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Statement on Psychopathic Authoritarianism and its application in this case

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I. Purpose of This Statement

I submit this statement to explain the construct of Psychopathic Authoritarianism and to apply it to the conduct described in the complaint and the supporting materials before this Court. The conduct at issue includes the COVID-19 lockdowns, face-mask requirements, social distancing mandates, coercive pressure to accept COVID-19 mRNA injections, censorship of dissent, and the continued representation of those injections as “safe and effective” despite the evidence of serious harm, including death and ineffectiveness set out in the case record.

My conclusion is direct. The COVID-era program described in this case was a severe manifestation of Psychopathic Authoritarianism and a deliberate attack on humanity. It was not a public-health response that went wrong, a series of isolated errors, or a good-faith miscalculation. It was an orchestrated system of fear, domination, compelled conformity, manipulation of information, suppression of independent judgment, and deliberate disregard for bodily autonomy, human dignity, and human life.

The conduct of the Dutch Government, Mark Rutte, Albert Bourla, Bill Gates, Pfizer, Moderna, and the other defendants must be assessed according to each defendant’s authority, participation, communications, knowledge, and role in maintaining this system. Their individual roles differ. The behavioral pattern they advanced is nonetheless coherent: fear was used to obtain obedience; visible conformity was imposed; dissent was marginalized; medical choice was transformed into a condition of employment and participation in society; and material information concerning the safety and effectiveness of the injections was suppressed, minimized, or contradicted by continued public assurances.[2]

I do not offer a formal mental health diagnosis of any named person as I have not interviewed or examined named defendants. I use the term Psychopathic Authoritarianism as a behavioral, institutional, and social-psychological construct. It identifies a pattern of conduct. The pattern appears visible in the actions before this Court.

II. Psychopathic Authoritarianism

Psychopathic Authoritarianism is the systemic elevation of power, control, and domination above truth, empathy, liberty, moral integrity, bodily autonomy, and human dignity. It is the collective manifestation of traits identified as the Dark Tetrad: sadism, narcissism, Machiavellianism, and psychopathy. On a systemic level, these traits operate together with fear and coercive control to produce obedience, conformity, and the subjugation of persons to institutional authority and may include a callous disregard for human life.[1]

The construct applies to individuals, organizations, governments, corporations, media systems, regulatory bodies, scientific institutions, and society as a whole. It is especially relevant where a

government-corporate system uses a declared emergency to impose control over movement, speech, association, work, education, worship, medical choice, and bodily integrity.

The COVID-era measures presented in this case are not peripheral examples. Lockdowns, social distancing, mandatory face masking, so called vaccine passports, injection mandates, censorship, and fraudulent “safe and effective” messaging are the operational mechanisms through which Psychopathic Authoritarianism was imposed. The public was subjected to a system that demanded obedience, punished noncompliance, and treated those who dissented as threats rather than as citizens with conscience, unalienable rights, and legitimate questions.

III. The Dark Tetrad in the COVID-Era System

A. Sadism: Humiliation, Social Pain, and Punishment of Dissent

Sadism, in this framework, is the willingness to inflict, witness, or normalize pain, humiliation, and deprivation. It appears in authoritarian systems when authorities and their followers take satisfaction in enforcing measures that isolate, shame, degrade, or punish those who resist.

The lockdowns inflicted isolation upon families, children, elderly persons, patients, workers, and communities. Social distancing transformed normal human contact into a presumed danger. Face masks became visible instruments of submission and social separation. Individuals who did not comply were shamed, excluded, denied entry, deprived of employment, and cast as selfish or dangerous. These were not benign side effects. They were mechanisms that trained the public to equate obedience with virtue and noncompliance with moral defect.

The same sadistic dynamic appeared in the treatment of those who declined the injections. The unvaccinated were stigmatized, segregated, blamed, and pressured to submit. The threat of social exclusion, loss of livelihood, loss of travel, and loss of ordinary participation in public life was used to force compliance. A system that produces humiliation and suffering to secure obedience displays the sadistic dimension of Psychopathic Authoritarianism.

