Executive Summary for Litigation of PLANDEMIC Crimes…

Dr. David E. Martin

Since the publication of the ***Global Vaccine Action Plan 2011-2020*** in February of 2013, Drs. Anthony Fauci of the U.S. National Institutes for Allergies and Infectious Diseases (NIAID) and Chris Elias of the Bill & Melinda Gates Foundation have declared the commercial dictum: "to extend immunization to everyone."[1] Declaring vaccination an essential "human right", they spent the decade seeking to develop and deploy a "universal vaccination". Lamenting their failure before Congress and the World Health Organization, they complained that the public was reticent to accept a "universal" vaccine. Possibly informed by the compelling failure of the influenza "vaccines" which failed to disrupt annual flu seasons, the public wasn't falling for their obsession.

In 2014, Dr. Peter Daszak (veterinarian and NIAID pandemic engineer) lamented:

*"…until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs such as a pan-influenza or pan-coronavirus vaccine**. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process**, Daszak stated*."[2] (emphasis added)

Missing the opportunity to leverage the deadly flu season of 2018, Fauci, Elias, and Daszak announced that they would construct a scenario to mandate that ALL countries respond to a "lethal respiratory pathogen." Published in September 2019, these criminal conspirators put humanity on a collision course with a manufactured "pandemic" to create vaccine dependency.

"A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in development of innovative vaccine and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing sequences of any new pathogen for public health purposes, along with the means to share limited medical countermeasures across countries.

Progress indicator(s) by September 2020

Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad-spectrum antivirals and targeted therapeutics. WHO and its

[1] https://www.who.int/publications/i/item/global-vaccine-action-plan-2011-2020
[2] https://www.ncbi.nlm.nih.gov/books/NBK349040/

Member States develop options for standard procedures and timelines for sharing of sequence data, specimens and medical countermeasures for pathogens other than influenza."[3]

One month later, they announced that they would use SARS Coronavirus as a "desktop" simulation during the Event 201 exercise funded by Open Philanthropy (Facebook's Dustin Moskovitz) and hosted by the Bill & Melinda Gates Foundation, the World Economic Forum, and Johns Hopkins University.

COVID-19, the first "disease" to have NO diagnostic test to measure its existence, was a series of symptoms aggregated to form an influenza-like illness to create the illusion of a pandemic. Now discredited, the RT-PCR test (amplified to cycles that could simulate any nucleic acid sequence) was used to create the illusion of infection and spread fear around the world. And all of this was to force the public adoption of a novel mRNA "vaccine" which, by the FDA's own classification is a gene therapy[4] – not public health immunization.

Over one year later it has become self-evident that the "vaccination" terminology was adopted for branding purposes (and to attempt to secure immunity shields for manufacturers) to coerce the population into accepting an experimental, dangerous gene therapy technology. The injected are getting sick. The injected are dying "of COVID-19". There is NO evidence that the injections have disrupted transmission as the recent "Omicron variant" has made abundantly clear.

THIS WAS NEVER ABOUT PUBLIC HEALTH. This was an organized crime racket to coerce the public's adoption of a novel technology that has NEVER been shown to be safe or effective under the definitions of the FDA, the Federal Trade Commission's Deceptive Medical Practices standard, or under any other statutory criteria.

It is long past time to hold the criminals accountable for:

- Domestic and International Terrorism,
- Deceptive Medical Practices,
- Reckless Endangerment and Homicide,
- Racketeering and Anti-trust collusion, and,
- Biological Weapons Construction and Deployment.

I have been the solitary voice calling for this accountability since the inception of this scheme and I'm now leading efforts to litigate all of the matters identified above as well as hold the conspiring commercial interests liable for tax and securities fraud. In the former, each manufacturer has misused the In Process Research and Experimentation Tax Credit

[3] https://reliefweb.int/sites/reliefweb.int/files/resources/GPMB_annualreport_2019.pdf
[4] https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm

misrepresenting sponsored research as qualified exemptions. In the latter, each manufacturer has violated that Bayh-Dole Act and has thereby misrepresented proprietary interests to their shareholders in violation of SEC laws.

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Nos. 21A243, 21A244, 21A245, 21A246, 21A247, 21A248, 21A249, 21A250, 21A251, 21A252, 21A258, 21A259, 21A260, and 21A267

IN THE

Supreme Court of the United States

IN RE: MCP NO. 165, OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, INTERIM FINAL RULE: COVID-19 VACCINATION AND TESTING; EMERGENCY TEMPORARY STANDARD 86 FED. REG. 61402, ISSUED ON NOVEMBER 4, 2021

[case captions on following pages]

On Applications for Stay or Injunction Pending Review of Petition for Writ of Certiorari to the United States Court of Appeals for the Sixth Circuit

MOTION FOR LEAVE TO FILE *AMICUS CURIAE* BRIEF AND BRIEF OF AMERICA'S FRONTLINE DOCTORS AS *AMICUS CURIAE* IN SUPPORT OF APPLICANTS

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SUMMARY OF ARGUMENT

It is the consensus of the medical community that the currently available Covid-19 vaccine injections ("Covid-19 injections") do not prevent the spread of Covid-19. Relevant federal agencies have repeatedly acknowledged this consensus. Therefore, there is no scientific or legal justification for the Occupational Safety and Health Administration ("OSHA") to segregate injected and un-injected people. Indeed, since the Covid-19 injections do not confer immunity upon the recipients, but are claimed to merely reduce the symptoms of the disease, they do not fall within the long-established definition of a vaccine at all. They are instead treatments and must be analyzed as such under the law.

