I, James P. Miller, M.D., hereby state, under penalty of perjury pursuant to 28 U.S.C. § 1746:

1. I have an M.D. from the Loma Linda University School of Medicine, 2000. I completed a residency in general surgery from UCSF Fresno in 2006. I practiced as a general surgeon, trauma surgeon, and critical care doctor until 2022 when I retired from surgery and critical care. Following my retirement, I now practice as a primary care provider. I certify that I am board certified with the American Board of Surgeons and the National Board of Physicians and Surgeons.

2. I attest that the below is an attestation of my witnessing aspects of a criminal collusion in part by hospital leadership, with federal authorities, to harm the well-being of Americans during the COVID crisis. I further attest that I also observed the established and long-standing groundwork of the wanton institutional corruption of the medical and healthcare communities, especially in hospitals, and will attest to examples I saw and experienced of this corruption in advance of the COVID crisis.

3. Beginning in 2014, I was hired as a senior surgeon on the Trauma and Acute Care Surgery team at the Providence Regional Medical Center Everett (PRMCE). The hospital physicians at the PRMCE became technically hired/managed/paid by the Providence Medical Group, which evolved into an inseparable group. I held many leadership roles at this hospital including being the Interim Director of the Trauma and Acute Care Surgery team.

4. By 2015, I was the highest producer on the team. This meant that I operated more than the other surgeons on the team, had the best patient outcomes, made the hospital the most money, and had some of the least patient complications of all the Trauma and Acute Care Surgeons. This remained true for the remainder of my employment – through the beginning of 2022. I was considered an excellent surgeon and was frequently consulted on to care for prominent individuals in the community and staff and their families, even on days when I was not working or on call.

5. Prior to the COVID-19 pandemic, another senior physician, who had been the director of the Trauma and Acute Care Surgery team, was removed from his position, largely for poor performance, although being well connected in the local and medical communities. Following his exit, despite my initial protests, I eventually accepted the role as the Interim Director of the Trauma and Acute Care Surgery Team/General Surgery Team until a permanent director could be found. After the hire of the new director, the physician who left reapplied for a position and was denied, due to below standard performance. Following this, I was made a target by a number of nurse leadership and hospital leadership administrators who had been personal friends or family with the former director because while I was the interim director, the standards for the surgeons on the team increased to require more productivity and better case outcomes than were previously required. I was then retaliated against. This included at least one nurse manager sending email(s) and other requests to nursing staff requesting nurses to watch me and file complaints against me. Following this, there were at least eleven (11) false complaints filed against me, submitted over the course of two (2) weeks, all of which were proved baseless and unfounded during the official investigation processes. The accusations of unprofessional

behavior ranged nearly the entire spectrum of false accusations that could be grounds for discipline/firing – and were all determined to be unfounded and disproved. I was then informed by the hospital administrators that should any issues arise between myself and any other nurse or provider that I needed to involve leadership immediately due to the multitude of complaints against me.

6. I attest that I was forwarded a copy of the notice emailed to the nursing staff to file complaints (true or not) against me to my work email. The email was by senior nurse leadership and stated "we need to get Dr. Miller." I then observed that shortly thereafter, the hospital administration had accessed my work email and deleted the email from my inbox and records. I further attest that I observed other critical emails received to my work email to be removed and unrecoverable following hospital administrators becoming aware that I had the documentation.

7. An example of one of these baseless complaints, I was informed that the hospital administrators believed I had performed a racist act against a maintenance man in the hospital, however, the maintenance man did not file any complaint against me. Nonetheless, an inquiry hearing was convened by the hospital administrators, to include: Lisa George, Darren Redick, and Jay Cook, they could not provide me with any details of what I had said or done that was racist. They did inform me that my allegedly "racist" actions to this maintenance man, were caught on video camera. When I requested to see the video, they informed me that it had been deleted the day before our "emergency" hearing, but they did show me a still photo of me waving hello to a maintenance man in a hallway. When I informed them that they had no proof of my doing anything inappropriate, because nothing inappropriate had happened, they became angry and told me that I needed to sign paperwork apologizing for my alleged (and non-existent) racist misdeeds. This type of paperwork is often then used by hospital administrators to end the careers of successful and ethical physicians. I refused to sign any paperwork. I also informed them, at a tense meeting where I was allowed no representation, that I was of the same racial/ethnic group as the maintenance man they alleged I had offended, who again had never filed a complaint against me and who never alleged that I said or did anything inappropriate or improper. The administrators had to drop these allegations but later brought other false accusations forward.