The most severe expression of that sadism is the deployment of biological and technological weapons of mass destruction in the form of the COVID-19 and mRNA injections. The record identifies the defendants’ knowledge that the injections produced and would continue to produce shortened lifespans, chronic illness and disability, cardiovascular and neurological injury, immune dysfunction, cancer, infertility, miscarriage, stillbirth, and other reproductive harms.[2] [4] To deploy such an intervention against a population, to pressure people into accepting it, and then to continue the campaign after this knowledge was available is the deliberate infliction and normalization of profound human suffering. In the framework of Psychopathic Authoritarianism, that is severe sadism: using bodily injury, loss, fear, and degradation as the price of obedience and as the means of maintaining control.

The perpetrators preyed upon latent sadism inherent in the general public and exploited that vulnerability as powerless individuals envisioned the State as an extension of their ego thereby creating willing participants in the Psychopathic Authoritarian system.

B. Narcissism: Five Forms of Exploitation in the Deliberate COVID-Era Attack

This is not a case of officials later refusing to acknowledge an unintended error. There was no error in that sense. The COVID-era program was a deliberate attack on humanity, and its continuation required the exploitation of narcissistic needs in both its directors and the public. My manuscript identifies five hypothesized forms of narcissism, grandiose, malignant, vulnerable, communal, and collective narcissism, and explains how they operated together to advance Psychopathic Authoritarianism.

Grandiose narcissism provided the public face of the program. Political leaders, pharmaceutical executives, public-health officials, media figures, celebrities, and social-media influencers were placed in the role of saviors fighting an “invisible enemy.” They received attention, praise, authority, status, and, in many instances, financial reward for promoting lockdowns, face masks, social distancing, and the injections. Their grandiosity permitted them to claim the authority to direct the lives and bodies of others while disregarding the injuries and deaths that followed. They were not simply used by the system; they benefited from the spotlight, the adulation, and the exercise of power.

Malignant narcissism supplied the cruelty, deceit, domination, and sadistic intent at the core of the operation. In my framework, malignant narcissism combines grandiosity with antisocial behavior, paranoia, sadism, psychopathic detachment, manipulation, and a willingness to harm others without remorse. The system’s use of fear, censorship, coercion, humiliation, exclusion, and the deployment of injections characterized in the case materials as biological and technological weapons of mass destruction reflects this malignant function. The people who designed, financed, promoted, and maintained a program with knowledge of shortened lifespans, chronic disease, cardiovascular injury, neurological injury, reproductive harm, miscarriage, stillbirth, infertility, disability, and death demonstrated the callousness, manipulation, and cruelty that define malignant narcissism in Psychopathic Authoritarianism.

Vulnerable narcissism was exploited among members of the public whose fragile self-esteem, fear of criticism, need for approval, and fear of exclusion made them particularly susceptible to the official narrative. Compliance with masks, lockdown rules, distancing, testing, and injections offered these individuals reassurance that they were accepted by authority and by their social group. When the program was questioned, many reacted defensively because the challenge threatened their self-image and their source of validation. They attacked dissenters, defended censorship, pressured friends and relatives to comply, reported violations, and sought social approval through demonstrations of obedience. Their insecurity was converted into an enforcement mechanism.

Communal narcissism was exploited through the rhetoric of altruism. The public was told that compliance was an act of selflessness: masking was “protecting others,” remaining isolated was “saving lives,” and accepting an injection was a moral duty to the community. Many people embraced this role because it provided public praise, moral status, and the appearance of heroism. Vaccine selfies, public declarations of compliance, denunciations of those who refused, and the repeated claim that “we are all in this together” served as displays of performative altruism. In my analysis, this was not genuine concern for humanity. It was a mechanism for turning the need to be seen as caring into support for coercion, bodily violation, and the persecution of dissenters.

