Introduction

I have great admiration for Roberto de Mattei. I admire him for his intellect, his first-class historical scholarship, and his courageous defense of unpopular positions, including a thoroughgoing critique of the post-conciliar divagation of the Church from the path of Tradition (with an appropriate emphasis on the disastrous Bergoglian pontificate), his opposition to the pseudoscience of evolution (a secular creation myth), and his willingness to call the intrinsic disorder of homosexuality what it is: a "contagion" that contributed to the fall of the Roman Empire. His willingness to speak the truth amidst today's career-ending "cancel culture" has cost him dearly in terms of mainstream respectability in the Church, causing him to be characterized as the ultimate ecclesial undesirable: an "ultra-traditionalist."

Yet despite my admiration for Professor de Mattei, I feel compelled to join the critics of his astonishing apologia for government imposition of "mass vaccination" with abortion-derived COVID vaccines that are dubiously effective, potentially and actually harmful, and in the vast majority of cases not even medically necessary, as the following discussion will show. In his "Moral Liceity of the Vaccination Against Covid" (MLV), Professor de Mattei asserts, "If those governing consider that the common good of the population requires mass vaccination, they have a right to impose it, according to the principle that the common good takes precedence over the good of individuals, of course providing that they do not legislate against the Christian natural order." (MLV, p. 55).

MLV (pp. 53-54) even goes so far as to provide a pro-compulsory vaccination gloss to the CDF declaration of December 21, 2020 concerning COVID vaccines, which, quite to the contrary of Prof. de Mattei's position, states: "It is evident, in the light of practical reason, that the vaccination is not, as a rule, a moral obligation and *must therefore be voluntary*," adding only that if the common good so indicates then "it is good to permit *recommendation* of vaccination, in particular to protect those who are weakest and more exposed." MLV somehow construes this merely precatory advice to mean that "the argument that it would, in principle, be illicit to impose an obligation of vaccination against Covid or other diseases, is a liberal argument, which does not correspond to Catholic doctrine" because it supposedly neglects the common good. (MLV, p. 54).

But MLV goes still further, belittling Catholic objections to a state-imposed "medical dictatorship" and suggesting that the tyrannical COVID-19 "lockdowns" afflicting the entire Western world are warranted, citing inapt historical examples of brief, localized epidemic controls in the 19th century before the dawn of modern medicine (MLV, pp. 58-59). Thus, in responding to MLV, it seems appropriate to first address the political, social, spiritual,

economic, juridical, and even medical indefensibility of the COVID-19 status quo as a whole, compulsory mass vaccination included, before any consideration of the supposed moral liceity of vaccines developed and produced using cell lines derived from various parts of the bodies of children murdered by abortion.

COVID-19 Lockdowns: A Crime Against Humanity

Consider, at the outset, MLV's apparent concessions to the totalizing authority of the modern secular state, with its false notion of the "common good" and its tyrannical abuse of the term "emergency" as seen in the greatest public policy debacle in modern political history (outside of outright Communist or Socialist regimes): endless, immensely destructive "lockdowns" of civil society and the State's micromanagement of virtually every aspect of people's lives, including divine worship. This veritable crime against humanity, which I have opposed in numerous civil tribunals in the United States as a civil rights attorney, has been perpetrated on the pretext of "containing" a viral illness no more containable than influenza, with a median infection fatality rate (IFR) of .27% (less than 3/10th of 1%) even with a survey bias toward "locations with high death tolls."[1] And, as shown below, only 2/10th of 1% of the US population has even arguably died from the virus, with those deaths heavily concentrated among the very elderly with life-shortening comorbidities, nearing the end of their life expectancy.

Never before in the history of epidemics and pandemics, and on such dubious grounds, have entire nations been subjected to a universal quarantine of the vast majority of the healthy along with a tiny minority of the sick, amounting to the de facto house arrest of the better part of a billion healthy people in Western nations under threat of criminal penalty. These intolerably oppressive "sanitary dictatorships" have caused incalculable harm precisely to the common good: deprivation of divine worship and the sacraments, even for the dying; loss of livelihood, widespread bankruptcy, and impoverishment; alienation, loneliness, depression; and increases in suicide, drug abuse, and domestic violence. And what is more, innumerable excess deaths resulting from an official obsession with COVID that turns nursing homes into locked-down COVID-19 incubators and defers diagnosis and treatment of diseases that would have been curable had they been caught in time.