Even if OSHA possessed the statutory and constitutional authority to issue the Emergency Temporary Standard ("ETS")[2] now challenged before the Court, which it does not, the substantive due process clause of the Fifth Amendment would require the federal government to establish that the OSHA ETS is narrowly tailored

[2] 86 FED. REG. 61402 (November 4, 2021).

to meet a compelling state interest. This is a standard it cannot meet.

ARGUMENT

A. Covid-19 injections do not create immunity. They are treatments, not vaccines.

The uncontroverted medical consensus is that existing Covid-19 injections do *not* prevent infection or transmission of the coronavirus; *i.e., they do not create immunity in the recipients.* This is admitted openly today, including by U.S. Health Agencies, which is why the CDC Director stated on CNN, "What the vaccines can't do anymore is prevent transmission."[3] Examples abound:

a. NIAID Director Dr. Anthony Fauci to NPR: "We know now as a fact that [vaccinated people with Covid-19] are capable of transmitting the infection to someone else."[4]

b. Dr. Anthony Fauci on November 12, 2021, referring to the experience of health officials regarding the injections:

> They are seeing a waning of immunity not only against infection but against hospitalization and to some extent death, which is starting to now involve all age groups. It isn't just the elderly. It's waning to the point that you're seeing more and more people getting breakthrough infections, and more and more of those people who are getting breakthrough infections are winding up in the hospital.[5]

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[3] CNN. *The Situation Room, interview with CDC Director Walensky*. (August 5, 2021). https://twitter.com/CNNSitRoom/status/1423422301882748929

[4] Stieg, C. "Dr. Fauci on CDC mask guidelines: 'We are dealing with a different virus now.'" (July 28, 2021). https://www.cnbc.com/2021/07/28/dr-fauci-on-why-cdc-changed-guidelines-delta-is-a-different-virus.html

[5] Coleman, K (November 12, 2021). *Dr. Fauci Just Issued This Urgent Warning to Vaccinated People.* Yahoo News. https://www.yahoo.com/lifestyle/dr-fauci-just-issued-urgent-201846228.html

c. WHO Chief Scientist Dr. Soumya Swaminathan: "At the moment I don't believe we have the evidence of any of the vaccines to be confident that it's going to prevent people from actually getting the infection and therefore being able to pass it on."[6]

d. Chief Medical Officer of Moderna Dr. Tal Zaks: "There's no hard evidence that it stops [the Covid-19 vaccinated] from carrying the virus transiently and potentially infecting others who haven't been vaccinated."[7]

e. The Surgeon General of the State of Florida, Dr. Joseph Ladapo, MD, PhD: "… the infections can still happen whether people are vaccinated or not. That's very obvious."[8]

f. Professor Sir Andrew Pollard who led the Oxford vaccine team: "We don't have anything that will stop transmission, so I think we are in a situation where herd immunity is not a possibility and I suspect the virus will throw up a new variant that is *even better* at infecting vaccinated individuals."[9]

g. Dr. Jay Bhattacharya, MD, PhD, Professor of Health Policy, Stanford

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[6] Colson, T. "Top WHO scientist says vaccinated travelers should still quarantine, citing lack of evidence that COVID-19 vaccines prevent transmission." *Business Insider*. (December 29, 2020). https://www.businessinsider.com/who-says-no-evidence-coronavirus-vaccine-prevent-transmissions-2020-12?op=1

[7] Manskar, N. "Moderna boss says COVID-19 vaccine not proven to stop spread of virus." *New York Post*. (November 24, 2020). https://nypost.com/2020/11/24/moderna-boss-says-covid-shot-not-proven-to-stop-virus-spread/.

