



BRIEF IN SUPPORT OF REQUEST FOR CRIMINAL INVESTIGATION AND PROSECUTION

Texas law and principles of morality and justice require holding accountable those who engaged in a cruel and unconstitutional state-wide campaign to abuse and kill tens of thousands of Texas' citizens, particularly the vulnerable & senior citizens.

Beginning in 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 Texas' citizens, in particular citizens over 65 years of age.

We present herein some of the current evidence publicly available to support an investigation into the Subjects identified below for a number of suspected crimes; in particular, we believe that if we were to aggregate public record evidence it would support *Capital Murder & Racketeering through Organized Criminal Activity* as the most readily provable offenses.

I. STATUTORY BASIS FOR INVESTIGATION

While not an exhaustive list, we believe that, at a minimum, there is probable cause to believe that following crimes have been committed by the Subjects referenced below:

- Capital Murder – Tex. Penal Code §19.03(a)(7)
- Murder – Tex. Penal Code §19.02(b)
- Manslaughter – Tex. Penal Code §19.04
- Trafficking of Persons – Tex. Penal Code §20A.02
- Participation in enterprise through racketeering or unlawful debt collection – Tex. Penal Code §72.04 by Engaging in Organized Criminal Activity – Tex. Penal Code §71.02
- Injury to a child, elderly individual, or disabled individual – Tex. Penal Code §22.04
- Abandoning or endangering a child, elderly individual, or disabled individual – Tex. Penal Code §22.041(c)
- Unlawful Restraint – Tex. Penal Code §20.02.
- While outside the scope of this recommendation, Texas prosecutors might consider reviewing state criminal code corollaries to federal criminal codes that were used in the past by the US Government while it still had a robust enforcement program against procurement fraud, grant fraud, research fraud, theft of honest services, money laundering, kickbacks and bribery.¹

When the evidence presented herein is validated by the Attorney General's investigation and/or upon discovery of additional incriminating evidence, it is requested that the evidence be presented to a Texas grand jury and the Subjects prosecuted to the fullest extent of the law.

Attached as **EXHIBIT A** are the names of 46 Texas victims with their next of kin contact information who died as a direct result of the Subjects' conduct.

¹ Since 2009, robust US enforcement of grant fraud, procurement fraud, research fraud, competition and related frauds have been in decline as the system went to a prevention model where the federal government deluded itself into believing that corruption could be deterred by training programs.

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

We also have a number of subject matter 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 Texas Government Code §402.021, the Attorney General shall prosecute and defend, all actions in which the state is interested. Under Texas Government Code §402.028, the Attorney General may investigate and prosecute “all manner” of criminal offenses following the request or consent of a district attorney, criminal district attorney, or county attorney.

Pursuant to Texas Code of Criminal Procedure §13.01, the Texas 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 Subjects either acted beyond their authority or acted beyond what was necessary and proper while performing an authorized act and knowingly and intentionally causing suffering and death in the State of Texas.² They further acted under color of state authority or governance leaving the general citizenry at an unfair disadvantage to assert individual sovereignty.

III. SUBJECTS ENGAGING IN SUSPECTED CRIMINAL ACTS

Available public reports and testimony indicate that, at a minimum, there is probable cause that the below named Subjects caused or directed state-wide criminal offenses against tens of thousands of Texans, 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)

The Administrators and Healthcare Providers of hospital systems and facilities providing care to patients in Texas, including but not limited to Baylor, Scott, & White Hospital System (“BSW”).

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

IV. CHARGEABLE CRIMES³

A. MURDER

Based on evaluation of conduct that is in the public record as well as private testimony and opinions of experts, Texas law supports criminal charges against the above Subjects.

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 Subjects 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 causation⁴/culpability in this case, and the severity of the harm caused to thousands of Texans, it is appropriate to evaluate alternative or unique theories of causation & culpability to inform the applicable legal theory. One such source is an international law principle, which has been upheld in United States courts, known as **command/superior responsibility**.

This theory of culpability requires that the individual setting forth the policy or coercing conduct by others should be held liable for the harm and deaths more directly caused by individuals down the “chain of command” who are carrying out the policy or furthering the 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 to torture, murder, and medically and genetically experiment and harm humans in the name of medical science. *United States v. Karl Brandt et al.* (the “Doctors Trial”), IV LRTWC 91-3 (1947).

In Texas, criminal responsibility for conduct of another is clearly set forth in Tex. Penal Code §7.02. Which states,

“(a) A person is criminally responsible for an offense committed by the conduct of another if:

(1) Acting with the kind of culpability required for the offense, he causes or aids an innocent or nonresponsible person to engage in conduct prohibited by the definition of the offense;

(2) Acting with intent to promote or assist the commission of the offense, he solicits, encourages, directs, aids, or attempts to aid the other person to commit the offense; or

(3) having a legal duty to prevent commission of the offense and acting with intent to promote or assist its commission, he fails to make a reasonable effort to prevent commission of the offense.”

³ Effective September 2023, there is another crime particularly applicable to the Subjects. This is Murder while Engaging in Terrorism under Tex. Penal Code §76.02. Much of the evidence discussed in this brief lends itself to treatment under this code section such as: the knowing and intentional causing of death through COVID protocols, the deliberate misrepresentation of scientific data and the suppression of information relating to safety and efficacy of remdesivir, COVID vaccinations and boosters, ivermectin, hydroxychloroquine, masking, isolation, etc. These actions were part of a campaign by the Subjects to coerce or intimidate the public and/or to influence the policy, conduct, or activities of Texas or the United States by intimidation or coercion. The death or serious bodily injury of any Texan because of the implementation of the Subjects’ COVID protocols, after this statute’s effective date, warrants prosecution under this statute.

⁴ See CPJC 1.8, Causation; Tex. Penal Code §6.04(a).

Texas law is similar to the international standard for command responsibility and is applicable to the conduct of the Subjects.

The Subjects are liable to their Texan 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 adequate medical care or refused to provide *life-threatening* medical procedures and medication to citizens of Texas. Further, the Subjects above ensured that each step of their fatal protocol was performed by, and in conjunction with, Texas healthcare facilities and medical professionals. Texan 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. Many Texan victims died as a direct result of the actions of the Subjects.

