

BRIEF IN SUPPORT OF REQUEST FOR CRIMINAL INVESTIGATION AND PROSECUTION

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

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

We present herein some of the current evidence available to support an investigation into the Accused identified below for a number of crimes; in particular, we believe the most likely charges to be successful through prosecution are charges for *Second Degree Murder While Committing Acts of Terrorism* and/or *Florida RICO*.

While we understand state criminal prosecution may not be the typical vehicle through which the crimes committed by these Accused would be investigated and prosecuted, we know that the State of Florida stands with Florida victims and their families and will bring truth and accountability. Just one successful charge will bring about the only taste of justice possible for Florida victims, in light of the current legal landscape under PREP and CARES Acts, together with Fl. Stat. §768.381. Thus, investigation and prosecution by the Attorney General's office provides the only chance for the truth of the people's suffering to be heard and honored and for those responsible to be held accountable on behalf of Florida victims.

"Bad men need nothing more to compass their ends, than that good men should look on and do nothing."

– John Stuart Mill

I. REQUEST FOR INVESTIGATION

It is our request that, on behalf of Florida victims, in particular the elderly and disabled who perished during the COVID-19 pandemic as a result of the actions of the Accused, that the office of the Attorney General would undertake a thorough investigation of the actions of the Accused, and any others connected to their actions. Specifically, we believe that, at a minimum, the following crimes are chargeable to the Accused:

- Murder while Committing Acts of Terrorism, Fl. Stat. §782.04
- Murder while Committing Aggravated Abuse of the Elderly and Disabled Adults, Fl. Stat. §782.04
- Aggravated Manslaughter of the Elderly, Disabled Adults, and Children, Fl. Stat. §782.07
- Florida RICO, Fl. Stat. §895.03
- Abuse & Aggravated Abuse of the Elderly and Disabled Adults, Fl. Stat. §825.102

When the evidence presented herein is validated by the Attorney General's office and/or upon discovery of additional incriminating evidence, then it is requested that the evidence be presented to a Florida grand jury and the Accused prosecuted to the greatest extent of the law.

Attached as **EXHIBIT A** are the names of 32 victims, and their surviving next-of-kin, who died as a result of the actions of the Accused. Petitions and testimonial excerpts, on behalf of these victims and others, are attached as **EXHIBIT B**. We also have a number of expert witnesses we would be happy to provide who have critical knowledge regarding scientific and practical healthcare aspects involved in the criminal acts of the Accused.

II. AUTHORITY OF THE ATTORNEY GENERAL

Pursuant to Florida Statute §16.56 and §16.01, the Attorney General may investigate and prosecute numerous criminal offenses. These crimes include murder, manslaughter, abuse, and racketeering. As shown below, the criminal acts alleged herein have occurred in two or more judicial circuits and are part of a related transaction or are connected with an organized criminal conspiracy affecting two or more judicial circuits.

Pursuant to Florida Statute §910.005, the Florida courts have criminal jurisdiction over anyone who commits, while inside or outside the state, or engages in conduct outside the state that constitutes an attempt or conspiracy to commit an offense within the state, or that the result of the offense, such as death of a victim, occurs within the state.

The United States Supreme Court has commented on state criminal prosecution of federal actors. To defeat successfully 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 caused harm and death in the State of Florida.¹

III. PERSONS ACCUSED OF CRIMINAL ACTS

Available public reports and testimony indicate that, at a minimum, the below named individuals have committed state-wide criminal offenses against tens of thousands of Floridians:

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

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

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

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

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

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

The Administrators of hospital systems providing care to patients in Florida, including but not limited to AdventHealth Hospital Organization

¹This 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 below and See Petition for Writ of Quo Warranto, <https://www.thepostemail.com/wp-content/uploads/2023/04/Biden-Oaths-of-Office-Writ-of-Quo-Warranto.pdf>.

IV. CHARGEABLE CRIMES

A. MURDER

In the present cases, Florida law supports an indictment and conviction of murder perpetrated by the Accused while committing acts of terrorism causing death, and/or causing death while committing aggravated abuse of an elderly or disabled adult.

Under state criminal law, the prosecution must prove the actions of the defendant(s) were made deliberately with the knowledge or intent that these actions would 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 on third parties to carry out direct harm. Due to the nature of causation/culpability in this case, and the severity of the harm caused to thousands of Floridians, it is appropriate to define theories of causation/culpability to inform the applicable legal theory. Under international law, as upheld in United States courts, we look to the principle of **command responsibility or superior responsibility**.

Under these theories of culpability, justice requires that the individual setting forth the policy or coercing conduct by others is held liable for the harm and deaths more directly caused by individuals down the “chain of command” carrying out the policy by 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 harm humans in the name of medical science. *United States v. Karl Brandt et al.* (the “Doctors Trial”), IV LRTWC 91-3 (1947).

In Florida, causation under superior/command responsibility is most often seen in RICO charges, or under civil claims – usually as corporate vicarious liability, medical malpractice, or liability of parents for the actions of their child. See Fl. Stat. §766.118(1)(c); Fl. Stat. §766.118(3)(c); Fl. Stat. §400.0237(3); Fl. Stat. §440.11; Fl. Stat. §322.09; Fl. Stat. §741.24; Fl. Stat. §877.23; Fl. Stat. §673.4051; Fl. Stat. §316.1577; and Fl. Stat. §895.03.

The Accused are liable to their Florida victims because they used their positions of authority to create and coercively enforce policy, using governmental power to threaten withdrawal of licensing and funding of healthcare facilities and medical professionals if they gave adequate medical care and refused to provide life-threatening medical procedures and medication to citizens of Florida. Conversely, the Accused ensured a system of perverse financial incentives paying for each step of a fatal protocol in order to coerce compliance by Florida healthcare facilities and medical professionals. Florida 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 consent, without legally provided informed consent, and many Florida victims died as a direct result of the Accused’s actions.

1. SECOND DEGREE MURDER: WHILE COMMITTING ACTS OF TERRORISM & AGGRAVATED ABUSE OF THE ELDERLY

There are two applicable subsections under which prosecution of the Accused for second degree murder is appropriate under Florida Statute 782.04(3)(i) and (r). The elements of these crimes are:

- The Victim was killed
- The Victim(s) was killed during the perpetration of, or the attempt to perpetrate a felony
 - ✧ Aggravated Abuse of an elderly or disabled adult; or
 - ✧ A felony that is an act of terrorism or in furtherance of an act of terrorism
- The Defendant was not the person who actually killed the victim, but did commit or did knowingly aid, abet, counsel, hire, or otherwise procured the commission of the alleged felony
- The Victim(s)' death was caused during and was a consequence of the commission of, or attempted commission of, the felony alleged; and
- The person who actually killed the Victim(s) was not involved in the commission or the attempt to commit the felony alleged.

