

No. 21-132

In the Supreme Court of the United States

ROBERT PILCHMAN,
Petitioner,

v.

NATIONAL LABOR RELATIONS BOARD, ET AL.,
Respondents.

*ON PETITION FOR WRIT OF
CERTIORARI TO THE UNITED STATES
COURT OF APPEALS
FOR THE SECOND CIRCUIT*

PETITION FOR REHEARING

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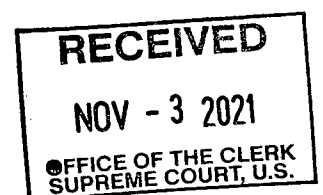


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ARGUMENT

I, Robert Pilchman, pro se petitioner, pursuant to Rule 44, submit this petition for rehearing.

(1) On June 23, 2021, the U.S. Supreme Court decided (Case No. 20–255 ; *Mahanoy Area School District v. B.L., a minor, by and through her father, Levy, et al.*) in favor of the free speech rights of a cheerleader

(<https://www.supremecourt.gov/opinions/20>

pdf/20-255_g3bi.pdf). To quote

<https://thefederalist.com/2021/06/23/supreme-court-sides-with-profanity-spewing-pennsylvania-cheerleader-in-free-speech-case/> :

“The U.S. Supreme Court ruled in favor of Pennsylvania cheerleader Brandi Levy in a case that addressed public schools’ ability to penalize students for off-campus speech. The 8-1 ruling held that the school’s interest in regulating student speech did not extend to Levy’s free expression, and further that public

schools must have a “heavy burden to justify intervention.”

Levy, who as a freshman in 2017 did not make the varsity cheer team, posted a profanity-laced rant on Snapchat, saying, “F-ck school f-ck softball f-ck cheer f-ck everything.” When a screenshot of the post made its way to school officials, Levy was suspended from the junior varsity cheer squad for a year. After the school refused to re-evaluate its decision, Levy and her parents took the case to a federal district court and won. The school district appealed the

decision all the way to the Supreme Court, arguing it needed to regulate off-campus speech to keep students safe from cyberbullying.

Justice Stephen Breyer wrote for the majority that “courts must be more skeptical of a school’s efforts to regulate off-campus speech, for doing so may mean the student cannot engage in that kind of speech at all.” Breyer further argued the school itself has an interest in protecting student free speech, even if that speech is unpopular or frowned upon by the administration.

America's public schools are the nurseries of democracy. Our representative democracy only works if we protect the "marketplace of ideas." This free exchange facilitates an informed public opinion, which, when transmitted to lawmakers, helps produce laws that reflect the People's will. That protection must include the protection of unpopular ideas, for popular ideas have less need for protection. Thus, schools have a strong interest in ensuring that future generations understand the workings in practice of the well-

known aphorism, “I disapprove of what you say, but I will defend to the death your right to say it.””

The Court’s decision in *Levy* clearly seems to apply to my case. As I detailed in my petition, I, was employed as a Senior Librarian for the Brooklyn Public Library (‘BPL’ / ‘the Library’), and was initially suspended without pay and subsequently terminated because of communications deemed inappropriate by BPL despite the communication being personal (NOT on any

employee time, NOT on any employee website, NOT sent via employee email – in other words NOT via any employee power).

(2) On September 12, 2021, I visited the Brooklyn Public Library and was told by an employee of the Library that

(A) BPL's new employees must be vaccinated and BPL's old employees must either be vaccinated or else be tested weekly for COVID.

(B) BPL's policy is "NOT more than three months old" – the policy started "in the middle of June" (By the way, on July 26, 2021, New York City Mayor Bill de Blasio tweeted "Today I'm announcing that EVERY City government employee will be required to provide proof of vaccination or submit a weekly #COVID test" (<https://twitter.com/NYCMayor/status/1419663876019433473>) and on September 9, 2021, the Associated Press stated "President Joe Biden has unveiled a new

“action plan” plan to confront the COVID-19 surge ... Private employers with 100 or more workers will have to require them to be vaccinated or tested weekly.”)

Given the arbitrator’s award that I be reinstated (but conditional on an unlawful mechanism of assessment of mental health), for BPL to (also) require me or for even BPL to (also) just pressure me to take an experimental ‘vaccine’ is in egregious violation of my rights (Note: Any

medication, especially a revolutionary gene therapy ‘vaccine’, that has not been adequately tested for many years is by definition experimental; egregious means Nazi level horrific (example: German Schutzstaffel (SS) officer and physician Josef Mengele (Yimach Shemo V’Zichro))).