1. MURDER & CAPITAL MURDER: KILLING BY COMMITTING ACTS DANGEROUS TO HUMAN LIFE CAUSING DEATH & KILLING NUMEROUS VICTIMS

Pursuant to Texas law, a person commits first degree murder if:

- the Victim, a human being, is killed; OR
- the defendant(s) intentionally or knowingly causes the death of the individual; OR
- the defendant(s) intends to cause serious bodily injury and commits an act clearly dangerous to human life which causes the death of the individual; OR
- commits or attempts to commit a felony, and in the course of or in furtherance of committing the felony, the defendant commits or attempts to commit an act clearly dangerous to human life which causes the death of an individual.

Tex. Penal Code §19.02(b); Tex. Penal Code §19.03(a)(7).

There is probable cause to believe that the above Subjects are culpable for First Degree Murder under subsections (2) and (3) of the above statute. Tex. Penal Code §§19.02(b)(2), (3).

Further, a person commits Capital Murder under Texas law if:

- the defendant(s) commit first degree murder as described above, *and*:
 - the murder is committed in the course of committing another offense;
 - the defendant(s) commit the murder for remuneration or the promise of remuneration, or employs another to commit the murder for remuneration or the promise of remuneration; OR
 - the defendant(s) murder more than one person during the same criminal transaction or during different criminal transactions but pursuant to the same scheme or course of conduct

Tex. Penal Code §19.03(a)(2), (3), (7).

In the present case, the evidence indicates that the Subjects have committed both murder and capital murder of Texas victims.

The evidence currently available demonstrates that the Subjects are culpable for the premeditated design and coercive implementation of a plan to cause the injury and death of many human beings, using inappropriate and intentionally misapplied or experimental medical treatments to the detriment of patients, when the injurious and lethal treatments granted the Subjects significant profits.⁵

The unified “scheme” or “course of conduct” designed and implemented by the Subjects involved directly obstructing Texans’ access to alternative COVID-19 treatments and early treatments

⁵ See further evidence and explanation *infra* in section on Racketeering through Organized Criminal Activity.

Subjects *knew* could reduce hospitalization, suffering, and death during the pandemic, while also giving the thousands of victims, without informed consent, biological and pharmaceutical products that the Subjects *knew* would inflict suffering, increased infection and detrimental medical conditions, and ultimately cause death.

The criminal conduct of the Subjects included manipulation of the media, news, and public policy⁶ to coerce, intimidate, terrorize, economically injure, and manipulate the population⁷ into taking “vaccines” that caused known/foreseeable harm to the victims and receiving dangerous “treatments” such as remdesivir, with no regard for informed consent. At the same time, the Subjects’ media, news, and public policy coercive campaign obstructed victims’ obtaining alternative therapeutic treatments (such as hydroxychloroquine, ivermectin, fluvoxamine, etc.) that the Subjects *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. In many cases the subjects acted in concert with governmental and law enforcement actors to exert undue pressure on the public.

The federal officials among the Subjects 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 Subjects, in particular Fauci, knew that the virus was created through gain-of-function research, yet the Subjects lied to Texans about this as shown in emails obtained through the Select Subcommittee on the Coronavirus Pandemic.⁸ See **EXHIBIT C**; See also emails between Fauci, Jeremy Farrar, Christian Drosten, Francis Collins, and others, February-July 2020,⁹ (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 Murphy¹⁰ 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 Subjects, deliberately lied about their knowledge of 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 Texans, all Americans, and the world. See emails with the Subjects and international scientists from February 7-10, 2020,¹¹ detailing that scientists, including Fauci, wanted to

⁶ 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 (5th 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).

⁷ 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>.

⁸ Email in **EXHIBIT C** sent on February 1, 2020 from Anthony Fauci to Garrett Grigsby (HHS), Brian Harrison (HHS), Lawrence Kerr (HHS), Robert Kadlec (OS), and Francis Collins (NIH); See also FOIA Obtained Email between Anthony Fauci and Cristina Cassetti, Dr. Michael Jacobs, Alexander Tarakhovsky, and Dr. Michael Lockshin, February 22, 2020, at pg. 522, <https://www.documentcloud.org/documents/20793561-leopold-nih-foia-anthony-fauci-emails>.

⁹ FOIA obtained emails from February-July 2020, <https://www.documentcloud.org/app?q=%2Bproject%3Asubcommittee-on-coronavir-213954%20>.

¹⁰ FOIA Disclosure of Major Joe Murphy, obtained through FOIA by Project Veritas, https://assets.ctfassets.net/syq3snmxclc9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Do_cs_pt1_Og_WATERMARK_OVER_Redacted.pdf.

¹¹ 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,

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 directed or directly assisted Fauci and Collins in their cover up of the origin of COVID to hide that it was *created by them* through gain-of-function research.¹² Additionally, Sir Richard Dearlove, former director of MI6, has explained that Anthony Fauci lead the active suppression of the origins of COVID around the world.¹³

There have been further revelations regarding the extensive censorship of Texans and global health discussions relating to scientific discourse of COVID and COVID protocols. 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 whilst actively spreading propaganda about disfavored individuals, topics, and narratives through groups they created to perform influence and cyberwarfare operations.¹⁴ Some of the emails discovered include individuals’ stating that their activities are “typically” done by CIA, NSA, and DOD censorship operations, but because they were specifically targeting Americans, their censorship must be done with private partners because the government does not have “legal authority” to censor its own citizens through official channels.¹⁵

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 Subjects, 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.¹⁶

Andrew Rambaut, Patrick Vallance, Government Chief Scientific Adviser, at. 55-72,
<https://s3.documentcloud.org/documents/23316400/farrar-fauci-comms.pdf>.

¹² 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; and see nt 13 below.

¹³ 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>.

¹⁴ 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. 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>)

¹⁵ *Id.*

¹⁶ 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/170681258505276152>.

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-2.¹⁷ FOIA requests also reveal evidence of the 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 concerns by NIH and NIAID since 2016 of EcoHealth Alliance's engagement in gain-of-function research and that Peter Daszak believed it could be eventually revealed by FOIA.¹⁸

The Subjects also *knew* that therapeutic treatments, including hydroxychloroquine, azithromycin, and ivermectin, prevented hospitalizations, reduced symptoms, and reduced deaths from COVID. The Subjects actively suppressed¹⁹ public knowledge of these effective treatments and deployed the power of the federal government against news outlets and social media platforms unlawfully to censor and punish those who provided truthful information regarding these treatments or sought to prescribe them to patients suffering COVID infection.

