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**Governor Michael Parson
Andrew Bailey, Esq.
Office of Attorney General
Supreme Court Building
207 W. High St., P.O. Box 899
Jefferson City, MO 65102**

Re: Request that your Administration Investigate and Prosecute COVID Patient Abuse & Hospital Homicide

Dear Hon. Michael Parson and Hon. Andrew Bailey,

Below is a petition from constituents who are requesting that the Attorney General investigate and prosecute the COVID hospital homicide criminal campaign in the State of Missouri, pursuant your authority, as both Governor and Attorney General of Missouri. This petition is brought to you on behalf of family members of eleven victims in your state, addressing specific charges under Missouri criminal code, and this is a condensed version of the evidence as presented in an analogous petition to the Attorney General of Louisiana, which petition AG Bailey, you received in early August through Todd Callender. We attach hereto, for your convenience, the full evidentiary brief as presented in Louisiana. Similar petitions have also been submitted, on behalf of constituents and victims, to the Attorneys General of Texas, Florida, and Oklahoma, and pursuant to Texas and Louisiana law, also to over thirty District Attorneys in these states for criminal referral to the Attorneys General.

The names and information of identified eleven (11) victims in your state are attached as **EXHIBIT A**. Letters expressly requesting your investigation of these cases from the families of of these victims in Missouri are attached to this petition as **EXHIBIT B**. Additionally, attached as **EXHIBIT C**, is an affidavit from a trauma and critical care surgeon who practiced in Washington State who is able to explain how the hospitals, at the behest and in coordination with federal officials, abused, trafficked, and killed their victims for financial gain – to aid in your investigation of the systematic and top-down criminal directives carried out in the hospitals within your jurisdiction.

Should you require additional evidence prior to and during your investigation, we are happy to provide any and all additional evidence we have obtained to support your efforts in obtaining justice for the victims of Missouri. Dr. Robert Malone has this last week publicly offered



his testimony in support of any such state-initiated investigation and prosecution of those responsible in the Covid Criminal Enterprise, and we can provide many such experts for your assistance in this endeavor.

JURISDICTION AND AUTHORITY

As the elected Governor of Missouri, and the elected Attorney General, pursuant to RSMo § 27.030, when directed by the Governor, the Attorney General and his office shall assist in the grand jury, trial, and/or similar duties of a prosecuting attorney or circuit attorney.

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

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

Missouri law is not opposed to the principles of “command responsibility” or responsibility for another carrying out a directed/desired/paid for crime. One example is in the context of murder for hire, such as *State v. Anderson*, 785 S.W.2d 596 (1990). Another example is *State v. Thompson*, 112 S.W.3d 57 (2003), wherein the Court explained that when an individual goes along with and plays a supporting role in providing materials to further the murder, assisting in transport and control/isolation of the victim from those who could help the victim, and after knowing that the victim was to be killed, the defendant continued actions in the criminal enterprise to support the work of others that eventually killed the victim – it is appropriate to find that he had deliberated sufficient for a conviction of first degree murder.

The Accused are liable to their Missourian victims because they used their positions of authority to create and coercively enforce harmful policies, using governmental power *ultra vires* to threaten withdrawal of licensing and funding of healthcare facilities and medical professionals if they gave effective medical care or refused to provide life-threatening medical procedures and medication to citizens of Missouri. Further, the Accused ensured that each step of their fatal protocol was performed by, and in conjunction with, Missouri healthcare facilities and medical professionals. Missourian 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. Missourian victims died as a direct result of the actions of the Accused.

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

Here, all of the Accused either acted beyond their authority or acted beyond what was necessary and proper while performing an authorized act and knowingly and intentionally caused suffering and death in the State of Missouri.¹ It was not necessary or proper for the Accused to:

- create SARS-CoV-2 through gain of function and hide that truth,
- create and impose mask mandates that they knew caused only harm and no benefit,
- impose/coerce/force medical products and treatment protocols that provide the Accused with financial gain and provide patients little – if any – clinical benefit (such as remdesivir) and without the victim’s informed consent,
- to misuse media and to coerce/force the withholding of medicines (against patient’s express wishes with informed consent) proven to be safe and effective,
- to isolate their victims from their loved ones and patient advocates knowing there was no benefit in making people die afraid and alone, etc. (see evidence cited below)

Even though the Accused tried to hide behind ill-conceived legalities to pretend that their murder, fraud, and abuse, were legal, acceptable, and un-punishable – it is illegal and unacceptable, and justice for their victims requires prosecution and punishment under the law.

