



**BRIEF IN SUPPORT OF REQUEST FOR  
CRIMINAL INVESTIGATION AND PROSECUTION**

Louisiana law and principles of morality and justice require holding accountable those who engaged in a cruel state-wide campaign to abuse and kill thousands of Louisiana's citizens.

Beginning in 2019-2020, several individuals, most of whom were high ranking in the American government and federal agencies, enacted a campaign directly or indirectly to cause the abuse and deaths of Louisiana's citizens, many of whom are citizens over 60 years of age.

We present herein some of the current evidence available to support an investigation into the Accused identified below for a number of suspected crimes against 9 victims, whose families have come forward requesting investigation; in particular, we believe that evaluation of the evidence supports, at a minimum, *Terrorism, Murder, & Prohibited Racketeering Acts* as the most readily provable offenses.

**I. STATUTORY BASIS FOR INVESTIGATION**

While not an exhaustive list, we believe that there is probable cause to investigate the following crimes<sup>1</sup> committed by the Accused referenced below:

- Terrorism – by Causing Intentional Killing or Infliction of Serious Bodily Injury, La. R.S. 14:128.1(A)
- First Degree Murder, La. R.S. 14:30
- Second Degree Murder, La. R.S. 14:30.1
- Manslaughter, La. R.S. 14:31(A)(3)
- Human Trafficking, La. R.S. 14:46.2
- Prohibited Racketeering Acts, La. R.S. 15:1353
- Cruelty to Persons with Infirmities, La. R.S. 14:93.3
- False Imprisonment, La. R.S. 14:46
- Second Degree Kidnapping, La. R.S. 14:44.1
- Battery, La. R.S. 14:33
- Simple Battery of Persons with Infirmities, La. R.S. 14:35.2

When the evidence presented herein is validated by District Attorneys and/or the Attorney General's investigation together with any additional incriminating evidence discovered, the families of the victims identified in **EXHIBIT A** hereto request that the evidence be presented to a Louisiana grand jury and the Accused prosecuted to the fullest extent of the law.

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<sup>1</sup> Of note, there are additional Louisiana crimes referenced throughout the brief that could also be evaluated as potential charges. These include: La. R.S. 14:128.2, Aiding others in Terrorism; La. R.S. 14:332, Interference with Medical Treatment; La. R.S. 14:126.1, False Swearing for Purpose of Violating Public Health or Safety; La. R.S. 14:34.1, Second Degree Battery; La. R.S. 14:34, Aggravated Battery; & La. R.S. 14:34.7, Aggravated Second Degree Battery.

Attached as **EXHIBIT B** are petitions and testimonial excerpts from surviving family members, on behalf of these victims.

We also have a number of expert witnesses who have critical knowledge regarding scientific and practical healthcare aspects involved in bringing future actions.

## **II. AUTHORITY OF THE ATTORNEY GENERAL**

Pursuant to La. CCRP Art. 62(B), the Louisiana Attorney General has authority to institute, intervene in, and prosecute criminal actions for the assertion or protection of the rights and interests of the state. Further, the Attorney General may, with the consent of a district attorney, investigate, prosecute, or intervene in any criminal action or proceeding involving a homicidal death where the Attorney General's involvement is necessary for the assertion or protection of the rights and interests of the state. La. CCRP Art 62(C).

Pursuant to Louisiana CCRP Art. 16 & CCRP Art. 611, the Louisiana courts have criminal jurisdiction over anyone who commits, while inside or outside the state, a crime and an element of the offense occurred within the state or the offender is found in the state.

The United States Supreme Court has commented on state criminal prosecution of federal actors. To successfully defeat a federal immunity defense, it must be shown that the federal actor was either not performing an authorized act, or while performing an authorized act, did more than what was necessary or proper for him/her to do. See *In re Neagle*, 135 U.S. 1 (1890); *Johnson v. Maryland*, 254 U.S. 51, 56-57 (1920).

Here, all of the Accused either acted beyond their authority or acted beyond what was necessary and proper while performing an authorized act and knowingly and intentionally caused suffering and death in the State of Louisiana.<sup>2</sup>

## **III. ACCUSED ENGAGING IN SUSPECTED CRIMINAL ACTS**

Available public reports and testimony indicate that, at a minimum, there is probable cause that the below named Accused caused or directed state-wide criminal offenses against thousands of Louisianans, many of whom perished:

**Anthony Fauci**, ex-Director, National Institute of Allergy and Infectious Diseases (NIAID)

**Cliff Lane**, Deputy Director, National Institute of Allergy and Infectious Diseases (NIAID)

**Francis Collins**, ex-Director, National Institutes of Health (NIH)

**Deborah Birx**, ex-White House COVID Response Coordinator & former Director of DOD HIV Research at Walter Reed Army Institute of Research

**Rochelle Walensky**, ex-Director, Centers for Disease Control and Prevention (CDC)

**Stephen Hahn**, ex-Commissioner, Federal Drug Administration (FDA)

**Robert Redfield**, ex-Director, Centers for Disease Control and Prevention (CDC)

**Peter Daszak**, President, Eco-Health Alliance

**Rick Bright**, Director of the Biomedical Advanced Research and Development Authority (BARDA)

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<sup>2</sup> This is especially so as some of the Accused never actually took their proper oath of office, thus they had no authority under any law to act. See *infra* and Petition for Writ of Quo Warranto, <https://www.thepostemail.com/wp-content/uploads/2023/04/Biden-Oaths-of-Office-Writ-of-Quo-Warranto.pdf>.

The Administrators and Healthcare Providers of hospital systems and facilities providing care to patients in Louisiana, including but not limited to the Franciscan Missionaries of Our Lady Health System (FMOLHS) and Ochsner Health.

#### IV. CHARGEABLE CRIMES

##### A. TERRORISM & MURDER

Under state criminal law, the prosecution must prove each defendant(s)' actions were deliberate and intended to cause harm or death. Unlike in a typical state criminal case, the Accused here acted with intent to cause the suffering and harm of victims largely through the successful coercion of third parties to carry out the directed harm. Due to the nature of causation/culpability in this case, and the severity of the harm caused to thousands of Louisianans, it is appropriate to evaluate alternative theories of causation & culpability such as the international principle of **command/superior responsibility**, which has been upheld in United States courts.

This theory of culpability requires that the individual setting forth the policy or coercing conduct of others should be held liable for the harm and deaths caused by individuals down the "chain of command" who are carrying out the policy and coercion. In international law, this principle is most often recognized in prosecutions for war crimes, such as the rape, murder, and torture of civilians by soldiers whose commanding officers are responsible for failing to stop the crimes they knew occurred and/or for encouraging the criminal behavior through their policies and training. *In Re Yamashita*, 327 U.S. 1 (1946). This same principle has been applied to civilians and civilian leadership; for example, the successful prosecution of the Nazi doctors who created and implemented the plans and experiments to torture, murder, and injure humans in the name of medical science. *United States v. Karl Brandt et al.* (the "Doctors Trial"), IV LRTWC 91-3 (1947).

Louisiana law is not opposed to the principles of "command responsibility." The Louisiana Supreme Court has explained that in a criminal case, a defendant may be held liable for murder, even where the defendant's act is not the sole cause of death, if the act(s) hastened or contributed mediately or immediately to the death in a degree sufficient to be a clearly contributing cause. *State v. Small*, 100 So.3d 797 (La. 2012)(referencing *State v. Matthews*, 450 So.2d 644 (La. 1984) & *State v. Wilson*, 38 So. 397 (La. 1905)); See also *State v. Durio*, 371 So.2d 1158 (La. 1979)(explaining that the defendant was rightfully convicted of second degree murder when the victim died as a result of her weakened condition following the defendant's physical harm/beating days prior). The Louisiana Supreme Court has also explained that causation is a question of fact to be considered in the light of the totality of the circumstances surrounding the ultimate harm and its relation to the actors conduct; however, the consequences must not be so remote or indirect that a reasonable person could not have foreseen the injurious result flowing from his conduct or that the reasonable person would perceive that the consequences would have occurred regardless of his conduct. See *State v. Kalathakis*, 563 So.2d 228, 231 (La. 1990).

The Accused are liable to their Louisianan victims because they used their positions of authority to create and coercively enforce harmful policies, using governmental power *ultra vires* to threaten withdrawal of licensing and funding of healthcare facilities and medical professionals if they gave effective medical care or refused to provide life-threatening medical procedures and medication to citizens of Louisiana. Further, the Accused ensured that each step of their fatal protocol was performed by, and in conjunction with, Louisiana healthcare facilities and medical professionals. Louisiana victims were prevented from receiving alternative life-saving treatments even when prescribed and were/are forced to take experimental and lethal "treatments" including "vaccines" against their wishes, without informed consent. Louisiana victims died as a direct result of the actions of the Accused.

## 1. TERRORISM

Pursuant to Louisiana law, a person commits Terrorism<sup>3</sup> if:

- the Defendant(s) have intent to intimidate or coerce the civilian population, influence the policy of a unit of government by intimidation or coercion, or affect the conduct of a unit of government by intimidation or coercion,
- the Defendant(s) commit one of the following acts to include:
  - the intentional killing of a human being;
  - the intentional infliction of serious bodily injury<sup>4</sup> upon a human being;
  - kidnapping of a human being; etc.

La. R.S. 14:128.1.

The unified “scheme” or “course of conduct” designed and implemented by the Accused directly obstructed Louisianans’ access to alternative COVID-19 treatments and early treatments the Accused *knew* could reduce hospitalization, suffering, and death during the pandemic, whilst also “treating” thousands of victims, without informed consent,<sup>5</sup> using biological and pharmaceutical products that the Accused *knew* would inflict suffering, increased infection and detrimental medical conditions, and ultimately cause death.

The criminal conduct of the Accused included manipulation of the media, news, and public policy<sup>6</sup> to coerce, intimidate, terrorize, economically injure, and manipulate the population<sup>7</sup> into taking “vaccines” that caused known/foreseeable harm to the victims and into receiving dangerous “treatments” such as remdesivir, with no regard for informed consent. At the same time, the Accused’s media, news, and public policy coercive campaign obstructed victims’ obtaining alternative therapeutic treatments (such as hydroxychloroquine, ivermectin, fluvoxamine, etc.) that the Accused *knew* were beneficial in treating COVID-19. This same COVID policy criminal campaign required victims to die alone and isolated without friends and family or other advocates for their patient care, and most could not say goodbye to their loved ones before they were killed.

The federal officials among the Accused were all in policy-making leadership positions throughout the beginning of the COVID-19 pandemic. When the SARS-CoV-2 virus and COVID-19 infection were “discovered” in late 2019 and early 2020, the Accused, in particular Fauci, knew that the virus was created through gain-of-function research, yet the Accused lied to Louisianans about this as shown in emails obtained through the Select Subcommittee on the Coronavirus Pandemic. See **EXHIBIT C**; See also emails between Fauci, Jeremy Farrar, Christian Drosten, Francis Collins, and

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<sup>3</sup> The evidence presented is similarly applicable to a theory for many of the Accused under La. R.S. 14:128.2, Aiding others in Terrorism.

<sup>4</sup> “Serious Bodily Injury” is defined in La. R.S. 14:2(C) to include: bodily injuring involving extreme physical pain, unconsciousness, protracted loss or impairment of the function of a bodily member/organ/or mental faculty, or a substantial risk of death.

<sup>5</sup> Under Louisiana law, healthcare providers are required to provide informed consent to patients, or an anesthetized patient’s personal healthcare representative, before providing a procedure or medical treatment. La. R.S. 40:1157.1, 40:1160.3, 40:1159.4.

<sup>6</sup> See Dr. Jay Bhattacharya, “The Government Censored Me and Other Scientists. We Fought Back – and Won.” *The Free Press*, September 2023, <https://www.thefp.com/p/i-fought-government-censorship-and-won>; *Missouri v. Biden*, No. 23-30445 (5<sup>th</sup> Cir. 2023), <https://storage.courtlistener.com/recap/gov.uscourts.ca5.214640/gov.uscourts.ca5.214640.238.1.pdf#p=23> (finding that the CDC, US Surgeon General’s Office, and the FBI engaged in multi-year campaign on social media outlets designed to censor viewpoints not aligned with the government’s preferred viewpoints).

<sup>7</sup> See Dr. Peter McCullough, Keynote Speech for Association of American Physicians and Surgeons, “House of Medicine on Fire,” October 2023, <https://petermcculloughmd.substack.com/p/house-of-medicine-on-fire>.

others, February-July 2020,<sup>8</sup> (specifically discussing how to minimize and discredit the idea of SARS-CoV-2 and COVID being engineered or coming from a lab to the civilian population, politicians, and the media, and to discredit the idea and to prevent formal investigations).

Additionally, Major Joe Murphy<sup>9</sup> made a whistle-blower disclosure report that details how Peter Daszak first attempted to obtain DOD funding for the project that created the COVID-19 pandemic, but funding was denied due to it being gain-of-function research. Shortly thereafter, Daszak's project was accepted and funded by Fauci and NIAID, despite its illegality. *Id.*

Fauci and fellow Accused deliberately lied about their knowledge of (or involvement in) the gain-of-function research they funded that created SARS-CoV-2 and the COVID-19 virus and encouraged false narratives to be promoted to Louisianans, all Americans, and the world. See emails with the Accused and international scientists from February 7-10, 2020,<sup>10</sup> detailing that scientists, including Fauci, wanted to use pangolin studies to help disprove the lab leak theories to governments and civilians through social media and the news; and See their collaborative work to write and edit a paper that asserted, "we believe that the origin of 2019-nCoV through laboratory manipulation of an existing SARS-related coronavirus can be ruled out with a high degree of confidence...."

Recently, Dr. Robert Kadlec, who served as the Assistant Secretary of Health and Human Services, developed Operation Warp Speed, and who previously worked as the Deputy Staff Director for the United States Senate Select Committee on Intelligence and in the bioterror industry, has admitted that he directly assisted Fauci and Collins in their cover up of the origin of COVID as *created by them* through gain-of-function research.<sup>11</sup> Additionally, Sir Richard Dearlove, former director of MI6, has explained that Anthony Fauci lead the active suppression of the origins of COVID globally.<sup>12</sup>

There have been further revelations regarding the extensive censorship of global health discussions relating to scientific discourse of COVID and COVID protocols, withholding information from Louisiana victims. Documents show that the Department of Homeland Security – Cybersecurity and Infrastructure Security Agency (DHS-CISA) worked with Facebook and other media groups, "former" CIA fellows, FBI employees, intelligence agencies of the United Kingdom, and a network of over 100 government agencies and nongovernmental organizations, to censor truth while actively spreading propaganda about disfavored individuals, topics, and narratives through groups they created to perform influence and cyberwarfare operations.<sup>13</sup> Some of the emails discovered include individuals'

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<sup>8</sup> FOIA obtained emails from February-July 2020, <https://www.documentcloud.org/app?q=%2Bproject%3Asubcommittee-on-coronavir-213954%20>.

<sup>9</sup> FOIA Disclosure of Major Joe Murphy, obtained through FOIA by Project Veritas, [https://assets.ctfassets.net/syq3snmxcl9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG\\_Do cs\\_pt1\\_Og\\_WATERMARK\\_OVER\\_Redacted.pdf](https://assets.ctfassets.net/syq3snmxcl9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Do cs_pt1_Og_WATERMARK_OVER_Redacted.pdf).