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.²⁰ The specific knowledge of the Subjects 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 sent emails in March 2020 discussing a clear assumption that there will be "substantial immunity post infection" after people get COVID.²¹ He then made contrary statements publicly to encourage Texans to get "vaccinated" for COVID because he declared natural immunity was not attainable/sufficient.²² Fauci also had 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.²³

¹⁷ 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/>.

¹⁸ 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.

¹⁹ 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/>.

²⁰ 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>.

²¹ 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>.

²² 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>.

²³ 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.

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).²⁴ Hahn also had text messages of statements by Dr. Pierre Kory, who detailed the success of early COVID-19 treatment with ivermectin.²⁵ Additionally, Hahn communicated in November 2020 regarding Dr. Zelenko's protocol which similarly detailed the extensive success in the reduction of death, hospitalization, and suffering of people infected with COVID-19 through the use of hydroxychloroquine, azithromycin, ivermectin, and other treatments.²⁶ Fauci and Lane communicated in emails with various individuals, and even included in the remdesivir EUA, that hydroxychloroquine/chloroquine was used as successful early treatment for people infected with COVID-19.²⁷ Fauci also had knowledge that chloroquine phosphate (essentially hydroxychloroquine) inhibited SARS-CoV viral replication, as it was detailed in Peter Daszak's proposed gain-of-function research.²⁸

Instead of following the law and permitting or promoting these effective therapeutics, the Subjects suppressed public knowledge of them, issued fraudulent treatment guidance, penalized distribution of any effective treatments, 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 Subjects 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.²⁹ Further, studies showed that remdesivir was associated with longer hospital stays, and not with improvement of survival.³⁰ There were other U.S. studies that also indicated that remdesivir did not, and would not, help Texans reduce mortality, hospitalization, symptoms, or ventilation needs.³¹ 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

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>.

²⁴ 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>.

²⁵ Id., at pg. 104.

²⁶ 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>.

²⁷ 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; FOIA Obtained Emails between Anthony Fauci (NIH/NIAID), Robert Redfield (CDC), Philip Gatti (FDA), Andrea Lerner (NIH/NIAID), Hilary Marston (NIH/NIAID), and Cristina Casetti (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>.

²⁸ FOIA Obtained Whistle Blower Report from Major Joseph Murphy, https://assets.ctfassets.net/syq3snmxcl9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Docs_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>.

²⁹ 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/>.

³⁰ 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/>.

³¹ 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/>.

it was a start to finding better drugs to treat COVID-19 infections.³² The NIAID-funded study cited by the Subjects to promote use of remdesivir and obtain the EUA, showed only that its use could reduce hospital stays by a few days – not that it reduced mortality or hospital admissions or symptoms.³³

The Subjects, as part of their criminal scheme and course of conduct, did not just force upon Texans pharmaceuticals and protocols that did not benefit them, but they forced them to undergo “treatments” that the Subjects knew would cause harm and suffering. Beyond remdesivir’s use, or misuse, for victims with COVID-19, 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.³⁴ It is of note that the official publication of the Ebola study showing over 50% patient death rate 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,³⁵ despite his own involvement in the termination of remdesivir in the prior 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 Texas to the exclusion of other effective, beneficial, licensed drugs.** The Subjects’ barbaric and malicious actions caused the torturous suffering of thousands of patients and death for most as part of a deliberate and intentional course of conduct and common scheme.³⁶

Contrasting the data of remdesivir with that of ivermectin highlights the criminal conduct of the Subjects. 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.³⁷ There were also studies done in 2020 and 2021 that similarly showed significant reduction in hospitalizations or deaths of individuals who took ivermectin.³⁸

³² 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>.

³³ 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>.

³⁴ 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>.

³⁵ 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>.

³⁶ Over 1,000 accounts can be found at chbmp.org and 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.

³⁷ 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/>.

³⁸ 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->

Dr. Deborah Birx has stated that from the outset of the pandemic, she knew that the vaccines “would not protect against infection,”³⁹ 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.**⁴⁰ Yet she and other federal actors⁴¹ deceived, incentivized, and coerced federal agencies, healthcare facilities, healthcare providers, and civilians to take vaccines, such that Texans lost their jobs or their lives. The effect of these actions is clear injury to the civilian population as part of the Subjects’ common scheme and course of conduct. These actions by the Subjects detailed herein were known to be dangerous to human life and caused the intentional injury and deaths of 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 medical care in accordance with their oaths or patient rights, and following this change to agency guidelines and billing, many physicians had shifted focus to their Medicare earning potential as encouraged by the federal agencies and the Subjects, instead of good patient care and outcomes.⁴² This was part of the common scheme and course of conduct of the Subjects to prepare and ensure healthcare providers and hospital administrators would implement the Subjects’ policies and premeditated plan to harm Texans and other citizens of the United States for continued financial gain.

As discussed in further detail in the sections below, the coercion and threats to the healthcare providers by the federal agencies and Subjects, including hospital administrators, were extensive. When providers would not succumb to the pressures of the federal agencies or their hospital administrators, the Subjects would then go to great lengths to prevent these doctors from providing appropriate and successful treatment to COVID-19 patients, even so far as shutting down an entire hospital to prevent accurate data and good patient outcomes from public knowledge. Dr. Joseph Varon, a physician from Texas, has explained how the censorship of accurate medicine and scientific perspective caused many individual’s deaths, as well as how federal agencies, led by the Subjects, shut down the hospital where

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, <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/>.

³⁹ Dr. Deborah Birx, Fox News Interview, July 22, 2022, <https://www.foxnews.com/video/6309899975112>.

⁴⁰ 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>.

⁴¹ 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>.

⁴² 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/>.

he worked to prevent their successful treatment of COVID patients with alternative treatments (i.e. ivermectin) and prevent any public knowledge thereof.⁴³

There are also statements from whistle-blowers, including from Pfizer, who have declared that their colleagues intentionally lied to (Texans and) the general population about the COVID-19 “vaccines” produced and dispersed. They declare that the Subjects and their conspirators have lied regarding the performance of these injections, thus completely foreclosing any possible informed consent, and misleading 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 (Texans 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.”⁴⁴ 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.”⁴⁵

Even though the Subjects *knew* that there were legitimate alternative treatments that reduced symptoms, hospitalization, and death for people infected with COVID and that natural immunity worked, they sought Emergency Use Authorization (EUA) for only harmful and lethal drugs, some with unprecedented reimbursement terms, despite the EUA requirement that no alternatives be available for treatment.⁴⁶ The Subjects, including Texas’ hospital Administrators, precluded healthcare providers from offering, discussing, or prescribing successful alternative treatments with patients. The Subjects could garner no financial gain from the successful, and very low cost, alternative COVID treatments.