Fl. Stat. §782.04(3)(1), (r); Florida Draft Jury Instruction 7.5.

a. Acts of Terrorism Causing Death

Under subsection “r” of 782.04(3), “terrorism” or “terrorist activity” is defined as an activity that involves a violent act or an act dangerous to human life in violation of Florida or United States criminal laws and is intended to intimidate, injure, or coerce a civilian population or influence the policy of the government by intimidation or coercion. See Fl. Stat. § 782.04(5)(b) and 755.30, as well as other felonies included Fl. Stat. §§ 775.32, 775.33, 775.34, 775.35. It is of note that this definition of terrorism was added to the statute in 2002, indicating that a large scale harm or coercion of the population or manipulation of government policy through widespread fear is exactly the type of harm this statute was intended to address. This is the exact type of harm that occurred at the direction, will, and plan of the Accused.

The Accused were all in policy-making leadership positions throughout the beginning of the COVID-19 pandemic. When the SARS-Cov-2 virus and COVID-19 infection were “discovered” in late 2019 and early 2020, the Accused, in particular Fauci, knew that the virus was created through gain of function research, yet the Accused lied to Floridians about this as shown in emails obtained through the Select Subcommittee on the Coronavirus Pandemic.² See **EXHIBIT C**; See FOIA Whistle blower Disclosure by Major Joe Murphy³ (report details how Peter Daszack first attempted to obtain DOD funding for the project that created the COVID-19 pandemic but was denied due to it being gain of function, later being accepted and funded by Fauci and NIAID); See also emails between Fauci, Jeremy Farrar, Christian Drosten, Francis Collins, Miek Ferguson, Andrew Rambaut, Clare Thomas, Ian Lipkin, and others, February-July 2020, available at <https://www.documentcloud.org/app?q=%2Bproject%3Asubcommittee-on-coronavir-213954%20> (specifically discussing how to minimize and discredit the idea of SARS-

²Email in **EXHIBIT C** sent on February 1, 2020 from Anthony Fauci to Garrett Grigsby (HHS), Brian Harrison (HHS), Lawrence Kerr (HHS), Robert Kadlec (OS), and Francis Collins (NIH); See also FOIA Obtained Email between Anthony Fauci and Cristina Cassetti, Dr. Michael Jacobs, Alexander Tarakhovsky, and Dr. Michael Lockshin, February 22, 2020, at pg. 522, <https://www.documentcloud.org/documents/20793561-leopold-nih-foia-anthony-fauci-emails>.

³FOIA Disclosure of Major Joe Murphy, obtained by Project Veritas, https://assets.ctfassets.net/syq3snmxcl9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Docs_pt1_Og_WATERMARK_OVER_Redacted.pdf.

CoV-2 and COVID being engineered or coming from a lab to the civilian population, politicians, and the media, and to discredit the idea to prevent formal investigations).

There have been additional statements made by the Select Subcommittee on the Coronavirus Pandemic that illustrate the terrorist activities of the Accused, in particular Fauci. On September 26, 2023, the Subcommittee issued a request to the Inspector General because of information they received from Central Intelligence Agency (CIA) whistle-blowers that Fauci was brought into the CIA, without a record of entry, to coordinate and influence the agency's review of the origins of COVID-19 and to cover up that it was released from an NIAID funded lab.⁴

The Accused also had knowledge of therapeutic treatments, to include use of hydroxychloroquine, azithromycin, and ivermectin, that prevented hospitalizations, reduced symptoms, and reduced deaths. The Accused actively suppressed public knowledge of these effective treatments and used the power of the government against news outlets and social media platforms unlawfully to censor and punish anyone who provided information regarding these treatments or sought to prescribe them to patients suffering COVID infection. In 2005, there was a study done primarily by CDC scientists that found pre-treatment of chloroquine prevented infection by SARS-CoV; and post SARS-CoV infection treatment of chloroquine significantly reduced the spread of infection and decreased the virus and its effects.⁵ The specific knowledge of the Accused can be proven beyond just an understanding of the medical literature, but also through emails, text messages, and other written documents uncovered via FOIA.

For instance, Fauci sent emails in March 2020 discussing a clear assumption that there will be “substantial immunity post infection” after people get COVID.⁶ He then made contrary statements publicly to encourage Floridians to get “vaccinated” for COVID because he declared natural immunity was not attainable/sufficient. Fauci also had multiple emails from numerous doctors who discussed the success of hydroxychloroquine/chloroquine **in February 2020**, and its success in studies, in children in China, and its general decreasing of COVID infections and symptoms for people of all ages.⁷

In November 2020, Stephen Hahn, FDA Commissioner, communicated with an unknown individual regarding the YouTube censorship of Dr. Peter McCullough, who discussed early therapeutics that helped reduce suffering and deaths from COVID-19 (to include hydroxychloroquine and ivermectin).⁸ Hahn also had text messages of statements by Dr. Pierre

⁴United States Congress, Select Subcommittee on the Coronavirus Pandemic Press Release, “Wenstrup Reveals New Allegations that Dr. Fauci Potentially Influenced CIA COVID-19 Origins Investigation, September 26, 2023, <https://oversight.house.gov/release/wenstrup-reveals-new-allegations-that-dr-fauci-potentially-influenced-cia-covid-19-origins-investigation/>; United States Congress, Select Subcommittee on the Coronavirus Pandemic, letter to Inspector General Grimm, September 26, 2023, posted to the Subcommittee's Twitter Account, <https://twitter.com/COVIDSelect/status/1706812585050276152>.

⁵Vincent, 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>.

⁶FOIA Obtained Email between Anthony Fauci and Ezekiel J. Emanuel, March 4, 2020, pg. 22, <https://www.documentcloud.org/documents/20793561-leopold-nih-foia-anthony-fauci-emails>.

⁷FOIA 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>.

⁸Text Message of Stephen Hahn with an undisclosed individual, pg. 96-102, <https://www.ipscell.com/wp-content/uploads/2022/09/Hahn-Text-Messages.pdf>.