THE ACCUSED

While the evidence indicates there are many more individuals involved in the COVID-19 Hospital Homicide Criminal Campaign, we have selected a few individuals we believe are a natural starting point of an investigation as their complicity and engaging in what appears to be criminal activity is readily shown by publicly available evidence. These individuals include, but are not limited to:

- **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, Center 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)

¹ This is especially so as some of the Accused never actually took their proper oath of office, thus they had no authority under any law to act. See *infra* and Petition for Writ of Quo Warranto, <https://www.thepostemail.com/wpcontent/uploads/2023/04/Biden-Oaths-of-Office-Writ-of-Quo-Warranto.pdf>.



- **Peter Daszak**, President, Eco-Health Alliance
- **Ralph Baric**, Professor, University of North Carolina
- **Rick Bright**, Former Director of the Biomedical Advanced Research and Development Authority (BARDA)
- The Administrators of Hospital Systems and Facilities in Missouri, for example, Capital Region Medical Center (CRMC) [now merged with MU Health Care]

APPLICABLE CRIMES

Below are a few brief examples of how the COVID hospital homicide scheme and conspiracy are prosecutable under the Missouri Penal Code to obtain justice for the victims in your state. The applicable crimes include, among others:

- RSMo §§ 565.020, 565.021, First & Second Degree Murder²
 - A person commits first degree murder if he knowingly causes the death of another person after deliberation upon the matter.
 - A person commits second degree murder if he knowingly causes the death of another person, with the purpose of causing serious physical injury to another person causes their death, or commits or attempts to commit any felony – and whilst perpetrating that felony – a person is killed as a result.
- RSMo §§ 566.206, 566.203, Trafficking for the Purpose of Slavery, Involuntary Servitude, Peonage, or Forced Labor & Abusing an Individual through Forced Labor
 - A person commits trafficking of persons for forced labor if he knowingly recruits, entices, harbors, transports, provides, or obtains by any means, including but not limited to the use of force, abduction, coercion, fraud, deception, blackmail, or causing or threatening to cause financial harm, another person for labor or services, for the purposes of slavery, involuntary servitude, peonage, or forced labor, or benefits financially or by receiving anything of value, from participation in such activities.
- RSMo § 574.105, Money Laundering
 - A person commits money laundering if he conducts or attempts to conduct a financial transaction with the purpose to promote or aid the carrying on of criminal activity, etc.
- RSMo § 565.184, Abuse of an Elderly Person, a Person with Disability, or a Vulnerable Person
 - A person commits abuse of an elderly person, a person with disability, or a vulnerable person if he purposely engages in conduct involving more than one incident that causes emotional distress to an elderly, disabled, or vulnerable person and the course of conduct shall be such as would cause a reasonable person who is elderly, disabled, or vulnerable to suffer substantial emotional distress OR intentionally fails to provide care, goods, or services to protected person and the result of that action would cause a reasonable protected person to suffer physical or emotional distress OR knowingly acts

² Also likely applicable are Assault in the First and Second Degrees, see RSMo §§ 565.050, 565.052.



or knowingly fails to act in a manner which results in a substantial risk to the life, body, or health of a protected person.

MISSOURI VICTIMS AND REQUEST FOR INVESTIGATION

Just a few of the thousands of victims in your jurisdiction are expressly included in this petition for investigation, and more continue to reach out to our office. See EXHIBIT B for copies of the letters written by some of these victim's surviving families.

One of the victims under your jurisdiction is D. Keith Carpenter. He went to the hospital for suspected COVID and a need for oxygen. He was started on remdesivir without his knowledge or consent – and he was not informed, as is legally required, about its status as an investigational drug. Further, Mr. Carpenter's wife previously worked as a federally certified nursing home investigator – she discovered that there existed none of the legally required documentation for a patient being placed on an investigational new drug. Mr. Carpenter was also placed on a ventilator until he died. In his wife's words, recounting the last time she was able to see her husband of 39 years: "to see him tied down to the bed like an animal is seared into my mind."

Bob Belknap is another victim in your jurisdiction. Bob was admitted to Capital Region Medical Center, where he was isolated from his family and power of attorney, who were not permitted to see him again until over 20 days later. He was refused hydroxychloroquine, and other treatments requested by him, his wife, and his primary physician. He was given remdesivir without informed consent. The day after his 5-day course of remdesivir was completed, 9/17/20, Bob was placed on a ventilator. He remained on a ventilator for 17 days. After being denied his requested healthcare treatments, being given remdesivir without his or his POA's consent, and being on the ventilator for an extended period of time, Bob died.