<sup>10</sup> FOIA obtained emails, February 7-10, 2020, between Jeremy Farrar, M.P.G. Koopmans, Kristian G. Andersen, Christian Drosten, R.A.M. Fouchier, Francis Collins, Anthony Fauci, Josie Golding, Mike Ferguson, Edward Holmes, Andrew Rambaut, Patrick Vallance, Government Chief Scientific Adviser, at. 55-72, <https://s3.documentcloud.org/documents/23316400/farrar-fauci-comms.pdf>.

<sup>11</sup> Dr. Robert Malone Substack, "Dr. Kadlec Admits Covering Up the COVID-19 Origins," November 2023, [https://rwmalonemd.substack.com/p/dr-kadlec-admits-covering-up-the?publication\\_id=583200&post\\_id=139241526&isFreemail=true&r=qttvn&utm\\_source=substack&utm\\_medium=email](https://rwmalonemd.substack.com/p/dr-kadlec-admits-covering-up-the?publication_id=583200&post_id=139241526&isFreemail=true&r=qttvn&utm_source=substack&utm_medium=email); and see nt 13 below.

<sup>12</sup> Patrick Hannaford & Sharri Markson, interview with Sir Richard Dearlove, SkyNews Australia, "CIA Analysts were 'bribed to change position' on COVID-19 origins as Fauci led 'orchestrated' effort to undermine lab-leak origin theory," November 28, 2023, <https://www.skynews.com.au/world-news/cia-analysts-were-bribed-to-change-position-on-covid19-origins-as-fauci-led-orchestrated-effort-to-undermine-lableak-origin-theory/news-story/654fc9e34a605ddc32a43b52111d0d45>.

<sup>13</sup> Michael Shellenberger, Matthew Taibi, Alex Gutentag, "The CTIL Files #1," November 28, 2023, <https://twitter.com/shellenberger/status/1729538920487305723>. For important analysis of these relationships and development of this scheme from 2019 into 2020, please see pages 46 through 108 in *Loveland v. Facebook* Case No.

stating that their activities are “typically” done by CIA, NSA, and DOD censorship operations, but because they were specifically targeting Americans, their censorship must technically be done with private partners because the government does not have “legal authority” to censor its own citizens through official channels.<sup>14</sup>

There have been additional statements/discoveries made by the Select Subcommittee on the Coronavirus Pandemic that illustrate the common scheme and course of conduct of the Accused, in particular Fauci. On September 26, 2023, the Subcommittee issued a request to the Inspector General because of information they received from Central Intelligence Agency (CIA) whistle-blowers that Fauci was brought into the CIA, without a record of entry, to coordinate and influence the agency’s review of the origins of COVID-19 and to cover up that it was released from an NIAID funded lab.<sup>15</sup>

There have also been multiple whistle-blowers, including one who is an unnamed senior-level CIA officer who have discussed the intelligence community’s deliberate misrepresentation of the cause of the COVID-19 pandemic and that agencies such as the CIA provided significant monetary incentives to individuals to guide their official conclusions about the origin of COVID-19 and SARS-CoV-2.<sup>16</sup> FOIA requests also reveal evidence of the i) FBI investigation into NIH, NIAID, and EcoHealth Alliance’s engagement in what was suspected to be “gain-of-function” research with the Wuhan Institute of Virology on bat coronaviruses, as well as ii) concerns by NIH and NIAID since 2016 of EcoHealth Alliance’s engagement in gain-of-function research and iii) that Peter Daszak believed it could be eventually revealed by FOIA.<sup>17</sup>

The Accused also *knew* that therapeutic treatments, including hydroxychloroquine, azithromycin, and ivermectin, prevented hospitalizations, reduced symptoms, and reduced deaths from COVID. The Accused actively suppressed<sup>18</sup> public knowledge of these effective treatments and deployed the power of the federal government against news outlets and social media platforms unlawfully, as well as utilized hospital systems promoting false statements to intimidate or coerce the civilian population and/or influence a non-party government policy by intimidation or coercion,<sup>19</sup> to censor and punish those who provided truthful information regarding these treatments or sought to prescribe them to patients suffering COVID infection.

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2:20-cv-06260 (EDPA) [20201212-Filed-complaint.pdf \(formerfedsgroup.com\)](https://www.formerfedsgroup.com/wp-content/uploads/2020/12/20201212-Filed-complaint.pdf) (<https://formerfedsgroup.com/wp-content/uploads/2020/12/20201212-Filed-complaint.pdf>)

<sup>14</sup> *Id.*

<sup>15</sup> United States Congress, Select Subcommittee on the Coronavirus Pandemic Press Release, “Wenstrup Reveals New Allegations that Dr. Fauci Potentially Influenced CIA COVID-19 Origins Investigation, September 26, 2023, <https://oversight.house.gov/release/wenstrup-reveals-new-allegations-that-dr-fauci-potentially-influenced-cia-covid-19-origins-investigation/>; United States Congress, Select Subcommittee on the Coronavirus Pandemic, letter to Inspector General Grimm, September 26, 2023, posted to the Subcommittee’s Twitter Account, <https://twitter.com/COVIDSelect/status/1706812585050276152>.

<sup>16</sup> Committee on Oversight and Accountability, September 12, 2023, “Testimony From CIA Whistleblower Alleges New Information on COVID-19 Origins,” <https://oversight.house.gov/release/testimony-from-cia-whistleblower-alleges-new-information-on-covid-19-origins/>.

<sup>17</sup> Judicial Watch, FBI Investigated Fauci Agency, July 15, 2022, <https://www.judicialwatch.org/fbi-investigated-fauci-agency/>. See also 1,651 pages of FOIA obtained records linked in the article that include these emails.

<sup>18</sup> See Scott Whitlock, Fox News, “Twitter Files part 9: Vast web of coordination between tech giant and CIA, State Department, other agencies,” December 2022, <https://www.foxnews.com/media/twitter-files-part-9-vast-web-coordination-between-tech-giant-cia-state-department>; Ryan Mills, National Review, “Twitter Files: Platform Suppressed Valid Information from Medical Experts about COVID-19,” December 2022, <https://www.nationalreview.com/news/twitter-files-platform-suppressed-valid-information-from-medical-experts-about-covid-19/>; See David R. Henderson, American Institute for Economic Research, “The FDA’s War Against the Truth on Ivermectin,” October 2021, <https://www.aier.org/article/the-fdas-war-against-the-truth-on-ivermectin/>.

<sup>19</sup> See Franciscan Missionaries of Our Lady Health System, “COVID ‘Cures’ – Sorting the Myths from Medical Facts,” August 24, 2021 (noting that neither ivermectin nor hydroxychloroquine work for COVID, “leave the ivermectin for the animals” and “hydroxychloroquine doesn’t work either”) <https://health.fmolhs.org/body/covid-19/covid-cures-sorting-the-myths-from-medical-facts/>.

In 2005, there was a study done primarily by CDC scientists that found pre-treatment with chloroquine prevented infection by SARS-CoV; and post SARS-CoV infection treatment of chloroquine significantly reduced the spread of infection and decreased the virus and its effects.<sup>20</sup> The specific knowledge of the Accused can be proven beyond just an understanding of the medical literature, but also through emails, text messages, and other written documents uncovered via FOIA requests. Fauci also obtained multiple emails from numerous doctors who discussed the success of hydroxychloroquine/chloroquine **in February 2020**, and its success in studies, in children in China, and its general decreasing of COVID infections and symptoms for people of all ages.<sup>21</sup>

Fauci sent emails in March 2020 discussing a clear assumption that there will be “substantial immunity post infection” after people get COVID.<sup>22</sup> He then made contrary statements publicly to encourage Louisianans to get “vaccinated” for COVID because he declared natural immunity was not attainable/sufficient.<sup>23 24</sup>

As explained further *infra*, BARDA, in collaboration with the FDA, obtained and then revoked an Emergency Use Authorization (EUA) for use of hydroxychloroquine for COVID-19 patients in March-June 2020. The FDA used fraudulent and scientifically flawed studies to retract the hydroxychloroquine EUA, thus eliminating it as a viable alternative treatment on false grounds, which then gave the appearance of validity to the Accused’s subsequent EUAs for COVID treatments that brought in significant funding to the Accused. At this same time, studies about Hydroxychloroquine were being published and quickly retracted by the authors, due to discoveries of false or non-replicable data, causing concern in the scientific community about the reliability of published papers as well as the transparency and accountability of researchers promulgating false data.<sup>25</sup> However, the Accused continued to spread fraudulent studies to intimidate and coerce the civilian population and/or influence, coerce and intimidate the government authorities who were not party to their schemes.

In November 2020, Stephen Hahn, FDA Commissioner, communicated with an unknown individual regarding the YouTube censorship of Dr. Peter McCullough, a physician in Texas, who discussed early therapeutics that helped reduce suffering and deaths from COVID-19 (to include hydroxychloroquine and ivermectin).<sup>26</sup> Hahn also had text messages of statements by Dr. Pierre Kory,

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<sup>20</sup> Vincent, et al., “Chloroquine is a potent inhibitor of SARS coronavirus infection and spread,” *Virology Journal*, 22 August 2005, at 1-2, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/pdf/1743-422X-2-69.pdf>.

<sup>21</sup> FOIA Obtained Emails between Anthony Fauci and Hilary Marston, Dr. Philip Gatti (FDA Pharmacologist), Jonathan F. King, Cristina Cassetti (NIAID/NIH), Robert Redfield (CDC), Michael Pence (Vice President), Alex Azar (HHS), Dr. Paul Stanton, and Dr. Karyl Stanton, February 22, 2020; February 24, 2020; February 29, 2020, at pg. 153-155, 454-456, 515, <https://www.documentcloud.org/documents/20793561-leopold-nih-foia-anthony-fauci-emails>.

<sup>22</sup> FOIA Obtained Email between Anthony Fauci and Ezekiel J. Emanuel, March 4, 2020, pg. 22, <https://www.documentcloud.org/documents/20793561-leopold-nih-foia-anthony-fauci-emails>.

<sup>23</sup> Hilary Brueck, Business Insider, “Dr. Fauci Explains why COVID-19 Vaccines Work Much Better Than Natural Immunity to Protect You From the Coronavirus,” May 5, 2021, <https://www.businessinsider.com/fauci-why-covid-vaccines-work-better-than-natural-infection-alone-2021-5?op=1> (““Vaccines, actually, at least with regard to SARS-CoV-2 [the coronavirus] can do better than nature,” Fauci, America’s leading infectious disease expert, said. “Vaccination in people previously infected significantly boosts the immune response.””); Forbes Breaking News, “Rand Paul Confronts Fauci with Video of His Own Past Statements on Natural Immunity,” September 14, 2022, <https://www.youtube.com/watch?v=JAXKQmVrf0k>.

<sup>24</sup> See Ochsner LSU Health Shreveport, “FACT: Natural Immunity vs. COVID-19 Vaccines,” accessed 2/19/24, [https://www.ochsnerlsuhs.org/content/uploads/OLHS\\_COVID\\_Phase-IV\\_NaturalVsVaccineImmunity\\_Flyer.pdf](https://www.ochsnerlsuhs.org/content/uploads/OLHS_COVID_Phase-IV_NaturalVsVaccineImmunity_Flyer.pdf); The Franciscan Missionaries of Our Lady Health System, “6 COVID-19 Vaccine Myths Debunked,” January 28, 2021, <https://health.fmohs.org/body/covid-19/6-covid-19-vaccine-myths-debunked/>.

<sup>25</sup> See Guzman-Prado, Yuli, The American Journal of Cardiology, “Retraction of Studies on Potential Drug Therapies for COVID-19: A Call for Reliability and Scientific Integrity,” June 29, 2020, [https://www.ajconline.org/article/S0002-9149\(20\)30638-X/fulltext](https://www.ajconline.org/article/S0002-9149(20)30638-X/fulltext).

<sup>26</sup> Text Message of Stephen Hahn with an undisclosed individual, pg. 96-102, <https://www.ipscell.com/wp-content/uploads/2022/09/Hahn-Text-Messages.pdf>.

who detailed the success of early COVID-19 treatment with ivermectin.<sup>27</sup> Additionally, Hahn communicated in November 2020 regarding Dr. Zelenko’s protocol, which similarly reduced death, hospitalization, and suffering of people infected with COVID-19 through the use of hydroxychloroquine, azithromycin, ivermectin, and other treatments.<sup>28</sup> Fauci and Lane communicated in emails with various individuals, and even included in the remdesivir EUA,<sup>29</sup> that hydroxychloroquine/chloroquine was used as successful early treatment for people infected with COVID-19.<sup>30</sup> Fauci also had knowledge that chloroquine phosphate (essentially hydroxychloroquine) inhibited SARS-CoV viral replication, as it was also detailed in Peter Daszak’s proposed gain-of-function research.<sup>31</sup>

Instead of following the law and permitting or promoting these effective therapeutics, the Accused suppressed public knowledge of them, issued fraudulent treatment guidance, penalized distribution of any effective treatments and the advertisement of the same, and used the power of the government through coercive means and perverse monetary incentives to ensure that only remdesivir, a drug from which they derived monetary benefit, was the primary – and following the EUA, the only – drug permitted for use against COVID-19 infection. The Accused had knowledge that remdesivir did not reduce mortality, need for ventilation, or hospitalization, as noted in a December 2020 study by the World Health Organization.<sup>32</sup> Further, studies showed that remdesivir was associated with longer hospital stays, and not with improvement of survival.<sup>33</sup> There were other U.S. studies that also indicated that remdesivir did not, and would not, help Louisianans reduce mortality, hospitalization, symptoms, or ventilation needs.<sup>34</sup> Fauci memorialized in email, relating to an interview where he acknowledged many experts stating that the data showed no real benefit to remdesivir, that he knew it was “an imperfect drug,” but that he hoped it was a start to finding better drugs to treat COVID-19 infections.<sup>35</sup> The NIAID-funded study cited by the Accused to promote use of remdesivir and obtain the EUA, showed

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<sup>27</sup> *Id.*, at pg. 104.

<sup>28</sup> Text Messages of Stephen Hahn, with Ron Johnson, Mark Meadows, and other undisclosed individuals, pg. 45-55, <https://www.ipscell.com/wp-content/uploads/2022/09/Dr.-Hahns-Text-Messages-4.pdf>.

<sup>29</sup> See EUA Application, at 5, [https://www.accessdata.fda.gov/drugsatfda\\_docs/nda/2020/EUA%20Review%20Remdesivir\\_050120.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2020/EUA%20Review%20Remdesivir_050120.pdf). Further, the “vaccines” are not permissible for an EUA under the statute at all because they are, if anything, a preventative measure rather than something to “diagnose, monitor, or treat” a disease, see 21 U.S.C. § 360bbb(a)-(b); § 360bbb-0a(a)(1); and § 360bbb-3(a).