Kory, who detailed the success of early COVID-19 treatment with ivermectin.⁹ Additionally, Hahn communicated in November 2020 regarding Dr. Zelenko's protocol which similarly detailed the extensive success in the reduction of death, hospitalization, and suffering of people infected with COVID-19 through the use of hydroxychloroquine, azithromycin, ivermectin, and other treatments.¹⁰ Fauci and Cliff Lane communicated in emails with various individuals, and included in the remdesivir EUA, that hydroxychloroquine/chloroquine was used as successful early treatment for people infected with COVID-19.¹¹ Fauci also had knowledge that chloroquine phosphate (essentially hydroxychloroquine) inhibited SARS-CoV viral replication, as it was detailed in Peter Daszak's proposed gain of function research.¹²

Instead of these effective therapeutics, the Accused issued treatment guidance and used the power of the government through coercive means and perverse monetary incentives to ensure remdesivir as the primary drug for use against COVID-19 infection. The Accused had knowledge that remdesivir did not reduce mortality, need for ventilation, or hospitalization, as noted in a December 2020 study by the World Health Organization.¹³ There were other U.S. studies that also indicated that remdesivir did not, and would not, help Floridians reduce mortality, hospitalization, symptoms, or ventilation needs.¹⁴ Fauci memorialized in email, relating to an interview where he acknowledged many experts stating that the data showed no real benefit to remdesivir, that he knew it was "an imperfect drug," but that they hoped it was a start to finding better drugs to treat COVID-19 infections.¹⁵

The Accused did not just force upon Floridians pharmaceuticals and protocols that did not benefit them, but they forced them to undergo "treatments" that they knew would cause harm and suffering. Beyond remdesivir's use, or misuse, for victims with COVID-19, NIAID, lead by Fauci, previously stopped remdesivir's administration for Ebola patients (for whom the drug was designed) due to its failure of purpose, the increase of mortality (over 50% tested), and

⁹Text Messages of Stephen Hahn with undisclosed individual, pg. 104, <https://www.ipsocell.com/wp-content/uploads/2022/09/Hahn-Text-Messages.pdf>.

¹⁰Text Messages of Stephen Hahn, with Ron Johnson, Mark Meadows, and other undisclosed individuals, pg. 45-55, <https://www.ipsocell.com/wp-content/uploads/2022/09/Dr.-Hahns-Text-Messages-4.pdf>.

¹¹FOIA Obtained Emails between Cliff Lane and Maria VanKerkhove (WHO), February 21, 2020, pg. 172-173, 278-279, <https://www.judicialwatch.org/wp-content/uploads/2021/03/DCNF-v-HHS-Nov-2020-00149.pdf>; See Emergency Use Authorization for Remdesivir Center for Drug Evaluation and Research Review, pg. 5, https://www.accessdata.fda.gov/drugsatfda_docs/nda/2020/EUA%20Review%20Remdesivir_050120.pdf; FOIA Obtained Emails between Anthony Fauci (NIH/NIAID), Robert Redfield (CDC), Philip Gatti (FDA), Andrea Lerner (NIH/NIAID), Hilary Marston (NIH/NIAID), and Cristina 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>.

¹²FOIA Obtained Whistle Blower Report from Major Joseph Murphy, https://assets.ctfassets.net/syq3snmxcle9/2mVob3c1aDd8CNvVnyei6n/95af7dbfd2958d4c2b8494048b4889b5/JAG_Docs_pt1_Og_WATERMARK_OVER_Redacted.pdf; See additional documents at: <https://www.projectveritas.com/news/military-documents-about-gain-of-function-contradict-fauci-testimony-under>.

¹³See 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/>.

¹⁴See, 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/>.

¹⁵See FOIA email, April 30, 2020, Anthony Fauci, Julie Steenhuysen, and Greg Folders, pg. 856-858, <https://s3.documentcloud.org/documents/20793561/leopold-nih-foia-anthony-fauci-emails.pdf>.

detrimental side-effects.¹⁶ It is of note that the official publication of the Ebola study showing over 50% patient death rate expresses specific appreciation for Anthony Fauci and Robert Redfield for their leadership guidance of the study. Fauci sent emails on May 5, 2020, editing a press release stating that there is data that remdesivir can help people,¹⁷ despite his own termination of the prior studies due to remdesivir's substantial harmful effects. **Fauci, and the other individuals involved, promoted a drug they knew caused more harm than good for patients, purposefully misrepresented the data showing its harmful effects, preventing any possibility of informed consent, and then forced that drug upon the citizens of Florida to the exclusion of other effective, beneficial licensed drugs. Accused's barbaric and malicious actions caused torture of patients in hospitals and near-certain death.** The Accused caused wide-spread injury to the civilian population of Florida as part of their terroristic activity.

The Accused, and other government officials, manipulated government policy and used financial threats and incentives against hospitals and healthcare providers to pressure Floridians to receive the "vaccines" and "treatments" that brought monetary gain to the Accused and the hospital systems and caused preventable harm to victims. Putting patients on remdesivir and ventilation for "COVID," forced longer hospitalization and reduced the patient's chances of surviving significantly, while garnering significant funding from federal agencies to hospital coffers, and Accused healthcare and hospital system Administrators were complicit in their acceptance of these perverse incentives. Hospitals and doctors received significant funding to vaccinate as many people as possible.¹⁸ Hospital systems, such as AdventHealth, at the direction of their administrators and at the behest of other Accused federal officers, forced their healthcare providers to violate their Hippocratic Oath. The Accused, including Administrators who threatened termination of employment and loss of hospital privileges, specifically targeted healthcare providers with threats to prevent their use of their own medical judgment.

Accused conspired to force COVID-19 vaccinations on medical care providers and other healthcare system employees, enforced by Accused Administrators in order to secure continued federal funding for themselves and their hospitals.¹⁹ Centers for Medicare and Medicaid Services (CMS) provided hospitals across the U.S. with training on the CMS interim final rule requiring healthcare staff vaccination, informing hospitals that they would **be rewarded monetarily for vaccination compliance and penalized for noncompliance during the Public Health Emergency**. In the slideshow for the CMS training, CMS informs hospitals that "vaccination is

¹⁶NIAID, 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>.

¹⁷FOIA 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>.

¹⁸See Center for Medicare and Medicaid (20% of hospital funding per patient from the federal government was contingent on hospitals providing COVID-19 treatments); CARES Act, P.L. 116-136, March 27, 2020, §3710(a)(iv)(I), <https://www.congress.gov/116/plaws/publ136/PLAW-116publ136.pdf>, (all patients that have a positive or presumptive positive test for COVID-19 will obtain 20% more federal aid than a typical patient for care). See also AJ DePriest and TN Liberty Network, "Financial Incentives: The Use of 'Covered Countermeasures,'" revised October 15, 2023, attached as **EXHIBIT E** (noting that a hospital would receive approximately \$40,000 for keeping a patient on a ventilator for 96 hours or more).

¹⁹See 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).

the only option – this regulation **does not include a testing option** for unvaccinated staff.”²⁰ A CMS press release states, “the Agency will not hesitate to use its full enforcement authority... CMS knows that everyone working in health care wants to do what is best to keep their patients safe. Yet, unvaccinated staff pose both a direct and indirect threat to the very patients they serve...” See fn. 18. 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 Floridians. Moreover, the Accused engaged in this fraudulent misrepresentation in order to commit acts of terror entirely outside their authority. See 21 USC 360bbb-3, which gives no authority to any official to *force participation* in any experimental 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).

Dr. Deborah Birx has stated that from the outset of the pandemic, she knew that the vaccines “would not protect against infection,”²¹ 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 only a hope – 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.**²² Yet she and other federal actors²³ deceived and coerced federal agencies, healthcare facilities, healthcare providers, and civilians to take vaccines, such that Floridians lost their jobs and their lives. The effect of these actions is clear injury to the civilian population. These actions detailed herein were known to be dangerous to human life and caused the intentional injury and death of thousands.