Another victim under your jurisdiction is Wanda Staude-Booth. When she and her daughter requested treatment that was not the approved CDC/federal protocol, i.e. ivermectin, she was denied. Wanda was given remdesivir without her, or her power of attorney's, consent – informed or otherwise. Even when Wanda's family obtained another doctor willing to transfer her out of the North Kansas City Hospital so she could receive appropriate care, they were denied by NKC and Wanda was not permitted to leave AMA (against medical advice). Wanda's family, and power of attorney, were not permitted to see her for 20 days. Wanda's family was coerced into assenting to putting Wanda on a ventilator. Wanda was intubated from February 25-28, 2022, until she died. Wanda was in the hospital for 28 days. When Wanda's daughter requested her medical records, as she was Wanda's power of attorney and medical power of attorney, the hospital sent her heavily redacted records. Wanda's daughter made a second request – these records did not include the last 5 days of Wanda's hospital stay. Wanda's daughter then had to make a third request and finally was able to receive all of her mother's medical records.

It is the request of your constituents that you investigate the suspected crimes against them and their loved ones, who suffered and died in the State of Missouri. The evidence already available demonstrates probable cause for criminal liability for the creation, implementation, and illicit profit gained from the mandated COVID hospital protocols – and suspension of individualized and consented to healthcare. Your constituents request that these crimes be prosecuted to the fullest extent of the law.



AVAILABLE EVIDENCE

The Accused have engaged, and continue to engage, without any legal authority, in an enterprise for the purpose of mandating known harmful policies; incentivizing or coercing others to further these policies; and pharmaceutical development, testing, and implementation for monetary profit against victims without their informed consent, using governmental power *ultra vires* to ensure immunity from liability for harm, injury, and death foreseeably (and knowingly) resulting from the actions and operation of the Accused within their enterprise. In furtherance of the aims of the enterprise, specifically relating to the COVID-19 pandemic, the Accused have knowingly misrepresented dangers of pharmaceuticals, including “vaccines” and “treatments,” such as masking³, social isolation,⁴ and remdesivir,⁵ that they have imposed on the public in the COVID-19 pandemic. The Accused isolated Missourian 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 Missourian victims suffered immense psychological trauma and terror, illness, and painful death.

³ Since 1919, cloth masks or face coverings have been known to not provide protection from airborne viruses. See Kellogg, “Influenza, A Study of Measures Adopted for the Control of the Epidemic,” *California State Board of Health*, January 1919, at 12-139, <https://babel.hathitrust.org/cgi/pt?id=uc1.31378008030317&seq=5>. when looking at the available studies, it is of note that the size of a SARS-CoV-2 particle is 100nm, or 0.1 microns whilst the pore size of filtration for a surgical mask is 80-500 microns - 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. The Accused knew that masking requirements exacerbated illness, caused increased breathing difficulty, caused significant harm to communication – especially for those with disabilities, and unnecessarily expedited the deaths of Missourians.

⁴ The Accused *knew* that socially isolating individuals, and creating the circumstances in which people, particularly the elderly, feel lonely and unable to interact with others, increased the risk of early mortality and exacerbated existing health problems, leading to additional unnecessary physical suffering before a premature death, together with psychological suffering. 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 Teguio, *et al.*, 2016, “Feelings of Loneliness and Living Alone as Predictors of Mortality in the Elderly: The PAQUID Study,” *Psychosomatic Medicine, Journal of Biobehavioral Medicine*, 78(8), p 904-909, https://journals.lww.com/psychosomaticmedicine/abstract/2016/10000/feelings_of_loneliness_and_living_alone_as.4.aspx; 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/>; 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/>.

⁵ Anthony Fauci and Robert Redfield were personally thanked for their personal involvement in a September 2019 study on Ebola, which pulled remdesivir from the study early due to it being too dangerous to continue and causing an increase of over 50% mortality. 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>. Then, in May 2020, Fauci was engaged in editing press releases about how remdesivir is safe for COVID, when he knew the year before that it increased patient mortality significantly (over 50%). 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>.



The Accused *knew* that therapeutic treatments, including hydroxychloroquine, azithromycin, and ivermectin, prevented hospitalizations, reduced symptoms, and reduced deaths from COVID. The Accused actively suppressed⁶ public knowledge of these effective treatments and deployed the power of the federal government against news outlets and social media platforms unlawfully, as well as utilized hospital systems promoting false statements to intimidate or coerce the civilian population and state and local governments to censor and punish those who provided truthful information regarding these treatments or sought to prescribe them to patients suffering COVID infection.⁷ These actions by the Accused, and their other co-conspirators, were designed to prevent the ability of Missourians, and Americans generally, from obtaining informed consent⁸ for their healthcare as well as from obtaining cheap,⁹ available, safe, and effective COVID treatment, resulting in the suffering and death of thousands.