8. I further attest that individuals received promotions following their participation in these types of baseless campaigns to impede ethical physicians and providers in providing the best care to patients they could. For example, at the time of the above meeting, Darren Redick, was the Chief Facilities Officer. Shortly thereafter, Darren Redick was promoted to the Chief Executive Officer of the hospital, despite his relative lack of qualifications for this new role compared to the other candidates. Shortly before this meeting, Jay Cook had been promoted from the Chief of Surgery to the Chief Medical Officer of the hospital, and had been involved in similar destructions of other physicians' careers just prior.

9. I attest that I observed the Chief of Surgery falsify medical records that resulted in his and the hospital's financial gain and inflicted patient harm to cover over a malpractice case involving a future business alliance. I reported this through the hospital's internal quality channels and am not aware of any legitimate investigation or action as a result of this fraud and patient's harm. I

am aware that false accusations were brought against me following my report of these illicit activities.

10. I attest that I am aware of and know other physicians from multiple hospitals who have undergone similar campaigns against their jobs and licenses when they are unwilling to stay silent about unethical and criminal behavior by their hospitals and hospital administrators.

11. These campaigns by hospital administrators to purge their communities of ethical providers have been, and are, often successful.

12. In February 2020, the first documented COVID-19 patient in the United States was admitted to the Everett Hospital for treatment.

13. As a trauma and acute care surgeon, I provided care for many patients who tested positive or had symptoms of COVID-19 infection.

14. I attest that in late February or early March 2020, I had a meeting with Stephen Campbell, the Chief Medical Officer of the Providence Medical Group, because I was in leadership roles at the hospital and in the medical group. Campbell informed me that the CDC had sent us a powerful antiviral since we had the first diagnosed COVID patient in the United States at our hospital. He then related to me inaccurate representations about this allegedly powerful antiviral, specifically about the functionality and effectiveness of what was understood to be remdesivir, which was given to the hospital as compassionate use directly from the CDC. I am aware that Stephen Campbell had similar meetings with other physicians in leadership. This appeared to be part of an effort by the hospital administration, due to their relationship with the federal health agencies, to incite physicians in leadership to have misunderstandings about COVID therapies and their effectiveness and to have us expecting/waiting for a "magic" medicine that had immediate efficacy from the government. In practice, remdesivir did not have the positive effects I was told and was instructed to anticipate.

15. On or about March 2020, I discovered a series of fraudulent behavior and activities, culminating in medicare fraud which was being conducted by a number of providers at the Everett hospital, to include at least one hospital administrator, and with the approval of the Chief Medical Officer of the hospital. When I alerted these individuals that they were committing fraud, they indicated that it was not an accident and they would not be stopping their behavior. I reported the fraud to local then federal authorities in compliance with CMS/medicare mandates. Following this, the hospital administrators attempted to fabricate grounds to fire me, take action against my state license, and remove me from the medical community because I would not stay silent when I observed criminal behavior that was unethical and violative of the oaths, practices, and policies of appropriate healthcare. However, no formal charges were ever brought against me, only threats.

16. On or about March 17, 2020, our hospital reached its inflection point for the COVID-19 pandemic. Which meant the numbers of COVID positive patients dying and admitted to the hospital were declining after this date and there was no longer an emergency. This was not reported publicly, instead the hospital leadership participated in fear propagation, artificially

inflating their publicized numbers of COVID patients and COVID-caused deaths, and erroneously collecting federal aid for a problem that was not actually there. Following this date, when assessing COVID numbers under the actual patients that were seen and treated, the pandemic and urgency of COVID medical services was ended in our community in Washington State. There were still COVID infections, but there was not a crisis of resources. In fact, there was never a crisis of resources during the coronavirus "crisis" in our hospital, but there was a lot of press about our alleged lack of resources.