(Note: Robert Kennedy Jr. [Esq.] and Meryl Nass, M.D. authored an article “*2 Things Mainstream Media Didn’t Tell You About FDA’s Approval of Pfizer Vaccine*” in which they seem to hold that the FDA has the

legal ability to remove the label
experimental – however, that’s absurd
because the vaccine has only been in use for
about 1 year and many people have already
suffered serious side effects including death!
In any event, even they point out that all
the vaccines are still under emergency use
authorization - except for one version of the
Pfizer vaccine which is now ‘licensed’;
however, that ‘licensed’ version is NOT
accessible due to ‘shortage’ (which appears
to help Pfizer avoid any possibility of

liability)! By the way, what did
Congress/Bill Gates receive?! Saline?!)

I) Nuremberg Code

To quote https://research.unc.edu/human-research-ethics/resources/ccm3_019064/ :

“The Nuremberg Military Tribunal’s decision in the case of the United States v Karl Brandt et al. includes what is now called the Nuremberg Code, a ten point statement delimiting permissible medical experimentation on human subjects.

....

–“Permissible Medical Experiments.”
Trials of War Criminals before the
Nuremberg Military Tribunals under
Control Council Law No. 10.
Nuremberg October 1946 – April
1949, Washington. U.S. Government
Printing Office (n.d.), vol. 2., pp. 181-
182.

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 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.

[Emphasis Added]

2. ...

II) Vaccine' Mandate = Despotism and RACISM

On August 30, 2021, Dr. Simone Gold, M.D.,
Esq., (Founder of America's Frontline
Doctors (

<https://americasfrontlinedoctors.org/>))

tweeted (

[https://twitter.com/drsimonegold/status/143](https://twitter.com/drsimonegold/status/1432463470822404100)

2463470822404100) "MUST WATCH: Dr.

Christina Parks, PhD, testifies in support of

HB4471, a bill proposed in Michigan

against vaccine mandates.” (

[https://twitter.com/drsimonegold/status/143](https://twitter.com/drsimonegold/status/1432463474072952834)

2463474072952834) The following is from

the 08/19/21 testimony of Dr Christina

Parks for Michigan HB4471 (- special

thanks to contributors at

[https://freerepublic.com/focus/f-](https://freerepublic.com/focus/f-chat/3989992/posts)

[chat/3989992/posts](https://freerepublic.com/focus/f-chat/3989992/posts)):

“Hello, my name is Dr Christina
Parks. I received my PhD in cellular
and molecular biology right here in
the state of Michigan, from
University of Michigan Medical

school, so I'm very well versed in the science of both these mRNA gene therapy vaccines, this kind of technology as well as what a vaccine is designed to do in the body and what it can do and what it can't do and the fact that this is extremely complex science that has been oversimplified in the media to basically take away our freedom of choice. What I want to address, today in this limited time, is the fact that vaccine requirements and mandates are based on the faulty assumption that the vaccines in question prevent transmission of the pathogen. Right!

Does the vaccine for DTaP prevent transmission? No. Does the vaccine for flu prevent transmission? No. Do the vaccines for Covid prevent transmission? No.

In fact, they were never designed to do that. Alright, so you're asking what about this 95 % effectiveness. If you look at those clinical trials they do not say that they prevent transmission they expressly say that they're measuring whether they attenuate symptoms. So they're 95 percent effective, based on their

clinical trials, at attenuating symptoms - for the first variant which is essentially gone in our population. Right now the predominant variant is the delta and CDC director Walensky basically said that these vaccines have no ability to prevent infection by and transmission of the Delta variant.

So our policy needs not to be built on the hope of what we think something we want it to do but what the data actually tell us. Do these vaccines prevent the virus from infecting and

replicating in the nose and nasopharynx? No. They've only been shown to prevent that replication in the lungs. The mucosa is very different than the lungs. It's very different than the blood. You inject it into the blood you make antibodies in your blood. The virus isn't infecting your blood it's infecting your mucosa and you don't produce any IGA to neutralize it. In fact, recent studies have shown that the vaccinated especially with the delta variant and the unvaccinated have similar amounts of virus in their nose and throat. In Barnstable, Massachusetts

the CDC tracked an outbreak of 469 cases of Covid. 74% occurred in fully vaccinated persons, and 4 out of five of those hospitalized were vaccinated. Alright, so maybe they are mandating this because they just didn't know with the Covid and so, my main complaint is with our health agencies in the CDC who basically know better and are misleading the public.