There are statements from whistle-blowers, including out of Pfizer, who have declared that their colleagues intentionally lied to (Floridians and) the general population, about the COVID-19 “vaccines” produced and dispersed. They declare that the Accused and their conspirators have lied regarding the performance of these injections, thus completely foreclosing any possible informed consent, and misleading the civilian population. Dr. Michael Yeadon, former Vice President and Chief Scientist at Pfizer, has explained that the statements of his former colleagues relating to the COVID-19 pandemic were things he *and they knew to be false*. He explains that guidance provided by his colleagues and the federal agencies was not part of any country’s pandemic preparedness plans; that it was clear from his expertise and knowledge that the actions of the leading federal agencies and pharmaceutical companies was deliberate lying to (Floridians and) the population generally; that the injuries and harm from the “vaccines” were not accidental or unknown, and that “these injections have been made to injure people and to maim and kill deliberately.”²⁴

²⁰ Center for Medicare and Medicaid Services, CMS.gov, “Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule with Comment,” at slide 11, <https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-ifc-6-national-stakeholder-call-slides.pdf>.

²¹Dr. Deborah Birx, Fox News Interview, July 22, 2022, <https://www.foxnews.com/video/6309899975112>.

²²Deborah 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>.

²³See 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>.

²⁴Dr. Michael Yeadon, interview with Children’s Health Defense, May 2023, at timestamp: 1:05-3:36, <https://thepeoplesvoice.tv/pfizer-exec-admits-covid-vaccines-are-a-bioweapon-to-depopulate-the-earth/>.

Even though the Accused *knew* that there were legitimate alternative treatments that reduced symptoms, hospitalization, and death for people infected with COVID and that natural immunity worked, they instituted policies using only harmful and lethal drugs and “vaccines” under Emergency Use Authorization (EUA), despite the EUA requirement that no alternatives be available for treatment.²⁵ The Accused, including Florida’s hospital Administrators, precluded healthcare providers from offering, discussing, or prescribing successful alternative treatments with patients. The Accused could garner no financial gain from the successful, and very low cost, alternative COVID treatments.

Myriad results from FOIA requests demonstrate the Accused’s clear knowledge of resulting harm and intent to harm from their protocols using these experimental and detrimental drugs and products. See **EXHIBIT D** emails regarding “Project Salus”²⁶ between Marion Gruber,²⁷ Philip Krause,²⁸ Peter Marks,²⁹ Janet Woodcock,³⁰ and Julia Tierney,³¹ all of whom worked at the FDA under the direction of Hahn. See also emails detailing how the Department of Defense contracted with Humetrix for military and federal agency use to evaluate Medicare claim data for vaccinated individuals aged 65+ from March 2020-August 2021, *noting that the vaccines do not prevent hospitalization and do not substantially decrease infection of COVID-19*. The email evidence shows that the information provided to the FDA about Project Salus was brought to the CDC weeks before, and the CDC received weekly updates, at a minimum before August 2021, from Humetrix as the data confirmed that the vaccines do not prevent hospitalization or substantially decrease infection.³² Shortly thereafter, the federal government agencies, led by the Accused, weaponized federal resources contrary to any lawful authority to enforce vaccine mandates upon the citizens of Florida. Shortly after these emails, Dr. Marion Gruber and Dr. Philip Krause left their positions at the FDA, allegedly due to disagreements regarding FDA approval on a COVID-19 booster shot program because they believed there was no evidence-based reasoning for the FDA to do so.³³ In late July and through August 2021, prior to the EUA grant for COVID-19 vaccines, “Project Salus” briefing informed CDC officials that natural

²⁵Of note is that the remdesivir EUA actually noted that hydroxychloroquine was recognized by the FDA as a therapeutic alternative treatment, in violation of the law, see EUA Application, at 5, https://www.accessdata.fda.gov/drugsatfda_docs/nda/2020/EUA%20Review%20Remdesivir_050120.pdf. Further, the “vaccines” are not permissible for an EUA under the statute at all because they are, if anything, a preventative measure rather than something to “diagnose, monitor, or treat” a disease, see 21 U.S.C. § 360bbb(a)-(b); § 360bbb-0a(a)(1); and § 360bbb-3(a).

²⁶It 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.

²⁷Marion Gruber was the Director of the FDA’s Office of Vaccines Research and Review at the time of these emails.

²⁸Philip Krause was the Deputy Director of the FDA’s Office of Vaccines Research and Review at the time of these emails.

²⁹Peter Marks was, and is, at the time of these emails, the Director of the Center for Biologics Evaluation and Research at the FDA.

³⁰Janet Wookcock was the Acting Commissioner of Food and Drugs at the FDA at the time of these emails.

³¹Julia Tierney was, and is, at the time of these emails, the Chief of Staff and Acting Commissioner’s direct liaison to other executive agencies and organizations at the FDA.

³²FOIA 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.

³³See The Lancet, “Considerations in Boosting COVID-19 Vaccine Immune Responses,” September 13, 2021, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02046-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02046-8/fulltext).

immunity was very effective in reducing hospitalization; whereas hospitalizations relating to COVID-19 infections were predominantly among COVID-19 vaccinated individuals.³⁴

The Accused also set forth additional “guidance” for COVID management, guidance they *knew* was contrary to proper health and safety. The Accused *knew* that socially isolating individuals, and creating the circumstances for people, particularly the elderly, to feel lonely and unable to interact with others, not only increased the risk of early mortality, but also exacerbated existing health problems, leading to additional unnecessary physical suffering before a premature death, together with psychological suffering.³⁵

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

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

The Accused also lied about the need or medical benefit for masking. Since 1919, it has been medically established that cloth masks or face coverings do not provide protection for airborne viruses.³⁶ Additionally, when looking at the available studies, it is of note that the size of a SARS-CoV-2 particle is 100nm, or 0.1 microns³⁷ while the pore size of filtration for a surgical mask is 80-500 microns³⁸ - at a minimum 800 times bigger than the size of a COVID particle – and N-95 mask pore size is 0.1-0.3 microns, assuming a perfect seal.³⁹ Walensky, through her agency (CDC) admitted that the face coverings coerced on Floridians to “stop” the spread of COVID-19 infection do not have to meet any federal standards of filtration or other federal

³⁴See FOIA obtained documents, https://icandecide.org/wp-content/uploads/2023/05/2022-07-29-Production_IR0669B_FDA-83-pages.pdf#page=3.