Yet MLV (pp. 58-59) implicitly defends COVID-19 lockdowns throughout virtually the entire Western world on the basis of the historical example of strict but localized and brief quarantine measures imposed on the Papal States by Pope Gregory XVI during the Italian cholera epidemic of 1837. The endless stream of outrages the modern state system is inflicting on hundreds of millions of people in the name of "containing the spread" of COVID-19 — an effort about as successful as containing the wind — can hardly be equated

with Pope Gregory's erection of some military barricades, a 14-day quarantine, and a temporary suspension of large religious festivals and other gatherings (but no suspension of attendance at Mass) during a three-month epidemic. What entire populations are needlessly forced to suffer today is a far cry from merely "clos[ing] borders to protect national health" or requiring "a medical certificate from non-EU immigrants wishing to cross our borders[.]" (MLV, p. 58). In fact, those very measures are rejected as "xenophobic" by today's left-liberal regimes, now including the United States — the same regimes that impose tyrannical restraints on their own citizens rather than controlling immigration (for which effort President Donald Trump was ceaselessly denounced).

Moreover, in the 19th century cholera was an untreatable disease with infection and case fatality rates that dwarf those of COVID-19. In the city of Forio, for example, 316 people out of 5500 — nearly six percent of the total population — died during the 1837 outbreak.[2] By comparison, COVID-19 has proven fatal to 2/10th of 1% (0.2%) of Italy's population (115,000/60,000,000) and less than 2/10th of 1% of the US population (547,000/320,000,000), with one-third or more of total deaths occurring in nursing homes in which the victims were imprisoned under government policies, allowing the virus to spread like wildfire among very elderly, already ailing residents nearing the end of their lifespans.[3] These death tolls are a fraction of those from cancer or heart disease, from which many of the COVID patients who died were already suffering.

To recognize these facts is not to "deny the existence of the pandemic," as MLV rather demagogically suggests (p. 49), but is rather to recognize its true scope and what that should mean for a sane public policy, which certainly does not require vaccination of the entire Western world. Let us look a little more deeply into the epidemiological truth of the matter.

Obscuring the Truth with Statistical Dishonesty

As I have demonstrated in civil litigation, even the official COVID death tolls showing the limited scope of the pandemic are patently unreliable, conflated statistics that vastly exaggerate the virus's role in mortality among the only cohort that has ever been at widespread risk from it: those over age 70 who are already suffering from multiple life-shortening comorbidities. In the United States, for example, the CDC's Table 1 of deaths "involving" COVID-19, which is stated to be 547,724 as of April 16, 2021 notes that "COVID-19 deaths are identified using *a new ICD–10 code.* When COVID-19 is reported as a cause of death — or when it is listed as a 'probable' or 'presumed' cause — the death is coded as U07.1. This can include cases with or without laboratory confirmation."

This "new code" departs from all prior death-reporting practice by establishing the rule of

"when in doubt, call it COVID." No one would seriously advocate tabulating as cancer deaths "probable or presumed" deaths from cancer "with or without laboratory confirmation." But such is the statistical dishonesty that prevails when it comes to COVID-19 — and COVID-19 *alone*, in all the history of mortality statistics. In short, statistical reporting on COVID-19 deaths (it would appear by design) makes it impossible to assess the true lethality of the virus standing alone, although its lethality is not to be doubted.

This much, however, is certain: COVID-19 has never been a significant threat to the vast majority of the population, as is cholera in the undeveloped world, which has an IFR of 50-60% if left untreated. In Italy, for example, of the 116,000 deaths attributed (very loosely, at that) to COVID-19, fewer than 15,000 have occurred among those younger than 70 and fewer than 5,000 among those younger than 60.[4] Below age 70, therefore, COVID-related deaths do not amount to a statistically significant deviation from Italy's recent average annual death toll of 630,000, whereas COVID-attributed deaths in Italy clearly *overlap deaths from heart disease, cancer, and other terminal conditions*.[5] Given these facts, it is the height of institutional insanity to lock down the entire nation of Italy (population 60,000,000) instead of focusing protection on the elderly while the rest of the population lead normal lives, as numerous prominent physicians and epidemiologists from the world's most prestigious institutions have been advocating since last October.[6] With good reason are Italians, after a year of this insanity, rioting in the streets.