Myriad results from FOIA requests demonstrate the Subjects’ clear knowledge of resulting harm and intent to harm from their COVID protocols, as well as their collaboration with the Department of

⁴³ 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>.

⁴⁴ 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/>.
⁴⁵ <https://x.com/MelissaMcAtee92/status/1741186958506741996?s=20>

⁴⁶ Of note is that the remdesivir EUA actually noted that hydroxychloroquine was recognized by the FDA as a therapeutic alternative treatment, in violation of the law, see EUA Application, at 5, 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).

Defense⁴⁷ and the intelligence community⁴⁸ in design and implementation thereof. See **EXHIBIT D** emails regarding “Project Salus”⁴⁹ between Marion Gruber,⁵⁰ Philip Krause,⁵¹ Peter Marks,⁵² Janet Woodcock,⁵³ and Julia Tierney,⁵⁴ 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*.⁵⁵ 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 not prevent hospitalization or substantially decrease infection.⁵⁶ Shortly thereafter, the federal government agencies, led by the Subjects, weaponized federal resources contrary to any lawful authority to enforce vaccine mandates upon the citizens of Texas. 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.⁵⁷ 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.⁵⁸

⁴⁷ 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 while 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>.

⁴⁸ “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>.

⁴⁹ 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.

⁵⁰ Marion Gruber was the Director of the FDA’s Office of Vaccines Research and Review at the time of these emails.

⁵¹ Philip Krause was the Deputy Director of the FDA’s Office of Vaccines Research and Review at the time of these emails.

⁵² Peter Marks was, at the time of these emails, and is the Director of the Center for Biologics Evaluation and Research at the FDA.

⁵³ Janet Wookcock was the Acting Commissioner of Food and Drugs at the FDA at the time of these emails.

⁵⁴ 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.

⁵⁵ See **EXHIBIT D** hereto.

⁵⁶ 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.

⁵⁷ 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).

⁵⁸ See FOIA obtained documents, https://icandecide.org/wp-content/uploads/2023/05/2022-07-29-Production_IR0669B_FDA-83-pages.pdf#page=3.

The Subjects also set forth additional, mandatory, “guidance” for COVID management, guidance they *knew* was contrary to proper health and safety. The Subjects *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.⁵⁹

“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 Subjects also lied about the need or medical benefit for masking. Since 1919, cloth masks or face coverings have been known to provide no protection from airborne viruses.⁶⁰ 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 microns⁶¹ while the pore size of filtration for a surgical mask is 80-500 microns⁶² - at 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.⁶³ Walensky, through her agency (CDC), admitted that the face coverings coerced/forced on Texans to “stop” the spread of COVID-19 infection do not have to meet any federal standards of filtration or other federal requirements;⁶⁴ thus, the Subjects not only *knew* that what they forced upon citizens of Texas 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 Texans. Despite

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- ⁵⁹ 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; Tabue Tegu, 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; 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/>.
- ⁶⁰ Kellogg, “Influenza, A Study of Measures Adopted for the Control of the Epidemic,” *California State Board of Health*, January 1911, at 12-139, <https://babel.hathitrust.org/cgi/pt?id=uc1.31378008030317&seq=5>.
- ⁶¹ 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>.
- ⁶² 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/>.
- ⁶³ 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>.
- ⁶⁴ 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.

knowing all of these facts regarding masking, the Subjects continued to force Texans to wear masks and socially isolate,⁶⁵ even though it caused *only* harm, as they knew it would.

The actions of the Subjects 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. Suffering and death caused by the Subjects' course of conduct and common scheme to develop and implement these policies and the perverse financial incentives designed by the Subjects would likely qualify as intentional murder of thousands of Texans as part of the Subjects' course of conduct and criminal scheme. The truth of the people's suffering because the Subjects violated Texas criminal law must be made known and justice pursued on their behalf.

Mr. John Alfred Morrow Jr. is a victim murdered by the criminal conduct of the Subjects. John was given remdesivir and placed on a ventilator before he died. After being given remdesivir, he developed kidney failure, liver damage, and blood clots. John was refused alternative treatments and his family was not allowed to be with him, even as he died. When his family begged to see him they were escorted by security out of the hospital – the next morning, his heart failed. John died alone, and his family was denied the chance to say goodbye. John was a United States Army veteran, father of three and grandfather of four. Without the criminal actions of the Subjects, John's healthcare wishes would have been respected, and there is no doubt, his healthcare outcome would have been different.

Jamie Kay Wylie is another victim of the Subjects' criminal conduct in Texas. Jamie was only 36 when she was killed by the hospital protocols created and implemented by the Subjects. She was given remdesivir and was placed on a ventilator without her informed consent. Even when she and her family (including her sister who is a nurse and holds power of attorney) requested that she not receive remdesivir, these requests were denied by the hospital and hospital providers, to include the RN House Manager Victor who refused to speak to Jamie's family or honor the POA when they objected to Jamie's inappropriate care. The hospital similarly denied all requests for alternative treatments. Jamie was on a ventilator for 5 days before she died. After Jamie was admitted to the ER, her family was never allowed to see her again before her death. Jamie died within 13 days of being given her first dose of remdesivir under the protocols the Subjects knew would cause deterioration of physical health leading to death.

Douglas MacKenzie died at 55 years old due to the criminal conduct of the Subjects. He was given remdesivir without his informed consent. He was placed on a ventilator against his wishes and expressly without his consent. When his wife tried to visit or speak with his doctors, the hospital refused her requests. His family was not allowed to see or speak to him for at least 10 days after he was admitted to the hospital.

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

2. MANSLAUGHTER

⁶⁵ See Texoma Medical Center, Blog Post, "Keep Illnesses Away from Your Holiday Gatherings", <https://www.texomamedicalcenter.net/about/blog/keep-illnesses-away-your-holiday-gatherings> (accessed 1/9/24); BSW Health, "What to do if you think you have COVID-19," March 25, 2020, <https://www.bswhealth.com/blog/what-to-do-if-you-think-you-have-covid-19> (accessed 1/9/24); Guadalupe Regional Medical Center, "COVID-19 Notice & Information," <https://www.grmedcenter.com/covid-19/> (accessed 1/9/24).