³⁵See Steptoe, et al., 2013, “Social Isolation, Loneliness, and All-Cause Mortality in Older Men and Women,” *Proceedings of the National Academy of Sciences USA*, Apr. 2013, 110(15), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3625264/>; Holt-Lunstad, et al., 2015, “Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review,” *Perspectives on Psychological Science*, 10(2), 227-237, https://journals.sagepub.com/doi/10.1177/1745691614568352?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed; Tabue Tegu, et al., 2016, “Feelings of Loneliness and Living Alone as Predictors of Mortality in the Elderly: The PAQUID Study,” *Psychosomatic Medicine, Journal of Biobehavioral Medicine*, 78(8), p 904-909,

https://journals.lww.com/psychosomaticmedicine/abstract/2016/10000/feelings_of_loneliness_and_living_alone_as.4.aspx; Leigh-Hunt, et al., 2017, “An Overview of Systematic Reviews on the Public Health Consequences of Social Isolation and Loneliness,” *Public Health*, November 2017, <https://pubmed.ncbi.nlm.nih.gov/28915435/>.

³⁶Kellogg, “Influenza, A Study of Measures Adopted for the Control of the Epidemic,” *California State Board of Health*, January 191, at 12-139, <https://babel.hathitrust.org/cgi/pt?id=uc1.31378008030317&seq=5>.

³⁷Bar-on, et. al., “SARS-CoV-2 (COVID-19) by the Numbers,” *Elife*, April 2, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7224694/>; Laue, et. al., “Morphometry of SARS-CoV and SARS-CoV-2 Particles in Ultrathin Plastic Sections of Infected Vero Cell Cultures,” *Scientific Reports*, February 10, 2021, <https://www.nature.com/articles/s41598-021-82852-7>.

³⁸Neupane, et. al., “Optical Microscopic Study of Surface Morphology and Filtering Efficiency of Face Masks,” *PeerJ*, June 26, 2019, <https://pubmed.ncbi.nlm.nih.gov/31289698/>.

³⁹Tcharkhtchi, et. al., “An overview of filtration efficiency through the masks: Mechanisms of the aerosols penetration,” *Bioactive Materials*, January 2021, <https://www.sciencedirect.com/science/article/pii/S2452199X20301481>.

requirements;⁴⁰ thus, the Accused not only knew that what they forced upon citizens of Florida did not meet any federal (or proven safety) standard and was ineffective by a factor of at least 800, but they also knew it exacerbated illness, caused increased breathing difficulty, caused significant harm to communication – especially for those with disabilities, and unnecessarily expedited the deaths of Floridians. Despite knowing all of these facts regarding masking, the Accused continued to force Floridians to wear masks and be socially isolated.⁴¹

The actions of the Accused resulted in thousands of hospitalizations, deaths, intense psychological and physical suffering, and isolation and separation of the dying from their families for no rational purpose. Suffering and death caused by the policies and perverse financial incentives designed by the Accused are the type of injury to the civilian population that Fl. Stat. § 782.04(3)(r) was enacted to prohibit. The truth of the people’s suffering in violation of this statute must be made known and justice pursued on their behalf.

Mr. Michael Monahan is but one murder victim of the Accused. His wife’s full letter is attached as part of **EXHIBIT B**. Mr. Monahan, husband, son, and the father of three daughters, was admitted to the hospital on a positive COVID test and some heaviness in his chest. He had no co-morbidities and was generally healthy. His family was prevented from seeing him again following his admission until after he died, despite his testing negative for COVID prior his death. After isolating him from his family, he was sedated and placed on a ventilator, contrary to his express wishes. He and his family were harassed by medical staff because they were not vaccinated for COVID. **Despite being in good health prior to going to the hospital, Mr. Monahan died three weeks after being admitted to the hospital.** Mr. Monahan was 53 years old when he died and was not able to say goodbye to his family. The evidence shows that the Accused enacted their lethal policies through their terroristic actions of intimidating, injuring, and coercing the civilian population and influencing government policy to cause the death of Mr. Monahan. Without the terroristic actions of the Accused, Mr. Monahan’s healthcare outcome would have been different and would have been in keeping with his and his family’s wishes, further, he almost certainly would have survived this event.

Sylvester Taylor is another murder victim of the Accused. He was 61 years old when he died after being hospitalized at AdventHealth Celebration Hospital for over 3 months. A letter from his wife and daughter is attached as part of **EXHIBIT B**. Mr. Taylor was denied alternative

⁴⁰Szalajda, et. at., “Overview of The ASTM F3502-21 Barrier Face Covering Standard,” CDC NIOSH Science Blog, April 23, 2021, <https://blogs.cdc.gov/niosh-science-blog/2021/04/23/bfc-standard/>; See below, Ftn. 52.

⁴¹See AdventHealth, “The NewFace of Protection: Our Mask Policy,” The AdventHealth Blog, May 8, 2020, <https://www.adventhealth.com/blog/new-face-protection-our-mask-policy>; AdventHealth Central Florida Corporate Communications, statement by Chief Medical Officer of Integrated Health Services – Dr. Peter Schoch, “AdventHealth Morning Briefing: Wear a Mask to Help Minimize the Spread of COVID-19,” July 2, 2020, https://www.adventhealth.com/business/adventhealth-central-florida-media-resources/news/adventhealth-morning-briefing-wear-a-mask-help-minimize-spread-covid-19?listFilters=query%3Dmasking%26cat%3Dglobal%26f%255B0%255D%3Dcontent_type%253Anews;AdventHealthCentralFloridaDivisonCorporateCommunications,statementbyChiefMedicalOfficerofAdventHealthforChildrenDr.MichaelKeating,“AdventHealthPhysician:‘TheMostAmericanthingtodoistowearthemask,’”October22,2020,https://www.adventhealth.com/business/adventhealth-central-florida-media-resources/news/adventhealth-physician-most-american-thing-do-wear-mask?listFilters=query%3Dmasking%26cat%3Dglobal%26f%255B0%255D%3Dcontent_type%253Anews;AdventHealth,statementbyChiefMedicalOfficerofAdventHealthOrlando–Dr.VictorHerrera,“ThirdDoseofVaccines,MaskingKeytoFightingOmicron,”AdventHealthMediaRelease,December21,2021,https://www.adventhealth.com/business/adventhealth-central-florida-media-resources/news/third-dose-vaccines-masking-key-fighting-omicron?listFilters=query%3Dmasking%26cat%3Dglobal%26f%255B0%255D%3Dcontent_type%253Anews.

treatments, such as ivermectin, despite his and his family's requests. Mr. Taylor was also given remdesivir without informed consent and was also not provided with transparency of his care plan. Mr. Taylor died due to the lethal policies created through the terroristic actions of the Accused that are and were effectuated and embraced by AdventHealth.

b. Aggravated Abuse of the Elderly causing Death

Under Fl. Stat. § 782.04(3)(i), the Accused are culpable for the deaths resulting from their felonious Aggravated Abuse of an Elderly or Disabled person under Florida law (Fl. Stat. §825.102). The Accused designed injurious and lethal protocols that they coerced hospitals and medical providers to enforce, including: a) giving elderly and disabled patients remdesivir and putting them on ventilation, *specifically when* the victims had expressly rejected these "treatments" and when the victims did not give informed consent, b) giving elderly and disabled patients experimental use only "vaccines" without informed consent or the circumstances to provide informed consent due to the Accused's intentional misrepresentation, c) preventing elderly and disabled patients access to alternative, patient-requested treatments, and d) forcibly separating elderly and disabled patients from their families and patient advocates indefinitely, such that they were killed in isolation and often without being able to say goodbye to their loved ones. As detailed above, the Accused's actions clearly caused physical and psychological injury to the victims, most of whom were over 60 years of age.