[8] WFLA News. "Desantis, Moody Speak Out Against Vaccine Mandates in Clearwater." Twitter Repost. (October 24, 2021). https://twitter.com/4patrick7/status/1452309002021388296?s=21

[9] Knapton, S. "Delta variant has wrecked hopes of herd immunity, warn scientists." *The Telegraph*. (October 8, 2021). https://www.msn.com/en-gb/health/medical/delta-variant-has-wrecked-hopes-of-herd-immunity-warn-scientists/ar-AAN9O4p

University: "Based on my analysis of the existing medical and scientific literature, any exemption policy that does not recognize natural immunity is irrational, arbitrary, and counterproductive to community health."[10]

h. 2008 Nobel Prize winner in Medicine Dr. Luc Montagnier (also winner of the French National Order of Merit and 20 other major international awards):

> The vaccines don't stop the virus, they do the opposite – they 'feed the virus,' and facilitate its development into stronger and more transmissible variants…You see it in each country, it's the same: the curve of vaccination is followed by the curve of deaths … the vaccines Pfizer, Moderna, Astra Zeneca do not prevent the transmission of the virus person-to-person and the vaccinated are just as transmissive as the unvaccinated.[11]

i. A study of a Covid-19 outbreak in July 2021 published in *Eurosurveillance* observed that 100 percent of severe, critical, and fatal cases of Covid-19 occurred in injected individuals. The authors stated that the study "challenges the assumption that high universal vaccination rates will lead to herd immunity and prevent COVID-19 outbreaks."[12]

j. Dr. Martin Kulldorff, Professor of Medicine at Harvard Medical School:

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[10] Bhattacharya, J., *et al*. "The beauty of vaccines and natural immunity." *Smerconish Newsletter*. (June 4, 2021). https://www.smerconish.com/exclusive-content/the-beauty-of-vaccines-and-natural-immunity

[11] RAIR Foundation USA video with Nobel Laureate Luc Montagnier. https://rairfoundation.com/bombshell-nobel-prize-winner-reveals-covid-vaccine-is-creating-variants/. (May 18, 2021).

[12] Pnina, S. *et al*. "Nosocomial outbreak caused by the SARS-CoV-2 Delta variant in a highly vaccinated population, Israel, July 2021." *EuroSurveill.* 26:39. (September 23, 2021). https://doi.org/10.2807/1560-7917.ES.2021.26.39.2100822

"The bottom line is that these vaccines do not prevent transmission."[13]

k. Dr. Sunetra Gupta, Infectious Disease Epidemiologist and Professor of Theoretical Epidemiology at the University of Oxford:

> [I]t is really not logical to use [these] vaccines to protect other people … I don't think they should be forced [] on the understanding simply because this vaccine does not prevent transmission. So if you just think of the logic of it, what is the point of requiring a vaccine to protect others if that vaccine does not durably prevent onward transmission of a virus?[14]

The Court may already be aware of the countless news reports of outbreaks on fully "vaccinated" sports teams[15] and cruise ships,[16] not to mention in the fully "vaccinated" White House.[17] There is simply no question that the Covid-19 injections do not create immunity. This was summed up quite nicely by Moderna Chief Medical Officer Tal Zaks, who "warned that the trial results show that the vaccine can prevent someone from getting sick or 'severely sick,' from COVID-19, however, the results don't show that the vaccine prevents transmission of the virus."[18] Recognition of this fact may explain why, in August of 2021, the CDC

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13 Adams, P, *et al*. "Who Are These COVID-19 Vaccine Skeptics and What Do They Believe?" *Epoch Times*. (October 20, 2021). https://www.theepochtimes.com/who-are-these-covid-19-vaccine-skeptics-and-what-do-they-believe_4043094.html

14 Allen, R. "Oxford Scientist 'It's Illogical & Unethical To Force Jab On NHS Staff.'" The Richie Allen Radio Show. (September 9, 2021). https://richieallen.co.uk/oxford-scientist-its-illogical-unethical-to-force-jab-on-nhs-staff/

15 Associated Press. "US sports leagues cope with COVID-19 outbreaks amid variants." (December 15, 2021). https://www.foxnews.com/sports/us-sports-leagues-cope-with-covid-19-outbreaks-amid-variants

16 Lemos, G. *et al*. "17 Covid-19 cases identified on New Orleans-bound cruise ship." CNN. (December 5, 2021). https://www.cnn.com/2021/12/05/us/cruise-ship-norwegian-breakaway-covid-cases/index.html

17 Chasmar, J. "Psaki doesn't deny White House COVID-19 outbreak." *Yahoo News*. (December 20, 2021). https://news.yahoo.com/psaki-doesn-apos-t-deny-210029232.html

18 Al-Arshani, S. "Moderna's chief medical officer says that vaccine trial results only show that they prevent people from getting sick – not necessarily that recipients won't still

changed the definition of "vaccination" from "the act of introducing a vaccine into the body to produce immunity to a specific disease" to "the act of introducing a vaccine into the body to produce protection to a specific disease."[19]

However, this newly created CDC definition conflicts with the statutory criteria for a vaccine, which focuses solely upon immunity. In 1986, Congress passed 42 U.S.C. § 300aa-1, which established "a National Vaccine Program to achieve *optimal prevention of human infectious diseases through immunization . . .*" (emphasis added). Clearly, from both a public health standpoint as well as from a legal standpoint, immunization is the intended *sine qua non* of vaccination.