Fauci and Lane communicated in emails, even in February of 2020,¹⁰ with various individuals, and even included in the remdesivir EUA,¹¹ that hydroxychloroquine/chloroquine was used as successful early treatment for people infected with COVID-19.¹² There was also a

⁶ 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/>.

⁷ See Letter from Mark Zuckerberg to Jim Jordan, Chairman of the House Judiciary Committee, August 26, 2024, <https://www.facebook.com/photo/?fbid=919665486871535&set=pcb.919665756871508>; See also **EXHIBIT C**, Affidavit of Dr. James Miller, wherein he explains that hospital leadership told physicians lies about COVID therapies immediately following meetings they had with federal agencies regarding COVID resources available to the hospital.

⁸ The United States Supreme Court has declared, “Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient’s consent commits an assault, for which he is liable in damages.” *Cruzan v. Director, Mo. Dept. of Health*, 497 US 261, 269 (1990) (citing *Schloendorff v. Society of New York Hospital*, 211 N. Y. 125, 129-130, 105 N. E. 92, 93 (1914)). The Supreme Court further explained that the doctrine of informed consent also requires that patients have a right to refuse treatment, and that the injection of medication into a non-consenting person’s body represents a substantial interference with that person’s liberty. *Id* at 270, 278-79.

⁹ See **EXHIBIT E**, pg. 7-8, outlining prices of available COVID treatments. For example: ivermectin = \$1, hydroxychloroquine = \$1, fluvoxamine = \$4, paxlovid = \$529, remdesivir = \$3,120 (per treatment).

¹⁰ FOIA Obtained Emails between Anthony Fauci and Hilary Marston, Dr. Philip Gatti (FDA Pharmacologist), Jonathan F. King, Cristina Cassetti (NIAID/NIH), Robert Redfield (CDC), Michael Pence (Vice President), Alex Azar (HHS), Dr. Paul Stanton, and Dr. Karyl Stanton, February 22, 2020; February 24, 2020; February 29, 2020, at pg. 153-155, 454-456, 515, <https://www.documentcloud.org/documents/20793561-leopold-nih-foia-anthony-fauci-emails>.

¹¹ 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).

¹² 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;



definitive study in 2005 by primarily CDC scientists who found that pre-treatment of chloroquine/hydroxychloroquine prevents infection by SARS-CoV & that post-infection treatment significantly reduces the spread of infection and decreased the virus and its effects.¹³ Fauci was also informed of the effectiveness and safety of hydroxychloroquine many times by Peter Navarro and his team, although Fauci refused to accept or read the studies and data they gave him and refused to acknowledge or discuss the clear scientific evidence with them.¹⁴

Similarly with ivermectin, the studies showing that it is safe, effective, and cheap are overwhelming – for example, in January 2022, a Brazilian study was performed on the use of ivermectin and its impact on hospitalizations and death that found that appropriate use of ivermectin resulted in a 70% reduction in the mortality rate and a 67% reduction in hospitalization.¹⁵ Studies done in 2020 and 2021 similarly showed significant reduction in hospitalizations or deaths of individuals who took ivermectin, and the Accused *knew* of these beneficial results¹⁶ - yet the federal Accused suppressed these studies and engaged in misinformation campaigns with media and news. The Accused have recently lost lawsuits over

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

¹³ 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>.

¹⁴ Dr. Steven Hatfill, The Hatfill Papers, “Single Point Failure II: The Role of Dr. Anthony Fauci in the Destruction of the National Pandemic Plan,” May 25, 2021, [https://img1.wsimg.com/blobby/go/7d181a8e-ee37-425a-a2b6-8674d27bacea/downloads/DSH%20-%20Single%20Point%20Failure%20II%20-%20\(05-25-2021\)%5B.pdf?ver=1726829547725](https://img1.wsimg.com/blobby/go/7d181a8e-ee37-425a-a2b6-8674d27bacea/downloads/DSH%20-%20Single%20Point%20Failure%20II%20-%20(05-25-2021)%5B.pdf?ver=1726829547725).

¹⁵ 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/>.

