Dear Dr._____,

I am writing to implore you as a medical doctor, based on the oath you took to do no harm, to be as faithful in making your patients aware of the dangers of vaccines as much as you promote their safety. Based upon your integrity as a doctor and because every child is made in the image of God, I would like for you to do the right thing in regards to a letter written in 2013 by the American Academy of Pediatrics. This letter stated, “ALL parents and patients should be informed about the risks and benefits of preventative and therapeutic procedures including vaccination.” Nowhere in the said letter is anything stated concerning the risks of vaccines; conversely, only the benefits of vaccination are described-a very slanted one-sided story. In light of the requirement in the letter, I am providing you with eleven undeniable facts regarding the dangers of vaccines. This information is required to be given to your patients about the risks associated with vaccinations to comply with the letter cited above.

11 Undeniable Facts Concerning Vaccination:

1. The U.S. Supreme Court rules all vaccines unavoidably unsafe.
https://www.aap.org/en-us/documents/immunization_refusaltovaccinate.pdf

2. None of the vaccines on the U.S. CDC recommended childhood vaccine schedule were tested against an inert saline placebo in clinical trials.
The Facts About the FDA's Questionable Practices • Children's Health Defense

3. This HHS lawsuit shows that no safety studies have been conducted on vaccines for thirty-three years.
https://www.worldhealth.net/news/rfk-jr-wins-case-against-government-vaccine-safety-violations/

4. Compensation for vaccine injury to date: 4.4 billion and counting.
https://www.hrsa.gov/vaccine-compensation/data/index.html
Description of the National Vaccine Injury Compensation Program (NVICP) • Children's Health Defense

5. The CDC, frankly, is a vaccine company; it owns at least fifty vaccine patents and buys and distributes $4.6 billion in vaccines annually through the Vaccines for Children program.
Examining RFK Jr.'s claim that the CDC “Owns over 20 vaccine (greenmedinfo.com)
FY 2018 Budget in Brief - CDC | HHS.gov

6. In 1986, Congress passed the National Childhood Vaccine Injury Act freeing companies from liability for injuries resulting from childhood vaccines no matter how toxic the ingredients, how negligent the manufacturer, or how grievous the harm.
H.R.5546 - 99th Congress (1985-1986): National Childhood Vaccine Injury Act of 1986 | Congress.gov | Library of Congress
NCVIA: The Legislation that Changed Everything—Conflicts of Interest Undermine Children's Health: Part II • Children's Health Defense

7. There are two Hepatitis B vaccines licensed for one day old babies in the United States-one manufactured by Merck and the other by GlaxoSmith Kline. Merck's Hepatitis B was licensed by the FDA after trials which solicited adverse reactions for only five days after vaccination. Similarly, GlaxoSmithKline's Hepatitis B Vaccine was licensed by the FDA after trials which solicited adverse reactions for only four days after vaccination.
recombivax_pi (merck.com)

8. In 1965, 4% of the US population had a chronic disease.For American kids born in 1986,only 12.8% had chronic disease.That number has grown to 54% among the vaccine generation according to a 2011 survey funded by the U.S. Department of Health and Human Services (HHS)
Dynamics of obesity and chronic health conditions among children and youth -PubMedhttps://pubmed.ncbi.nlm.nih.gov/20159870/

A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations - ScienceDirecthttps://www.sciencedirect.com/science/article/pii/S1876285910002500

9. Vaccines CAN and DO cause injuries. The message that vaccine injuries are rare is not supported by facts and anecdotal evidence. An HHS-sponsored study by the Agency for Healthcare Research and Quality found that vaccine injuries, when tracked using electronic medical records, occur in one in thirty-nine vaccines given.

Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts) | AHRQ Digital Healthcare Research: Informing Improvement in Care Quality, Safety, and Efficiency
Vaccine Injuries Ratio: One for Every 39 Vaccines Administered • Children's Health Defense

10. Post-licensure vaccine safety surveillance is failing the American people and children around the world. The Vaccine Adverse Event Reporting System(VAERS), where doctors and patients voluntarily report adverse vaccine events, received 58,381 reports in 2018. including 412 deaths,1,237 permanent disabilities, and 4, 217 hospitalizations. An HHS-funded review of VAERS concluded that "fewer than one per cent of vaccine adverse events are reported " to VAERS. The CDC has refused to mandate or automate VAERS reporting.
Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS) (ahrq.gov)
ican-reply-december-31-2018.pdf (childrenshealthdefense.org)

11. The CDC vaccine researcher-turned whistleblower, Dr. William Thompson, Ph. D. was denied the ability to testify regarding scientific fraud and destruction of evidence by senior CDC officials in critical CDC vaccine safety studies regarding an association between childhood vaccines and autism. Thompson invoked federal whistleblower status and alleges that the CDC destroyed evidence that black boys are 3.36 times more likely to develop autism if they receive the MMR vaccine before age three.
CDC Blocks Testimony by Vaccine Whistleblower in Medical Malpractice Case • Children's Health Defense
The Statement of William W. Thompson • Children's Health Defense

You are protected from all liability if you execute these three imperatives:

1. Make full disclosure of the risks (**eleven undeniable facts**) in a hand-out to patient or parent/guardian per signed consent before vaccination.
2. Make this information (**eleven undeniable facts**) easily available on your website.
3. Make it known that your patients can opt out of any and all vaccines by expressing a religious, medical or philosophical right of exemption (in accordance with the state in which they live). Treat the patient whether he is vaccinated or unvaccinated.