Since they do not create immunity, but are claimed to merely reduce the symptoms of the disease, the so called Covid-19 vaccines are treatments, not vaccines.[20] Even the FDA has classified them as "CBER-Regulated Biologics" otherwise known as "therapeutics" which fall under the "Coronavirus Treatment Acceleration Program."[21]

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be able to transmit the virus." *Business Insider*. (November 2020). https://www.businessinsider.com/moderna-chief-medical-officer-vaccines-interview-2020-11

[19] Attkisson, S. "CDC changes definition of "vaccines" to fit Covid-19 vaccine limitations." (September 8, 2021). https://sharylattkisson.com/2021/09/read-cdc-changes-definition-of-vaccines-to-fit-covid-19-vaccine-limitations/

[20] *See, e.g.,* Moderna *Program Patents*. (December 2021). https://www.modernatx.com/patents

United States Securities and Exchange Commission, *Moderna Form 10Q*. (August 6, 2020). https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm

Nakagami, H. "Development of COVID-19 vaccines utilizing gene therapy technology." *Int Immunol*. 33(10):521-527. (September 25, 2021). https://pubmed.ncbi.nlm.nih.gov/33772572/.

FDA. "Comirnaty. Vaccines, Blood, and Biologics." (December 2021). https://www.fda.gov/ vaccines-blood-biologics/comirnaty

[21] FDA. "Coronavirus (COVID-19) | CBER-Regulated Biologics." (2021). https://www.fda.gov/vaccines-blood-biologics/industry-biologics/coronavirus-covid-19-cber-

The FDA's "therapeutics" classification of the injections is consistent with representations made by Pfizer partner BioNTech to the Securities and Exchange Commission ("SEC") in its 2020 Annual Report, where it stated with regard to the mRNA technology forming the basis of its Covid-19 injection:

> Although we expect to submit BLAs [biologics license applications] for our mRNA-based product candidates in the United States, and in the European Union, mRNA therapies have been classified as gene therapy medicinal products, and other jurisdictions may consider our mRNA-based product candidates to be new drugs, not biologics or gene therapy medicinal products, and require different marketing applications.[22]

Similarly, in its June 30, 2020 Quarterly Report to the SEC, Moderna stated with regard to the mRNA technology underpinning its injection: "Currently, mRNA is considered a gene therapy product by the FDA."[23]

Thus, the medical community, the relevant agencies, and both Pfizer and Moderna — the manufacturers of the dominant injections — recognize that the so-called vaccines are therapeutics, or medical treatments. Since they do not achieve immunization, this conclusion is also consistent with Congress' definition of vaccines in establishing the National Vaccine Program in 1986: the "*prevention of*

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regulated-biologic

FDA. "Coronavirus Treatment Acceleration Program(CTAP)." (2021). https://www.fda.gov/drugs/coronavirus-covid-19-drugs/coronavirus-treatment-acceleration-program-ctap.

[22] United States Securities and Exchange Commission. *BioNTech SE Form 20-F.* (2020). https://www.sec.gov/Archives/edgar/data/1776985/000156459021016723/bntx-20f_20201231.htm at page 26.

[23] United States Securities and Exchange Commission. *Moderna SE Form 10-Q.* (June 30, 2020). https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017 /mrna-20200630.htm

human infectious diseases through immunization."[24] Accordingly, we herein refer to the Covid-19 "vaccines" as Covid-19 injections.

B. The Government's attempt to mandate treatments is subject to strict scrutiny.

The judiciary has too often assumed without analysis that requiring individuals to submit to Covid-19 injections is permissible under the determination made in *Jacobson*.[25] However, because these injections do not confer immunity, but are instead merely treatments that may reduce the severity of symptoms, the proper analysis stems from *Cruzan v. Dir., Mo. Dep't of Health,* 497 U.S. 261 (1990).[26]

In *Cruzan*, the Court addressed whether the parents of a young woman severely brain damaged in a car wreck could compel the hospital to remove her from life support in the absence of any clear directive memorializing her intent. Missouri

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[24] 42 U.S.C. § 300aa-1 *et seq.*

[25] *Jacobson v. Massachusetts*, 197 U.S. 11 (1905).

[26] Although *Cruzan* was decided under the due process clause of the Fourteenth Amendment, this Court has long held that the same substantive due process analysis applied to the states under the due process clause of the Fourteenth Amendment also applies to the federal government under the due process clause of the Fifth Amendment. *See, e.g., Bolling v. Sharpe,* 347 U.S. 497, 500 (1954) ("In view of our decision that the Constitution prohibits the states from maintaining racially segregated public schools, it would be unthinkable that the same Constitution would impose a lesser duty on the Federal Government.") *See also, Adarand Constructors v. Pena*, 515 U.S. 200 (1995) (same); *Frontiero v. Richardson*, 411 U.S. 677 (1973) (holding federal law discriminating on basis of sex unconstitutional under the Fifth Amendment due process clause based on Fourteenth Amendment analysis); *Califano v. Goldfarb*, 430 U.S. 199 (1977) (striking down federal racial classification on basis of Fifth Amendment due process clause stating that strict scrutiny is the proper standard for analysis of all racial classifications, whether imposed by a federal, state, or local actor. *Id.* at 231, superseded by statute); *Jimenez v. Weinberger*, 417 U.S. 628 (1974) (striking down provision of the Social Security Act based upon illegitimacy applying substantive due process analysis through the due process of clause of the Fifth Amendment).