Given the muddled and unreliable COVID death statistics, one way of getting at the truth about the gravity of this pandemic is to examine the data on annual "excess deaths" overall, meaning the number of deaths in excess of those to be expected according to national statistical trends in mortality. A study recently published by researchers at the University of Pennsylvania and the Max Planck Institute for Demographic Research in Germany shows that in 2017 there were 470,700 excess deaths in the United States, resulting in a total loss of 13 million additional years of life, whereas for the year 2020 the CDC estimated excess deaths "involving" COVID at 376,504. Given the advanced age of COVID victims, with deaths especially heavily concentrated in the 85+ cohort, "In 2017 excess deaths and years of life lost in the United States represent *a larger annual loss of life than that associated with the COVID-19 epidemic in 2020*."[7]

It might be objected that this statistical focus is ghoulish, but it is precisely *statistics and statistical dishonesty* that have driven media hysteria and unprecedented governmental suppression of basic human liberties, including the very worship of God. Statistical manipulation is essential to the official narrative that depicts COVID-19 as a world-ending plague justifying open-ended impositions on human liberty, including suppression of divine

worship, by the same militantly anti-Christian governments Prof. de Mattei inexplicably seems to trust as good-faith defenders of "the common good." (Cf. MLV pp. 51, 53, 54, 55, 58, 60, 62).

The Common Good Does Not Require Abortion-Derived COVID Vaccines

Turning to COVID vaccinations in particular, MLV's references (pp. 55-56) to historical examples of the localized imposition of compulsory vaccinations for smallpox in Naples, Palermo, and the Papal States in the early 19th century — untreated smallpox having a staggering IFR of 30% even today[8] — hardly provide a current warrant for "vaccination for all" (p. 57), including children, with experimental, abortion-derived COVID vaccines. As to children, even left-leaning "fact checkers" are forced to admit that they are far more at risk from influenza than from COVID.[9] And yet there is no mandatory flu vaccination for children—or anyone else, for that matter, not even the most vulnerable elderly, who die of influenza by the tens of thousands every year.

Yet MLV appears to accept as a given that compulsory mass vaccination for COVID-19 is necessary for the common good. That assertion has been launched into the Catholic world with no apparent consideration of the limited utility of these vaccines, *as their own manufacturers admit*. *None* of the COVID-19 vaccines now being administered indiscriminately to young and old alike on the basis of "emergency use" were even tested during trials for prevention or transmission of infection, but only for reduction of symptoms in infected individuals. There is no hard scientific evidence that vaccines *not even designed for that purpose* will stop or even limit the spread of the virus in the community at large.

On the contrary, as an article in the prestigious journal *Nature* admits: "It's possible that vaccines won't stop or significantly lessen the chances of infection. But jabs *might* make infected people less able to pass the virus on, or make them less infectious, and so reduce transmission."[10] Studies thus far are limited and tentative, whereas the hard data supplied to the FDA by Moderna, for example, shows a statistically trivial difference in asymptomatic cases in the vaccinated group of around 14,000 versus an unvaccinated control group of the same size.[11] As a report by *Reuters* concludes: "[T]here is currently *no conclusive evidence* to claim the COVID-19 vaccine stops people spreading the virus that causes the disease — nor is there for the opposite."[12]

It is hardly surprising, then, that Chile, which leads the world in mass vaccinations for COVID, has seen no slackening in the rise of COVID-19 "cases" —the word "cases" being itself a fear-mongering abuse of terminology to denote mere positive PCR test results rather than *actual cases* of clinical illness (a "casedemic" rather than a pandemic). On the contrary, as of April 16 there has been a record-breaking "spike" in "cases" — now up to 1.1 million.

It is clear that the vaccines have had no lessening effect on widespread transmission, which is the unstoppable natural course of a virus in any case, leading to herd immunity. "We never said vaccination was going to be the only answer," protested Chile's Health Minister Enrique Paris. "We have to vaccinate, but we also have to remain mindful of other things like reduced mobility, wearing masks, washing our hands and social distancing *so that the virus doesn't get disseminated*."[13] In other words, the vaccines have proven useless for preventing viral transmission. Even after mass vaccinations, *nothing changes* in the COVID-19 regime.

Hence in the United States, where vaccination mania has reached farcical proportions, "health experts"[14] and their media collaborators,[15] led by the insufferable Anthony Fauci,[16] now unanimously declare that even *with* vaccination one must still wear masks in public (nay, *two* masks[17]), practice "social distancing" of six feet (the arbitrary rule that seems to have dropped from the sky), and avoid large gatherings for the foreseeable future, or perhaps forever. Even more ludicrously, the government, the "experts," and the media have begun floating claims that "variants" of the virus may escape the current vaccines and that new abortion-derived vaccines, administered annually, will be necessary, along with new lockdowns.[18] Meanwhile, Pfizer has just announced that a *third* dose of what was supposed to be a two-dose vaccine will be required in the next six to 12 months, with annual revaccinations thereafter, including "booster shots" for "variants."[19] And all of this for a vaccine that cannot even be guaranteed to prevent viral spread! But there is certainly a lot of money to be made by the purveyors of abortion-derived COVID vaccines.