<sup>30</sup> FOIA Obtained Emails between Cliff Lane and Maria VanKerkhove (WHO), February 21, 2020, pg. 172-173, 278-279, <https://www.judicialwatch.org/wp-content/uploads/2021/03/DCNF-v-HHS-Nov-2020-00149.pdf>; See Emergency Use Authorization for Remdesivir Center for Drug Evaluation and Research Review, pg. 5, [https://www.accessdata.fda.gov/drugsatfda\\_docs/nda/2020/EUA%20Review%20Remdesivir\\_050120.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2020/EUA%20Review%20Remdesivir_050120.pdf); FOIA Obtained Emails between Anthony Fauci (NIH/NIAID), Robert Redfield (CDC), Philip Gatti (FDA), Andrea Lerner (NIH/NIAID), Hilary Marston (NIH/NIAID), and Cristina Casseti (NIH/NIAID), pg. 153-155, 454-56, 823-24, 1225-1226, 2018, 2025, 2078, <https://s3.documentcloud.org/documents/20793561/leopold-nih-foia-anthony-fauci-emails.pdf>.

<sup>31</sup> FOIA Obtained Whistle Blower Report from Major Joseph Murphy, [https://assets.ctfassets.net/syq3snmxclc9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG\\_Do cs\\_pt1\\_Og\\_WATERMARK\\_OVER\\_Redacted.pdf](https://assets.ctfassets.net/syq3snmxclc9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Do cs_pt1_Og_WATERMARK_OVER_Redacted.pdf); See additional documents at: <https://www.projectveritas.com/news/military-documents-about-gain-of-function-contradict-fauci-testimony-under>.

<sup>32</sup> See WHO Solidarity Trial Consortium, Pan *et al.*, “Repurposed Antiviral Drugs for COVID-19 – Interim WHO Solidarity Trial Results,” *New England Journal of Medicine*, December 2, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7727327/>.

<sup>33</sup> Ohl, *et al.*, “Association of Remdesivir Treatment With Survival and Length of Hospital Stay Among US Veterans Hospitalized with COVID-19,” *JAMA Network Open*, July 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8283561/>.

<sup>34</sup> See, e.g., Yan, *et al.*, “Why Remdesivir Failed: Preclinical Assumptions Overestimate the Clinical Efficacy of Remdesivir for COVID-19 and Ebola,” *Antimicrobial Agents Chemotherapy*, September 17, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8448091/>.

<sup>35</sup> See FOIA email, April 30, 2020, Anthony Fauci, Julie Steenhuysen, and Greg Folders, pg. 856-858, <https://s3.documentcloud.org/documents/20793561/leopold-nih-foia-anthony-fauci-emails.pdf>.



only that its use could potentially reduce hospital stays by a few days – not that it reduced mortality, hospital admissions, or symptoms.<sup>36</sup>

The Accused, as part of their criminal scheme and course of conduct, did not just force upon Louisianans pharmaceuticals and protocols that did not benefit them, but they forced them to undergo “treatments” that the Accused knew would cause harm and suffering. NIAID lead by Fauci previously stopped remdesivir’s administration for Ebola patients (for whom the drug was designed) due to its failure of purpose, the increase of mortality (over 50% tested), and detrimental side-effects.<sup>37</sup> It is of note that the official publication of the Ebola study showing over 50% patient death rate with remdesivir expresses specific appreciation for Anthony Fauci and Robert Redfield, for their personal leadership and guidance of the study. Fauci sent emails on May 5, 2020, editing a press release stating that there is data that remdesivir can help people,<sup>38</sup> despite his own involvement in the termination of remdesivir in the prior Ebola studies, due to its substantial harmful effects. **Fauci, and the other individuals involved, promoted a drug they knew caused more harm than good for patients, purposefully misrepresented the data showing its harmful effects, preventing any possibility of informed consent, and then forced that drug upon the citizens of Louisiana to the exclusion of other effective, beneficial, licensed drugs.** The Accused’s barbaric and malicious actions caused the torturous suffering of thousands of patients and death for many as part of a deliberate and intentional scheme to intimidate or coerce the civilian population and/or influence and affect the conduct of a unit of government by intimidation or coercion.<sup>39</sup>

Contrasting the data of remdesivir with that of ivermectin further highlights the criminal conduct of the Accused. In January 2022, a Brazilian study was performed on the use of ivermectin and its impact on hospitalizations and death. It was found that appropriate use of ivermectin resulted in a 70% reduction in the mortality rate and a 67% reduction in hospitalization.<sup>40</sup> There were also studies done in 2020 and 2021 that similarly showed significant reduction in hospitalizations or deaths of individuals who took ivermectin, and the Accused *knew* of these beneficial results.<sup>41</sup>

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<sup>36</sup> Beigel, *et al.*, “Remdesivir for the Treatment of Covid-19 – Final Report,” November 2020 (preliminary version of article published May 22, 2020), *New England Journal of Medicine*, <https://www.nejm.org/doi/full/10.1056/NEJMoa2007764>.

<sup>37</sup> NIAID, Ebola Treatment Research, last updated September 23, 2019, <https://www.niaid.nih.gov/diseases-conditions/ebola-treatment>; See Mulangu, et. al., “A Randomized, Controlled Trial of Ebola Virus Disease Therapeutics,” *The New England Journal of Medicine*, December 12, 2019, <https://www.nejm.org/doi/pdf/10.1056/NEJMoa1910993>.

<sup>38</sup> FOIA Obtained Email between Anthony Fauci and Kathy Stover (NIH/NIAID), Courtney Billet (NIH/NIAID), Greg Folkers (NIH/NIAID), and Patricia Contrad (NIH/NIAID), May 5, 2020, at pg. 682-83, <https://www.documentcloud.org/documents/20793561-leopold-nih-foia-anthony-fauci-emails>.

<sup>39</sup> Over 1,000 accounts can be found at [chbmp.org](http://chbmp.org) and [formerfedsgroup.org/cases](http://formerfedsgroup.org/cases). The Foundation has also supported next of kin in retrieving hospital records that show a high correlation between introduction of remdesivir and kidney failure.

<sup>40</sup> Kerr, *et al.*, “Ivermectin Prophylaxis Used for COVID-19: A Citywide, Prospective, Observational Study of 223,128 Subjects Using Propensity Score Matching,” *Cureus*, January 2022, <https://pubmed.ncbi.nlm.nih.gov/35070575/>.

<sup>41</sup> Morgenstern, *et. al.*, “Ivermectin as a SARS-CoV-2 Pre-Exposure Prophylaxis Method in Healthcare Workers: A Propensity Score-Matched Retrospective Cohort Study,” *Cureus*, August 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8405705/>; Biber, *et al.*, “Favorable Outcome on Viral Load and Culture Viability Using Ivermectin in Early Treatment of non-hospitalized Patients with Mild COVID-19 – A Double-blind, randomized placebo-controlled trial,” *medRxiv*, (now published in *International Journal of Infectious Diseases*), May 2021, <https://www.medrxiv.org/content/10.1101/2021.05.31.21258081v1>; Morgenstern, *et al.*, “The Use of Compassionate Ivermectin in the Management of Symptomatic Outpatients and Hospitalized Patients with Clinical Diagnosis of Covid-19 at the Centro Medico Bournigal and at the Centro Medico Punta Cana, Grupo Rescue, Dominican Republic, from May 1 to August 10, 2020,” *Journal of Clinical Trials*, November 2020, <https://www.longdom.org/open-access/the-use-of-compassionate-ivermectin-in-the-management-of-symptomatic-outpatients-and-hospitalized-patients-with-clinical.pdf>; Krolewiecki, et al., “Antiviral Effect of high-dose ivermectin in adults with COVID-19: A proof-of-concept randomized trial,” *eClinicalMedicine*, July 2021,

Dr. Deborah Birx has stated that from the outset of the pandemic, she knew that the vaccines “would not protect against infection,”<sup>42</sup> and further she testified before Congress that the federal government knew in December of 2020, that the vaccines would not provide better protection than natural immunity, that **it was not a true statement that being vaccinated may prevent transmission of COVID-19, and that they never had any data to support the assertion that the vaccines would protect against asymptomatic infection.**<sup>43</sup> Yet she and other federal actors<sup>44</sup> deceived, unethically incentivized, and coerced federal agencies, healthcare facilities, healthcare providers, and civilians to take or administer vaccines, such that Louisianans lost their jobs, their health, or their lives. The effect of these actions is clear injury to the civilian population by the killing, infliction of serious bodily injury, and kidnapping of Louisianans as part of the Accused’s common scheme to intimidate or coerce civilians and influence government conduct through intimidation or coercion. These actions by the Accused detailed herein were known to be dangerous to human life and caused intentional injury to thousands.

Leading up to the COVID-19 pandemic, there were physicians and healthcare providers that noted in published medical journals that physicians no longer followed a “patient first” and “do no harm” approach to healthcare. They found that through the federal agency billing regulations, physicians were increasingly incentivized to forego adequate medical care, and many physicians had shifted focus to their Medicare *earning potential* as encouraged by the federal agencies and the Accused, instead of good patient care and outcomes.<sup>45</sup> This was part of the common scheme and course of conduct of the Accused to prepare and ensure healthcare providers and hospital administrators would implement the Accused’s Covid “countermeasures” to harm Louisianans and other citizens of the United States for continued financial gain in the course of their criminal scheme.

As discussed in further detail *infra*, the coercion and threats to the healthcare providers by the federal agencies and Accused, including hospital administrators, were extensive. For example, when individual providers would not succumb to the pressures of the federal agencies or their hospital administrators, the Accused would then go to great lengths to prevent these doctors from providing appropriate and successful treatment to COVID-19 patients, often suspending or revoking their licenses to practice and even so far as shutting down an entire hospital in Texas to prevent accurate data and good patient outcomes from public knowledge.<sup>46</sup>

There are also statements from whistle-blowers, including from Pfizer, who have declared that their colleagues intentionally lied to (Louisianans and) the general population about the COVID-19 “vaccines”. They declare that the Accused and their conspirators have lied regarding the performance of these injections, thus completely foreclosing any possible informed consent, and coercing and

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8225706/>; Kory, et. al., “Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19,” *American Journal of Therapeutics*, May-June 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8088823/>; Caly, et al., “The FDA-approved Drug Ivermectin Inhibits the Replication of SARS-CoV-2 in vitro,” *Antiviral Research*, June 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7129059/>; Bryant, et al., “Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines,” *American Journal of Therapeutics*, July-August 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8248252/>.

<sup>42</sup> Dr. Deborah Birx, Fox News Interview, July 22, 2022, <https://www.foxnews.com/video/6309899975112>.

<sup>43</sup> Deborah Birx, Testimony before Federal Congress, June 23, 2022, at: 2:47-3:02, 3:32-3:55, 4:47-4:52, <https://www.c-span.org/video/?c5021092/dr-birx-knew-natural-covid-19-reinfections-early-december-2020>.

<sup>44</sup> See CNN interview with Rochelle Walensky, CDC, statement August 6, 2021, (“Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus”), <https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>; See also, *supra*, fn. 23.

<sup>45</sup> Ghaly and Knezevic, “What Happened to “Patient First” and “Do No Harm” Medical Principles?,” *Surgical Neurology International*, August 29, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6130150/>.

<sup>46</sup> Jan Jekielek and Dr. Joseph Varon, Epoch Times, American Thought Leaders, “715 Days Straight,” <https://m.theepochtimes.com/epochtv/a-lot-of-people-died-because-of-censorship-joseph-varon-doctor-who-worked-715-days-straight-in-icu-atlnow-5491783>.

intimidating the civilian population. Dr. Michael Yeadon, former Vice President and Chief Scientist at Pfizer, has explained that the statements of his former colleagues relating to the COVID-19 pandemic were things he *and they knew to be false*. He explains that guidance provided by his colleagues and the federal agencies was not part of any country’s pandemic preparedness plan; that it was clear from his expertise and knowledge that the actions of the leading federal agencies and pharmaceutical companies were deliberately misleading to (Louisianans and) the public generally; that the significant injuries and harm from the “vaccines” were not accidental or unknown, and that “these injections have been made to injure people and to maim and kill deliberately.”<sup>47</sup> Another Pfizer whistleblower, Melissa McAtee, states that when Pfizer mandated the vaccine in August 2021 to its employees, some colleagues started a “Pfizer Vaxx council” comprised of hundreds, including high ranking employees, who “discussed the evils being done and the things we were supposed to just pretend was normal.”<sup>48</sup>

Myriad results from FOIA requests demonstrate the Accused’s clear knowledge of resulting harm and intent to harm from their COVID protocols, as well as their collaboration with the Department of Defense<sup>49</sup> and the intelligence community<sup>50</sup> in design and implementation thereof. See **EXHIBIT D** emails regarding “Project Salus”<sup>51</sup> between Marion Gruber,<sup>52</sup> Philip Krause,<sup>53</sup> Peter Marks,<sup>54</sup> Janet Woodcock,<sup>55</sup> and Julia Tierney,<sup>56</sup> all of whom worked at the FDA under the direction of Hahn; See also emails detailing how the Department of Defense contracted with Humetrix for military and federal agency use to evaluate Medicare claim data for vaccinated individuals aged 65+ from March 2020-August 2021, **noting that the vaccines do not prevent hospitalization and do not substantially decrease infection of COVID-19**. See **Exhibit D** hereto. The email evidence shows that the information provided to the FDA about Project Salus was brought to the CDC weeks before, and the CDC received weekly updates, at a minimum before August 2021, from Humetrix as the data confirmed that the vaccines do

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<sup>47</sup> Dr. Michael Yeadon, interview with Children’s Health Defense, May 2023, at timestamp: 1:05-3:36, <https://thepeoplesvoice.tv/pfizer-exec-admits-covid-vaccines-are-a-bioweapon-to-depopulate-the-earth/>.

<sup>48</sup> <https://x.com/MelissaMcAtee92/status/1741186958506741996?s=20>

<sup>49</sup> For example, the Department of Defense (DOD) and BARDA were the actual entities that contracted for, purchased, and distributed the COVID-19 vaccines – referred to as “medical counter-measures” by BARDA. DOD and BARDA have together committed roughly \$29 billion to COVID vaccine development whilst selecting out certain pharmaceutical companies to receive funds. Congressional Research Services, “The U.S. Government’s Role in Domestic and Global COVID-19 Vaccine Supply and Distribution: Frequently Asked Questions,” updated February 17, 2022, <https://crsreports.congress.gov/product/pdf/IF/IF12013>; See also Assistant Secretary for Preparedness and Response, “BARDA Strategic Plan 2022-2026,” at 7, 15 (BARDA explains that it was central in using Ebola-based “technology” and “products” to fight COVID-19, i.e. remdesivir and mRNA technology. BARDA also explains its’ goal to “establish a biopharmaceutical manufacturing consortium of industry partners across the drug and vaccine manufacturing supply chain.”), <https://www.medicalcountermeasures.gov/media/38717/barda-strategic-plan-2022-2026.pdf>.

<sup>50</sup> “Intelligence Community” refers to federal and military agencies including, Central Intelligence Agency (CIA), Defense Intelligence Agency (DIA), Department of State Bureau of Intelligence and Research (INR), Federal Bureau of Investigation (FBI), National Security Agency (NSA), and others. See <https://www.intelligence.gov/how-the-ic-works#our-organizations>.

<sup>51</sup> It is of note that in the FOIA documents it shows that Project Salus was an operation between the CDC, DOD, Humetrix, the Department of Defense Joint Artificial Intelligence Center (JAIC), and was then shared with at least the FDA.

<sup>52</sup> Marion Gruber was the Director of the FDA’s Office of Vaccines Research and Review at the time of these emails.