required clear and convincing evidence of intent to remove a patient from life support, and the parents argued this violated both their and their daughter's Fourteenth Amendment substantive due process rights. Significantly for the issue at hand, the Court began by recognizing a fundamental human right of informed consent to medical treatment stemming from the right of self-determination, stating:

> At common law, even the touching of one person by another without consent and without legal justification was a battery. Before the turn of the century, this Court observed that "no right is held more sacred, or is more carefully guarded, by the common law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority of law." This notion of bodily integrity has been embodied in the requirement that informed consent is generally required for medical treatment. Justice Cardozo, while on the Court of Appeals of New York, aptly described this doctrine: "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." The informed consent doctrine has become firmly entrenched in American tort law. The logical corollary of the doctrine of informed consent is that the patient generally possesses the right not to consent, that is, to refuse treatment.
> 497 U.S. at 269–270 (citations omitted).

The Court went on to state that "[t]he principle that a competent person has a constitutionally protected liberty interest in refusing unwanted medical treatment may be inferred from our prior decisions" citing three cases pertinent to our analysis here. First, the *Cruzan* Court cited *Washington v. Harper*, 494 U.S. 210, 221-222 (1990), where the Court recognized that prisoners possess "a significant liberty interest in avoiding the unwanted administration of antipsychotic drugs under the Due Process Clause of the Fourteenth Amendment." Significantly, the

Court in *Harper* stated that "[t]he forcible injection of medication into a nonconsenting person's body represents a substantial interference with that person's liberty." 494 U.S. at 229. Second, the *Cruzan* Court cited *Vitek v. Jones*, 445 U.S. 480, 494 (1980), where the Court recognized that the transfer to a mental hospital coupled with mandatory behavior modification treatment implicated liberty interests. Third, the Court cited *Parham v. J. R.*, 442 U.S. 584 (1979) where the Court recognized that "a child, in common with adults, has a substantial liberty interest in not being confined unnecessarily for medical treatment."

Cruzan was followed in 1997 by *Washington v. Glucksberg*, 521 U.S. 702 (1997), where the issue before the Court was whether the substantive due process right to refuse medical treatment included the right to assisted suicide. The following language of the Court is particularly significant to the issue presently before the Court:

> The Due Process Clause guarantees more than fair process, and the "liberty" it protects includes more than the absence of physical restraint. *Collins* v. *Harker Heights*, 503 U.S. 115, 125 (1992) (Due Process Clause "protects individual liberty against 'certain government actions regardless of the fairness of the procedures used to implement them'") (quoting *Daniels* v. *Williams*, 474 U.S. 327, 331 (1986)). The Clause also provides heightened protection against government interference with certain fundamental rights and liberty interests. ... We have also assumed, and strongly suggested, that the Due Process Clause protects the traditional right to refuse unwanted lifesaving medical treatment. *Cruzan*, 497 U.S. at 278-279.
> 521 U.S. at 719-720. (internal citations omitted)

The fact that the *Glucksberg* Court identified the right to refuse unwanted lifesaving medical treatment as one in a long list of traditional fundamental human rights and liberty interests is extremely important because once a right is so

identified, any governmental action infringing upon it is subjected to the "strict scrutiny" test. As stated by the Court in *Glucksberg,* "the Fourteenth Amendment forbids the government to infringe fundamental liberty interests *at all*, no matter what process is provided, unless the infringement is narrowly tailored to serve a compelling state interest." *Glucksberg*, 521 U.S. at 721 (internal quotations omitted, emphasis in original).

The Court's analysis in both *Cruzan* and *Glucksberg* was based upon a sick person asserting a right to deny treatment. The ETS mandate, on the other hand, forces treatment on perfectly healthy people. All of the arguments in favor of self-determination reviewed by the Court in *Cruzan* and *Glucksberg* are even stronger when applied to a perfectly healthy person's right to refuse a treatment on the basis that it *may* make symptoms of a disease that healthy person *may never contract* less severe. And we remember here the uncontroverted medical consensus that Covid-19 injections do *not* prevent infection or transmission of the coronavirus; i.e., *they do not create immunity in the recipients*. The bar should be even higher to force a healthy person to accept "treatment" than to force a sick person to accept critical care. As stated by the Court in *Harper*, where a physically healthy prisoner objected to the administration of antipsychotic drugs, "[t]he forcible injection of medication into a nonconsenting person's body represents a substantial interference with that person's liberty." 494 U.S. at 229.