By now, it should be perfectly obvious that the argument for COVID vaccination as necessary to protect "the commongood" has no credible basis. Even the promised benefit of these vaccines for *individual* symptom alleviation — the *only* promise ever made, which MLV does not appear to recognize — is fast eroding, with endless abortion-derived "booster shots" in the offing.

That the COVID vaccines, *by the government's own admission*, are essentially useless for preventing the natural and inevitable course of viral spread brings to the fore growing evidence of dangerous defects in these hastily authorized, abortion-derived therapeutics. At this very moment, even the politically corrupted FDA has recommended "a pause" in the use of Johnson & Johnson's experimental abortion-derived vaccine (*all* COVID vaccines being experimental) because a number of people who have taken it, particularly women of child-bearing age, are suffering a rare, and in some cases *fatal*, blood-clotting disorder.[20] AstraZeneca's abortion-derived vaccine is causing the same potentially fatal disorder in Europe, prompting "a cascading number of European countries" to suspend its use.[21] Dr. Richard Kuhn, a Purdue University virologist, observes of the US and European incidents

that "it does seem the vaccine triggers an antibody response that activates platelets, leading to clots."[22]

The EudraVigilance database of the European Medicines Agency (EMA) already records 7,000 COVID vaccine-related reports of death: 4,036 deaths after inoculation with Pfizer's COVID vaccine, 1,922 deaths after Moderna's vaccine was administered, and 1,234 deaths following injection with AstraZeneca's product. In the United States, the Vaccine Adverse Event Reporting System (VAERS) already records 3,005 deaths and 56,869 "adverse events" from coronavirus injections, including "620 instances of Bell's Palsy and 110 post-vaccination miscarriages."[23] The reported deaths and adverse events are probably a fraction of the total number.

Evincing corporate knowledge of just how dangerous their experimental abortion-derived vaccines could turn out to be, Big Pharma, in partnership with Big Government, has arranged total immunity for itself under the PREP Act against claims for COVID vaccine-related injury and death, forcing the victims to have recourse to the same federal government fund which has almost never paid even the limited amount allowed for PREP Act claims against pharmaceutical giants.[24]

Also missing from MLV's resolutely pro-COVID vaccine commentary is any mention of the dishonest manner in which emergency use authorization (EUA) was obtained for these vaccines in the first place. An EUA is obtainable by a drug manufacturer only if "there are ***no*** adequate, approved, and available alternatives" for treatment of a disease.[25] But there are several alternatives for treatment which the industry-captured FDA could have approved, if not for political interference clearly intended to leave no alternative but abortion-derived vaccines.

Consider, first of all, hydroxychloroquine combined with zinc, which happens to be the standard of care for early onset COVID throughout Asia, where COVID-related deaths are far lower per capita than in the West. As one white paper observes, while hydroxychloroquine "has somehow become a political football in the West" — merely because Trump endorsed it, as everyone knows — Asian countries have employed it with great success in the early stages of infection.[26] Even Italy has reconsidered its politics-driven rejection of hydroxychloroquine. As the journal *Nature* reports: "Doctors in Italy are once again authorized to prescribe hydroxychloroquine to COVID-19 patients," following a December 2020 decision by the Consiglio di Stato, Italy's highest administrative court, which lifted an earlier idiotic health agency ban.[27]

My own father received hydroxychloroquine and zinc in the New Jersey nursing home in which he was trapped by the state's COVID regime, causing him to contract the virus from

infected residents. His death in the hospital at age 96 was caused by kidney failure due to chronic dehydration during the lockdown, not the COVID-19 he contracted in the nursing home, of which he showed no symptoms after the administration of hydroxychloroquine. But, given the statistical dishonesty noted above, his death certificate states that respiratory failure due to COVID-19 was the cause of death — a blatant lie, perhaps incentivized by higher hospital reimbursements for COVID-related deaths.

In the United States, however, the FDA, succumbing to political pressure from the Trump-hating media, the Democrats, and Big Pharma revoked its EUA for off-label hydroxychloroquine used to treat COVID in June of 2020.[28] Yet study after study has shown the therapy to be highly effective if administered early enough.[29] Not persuasively to the contrary are a spate of hastily done studies claiming to show no benefit, including a shoddy piece of work in *The Lancet* that had to be retracted — a huge embarrassment for that august journal — because the authors had made errors "a first year statistics major" could spot.[30] As one commentator rightly observed: "It seems to me that *in the effort to disprove Trump*, some of these studies involving chloroquine or hydroxychloroquine have been politicized. I'd take any results with a huge spoonful of salt. Such a shame, I expect better of the scientific community, do not let politics affect the objectivity of a study. And I'm saying this as someone who doesn't even like Trump."[31]