<sup>53</sup> Philip Krause was the Deputy Director of the FDA’s Office of Vaccines Research and Review at the time of these emails.

<sup>54</sup> Peter Marks was, at the time of these emails, and is the Director of the Center for Biologics Evaluation and Research at the FDA.

<sup>55</sup> Janet Woodcock was the Acting Commissioner of Food and Drugs at the FDA at the time of these emails.

<sup>56</sup> Julia Tierney was, at the time of these emails, and is the Chief of Staff and Acting Commissioner’s direct liaison to other executive agencies and organizations at the FDA.

not prevent hospitalization or substantially decrease infection.<sup>57</sup> Shortly thereafter, the federal government agencies, led by the Accused, weaponized federal resources contrary to any lawful authority to enforce vaccine mandates upon the citizens of Louisiana. Shortly after these emails, Dr. Marion Gruber and Dr. Philip Krause left their positions at the FDA, allegedly due to disagreements regarding FDA approval on a COVID-19 booster shot program because they believed there was no evidence-based reasoning for the FDA to do so.<sup>58</sup> On September 13, 2021, just after the BLA grant for Pfizer-BioIntech's Comirnaty COVID-19 vaccines, which occurred in August 2021, "Project Salus" briefing informed CDC officials that natural immunity was very effective in reducing hospitalization; whereas hospitalizations relating to COVID-19 infections were predominantly among COVID-19 vaccinated individuals.<sup>59</sup>

The Accused set forth additional, mandatory, "guidance" for COVID management, guidance they *knew* was contrary to proper health and safety. The Accused *knew* that socially isolating individuals, and creating the circumstances in which people, particularly the elderly, feel lonely and unable to interact with others, increased the risk of early mortality and exacerbated existing health problems, leading to additional unnecessary physical suffering before a premature death, together with psychological suffering.<sup>60</sup>

"Chronic social isolation has long been recognized as a risk factor for broad-based morbidity and mortality. The early evidence for this association came from epidemiological studies, where social isolation has typically been defined in terms of objective features of the social environment such as the absence of a spouse, having less than monthly contact with friends and family, and/or having no participation in organizations, clubs, or religious groups (e.g., House et al. 1988)."

Cacioppo, *et. al.*, 2015, "The Neuroendocrinology of Social Isolation," *Annual Review of Psychology*, Jan 2015, 66(733-67), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5130104/>.

The Accused lied about the need and medical benefit for masking. Since 1919, cloth masks or face coverings have been known to provide no protection from airborne viruses.<sup>61</sup> Additionally, when looking at the available studies, it is of note that the size of a SARS-CoV-2 particle is 100nm, or 0.1

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<sup>57</sup> FOIA Obtained Email from Bettina Experton (Humetrix) with Marion Gruber (FDA), Philip Krause (FDA), Peter Marks (FDA), Janet Woodcock (FDA), and Julia Tierney (FDA), September 15-16, 2021, at pg. 1-2, [https://icandecide.org/wp-content/uploads/2023/05/2022-07-29-Production\\_IR0669B\\_FDA-83-pages.pdf#page=3](https://icandecide.org/wp-content/uploads/2023/05/2022-07-29-Production_IR0669B_FDA-83-pages.pdf#page=3).

<sup>58</sup> See *The Lancet*, "Considerations in Boosting COVID-19 Vaccine Immune Responses," September 13, 2021, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02046-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02046-8/fulltext).

<sup>59</sup> See FOIA obtained documents, [https://icandecide.org/wp-content/uploads/2023/05/2022-07-29-Production\\_IR0669B\\_FDA-83-pages.pdf#page=3](https://icandecide.org/wp-content/uploads/2023/05/2022-07-29-Production_IR0669B_FDA-83-pages.pdf#page=3).

<sup>60</sup> See Steptoe, *et al.*, 2013, "Social Isolation, Loneliness, and All-Cause Mortality in Older Men and Women," *Proceedings of the National Academy of Sciences USA*, Apr. 2013, 110(15), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3625264/>; Holt-Lunstad, et al., 2015, "Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review," *Perspectives on Psychological Science*, 10(2), 227-237, [https://journals.sagepub.com/doi/10.1177/1745691614568352?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%20%20pubmed](https://journals.sagepub.com/doi/10.1177/1745691614568352?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed); Tabue Teguio, et al., 2016, "Feelings of Loneliness and Living Alone as Predictors of Mortality in the Elderly: The PAQUID Study," *Psychosomatic Medicine*, Journal of Biobehavioral Medicine, 78(8), p 904-909, [https://journals.lww.com/psychosomaticmedicine/abstract/2016/10000/feelings\\_of\\_loneliness\\_and\\_living\\_alone\\_as.4.aspx](https://journals.lww.com/psychosomaticmedicine/abstract/2016/10000/feelings_of_loneliness_and_living_alone_as.4.aspx); Leigh-Hunt, et al., 2017, "An Overview of Systematic Reviews on the Public Health Consequences of Social Isolation and Loneliness," *Public Health*, November 2017, <https://pubmed.ncbi.nlm.nih.gov/28915435/>.

<sup>61</sup> Kellogg, "Influenza, A Study of Measures Adopted for the Control of the Epidemic," *California State Board of Health*, January 191, at 12-139, <https://babel.hathitrust.org/cgi/pt?id=uc1.31378008030317&seq=5>.

microns<sup>62</sup> whilst the pore size of filtration for a surgical mask is 80-500 microns<sup>63</sup> - a minimum 800 times bigger than the size of a COVID particle – and N-95 mask pore size is 0.1-0.3 microns, assuming a perfect seal.<sup>64</sup> Walensky, through her agency (CDC), admitted that the face coverings coerced/forced on Louisianans to “stop” the spread of COVID-19 infection do not have to meet any federal standards of filtration or other federal requirements;<sup>65</sup> thus, the Accused not only *knew* that what they forced upon citizens of Louisiana did not meet any federal (or proven safety) standard, but they also knew it exacerbated illness, caused increased breathing difficulty, caused significant harm to communication – especially for those with disabilities, and unnecessarily expedited the deaths of Louisianans. Despite knowing all of these facts regarding masking, the Accused continued to force Louisianans to wear masks and socially isolate,<sup>66</sup> even though it caused *only* harm, as they knew it would.

The actions of the Accused resulted in thousands of hospitalizations, deaths, intense psychological and physical suffering, and isolation and separation of the dying from their families for no rational purpose except to intimidate or coerce the civilian population and/or influence the policy of a unit of government by intimidation or coercion, and/or to affect the conduct of a unit of government by intimidation or coercion. Suffering and death caused by the Accused’s course of conduct and criminal scheme to develop and implement these policies and the perverse financial incentives designed by the Accused meets the standard of terrorism and must be investigated.

## 2. FIRST & SECOND DEGREE MURDER

Pursuant to Louisiana law, a person commits First Degree Murder if:

- the Victim, a human being, is killed
- the Defendant(s) have specific intent to kill or to inflict great bodily harm and
  - the Defendant is engaged in the perpetration or attempted perpetration of offenses including:
    - terrorism; or

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<sup>62</sup> Bar-on, *et. al.*, “SARS-CoV-2 (COVID-19) by the Numbers,” *Elife*, April 2, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7224694/>; Laue, *et. al.*, “Morphometry of SARS-CoV and SARS-CoV-2 Particles in Ultrathin Plastic Sections of Infected Vero Cell Cultures,” *Scientific Reports*, February 10, 2021, <https://www.nature.com/articles/s41598-021-82852-7>.

<sup>63</sup> Neupane, *et. al.*, “Optical Microscopic Study of Surface Morphology and Filtering Efficiency of Face Masks,” *PeerJ*, June 26, 2019, <https://pubmed.ncbi.nlm.nih.gov/31289698/>.

<sup>64</sup> Tcharkhtchi, *et. al.*, “An overview of filtration efficiency through the masks: Mechanisms of the aerosols penetration,” *Bioactive Materials*, January 2021, <https://www.sciencedirect.com/science/article/pii/S2452199X20301481>.

<sup>65</sup> Szalajda, *et. al.*, “Overview of The ASTM F3502-21 Barrier Face Covering Standard,” CDC NIOSH Science Blog, April 23, 2021, <https://blogs.cdc.gov/niosh-science-blog/2021/04/23/bfc-standard/>; See below, Ftn. 52.

<sup>66</sup> See fnt 19; and see Ochsner Health, COVID-19 (Coronavirus) Frequently Asked Questions, accessed 2/21/2024 (noting that you must self-isolate if you have symptoms of COVID-19, and if you do not have symptoms, you should wear a mask and keep 6 feet apart from other individuals), <https://www.ochsner.org/coronavirus/covid-19-faqs>; Franciscan Missionaries of Our Lady Health System, Our Lady of Lourdes & Patient Visitation to Our Lady of Lourdes Regional Medical Center, Visiting Hours & Guidelines, accessed 2/19/24 (requires masking for those not vaccinated for COVID-19 or those visiting patients), <https://www.fmolhs.org/locations/acadiana/patients-and-guests/visiting-hours-and-guidelines>; Ochsner, LSU Health Shreveport, “Get the Facts on COVID-19,” accessed 2/19/24, <https://www.ochsnersuhs.org/patients-visitors/coronavirus/get-the-facts-on-covid-19>; Ochsner, LSU Health Shreveport, “Fact: Masks Work Against COVID-19,” accessed 2/19/24, [https://www.ochsnersuhs.org/content/uploads/OLHS\\_COVID\\_Phase-IV\\_Mask\\_Facts\\_Flyer.pdf](https://www.ochsnersuhs.org/content/uploads/OLHS_COVID_Phase-IV_Mask_Facts_Flyer.pdf); Franciscan Missionaries of Our Lady Health System, Answers to FAQs About the Omicron Variant of COVID-19, December 30, 2021, <https://health.fmolhs.org/body/covid-19/answers-to-faqs-about-the-omicron-variant-of-covid-19/>; Franciscan Missionaries of Our Lady Health System, Stay Safer This Holiday Season, November 19, 2021, <https://health.fmolhs.org/body/seasonal/stay-safer-this-holiday-season/>.

- second degree kidnapping, etc. OR
- the Defendant(s) has a specific intent to kill or to inflict great bodily harm upon more than one person; OR
- the Defendant(s) has a specific intent to kill or inflict great bodily harm and has offered, has been offered, has given, or has received anything of value for the killing; OR
- the Defendant(s) has the specific intent to kill or to inflict great bodily harm upon a victim who is under the age of twelve or sixty-five years of age or older.

La. R.S. 14:30(A)(1), (3), (4), (5).

Further, a person commits Second Degree Murder under Louisiana law if:

- the Defendant(s) have specific intent to kill or to inflict great bodily harm, OR
- the Defendant(s) are engaged in, without the intent to kill or to inflict great bodily harm, the perpetration or attempted perpetration of offenses<sup>67</sup> including:
  - terrorism, or
  - second degree kidnapping, etc.

La. R.S. 14:30.1(A)(1), (2).

In the present case, the evidence indicates that the Accused have committed both first degree murder and second degree murder of Louisianan victims.<sup>68</sup>

The evidence currently available demonstrates that the Accused engaged in a scheme with the specific intent to kill or inflict great bodily harm upon more than one person, even thousands. The evidence also shows that the Accused received financial profit<sup>69</sup> for their participation in developing, implementing, or carrying out this scheme. See **EXHIBIT E** hereto. Further, the evidence shows that many of those murdered by the Accused are elderly individuals over the age of 65, and as explained further *infra*, the Accused knew that the elderly would die in greater numbers than those under 65 because of their actions, thus illustrating the Accused's specific intent to kill the elderly.

The Accused intentionally, or as a result of their terrorism and second degree kidnapping, caused victims to die through their perpetration of or attempted perpetration of these felonies. The evidence shows the Accused are culpable for the premeditated design and coercive implementation of a specific plan to cause the great bodily harm and death of many human beings, using inappropriate and intentionally misapplied medical treatments to the detriment of patients, when the injurious and lethal treatments granted the Accused significant profits.

Kaleb Hall was 30 years old and the father of 3, who were 5, 3, and 1 years old, when he was killed by the COVID protocols. Kaleb worked as a towboater and was placed in isolation at a hotel, because of fatigue and a bad cough. He tested positive for COVID and had difficulty eating/no appetite, so he was then sent to the Ochsner Medical Center West Bank Campus. His wife was on facetime with him shortly after he was admitted to the hospital when a nurse came in to change an IV bag, she asked

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<sup>67</sup> Note, for Second Degree Felony Murder, the Court has established the use of the Agency Test rather than a Proximate Cause test in determining the causation of a felony murder and that it must be shown that the defendant or an accomplice performed the direct act of killing. See *State v. Small*, 100 So.3d 797 (La. 2012).

<sup>68</sup> An argument could also be made for the Accused to be charged with Negligent Homicide pursuant to La. R.S. 14:32. Criminal negligence is defined in La. R.S. 14:12 to be "such disregard of the interest of others that the offender's conduct amounts to a gross deviation below the standard of care expected to be maintained by a reasonably careful man under like circumstances. See also *State v. Small*, 100 So.3d 797 (2012).

<sup>69</sup> See also, Health Resources & Services Administration, PRB Provider Relief Fund General Information FAQ ("The Terms and Conditions require that "for all care for a presumptive or actual case of COVID-19..." How does HHS define a presumptive case of COVID-19? A presumptive case of COVID-19 is a case where a patient's medical record documentation supports a diagnosis of COVID-19, even if the patient does not have a positive in vitro diagnostic test result in his or her medical record" – ie, victims need not actually test positive for COVID-19 to thereafter be subjected to the federal Accused's designed medical countermeasures), <https://www.hrsa.gov/provider-relief/faq/general>.

the nurse what it was, to which the nurse replied that it was “an antibiotic.” After they asked more questions, the nurse admitted that it was remdesivir. The next morning, Kaleb was moved to the ICU and isolated. When his wife Tiffany came to visit, she was not allowed to speak to him, only see him through a window. While she was in the hospital, she observed other isolated patients screaming for help from the nurses, but they were ignored. Eventually, Kaleb’s father was allowed to sit with him for 30 minutes because he was vaccinated, but because Kaleb’s wife (and children) were not vaccinated, she was only permitted to see him from outside a window. Kaleb’s wife and children were never able to see him in person again. Kaleb’s wife was called and told to come to the hospital because Kaleb was being intubated shortly thereafter. Before she could get on the road for the 3 ½ hour drive to the hospital, she was called again and told that instead of Kaleb being intubated, his heart had stopped. Twenty minutes later, she was called again and informed that he had died and could not be resuscitated.

Dwayne J. Latiolais was 53 years old when he died as a result of the actions of the Accused. Dwayne was separated from his family and forced to die alone, without being able to say goodbye to his wife or children. When Dwayne and his family requested alternative treatment for COVID-19, he was denied, and was instead given remdesivir against his will. Dwayne was denied individualized care and informed consent. His requests for appropriate healthcare were denied, and as a result, he died.