So let's look at DTaP, which the scientists in the CDC have known since 2014 that the acellular

pertussis vaccine does not prevent people from getting infected with the pertussis bacteria and passing it to others. In fact it was never designed to do that. The vaccine was designed to neutralize the pertussis toxin.

Pertussis, we know it as whooping cough, it can be fatal for children under six months - so neutralizing this toxin saves lives. Alright, I'm not going to debate that, but what it doesn't do is neutralize the bacteria.

So what happens is fully vaccinated children go to daycare they pick up that bacteria and they come home and they give it to their newborn

brother or sister they get deathly ill and they go to the hospital. Hopefully our medical professionals are able to save them but who do they blame?

Now the CDC is blaming anti-vaxers for the limitations of this vaccine design. I suggest that they be transparent and tell parents that although it is preventing severe disease in their children, it is not preventing transmission because we have created a whole class of asymptomatic pertussis carriers who are increasing the disease. Now the

old DTP vaccine that many of you who are my age or older got - did prevent transmission. When we switched to the safer acellular version they knew that it was never designed to prevent transmission. It was safer - it had less adverse effects, but pertussis cases have gone through the roof. There's resurgence in pertussis because of the design of the vaccine and the vaccinologists know this, they're trying to address it, and so we cannot mandate that something that does not prevent transmission.

So, alright, what about the flu vaccine? They have shown there's no statistical difference if you're vaccinated or unvaccinated in whether you get the flu or not. But it's even worse because although that first year it is somewhat effective, it's about 65 percent effective at preventing symptoms in you, after that it actually has negative efficacy.

And I want to address this because it's very important. Vaccines are made to a specific variant and when that variant mutates, the vaccine no

longer recognizes it and so it's like you're seeing a completely new virus. Because that's so, you actually get more severe symptoms when you're vaccinated against one variant, and then it mutates and then your body sees the other variant. So there's the potential and the science shows that, in fact with the flu, if you get vaccinated in multiple years you are more likely to get severe disease, you are more likely to have more viral replication and you are more likely to be hospitalized - both in adults and in children. We are seeing the same thing in Covid with the Delta variant.

So we are mandating that people get a vaccine that could actually make them more sick when they're exposed to the virus?! In fact, this week, a paper came out and what it showed is that with this delta variant, when you're vaccinated your body makes antibodies that are supposed to neutralize the virus but they were supposed to neutralize the old variant. When they see this new variant, what they are doing is they're actually - the antibodies are taking the virus and helping it infect the cells. Alright, that science was just published this week. We need to

be looking at the science and we need our policy to reflect the science and we also need it to reflect our rights.

And so, as a PhD who knows the science, I'm in the category of the most vaccine hesitant group. Yes, PhD's are the most vaccine hesitant followed by people who have less than a high school degree because they know what they don't know and they don't trust their government and many people the other group that is very vaccine hesitant are African Americans.

70% of African Americans have not taken this vaccine. Why? Because they don't trust their government. Do they have reason not to trust their government? Well between the years of 1930 and 1970 the CDC conducted the Tuskegee experiment where they took untreated males with syphilis and they refused to treat them. Even after antibiotics became available, they still did not treat them and they did not tell them that they had syphilis. They told those people that they were there to secure their health

and they did not secure their health. They abused them. You say - well that was in the past, although I don't think 1970 was that long ago. Well in 2012 whistleblower William Thompson came forward and said "We published a study that said MMR does not cause autism but we lied. In fact, we shredded data that showed that when black boys are vaccinated on time they have increased rates of autism diagnosis and we shredded it and we left it out of the paper." As an African American and a PhD, I want to ask each of you, are we going to exclude

70% of African American people from
the workforce and from education?

Alright, my ancestors did not work this hard - I come up from a family that worked very hard and I'm very aware that my privileges are dependent on the work of my grandmother and my great-grandmother and I have great respect for these people that put me where I am and yet you're telling me that my son will not be able to be educated if, based on the history of African Americans in this country, that he doesn't want to be vaccinated.