17. On or about July 2020, I was working and in the hospital Intensive Care Unit (ICU). At this time, there were so few patients in the ICU that nurses were being sent home due to the low census. At one point during the shift, myself and multiple other providers and nursing staff were sitting and drinking coffee at the nurses station because we had completed all the work there was to do at that time and no patients needed assistance. Whilst we were sitting at the nurses station, a news article was seen that had been published in a local newspaper indicating that the hospital, specifically our ICU, was overrun with a flurry of COVID-19 patients which was causing difficulties for the hospital's function. This was obviously the opposite of the truth as we were currently sitting in the ICU and it was only approximately 30% full. However, another physician sitting with me at the nurses station, who was an ICU director, began to panic after reading the article that we had to respond to the crisis and immediately called leadership and began strategizing with hospital administrators to deal with the crises that existed only in the news. The hospital administrators then escalated the poor care and civil rights violations which were occurring to patients and members of society through their promotion and publication of statements to the community that provided and amplified false and misleading information of patient volumes and outcomes. I attest that this instance is reflective of the broad-sweeping inappropriate and unscientific responses to clearly false and misleading information that hospital administrators engaged in during the COVID-19 pandemic.

18. I attest that on or about early November 2020, I consulted with our own on call infectious disease team regarding a young healthy female patient who had early onset COVID-19 symptoms who had been in a car crash. Aside from her fractures she was healthy and expected to have a complete recovery. According to the CDC recommendations and hospital policies, this patient was a perfect candidate to be given remdesivir. However, when I brought this case to the infectious disease physician, he indicated that my patient "seemed like a nice girl" and to therefore not give her remdesivir. This indicated to me that our infectious disease physicians were well aware of the harmful effects of remdesivir from the beginning, and that to give it to a "nice" patient was to very likely inflict unnecessary harm upon them and that, at least the local infectious disease team, was not willing to hurt this patient – in distinction to how they provided "care" and "treatment" for less likeable patients.

19. I attest that on or about May 2021, I spoke to George Diaz, the head of Infectious Disease at my hospital. Diaz explained to me that he believed that any individual who is unvaccinated (to COVID) should not be permitted to engage in society or have a driver's license. He expressed support for the idea that unvaccinated people deserved less access to societal resources, including preventative medical care and transportation. When I informed him

this disregard for human life, suffering, and civil rights was likely to incite a violent protest, he expressed approval and excitement at the prospect. He told me that he was working with the Washington State Governor's Office to enact these ideas. He was frequently on local news television at this time and was responsible for informing the public about COVID, infectious disease, and recommended health policy.

20. I attest that on or about July 2021, there were individuals at my church who spoke to me about being denied or not provided appropriate care at the Emergency Room, their primary care providers, and urgent care for either being unvaccinated for COVID-19 or requesting alternative treatment for COVID-19. These included people that had healthcare conditions that needed to be actively managed by licensed healthcare providers and to have prescriptions filled, for example, diabetes medicines. However, the healthcare providers refused to provide any care to these individuals, indicating that because they chose to be unvaccinated or request alternative treatment, they "clearly knew more" than doctors and could manage their own healthcare and medications on their own, which is obviously cruel for people dependent on medications for their well-being and a violation of their duties as doctors and fiduciaries.

21. I attest that on or about July 2021 (immediately after I heard of this from a fellow congregant at my church), I spoke to the Chief Medical Officer of the Providence Medical Group, Stephen Campbell, to discuss the refusal of necessary medical care to unvaccinated patients. In this conversation, I asked him about patients being illegally denied appropriate healthcare due to COVID-19 vaccination status or requests for alternative treatment. Campbell explained that this was correct, and in his mind, is the only appropriate option for how a medical group should conduct itself in regards to the unvaccinated or those requesting alternative treatments. His logic was that it was necessary to 'keep the staff safe', which is contrary to the oaths taken by him, and every other healthcare provider.

22. I attest that while I was employed at Providence Hospital in Everett, new monoclonal antibodies were provided to hospitals for use for COVID-19 positive patients to help cure them of their infections and reduce any symptoms. I attest that according to numerous studies and first-hand accounts, it was widely reported that these monoclonal antibodies were effective.

23. It was heavily advertised at the time that our hospital had an ongoing trial where they provided monoclonal antibodies to drug addicts to treat amphetamine addictions. When the COVID monoclonal antibodies were sent to hospitals, the Providence Everett Hospital made it opaque which monoclonal antibodies the patients were receiving. It appeared that many COVID patients were unable to obtain monoclonal antibodies, whereas no amphetamine addicts were denied monoclonal antibodies to treat their addictions. Due to the hospital's opaqueness, it was believed among many of the providers that the COVID monoclonal antibodies were likely being diverted to the addiction study, rather than given to the COVID positive patients who were vulnerable. This created confusion, disillusionment, and concern for patient care by many of the providers.