Pauline Barrilleaux was killed by the COVID protocols at age 49. Pauline was initially admitted to the hospital for pneumonia, and thereafter diagnosed with COVID. The next day, the doctors attempted to get her consent to be placed on a ventilator, despite being able to breathe and being perfectly responsive on her own. She refused. The hospital then administered remdesivir, despite her express refusal to give consent to take remdesivir. At the same time, Pauline was given a sedative and placed on a ventilator, again, contrary to her consent. After spending 10 days on the ventilator, it was removed. Even so, the hospital would not discharge Pauline to her family; instead, she was held in the hospital for about 20 more days. Pauline was then taken to get a CT scan, and the hospital informed her family they would sedate her and place her back on a ventilator. It was then discovered that her organs began shutting down after she received remdesivir, leading to her death.

Randall W. Knight is another victim of the Accused’s hospital homicide; he was 62 years old when he died. Randall was isolated from his family once admitted to the hospital, including his designated patient advocate. Randall was given multiple doses of remdesivir, even though he informed the hospital providers that he refused remdesivir. When Randall and his family requested alternative treatment for him, they were denied that care. After receiving remdesivir, Randall went into multi-organ failure, eventually leading to him being placed on a ventilator, and soon thereafter, he died within a month of entering the hospital.

These stories, detailed by the loved ones of the victims in **EXHIBIT B** hereto, illustrate how the Accused’s policies, as designed and implemented, brought horrific physical and psychological suffering and unnecessary deaths upon Louisianans. These criminal actions must be investigated and prosecuted to the greatest extent of the law.

### 3. MANSLAUGHTER

The elements of the crime of Manslaughter are:

- The Victim(s) died, and
- The Defendant(s) caused the death of the Victim(s) without intent to cause death or great bodily harm,
- The Defendant(s) did so whilst:

- the Defendant(s) engaged in the perpetration or attempted perpetration of any felony not enumerated in Article 30 or 30.1, or of any intentional misdemeanor directly affecting the person, E.g.: Terrorism, Human Trafficking, & Prohibited Racketeering Acts, etc. OR
- The Defendant(s) committed or attempted to commit any crime of violence<sup>70</sup> which is part of a continuous sequence of events resulting in the death of a human being,
- it was foreseeable that the Defendant’s conduct during the commission of the crime could result in death or great bodily harm to a human being,
- The Defendant(s) need not have the intent to kill or to inflict great bodily harm under this subsection.

La. R.S. 14:31(A)(2), (3).

The evidence against the Accused as set forth herein, demonstrates sufficient proof to show that the Accused, even if they did not have the explicit intent to kill the victims, did engage in felonious and violent activities that had the known and foreseeable result of causing death or great bodily harm to the victims. For example, the Accused knew, or had reason to know, of the harm caused by: remdesivir, forcing victims to receive medical procedures or “treatments” to which they did not consent, the COVID “vaccines,” masks, and isolation from loved ones, as well as actively suppressing knowledge of and access to alternative treatments such as hydroxychloroquine, ivermectin, and fluvoxamine, and other effective treatments, even when requested. The Accused designed and enforced protocols using these harmful pharmaceutical products and practices; and as a result of their conduct, thousands suffered great bodily harm and died.

One of the examples of this is that of Dennis Rodriguez, who was 70 years old when he died. Dennis was a Vietnam veteran who served two tours in Vietnam. Dennis had difficulty with his memory and making decisions as well as needing dentures and assistance to ensure he was able to consume his necessary nutrition. The hospital and hospital staff were aware of this and knew his wife, Susan, who was his full time caregiver, his voice, and healthcare decision maker. Despite their knowledge, shortly after his admission as a COVID patient, Susan was no longer allowed to see or speak to her husband to either ensure his needs were met or to have her or their two children spend time with him. When she tried to call in to the hospital to speak to her husband, no one would answer her calls or let her speak to Dennis. Dennis was given remdesivir, even though there was no consent and his history of kidney problems contraindicated the drug. At one point, Susan went to the hospital to take him home or to another care facility – however, the hospital providers informed her that she could not see or take her husband because of the protocol, which required him to stay at least 21 days. Days later, when Susan asked if she could come in and spend time with her husband, she was told she was not allowed to see him. The next day, his heart stopped. Two days after this, Susan’s mother, Linda Meyers, died – also from the hospital COVID protocols. Susan was informed that Dennis had completed the COVID protocol treatment, but had contracted MRSA, requiring additional care. Susan was ultimately able to sit with her husband for a time, but he was no longer cognizant and died three days after her mother died. Since Dennis was treated for COVID and received the hospital’s treatment protocol prior to his death, COVID was erroneously listed as his cause of death. Susan also requested an autopsy of her husband, which was initially denied, then approved as the hospital conceded that he was not a COVID patient at his death and could not be excluded from an autopsy. However, the hospital Accused told her that she and her children would not receive Dennis’ military benefits, upon which she relied, if they pursued an autopsy.

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<sup>70</sup> “Crime of Violence” is defined in La. R.S. 14:2(B).



## B. PROHIBITED RACKETEERING ACTS

Charges under Louisiana statutes for Prohibited Racketeering Acts are likely to be some of the most successful to prosecute the Accused because they inflicted injury, suffering, and death upon Louisianan victims by working in concert, coercing, and soliciting third parties to perform the direct physical and psychological harm to the victims. The criminal activity resulted in the deaths of thousands, and the Accused profited directly from the criminal actions, as well as using their authority and criminal profits to perpetuate their criminal activities and schemes.

The elements of Prohibited Racketeering Acts include:

- The Defendant(s) is employed by, associated with, or receive(d) any proceeds directly or indirectly derived from an enterprise; or
- The Defendant(s) knowingly conducts or participates, directly or indirectly, in the enterprise; or
- The Defendant(s) knowingly acquire or maintain, directly or indirectly, interest in or control of any enterprise;
- The Defendant's participation in the enterprise is through a pattern of racketeering activity
- Pattern of racketeering activity means engaging in at least two instances of racketeering activity that have the same or similar intents, results, principals, victims, or methods of commission or otherwise are interrelated by distinguishing characteristics
- Racketeering Activities include the commission or attempted commission or conspiring to commit or soliciting, coercing, or intimidating another person to commit any of the following crimes, among others:
  - Terrorism;
  - Aiding others in Terrorism;
  - First Degree Murder;
  - Second Degree Murder;
  - Human Trafficking; or
  - Second Degree Kidnapping, etc.

La. R.S. 15:1353, 15:1352(A), (C).

An "enterprise" as used in this section, means any individual, sole proprietorship, partnership, corporation, or other legal entity, or any unchartered association, or group of individuals associated in fact and includes unlawful as well as lawful enterprises and governmental as well as other entities. La. R.S. 15:1352(B).

The Accused have engaged, and continue to engage, without any legal authority, in an enterprise for the purpose of mandating known harmful policies; incentivizing or coercing others to further these policies; and pharmaceutical development and testing for monetary profit against victims without their informed consent, using governmental power *ultra vires* to attempt to ensure immunity from liability for harm, injury, and death resulting from the actions and operation of the enterprise. In furtherance of the aims of the enterprise, the Accused have knowingly misrepresented dangers of pharmaceuticals, including "vaccines" and "treatments," such as masking and remdesivir, that they have selected for the public in the COVID-19 pandemic, isolated Louisianan patients from patient advocates while in vulnerable states under hospital custody and control, and knowingly misrepresented the benefits of and restricted access to alternative, competing medicines, with the foreseeable result that Louisianan victims suffered immense psychological trauma and terror, illness, and painful death.

At each stage of the pandemic through the Accused's policies and protocols, they have procured financial gain to themselves and those carrying out their protocols against their victims. Evidence of the common purpose and actions of those in the enterprise, as well as the knowledge of the Accused that

their policies and protocols would cause injury and death, is found in the numerous emails and joint agency efforts of the Accused, as detailed *supra*.

Fauci and many of the other Accused received “kick-back” payments for the use of the pharmaceuticals they pushed to FDA and Secretary of Health approval – including through EUA status.<sup>71</sup> Investigation is warranted and necessary in the interests of justice to ascertain all financial benefit obtained by the Accused for their illicit activities to mislead Louisianans and push for approval of pharmaceuticals, such as remdesivir and “vaccines”<sup>72</sup> they *knew* would not help against COVID-19, were not as or more effective than natural immunity, and which they *knew* were medically dangerous and would and did cause significant harm. It is well reported that Fauci personally, and the Accused generally, have received enormous financial gain for their actions throughout the COVID-19 response,<sup>73</sup> beginning in 2020. The Accused also established systems to move vast sums of money to and through hospitals and federal agencies via targeted bonuses and specific pharmaceuticals that would receive funding as “compliant” with NIH and Centers for Medicare and Medicaid Services (“CMS”) standards/recommendations, in contrast to denying funding and applying penalties to hospitals and medical providers for prescribing treatments such as ivermectin, hydroxychloroquine, zinc, quercetin, fluvoxamine, etc. See **Exhibit E** hereto at 12. Hospital systems and hospital administrators, such as

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<sup>71</sup> See FOIA documents relating to NIH Financial Disclosures of Fauci, Francis Collins, and Clifford Lane, among others, <https://www.openthebooks.com/substack-investigation-faucis-royalties-and-the-350-million-royalty-payment-stream-hidden-by-nih/>; See also interview of Stephane Bancel, CEO of Moderna noting that the “FDA worked relentlessly to authorize the Moderna COVID-19 vaccine... with an emergency use authorization... they [FDA] have a defined timeline for responding and engaging with clinical-trial sponsors. But they adapted to the crisis situation.”) Interview of Stephane Bancel, McKinsey & Company, August 27, 2021, <https://www.mckinsey.com/industries/life-sciences/our-insights/modernas-path-to-vaccine-innovation-a-talk-with-ceo-stephane-bancel>; See also Moderna SEC filing, at 32, 43, <https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm> (noting that Moderna entered into multiple funding agreements with HHS and BARDA to “fund the advancement of mRNA-1273 to FDA licensure.”).

<sup>72</sup> CEO of Moderna Stephane Bancel and other Moderna leadership, such as Tal Zaks, made a total of 30 million dollars following the US federal government’s over \$1.2 billion investment in their vaccine research and their statements of Moderna’s COVID vaccine data, which was unverified, as quite promising. See Stephane Bancel SEC filing, May 2020, <https://www.sec.gov/Archives/edgar/data/1443340/000112760220017739/xslF345X03/form4.xml>; CBS News, May 22, 2020, “Moderna CEO and Other Execs Made Millions on Vaccine Announcement,” <https://www.cbsnews.com/news/moderna-ceo-executives-made-millions-on-vaccine-announcement/>; Pfizer, “Pfizer Receives U.S. FDA Emergency Use Authorization for Novel COVID-19 Oral Antiviral Treatment,” December 22, 2021, <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-receives-us-fda-emergency-use-authorization-novel>; Julia Kollewe, The Guardian, “From Pfizer to Moderna: Who’s Making Billions from COVID-19 Vaccines?” March 6, 2021, (noting that Pfizer has contracted with the US Government for a \$3.9 Billion vaccine contract, and that the founders of BioNTech became multibillionaires when their stocks soared following their vaccine deal with Pfizer and the USG)(also noting that Johnson and Johnson have expected sales of \$10Billion from the USG) <https://www.theguardian.com/business/2021/mar/06/from-pfizer-to-moderna-whos-making-billions-from-covid-vaccines>.

<sup>73</sup> See Forbes, “Dr. Anthony Fauci Received Big Pay Increase To Prevent Pandemics,” October 20, 2021, <https://www.forbes.com/sites/adamandrzejewski/2021/10/20/dr-anthony-faucis-little-known-biodefense-work--its-how-he-became-the-highest-paid-federal-employee/?sh=35dfae906081> (Fauci was the highest paid federal employee - paid more than the President - and since 2004, has received increasing pay adjustments for his role to prevent future pandemics and “biodefense research,” despite his funding research that has caused pandemics); See Provider Relief Fund, U.S. Health and Human Services: Tracking Accountability in Government Grants System, <https://taggs.hhs.gov/Coronavirus/Providers> (See payments by state and provider); See Louisiana Department of Health, Informational Bulletin 20-8, Revised June 15, 2020, Federal COVID-19 Provider Funding Information, [https://ldh.la.gov/assets/docs/BayouHealth/Informational\\_Bulletins/2020/IB20-8\\_revised\\_6.15.20.pdf](https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2020/IB20-8_revised_6.15.20.pdf); Dr. James A. Richardson, prepared for the Louisiana Hospital Association, “Economic Role of Hospitals in Louisiana,” January 2023, at 13, 15 (net revenues of hospitals in Louisiana estimated to be \$21.8 billion based on 2021 Medicare Cost Reports with approximately 44% of hospital revenues received from Medicare in 2020), <https://www.lapsps.org/common/Uploaded%20files/Key%20Topics/Financial%20Data/EconomicImpactSummaryFullReport.pdf>.

FMOLHS, also need to be investigated further for the significant bonuses and payouts received by hospital administrators and hospital systems for subjecting victims to this malicious and fatal treatment, in violation of their moral ethical obligations, legal duty, and providers' oaths to do no harm. One example of the financial payouts to healthcare systems is that hospitals obtained approximately \$40,000 for each patient with a positive COVID test they were able to place and keep on a ventilator for more than 96 hours. *Id.* These payments continue until the end of the Public Health Emergency. *Id.* at 10-11. Louisiana should investigate the financial incentives and penalties pushing the intentional sedation and ventilation of victims against their wishes following refusal of early treatment and non-consensual administration of remdesivir. The suffering it has caused to Louisianans must be brought to light so that justice is done on their behalf.

The Biomedical Advanced Research and Development Authority ("BARDA") has explained that it used certain existing contracts with the DOD to "leverage" obtaining other monetary awards for both agencies relating to developing "medical countermeasures" for COVID-19. It also highlighted the close coordination of HHS and DOD to ensure a "whole-of-government" approach, including to rapidly develop and gain EUAs for their vaccines and therapeutic medical counter-measures, which would subsequently ensure additional funding for all involved.<sup>74</sup> The joint effort of BARDA and the DOD allowed the agencies, led by the Accused, to enter into contracts with pharmaceutical companies<sup>75</sup> that did not comply with typical federal law regulating acquisitions and intellectual property. The U.S. Government Accountability Office ("GAO") expressed concern for the contracts' <sup>76</sup> lack of accountability and transparency and that HHS/BARDA and the DOD did not accurately reflect where all of their COVID funding went nor publicly report contract rewards to private companies.<sup>77</sup> BARDA further utilizes military/intelligence agency terminology and strategy in describing that it will continue to "improve operational intelligence enabling rapid development and deployment of MCMs [medical counter-measures]" and use tracking technology to "optimize day-to-day operations" for the next emergency.<sup>78</sup> Deborah Birx's role with her DOD work and relationship with federal health agencies, along with her role in guiding US policy that mandated only financially lucrative COVID protocols in Louisiana hospitals should be further investigated. The requirement for the contract agreements entered into by HHS, DOD, other federal agencies, and the pharmaceutical companies pursuant to 10 U.S.C. §4022(a)(1), are for "prototype projects" that are directly relevant to enhancing DOD mission effectiveness, improving materials and systems that are proposed to be acquired by the DOD, or to improve materials in use by the armed forces,<sup>79</sup> as defined by the military code. By utilizing this statute, the agencies and pharmaceutical companies were able to negotiate their contracts, outside of the confines of certain federal acquisition laws, permitting the pharmaceutical companies, agencies, and other

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<sup>74</sup> Assistant Secretary for Preparedness and Response, "BARDA Strategic Plan 2022-2026," at 17, 27-29, <https://www.medicalcountermeasures.gov/media/38717/barda-strategic-plan-2022-2026.pdf>.