In the United States Courts

United States of America
Attorney General with a Conscience

v

Mr. Alex Azar, DEFENDANT
Dr. Anthony Fauci, DEFENDANT
Dr. Peter Daszak, DEFENDANT
Dr. Ralph Baric, DEFENDANT
FDA, DEFENDANT
CDC, DEFENDANT
NIAID, DEFENDANT
MODERNA, DEFENDANT
PFIZER, DEFENDANT

Count 1: 18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Count 2: 18 USC § 2339– Conspiring to Commit Acts of Terrorism

Count 3. 15 U.S.C. §1-3 – conspiring to criminal commercial activity

Count 4. 18 USC § 175 – Funding and Creating a Biological Weapon

Count 5. 15 U.S.C. §8 – market manipulation and allocation

Count 6. 18 U.S.C. § 1001 – lying to Congress

Count 7. 15 U.S.C. § 19 – interlocking directorates

Count 8. 18 U.S. Code § 2384 - Seditious conspiracy

The Proposed Indictment

Throughout the decade of the 90s Pfizer sought to research, develop and patent a coronavirus (CoV) vaccine. Their first patent filing specifically recognizing the S-protein as the immunologic target for vaccines was filed on November 14, 1990 (U.S. Patent 6,372,224). With a focus on swine and canine gastroenteritis, these efforts showed little commercial promise and the patent was abandoned in April of 2000. During the same period, the National Institute for Allergy and Infectious Disease (NIAID) under the vaccine obsession of Dr. Anthony Fauci, funded Professor Ralph Baric at the University of North Carolina Chapel Hill. This program designed to commercially weaponize a naturally occurring toxin is the beginning of the criminal conspiracy and **violates 18 USC § 175, 15 USC § 1-3, and 15 USC § 8**) Dr. Baric's expertise was understanding how to modify components of the coronavirus associated with cardiomyopathy. NIAID Grants AI 23946 and GM63228 (leading to patent U.S. 7,279,327 "Methods for Producing Recombinant Coronavirus") was the NIH's first Gain-of-Function (GOF) project in which Dr. Baric created an "infectious, replication defective" clone of recombinant coronavirus. This work clearly defined a means of making a natural pathogen more harmful to humans by manipulating the Spike Protein and other receptor targets. A year after filing a patent on this GOF CoV, the world experienced the first outbreak of Severe Acute Respiratory Syndrome (SARS).

Under the guise of responding to a public health emergency, the United States Centers for Disease Control and Prevention (CDC) filed a patent application on the genome of SARS CoV on April 25, 2003. Accessing and manipulating the genomic data (which came from China making an "invention" claim by a U.S. entity illegal **violating 35 USC §101, 103**), Dr. Baric, Dr. Fauci, and the CDC **violated 18 USC § 175** (a felony). One year earlier, Dr. Baric and his team had already filed a patent which clearly the pathogen CDC claimed as novel in 2003. Three days after filing a patent on the genome, NIH-funded Sequoia Pharmaceuticals filed a patent for the vaccine on the virus invented a mere three days earlier. At the same time, in **violation of 15 USC § 19** Dr. Fauci was appointed to a board position with the Bill and Melinda Gates Foundation (a competitor in vaccine manufacturing) thereby beginning the interlocking directorate[1] anti-trust crime.

In 2005, the DARPA and MITRE hosted a conference in which the intentions of the U.S. Department of Defense was explicit. In a presentation focused on "Synthetic Coronaviruses Biohacking: Biological Warfare Enabling Technologies", Dr. Baric presented the malleability of CoV as a biological warfare agent. **Violating 18 USC § 175** and inducing the non-competitive market allocation (**violating 15 USC § 8**) for years to follow, Dr. Baric and the U.S. Department of Defense spent over $45 million in amplifying the toxicity of CoV and its chimeric derivatives.

From 2011 until the alleged COVID-19 pandemic, Dr. Fauci has routinely lamented about the inadequacy of public funding for his vaccine programs and the public's general unwillingness to succumb to his insistence that everyone MUST be vaccinated against influenza. Despite repeated appropriations to advance vaccine dependency, his efforts have been largely unsuccessful. NIAID – under Dr. Fauci's direct authorization – encouraged UNC Chapel Hill and Dr. Baric's lab to ignore the GoF moratorium in a letter dated October 21, 2014. At that time, Drs. Fauci, Baric and EcoHealthAlliance's Peter Daszak were in possession of an extremely dangerous Chinese pathogen identified a year earlier in Wuhan.[2]

While many illegal acts were committed by the conspirators leading up to 2015, the domestic terrorism program (**in violation of 18 USC § 2339**) was announced by NIAID-funded Daszak at the National Academy of Sciences. Here, he announced what was to become the domestic and global terrorism event branded COVID-19.