Collective narcissism created the injected-versus-uninjected, masked-versus-unmasked, compliant-versus-noncompliant divide. It gave members of the approved group a sense of moral and intellectual superiority while identifying dissenters as a threat to the group's identity. The group could then rationalize exclusion, hostility, and punishment against those who questioned the measures. The fear of being expelled from the approved group intensified compliance. The need to preserve the group's moral image caused participants to attack physicians, scientists, journalists, and citizens who presented contrary evidence. This "us versus them" construction was essential to the authoritarian program because it converted social identity into a weapon against individual conscience and independent judgment.

The five forms operated as a single system. Grandiose figures received attention and authority. Malignant figures directed the coercion, deception, and harm. Vulnerable narcissists supplied defensive obedience. Communal narcissists supplied moral cover and virtue signaling. Collective narcissists supplied group enforcement and hostility toward the designated outsiders. This was a reciprocal structure of manipulation. The people at the top obtained power, adoration, wealth, and control; many below obtained validation, moral status, privileges, group belonging, or the sadistic satisfaction of enforcing rules against others.

For that reason, the COVID-era program cannot be understood as a neutral medical campaign that later produced unfortunate results. It was a deliberate and a severe manifestation of Psychopathic Authoritarianism. It used the five narcissistic forms to turn fear into compliance, compliance into social enforcement, and social enforcement into the mass deployment of the injections. The defendants' conduct must be viewed within this system of deliberate domination, deception, bodily control, and attack on human life and human dignity.

C. Machiavellianism: Deception, Fear Messaging, Censorship, and Narrative Control

Machiavellianism is the use of calculated deception, fear, manipulation, selective information, and control of communication to obtain power or compliance. It is central to the conduct presented in this case.

The public was inundated with fear messaging. Death counts, case counts, computer models, expert press conferences, alarming imagery, and repeated warnings of catastrophe were used to condition the population to accept restrictions that would otherwise have been unacceptable. Lockdowns, social distancing, face masks, and injections were sold through a constant appeal to fear.

At the same time, information that challenged the official narrative was suppressed. Physicians, scientists, journalists, and citizens who questioned the safety, effectiveness, necessity, or legality of the measures were censored, deplatformed, ridiculed, or marginalized. The censorship of dissent was not an incidental flaw. It was necessary to maintain the narrative. A system cannot continue to claim that its intervention is safe and effective if the public is permitted to hear, examine, and freely debate evidence of harm, negative effectiveness, or alternative treatment.

The case materials document a continued public narrative of "safe and effective" injections while material safety concerns and evidence challenging effectiveness accumulated.[2] That is

Machiavellian manipulation: presenting a reassuring message to obtain compliance while minimizing, concealing, or discrediting information that would permit an informed refusal.

D. Psychopathy: Callous Disregard for Harm, Bodily Integrity, and Human Life

Psychopathy, within the construct, is expressed through emotional detachment, lack of empathy, lack of remorse, and callous disregard for suffering. It is not necessary to clinically diagnose an individual to identify psychopathic behavior in a system. The relevant question is whether the system treats human beings as persons of inherent worth or as objects to be managed, sacrificed, experimented upon, or discarded.

The case materials establish the continued deployment and promotion of COVID-19 injections despite evidence of myocarditis, thrombosis, neurological injury, death, reproductive harms, immune dysfunction, cancer, and genomic harms. The system did not respond to injury with transparency, care, investigation, or correction. Instead, it protected the campaign, the narrative, and the institutional actors responsible for its continuation.[2] [4]

This is the callous core of Psychopathic Authoritarianism. Human injury and death becomes an acceptable cost of maintaining power. The medical recipient becomes a data point, a compliance target, or a means to achieve an institutional objective. The individual's bodily autonomy and informed consent are replaced by the commands of the state, the corporation, and the managed public narrative.

The decisive issue is knowledge. The case record sets out that the defendants knew that the injection program caused and would continue to cause severe injury, chronic disease, reproductive loss, shortened lifespans, and death.[2] [4] Yet the injections continued to be deployed and represented as safe and effective. This was not a failure to protect life. It was the knowing acceptance and intentional continuation of catastrophic human consequences in pursuit of the system's objectives. The use of a biological and technological weapon of mass destruction against a population with knowledge of these foreseeable harms is an extreme manifestation of psychopathy: emotional detachment from suffering, absence of remorse, and total disregard for the sanctity of human life.