24. I attest I sent one patient to the ER to receive monoclonal antibodies for COVID as well as oxygen treatment, on or about November 2021, and she was sent home without appropriate

treatment, including monoclonal antibodies which was the standard of care, and ended up dying from her illness, while multiple amphetamine addicts received monoclonal antibodies to treat their addictions during the same time frame.

25. I attest that the Washington State recording system, hospital administrators, and those who updated the hospital documentation software, worked to falsely inflate the number of people who were reported dead as a result of COVID-19.

26. I attest that when I would be assigned a death certificate for a patient, the default was for the death to be labeled as resulting from COVID. I further attest that this default was cumbersome to change to the accurate cause of death for my patients.

27. I attest that the death certificates were phrased and presented in such a way that if there was a positive COVID-19 test result from a patient through the duration of their hospital visit, that their death was listed as a COVID death.

28. I attest that I observed patients who died from long-battled cancer, gunshot wounds, brain bleeds, etc. that their death certificates listed COVID-19 as the cause of death, instead of the actual cause of death.

29. For example, one of my patients was an elderly lady who had been in an institution, nursing home, for quite some time and was dialysis dependent due to her kidney failure. The patient fell and arrived at the hospital with a brain bleed and she initially tested negative for COVID. Then, the hospital repeatedly tested her for COVID-19 over multiple days until they obtained a COVID-19 positive result. She shortly thereafter passed away due to her brain bleed and her death was labeled a COVID death. When I attempted to rectify the false cause of death I was prevented from doing so.

30. I attest that due to the incentives and difficulty in correcting the patient diagnosis and death documentation, the number of patients advertised as suffering from and dying from COVID-19 was falsely inflated.

31. I attest that I told multiple hospital administrators and physicians that their refusal to provide ethical and legally required appropriate healthcare was wrong and criminal.

32. Following being informed that the unethical patient care was not a localized incident of one bad doctor, but in fact a county-wide practice, I obtained necessary licensing and insurance and opened a free clinic through my church that was open to all people. In this clinic, when I was not working at the hospital, I and a few nurses (one of whom is my wife) and ancillary staff, provided healthcare to individuals who were seeking basic healthcare management and were not vaccinated for COVID-19, as well as those seeking alternative treatments for health conditions whose patient autonomy was not being honored by other physicians.

33. Through the free clinic and associations made with it, I cared for over one hundred patients. Of all our patients that we provided care for, only one patient died. She passed away only after I sent her to the hospital ER for oxygen, she was denied oxygen and other care, and was sent home to die. At home, she became moribund and non-salvageable. The hospital ER

sent her home, and reflections from the family were that she was to die without care due to her status as unvaccinated for COVID-19.

34. Following this patient's preventable death, we obtained an oxygen concentrator through the church for use in our clinic and by our patients, and then a second one was borrowed. We were able to prevent hospitalization and death for other patients that came to our free clinic who required oxygen. All of our other patients recovered well.

35. I attest that myself and other individuals involved in the free clinic found compounding pharmacies who were willing to fill the valid prescriptions I prescribed to my patients for alternative COVID therapies, and therefore avoided me being reported to the State for these prescriptions; unlike the fate of other providers that used standard pharmacies.

36. I attest that some pharmacists at pharmacies in Washington State, refused to fill prescriptions issued by licensed physicians for certain drugs that were shown in the literature and practice to be effective in treatment and prevention of COVID-19 infection. I attest that these drugs included: ivermectin, hydroxychloroquine, and fluvoxamine.

37. I attest that these pharmacists and pharmacies are violating the doctor-patient relationship and practicing medicine illegally. I further attest that throughout the history of medicine, and my personal career, it is common and expected for physicians to prescribe medicines for unique or atypical medical conditions that the medicine or drug was not initially created for – often referred to as "off-label" prescriptions. This is a fundamental purpose of a physician, to creatively care for and treat patients as their needs develop and vary. I attest that throughout my career, I have observed that at least 30% of the prescriptions I have written are for "off-label" or non-FDA approved purposes. This is typical of physicians with my training and experience.