¹⁶ Morgenstern, *et al.*, “Ivermectin as a SARS-CoV-2 Pre-Exposure Prophylaxis Method in Healthcare Workers: A Propensity Score-Matched Retrospective Cohort Study,” *Cureus*, August 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8405705/>; Biber, *et al.*, “Favorable Outcome on Viral Load and Culture Viability Using Ivermectin in Early Treatment of non-hospitalized Patients with Mild COVID-19 – A Double-blind, randomized placebo-controlled trial,” *medRxiv*, (now published in *International Journal of Infectious Diseases*), May 2021, <https://www.medrxiv.org/content/10.1101/2021.05.31.21258081v1>; Morgenstern, *et al.*, “The Use of Compassionate Ivermectin in the Management of Symptomatic Outpatients and Hospitalized Patients with Clinical Diagnosis of Covid-19 at the Centro Medico Bournigal and at the Centro Medico Punta Cana, Grupo Rescue, Dominican Republic, from May 1 to August 10, 2020,” *Journal of Clinical Trials*, November 2020, <https://www.longdom.org/open-access/the-use-of-compassionate-ivermectin-in-the-management-of-symptomatic-outpatients-and-hospitalized-patients-with-clinical.pdf>; Krolewiecki, et al., “Antiviral Effect of high-dose ivermectin in adults with COVID-19: A proof-of-concept randomized trial,” *eClinicalMedicine*, July 2021, <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/>.



this censorious misconduct and have taken down their misleading statements about ivermectin being for horses or cows, not people.¹⁷

The Accused had knowledge that remdesivir did not reduce mortality, need for ventilation, or hospitalization, as noted in a December 2020 study by the World Health Organization.¹⁸ Further, studies showed that remdesivir was associated with longer hospital stays, and not with improvement of survival.¹⁹ There were other U.S. studies that also indicated that remdesivir did not, and would not, help Missourians reduce mortality, hospitalization, symptoms, or ventilation needs.²⁰ The NIAID-funded study cited by the Accused to promote use of remdesivir and obtain the EUA, showed only that its use could potentially reduce hospital stays by a few days – not that it reduced mortality, hospital admissions, or symptoms.²¹

On or about September 13, 2021, just after the BLA grant for Pfizer-BioIntech's Comirnaty COVID-19 vaccines, which occurred in August 2021, "Project Salus"²² 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.²³

Dr. Deborah Birx has stated that from the outset of the pandemic, she knew that the vaccines "would not protect against infection,"²⁴ 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.**²⁵ Yet she and other

¹⁷ See Newsweek, March 22, 2024, "FDA Settles Lawsuit over Ivermectin Social Media Posts", <https://www.newsweek.com/fda-settles-lawsuit-over-ivermectin-social-media-posts-1882562>.

¹⁸ 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/>.

¹⁹ 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/>.

²⁰ 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/>.

²¹ 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>.

²² 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. See 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. Attached as **EXHIBIT D**.

²³ See FOIA obtained documents, https://icandecide.org/wp-content/uploads/2023/05/2022-07-29-Production_IR0669B_FDA-83-pages.pdf#page=3.

²⁴ Dr. Deborah Birx, Fox News Interview, July 22, 2022, <https://www.foxnews.com/video/6309899975112>.

²⁵ 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>.



federal actors²⁶ deceived, unethically incentivized, and coerced federal agencies, healthcare facilities, healthcare providers, and civilians to take or administer vaccines, such that Missourians lost their jobs, their health, and/or their lives. The Accused used their false representations of the COVID vaccines and their safety and efficacy fraudulently to obtain EUAs for COVID “vaccines” and thereby preclude the use of proven safe and effective, but cheap, medications that actually work. By doing so, the Accused not only knowingly caused harm to their victims, but also ensured that they received significant financial payouts for their injurious conduct.

A CMS press release states, “the Agency will not hesitate to use its full enforcement authority... unvaccinated staff pose both a direct and indirect threat to the very patients they serve...”²⁷ The Accused *knew that this was a false statement*, yet they still coerced and manipulated the understanding of the civilian population and weaponized government policy to the harm of Missourians. Moreover, the Accused 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 Accused also prevented the possibility for informed consent of available/forced treatments given to their victims during COVID as well as promulgating lies about the safety, efficacy, and undisclosed harms of these forced treatments/countermeasures – this includes their lies, coercion, and mandating the administration of “countermeasures” including: remdesivir, masking, social isolation, and “vaccines”²⁸, which provided the Accused a large financial benefit (for example, hospitals received a \$40,000 bonus/payment from the federal government for each patient with a positive COVID diagnosis (test or symptoms) they were able to place and keep on a ventilator for more than 96 hours, for just that one countermeasure)²⁹ while causing serious physical injury, serious emotional distress, forcible restriction of movement and self-determination, with the result of extreme suffering and death of Missourian victims. Medical providers, particularly physicians, were not the lay citizens of Missouri during the COVID-19

²⁶ 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>.

²⁷ 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).