IV. Fear and Control: The Engine of Compliance

Fear and control are not secondary elements. They are the engine of Psychopathic Authoritarianism. Fear impairs independent judgment. It creates a perceived need for protection. Control is then presented as the remedy. The public is first frightened and then offered restrictions, surveillance, mandates, and medical interventions as the only path to safety.

The COVID response followed this pattern. Fear of infection was used to normalize lockdowns. Fear of social contact was used to normalize social distancing. Fear of noncompliant persons was used to normalize face masks, vaccine passports, and exclusion. Fear of job loss, loss of travel, and loss of participation in social life was used to secure injection compliance.

The system thereby inverted the proper relationship between government and citizen. Government did not serve the individual's liberty, bodily integrity, and informed choice. The

individual was commanded to serve the system's demands. This is the essence of authoritarian control.

V. Psychopathic Authoritarianism and the Collective System

Psychopathic Authoritarianism is a proposed systemic framework describing the individual and collective pattern that drives Authoritarianism. It integrates sadism, narcissism, Machiavellianism, psychopathy, and a fear-based need for control. It operates in leaders who seek domination and in followers who, through fear, conformity, status seeking, or group identity, become enforcers of the system.[1]

The COVID-era system displayed this collective mechanism. Political leaders issued directives. Pharmaceutical corporations promoted the injections. Public-health authorities repeated the official messaging. media and technology platforms amplified the narrative and censored dissent. Employers, schools, hospitals, transportation systems, and ordinary citizens became enforcers. Each level could claim it was only following guidance, policy, or orders. The result was a system in which responsibility was diffused while coercion was experienced directly by the population.

This is why the conduct in this case must be understood systemically. The defendants did not operate in isolation. They participated in a structure that converted fear into obedience, obedience into conformity, and conformity into a demand that others submit as well.

VI. The Social-Psychology Mechanisms of Control

There are well known social-psychological mechanisms through which Psychopathic Authoritarian systems transform free persons into compliant subjects. The COVID-era measures were a real-world deployment of these mechanisms.

A. Obedience to Authority

The public was directed to obey political leaders, government agencies, pharmaceutical companies, and selected scientific authorities. Authority was repeatedly staged through press conferences, white coats, official dashboards, emergency declarations, media repetition, and appeals to "the science." This was not the scientific method. It was the use of authority as a substitute for independent inquiry.

The mechanism is well illustrated by the Milgram paradigm: people often comply with harmful commands when those commands are delivered by an apparently legitimate authority. During COVID, state officials, medical experts, employers, schools, and corporations repeated the demand to comply. The public was told that refusal was not an option. Lockdowns, masks, distancing, and injections were presented as mandatory duties. The same psychology of obedience was used to secure compliance with measures that injured liberty, dignity, and, according to the case record, health itself.[1]

B. Social Conformity and Group Polarization

Face masks and vaccination status functioned as markers of conformity. They divided society into the compliant and the noncompliant, the approved and the disapproved, the "safe" and the

“dangerous.” The fear of rejection and exclusion caused many people to comply even when they had serious doubts.

This is social conformity. The individual does not need to be physically forced when social punishment is sufficiently severe. Colleagues, family members, employers, schools, and businesses become the enforcement mechanism. The result is a self-policing society in which people comply to avoid shame, exclusion, or loss of status. The social group becomes an extension of state and corporate authority.

C. Cognitive Dissonance

Cognitive dissonance explains why public institutions and many individuals continued to defend the COVID program after contrary evidence emerged. When people have made major personal, professional, financial, or ideological investments in a narrative, evidence that the narrative was false becomes psychologically painful. Rather than confront the error, they deny, minimize, attack the messenger, or embrace further explanations that preserve the original belief.