38. I attest that one of the patients who came to my free clinic received a prescription for fluvoxamine to treat a post-COVID condition. This medication is most commonly prescribed as an anti-anxiety or obsessive-compulsive disorder (OCD) medication. I prescribed this medication to this patient for 2 weeks, rather than a typical course of 6 months, and it was prescribed at a low dose. Because it was dosed at such a low dose and short course, a pharmacist at a Big Box pharmacy threatened to report me to the Washington State Board of Medicine, to complain about my practice of medicine, indicating a belief that action should be taken against my license to practice as a physician due to this single prescription. I attest that the patient had a complete recovery after the 2 week course of low dose fluvoxamine which she had to obtain from another pharmacy.

39. I attest that the Washington State Board of Medicine has not taken any action against my license to practice. I further attest that I have not had any action against my medical license in any of the other states I have practiced either.

40. I attest that on or about January 14, 2022, I resigned in writing from my job at the Everett Hospital/Providence Medical Group.

41. I attest that four (4) days after I resigned from my position, while looking for a new home in Florida, the hospital administrators initiated a renewed campaign against me to attempt to prevent me from being able to maintain my existing medical licenses or obtain a medical license in any other state. This was done through a process that has begun to be referred to as a 'sham peer review'. I also attest that the rumor amongst the staff and physicians, is that this campaign was initiated against me due to the work I did with the unvaccinated through my church and free clinic – rather than any work I did associated with or at the hospital. Rather than bring charges of below standard of care, behavior, or ethics, I was accused of a micro-aggression.

42. I attest that I received documentation following a meeting with Stephen Campbell, Jenny Hobbs, Kirstine Oh, Mark Papenhausen, and Rick Shea that there was to be a formal investigation about me opened for violations of the code of conduct as I had allegedly hurt people's feelings and had therefore apparently committed "microaggressions" while interacting with staff and other providers. This investigation was primarily based upon a nurse having her feelings hurt, i.e. a "microaggression." I had asked this nurse to open the OR (operating room) and not inappropriately prolong unnecessary patient suffering.

43. I attest that the hospital administrator's campaign and "investigations" against me in 2022 were formulated on accusations of a "microaggression," not on a bad patient outcome, patient harm, staff harm, inappropriate language, or inappropriate or sub-standard of care medical decision making.

44. The crucial microaggression I was accused of committing, that they believed to be so egregious that my career as a physician should be forcibly ended, is that I asked an OR Charge Nurse to stop watching cat videos on her phone because there was a patient who urgently needed surgery for intestinal ischemia and she was not performing her job duties, instead choosing to watch videos on her phone with the entire operating team, while all of the operating rooms (ORs) stood empty and no operations were being performed. Due to hospital contracts, the hospital was required to maintain full staff for at least 2 OR rooms to be available for surgery 24/7 to maintain the hospital's trauma designation – the OR nurse manager was watching social media videos with the staff required to run these 2 OR rooms as mandated by the hospital contracts. The patient had already been waiting over 9 hours after being scheduled for his operation to untwist his intestines and prevent intestinal gangrene. The result of her conduct in delaying the surgery caused unnecessary suffering to the patient. He became further in danger of suffering serious physical harm (including death) if his surgery was delayed further. Because my request to the nurse to fulfill her job duties "hurt her feelings", the hospital administrators accused that I may have created a "hostile workplace" for the nurse. The hospital then determined that I needed to be investigated, and if possible, have my privileges suspended and the official action of suspension reported to the state medical board wherein it was expected they would revoke my medical license.

45. I attest that two concurrent investigations were opened based upon the allegation of this crucial "microaggression", one by the Providence Everett Hospital and one by the Providence Medical Group. I underwent countless interviews, unofficial hearings, background checks, and

reference checks as part of their "investigations." It was apparent that the process was the punishment.

46. As part of the hospital's "investigations" I was told to no longer come in to work during the concurrent investigations. This included logging in from my work computer or being allowed on hospital grounds. My colleagues were told by the hospital that they should not speak to me in a personal or professional capacity, if they valued their jobs.