Among the families who have written to the Attorney General's office in support of this request for investigation, 24 of the 32 victims were aged 60 or older when they died as a result of the Accused's actions and policies. Official Florida data indicates nearly 47,000 of 53,600, or 87% of COVID-19 attributable deaths in the state between 2020-2021, were victims 55 years of age or older. See generally FL DOH, vital statistics, death counts query system, *available at* https://www.flhealthcharts.gov/FLQUERY_New/Death/Count.

Anthony E. Mueller, Jr. is a Florida victim protected by law against abuse of the elderly. A letter from his wife is included in **EXHIBIT B**. Mr. Mueller was a U.S. Navy veteran. After he was admitted to the hospital, he was given remdesivir and immediately experienced a stroke. He was then given additional doses of remdesivir *against his express wishes*. Mr. Mueller was denied alternative treatments he requested. After receiving remdesivir, Mr. Mueller suffered kidney failure, liver damage, blood clots, and was placed on a ventilator until his death 11 days after being given remdesivir. He was 70 years old. Mr. Mueller was the father of 7 children and the grandfather to 8 at the time of his death.

Another Florida victim, Michael Elliott, whose story is include in **EXHIBIT B**, was 60 years old when he died. He was admitted to the hospital after having some symptoms of COVID. He was then given remdesivir without informed consent. After experiencing numerous painful side-effects of remdesivir, he was forced onto a ventilator, again without his consent. He was isolated from his family and alone when he died shortly thereafter.

2. FIRST DEGREE MURDER: WHILE COMMITTING ACTS OF TERRORISM & AGGRAVATED ABUSE OF THE ELDERLY

First degree felony murder requires proof that:

- The Victim died
- The Victim was killed by the Defendant, acting as the principal or accomplice

- The Defendant effectuated the killing from a premeditated design to effect the death of any human being
- The Defendant was engaged in the perpetration or, or attempt to perpetrate the following crimes when the killing occurred:
 - ✧ Aggravated abuse of an elderly person or disabled adult; or
 - ✧ Felony that is an act of terrorism or is in furtherance of an act of terrorism

Fl. Stat. §782.04(1)(a)(2)(i), (r).

As noted in the Florida State Draft Jury Instruction 7.3 for first degree felony murder, the critical evidence pertains to the element of the crime that the defendant either actually killed the victim or that the defendant and an individual who actually killed the victim *are both principals* in the commission of the crime alleged. While the evidence herein detailed provides an inference upon which to pursue investigation against the Accused, it is understood by undersigned that charges for second-degree murder are likely more viable under Florida law.

The evidence currently available strongly demonstrates the Accused are responsible for the premeditated design to cause the death of any human being, while committing one or both of the alleged felonies. The policies designed and implemented by the Accused through coercion and giving and accepting perverse monetary incentives caused death and suffering to Floridians and directly obstructed Floridians' access to alternative treatments the Accused *knew* could reduce hospitalization and death during the COVID-19 pandemic.

3. AGGRAVATED MANSLAUGHTER OF THE ELDERLY, DISABLED, OR CHILDREN

The elements of the crime of Aggravated Manslaughter of the Elderly, Disabled, or Children are:

- The Victim(s) died
- The Victim is an elderly person or disabled adult or a child; and
- The Defendant caused the death of the Victim(s) by culpable negligence under Fl. Stat. §825.102(3).

Fl. Stat. §782.07(3).

There is no question that many of the victims of the criminal acts of the Accused are elderly, within the meaning of the statute, being over the age of 60. See e.g., **EXHIBIT A**.

Similar to proving first degree murder under felony-murder theories, proving culpability of the Accused for aggravated manslaughter of the elderly, disabled, or children in Florida requires specific investigation on causation. The draft jury instructions note that a defendant must be a “caregiver” for the victim. Under Fl. Stat. § 825.101(2), a “caregiver” is a person who has been entrusted with or has **assumed responsibility** for the care or the property of an elderly person or a disabled adult. “Caregiver” includes, but is not limited to, relatives, court-appointed or voluntary guardians, adult household members, neighbors, health care providers, and employees and volunteers of facilities. This definition does not exclude the Accused from culpability, as all the Accused are licensed health care providers, Administrators of hospital and healthcare facilities systems and/or public health policymakers for the citizens of Florida and the United States.⁴² In

⁴²The statutory definition includes a *non-exhaustive* list of examples of “caregivers.”

the case of many Florida victims, Accused Administrators took measures beyond assuming responsibility, and actually *refused to release victims* when victims or their family sought to discharge them to prevent their death. Further, the Accused undertook a duty to the citizens of Florida through their actions of mandating and enforcing uniform healthcare policy upon Floridians and making countless knowingly false and misleading public and published statements that were used to coerce Floridians' healthcare options and decisions.

For example, Fauci was recognized as "America's Doctor," and his medical advice to the citizens of Florida with his policies arguably place him in the role as a caregiver for the purposes of this statute, especially because he assumed responsibility by providing authoritative healthcare advice and guidance, while also coercing uniform required treatment protocols followed in the victims' cases. This same logic can be extended to all of the Accused, as they all were serving in public roles to provide healthcare and medical guidance to Floridians. They abused their influence, the responsibility they assumed, and their governmental power or administrative authority, providing knowingly false and misleading statements and refusing to release victims forced to endure lethal protocols that led to the foreseeable deaths of elderly and disabled Floridians.

The evidence against the Accused demonstrates sufficient proof to meet the standard of culpable negligence under Florida law. The draft jury instructions 7.7(a) clarify that culpable negligence is consciously doing an act or following a course of conduct that the defendant must have known, or reasonably should have known, was likely to cause death or great bodily injury. Culpable negligence is "gross negligence" and "flagrant," such that a defendant is acting with a reckless disregard for human life. As explained in greater detail above, the Accused *knew* of the harm caused by remdesivir and the "vaccines" as well as the success of treatments they suppressed and refused to provide, such as hydroxychloroquine.

Miranda Sue Bonebrake, one of the victims whose story is included in **EXHIBIT B**, was born with down syndrome and was 41 years old when she died from the protocols and other felonious actions of the Accused. Miranda had no COVID symptoms when she went to the hospital for an unrelated checkup. After testing positive for COVID, she was admitted to the hospital. She and her family were mistreated because they were not vaccinated against COVID. Despite her express requests, and the requests of her family, she was denied all alternative treatments (ivermectin, hydroxychloroquine, etc.) and given remdesivir, without any informed consent. The hospital also placed Miranda on a ventilator, garnering significant financial benefit due to the Accused's perverse financial incentives. Despite her family's requests that she be taken off the ventilation, the hospital refused to release her from the machine until she died. The suffering of Miranda and her family must be investigated, prosecuted, and brought to light so justice is done on her behalf.