The elements of the crime of Manslaughter are:⁶⁶

- The Victim(s) died, and
- The Defendant caused the death of the Victim(s) by reckless⁶⁷ conduct

Tex. Penal Code §19.04(a).

The evidence against the Subjects as set forth above demonstrates sufficient proof to meet the standard of recklessness under Texas law pursuant to Tex. Penal Code §6.03(c).

As explained in greater detail *supra*, the Subjects *knew, or consciously disregarded a substantial and unjustifiable risk*, of the harm caused by remdesivir, the COVID “vaccines,” and isolation from loved ones, as well as actively suppressing knowledge of and access to hydroxychloroquine, ivermectin, and fluvoxamine, and other effective treatments. The Subjects designed and enforced protocols using these harmful pharmaceutical products and practices; and as a result of their conduct, thousands died.

Carolyn Jean (Mullianax) Carroll died at BSW hospital in College Station. Her family and advocates requested alternative treatment, such as ivermectin or the McCullough Protocol, and were denied. Carolyn’s family spoke to the hospital’s Chief Medical Officer, to no avail. Her family even went to court to fight for Carolyn’s life through an injunction to stop the hospital from giving her the Subjects’ designed protocols and allow her to select her care through informed consent – i.e. using the McCullough Protocol. Initially Ms. Carroll’s family’s motion was granted, but the BSW Hospital appealed the injunction, claiming that because of their doctors’ duty under the Hippocratic Oath, they could not be compelled to honor the lower court’s order to require informed consent from Carolyn and her POA in her treatments, nor compelled to allow her to select her care because the alternative treatments were “unproven and possibly dangerous” according to the BSW. Thus, Judge Kyle Hawthorne in the 85th District Court ruled that the hospital could continue to deny Carolyn the treatment she requested, and give her remdesivir under the federal protocols, against her wishes and without providing her any information regarding those treatments. Subject BSW Hospital successfully fought for the authority from the judge to kill Carolyn. Carolyn died the next day.

B. ORGANIZED CRIME & RACKETEERING

Charges under Texas statutes for Participation in an Enterprise through Racketeering by Engaging in Organized Criminal Activity are likely to be some of the most successful to prosecute the Subjects because they inflicted injury, suffering, and death upon Texas 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 Subjects profited directly from the criminal actions, as well as using their authority and profits to perpetuate their criminal activities and schemes.

The elements of Participation In Enterprise Through Racketeering or Unlawful Debt Collection are:

- The Defendant is employed by or associated with an enterprise;
- The Defendant knowingly conducts or participates, directly or indirectly, in the enterprise;
- The Defendant’s participation in the enterprise is through a pattern of racketeering
 - “Racketeering” - to commit, or attempt to commit, conspire to commit, or to solicit, coerce, or intimidate another to commit offenses, *inter alia*: engaging in organized criminal activity.

⁶⁶ A similar theory can be used for murder of the victims by Criminally Negligent Homicide pursuant to Tex. Penal Code §19.05.

⁶⁷ “Reckless” is defined in Tex. Penal Code §6.03(c).

Tex. Penal Code §72.04(a); Tex. Penal Code §72.01(5).

The elements of Engaging in Organized Criminal Activity are:

- The defendant(s) has the intent to establish, maintain, or participate in a combination or in the profits of a combination or as a member of ...a foreign terrorism organization⁶⁸
- That as part of the combination or organization, the defendant(s) conspires to commit one or more of the following:
 - Murder,
 - Capital Murder,
 - Aggravated Assault, or
 - Assault⁶⁹, etc.

Tex. Penal Code §71.02.

A “combination” as used in this section means three or more persons who are collaborating in carrying on criminal activities, even though the participants may not know each other’s identity and the members of the group may change as members are added or leave the agreement. Tex. Penal Code §71.01(a).

The Subjects have engaged, and continue to engage, without any legal authority, in an enterprise or “combination” 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 Subjects have knowingly misrepresented dangers of pharmaceuticals, including “vaccines” and “treatments,” such as remdesivir, that they have selected for the public in the COVID-19 pandemic, isolated Texan 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 Texan victims suffered immense psychological trauma and terror, illness, and painful death.

At each stage of the pandemic through the Subjects’ policies and protocols, they have procured financial gain to themselves and those carrying out their protocols against their victims. Evidence of the common purpose of the combination, as well as the knowledge of the Subjects that their policies and protocols would cause injury and death, is found in the numerous emails and joint agency efforts of the Subjects. See *supra*, generally, for evidence regarding murder and capital murder.

⁶⁸ A “foreign terrorist organization” means three or more persons, operating as an organization, at least part of that organization functions outside the United States, and they engage in criminal activity that threaten the security of this State or its residents. Tex. Penal Code §71.01(e). This standard could be met through further investigating the relationship and joint purpose of the Subjects and individuals involved in the World Health Organization, and other foreign individuals and health officials – such as is evidenced with their communications and relationship with the Chinese Communist Party and the joint cover-up of the Wuhan Lab Research throughout the COVID-19 pandemic. See, FOIA obtained emails, February 1-2, 2020, between Anthony Fauci, Francis Collins, Lawrence Tabak, Michael Ryan, Bernhard Schwartlander, Andrew Rambart, R.A.M. Fouchier, Patrick Vallance, Christian Drosten, Kristian G. Andersen, Eddie Holmes, Paul Schreier, Josie Golding, M.P.G. Koopmans, and Jeremy Farrar (WHO), at pg. 104-117, <https://s3.documentcloud.org/documents/23316400/farrar-fauci-comms.pdf> (statement that “a swift convening of experts in a confidence-inspiring framework (WHO seems really the only option) is needed, or the voices of conspiracy will quickly dominate, doing great potential harm...” Expressing that an international movement was needed to silence the idea of the virus originating from a U.S. funded laboratory).

⁶⁹ See also *infra* on Abuse in Facilities - assault and aggravated assault by medical providers performing non-consensual or reckless procedures to the harm of the victim.

Fauci and the other Subjects received “kick-back” payments for the use of the pharmaceuticals they pushed to FDA and Secretary of Health approval – including through EUA status.⁷⁰ Investigation is warranted and necessary in the interests of justice to ascertain all financial benefit obtained by the Subjects for their illicit activities to mislead Texans and push for approval of pharmaceuticals, such as remdesivir and “vaccines,” they *knew* would not help against COVID-19 and which they *knew* were medically dangerous and would and did cause significant harm. It is well reported that Fauci personally, and the Subjects generally, have received enormous financial gain for their actions throughout the COVID-19 response,⁷¹ beginning in 2020. The Subjects 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 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.⁷² Hospital systems and hospital administrators, such as BSW, 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 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.⁷³ These payments continue until the end of the Public Health Emergency.⁷⁴ Texas 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 Texans must be brought to light so that justice is done on their behalf.