Also available as an alternative treatment is Ivermectin, the widely hailed, Nobel Prize-winning "wonder drug" derived from a microorganism found in Japanese soil and already FDA-approved for anti-parasitic uses. There is powerful evidence from numerous studies, both observational and randomized-controlled, of major improvement in outcomes, including dramatically lower mortality, from prophylactic, early, and even late treatment.[32] Despite a fusillade of criticism from Big Pharma, the Democrats, the media and the FDA, similar to the anti-Trump establishment's jihad against hydroxychloroquine, Ivermectin is in use throughout the world for treatment of COVID-19.[33] In testimony before Congress, Dr. Pierre Kory, who has treated his patients with Ivermectin, called it a "miracle" that "basically obliterates transmission of this virus."[34] The video of his testimony was censored by YouTube, evincing the steely determination of the powers that be to allow people to die for lack of a treatment that might have saved them so that COVID vaccines can be portrayed as the only option.

Inexplicable Naivete Regarding the COVID-19 Regimes

While the foregoing facts show that abortion-derived COVID vaccines are, according to the government's own intimations, basically worthless as measures for the common good, they are serving quite well as instruments for population control via the "vaccine passports" now

being threatened by the State and already being required by corporate hegemons, employers, and mass venues with the State's encouragement. Yet Prof. de Mattei scoffs at the idea that vaccines could be part of a "macro-conspiracy causing damage to humanity…" (MLV, p. 50). And, at *Rorate Caeli*, he defends his booklet by depicting its critics as "anti-vax" in general, belittling their protests against a "sanitary dictatorship" by placing that phrase between contemptuous quotation marks,[35] while surely aware that Bishop Athanasius Schneider has rightly condemned a global "sanitary dictatorship"[36] whose existence is self-evident. He further suggests that his critics are partisans of a baseless "conspiracy" theory who should (it would appear) simply place their trust in Big Government and Big Pharma. How dispiriting it is to see Prof. de Mattei resort to demagogic pejoratives (e.g., "anti-vaxer," "conspiracy theorist") which he must know are the kiss of death in the court of public opinion. Would he appreciate being denominated a "militant vaxer," a "Covidiac," or an apologist for "coronafascism"?

As for the subject of "a macro-conspiracy causing damage to humanity," Prof. de Mattei surely knows that the word conspiracy is derived from the Latin *conspirare*, meaning "to breathe together," which connotes much more than the caricature of secret meetings of sinister figures in underground lairs or private islands. And, just as surely, he knows that the entire course of human history since the overthrow of Altar and Throne has been a breathing together of those forces, both public and private, that seek to "damage humanity" by subordinating everyone and everything to the power of the secular state. The same secular state that closes the churches in the name of containing a virus while abortion mills, marijuana dispensaries, and liquor stores remain open — and that exempts Muslims during Ramadan but not Christians during Easter from draconian limits on the size of public gatherings[37] — is hardly the trustworthy authority on protecting the common good that Prof. de Mattei seems to presume it is.

On this score, Prof. de Mattei would do well to review such evidence of the powers that be "breathing together" as a remarkable document entitled "The SPARS Pandemic of 2025-2028" (SPARS) published by the Johns Hopkins Center for Health Security in October 2017, during the first year of the Trump administration. This "futuristic scenario for public health risk communicators" presents an imaginary *novel coronavirus* pandemic and provides a literal playbook for persuading the public to submit to *mass vaccinations with "novel and/or investigational drugs*" that turn out to have serious side effects. By way of sample documents and hypothetical scenarios, SPARS eerily anticipates, more than two years before the emergence of COVID-19, the very elements of the COVID-19 regimes that now oppress hundreds of millions of souls:

- How to handle internet sources that contradict the official narrative and are consulted

by people who "interact only with those with whom they agree…" (p. 1)