²⁸ Dr. Joseph Ladapo, the Florida Surgeon General, has explained that following an in depth analysis of the available scientific literature and information – that the injections marketed as “COVID-19 Vaccines” are “the Antichrist of products”. See Twitter Post containing clip of Dr. Joseph Ladapo interview, posted January 4, 2024, (<https://x.com/SaiKate108/status/1742870062804218229>). A more apt term would be to call these injections the Golgothan of vaccines. See also CMS payment incentives to hospitals for each staff and patient to be vaccinated whilst also weaponizing civil monetary penalties and termination of CMS programs at hospitals – resulting in the bankruptcy of the hospitals if done as threatened – for hospitals who did not meet certain vaccine mandates: “Omnibus Covid-19 Health Care Staff Vaccination Interim Final Rule with Comment,” CMS.gov, page 6, 12, 13, <https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-ifc-6-national-stakeholder-call-slides.pdf>. With CMS specifically informing hospitals that, “Vaccination is the only option – this regulation does not include a testing option for unvaccinated staff” to remain CMS compliant. *Id* at 11.

²⁹ EXHIBIT E, pg. 11-12.



pandemic. The healthcare providers at hospitals, medical facilities, and nursing homes are individuals who undertook specialized training and knowledge and who took oaths to care for patients. They owe a fiduciary duty to Missouri and Missourians. Many healthcare providers, at the direction and requirement of the hospital administrators and federal agencies that are controlled and commanded by the Accused, then violated their duty to ensure that every patient be afforded authentic informed consent and individualized care, and to do no harm, and were complicit with the Accused in their criminal enterprise schemes, in many cases, explicitly contrary to the patient's medical wishes, and resulting in patient deaths. This was largely accomplished by the federal Accused and hospital administrators providing both the "carrot" of financial benefit for compliance in inflicting harm upon victims together with the "stick" threats of employment/financial loss to effectuate protocols that isolated victims from their loved ones, prohibited informed consent, and caused victims to suffer physical and psychological harm, including death. 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.³⁰

Some physicians and providers did stand against the illegal harm and murder of their patients, but they have lost their jobs, licenses, and/or been forced out of their communities. Many of these physicians have since explained how the hospitals colluded with the Federal Accused to top-down murder and abuse their patients, as well as how the science and data was crystal clear and all medical providers, hospital administrators, and health officials who did follow the required protocols had complete knowledge that they were actively violating their oaths to not cause harm, violating their duty to provide informed consent, and causing the suffering and deaths of their patients. A few of their initial testimonies and statements are cited here for your convenience.³¹ These whistleblowers were censored also because part of the

³⁰ 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); 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/>.

³¹ See EXHIBIT C; See Brandon Drey, "'Wouldn't Do Anything Different': Dr. Peter McCullough Unbowed After Winning Legal Case," *The Daily Wire*, February 2023, <https://www.dailywire.com/news/wouldnt-do-anything-different-dr-peter-mccullough-unbowed-after-winning-legal-case>; See Marlene Lenthang, "Suspended Texas Doctor who Promoted Ivermectin as Covid Treatment Resigns from Hospital," NBC News, November 2021, <https://www.nbcnews.com/news/us-news/suspended-texas-doctor-promoted-ivermectin-covid-treatment-resigns-hos-rcna5833> (about Dr. Mary Bowden); 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->



efficacy of the covid criminal enterprise used the inflated deaths in hospitals, falsely labeled “Covid deaths” to create public panic and use the societal state of fear to impose further lucrative policies, like the Covid shots.

BARDA (Biomedical Advanced Research and Development Authority) has explained that it utilized DOD contracts to “leverage” other monetary awards³² for both agencies to direct and develop the “medical countermeasures” forced upon the American people, specifically Missourians, as part of a joint effort by the DOD and HHS to ensure obtaining financially lucrative³³ EUAs for the COVID-19 vaccines and other select expensive medical treatments, and

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>; Dr. James Miller, “The Price of Truth vs Deception in Healthcare,” *Substack: A Midwestern Doctor*, June 5, 2024, https://www.midwesterndoctor.com/p/the-price-of-truth-vs-deception-in?utm_campaign=post&utm_medium=web; See Marlene Lenthag, ABC News, “Hundreds of Hospital Staffers Fired or Suspended for Refusing COVID-19 Vaccine Mandate,” September 30, 2021, <https://abcnews.go.com/US/hundreds-hospital-staffers-fired-suspended-refusing-covid-19/story?id=80303408>; See contra., Politico, “Medical Boards get Pushback as They Try to Punish Doctors for COVID Misinformation,” February 1, 2022, <https://www.politico.com/news/2022/02/01/covid-misinfo-docs-vaccines-00003383>; 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>.

³² Assistant Secretary for Preparedness and Response, “BARDA Strategic Plan 2022-2026,” at 17, 27-29, <https://www.medicalcountermeasures.gov/media/38717/bar-da-strategic-plan-2022-2026.pdf>.