47. I attest that while I was the subject of the hospital administrator's inappropriate and baseless investigations, I was refused communication with my colleagues, including refusals to: exchange emails, exchange text messages, or be seen with me in public. The Head of the General Surgery group and the most senior surgeon in the hospital both communicated to me that they knew I had done nothing wrong, but they had to stay distant from me as they could not handle the pressure that was placed on me and they could not withstand being targeted in the same way.

48. I attest that I requested, on four (4) occasions, that the hospital provide me with a fair hearing for these accusations and investigations, for my alleged "microaggression" - my requests were denied. Specifically, my requests were denied by Jay Cook – the Chief Medical Officer of the hospital, Mark Papenhausen – the Chief of Surgery of the hospital, Kirstine Oh – Head of the Medical Surgery Quality Review Committee, and Tom Robey – the Head of the Safety Review/Credentialing Committee.

49. I attest that the hospital provided me documentation that I was "suspended" due to their incomplete investigation. I attest that I retained a whistle-blower attorney who provided the hospital administrators with a letter. I attest that following their receipt of my attorney's letter, I was informed that I was at no time "suspended" by them, and that even though the paperwork they gave me had said "suspended" it did not mean that I was actually suspended and that no official action had been taken against me by them. I attest that the hospital administrators, specifically Mark Papenhausen, the Chief of Surgery, explained to me that because I was not actually suspended, I could not be reported to the state, or any potential future employers, for any alleged violation of my medical license. He further explained that because I was not actually suspended, I could not sue them or have a "fair hearing" during all of their investigations against me. However, the hospital administrators only provided this explanation following the letter from my attorney and after improperly and illegally preventing me from obtaining employment from at least one hospital in another state.

50. I attest that it was approximately 1 month after I had sold my property in Washington State, and had already purchased a home in the State of Florida, that the Everett hospital, and the separate Providence Medical Group administrators informed me that the allegations of "microaggressions" in their two concurrent investigations were determined to be unfounded and I was expected to return to work within the week.

51. I attest that I was told by the Chief of Surgery, Mark Papenhausen, that even though I was exonerated, if I committed – or was accused of – another "microaggression" i.e. I made someone feel sad or have hurt feelings at the hospital or medical group, I would be formally

suspended and reported to the state and national provider databases. This would in turn completely eliminate my ability to practice medicine in the United States ever again.

52. I attest that I informed the administrators that prior to returning to work, as they requested, a mediator would need to be involved to assist the team of 11 other surgeons – who were prevented from communication or interaction with me during the sham investigations – and myself, to repair the broken trust and rebuild necessary and appropriate workplace relationships to ensure safe team dynamics and patient care. Instead, the hospital and medical group paid out the rest of my contract – in excess of $100,000, rather than face or involve a mediator. Therefore, I did not return to work in Everett, Washington.

53. I attest that the hospital also offered to pay me a greater amount in a lump sum buy out, if I would sign a gag order. I did not accept their offer for a higher payout in exchange for my silence and can freely make these attestations.

54. I attest that I know many physicians and nurses, many of whom were the most experienced and qualified practitioners, who left the practice of medicine due to moral outrage, because of the patient harm that was done in the hospitals according to the COVID-19 hospital and healthcare protocols, not "burnout" as the hospitals and media reported. This includes approximately 2/3 of the surgical ICU nursing staff from the Everett hospital.

55. I attest that throughout my career, I have cared for well-over 100 patients who were symptomatic and/or tested positive for COVID-19.

56. I attest that I have reviewed hundreds of scientific studies relating to the use of hydroxychloroquine, ivermectin, masks, social distancing, fluvoxamine, vitamin D, zinc, quercetin, and COVID-related issues generally.

57. I attest that it is my professional opinion that early treatment of COVID-19 with ivermectin has positive patient outcomes.

58. I attest that it is my professional opinion that early treatment of COVID-19 with hydroxychloroquine has positive patient outcomes.

59. I attest that it is my professional opinion that exposure to or supplementation of vitamin D, i.e. sunshine, in the treatment of those with COVID-19 has positive patient outcomes.

60. I attest that it is my professional opinion that early treatment of COVID-19 with Zinc and Quercetin has positive patient outcomes.