- A hypothetical news article and "health alert" about a "novel coronavirus," called SPARS, first contracted by *churchgoers*, and which is declared impossible to contain by the usual measures, as shown by "spikes" when people leave their homes on Thanksgiving Day. (pp. 5, 8)
- Government-subsidized trials for novel SPARS vaccines, with *emergency use authorization and immunity from liability* under the PREP Act. (p. 12)
- Hypothetical alternative source news coverage arousing opposition when the public learns that the new vaccine *does not actually prevent or reduce viral transmission* (p. 14), and advice on using social media to counteract this bad publicity (p. 18).[38]
- A scenario dealing with news of *serious and even deadly side effects* from a novel SPARS vaccine, called "Corovax," including negative statements by "Several members of Congress" who are using social media "to spread their own personal beliefs under the guise of public positions." (pp. 19-20)
- Points for discussion on how government and health experts can promote Corovax as "the antiviral of choice" despite public fears. (p. 24)
- Using celebrities, hip-hop stars, and a former President to promote Corovax *after the public realizes that the fatality rate for SPARS is not as high as originally depicted*. (pp. 26)
- The need for "highly visible figures" to be seen being vaccinated. (pp. 26, 28)
- Government control of the narrative through social media outlets, countering critical message board threads and not neglecting "several popular platforms" where a counter-narrative is flourishing. (pp. 29-30)
- Pushing back against criticism of the FDA and the health experts on "Twitter, Facebook, Tumblr, Vine, and ZapQ," where people are saying that "*the changing messages merely proved that scientists knew very little about how to deal with* SPARS" and "the burgeoning natural medicine movement" is gaining traction. (pp. 31-32)
- Dealing with "waning public confidence in official statements about antiviral risks and benefits" and "how authorities [can] best lay the groundwork for the release" of Corovax. (pp. 34-34)
- How to respond to "Republican ZapQ groups" widely reporting on protests against

public health policy as "yet another example of liberal politics at work," causing "Republicans [to stop] following the news feeds and Twitter accounts of their state and local public health departments." (pp. 33-34)

- Government monitoring and presence at social media sites to counter the "growing trend of people building their own 'situational awareness' of an event via social media…" (pp. 39-40)
- Dealing with *religious objections to how Corovax was developed* (using the thinly veiled example of Muslims objecting to the vaccine because it is derived from one used on pigs). (p. 44)
- Manipulating Google searches and YouTube videos depicting negative effects of the Corovax so as to force viewers to look at contrary positive content before accessing what they have chosen to view, an initiative that "required government officials *to leverage relationships in the information technology industry, including the many companies involved with social media*…" (p. 55)
- Handling the worrisome development that once Corovax distribution began, "the anti-vaccination movement mobilized their resources" and began "spreading the message that Corovax was inadequately tested and had unknown, long-term side effects…" (pp. 43-44)
- Dealing with the public's discussions on Facebook, Tumblr, Snapchat, YouTube, and ZapQ forums about "growing concern over Corovax's side effects." (pp. 45-46)
- Showcasing examples of formerly anti-vax politicians who "redeemed" themselves by submitting to vaccination. (p. 47)
- Communication strategies for "*breaking into*, and engaging with otherwise *self-isolating groups* who oppose" the vaccine "and might be placing themselves and others at risk during the outbreak…" (p. 48)
- Communication strategies to deal with emerging neurological symptoms and other long-term effects of Corovax and the public outcry when the PREP Act fund appears to be inadequate for compensation of victims. (pp. 60-63)
- A public relations strategy for consoling victims of harm from the vaccine, including a Presidential address "to acknowledge the sacrifice that vaccine recipients had made on behalf of their communities or to console them in their grief over that sacrifice." (pp. 64-65)
- Dealing with "Conspiracy theories" that the virus causing the pandemic had "escaped

from a government lab secretly testing bioweapons." (p. 66)

It is stunning that the SPARS document appeared more than two years before anyone heard anything about a "novel coronavirus" that would upend our world with an endless "health emergency" that has played out almost exactly like this "war games" scenario. One could not ask for better evidence that the COVID-19 regimes now in place were long in the planning, including the maniacal push to inoculate the entire planet with a novel vaccine — again and again, no less.

Only an inexplicable naivete in an otherwise acute critic of political modernity could explain MLV's passive acceptance of the COVID-19 status quo as simply government protecting the common good rather than the long-awaited paradigm of the Great Reset that, of course, Pope Bergoglio incessantly promotes, as the World Economic Forum is pleased to note in an article entitled, "Here's the pope's prescription for resetting the global economy in response to COVID-19".

Perhaps the same naivete would explain why someone who is also an acute critic of the Bergoglian pontificate would draw no adverse inferences from an upcoming Vatican conference on "Global Health" featuring addresses by the CEOs of Moderna and Pfizer (mass marketers and distributors of abortion-derived COVID vaccines), the pro-abortion Chelsea Clinton, the omnipresent Anthony Fauci (a petty tyrant and flack for the pharmaceutical industry), the Vice President of Google Health and, for his own special insights into "global health," Joe Perry of Aerosmith, who has no doubt "taken the jab" in order to provide the celebrity example the SPARS document foresees.