³³ There is currently FOIA litigation with these agencies which are lead and directed by the Accused wherein they have continued to refuse to provide required financial disclosures regarding these issues. 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/>; See FOIA documents relating to NIH Financial Disclosures of Fauci, Francis Collins, and Clifford Lane, among others, <https://www.openthebooks.com/substack-investigation-faucis-royalties-and-the-350-million-royalty-payment-stream-hidden-by-nih/>; See also interview of Stephane Bancel, CEO of Moderna noting that the “FDA worked relentlessly to authorize the Moderna COVID-19 vaccine... with an emergency use authorization... they [FDA] have a defined timeline for responding and engaging with clinical-trial sponsors. But they adapted to the crisis situation.”) Interview of Stephane Bancel, McKinsey & Company, August 27, 2021, <https://www.mckinsey.com/industries/life-sciences/our-insights/modernas-path-to-vaccine-innovation-a-talk-with-ceo-stephane-bancel>; See also Moderna SEC filing, at 32, 43, <https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm> (noting that Moderna entered into multiple funding agreements with HHS and BARDA to “fund the advancement of mRNA-1273 to FDA licensure.”); CEO of Moderna Stephane Bancel and other Moderna leadership, such as Tal Zaks, made a total of 30 million dollars following the US federal government’s over \$1.2 billion investment in their vaccine research and their statements of Moderna’s COVID vaccine data, which was unverified, as quite promising. See Stephane Bancel SEC filing, May 2020, <https://www.sec.gov/Archives/edgar/data/1443340/000112760220017739/xslF345X03/form4.xml>; CBS News, May 22, 2020, “Moderna CEO and Other Execs Made Millions on Vaccine Announcement,” <https://www.cbsnews.com/news/moderna-ceo-executives-made-millions-on-vaccine-announcement/>; Pfizer, “Pfizer Receives U.S. FDA Emergency Use Authorization for Novel COVID-19 Oral Antiviral Treatment,” December 22, 2021, <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-receives-us-fda-emergency-use-authorization-novel>; Julia Kollewe, The Guardian, “From Pfizer to Moderna: Who’s Making Billions from COVID-19 Vaccines?” March 6, 2021, (noting that Pfizer has contracted with the US Government for a \$3.9 Billion vaccine contract, and that the founders of BioNTech became multibillionaires when their stocks soared following their vaccine deal with Pfizer and the USG)(also noting that Johnson and Johnson have expected sales of \$10Billion from the USG) <https://www.theguardian.com/business/2021/mar/06/from-pfizer-to->



permitted federal agencies to enter into contracts with pharmaceutical companies that do not comply with typical federal law regulating acquisitions and intellectual property – which was highlighted by the U.S. Government Accountability Office because of the DOD, HHS, and BARDA’s lack of transparency or accurate reporting of the passage of funds with private companies.³⁴ The Accused also used this authority and EUAs to prevent other long-proven cheap and effective medications from being available to Missourians.³⁵ Deborah Birx’s role with her DOD work and relationship with federal health agencies, along with her role in guiding US

[moderna-whos-making-billions-from-covid-vaccines](#); 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>.

³⁴ 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]). By utilizing these statutes, the federal agencies and pharmaceutical companies (and their leadership) were able to obtain royalty payments, even though this type of military or intelligence agency contract typically would not permit royalties. See also, 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>.

³⁵ For example, Rick Bright has testified about how he worked at the direction of Janet Wookcock (FDA) to enact an EUA for Hydroxychloroquine, rather than the EIND (emergency investigational new drug) that he was ordered to file which would instead give doctors knowledge of the studies showing the safety and efficacy and permit them to use the hundreds of thousands of doses that were acquired by Peter Navarro and his team in the national stockpile. However, instead these federal actors enacted an EUA, which they later retracted with false and fraudulent studies – which then made it nearly impossible for any victim to get this cheap, effective, life-saving treatment, and instead the only available treatment became EUA approved vaccines. See: Letter to Rick Bright (BARDA) from FDA, March 28, 2020, <https://www.fda.gov/media/136534/download>; HHS ASPR BARDA, BARDA Strategic Plan, 2022-2026, May 2022, at 26-27, fn 1 at pg. 3, <https://www.medicalcountermeasures.gov/media/38717/bar-da-strategic-plan-2022-2026.pdf>; Department of Health and Human Services, Public Health Service, FDA, “Pharmacovigilance Memorandum,” May 19, 2020, at 2, https://www.accessdata.fda.gov/drugsatfda_docs/nda/2020/OSE%20Review_Hydroxychloroquine-Chloroquine%20-%2019May2020_Redacted.pdf; Letter from RADM Denise M. Hinton (FDA) to Gary L. Disbrow (BARDA), June 15, 2020, <https://www.fda.gov/media/138945/download?attachment>; FDA, “Frequently Asked Questions on the Revocation of the Emergency Use Authorization for Hydroxychloroquine Sulfate and Chloroquine Phosphate,” updated 6/19/2020, <https://www.fda.gov/media/138946/download?attachment>; See Wiseman, D.M., Kory, P., Saidi, S.A., Mazzucco, D., “Effective Post-Exposure Prophylaxis of COVID-19 Associated with Use of Hydroxychloroquine: Prospective Re-Analysis of a Public Dataset Incorporating Novel Data,” medRxiv, December 2, 2020, <https://www.medrxiv.org/content/10.1101/2020.11.29.20235218v1.article-info>; It should also be investigated whether the EUAs for the COVID-19 Vaccines are legal or appropriate as individuals such as Bayer executive Stefan Oelrich has stated that the mRNA shots are “gene therapy” marketed as “vaccines” to gain public trust and acceptance, therefore not actually meeting the definition of vaccines. See Excerpt of Statement made by Stefan Oelrich at World Health Summit, 2021, posted to X on February 11, 2024, https://twitter.com/DiedSuddenly_/status/1756726278755889301?s=20; see also full Statement made by Stefan Oelrich at World Health Summit 2021, posted to YouTube November 16, 2021, <https://www.youtube.com/watch?v=IKBmVwuv0Qc>.