Alright, so I will leave you with that

question: who are we going to exclude from the workforce? Are we going to continue with discrimination and segregation in the United States of America? Thank you”

III) ‘Vaccine’ Mandate = Despotism and GENOCIDE

The following is quoted from from Dr.

Vladimir Zev Zelenko, M.D. (Board certified family physician) (<https://zstacklife.com/>)

(interviewed on Friday August 20, 2021)

(interview accessible at

<https://www.banned.video/watch?id=61203e78d4c0746203057220>):

“ I’m a Hassidic Jew and my family lost 40 or so relatives in the Holocaust ... So I won’t use the word genocide loosely. This is a genocide against the innocent and the vulnerable. This is a carefully coordinated brilliantly orchestrated and executed evil plan to damage and hurt billions of people ... it is a crime against humanity... There are two risk factors to die from COVID it’s the doctor you choose and the

government you live under because the government's tyranny is making it difficult to gain access to life saving medication and physician malfeasance and malpractice is delaying crucial treatment in the right time frame and that's why people are dying. The key here is there are over the counter options that people could buy and use for prophylaxis and for treatment that could reduce hospitalization and death by more than 80%. My data showed a reduction in hospitalization and death by 84%. Subsequently, dozens of studies around the world –

peer reviewed studies - corroborated the same observation. So what that means is out of 600,000 dead Americans, we could have prevented 510,000 from even going to the hospital. ...So [March of 2020] I sent a letter to the President of the United States documenting my experience; I sent the letter - it was the last week of March. And when the President [Trump] made an announcement that he was taking Hydroxychloroquine he referenced my letter as the reason why he was doing it – that he got a letter from a upstate [New York]

doctor telling him about his experiences. ...”

“After the President [Trump] came out in support of Hydroxychloroquine, it began to be vilified viciously and any doctor who was using it was persecuted. They were brought up before medical boards. They were losing their jobs. It didn't make any sense. And when the President announced that he wants Hydroxychloroquine made available to every single American, he tasked Secretary Azar with that job from Health and Human Services.

Secretary Azar gave it to Larry Kudlow, who was the head [of the national economic] counsel for them, and Larry Kudlow called Dr. Rick Bright from BARDA [Biomedical Advanced Research and Development Authority]. Now what I am about to tell you is the mechanics of genocide, and the basis of what I am about to tell you is Dr. Rick Bright's own words - in a documentary called *Totally Under Control*, and what he described is the following: When he got the president's order to make Hydroxychloroquine available to every American, he says he felt that

that was a terrible idea and him and his team were against it. So they crafted - together with Dr. Janet Woodcock, who is now currently the acting head of the FDA - a strategy to limit access to Hydroxychloroquine, and how did they do that? Well, first they were supposed to use the *Right to Try* legislation, which enabled every single American to have access to certain drugs outside of clinical trials. They were supposed to use that pathway to make Hydroxychloroquine available to every single American – to open the National stockpile of medication for

every single American. Instead, what they did was, they crafted an Emergency Use Authorization that opened National stockpile of medication to only hospitalized patients. What that did effectively – it sent a message to every single doctor in America and employer, that the government is only in support of Hydroxychloroquine usage in the hospital setting, and certain employers set policies that if a doctor uses Hydroxychloroquine, in the outpatient setting, they would lose their job.”

“The data shows that the early use -
the pre-hospital use - of
Hydroxychloroquine together with
Zinc and Azithromycin reduced
hospitalization and death by 84% -
that means that 84% of Americans
who ended up in the hospital could
have been saved. We are talking
about over a half a million people – in
America alone, and everyone knows
what the FDA does, the rest of the
world follows. By the way, I treated
President Bolsonaro also – but that’s
digressing. Everyone knows whatever
the American FDA does, everyone
else follows. We could have ended

this thing globally except for people like Rick Bright, whoever the stakeholders are that he serves – he definitely does not serve the American people – that's for sure ... I got my hands on internal FDA documents, which show the following criteria – who can get an emergency use authorization and the answer is if there is no other option available – if there is no other therapeutic then a drug may given Emergency Use Authorization if it shows potential promise. Otherwise, it has to go through the ten year process and millions of dollars to get the drug