61. I attest that there are multiple alternative treatments, i.e. treatments that have been suppressed and/or are not included in the U.S. Federal Health Agencies permitted treatments for COVID-19, that have positive patient outcomes for those with COVID-19 infection and are proven as such. I further attest that the U.S. Federal Government Agencies have enacted uniform mandates, disguised as recommendations, that prevent physicians from providing the best and individualized care for their patients, specifically relating to COVID-19 infection.

62. I attest that at one of the hospitals I worked at, due to my role in hospital leadership, I was sent by that hospital, on the hospital's expense, to a conference to be trained on the issue of

CMS compliance. I was taught that if a hospital or medical group was found to be non-compliant with CMS that it meant certain financial destruction and bankruptcy for that hospital or medical group. I further attest that at the Everett Hospital, other providers did knowingly wrong acts in an effort to be found compliant with CMS regulations.

63. I attest that federal health agencies, specifically CMS, directed the hospital care provided to COVID patients. I attest that the Chief Medical Officer, Jay Cook, would send out weekly to daily directives to the staff and physicians providing updates of the CDC and CMS requirements directed to the hospital administrators, and therefore the new requirements and conditions of our provision of care to maintain compliance. Every bit of care and policy relating to COVID-19 was directed, either implicitly or explicitly, by CMS and CDC. For example: the determination of when and how to implement masking, use of ventilators, PPE (Personal Protective Equipment) usage, vaccination of staff, vaccination education to patients, social distancing, shutting down all elective surgeries, etc. were all determined by the federal health agencies and forced upon the staff and patients by the hospital administrators – even when there was no scientific basis for the policies or requirements. Many of the notices of new requirements from Jay Cook included links to CDC guidelines, news/media stories, and press releases throughout the entire COVID crisis (over one year). I further attest that it was understood that you would lose your job and/or license if you did not maintain compliance with the unscientific and constantly shifting federal health requirements.

64. I attest that following the initiation of these daily to weekly new requirements from the federal health agencies, implemented by Jay Cook, the hospital's unanticipated mortality in indexed trauma surgery patients increased by more than 100% (doubled). I attest that the administration was confronted with this data and made no changes.

65. I attest that it is my professional opinion that masks were known to, and proven according to the scientific literature, to not be preventative for the spread of COVID-19, and other respiratory viruses long before mask mandates were initiated by state and federal officials and health agencies.

66. I attest that it is my professional opinion that social isolation was scientifically proven and known to not be sufficiently preventative or effective in reducing the spread of airborne viral infections, such as COVID-19. The insufficiency of social isolation for a pandemic of a viral infection was well proven and established by scientific literature before it was mandated by state and federal officials and health agencies, who forced these non-scientifically based policies upon Americans, in cahoots with the hospitals. Further, the institution of these policies of social isolation was known to, and has, caused massive social, developmental, health, and economic harm.

67. I attest that it is my professional opinion that masking and social isolation was known and is proven to cause significant harm to human beings, especially children, the elderly, and disabled, when implemented as it was by the U.S. Federal government and state governments.

68. I attest that since the dispersal of the COVID-19 vaccines and boosters, I have seen significant and novel patient conditions such as atypical myocarditis, immunological disorders,

and neurodegenerative disorders of varying degrees of severity that cause harm to my patients, which originated only after their receipt of the COVID-19 vaccines and boosters.

69. In March 2023, I began practice as a primary care provider in the state of Florida.

70. I attest that in my practice, as a primary care provider in Florida, I initially saw approximately two out of every twenty patients I provided care for daily had been injured by the COVID-19 vaccines and/or boosters. These injuries include myocarditis, neurodegenerative disorders, immunological disorders, among others. Many of my patients have been or are legally disabled and/or unable to continue performing their work duties following their receipt of, and injury from, COVID-19 vaccinations.

71. I attest that by utilizing alternative treatment and therapies, to include nattokinase, n-acetyl-cysteine, exercise, vitamin D, ivermectin, plasmalogens, berberine, and other treatments, many of which are over-the-counter, I have seen over 100 patients cured, or significantly improved, of their COVID vaccine injuries.

72. I attest that many of my patients have related to me that their other treating physicians have refused to treat them for vaccine injury or acknowledge any association between their illnesses and conditions and their receipt of COVID-19 vaccines, and therefore were not treated and healed from their suffering, in many cases for years.

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Dated: May 31, 2024

James P. Miller, M.D.

Prepared in consultation with: _____

Mimi F. Miller, Esq.