B. RACKETEER INFLUENCED AND CORRUPT ORGANIZATIONS

The elements of Florida's RICO crimes are:

- The Defendant had criminal intent,
- The Defendant received any proceeds, directly or indirectly, derived from a pattern of racketeering activity
 - ✎ Racketeering activities include, but are not limited to (§ 895.02(8)(a)25 & 36):
 - ✦ homicide by terrorist acts,

- ✦ homicide by aggravated abuse of the elderly,
 - ✦ aggravated manslaughter of the elderly, disabled, or children,
 - ✦ abuse, or aggravated abuse of the elderly or disabled adults, etc.
- The proceeds were received directly or indirectly through the establishment or operation of any enterprise; or
 - the Defendant was employed by, or associated with, an enterprise to conduct or participate in the enterprise through a pattern of racketeering activity.

Fl. Stat. §895.03(1), (3); Fl. Stat. §895.01 (8).

A charge under Florida’s RICO Act Fl. Stat. §895.03 is likely to be one of the most successful to prosecute the Accused because they inflicted injury, suffering, and death upon Florida victims by coercing accomplice third parties to perform the direct physical and psychological harm to the victims, and the Accused profited directly from the criminal actions, as well as sharing those profits with their accomplices.

Under Florida RICO Act, it is unlawful for any person to receive any proceeds derived, directly or indirectly, from a pattern of racketeering activity with criminal intent, in the acquisition of any ... right, interest, or equity in, the establishment or operation of any enterprise.

An “enterprise” includes governmental entities and a group of individuals associated in fact, regardless of legal structure. Fl. Stat. §895.02(5). “An ‘enterprise’ is an ongoing organization, formal or informal, that functions both as a continuing unit and has a common purpose of engaging in a course of conduct.” *Gross v. State*, 765 So. 2D 39 (Fla. 2000); See Florida Draft Jury Instruction 26.7.

The Accused have without any legal authority engaged, and continue to engage, in an enterprise of pharmaceutical experimental development and testing for monetary profit against victims without their informed consent, using governmental power to ensure immunity from liability for harm, injury, and death resulting from the actions and operation of the enterprise. In furtherance of the aims of the enterprise, the Accused have knowingly misrepresented dangers of pharmaceuticals, including “vaccines,” they have selected for the public in the COVID-19 pandemic, ensured by their policies and protocols that Florida patients are isolated from patient advocates while in vulnerable states under hospital custody and control, and knowingly misrepresented the benefits of and access to alternative, competing medicines with the foreseeable result that Florida victims suffer immense psychological trauma and terror, illness, and painful death. At each stage of the pandemic through the Accused’s policies and protocols, they have ensured financial gain to themselves and those carrying out their protocols against their victims. Evidence of common purpose in the conduct of the Accused and those carrying out their policies, as well as the knowledge of the Accused that their policies and protocols would cause injury and death, is found in the numerous emails and joint agency efforts of the Accused. See above, generally, for source materials regarding Acts of Terrorism Causing Death.

Fauci and the other Accused received “kick-back” payments for the use of the pharmaceuticals they pushed to FDA and Secretary of Health, approval – including through EUA status.⁴³ Investigation is warranted and necessary in the interests of justice to ascertain all

⁴³See 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/>.

financial benefit obtained by the Accused for their activities to mislead Floridians and push for approval of pharmaceuticals, including “vaccines,” they *knew* would not help against COVID-19 and which they *knew* were medically dangerous. It is well reported that Fauci personally, and the Accused generally, have received enormous financial gain for their actions throughout the COVID-19 response,⁴⁴ beginning in 2020. The Accused also established systems to move vast sums of money to and through hospitals and federal agencies via targeted bonuses and specific pharmaceuticals that would receive funding as “compliant” with NIH and 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.⁴⁵ Hospital systems and hospital administrators, such as AdventHealth, also need to be further investigated for the significant bonuses and payouts received by hospital administrators and hospital systems for subjecting the victims to this malicious and fatal treatment, in violation of their moral ethical obligations and doctors’ oaths to do no harm. One example of the financial payouts is that hospitals obtained approximately \$40,000 for each patient they were able to keep on a ventilator for more than 96 hours, and these payments continue until the end of the Public Health Emergency.⁴⁶ The financial incentives and penalties pushing intentional sedation and ventilation of victims against their wishes must be further investigated and the suffering it has caused to Floridians brought to light so that justice may be pursued on their behalf.

To prove existence of “a pattern of racketeering activity” with criminal intent, under Fl. Stat. §895.03(3), the evidence must also show that the defendant’s participation in the enterprise occurred through at least two incidents of racketeering activity with the same or similar intent, result, victims, accomplices, or methods of commission or which were interrelated by distinguishing characteristics and were not isolated incidents. Fl. Stat. §895.03(3); Florida Draft Jury Instruction 26.7.

The Accused have engaged in myriad racketeering activities, including the direct and indirect murder, abuse, and aggravated abuse of an elderly person in Florida. Under RICO, the Accused are culpable for either committing the prohibited racketeering activities or soliciting, coercing, or intimidating others to commit prohibited acts. Fl. Stat. §895.02(8).

The publicly available evidence demonstrates the Accused committed *at least two* prohibited activities under the Act. All of the Florida victims died after receiving the protocol-required “treatments” and “countermeasures” designed and implemented by the Accused. All of the Florida murder victims were killed because the Accused used their governmental authority and power to coerce and force healthcare facilities and medical providers to give lethal “treatments” and “countermeasures,” including through a system of perverse financial incentives and penalties to those facilities and providers to secure compliance. A large percentage of Florida victims share common factual situations: most being over the age of 60, most given remdesivir – usually against their express will, and always without informed consent, and many were isolated

⁴⁴See 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 is 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 him funding research that has caused pandemics).

⁴⁵ See AJ DePriest and TN Liberty Network, “Financial Incentives: The Use of ‘Covered Countermeasures,’” revised October 15, 2023, attached as **EXHIBIT E**.

⁴⁶ *Id.* at 10-11.

from their families, loved ones, and patient advocates. While dying from the Accused's criminal actions through their maliciously designed uniform medical protocols, Florida victims also suffered immense pain and psychological trauma, being separated from their families, as well as being denied the right to consent to any medical treatment.⁴⁷

Attached are the stories with select facts of only just over thirty Florida victims of the Accused's crimes. See **EXHIBIT B**. There are tens of thousands more victims in Florida, and justice requires that the truth of the victims' suffering be revealed in a court of law, and the Accused held accountable for their unconscionable crimes.