through different trials. So what happened was that the Emergency Use Authorization for Hydroxychloroquine obstructed other drugs from getting it, and so there was a study that came out by *Lancet*, the most respected peer reviewed journal in medicine, that concluded ... that Hydroxychloroquine kills people and what happened was the WHO [World Health Organization] took that information and made a global moratorium against the use of Hydroxychloroquine. The only problem with that study was that it was fraud – that data didn't exist -

those patients didn't exist, and
Lancet had to retract that study -
which is the biggest scandal in the
history of medicine. Why am I telling
you this? Because when the FDA
revoked the Emergency Use
Authorization for
Hydroxychloroquine – in the
document that explained why they
did it, they quote this fraudulent
study from Lancet – after it's been
already been retracted – it has as
much value as toilet paper- our
government – our wonderful FDA -
still used a fraudulent document to
destroy access to

Hydroxychloroquine. These are actions of a government that do NOT want you to live! Access to life saving medication is being suppressed. Information about life saving medication is being suppressed. Any doctor who dares say something that is against the narrative of the government -it could be the world leader in mRNA vaccine technology Dr. Robert Malone - if he says something that is not consistent with the narrative, he get's deplatformed ... So I started using Quercetin, Vitamin C and Vitamin D and Zinc for all my patients ... If we go

through the demographic of 18 or younger - basically healthy kids - the CDC says their survival rate is 99.998% without treatment from COVID 19 - it's safer than influenza virus; why would I vaccinate a demographic that has a near 100% recovery rate without treatment, with something that is not even FDA approved and was brought to human use after a year of development - when historically it takes 10 years to bring a vaccine to market – why would I? The answer is not for medical reasons ... If you look at another demographic from 18 to 45

and healthy – healthy adults – the survival rate without treatment is 99.95 % - with treatment it's a near 100%; so the same question - why would I vaccinate with an experimental liquid that it took a year to develop - why would I vaccinate that demographic with something like that? The answer is not for medical reasons. Or if someone had Covid and they have antibodies - they have natural immunity - everyone knows that natural immunity is much more protective - why would I inject them with something to make inferior

antibodies? That doesn't make sense. And then you get to the last group ... the high risk group which is 45 and older and those with medical problems. They are at risk; they have a death rate of 7.5% - completely unacceptable ... However, with proper treatment we can reduce that risk to less than one percent. ”

“So now comes the risk vs. benefit analysis – that with proper treatment I could have a death rate of less than one percent; what am I going to see if I use these vaccines? That's going to segue into its safety issues. There are three time periods you need to

analyze – from the moment of injection to around three months, from three months to three years, and then long term - more than three years. In the acute setting, what we are seeing is people dying from blood clots, from inflammation of the heart, and from miscarriages in the first trimester. According to the VAERS system - it's a terrible system but that's all we have - VAERS stands for Vaccine Adverse Event Reporting System, there are eleven thousand dead Americans. Now my question is what is the threshold of death? ...
With the swine flu vaccines, 26

deaths happened, they scrubbed the
entire system. Government is
actually admitting to the 11,000
deaths – that's not enough? How
about what the CDC whistleblower is
saying – the number is not 11,000 it's
45,000? ... How about the 2009
Harvard study that said that only
about one percent of actual events
are being reported on VAERS. Ok I
could make an argument that death
is reported at a higher rate. So what's
that rate 20%? 30%? So you have to
then scale the numbers that you are
seeing by a factor of five. And also I
have colleagues that want to file

reports, and their reports are being rejected and their patients died ... ”

“ ... In this context, turn away from bad means do NOT submit to the fear, do NOT agree to the isolation, and stay away from the POISON DEATH SHOTS ... The problem is we are witnessing a very sophisticated psychological manipulation of humanity. Everyone knows, who studied psychological warfare that prolonged anxiety coupled together with social isolation leads to a psychological decompensation and when that happens to the person they become very gullible and very easy to

manipulate. ... Bill Gates said that the world population needs to be reduced by fifteen percent ... the same Bill Gates said that seven billion people need to be vaccinated. ... Why would I want to take a vaccine sponsored by someone who believes that the world population should be reduced? ... ”