I am sure you know, President Reagan in 1986 signed into law the National Childhood Vaccine Injury Act (NCVIA) which eliminated all financial liability to the vaccine manufacturers due to vaccine injury claims or death unless they committed fraud (i.e., deceit, trickery, practice, or breach of confidence perpetrated for profit or to gain an unfair advantage). I believe in order to protect and to keep you from committing fraud, you have thirty days to rectify the situation stated above. In my opinion, it is possible and even probably, anyone who is injured or dies from a vaccine thirty days from you receiving this letter could hold you personally, along with the President of the United States, the U S senators, the president and board of directors of the

American Board of Pediatrics, Bill Gates, Dr. Fauci, and Dr. Redfield criminally and/or civilly liable for injury or death. By not addressing the three requests stated above, you are enabling the vaccine companies to commit fraud on the American people. I urge you to act on the information presented here and plead with you to support and listen to those who question you regarding the safety of vaccines instead of rejecting their cries for truthful information and thus becoming a useful instrument of the pharmaceutical companies.

This letter has been sent to you certified, and as of today, is being made public. I request prompt attention and proof of confirmation of your direct action with sending verification to the website, email address or cell phone number listed below.

Sincerely,

Christopher Key
christopherkey111@yahoo.com
https://www.keys2life.info/

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.

10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

["Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]

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

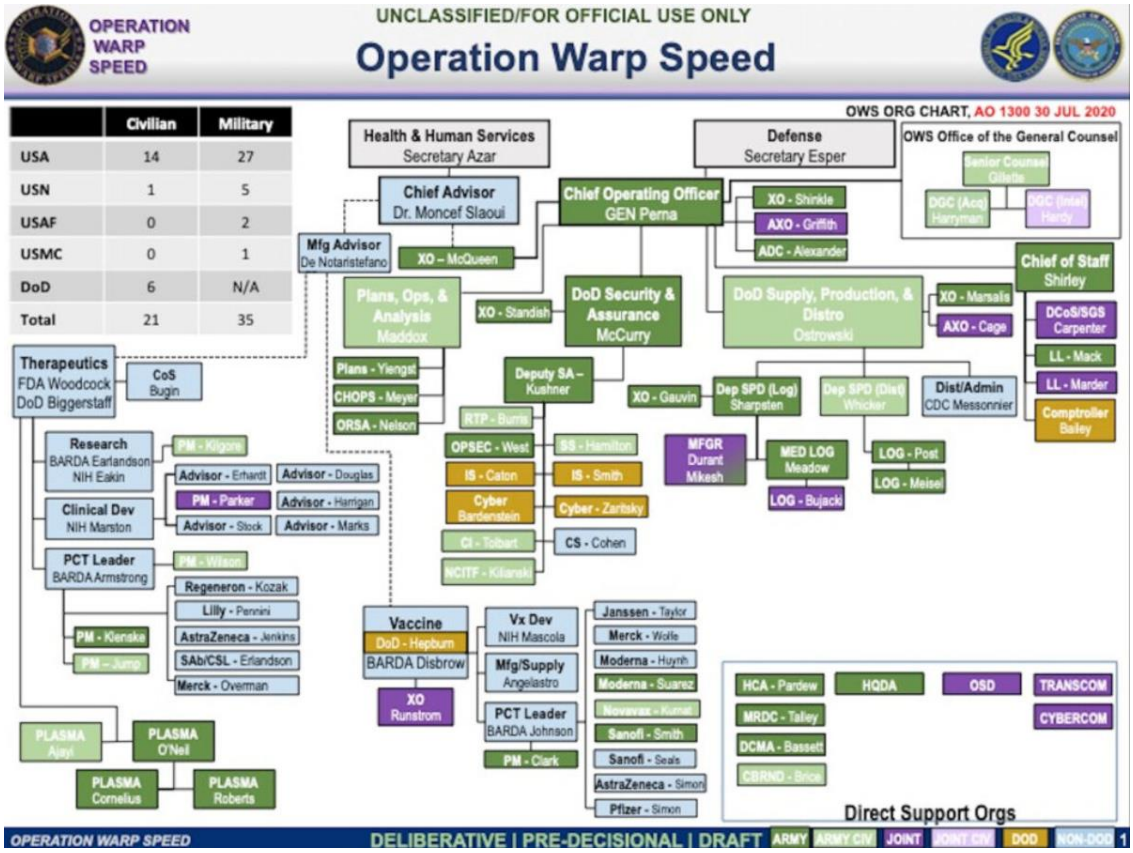
[5] https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf (page 8)

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.