to its importance as a public matter.

WHO MIGHT THE CCPA ACTUALLY APPLY TO?

Fauci: "We've shown that boosters are safe and effective…" Fact Check-Misleading headlines with Fauci statement about booster shots | Reuters

Pfizer CEO: "The additional data 'provide further confidence in our vaccine's safety and effectiveness profile in adolescents…'" Pfizer's Covid vaccine was 100% effective in kids in longer-term study (statnews.com)

Moderna: "We are encouraged" that the vaccine "was highly effective at preventing COVID-19 in adolescents," Moderna CEO Stéphane Bancel said in a statement. "It is particularly exciting to see that the Moderna COVID-19 vaccine can prevent SARS-CoV-2 infection."Moderna vaccine safe and highly effective in kids ages 12 to 17, company says (nbcnews.com)

The Trusted News Initiative: The entirety of the Trusted News Initiative and Big Tech appear to be actively working to affect commerce related to the treatment of COVID-19 by censoring some data and promoting other.

WHERE ARE THE DoJ AND FTC?

THE PATH FORWARD

What to do

THE PATH FORWARD

- Litigation
- We are busy in the courts but need help.
- We need more lawyers and more people paying those lawyers to continue bringing this before the courts.
  - Remember state AGs and local prosecutors/law enforcement may be able to take action.
- I will do everything possible to make myself available to assist in major litigation related to COVID.
- We have the data, we have the experts, we need the big and respected firms/lawyers to have the courage to fight.

- We are also ardent supporters of free speech.
- BUT - The mainstream media and particularly the "Trusted News Initiative" are not acting as "news media" with regards to COVID
- They have misbranded themselves as "news" while censoring ANY stories related to the dangers of the "vaccines"
- This has been done because of massive contracts, conflicts, and funding by Pharma
- Specifically in regards to the COVID "vaccines" these companies are acting as marketing organizations not news media and may be liable for misbranding themselves and also for knowingly promoting dangerous products while covering up the risks.
- I support and will assist in any appropriate litigation to stop the dangerous promotion of these unsafe products by groups that are NOT actually presenting news but, rather, acting as marketing arms of these multi-billion dollar companies that are becoming even richer and more powerful off of the suffering of people without their privilege.

SUING THE MEDIA

THE LETTER – PLEASE SHARE EVERYWHERE

- I have put together a letter that is now up on www.renz-law.com
- This presentation will be up on the website as soon as possible as well.
- We need EVERYONE to share these as far and wide as possible.
- We need as many people as possible to mail (certified is best but any is good), email, and share this letter with EVERY federal, state, and local elected official in the United States and around the world.
- The media has taken numerous high-dollar deals with pharma and pharma related entities and will cover this up; it is up to we the people to ensure it is seen. Remember, lives are at stake.
- Share this with EVERY media outlet and demand that they share the truth.

THE PEOPLE

- Martin Luther King and Jesus Christ both created change using peaceful resistance; we MUST do the same.
- We can not capitulate to those that have remained willfully ignorant or simply sold out any longer. We simply must stand and peacefully and properly say NO, I will NOT comply.
- We can no longer fear whether someone will judge us for speaking truth. It is time that we stand together as free people of the world. Peaceful protests, local activism, being involved in local politics, refusing to financially support those that oppose individual freedom, and supporting those that support freedom are absolutely necessary steps.

OUR DEMANDS – THE UNITED STATES

- We the free and united people of America, DEMAND the following:
  - 1. The resignation/termination of Anthony Fauci, the FDA commissioner, Director of CDC, and the US Surgeon General as well as civil/criminal investigation of their actions by a truly INDEPENDENT prosecutor
  - Investigations – criminal and civil – into the deceptive and misleading push for the gene therapy injections that have been falsely labeled as vaccines (only after the definition of "vaccine" was changed)
    - This should include RICO claims involving the "Trusted News Initiative", the drug companies, hospital systems, and some government actors
  - Transparency legislation that gives the public immediate access to the raw data and submitted documents related to the vaccines and COVID "pandemic" – If there is nothing to hide NO ONE should oppose transparency.
    - This should be passed on the state level as well.
  - Liability for injury from vaccines under the same rules as any other product – if they are safe there should be no opposition to liability to help those that have been injured
  - NO on vaccination status tracking legislation

NUREMBURG 2.0 - ACCOUNTABILITY

- We can and must demand that those behind this be held accountable.
- Legally, a Nuremburg style trial can only happen with the support of the governments of the world – IT IS TIME WE DEMAND ACCOUNTABILITY.
- Whether we have a global tribunal or simply demand our governments begin to hold people accountable, it is time for our elected officials to represent the health and safety of the PEOPLE rather than the financial interests of the rich and powerful.