<sup>75</sup> See *Texas v. Pfizer, Inc.*, Case 5:23-cv-00312-C, Defendant Pfizer's Notice of Removal, filed 12/28/2023, (explaining how Pfizer was working as a "federal officer" or "agent" and solely at the direction of the U.S. federal government and its agencies in its development and deployment of COVID products as part of the U.S. federal government's plan).

<sup>76</sup> Here, the specific type of contracts used are "Other Transaction Agreements" – a DOD agreement that permits federal contracts without requiring compliance with certain federal procurement laws and regulations. United States Government Accountability Office, Report to Congressional Addressees, "COVID-19 HHS and DOD Transitioned Vaccine Responsibilities to HHS, but Need to Address Outstanding Issues," at 38, <https://www.gao.gov/assets/gao-22-104453.pdf> (referencing 10 U.S.C. §2371b Authority of the Department of Defense to Carry Out Certain Prototype Projects" [now renumbered as §4022]).

<sup>77</sup> United States Government Accountability Office, Report to Congressional Addressees, "COVID-19 HHS and DOD Transitioned Vaccine Responsibilities to HHS, but Need to Address Outstanding Issues," at 39, <https://www.gao.gov/assets/gao-22-104453.pdf>.

<sup>78</sup> Assistant Secretary for Preparedness and Response, "BARDA Strategic Plan 2022-2026," at 20, 25-26, <https://www.medicalcountermeasures.gov/media/38717/barda-strategic-plan-2022-2026.pdf>.

<sup>79</sup> 10 U.S.C. §4022(a)(1) – Authority of the Department of Defense to Carry Out Certain Prototype Projects.

Accused to receive royalty payments, even though this type of military or analogous non-military or intelligence agency contract would typically not permit the Accused to receive royalties. Thus, the organized and unified actions of the Accused ensured certain EUAs were enacted such that they would receive copious amounts of money from both federal funds and royalty payments. Despite ongoing FOIA litigation, the agencies headed by the Accused have still not provided required financial disclosures of the Accused, other federal officials, and royalty payments thereto.<sup>80</sup> It is also of note, and requires further investigation, how the Accused use of military resources, terminology, and statutes have the effect of treating Louisianans and American citizens as “enemy combatants” for the purposes of their research and implementation of “treatments”, “vaccines”, and mandated healthcare policies called “countermeasures,” while garnering significant financial benefit to themselves.

In addition to BARDA’s use of DOD contracts to enable non-federal acquisition law compliant contracts through the DOD with pharmaceutical companies and federal agencies, BARDA was also involved in developing the framework for the above-detailed criminal enterprise that Rick Bright, and the other Accused engaged in. Following the signing into law on March 6, 2020, of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123), BARDA gave \$1.256 Billion to Moderna<sup>81</sup> for the development, manufacturing, and validation of its’ mRNA-1273 vaccine.<sup>82 83</sup> On March 28, 2020, Rick Bright, the director of BARDA was granted an EUA by the FDA for the use of Hydroxychloroquine and Chloroquine Phosphate for treatment of COVID-19.<sup>84</sup> Also in March of 2020, BARDA received supplemental funding from the Federal Government to rapidly develop and gain EUAs for Medical Counter Measures, defined as including vaccines, antimicrobials,

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<sup>80</sup> Open The Books, “Substack Investigation: Fauci’s Royalties and the \$350 Million Royalty Payment Stream HIDDEN by NIH,” May 16, 2022, <https://www.openthebooks.com/substack-investigation-faucis-royalties-and-the-350-million-royalty-payment-stream-hidden-by-nih/>.

<sup>81</sup> BARDA, often through collaboration with the DOD and other health agencies, has also given significant funding to Pfizer and BioNTech (for example a \$1.95 Billion in July 2020 and another contract for \$3.2 Billion in June 2022, Pfizer also received an award for \$5 Billion in November 2021, with subsequent awards for over another \$5 Billion for production and assistance in obtaining an EUA for Paxlovid) and Johnson & Johnson (for example received a base award of \$20 Million in February 2020, then another award of \$435 million in March 2020, another award for \$1 Billion in August 2020, and another award of \$31 million in March 2021) for the development of their COVID-19 vaccines. See GlobeNewswire, “Pfizer and BioNTech Announce an Agreement with U.S. Government for up to 600 Million Doses of mRNA-based Vaccine Candidate Against SARS-CoV-2,” July 22, 2020, <https://www.globenewswire.com/news-release/2020/07/22/2065701/0/en/Pfizer-and-BioNTech-Announce-an-Agreement-with-U-S-Government-for-up-to-600-Million-Doses-of-mRNA-based-Vaccine-Candidate-Against-SARS-CoV-2.html>; HHS Press Office, “Biden-Harris Administration Secures 105 Million Doses of Pfizer’s Latest COVID-19 Vaccine for Fall Vaccination Campaign,” June 29, 2022, <https://www.hhs.gov/about/news/2022/06/29/biden-harris-administration-secures-105-million-doses-of-pfizers-latest-covid-19-vaccine-for-fall-vaccination-campaign.html>; HHS, ASPR, BARDA – Medical Countermeasures, “COVID-19 Portfolio,” accessed February 15, 2024, <https://www.medicalcountermeasures.gov/app/barda/coronavirus/COVID19.aspx>; HHS, ASPR, BARDA – Medical Countermeasures, “HHS News Release: Biden Administration Secures 10 Million Courses of Pfizer’s COVID-19 Oral Antiviral Medicine as Additional Tool to Reduce Hospitalizations and Save Lives,” November 2021, [https://www.medicalcountermeasures.gov/newsroom/2021/pfizer\\_av](https://www.medicalcountermeasures.gov/newsroom/2021/pfizer_av).

<sup>82</sup> The Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, testimony by Gary Disbrow, November 17, 2021, at 3, <https://www.congress.gov/117/meeting/house/114232/witnesses/HHRG-117-AP07-Wstate-DisbrowG-20211117.pdf>.

<sup>83</sup> It is also of note that in May 2020, following Moderna’s receipt of over \$1.2 Billion from the federal government, and their release of un-reviewed vaccine data that federal officials such as Fauci labeled as “quite promising,” the Moderna stock increased, and within a week (Moderna’s announcement on Monday 5/18/2020 – Moderna’s SEC filings of sales after market close on Friday 5/22/2020), the top four executives at Moderna sold all or significant amounts of their stock in Moderna and made a combined \$30 Million in their personal capacities. See Stephane Bancel SEC filing, May 2020, <https://www.sec.gov/Archives/edgar/data/1443340/000112760220017739/xslF345X03/form4.xml>; CBS News, May 22, 2020, “Moderna CEO and Other Execs Made Millions on Vaccine Announcement,” <https://www.cbsnews.com/news/moderna-ceo-executives-made-millions-on-vaccine-announcement/>.

<sup>84</sup> Letter to Rick Bright (BARDA) from FDA, March 28, 2020, <https://www.fda.gov/media/136534/download>.

antidotes, antitoxins, ventilators, diagnostics, PPE, and patient decontamination.<sup>85</sup> Shortly thereafter, the FDA issued a caution against the use of hydroxychloroquine and chloroquine for COVID-19 through a Drug Safety Communication due to alleged risk of arrhythmias and serious cardiac events.<sup>86</sup> Then, both the FDA and BARDA, allegedly “independently” decided to retract the issued EUA for use of Hydroxychloroquine or Chloroquine on the same day, June 15, 2020, because of alleged new data.<sup>87</sup> This determination was based upon only two substantive studies, one of which was not published with its data until October 2020<sup>88</sup> (4 months after the FDA used the researcher’s unfinished report<sup>89</sup> to revoke the hydroxychloroquine EUA), which involved the hospitals/researchers providing nearly lethal doses of hydroxychloroquine to the patients. Patients were given 2,400mg on the first day of treatment, rather than the safe and appropriately prescribed dose prescribed outside this study at 200-600mg per day.<sup>90</sup> The second study, the only one addressing post-exposure prophylaxis, was also significantly flawed *inter alia* because the researcher, David Boulware, did not account for the time to treatment and efficacy of hydroxychloroquine or account for the shipping time of hydroxychloroquine to subjects – such that the drug was no longer effective when received by many study participants.<sup>91</sup> When the data was re-analyzed after taking into account which doses were actually medically meaningful, researchers found that post-infection treatment with hydroxychloroquine, when received 1-3 days post-infection, was associated with a 42% reduction in infection, which is statistically significant (the original researchers using the flawed data found only a 17% reduction in COVID-19 from evaluation of the same dataset).<sup>92</sup> When this was brought to the researchers’ attention by Dr. David Wiseman, they reported Dr. Wiseman for alleged falsification of data – even making this allegation to his superior responsible for research misconduct policies at his institution UMN.<sup>93</sup> Because of the retraction of the Hydroxychloroquine EUA on fraudulent grounds, it provided an easier avenue for the Accused to prevent victims’ access to this

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<sup>85</sup> HHS ASPR BARDA, BARDA Strategic Plan, 2022-2026, May 2022, at 26-27, fn 1 at pg. 3, <https://www.medicalcountermeasures.gov/media/38717/barda-strategic-plan-2022-2026.pdf>.

<sup>86</sup> Department of Health and Human Services, Public Health Service, FDA, “Pharmacovigilance Memorandum,” May 19, 2020, at 2, [https://www.accessdata.fda.gov/drugsatfda\\_docs/nda/2020/OSE%20Review\\_Hydroxychloroquine-Cholorquine%20-%2019May2020\\_Redacted.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2020/OSE%20Review_Hydroxychloroquine-Cholorquine%20-%2019May2020_Redacted.pdf).

<sup>87</sup> Letter from RADM Denise M. Hinton (FDA) to Gary L. Disbrow (BARDA), June 15, 2020, <https://www.fda.gov/media/138945/download?attachment>; FDA, “Frequently Asked Questions on the Revocation of the Emergency Use Authorization for Hydroxychloroquine Sulfate and Chloroquine Phosphate,” updated 6/19/2020, <https://www.fda.gov/media/138946/download?attachment>.

<sup>88</sup> The RECOVERY Collaborative Group, The New England Journal of Medicine, “Effect of Hydroxychloroquine in Hospitalized Patients with COVID-19,” October 8, 2020, <https://www.nejm.org/doi/10.1056/NEJMoa2022926>; The RECOVERY Collaborative Group, The New England Journal of Medicine, “Supplementary Appendix,” at 22-23, [https://www.nejm.org/doi/suppl/10.1056/NEJMoa2022926/suppl\\_file/nejmoa2022926\\_appendix.pdf](https://www.nejm.org/doi/suppl/10.1056/NEJMoa2022926/suppl_file/nejmoa2022926_appendix.pdf).

<sup>89</sup> The RECOVERY Collaborative Group, “Statement from the Chief Investigators of the Randomized Evaluation of COVID-19 Therapy (RECOVERY) Trial on Hydroxychloroquine,” June 5, 2020, <https://www.recoverytrial.net/files/hcq-recovery-statement-050620-final-002.pdf>; Letter and Attached Memorandum from RADM Denise M. Hinton (FDA) to Gary L. Disbrow (BARDA), “Attachment: Memorandum Explaining Basis for Revocation of Emergency Use Authorization for Emergency Use of Chloroquine Phosphate and Hydroxychloroquine Sulfate,” June 15, 2020, at 7-8, <https://www.fda.gov/media/138945/download?attachment>.

<sup>90</sup> Hydroxychloroquine Package Insert, [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2020/040133Orig1s029,%20s030lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/040133Orig1s029,%20s030lbl.pdf). (note: in the event of contracting uncomplicated malaria, the dosage is permitted to be increased to 2,000mg over the course of two days, with a dose of 800mg as the initial dose, followed by 400mg at 6hrs, 24hrs, and 48hrs).

<sup>91</sup> See Wiseman, D.M., Kory, P., Saidi, S.A., Mazzucco, D., “Effective Post-Exposure Prophylaxis of COVID-19 Associated with Use of Hydroxychloroquine: Prospective Re-Analysis of a Public Dataset Incorporating Novel Data,” medRxiv, December 2, 2020, <https://www.medrxiv.org/content/10.1101/2020.11.29.20235218v1.article-info>.

<sup>92</sup> *Id.*

<sup>93</sup> Dr. Pierre Kory with Jenna McCarthy, “The War on Ivermectin: The Medicine that Saved Millions and Could Have Ended the Pandemic – Chapter Sixteen: A Potential Solution to the Pandemic,” 2023, at 94-96.

treatment, and also enabled the Accused to obtain EUAs for the COVID-19 vaccines,<sup>94</sup> providing them significant financial gain instead. See **Exhibit E** hereto.

The Accused manipulated government policy and used financial threats and incentives against hospitals and healthcare providers to pressure Louisianans to receive the “vaccines” and “treatments/medical countermeasures” that brought them and the hospital systems monetary gain while causing preventable harm to victims. Accused and healthcare and hospital system Administrators were complicit in their acceptance and enforcement of these perverse policies.<sup>95</sup> One of the ways the Accused hospital administrators and providers abused their influence was to coerce, threaten family or even fraudulently enter a DNR (Do Not Resuscitate) order on COVID patients refusing ventilators so that when the victims suffered and died from the lethal protocols, the hospitals would ensure receipt of federal funding for a COVID diagnosed patient dying while still admitted. See **EXHIBIT E** and **EXHIBIT B**.

In addition to incentives for using solely remdesivir, Hospitals and doctors received significant funding to vaccinate as many as possible.<sup>96</sup> Hospital systems, such as FMOLHS, at the direction of their administrators and at the behest of other Accused, intimidated and solicited their healthcare providers to violate their oaths to do no harm. The Accused, including Administrators who threatened termination of employment and loss of hospital privileges for non-compliance, specifically targeted healthcare providers to prevent their use of their own medical judgment.

CMS provided hospitals across the U.S. with training on the CMS interim final rule requiring healthcare staff vaccination, informing hospitals that they would **be rewarded monetarily for vaccination compliance and penalized for noncompliance during the Public Health Emergency**. In the slideshow for the CMS training, CMS informs hospitals that “vaccination is the only option – this regulation **does not include a testing option** for unvaccinated staff.” (emphasis added).<sup>97</sup> A CMS press release states, “the Agency will not hesitate to use its full enforcement authority... CMS knows that everyone working in healthcare wants to do what is best to keep their patients safe. Yet, unvaccinated staff pose both a direct and indirect threat to the very patients they serve...”<sup>98</sup> The Accused *knew that this was a false statement*, yet they still coerced and manipulated the understanding of the civilian population and weaponized government policy to the harm of Louisianans.<sup>99</sup> Moreover, the Accused engaged in this fraudulent misrepresentation in order to commit criminal acts entirely outside their

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<sup>94</sup> It should also be investigated whether the EUAs for the COVID-19 Vaccines are legal or appropriate as individuals such as Bayer executive Stefan Oelrich has stated that the mRNA shorts are “gene therapy” marketed as “vaccines” to gain public trust and acceptance, therefore not actually meeting the definition of vaccines. See Excerpt of Statement made by Stefan Oelrich at World Health Summit, 2021, posted to X on February 11, 2024, [https://twitter.com/DiedSuddenly\\_/status/1756726278755889301?s=20](https://twitter.com/DiedSuddenly_/status/1756726278755889301?s=20); see also full Statement made by Stefan Oelrich at World Health Summit 2021, posted to YouTube November 16, 2021, <https://www.youtube.com/watch?v=IKBmVwuv0Qc>.