policy that mandated only financially lucrative COVID protocols in Missouri hospitals should be further investigated.

Similarly, Major Joe Murphy³⁶ 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, with help from individuals including Ralph Baric to edit the proposal, 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.*

The Accused also established systems to move vast sums of money to and through hospitals and federal agencies via targeted bonuses and specific pharmaceuticals that would receive funding as “compliant” with NIH and Centers for Medicare and Medicaid Services (“CMS”) standards/recommendations, in contrast to denying funding and applying penalties to hospitals and medical providers for prescribing treatments such as ivermectin, hydroxychloroquine, zinc, quercetin, fluvoxamine, etc. See **Exhibit E** hereto at 10-12. Hospital systems and hospital administrators, such as Capital Region Medical Center, 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, lethal treatment, in violation of their ethical obligations, legal duty, and providers' oaths to do no harm. One example of the financial payouts to healthcare systems is that hospitals were paid additional incentives every time they provided a patient with a “covered countermeasure” with additional payments linked to the 20% bonus hospitals received for COVID-related diagnosis codes. *Id.* These payments continue until the end of the Public Health Emergency. *Id.* at 10-11. Missouri 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 trafficking of Missouri victims within the covid criminal enterprise is similar to forced organ harvesting³⁷ in China and other places, which is the trafficking and abuse of individuals for financial gain *related to medical procedures*.³⁸ The Accused engaged in the weaponization

³⁶ FOIA Disclosure of Major Joe Murphy, obtained through FOIA by Project Veritas, https://assets.ctfassets.net/syq3snmxcl9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Docs_pt1_Og_WATERMARK_OVER_Redacted.pdf; See also additional leaked documents analyzed and compiled by DRASTIC about the DARPA Project DEFUSE, which was discussed by Major Murphy, https://drasticresearch.org/wp-content/uploads/2021/10/preempt_hr00111880017_notes_v1_b-1.pdf.

³⁷ See Rep. Christopher Smith, Rep. Guy Reschenthaler, etc., House Bill, H.R. 1154 – Stop Forced Organ Harvesting Act of 2023, Passed House on 3/27/2023, <https://www.congress.gov/bill/118th-congress/house-bill/1154/text?q=%7B%22search%22%3A%22hr1154%22%7D>; See Sen. Tom Cotton, S.761 – Stop Forced Organ Harvesting Act of 2023 (introduced in Senate 3/9/2023), <https://www.congress.gov/bill/118th-congress/senate-bill/761/text>; See also Texas Senate Bill 1040, effective September 1, 2023, <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=88R&Bill=SB1040> (detailing medical abuse and trafficking of organs by the Chinese Communist Party, and others).

³⁸ 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]).



of hospitalization and “treatment” to traffic persons for financial gain from the federal government, DOD, Intelligence Agencies, and patents/royalties.

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

CONCLUSION

It is the request of the victims in your state that Governor Parson would direct Attorney General Bailey to begin an investigation, and if sufficient evidence is obtained through investigation and grand jury process, that prosecution of those responsible for the COVID hospital homicides in Missouri would commence.

It is our request that you fulfill your duties to your constituents to obtain justice on their behalf and reveal the truth of the victim’s suffering, through disclosure of the truth within Missouri hospital deaths, at the direction and behest of the Accused.

Respectfully submitted,

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