The continued “safe and effective” messaging in the face of documented injuries and effectiveness concerns reflects this mechanism. The system did not simply make an error. It built an identity around the error. To acknowledge the truth would have required institutions and individuals to confront the fact that they had pressured, coerced, or harmed others. Cognitive dissonance therefore became a tool of continued deception and institutional self-protection.[1]

D. Diffusion of Responsibility

The COVID program was structured so that each participant could deny personal responsibility. Government officials could point to public-health agencies. Agencies could point to experts. Experts could point to manufacturers. Manufacturers could point to regulators. Employers could point to government policy. Media outlets could point to official guidance. Technology companies could point to “misinformation” rules.

This is diffusion of responsibility. The injured person encounters a system in which every actor claims that another actor made the decision. Yet the combined system imposes a powerful and coordinated force upon the individual. Diffused responsibility is how large-scale wrongdoing is normalized and how accountability is avoided.

E. Learned Helplessness and Stockholm Syndrome

The contradictions of the COVID program were themselves psychologically disorganizing. People were told to stay home, stay apart, follow arbitrary distancing rules, cover their faces, coerced to accept deadly injections, and revise their conduct whenever the authorities changed the directives. The constant uncertainty, threat, and contradiction trained many people to surrender independent judgment and accept that resistance was futile.

This is learned helplessness. When persons are repeatedly subjected to inescapable control and punishment, they may eventually cease to act even when alternatives become available. The associated Stockholm Syndrome dynamic appears when victims begin to identify with, defend, or

emotionally depend upon the authority that has imposed the restrictions. The system then obtains not only obedience but psychological allegiance from those it has harmed.

F. Exploitation of Latent Dark Tetrad Traits in the Public

Psychopathic Authoritarianism does not depend only on the traits of the persons who design and direct the system. It succeeds because the perpetrators exploit latent Dark Tetrad qualities and related psychological vulnerabilities within the public. Sadism, narcissism, Machiavellianism, psychopathy, fear, and the need for control exist on a continuum in society. Under ordinary conditions, many people restrain these impulses through empathy, conscience, independent judgment, and moral courage. Under conditions of manufactured fear, propaganda, group pressure, and official authorization, those restraints can be weakened or displaced.[1]

The COVID program activated latent sadism by making it socially acceptable to shame, exclude, monitor, report, punish, and humiliate persons who declined masks, distancing rules, testing, or injections. Neighbors became informants. Employers and businesses became enforcers. Friends and family members were encouraged to treat noncompliant persons as dangers rather than as human beings with rights and conscience. This converted ordinary people into participants in the infliction of social pain and deprivation.

It activated vulnerable, communal, and collective narcissism by presenting compliance as proof of moral superiority. The compliant citizen could see himself or herself as altruistic, enlightened, caring, and scientifically responsible. The noncompliant person was depicted as selfish, ignorant, immoral, or dangerous. This moral hierarchy gave many members of the public status, approval, and a sense of belonging, while stripping dissenters of dignity. The vaccinated and unvaccinated were turned into opposing social identities, deepening division and making cruelty toward the disfavored group appear righteous.[1]

It exploited Machiavellian tendencies by rewarding people and institutions that repeated the official narrative, concealed contrary information, or enforced rules against others. Public officials, corporate leaders, media figures, employers, and online influencers were given incentives to protect their status, financial interests, institutional position, or social approval by cooperating with the system. The system therefore did not require every participant to share the same ultimate motive. It only required enough participants to accept advantage, security, or recognition in exchange for helping to advance deception and control.

It exploited psychopathic detachment by distancing the public from the victims of the program. When injury, disability, miscarriage, stillbirth, chronic illness, shortened lifespan, or death was reported, the narrative encouraged people to dismiss the injured, deny the causal connection, blame the victim, or insist that the injury was an acceptable price for the collective. This is how a society becomes able to witness suffering without responding with empathy. The victim is converted into a statistic, an inconvenience, or an obstacle to the official narrative.