One session on the agenda is "Religion and the Pandemic," in which "Religious leaders discuss topics ranging from why we have a pandemic to our social responsibilities…and how we can have an impact." Tellingly, there will be no discussion of the tyrannical suppression of religion by the COVID-19 regimes. Which regimes Bergoglio — who dons a useless ceremonial face mask at the appropriate times — also defends, with dreary predictability, including an Op Ed in the New York Times in which he "slams anti-lockdown protesters."[39]

Conclusion

Given all the points presented here, I am mystified as to how Prof. de Mattei cannot see that the COVID vaccine issue arises in the context of a never-ending "quarantine theater" of the absurd in which the more restrictions and demands the government imposes the more distant the goal of a return to normality and restoration of basic human freedoms becomes — because the COVID-19 regimes were never about the common good but rather the "New

Normal" of the Great Reset, in which universal vaccines originating in abortion would serve as a kind of unholy communion.

Heedless of facts indicating that abortion-derived vaccines are not at all essential to protecting the common good, MLV uncritically adopts the line of Big Government and Big Pharma, dismissing all objections to the program as merely the view of "a small minority… generally speaking, made up of doctors with little authority, seeking media exposure and unable to provide documented evidence for their claims." (MLV p. 50). Prof. de Mattei is an otherwise subtle thinker, but it is the worst sort of polemical crudeness to dismiss as mere publicity seekers frontline treating physicians, scientists, and other well-informed critics of an unprecedented worldwide government push for inoculation with abortion-derived vaccines that are not even shown to prevent viral spread and are already demonstrating life-threatening side effects causing widespread suspension of their use.

The factual context I have sketched in this Part I should suffice to indicate that, socially, spiritually, politically, juridically and even medically speaking, MLV defends a status quo that is really quite indefensible, even before we arrive at the purely moral problems presented by vaccines that would not exist if children had not been murdered in the womb. One wonders why, therefore, Prof. de Mattei even considered it necessary to argue at such length for the "*moral* liceity" of abortion-derived COVID vaccines, to which argument I will turn in Part II of this series.

See here for Part II and here for Part III of this series.

---

[1] John P. Ioannidis, "Infection fatality rate of COVID-19 inferred from seroprevalence data," Bulletin of World Health Organization, Oct. 14, 2020 (revised version, p. 7).

[2] Cf. Pascal James Imperato, "The Second World Cholera Pandemic (1826-1849) in the Kingdom of the Two Sicilies with Special Reference to the Towns of San Prisco and Forio d'Ischia," *Journal of Community Health*, Dec. 2015.

[3] Cf. "One-Third of U.S. Coronavirus Deaths Are Linked to Nursing Homes," *NY Times*, Mar. 31, 2021.

[4] Cf. https://www.statista.com/statistics/1105061/coronavirus-deaths-by-region-in-italy.

[5] Cf. https://www.statista.com/statistics/568024/death-rate-in-italy.

[6] Cf. "Great Barrington Declaration," whose signatories include faculty members at Harvard, Stanford, Oxford, and Cambridge.

[7] Samuel H. Preston and Yana C. Vierboom, "Excess mortality in the United States in the 21st century," Proceedings of the National Academy of Sciences of the United States of America (for Apr. 20, 2021).

[8] Cf. World Health Organization, "Smallpox".

[9] Cf. Phil Galewitz, "True or False? DeSantis Says COVID is a Lower Risk for School-Aged Kids than Flu," Kaiser Health News, Aug. 20, 2020. ("For children 14 and younger, Florida's COVID-19 mortality rate is 0.009%, *far below* the 0.01% for flu for that age group.")

[10] Smriti Mallapaty, "Can COVID vaccines stop transmission? Scientists race to find answers," *Nature*, Feb. 19, 2021.

[11] "Do Coronavirus vaccines stop coronavirus transmission? Here's what research says," *Advisory Board*, Mar. 4, 2021. ("For its part, Moderna found in its supplemental research submitted to FDA—based on nasal swab test data—that only 14 of the 14,134 people given its vaccine had an asymptomatic case of Covid-19, compared with 38 of the 14,073 people in the control group.")

[12] "Fact check: Scientists do not yet know whether the COVID-19 vaccine reduces transmission of the virus," *Reuters*, Jan. 18, 2021.

[13] Rafael Romo, "Chile's vaccination rollout was fast and broad. So why are COVID-19 cases spiking?", CNN, Apr. 15, 2021.

[14] Cf. Katie Kerwin McCrimmon, "Keep wearing a mask even after getting your COVID-19 vaccine," UCHealth, Jan. 20, 2021.