Another example of the combination/enterprise obtaining profits to enact their scheme to kill or cause serious bodily injury to Texans is that 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 rapidly to develop and gain EUAs for their vaccines and therapeutic medical counter-measures, which would subsequently ensure additional funding for all involved.⁷⁵ The joint effort of BARDA and the DOD allowed the agencies, led by the Subjects, to enter into contracts

⁷⁰ 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/>.

⁷¹ 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 Texas Health and Human Services, Texas Department of State Health Services, Senate Finance Committee: COVID Grants Overview, July 11, 2022, <https://www.dshs.texas.gov/sites/default/files/legislative/87th/DSHS-Presentation-and-Appendix-SFC-COVID-Funds-07112022-FINAL-Web.pdf>.

⁷² See AJ DePriest and TN Liberty Network, “Financial Incentives: The Use of ‘Covered Countermeasures,’” revised October 15, 2023, attached as **EXHIBIT E**.

⁷³ *Id.*

⁷⁴ *Id.* at 10-11.

⁷⁵ 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>.

with pharmaceutical companies⁷⁶ 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’⁷⁷ 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.⁷⁸ 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.⁷⁹ 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 Texas 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,⁸⁰ 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 Subjects to receive royalty payments, even though this type of military contract would typically not permit the Subjects to receive royalties. Thus, the organized and unified actions of the Subjects secured that they would be able to ensure 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 Subjects have still not provided required financial disclosures of the Subjects, other federal officials, and royalty payments thereto.⁸¹ It is also of note, and requires further investigation, how the Subjects’ use of military resources, terminology, and statutes have the effect of treating Texans and American citizens as “enemy combatants” for the purposes of their research and implementation of “treatments”, “vaccines”, and mandated healthcare policies called “countermeasures,” while also garnering significant financial benefit to themselves.

The Subjects, and other government officials, manipulated government policy and used financial threats and incentives against hospitals and healthcare providers to pressure Texans to receive the “vaccines” and “treatments” that brought them and the hospital systems monetary gain while causing preventable harm to victims. Putting patients on remdesivir for “COVID” while prohibiting effective therapies forced longer hospitalization associated with organ failure and significantly reduced patients’ chances of surviving, while garnering significant funding from federal agencies to hospital coffers; and Subjects and healthcare and hospital system Administrators were complicit in their acceptance and

⁷⁶ 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).

⁷⁷ 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]).

⁷⁸ 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>.

⁷⁹ 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>.

⁸⁰ 10 U.S.C. §4022(a)(1) – Authority of the Department of Defense to Carry Out Certain Prototype Projects.

⁸¹ 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/>.

enforcement of these perverse policies. Hospitals and doctors received significant funding to vaccinate as many as possible.⁸² Hospital systems, such as BSW, at the direction of their administrators and at the behest of other Subjects, intimidated and solicited their healthcare providers to violate their oaths to do no harm. The Subjects, including Administrators who threatened termination of employment and loss of hospital privileges for non-compliance, specifically targeted healthcare providers with threats to prevent their use of their own medical judgment for themselves and their patients.

The Subjects conspired to and coerced COVID-19 vaccinations on medical care providers and other healthcare system employees, enforced by Subject Administrators in order to secure continued federal funding for themselves and their hospitals.⁸³ Centers for Medicare and Medicaid Services (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).⁸⁴ 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...”⁸⁵ The Subjects *knew that this was a false statement*, yet they still coerced and manipulated the understanding of the civilian population and coerced and weaponized government policy to the harm of Texans. Moreover, the Subjects engaged in this fraudulent misrepresentation in order to commit criminal acts entirely outside their 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 Subjects have engaged in myriad racketeering activities, including the direct and indirect murder, and capital murder, of Texans. Under the Participation in an Enterprise through Racketeering by Organized Criminal Activities statutes, the Subjects are culpable for either committing the prohibited racketeering and criminal activities or soliciting, coercing, or intimidating others to commit prohibited acts. Tex. Penal Code §72.04(a), 72.01(5).

The publicly available evidence demonstrates the Subjects committed multiple criminal activities under the statute. All of the Texan victims died after receiving the protocol-required “treatments” and “countermeasures” designed and implemented by the Subjects, and being refused early treatment known to reduce hospitalization and death. All of the Texas murder victims were killed because the Subjects used their governmental authority and power to coerce and force healthcare

⁸² 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 AJ DePriest and TN Liberty Network, “Financial Incentives: The Use of ‘Covered Countermeasures,’” revised October 15, 2023, attached as **EXHIBIT E** (noting that a hospital would receive approximately \$40,000 for keeping a patient on a ventilator for 96 hours or more).

⁸³ 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).

⁸⁴ 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>.

⁸⁵ 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).

facilities and medical providers to give lethal “treatments” and “countermeasures,” including through a system of perverse financial incentives and penalties to those facilities and providers to secure compliance while preventing the administration of proven effective therapeutics – such as ivermectin and hydroxychloroquine. While dying from the Subjects’ criminal actions through their maliciously designed uniform medical protocols, Texas victims also suffered immense pain and psychological trauma, being separated from their families, as well as being denied the right to consent to or reject any medical treatment.⁸⁶

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

The elements of Trafficking in Persons 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 received a benefit from participation in the above venture,
- the Defendant(s) trafficked a child or disabled individual with the intent that the trafficked child or disabled individual engage in forced labor or services, or
- the Defendant(s) receives a benefit from participation in the above venture, etc.

Tex. Penal Code §20A.02(a).

“Forced Labor or Services” is defined as, non-sexual services or labor that are performed or provided by another person and obtained through an actor’s use of force, fraud, or coercion. Tex. Penal Code §20A.01(2).