The perpetrators therefore transformed latent vulnerabilities in the public into a decentralized enforcement apparatus. Fear created the demand for authority. Authority activated obedience. Conformity created social enforcement. Cognitive dissonance protected the official narrative.

Diffusion of responsibility prevented accountability. Learned helplessness discouraged resistance. The result was not merely passive compliance. It was active participation by ordinary people and institutions in the implementation of Psychopathic Authoritarianism.

VII. Depopulation, Technocracy, and Transhumanism

There is a broader agenda of depopulation, technocratic slavery, and transhumanism. These are not isolated topics. They are the direction in which Psychopathic Authoritarianism moves when modern technology expands the ability of institutions to manage populations, bodies, identities, movement, speech, work, and reproduction.

The complaint and supporting case materials place the COVID injections at the center of this analysis. The injections are described as biological and technological weapons of mass destruction, deployed on a mass scale through fear, propaganda, coercion, and suppression of informed consent. The harms set out in the case materials, including shortened lifespan, cardiovascular, neurological, immunological, oncological, reproductive, miscarriage, stillbirth, infertility, and genomic harms, demonstrate the depopulation consequences of the injection program.[2] [4] A program that deploys such a weapon with knowledge of these consequences is not merely compatible with a depopulation agenda; it is an operational expression of that agenda.

Depopulation is the most extreme expression of callous disregard for human life. It treats human beings not as persons with inherent dignity but as numbers, burdens, biological material, or obstacles to be managed. There is an historical link between authoritarian control, eugenics, population management, and the devaluation of human life. The COVID injection campaign continues that pattern through biomedical means.

Technocracy is government by technical experts and bureaucratic systems that treat society as an engineering problem. During COVID, the public was told that democratic deliberation, personal judgment, and individual rights had to give way to the commands of experts, models, agencies, and emergency bureaucracies. Lockdowns, vaccine passports, digital health credentials, censorship, contact tracing, and mandatory medical compliance functioned as a proof of concept for technocratic control.

The defendants' conduct was the operationalization of this system. The COVID program established that access to work, travel, education, public life, and even medical care could depend on compliance with a centrally directed biomedical command. This is technocratic slavery: the conversion of the human person into a managed unit whose rights are contingent on satisfying the system's requirements.

Transhumanism is the effort to alter, merge, or subordinate human biology to technology. The mRNA nanoparticle technology, biodigital convergence, and the movement toward digital identity, surveillance, and technological control of the body are elements of this agenda. The mRNA injections are not merely a medical product in this analysis. They are a platform through which biological processes are directed by designed genetic instructions and advanced delivery technology. They therefore represent a decisive step in the effort to merge biological and technological control over human beings.[1] [2]

The connection among depopulation, technocracy, and transhumanism is direct. Depopulation reduces the value of human life. Technocracy centralizes authority over the remaining population. Transhumanism transforms the human being into an object of technological redesign and management. Together, they constitute the most advanced form of Psychopathic Authoritarianism: a system that seeks not merely to govern human beings, but to control their biology, identity, consciousness, and future.

VIII. Application of the Systemic Framework to the Case Record

The systemic manifestation of Psychopathic Authoritarianism does not require that every participant share identical motives, nor does it require a clinical evaluation of their personal psychology. Rather, it operates through a functional division of labor where different institutional actors perform specialized roles to achieve a unified outcome: mass population control and the deployment of the challenged medical interventions.

A. The Exercise of State Power and Enforcement

The Dutch Government and Mark Rutte exercised formal state authority during the period in question. The record before this Court details the implementation of lockdowns, social distancing mandates, face-mask requirements, and institutional coercion. Within the social-psychological framework of this analysis, these state actions provided the necessary coercive environment to enforce compliance. By utilizing emergency declarations to suspend ordinary liberties and marginalize dissent, these actors operationalized the structural mechanisms of fear and control required to sustain a centralized technocratic system.