[15] Cf. Apoorva Mandavilli, "Here's Why Vaccinated People Still Need to Wear a Mask," *NY Times*, Dec. 8, 2020 (updated Apr. 2, 2021).

[16] "Dr. Fauci Explains Why You Should Still Wear a Mask After Getting the COVID Vaccine," NBC Chicago, Mar. 5, 2021.

[17] Cf. Adrianna Rodriguez, "Are two masks better than one? Double masking 'just makes common sense' to help prevent COVID-19 spread, Fauci says," *USA Today*, Jan. 26, 2021.

[18] Cf. Apoorva Mandavilli and Benjamin Mueller, "Virus Variants Threaten to Draw Out

the Pandemic, Scientists Say," *NY Times*, Apr. 3, 2021.

[19] Berkeley Lovelace, Jr., "Pfizer CEO says third Covid vaccine dose likely needed within 12 months," CNBC, Apr. 15, 2021.

[20] Cf. "Joint CDC and FDA Statement on Johnson & Johnson COVID-19 Vaccine," Apr. 13, 2021.

[21] Frank Jordans, "Major European nations suspend use of AstraZeneca vaccine," Associated Press, Mar. 15, 2021.

[22] Dr. Amanda Benarroch, "Scientists exploring possible link between Johnson & Johnson, AstraZeneca vaccine blood clot issues," ABC News, April, 17, 2021.

[23] Raymond Wolfe, "10,000+ deaths after COVID shots reported by U.S., European agencies," *LifeSiteNews*, April 14, 2021.

[24] Cf. MacKenzie Sigalos, "You can't sue Pfizer or Moderna if you have severe Covid vaccine side effects. The government likely won't compensate you for damages either," CNBC, Dec. 17, 2020.

[25] FDA, "Emergency Use Authorization".

[26] Dr. Christina Lin, "Why do Asian countries use hydroxychloroquine for Covid-19 despite Western rejection?", ISPSW Strategy Series, Issue No. 711, Aug. 2020.

[27] Fabio Turone, "Ruling gives green light for controversial COVID-19 therapy," *Nature*, Dec. 18, 2020.

[28] Cf. FDA News Release, "Coronavirus (COVID-19) Update: FDA Revokes Emergency Use Authorization for Chloroquine and Hydroxychloroquine," June 15, 2020.

[29] *See*, e.g., https://www.henryford.com/news/2020/07/hydro-treatment-study ("Treatment with Hydroxychloroquine Cut Death Rate Significantly in COVID-19 Patients, Henry Ford Health System Study Shows") *and* https://tinyurl.com/4kkbuxmm. *See also* https://www.americasfrontlinedoctors.org/hcq/faqs (on the use of); https://www.americasfrontlinedoctors.org/hcq/the-science-of-hcq (on the science of); https://www.americasfrontlinedoctors.org/hydroxychloroquine (general info).

[30] Erika Edwards, "The Lancet retracts large study on hydroxychloroquine," NBC News, June 4, 2020.

[31] Cf. https://debatepolitics.com/threads/hydroxychloroquine-a-drug-promoted-by-trump-failed-to-prevent-healthy-people-from-getting-covid-19.402091/page-4.

[32] Cf. FLCCC Alliance, "Ivermectin in COVID-19". *See also* https://covid19criticalcare.com/wp-content/uploads/2020/11/FLCCC-Ivermectin-in-the-prophylaxis-and-treatment-of-COVID-19.pdf (collecting studies).

[33] Ibid. (map of countries and regions adopting Ivermectin).

[34] Cf. U.S. Senate Committee on Homeland Security and Governmental Affairs, Hearing, "Early Outpatient Treatment: An Essential Part of a COVID-19 Solution, Part II," Dec. 8, 2020. Video of Dr. Kory's testimony is also available here.

[35] "Roberto de Mattei: 10 Questions to All Those Holding the 'Anti-Vax' Position," *Rorate Caeli*, Apr. 9, 2021.

[36] "Bishop Schneider: Living Faith When Public Worship is Prohibited," Mar. 24, 2020.

[37] Chris Tomlinson, "French Police Instructed to Bend Lockdown Rules for Muslims During Ramadan," *Brietbart*, Apr. 17, 2021.

[38] Anthony Fauci did exactly that in response to Tucker Carlson's query about why masks and social distancing are necessary if the vaccine really works. (CNN interview, Apr. 14, 2021, https://100percentfedup.com/tucker-fires-back-at-fauci-what-are-you-really-telling-us-here.)

[39] Oma Seddiq, "Pope Francis slams anti-lockdown protesters and praises healthcare workers in New York Times op-ed," *Business Insider*, Nov. 27, 2020.