For the purposes of the above statute, “traffic” means, “to transport, entice, recruit, harbor, provide, or otherwise obtain another person by any means.” Tex. Penal Code §20A.01(4) [emphasis added]. Being “trafficked” does not require the actual forcible movement of an individual from one location to another.⁸⁷

In the present case, we believe investigation is warranted and evidence demonstrates probable cause to investigate the Subjects for their participation in the trafficking of individuals for a service, i.e. the Subjects held the victims in healthcare facilities, by fraud, force, or coercion – to the end that the victims provided the service of being given “treatment” by the Subjects 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 Subjects for each discrete “countermeasure” consumed or received by the victims until and including their death, for which Subjects also received additional financial compensation.

The Subject federal officials knowingly and intentionally designed policy for healthcare systems that incentivized the Subject hospital administrators and providers to coerce or fraudulently induce Texans to become hospital patients through admission, often against their will, and without physical

⁸⁶ When a medical provider forces treatment on a patient against their wishes, the courts have long held it is criminal battery or trespass to person. See *Arani v. Fisher*, No. 14-18-00117-CV, (Tex. App. Oct. 25, 2018)(referencing *Baylor Univ. Med. Ctr. v. Biggs*, 237 S.W.3d 909, 922-23 (Tex. App. - Dallas 2007, pet. denied); *Gravis v. Physicians & Surgeons Hosp.*, 427 S.W.2d 310, 311 (Tex. 1968); *Ranelle v. Beavers*, No. 02-08-00437-CV, 2009 WL 1176445, at *3 (Tex. App.—Fort Worth Apr. 30, 2009, no pet.) (mem. op.); *Schaub v. Sanchez*, 229 S.W.3d 322, 323-24 (Tex. 2007)); See also Texas Health & Safety Code §462.009(e) (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).

⁸⁷ Sergeant John Elizarde, Human Trafficking Presentation, “Human Trafficking,” slide 4, https://www.tdcj.texas.gov/divisions/cjad/presentations/Human_Trafficking.pdf.

ability to leave, even against medical advice (“AMA”) once admitted. The Subjects accomplished forcible hospital admission through their campaign to mislead Texans, and the American people, regarding appropriate treatment measures relating to COVID-19. When victims resisted coercion to take detrimental vaccines or treatments, hospital administrators and providers separated individuals from their families and advocates, gave them medication against their wishes and without informed consent, and most often also sedated them and put them on ventilation machines, even when it was against their express wishes. Once sedated, victims could not resist or assert their consent or lack of consent to detrimental “countermeasures.” Subjects then reaped monetary benefit from victims’ service of receiving the Subjects’ products until their deaths – either from federal agencies or from royalty payments for the use of their patented products that were forced upon the victims. 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 Subject hospital administrators received further revenue.

The trafficking of Victims described by the evidence herein in Texas is similar to forced organ harvesting in China and many other places, which is the trafficking and abuse of individuals for financial gain *related to medical procedures*.⁸⁸ The Subjects engaged in the weaponization of hospitalization to traffic persons for financial gain from the federal government.

D. ABUSE IN FACILITIES

The Subject federal officials created and instituted healthcare facility policies to be implemented by hospital administrators and many healthcare providers, which all of the Subjects knew would cause physical and psychological suffering, physical harm, and death to countless Texans.

The United States Supreme Court has explained, “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 then 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. Texas courts have found that a medical provider knowingly or recklessly giving poor and dangerous care is liable for criminal assault. See *Duntsch v. State*, 2018 WL 6445369 (Texas Ct. App. 5th Dist. Dec. 10, 2018).

As explained above, the federal Subjects, hospital administrators, and healthcare providers all knew that the federal policies only harmed their patients and caused suffering and death. Despite this knowledge, the Subjects campaigned to suppress scientific literature and prevent an appropriate scientific debate.⁸⁹ The hospital administrators, as described above, also campaigned to remove and take licenses from every provider who was willing to uphold their oaths diligently and provide appropriate and curative care to patients.

⁸⁸ See 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); 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]).

⁸⁹ See nt 13 *supra*.

However, the criminal actions of hospital administrators as part of the unified common scheme of the Subjects does not absolve doctors and healthcare providers of their own criminal liability when they acted contrary to their legal duties and oaths⁹⁰ to do no harm.⁹¹

Medical providers, particularly physicians, were not the lay citizens of Texas 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 and owe a fiduciary duty to Texans. The healthcare providers are individuals who voluntarily chose to place 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. Many healthcare providers then chose to violate their fiduciary duty and either advised or forced the citizens of Texas to receive medications or treatment that they knew or should have known would cause suffering and death – in many cases, explicitly contrary to the patient’s medical wishes.

In addition to their oaths, 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.⁹² This experiment is taught to our healthcare providers because 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. This is studied by our healthcare providers so that they *know* 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. The experiment and its ethical and psychological implications are taught because scientists and healthcare providers are in a special position of authority, trust, and knowledge to instruct Texans on what to do for their well-being.

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 Subject hospital administrators and other providers terminated employment of these individuals, 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 healthcare⁹³ as part of the Subjects’ common scheme and course of conduct⁹⁴ - by both

⁹⁰ 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).

⁹¹ 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>.

⁹² 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.

⁹³ See nt 91 *supra*.

⁹⁴ 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>

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

a. Injury and Endangering a Child, an Elderly Individual, or a Disabled Individual

The elements of Injury of an Elderly Individual or Disabled Individual are:

- the Defendant(s) acted or by omission – to intentionally, knowingly, recklessly, or with criminal negligence cause
 - serious bodily injury;
 - serious mental deficiency, impairment, or injury; or
 - bodily injury
- the victim is a child, elderly individual, or disabled individual; and
- if the Defendant(s) acted by omission, the Defendant had:
 - a legal or statutory duty to act; or
 - the actor had assumed care, custody, or control of the child, elderly individual, or disabled individual.

Tex. Penal Code §22.04.

The elements of Endangering an Elderly Individual or Disabled Individual are:

- the Defendant(s) acted intentionally, knowingly, recklessly, or with criminal negligence,
- by act or omission, the defendant(s) engages in conduct that
 - places a child, elderly individual, or disabled individual
 - in imminent danger of death, bodily injury, or physical or mental impairment

Tex. Penal Code §22.041(c).

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 Subject hospital administrators had a duty of care to the victims.

The Subjects actively encouraged direct caregivers and healthcare providers and families of the elderly and disabled, to commit acts that resulted in or could reasonably be expected to result in physical or psychological injury to an elderly or disabled person. The Subjects *intended* for their policies and protocols, as well as their intentional dissemination of false information in media and news outlets and public false statements to result in the isolation⁹⁵ 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, b) giving elderly and disabled patients emergency use only “vaccines” without informed

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-rca5833> (about Dr. Mary Bowden); 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>.