B. Corporate Manufacture and Narrative Maintenance

Albert Bourla and Pfizer occupy a distinct commercial and operational role within this apparatus. The case materials document the manufacture, global promotion, and continued distribution of the mRNA injections under repeated public assurances of safety and effectiveness. Scientifically, when an institution continues to project a narrative of absolute safety while material evidence of severe harm and adverse signals accumulates in the case record, it engages in the Machiavellian component of narrative control. This behavior demonstrates an institutional detachment from human suffering, prioritizing corporate objectives and narrative dominance over the principles of informed consent and bodily autonomy.

C. Financing, Promotion, and Institutional Influence

Bill Gates is identified in the case materials as a primary funder and promoter of the global biomedical program. Within the context of institutional authoritarianism, the strategic financing of public health policies, vaccine distribution networks, and media narratives functions as a centralization of power. This role illustrates how private philanthropy and corporate influence can bypass democratic deliberation to advance a technocratic structure that treats human populations as variables to be managed through technological and biological intervention.

D. The Diffusion of Systemic Responsibility

The remaining defendants must be evaluated based on their specific, functional participation within this broader network. Systemic wrongdoing relies on individuals and organizations performing isolated tasks, whether through regulatory approval, media censorship, or local enforcement, while remaining detached from the ultimate human consequences. The legal question before the Court is not the internal psychological state of each defendant, but rather how their documented actions, funding, policies, and public statements actively built, protected, and perpetuated a system that overrode individual conscience and human dignity.

IX. Conclusion

The COVID-era system described in this case is a severe manifestation of Psychopathic Authoritarianism. The lockdowns, face masks, social distancing, injection campaign, coercion, censorship, and continuing “safe and effective” representations were not separate policies. They were interlocking components of one system of fear and control. At the system’s center was the deployment of what the case materials characterize as biological and technological weapons of mass destruction through the COVID-19 mRNA and COVID injections, despite knowledge that the recipients would suffer shortened lifespans, chronic illness, reproductive injury, miscarriage, stillbirth, disability, and death.[2] [4]

That system expresses all four Dark Tetrad traits. It expresses sadism through humiliation, exclusion, and the punishment of dissent. It expresses narcissism through institutional grandiosity, moral superiority, and refusal to acknowledge error. It expresses Machiavellianism through fear messaging, censorship, manipulation, and narrative control. It expresses psychopathy through the knowing deployment of an intervention characterized in the case materials as a biological and technological weapon of mass destruction, together with callous disregard for the resulting injury, shortened lifespans, chronic illness, reproductive loss, bodily integrity, informed consent, and human life.

The same system exploited obedience to authority, social conformity, cognitive dissonance, diffusion of responsibility, learned helplessness, and Stockholm Syndrome. It advanced a broader program of depopulation, technocratic slavery, and transhumanism. It did so by treating the human person as an object to be controlled rather than as a sovereign individual possessed of inherent dignity.

In my assessment, the conduct presented in this case is a clear and severe manifestation of Psychopathic Authoritarianism and a deliberate attack on humanity. The evidence establishes the role of every defendant in creating, financing, promoting, enforcing, protecting, or continuing that system. The Court should recognize the system for what it was and hold each defendant accountable according to that role.

Signature: _____

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Date: _____

8/28/2026



References

[1] Joseph Sansone, *Psychopathic Authoritarianism: A Disease of the Soul* (2026), Operational Definition; Part I, Chapters 1–7; Part II, Chapters 8–14; and Part III, Chapters 15–17.

[2] Joseph Sansone, *Legal Analysis of Dr. Francis A. Boyle on the Classification of COVID-19 and mRNA Injections as Biological Weapons*, for Submission to the Courts of the Netherlands, especially Sections I and III–VI.

[3] Affidavit of Francis A. Boyle, filed May 28, 2024, *Joseph Sansone v. Hon. Ron DeSantis*, First DCA Case No. 1D2024-1101, including the certified interview transcript.

[4] A. Zywiec et al., “COVID-19 Injections: Harms and Damages, a Non-Exhaustive Conclusion,” *Journal of American Physicians and Surgeons* 30, no. 3 (2025): 80–88.