“ If you look at the side effects of these vaccines because that’s the real plague; you see COVID 19 is extremely treatable but the psychological use of fear and isolation has created a false motivation or

justification to immunize ... In the first three months there is going to be a group of people who died from blood clots, there is going to be a group of people that died from heart damage, and there is going to be an increased rate of miscarriages. World experts are screaming genocide. Dr. Luc Montagnier, who won the Nobel Prize in Medicine for finding HIV, in 2008, is saying this is the biggest risk of genocide in the history of humanity. Dr. Robert Malone, who invented this stuff, is saying don't take it - the government is lying to you. Dr. Dolores Cahill, from Ireland, said she

believes that in two years 90% of the people vaccinated will be dead, Dr. Michael Yeadon, the former vice president of Pfizer and the head of their vaccine development program, said that for every one child that dies naturally from COVID, a hundred will die from the vaccine. ... The mechanism of death is your own immune system gets pathologically primed and when it comes into contact with a similar virus the antibodies produced by these vaccines destroy – it's like a bomb going off. ... So the only way you are going to avoid the detonation ... is by

preventing yourself from getting these infections. ”

“ ... [T]hese are RNA viruses ... and most RNA viruses use the same pathway for replication So there is an enzyme called RNA-dependent RNA polymerase but it's an important enzyme because all the strains of COVID use this one enzyme to make copies of its genetic material. So if you could shut down this enzyme you could shut down the replication of all the strains of COVID. That's why I don't care if it's Delta, Lambda, South African or whatever; they all are

treated the same way. We could shut down their viral replication and the body's immune system will take care of the job. You need a bullet and that's Zinc; Zinc inhibits this enzyme – Zinc does not get into the cell on its own. So you need a Zinc delivery system. It's like a gun and a bullet. So there are four Zinc delivery systems: One is Hydroxychloroquine. Another is Ivermectin. Then there is Quercetin. And EGCG which is a green tea extract. When you use that together with Zinc, you have a functioning unit of synergy ... Zinc delivery system, or Zinc ionophore,

with Zinc – it gets the Zinc into the cell in the right concentrations – it inhibits RNA-dependent RNA polymerase and what happens is you shut down viral replication ... and if you prime your immune system by having enough Zinc ... enough Vitamin D and enough C then most likely you will not get these infections and if you do get this infection you have to treat much more aggressively from Day 1 or 2 and not allow your immune system to explode and kill you ... ”

IV) There is not any reasonable rationale to force vaccination and/or to only require the vaccinated to be tested because in addition to any side effects of the experimental 'vaccine', the vaccine increases the probability of getting COVID and the vaccine increases the likelihood that a COVID illness will be more severe as is clear from:

(A) Robert W Malone, MD, "Inventor of mRNA vaccines and RNA as a drug, Bench to Bedside vaccines and biologics

consulting" tweeted, on September 2, 2021, statistics that show that the vaccinated are more likely to get COVID than the unvaccinated – in particular from age 20 to age 79 (

<https://twitter.com/RWMaloneMD/status/1433436382165413893>). In addition, Dr.

Vladimir Zev Zelenko, M.D. (interviewed on Friday September 10, 2021) (interview accessible at

<https://www.banned.video/watch?id=613bd3fe8a66021a765ed748>) stated “Dr. Michael

Yeadon, who ran Pfizer, said the following:

That for every one child that dies from
COVID naturally, a 100 die from the
vaccine. You are talking about a hundred to
one kill ratio”.

(B) The following is quoted from Dr.
Vladimir Zev Zelenko, M.D. (interviewed on
Friday September 10, 2021) (interview
accessible at
[https://www.banned.video/watch?id=613bd3
fe8a66021a765ed748](https://www.banned.video/watch?id=613bd3fe8a66021a765ed748))

“Our CDC director analyzed the Israeli data and said that based on the Israeli data anyone who got vaccinated early is much more likely to end up in the ICU therefore you should take another shot – huh? [huh – “interjection” –

“used to express surprise, disbelief, or confusion” - <https://www.merriam-webster.com/dictionary/huh>] ... [The vaccine shots] [i]t’s really killing a lot of people and according to Dr. Robert Malone people that are vaccinated are experiencing much higher tidal levels than unvaccinated – so in other words someone who is vaccinated can

get much sicker – not milder – much sicker than the unvaccinated – simply because they will produce more virus and that was consistent with Israeli data from the University of Tel Aviv that concluded that anyone who got the Pfizer vaccine is six times more likely to get the South African variant of COVID 19. So these vaccines were never meant to be vaccines; they are tools of death to get rid of a certain percentage of us, to make another percentage infertile, and then track – it's brilliant – it's evil but it's brilliant – and then put in an internal tracking device – an

internal easy pass where you can't even remove it anymore – you are permanently bonded to it. ...”