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[1] We note that gain-of-function specialist, Dr. Ralph Baric, was both the recipient of millions of dollars of U.S. research grants from several federal agencies and sat on the World Health Organization's International Committee on Taxonomy of Viruses (ICTV) and the *Coronaviridae* Study Group (CSG). In this capacity, he was both responsible for determining "novelty" of clades of virus species but directly benefitted from determining declarations of novelty in the form of new research funding authorizations and associated patenting and commercial collaboration. Together with CDC, NIAID, WHO, academic and commercial parties (including Johnson & Johnson; Sanofi and their several coronavirus patent-holding biotech companies; Moderna; Pfizer; Merck; BioNTech; AstraZeneca; Janssen; Ridgeback; Gilead (Dr. Baric's alter ego); Sherlock Biosciences; and others), a powerful group of interests constituted what are "interlocking directorates" under U.S. anti-trust laws. Further, most of these entities, including the Federal Government ones **violated 35 USC § 200-206** by failing to disclose Federal Government interest in the remedies proposed.

These entities were affiliated with the WHO's Global Preparedness Monitoring Board (GPMB) whose members were instrumental in the Open Philanthropy-funded global coronavirus pandemic "desk-top" exercise EVENT 201 in October 2019. This event, funded by the principal investor in Sherlock Biosciences (a beneficiary of the SARS CoV-2 EUA for CRISPR technology) and linking interlocking funding partner, the Bill and Melinda Gates Foundation into the GPMB mandated a respiratory disease global preparedness exercise to be completed by September 2020 and alerted us to anticipate an "epidemic" scenario. We expected to see such a scenario emerge from Wuhan or Guangdong China, northern Italy, Seattle, New York or a combination thereof, as Dr. Zhengli Shi and Dr. Baric's work on zoonotic transmission of coronavirus identified overlapping mutations in coronavirus in bat populations located in these areas.

[2] By October 2013, the Wuhan Institute of Virology 1 coronavirus S1 spike protein was described in NIAID's funded work in China. This work involved NIAID, USAID, and Peter Daszak, the head of EcoHealth Alliance. This work, funded under R01AI079231, was pivotal in isolating and manipulating viral fragments selected from sites across China which contained high risk for severe human response. (Ge, XY., Li, JL., Yang, XL. *et al.* Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. *Nature* **503**, 535–538 (2013).) The GoF work NIAID allowed to persist in the face of the moratorium was Dr. Baric's work with this pathogen

"*…until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored.* ***To <u>sustain the funding base</u> beyond the crisis, he said, we need to increase public understanding of the need for MCMs such as a pan-influenza or pan-coronavirus vaccine<u>. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process</u>,*** *Daszak stated*."[3]

It is not surprising that one year later NIAID's funding paid off with Dr. Baric's lab announcing that the Wuhan-derived pathogen was "poised for human emergence".[4]

Knowing that the U.S. Department of Health and Human Services (through CDC, NIH, NIAID, and their funded laboratories and commercial partners) had patents on each proposed element of medical counter measures and their funding, Dr. Fauci, Dr. Gao (China CDC), and Dr. Elias (Bill and Melinda Gates Foundation) conspired to commit acts of terror on the global population – including the citizens of the United States – when, in September 2019, they published the following mandate in ***A World At Risk***:

"Countries, donors and multilateral institutions must be prepared for the worst. A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries.
Progress indicator(s) by September 2020

- *Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.*
- *Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.*
- *WHO, the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum."*[5]

As if to confirm the utility of the September 2019 demand for "financing and development of" vaccine and the fortuitous SARS CoV-2 alleged outbreak in December of 2019, Dr. Fauci began gloating that his fortunes for

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[3] Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: https://www.ncbi.nlm.nih.gov/books/NBK349040/

[4] Menachery VD, Yount BL Jr, Sims AC, Debbink K, Agnihothram SS, Gralinski LE, Graham RL, Scobey T, Plante JA, Royal SR, Swanstrom J, Sheahan TP, Pickles RJ, Corti D, Randell SH, Lanzavecchia A, Marasco WA, **Baric RS**. 2016. *SARS-like WIV1-CoV poised for human emergence*. **Proc Natl Acad Sci U S A. 2016** Mar 14. pii: 201517719