C. ABUSE & AGGRAVATED ABUSE OF THE ELDERLY AND DISABLED

The elements to prove abuse of the elderly and disabled adults are:

- The Defendant intentionally inflicted a physical or psychological injury to the Victim, or
- The Defendant actively encouraged any person to commit an act that results, or could reasonably be expected to result in physical or psychological injury to the Victim, or
- The Defendant acted without lawful authority, to intentionally isolate or restrict access of the Victim to family members
 - ↳ The restriction of access must be reasonably expected to result in physical or psychological injury to the Victim, or
 - ↳ The restriction of access was done with the intent to promote, facilitate, conceal, or disguise some form of criminal activity involving the person or property of the Victim
- The Victim is an elderly person or disabled adult

Fl. Stat. §825.102(1)(c), (d).

The additional elements that must be proven for aggravated abuse of the elderly or disabled adult under this statute are:

- The Defendant acted knowingly or willfully
- The Defendant causes the Victim great bodily harm, permanent disability, or permanent disfigurement by their abusive action(s)

Fl. Stat. §825.102(2)(c).

The evidence against the Accused, as outlined in this request *supra* support charges against them for Abuse and Aggravated Abuse of the Elderly and Disabled under Fl. Stat. §§ 825.102(1)(c) & (d); (2)(c).

Under subsection (1)(c), the Accused actively encouraged direct caregivers and healthcare providers and families of the elderly and disabled, to commit acts that resulted or could reasonably be expected to result in physical or psychological injury to an elderly or disabled person. The Accused *intended* for their policies and protocols, as well as their intentional dissemination of false information in media and news outlets and public false statements to result in the isolation and harm of the elderly and disabled. The Accused are well informed that social isolation causes significant psychological detriment and accelerates decline of physical health, yet

⁴⁷When a medical provider forces treatment on a patient against their wishes, the courts have long held it is criminal battery or trespass to person. See *Wall v. Brim*, 138 F.2d 478, 481 (Fl. Ct. App. 5th Cir., 1943); See also Florida Patient's Bill of Rights and Responsibilities, Fl. Stat. §381.026(4)(b)(3) & (4), (d)(3) (the patient has a right to be informed of risks and alternatives, the right to refuse any treatment, and the right to access alternative treatment).

social isolation was strictly enforced in hospitals and by medical professionals, without regard for the best interests of patients or the efficacy of isolation against the spread of COVID infection. Additionally, the Accused designed protocols demanding sole use of “COVID countermeasures” including selected pharmaceuticals and “vaccines” *known* to cause injury and death and used government authority and perverse financial incentives and penalties on hospitals and medical providers to ensure Florida’s elderly and disabled patients would have little or no access to alternatives for treatment, resulting in their physical and psychological suffering, prolonged hospital stays, and death.⁴⁸ Further, even outside the hospital setting, the lies and misstatements of the Accused about what healthcare options are helpful or harmful also incited businesses, groups, organizations, and families to isolate unnecessarily, which perpetuated and exacerbated the elder abuse instigated by the Accused.

Subsection (1)(d) went into effect on July 1, 2021, and specifically prohibits intentionally “isolating or restricting access of an elderly person or a disabled adult to family members for any length of time which could reasonably be expected to result in physical or psychological injury” without “lawful authority”. This crime is chargeable against the Accused.⁴⁹ Based on the Accused’s knowledge prior to July 1, 2021, including CDC public guidance (which includes their cited medical studies from the 1980s to the present),⁵⁰ as well their specific knowledge regarding the results of their COVID protocols, they will not be able produce evidence that they “had reasonable cause to believe that [their] action was necessary to protect the elderly person or disabled adult from danger to his or her welfare.”⁵¹ The isolation and masking protocols forced upon Floridians by the Accused were *known to be* scientifically unnecessary and even detrimental.⁵²

Specifically as noted *supra*, the Accused knew that the use of unnecessary masks were abusive actions to elderly Floridians by making it difficult to breathe, making it difficult to communicate (especially for those with hearing loss), and contributed to social isolation, which the Accused knew would cause psychological suffering, deterioration of physical condition, and eventual death. See pp10-11 of this request for specific references.

With regard to acting “without lawful authority,” none of the Accused had any legal authority to establish forcible *participation* of victims in the experimental “vaccination” for COVID-19, and without informed consent of the victims. 21 USC § 360bbb-3. While the Accused held positions of authority in the US government to perform certain actions, such as establishing EUA approval for pharmaceuticals, many of the Accused have not been sworn into office in accordance with law pursuant to the non-discretionary, mandatory terms of 5 U.S. Code §§ 3331, 3332. Therefore, all of their actions while in office are without lawful authority.⁵³ Even

⁴⁸ (See *supra*. Acts of Terrorism Causing Death; 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/>.)

⁴⁹<http://laws.flrules.org/2021/221>.

⁵⁰Centers for Disease Control and Prevention, “Health Risks of Social Isolation and Loneliness,” <https://www.cdc.gov/emotional-wellbeing/social-connectedness/loneliness.htm>.

⁵¹See Statement made by Anthony Fauci, March 8, 2020, <https://www.youtube.com/watch?v=I5FY58I5RQ0> (he and the federal government knew that masks would not protect anyone because it is airborne); See Statement by Rachel Madaow, 2020, <https://www.youtube.com/watch?v=I5FY58I5RQ0> (she and the federal government know that masks will not protect people from infection).

⁵²Jefferson, et. al., *Cochrane Review*, “Physical interventions to interrupt or reduce the spread of respiratory viruses,” January 30, 2023, <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub6/full>.

⁵³See Petition for Writ of Quo Warranto, <https://www.thepostemail.com/wp-content/uploads/2023/04/Biden-Oaths-of-Office-Writ-of-Quo-Warranto.pdf>, individuals identified in the Quo Warranto suit include, but are not limited to,

for those who have appropriately taken their oaths of office, the Accused acted with intent to cause harm or reckless disregard for the likelihood of creating harm against Floridians, and acted clearly beyond their authority and in violation of their oaths.

Under subsection (2)(c), all the Accused should be investigated as evidence demonstrates that each, “[k]nowingly or willfully abuse[d] an elderly person or disabled adult and in so doing cause[d] great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult.” All the individuals listed in **EXHIBIT A** have died as a direct result of the enforcement of uniform healthcare protocols and “countermeasures” designed and effectuated by the Accused. Twenty-four of these named victims were over the age of 60, and at least one was disabled.

V. CONCLUSION

As residents of the State of Florida, and constituents of Attorney General Ashley Moody, we respectfully request that the Office thoroughly investigate the evidence presented herein. Presuming sufficient evidence, we request that the Office seek indictment and prosecution under Florida criminal law of Anthony Fauci, Cliff Lane, Francis Collins, Deborah Birx, Rochelle Walensky, Stephen Hahn, and the Florida healthcare and hospital system Administrators, including but not limited to AdventHealth, and any other appropriate defendants, for their crimes against Floridians, particularly the vulnerable elderly and disabled.

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



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