V) Geneva Convention – At

<https://www.csce.gov/issue/genocide-crimes-against-humanity-and-war-crimes> it states:

“According to the Rome Statute of the International Criminal Court, the Geneva Conventions define war crimes to include "willful killing; torture or inhuman treatment, including biological experiments; willfully causing great suffering, or serious injury to body or health;

extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and wantonly; compelling a prisoner of war or other protected person to serve in the forces of a hostile Power; willfully depriving a prisoner of war or other protected person of the rights of fair and regular trial; unlawful deportation or transfer or unlawful confinement; and taking of hostages.” [Emphasis Added]

Indeed, Dr. Vladimir Zev Zelenko, M.D.

(interviewed on Friday September 10, 2021)

(interview accessible at

<https://www.banned.video/watch?id=613bd3fe8a66021a765ed748>) stated:

“[T]he coercion , the forcing and
psychological pressure of the
government on innocent people is a
violation of the Geneva Convention.

The Geneva Convention does not
allow for human experimentation
without the informed consent of the

patient and this is not being done.

There is tremendous amount of suppression of the side effects of these terrible vaccines and there is a lot of suppression about how efficacious they are.”

Indeed, on the website

(<https://www.osha.gov/coronavirus/faqs#vaccine>) of the Occupational Safety and Health Administration of the United States Department of Labor for the question “Are

adverse reactions to the COVID-19 vaccine
recordable on the OSHA recordkeeping log?”

the answer provided is

“DOL and OSHA, as well as other
federal agencies, are working
diligently to encourage COVID-19
vaccinations. OSHA does not wish to
have any appearance of discouraging
workers from receiving COVID-19
vaccination, and also does not wish to
disincentivize employers' vaccination
efforts. As a result, OSHA will not

enforce 29 CFR 1904's recording
requirements to require any
employers to record worker side
effects from COVID-19 vaccination at
least through May 2022.”.

[Sic; Emphasis Added].

(3) Is NLRB's General Counsel's
decision never reviewable? In the Second
Circuit's affirmation of the dismissal of my
complaints it states that “Pilchman does not
allege any constitutional violations by the

NLRB”; this is wrong because, as discussed in my actions, the NLRB refused to grant my request for records under F.O.I.A. including records from the Inspector General of the NLRB. Furthermore, when the NLRB submitted (on October 22, 2020) to the Second Circuit “a certified copy of the agency record”, it failed to include any document from the Inspector General of the NLRB; do the records of the Inspector General show discrimination against me because of my race, religion etc.? For a

motion to dismiss against my complaints, the judiciary should look at my complaints in the most favorable way – especially since I am a mentally disabled pro se who never received any opportunity for discovery. In addition, I never received any opportunity to amend the complaints.

CONCLUSION

The Court needs to have some unpredictability; if it's obvious that the Court disfavors various situations (such as

my situation) then that telegraphs to the world that such situations (no matter how egregious) will not be fairly addressed (and encourages future violation and lack of hope for redress) and see what happened to Pilchman – keep a low profile ... and thus there is less credibility because of suppression of efficacious dissenting communication. Indeed, "[t]he only thing necessary for the triumph of evil is for good men to do nothing" ---

<https://www.brainyquote.com/quotes/edmun>

d_burke_377528. I worked for almost 15 years as a full time employee for the Brooklyn Public Library- in which time every performance evaluation that I received was satisfactory or above – except for one in which the primary evaluator was ordered to rate me unsatisfactory. Besides that exception, every aspect of my performance was always rated as satisfactory (or better). Moreover, my last two performance evaluations at BPL were totally satisfactory (or better). In addition,

all the medical documentation says that I am able to return to work at full duty. I also received a Master of Science from Pratt Institute in Information and Library Science with a 3.95 GPA and a Bachelor of Science from Brooklyn College with a 3.459 GPA. My father served honorably in the Navy during the Korean War and my maternal grandmother was in the first class in which women graduated from Brooklyn College (in or around 1934).

For the foregoing reasons, as well as those set forth in the Petition for Writ of Certiorari, the Court should please grant this Petition for Rehearing, and any other relief the Court deems appropriate.

Sincerely,

Robert Pilchman

Date: October 26, 2021