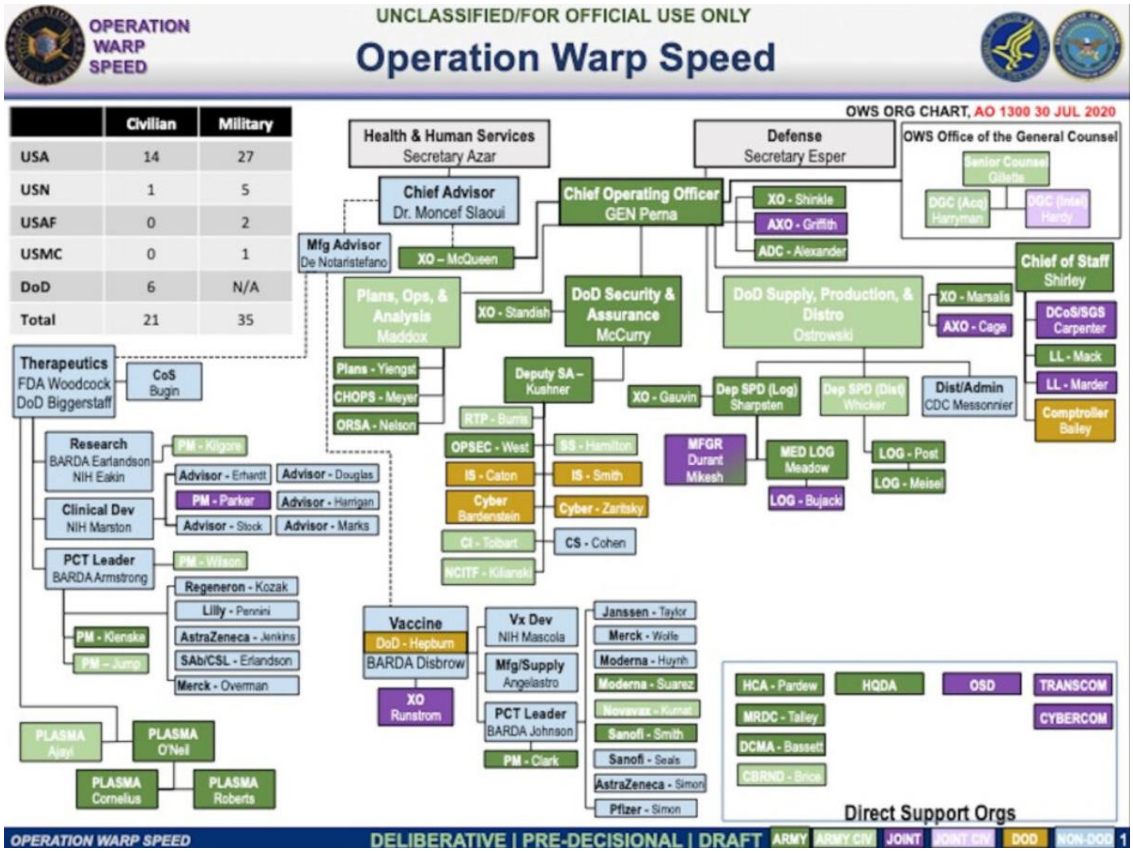
[5] https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf (page 8)

additional funding were likely changing for the better. In a February 2020 interview in ***STAT***, he was quoted as follows:

"*The emergence of the new virus is going to change that figure, likely considerably, Fauci said. "I don't know how much it's going to be. But I think it's going to generate more sustained interest in coronaviruses because it's very clear that coronaviruses can do really interesting things*."[6]

In November 2019 – one month before the alleged "outbreak" in Wuhan, Moderna entered into a material transfer agreement – brokered by the Vaccine Research Center at NIAID (at which UNC Chapel Hill alum Dr. Kizzy Corbett worked) – to access Dr. Baric's Spike Protein data to commence vaccine development. In his own written statement obtained by the ***Financial Times***, he refers to this agreement as being the foundation for the mRNA Moderna vaccine.[7]

To finalize the nature of the racketeering and anti-trust criminal conspiracy, when it came time to commercialize the NIH and DARPA owned spike protein and pass it off as a "vaccine" (in conflict with the standard for vaccines in statutory and scientific application), the Operation Warp Speed contract was awarded to DoD contraction ATI, a subsidiary of ANSER. In a graph reminiscent of the anti-trust hearings at the formation of the Clayton Act in the early 20th century, the identity of the interlocking conflicts of interests are presented in graphic relief. It is with no surprise that the result of this price-fixing conspiracy was the enrichment of the conspiring parties and the harm of consumers.



[6] https://www.statnews.com/2020/02/10/fluctuating-funding-and-flagging-interest-hurt-coronavirus-research/
[7] https://pubmed.ncbi.nlm.nih.gov/32756549/

Indeed, ***the money followed the hype*** and they ***used the hype to get to the real issues. Investors follow where they see profit at the end of the process.***

And real Americans are dying each day because a criminal organization unleashed terror resulting in the deaths of Americans.

18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Pub. L. No. 107-52 expanded the definition of terrorism to cover "domestic," as opposed to international, terrorism. A person engages in domestic terrorism if they do an act "dangerous to human life" that is a violation of the criminal laws of a state or the United States, if the act appears to be intended to: (i) intimidate or coerce a civilian population; (ii) influence the policy of a government by intimidation or coercion;

Every single Act, the declaration of the State of Emergency, the Emergency Use Authorization, the fraudulent face masks, the business closures, and the OSHA and CMS vaccine mandates are ALL admitted by the conspirators to be acts to coerce the population into taking a vaccine. Further, these acts disrupted the democracy of the United States of American and resulted in the violation of 18 USC § 2384. The conspirators announced it in 2015, then prepared the pathogen in 2016, and laid out the terror campaign in September 2019. And now they profit from the death of Americans.