<sup>95</sup> See Centers for Medicare & Medicaid Services, Press Release, November 4, 2021, <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-issues-emergency-regulation-requiring-covid-19-vaccination-health-care> (detailing statements by President Biden, Vice President Harris, and CMS Administrator Chiquita Brooks-LaSure).

<sup>96</sup> See Center for Medicare and Medicaid (20% of hospital funding per patient from the federal government was contingent on hospitals providing COVID-19 treatments); CARES Act, P.L. 116-136, March 27, 2020, §3710(a)(iv)(I), <https://www.congress.gov/116/plaws/publ136/PLAW-116publ136.pdf>, (all patients that have a positive or presumptive positive test for COVID-19 will obtain 20% more federal aid than a typical patient for care). See also **EXHIBIT E**.

<sup>97</sup> Center for Medicare and Medicaid Services, CMS.gov, “Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule with Comment,” at slide 11, <https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-ifc-6-national-stakeholder-call-slides.pdf>.

<sup>98</sup> See note 95 *supra*.

<sup>99</sup> This evidence also supports prosecution of the Federal and Hospital Administrator Accused for their actions to control what kind of healthcare may be given to Louisianans, with or without their consent, and interfere in the doctor/patient relationship under La. R.S. 14:332, Interference with Medical Treatment.

authority. See 21 USC 360bbb-3, which gives no authority to any official to *force participation* in any emergency use drug or product, even under health emergencies providing *access* to unlicensed drugs and products as an exemption to the safeguards of 21 USC § 355(a).

The Accused have engaged in myriad racketeering activities,<sup>100</sup> including Terrorism, First and Second Degree Murder, and Human Trafficking of Louisianans. Under the Prohibited Racketeering Activities statute, the Accused are culpable for either committing the prohibited racketeering and criminal activities or conspiring, soliciting, coercing, or intimidating others to commit prohibited acts. La. R.S. 15:1352(A).

C. HUMAN TRAFFICKING FOR SERVICES OR LABOR: Forcible retention of Victims in hospital facilities to be given “treatment” such that the Hospital Systems, Federal Agency Leaders, Federal Agencies, Hospital Administrators, and Healthcare Providers receive a financial benefit.

The elements of Human Trafficking are:

- the Defendant(s) acted knowingly,
- the Defendant(s) trafficked a person with the intent that the trafficked person engage in forced labor or services,
- the Defendant(s) trafficked a person by acting to: recruit, harbor, transport, provide, solicit, receive, isolate, entice, obtain, patronize, procure, purchase, hold, restrain, induce, threaten, subject, or maintain the use of another person,
- the Defendant(s) trafficked a person through fraud, force, or coercion; or
- the Defendant(s) knowingly benefited by the above activity; or
- the Defendant(s) knowingly facilitate(d) any of the above activities – including but not limited to helping, aiding, abetting, or conspiring.

La. R.S. 14:46.2(A)(1)(a), (A)(2), (A)(3).

For the above statute, “Labor or Services” is defined as, an activity having an economic value. La. R.S. 14:46.2(C)(4). Being “trafficked” does not require the actual forcible movement of an individual from one location to another.<sup>101</sup> The trafficking of Louisiana Victims described herein is similar to forced organ harvesting<sup>102</sup> in China and many other places, which is the trafficking and abuse

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<sup>100</sup> When a medical provider forces treatment on a patient against their wishes, the courts have long held it is battery. See *Roberson v. Provident House*, 576 So. 992, 994 (La. 1991) (referencing *Pizzalotto, M.D., LTD. v. Wilson*, 437 So.2d 859 (La. 1983) wherein the Louisiana Supreme Court found “a surgeon commits a battery on his patient when he undertakes a particular surgical procedure without the consent of the patient unless there is an emergency situation.”); See also *Lugenbuhl v. Dowling*, 701 So. 447, 452 (La. 1997) (clarifying in medical malpractice cases the issue of lack of consent for a medical procedure should now be reviewed under a negligence theory rather than battery, but noting that a procedure without consent does constitute a battery). See also Louisiana Administrative Code, November 2023, §9319(A) (the patient has a right to be informed of risks and alternatives, the right to refuse any treatment, and the right to access alternative treatment); See also La. R.S. 40:1157.1, Consent to Medical Treatment; Methods of Obtaining Consent.

<sup>101</sup> The Office of Human Trafficking Prevention, “What is Human Trafficking?: Common Misconceptions,” (accessed 2/6/24), <https://humantrafficking.la.gov/what-is-human-trafficking/>.

<sup>102</sup> See Rep. Christopher Smith, Rep. Guy Reschenthaler, etc., House Bill, H.R. 1154 – Stop Forced Organ Harvesting Act of 2023, Passed House on 3/27/2023, <https://www.congress.gov/bill/118th-congress/house-bill/1154/text?q=%7B%22search%22%3A%22hr1154%22%7D>; See Sen. Tom Cotton, S.761 – Stop Forced Organ Harvesting Act of 2023 (introduced in Senate 3/9/2023), <https://www.congress.gov/bill/118th-congress/senate-bill/761/text>; See also Texas Senate Bill 1040, effective September 1, 2023, <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=88R&Bill=SB1040> (detailing medical abuse and trafficking of organs by the Chinese Communist Party, and others).

of individuals for financial gain *related to medical procedures*.<sup>103</sup> The Accused engaged in the weaponization of hospitalization and “treatment” to traffic persons for financial gain from the federal government, DOD, Intelligence Agencies, and patents/royalties.

We believe investigation is warranted and evidence demonstrates probable cause to investigate the Accused for their participation in the trafficking of individuals for a service, i.e. the Accused held the victims in healthcare facilities, isolated from their families, advocates, and witnesses, by fraud, force, or coercion – to the end that the victims provided the service of being given “treatment” by the Accused known to harm the victims and ensure they were unable to leave the facilities of their own volition, in order to convey a monetary benefit to the Accused for each discrete “countermeasure” consumed or received by the victims until and including their deaths, for which the Accused also received additional financial compensation.

The Accused federal officials knowingly and intentionally designed policy for healthcare systems that incentivized the Accused hospital administrators and their providers to coerce or fraudulently induce Louisianans to become hospital patients, often against their will, and held by physical restraint (including security personnel) from leaving, even against medical advice (“AMA”), once admitted. The Accused accomplished coercive hospital admission through their campaign to mislead Louisianans, and the American people, regarding appropriate treatment measures relating to COVID-19 and fraudulent “tests” to diagnose COVID. When victims resisted their coercion to take detrimental vaccines or treatments, hospital administrators and providers isolated individuals, forced sedatives and ventilation, and gave them medication against their wishes and without informed consent. Once sedated, victims could not resist or continue to assert their lack of consent to detrimental “countermeasures.” The Accused then reaped monetary benefit from victims’ service of receiving the Accused’s products until the Victims died. Notably, the prohibition on early treatment for COVID infection and the administration of remdesivir to victims exacerbated their health conditions, requiring additional treatment for which the Accused hospital administrators received further revenue.

#### D. ABUSE IN FACILITIES

The United States Supreme Court has declared, “Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault, for which he is liable in damages.” *Cruzan v. Director, Mo. Dept. of Health*, 497 US 261, 269 (1990) (citing *Schloendorff v. Society of New York Hospital*, 211 N. Y. 125, 129-130, 105 N. E. 92, 93 (1914)). The Supreme Court further explained that the doctrine of informed consent also requires that patients have a right to refuse treatment, and that the injection of medication into a non-consenting person’s body represents a substantial interference with that person’s liberty. *Id* at 270, 278-79.

As detailed herein, the federal Accused and hospital administrators, and their providers all knew that the uniform policies designed by the Accused only harmed patients and caused suffering and death. Despite this knowledge, the Accused campaigned to suppress scientific literature, took steps to prevent termination of their policies, and prevented appropriate scientific debate. Further, the Federal Accused and hospital administrators have repeatedly acted to interfere<sup>104</sup> with doctor/patient relationships and step into the role of providing or requiring certain patient care, rather than maintain their appropriate

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<sup>103</sup> CRS, “International Organ Trafficking: In Brief,” December 22, 2021, <https://humantraffickingsearch.org/wp-content/uploads/2022/03/International-Organ-Trafficking-In-Brief.pdf> (“While some experts include forms of enslavement or coercion to obtain an organ donation in the definition, **U.S. government sources typically describe such crimes as trafficking in persons ....**” [emphasis added]).

<sup>104</sup> See generally, La. R.S. 14:332, regarding Interference with Medical Treatment by the Federal and Hospital Administrator Accused.



informational authority.<sup>105</sup> The Accused hospital administrators campaigned to remove licenses from every provider who was willing to uphold their oaths diligently and provide appropriate care to patients. We note, however, that the criminal actions of Accused hospital administrators does not absolve doctors and healthcare providers of their own criminal liability when they acted contrary to their legal duties and oaths<sup>106</sup> to do no harm.

Medical providers, particularly physicians, were not the lay citizens of Louisiana during the COVID-19 pandemic. The healthcare providers at hospitals, medical facilities, and nursing homes are individuals who undertook specialized training and knowledge and who took oaths to care for patients. They owe a fiduciary duty to Louisianans. The healthcare providers are individuals who voluntarily placed themselves in a position of authority and trust of the people, such that they promised to evaluate all available data, provide truthful medical advice, and ensure that every patient and citizen be afforded authentic informed consent and individualized care. Many healthcare providers then violated their duty and were complicit with the Accused in their criminal enterprise schemes, in many cases, explicitly contrary to the patient's medical wishes, and resulting in patient deaths.

Every doctor and nurse is required to study the Milgram Experiment, which was performed by a Jewish scientist following the Holocaust and the prosecution of Adolf Eichmann, and is now widely used as a lesson in medical ethics.<sup>107</sup> Milgram showed that 65% of the population (represented by his test subjects) would willingly act to kill or inflict significant bodily injury to an innocent human being if told to do so by an authority figure. By studying this phenomenon, healthcare provider are trained that they must never simply follow orders and protocols, as did the participants in the experiment, but they must always uphold their oaths to preserve life and to do no harm.

No amount of financial incentive from the federal government or hospital administration, or concern in losing professional opportunities or one's state-issued license, or social or professional stigma, removes the individual duty under oath not to inflict suffering and death upon another human being.

There were some medical providers who did uphold their oaths during the COVID-19 pandemic, and the Accused hospital administrators terminated their employment, initiated actions against their medical licenses, and finally purged them from the medical communities. Physicians knew that their actions were perpetuating patient harm and preventing access of patients to patient-centered healthcare as part of the Accused's common scheme and course of conduct<sup>108</sup> - by both instituting the policies and

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<sup>105</sup> See Associated Press, reported at US News, "Court Revives Doctors' Lawsuit Saying FDA Overstepped Its Authority with Anti-Ivermectin Campaign," September 2023, <https://www.usnews.com/news/health-news/articles/2023-09-01/court-revives-doctors-lawsuit-saying-fda-overstepped-its-authority-with-anti-ivermectin-campaign>.

<sup>106</sup> See Hippocratic Oath, first translated circa AD 275, <https://guides.library.jhu.edu/bioethics/codes> (stating that a physician will never give a deadly drug or make a suggestion to that effect); See The World Medical Association Declaration of Geneva Physician's Oath, 1948, <https://www.cirp.org/library/ethics/geneva/> (that after the actions of doctors in Nazi Germany, doctors must pledge never to use their medical knowledge contrary to the laws of humanity, and the health of their patients must always be their first consideration); See the World Medical Association International Code of Medical Ethics, revised October 2022, <https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/> (stating that physicians must not allow their professional judgment to be influenced by the possibility of benefit to themselves or their institution, that physicians must take responsibility for their individual medical decisions and must not alter their sound medical judgment on the basis of instructions contrary to medical considerations, that the physician must respect the dignity and autonomy and rights of the patient to accept or refuse care, the physician must provide informed consent at every stage of care, and the physician must put the patient's health and well-being first and must strive to prevent or minimize harm or potential harm to the patient).

<sup>107</sup> See Milgram, Stanley, "Behavioral Study of Obedience," *Journal of Abnormal and Social Psychology*, 1963, [https://www.psy.miami.edu/\\_assets/pdf/rpo-articles/milgram-1963.pdf](https://www.psy.miami.edu/_assets/pdf/rpo-articles/milgram-1963.pdf).

<sup>108</sup> See Brandon Drey, "'Wouldn't Do Anything Different': Dr. Peter McCullough Unbowed After Winning Legal Case," *The Daily Wire*, February 2023, <https://www.dailywire.com/news/wouldnt-do-anything-different-dr-peter-mccullough-unbowed-after-winning-legal-case>; See Marlene Lenthag, "Suspended Texas Doctor who Promoted Ivermectin as Covid Treatment Resigns from Hospital," NBC News, November 2021, <https://www.nbcnews.com/news/us-news/suspended-texas-doctor-promoted-ivermectin-covid-treatment-resigns-hos-rcna5833> (about Dr. Mary Bowden);

following orders, and purging the medical community of all physicians who were committed to providing adequate patient care.

### 1. CRUELTY TO PERSONS WITH INFIRMITIES, SIMPLE BATTERY OF PERSONS WITH INFIRMITIES & BATTERY

The elements of Cruelty to Persons with Infirmities are:

- the Defendant(s) acted intentionally or with criminal negligent mistreatment or neglect, including by a caregiver<sup>109</sup>
- the Defendant(s) cause unjustifiable pain, malnourishment, or suffering to the victim
- the victim(s) is a person with an infirmity, an adult with a disability, or a person who is aged<sup>110</sup>

La. R.S. 14:93.3.

The elements of Simple Battery of Persons with Infirmities are:

- the Defendant(s) committed a battery,
- the Victim of the battery is a person who is infirm, has a disability, or is aged,
- the Victim is incapable of consenting to the battery due to either of the following:
  - advanced age, OR
  - unsoundness of mind, stupor, abnormal condition of the mind, or other mental or developmental disability, regardless of the age of the victim

La. R.S. 14:35.2.

The elements of Battery<sup>111</sup> are:

- the Defendant(s) acted intentionally,
- the Defendant(s) uses force or violence upon the person of another, OR
- the Defendant(s) intentionally administer a poison or other noxious liquid or substance to another.

La. R.S. 14:33.<sup>112</sup>

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See Rissa Shaw, “Some Central Texas Healthcare Workers Quit, Fired as Vaccine Mandates Take Effect, KWTX, November 2021, <https://www.kwtx.com/2021/11/23/some-central-texas-healthcare-workers-quit-fired-vaccine-mandates-take-effect/>; Dr. Pierre Kory, “Four Things I Learned Treating Patients and Fighting for Medical Freedom in 2021,” *Substack: The FLCCC Alliance Community*, December 2021, <https://flccc.substack.com/p/four-things-i-learned-treating-patients>; Dr. James Miller, “An Honest Doctor’s Experiences on the Front Lines During COVID-19,” *Substack: A Midwestern Doctor*, April 2023, <https://www.midwesterndoctor.com/p/an-honest-doctors-experiences-on>; See Marlene Lenthang, ABC News, “Hundreds of Hospital Staffers Fired or Suspended for Refusing COVID-19 Vaccine Mandate,” September 30, 2021, <https://abcnews.go.com/US/hundreds-hospital-staffers-fired-suspended-refusing-covid-19/story?id=80303408>; See contra., Politico, “Medical Boards get Pushback as They Try to Punish Doctors for COVID Misinformation,” February 1, 2022, <https://www.politico.com/news/2022/02/01/covid-misinfo-docs-vaccines-00003383>.