⁹⁵ See *supra*. Murder Section & Racketeering Sections; 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/>.

consent or the circumstances to provide informed consent due to the Subjects' intentional misrepresentation, c) preventing elderly and disabled patients access to alternative, patient-requested treatments, 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 Subjects' actions clearly caused physical and psychological injury to the victims, most of whom were 65 years of age or older.

Further, even outside the hospital setting, the Subjects' 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 Subjects' knowledge prior to July 1, 2021, including CDC public guidance (which includes their cited medical studies from the 1980s to the present),⁹⁶ as well their specific knowledge 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.”⁹⁷ The isolation and masking protocols forced upon Texans by the Subjects were *known to be* scientifically unnecessary and even detrimental.⁹⁸ Specifically as noted *supra*, the Subjects *knew* that the use of unnecessary masks were abusive actions to elderly Texans by making it difficult to breathe, making it difficult to communicate (especially for those with hearing loss), and contributed to social isolation, which the Subjects *knew* would cause psychological suffering, deterioration of physical condition, and eventual death.

None of the Subjects had any legal authority to force *participation* of victims in the unlicensed “vaccination” for COVID-19, and use of pharmaceuticals like remdesivir. 21 USC § 360bbb-3. While the Subjects held positions of authority in the US government to perform certain actions, such as establishing EUA approval for pharmaceuticals, many of the Subjects have not been sworn into office in accordance with law pursuant to the non-discretionary, mandatory terms of 5 U.S. Code §§ 3331, 3332. Therefore, all of their actions while in office are without lawful authority.⁹⁹ Even for those who have appropriately taken their oaths of office, the Subjects acted with intent to cause harm or reckless disregard for the likelihood of creating harm against Texans, and acted clearly beyond their authority and in violation of their oaths.

All the Subjects are licensed health care providers, Administrators of hospital and healthcare facilities systems, federal officials of health agencies, and/or public health policymakers for the citizens of Texas and the United States. In the case of many Texan victims, Subject Administrators took measures beyond assuming legal responsibility and care, and actually *refused to release victims* when victims or their family sought to discharge them to prevent their deaths.

Further, the federal Subjects undertook a duty to the citizens of Texas through their actions of mandating and enforcing uniform healthcare policy upon Texans and making countless knowingly false and misleading public and published statements that were used to coerce Texans' healthcare options

⁹⁶ Centers for Disease Control and Prevention, “Health Risks of Social Isolation and Loneliness,” <https://www.cdc.gov/emotional-wellbeing/social-connectedness/loneliness.htm>.

⁹⁷ See Statement made by Anthony Fauci, March 8, 2020, <https://www.youtube.com/watch?v=I5FY58I5RQ0> (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=I5FY58I5RQ0> (she and the federal government know that masks will not protect people from infection).

⁹⁸ 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>.

⁹⁹ See Petition for Writ of Quo Warranto, <https://www.thepostemail.com/wp-content/uploads/2023/04/Biden-Oaths-of-Office-Writ-of-Quo-Warranto.pdf>, 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.

and decisions. For example, Fauci was recognized as “America’s Doctor,” and his medical advice, mandates, and guidance to the citizens of Texas with his policies arguably place him in the role as one who has assumed a legal duty to act or provide care, for the purposes of this statute, especially because he assumed responsibility by providing authoritative healthcare advice and guidance. This same logic can be extended to all of the Subjects, as they all were “serving” in public roles to provide healthcare and medical guidance to Texans 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, providing knowingly false and misleading statements and forcing victims to endure lethal protocols by proxy of Subject hospital administrators, that led to the foreseeable deaths of elderly and disabled Texans, in particular.

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 Subjects. Eighteen of the 46 named victims were aged 65 or older.

Sylvia Rodriguez’s story illustrates how the Subjects criminal conduct caused their victims to suffer demonstrating the elements of the above crimes – injury to and endangering the elderly causing death. Sylvia was denied choice of treatment, was neglected such that she developed a pressure sore that eroded through her skin, her muscle, and eventually exposed her bone to open air. Pressure sores such as this only appear due to malpractice and severe physical neglect of a patient. She was given remdesivir, even though she did not give consent. Sylvia developed multiple infections and painful open wounds due to the hospital providers’ neglect in their care. After being placed on remdesivir, her health condition worsened such that after approximately 10 days in the hospital, she was placed on a ventilator and thereafter passed away after 53 days in the hospital. She was 66 years old, the mother of 4, the grandmother of 10, and the great grandmother of 2. Sylvia’s story is one that illustrates how the Subjects’ hospital protocols caused weeks of torturous suffering before death. See photos of Sylvia attached in **EXHIBIT B**.

b. Unlawful Restraint

The elements of Unlawful Restraint are:

- the Defendant(s) acted intentionally or knowingly and
- the Defendant(s) acted to restrain another person

Tex. Penal Code §§20.02.

Under the statute, “restrain” means to restrict another’s movement without consent, such that they interfere substantially with the person’s liberty. Tex. Penal Code §20.01(1). The crime includes confining the person or moving the person from one place to another. *Id.* To restrain without consent, is done by restraining with force, intimidation, or deception, etc. Tex. Penal Code §20.01(1)(A). The evidence demonstrating probable cause of this crime committed by the Subjects is detailed *supra*, see Trafficking in Persons.

This crime is a felony of the third degree if the Defendant recklessly exposed the victim to a substantial risk of serious bodily injury. We believe this requirement is met as the Subject hospital systems and providers, at the direction of the other Subjects, refused to provide effective treatment to their victims’ COVID-19 infections, instead gave the victims substances they knew would cause harm and likely kill them, and then isolated the victims from their families and patient advocates, usually placed them on ventilation machines – without consent – thereby removing their ability to move or leave, until the victims died.

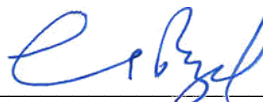
V. CONCLUSION

On behalf of residents of the State of Texas and constituents of Attorney General Paxton, 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 Texas criminal law of Anthony Fauci, Cliff Lane, Francis Collins, Deborah Birx, Rochelle Walensky, Robert Redfield, Stephen Hahn, Peter Daszak, Rick Bright, and the Texas healthcare and hospital system Administrators, including but not limited to BSW, and any other appropriate defendants, for their crimes against Texans, particularly the vulnerable elderly and disabled.

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



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