<sup>109</sup> “Caregiver” for purposes of this section is defined in La. R.S. 14:93.3(B).

<sup>110</sup> “Aged” is any individual sixty years of age or older. La. R.S. 14:93.3(C).

<sup>111</sup> A similar argument can be made for Second Degree Battery pursuant to La. R.S. 14:34.1, as the Accused involved who were medical providers did not obtain proper informed consent from the victims who were their patients.

<sup>112</sup> A similar argument can be made for Aggravated Battery pursuant to La. R.S. 14:34, or Second Degree Aggravated Battery pursuant to La. R.S. 14:34.7, wherein a battery is committed with a dangerous weapon and the offender intentionally inflicts serious bodily harm. Louisiana Courts have explained that determining whether a weapon is dangerous is a factual question for a jury, considering facts such as the character of the weapon, by whom and upon whom it is used, and in what manner it is used. *State v. Pamlington*, 979 So.2d 648, 654 (La. Ct. App. 2<sup>nd</sup> Cir. 2008)(referencing *State v. McClure*, 793 So.2d 454 (La.App. 2d Cir. 2001); *State v. Taylor*, 485 So.2d 117 (La.App. 2d

As explained above, the healthcare facilities and providers, at the direction of hospital administrators, assumed care/custody of victims after separating them from their loved ones and patient advocates. Once the victims were patients at their facilities, the Accused hospital administrators and their providers had a duty of care to the victims.

The Accused actively encouraged or required caregivers and healthcare providers and families of the victims, in particular the elderly and disabled, to commit acts that resulted in or could reasonably be expected to result in physical or psychological injury, pain, and suffering to an elderly or disabled person. The Accused *intended* for their policies and protocols, as well as their intentional dissemination of false information<sup>113</sup> in media and news outlets and public false statements to result in the isolation<sup>114</sup> and harm of the elderly and disabled. These protocols included: a) giving elderly and disabled patients remdesivir and putting them on ventilation, *specifically when* the victims had expressly rejected these “treatments” and when the victims did not give informed consent<sup>115</sup>, b) giving elderly and disabled patients emergency use only “vaccines” without informed consent or the circumstances to provide informed consent due to the Accused’s intentional misrepresentation, c) preventing elderly and disabled patients access to alternative, patient-requested treatments,<sup>116</sup> and d) forcibly separating elderly and disabled patients from their families and patient advocates indefinitely, such that they were killed in isolation and often without being able to say goodbye to their loved ones. As detailed above, the Accused’s actions clearly caused physical and psychological injury to the victims, most of whom were 60 years of age or older.

Further, even outside the hospital setting, the Accused’s lies and misstatements about what healthcare options are helpful or harmful also incited businesses, groups, organizations, and families to isolate unnecessarily, which perpetuated and exacerbated the elder abuse – inflicting serious psychological injury, bodily injury, and in many cases death.

Based on the Accused’s knowledge prior to July 1, 2021, including CDC public guidance (which includes their cited medical studies from the 1980s to the present),<sup>117</sup> as well their specific knowledge

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Cir.1986). Further, numerous everyday items have been held to constitute a "dangerous weapon," in the manner used, including a stick, an ink pen, rum, a tennis shoe, and a metal pipe. *State v. McClure*, supra; *State v. Johnson*, 598 So.2d 1152 (La.App. 1st Cir.1992), writ denied, 600 So.2d 676 (La.1992); *State v. Malhiot*, 41,175 (La.App. 2d Cir.8/23/06), 938 So.2d 1158, writ denied, 2006-2352 (La.4/27/07), 955 So.2d 682; *State v. Munoz*, 575 So.2d 848 (La.App. 5th Cir.1991), writ denied, 577 So.2d 1009 (La.1991); *State v. Tyner*, 41,937 (La.App. 2d Cir.2/28/07), 953 So.2d 865. Therefore, an argument could be made that the forceful use of non-consented to substances through IV delivery that caused organ failure and eventually death would fulfill the requirements of this statute.

<sup>113</sup> This evidence also supports potential charges for La. R.S. 14:126.1, False Swearing for Purpose of Violating Public Health or Safety. The Accused, specifically those who were hospital administrators and healthcare providers incorrectly inflated the reported deaths and severity of effects on hospitalized COVID patients in both their reports to federal and state government agencies and to media and civilians. This included falsely identifying individuals as having COVID-19 or mis-documenting their cause of death as COVID-19 rather than conditions such as gunshot wounds or cancer or other superseding causes of death. These false and misleading reports caused government agencies to take action in reporting incorrect data as part of the Accused’s misinformation scheme and affected government financial payouts inappropriately. See also *Supra*, Terrorism & Murder section.

<sup>114</sup> See *supra*. Murder Section & Racketeering Sections; and see Cacioppo, et. al., 2015, “The Neuroendocrinology of Social Isolation,” *Annual Review of Psychology*, Jan 2015, 66(733-67), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5130104/>.

<sup>115</sup> See also La. R.S. 40:1159.7, Right of Adult to Refuse Treatment as to His Own Person Not Abridged.

<sup>116</sup> See AP News, “Louisiana Hospital: Ivermectin Court Order Invites Lawsuit,” October 4, 2021, <https://apnews.com/article/coronavirus-pandemic-louisiana-new-orleans-lawsuits-health-dd521e9ec5fdb4c91981b6e6ca6d0f43> (64-year old victim, Charlotte Ratley, died one day after her family had to obtain a court order to require the hospital St. Tammany Health System to either provide her, or allow her daughter a licensed physician assistant provide her with ivermectin which she had been prescribed and requested, but was denied by the hospital administrators and healthcare providers.)

<sup>117</sup> Centers for Disease Control and Prevention, “Health Risks of Social Isolation and Loneliness,” <https://www.cdc.gov/emotional-wellbeing/social-connectedness/loneliness.htm>.

regarding the results of their COVID protocols, they will not be able produce evidence that they “had reasonable cause to believe that [their] action was necessary to protect the elderly person or disabled adult from danger to his or her welfare.”<sup>118</sup> The isolation and masking protocols forced upon Louisianans by the Accused were *known to be* scientifically unnecessary and even detrimental.<sup>119</sup> Specifically as noted *supra*, the Accused *knew* that the use of unnecessary masks were abusive actions to elderly Louisianans by making it difficult to breathe, making it difficult to communicate (especially for those with hearing loss), and contributed to social isolation, which the Accused *knew* would cause psychological suffering, deterioration of physical condition, and eventually an accelerated death.

None of the Accused had any legal authority to force *participation* of victims in the unlicensed “vaccination” for COVID-19, and use of pharmaceuticals like remdesivir. 21 U.S. Code § 360bbb-3. While the Accused held positions of authority in the US government to perform certain actions, many of the Accused have not been sworn into office in accordance with law pursuant to 5 U.S. Code §§ 3331, 3332. Therefore, all of their actions while in office are *ultra vires*.<sup>120</sup> Even for those who have appropriately taken their oaths of office, the Accused acted with intent to cause harm or reckless disregard for the likelihood of creating harm against Louisianans, and acted clearly beyond their authority and in violation of their oaths.

The federal Accused undertook a duty to the citizens of Louisiana through their actions of mandating and enforcing uniform healthcare policy upon Louisianans and making countless knowingly false and misleading public and published statements that were used to coerce Louisianans healthcare options and decisions. Fauci was recognized as “America’s Doctor,” and his medical advice, mandates, and guidance to the citizens of Louisiana arguably place him in the role directly as one who has assumed a legal duty to act or provide care, for the purposes of this statute. This same logic can be extended to all of the Accused, as they all were “serving” in public roles to provide healthcare and medical guidance to Louisianans and then used their authority to force compliance with their “guidance” and “recommendations”. They abused their influence, the responsibility they assumed, and their governmental power and administrative authority, forcing victims to endure lethal protocols through Accused hospital administrators.

All the individuals listed in **EXHIBIT A** have died as a direct result of the enforcement of uniform healthcare protocols and “countermeasures” designed and effectuated by the Accused. Three of the 9 named victims were aged 60 or older.

Linda Meyers’ story is one that illustrates how the Accused hospital protocols caused torturous suffering before death, in particular of the aged. Linda was 79 years old when she died. Linda was initially taken to a hospital for being weak and incoherent, but once admitted, was diagnosed with COVID. The hospital began administering the standardized COVID protocol to Linda, including giving her remdesivir without her or her family’s informed consent. A few days after she was admitted, the hospital staff attempted to have Linda and/or Linda’s family enter a DNR for her, and they refused because it was not in accordance with her wishes. Her daughter was told that she was not allowed to visit, but on the one occasion she was able to speak to Linda on the phone, she discovered that she was not in her right mind and that she had been receiving remdesivir without their knowledge or consent. During her hospital stay, she had/developed a wound (pressure sore) on her back. Eventually, despite the hospital’s attempts to hold her and place Linda on a ventilator, her family obtained her discharge.

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<sup>118</sup> See Statement made by Anthony Fauci, March 8, 2020, <https://www.youtube.com/watch?v=15FY58I5RQ0> (he and the federal government knew that masks would not protect anyone because it is airborne); See Statement by Rachel Maddow, 2020, <https://www.youtube.com/watch?v=15FY58I5RQ0> (she and the federal government know that masks will not protect people from infection).

<sup>119</sup> Jefferson, *et. al.*, *Cochrane Review*, “Physical interventions to interrupt or reduce the spread of respiratory viruses,” January 30, 2023, <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub6/full>.

<sup>120</sup> See fnnt 2; individuals identified in the Quo Warranto suit include, but are not limited to, Rochelle Walensky, Xavier Becerra, Janet Woodcock, Robert M. Califf, Merrick Garland, Kamala Harris, and Antony Blinken.

Despite the hospital's promise to follow up with wound care, her family had to take her to the emergency room. When she was re-admitted to the hospital, they discovered that not only had her organs shut down, but that the wound on her back had metastasized from neglect by the hospital providers, eating away over 30% of her back. The Slidell Memorial Hospital only gave Linda medical counter measures for which they received a financial benefit, which did not include her pressure sore or any other health needs. Three days after her death, her daughter Susan's husband also died from the COVID protocol. See *supra* Manslaughter; See **EXHIBIT B**.

## 2. FALSE IMPRISONMENT & SECOND DEGREE KIDNAPPING

The elements of False Imprisonment are:

- the Defendant(s) acted intentionally;
- the Defendant(s) acted to confine or detain another person; and
- the Defendant(s) did so without the victim's consent or proper legal authority

La. R.S. 14:46.

The elements of Second Degree Kidnapping are:

- the Defendant(s) acted to kidnap, meaning:
  - the imprisoning or forcible secreting of any person, or
  - the enticing or persuading of any person to go from one place to another, etc.; &
- the Defendant(s) did the above wherein the victim is:
  - used to facilitate the commission of a felony,
  - physically injured, or
  - imprisoned or kidnapped for seventy-two or more hours, etc.

La. R.S. 14:44.1.

Louisiana Courts have found that "imprisoning" as used in second degree kidnapping, and "confinement" used in false imprisonment are synonymous. See *State v. Pamilton*, 979 So. 648 (La. App. 2D Cir. 2008)(referencing *State v. Arbuthnot*, 625 So.2d 1377 (La. App. 1<sup>st</sup> Cir. 1993)). Further, the Louisiana Courts have held that the statutes do not require imprisonment for a minimum period of time or that the distance traveled during the forcible seizure be of any particular length. *State v. Arbuthnot*, 625 So.2d 1377, 1384 (La. Ct. App. 1<sup>st</sup> Cir. 1993)(referencing *State v. White*, 593 So.2d 882, 887 (La. Ct. app. 2<sup>nd</sup> Cir. 1992)).

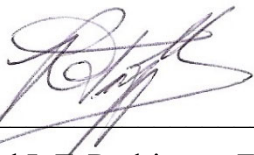
As explained *supra*, the Accused lied to the civilian population and enticed or persuaded individuals either to submit to treatment in healthcare facilities in Louisiana, or following admission to healthcare facilities, to be moved within the hospital and isolated from their families and patient advocates, incapable of either leaving or being discharged in accordance with their wishes, even when the victims requested to be released Against Medical Advice, as is their legal right. The Accused hospital systems and providers, at the direction of the other Federal Accused, refused to provide effective treatment to their victims' COVID-19 infections, instead only giving the victims substances or treatment/countermeasures without informed consent that would cause harm and likely kill them, (including remdesivir), receiving financial incentives for these countermeasures. See **EXHIBIT E**. The Accused thus imprisoned or confined the victims and caused the victims physical injury, perpetrated

felonies such as Terrorism, Murder, Human Trafficking, and Racketeering, and/or kept many victims imprisoned for at least 72 hours on ventilators, against their wishes, for monetary gain.

## **V. CONCLUSION**

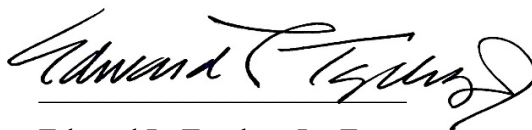
On behalf of residents of the State of Louisiana and constituents of Attorney General Murrill, we respectfully request that this Office thoroughly investigate the evidence presented herein. Presuming sufficient evidence, we request that the Office pursue indictment and prosecution under Louisiana criminal law of Anthony Fauci, Cliff Lane, Francis Collins, Deborah Birx, Rochelle Walensky, Robert Redfield, Stephen Hahn, Peter Daszak, Rick Bright, and the Louisiana healthcare and hospital system Administrators, including but not limited to FMOLHS and Ochsner Health, and any other appropriate defendants, for their crimes against Louisianans.

We request that you provide justice to their families. Many of these victims have no other avenue for remedy for their egregious injury, and they are looking to Louisiana to stand with them. We request that you use your authority, as elected by the people of Louisiana, to make the truth of the people's suffering known and pursue justice on their behalf.



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Rachel L.T. Rodriguez, Esq.  
Founder, Vires Law Group, PLLC  
515 N. Flagler Dr., Suite 350  
West Palm Beach, FL 33401  
Phone: (561) 370-7383  
[rrodriguez@vireslaw.group](mailto:rrodriguez@vireslaw.group)



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Edward L. Tarpley, Jr., Esq.  
Edward L. Tarpley, Jr.,  
A Professional Law Corporation  
819 Johnston Street  
Alexandria, LA 71301  
Phone: (318) 487-1460  
[ed@edtarpley.com](mailto:ed@edtarpley.com)



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Mimi Miller, Esq.  
Of Counsel, Vires Law Group, PLLC  
515 N. Flagler Dr., Suite 350  
West Palm Beach, FL 33401  
Phone (561) 370-7383  
[mmiller@vireslaw.group](mailto:mmiller@vireslaw.group)