

6642 Federal Street
Navarre, Florida 32566
August 2, 2022

The Honorable Ashley B. Moody
Attorney General of Florida
PL-01 The Capitol
Tallahassee, Florida 32399-1050

SUBJECT: The Commission of Fraud against Governor DeSantis, Florida, & the U.S.

Dear Attorney General Moody:

I write to you today – my second communication to you – out of grave concern. This concern stems from the revelations coming from Dr. Deborah Birx via her recently published book. As you know, Dr. Birx held the role of White House Coronavirus Response Coordinator from early 2020 through December of that year. She ended her tenure in January 2021 by resigning in December 2020 following the violation of her own stay-at-home “order”.¹ She has since written about her experience.

In her book, *Silent Invasion: The Untold Story of the Trump Administration, Covid-19, and Preventing the Next Pandemic Before It’s Too Late*², Dr. Birx tells the story of how she handled the job she didn’t want, but felt compelled to take.³ Astonishingly, Dr. Birx provides detailed descriptions of her “strategy” for managing the “COVID” outbreak. This “strategy” included subterfuge, insubordination, deceit, collusion, and data manipulation.

In short, Dr. Birx committed fraud against Governor DeSantis, the people of Florida, and the people of the United States. In her book, she tells us how.

FROM HERE TO LOCK DOWN – THE LIAR’S WAY

On the market for approximately three months, publicity about *Silent Invasion* has been picking up with more and more articles appearing on the Internet. In contrast to earlier glowing reviews by such outlets as *The New York Times*⁴ and *Washington Post*⁵, these recent reviews

¹ <https://www.bbc.com/news/world-us-canada-55419954>

² https://www.amazon.com/Silent-Invasion-Administration-Covid-19-Preventing/dp/0063204231/ref=tmm_hrd_swatch_0?_encoding=UTF8&qid=&sr=

³ Birx, Deborah, *Silent Invasion: The Untold Story of the Trump Administration, Covid-19, and Preventing the Next Pandemic Before It’s Too Late*. Harper Apr 2022, Prologue

⁴ <https://www.nytimes.com/2022/04/21/books/review/deborah-birx-silent-invasion-trump-covid.html>

⁵ <https://www.washingtonpost.com/outlook/2022/05/20/deborah-birxs-unseen-fight-stop-trumps-covid-falsehoods/>

display a very different point of view.^{6,7,8,9,10,11,12,13,14,15} These range from outrage to stunned disbelief at these very public revelations of treachery.

Coming from a public official who took an oath to the Constitution both as a member of the military and as a federal employee makes these revelations all the more shocking. The “sleight of hand” that stands out for many? The revising of weekly governors’ reports. From Dr. Birx herself:

“I devised a work-around for the governor’s (sic) reports I was then writing. Instead of including those recommendations in the common bulleted list, I’d include them in the pandemic summary and state-specific recommendations in the governor’s (sic) reports, where they wouldn’t be so obvious. These weekly reports couldn’t go out on Monday without administration approval. Week by week Marc’s office began providing line-by-line edits. After the heavily edited documents were returned to me, I’d reinsert what they had objected to, but place it in those different locations. I’d also reorder and restructure the bullet points so the most salient—the points the administration objected to most—no longer fell at the start of the bullet points. I shared these strategies with the three members of the data team also writing these reports. Our Saturday and Sunday report-writing routine soon became: **write, submit, revise, hide, resubmit**. Fortunately, this strategic sleight-of-hand worked. That they never seemed to catch this subterfuge left me to conclude that, either they read the finished reports too quickly or they neglected to do the word search that would have revealed the language to which they objected.”¹⁶

⁶ <https://brownstone.org/articles/dr-birx-praises-herself-while-revealing-ignorance-treachery-and-deceit/>

⁷ <https://emeralddb3.substack.com/p/deborah-birx-was-dr-lockdown>

⁸ <https://michaelpseuger.substack.com/p/deborah-birxs-silent-invasion-a-guide>

⁹ <https://www.washingtontimes.com/news/2022/apr/29/deborah-birx-makes-astonishing-deep-state-admissio/>

¹⁰ <https://thenationalpulse.com/2022/07/17/sabotage-dr-birx-admits-to-revising-and-hiding-info-from-trumps-covid-team-while-altering-cdc-guidelines-without-approval/>

¹¹ <https://brownstone.org/articles/deborah-birxs-guide-to-destroying-a-country-from-within/>

¹² <https://waynedupree.com/2022/07/birx-withheld-covid-strategies-to-trump/>

¹³ <https://redstate.com/streiff/2022/07/17/former-trump-covid-honcho-birx-admits-to-deceiving-the-white-house-and-just-making-stuff-up-to-push-her-personal-agenda-n596695>

¹⁴ <https://wentworthreport.com/2022/07/20/lockdown-architect-deborah-birx-admits-to-using-subterfuge-and-sleight-of-hand-to-hide-information-from-trump/>

¹⁵ <https://ussanews.com/2022/07/17/dr-birx-bombshell-she-would-hide-data-in-reports-rig-covid-mortality-rates/>

¹⁶ <https://thenationalpulse.com/2022/07/17/sabotage-dr-birx-admits-to-revising-and-hiding-info-from-trumps-covid-team-while-altering-cdc-guidelines-without-approval/>

A “work-around”? In my decades of professional experience, if I had ever utilized such a “work around” in crafting official reports, including the surreptitious “hiding” of material data that my boss or others relied on – directly or indirectly – I would have been severely reprimanded – or *fired*. With cause.

In the case of the White House Coronavirus Response Coordinator, *fifty governors* relied on these *doctored* reports – reports that suited *this* doctor’s objectives. “In slipping these changes past the gatekeepers,”¹⁷ Dr. Birx’s “subterfuge” – as ***she herself*** calls it – affected the lives, liberties, *and* health of hundreds of millions of people in this country.

FIGURES DON’T LIE, BUT LIARS FIGURE

Dr. Birx admits that her real goal was to get the country locked down – China style as Italy had done, but not to have it *look* that way. As she wrestled with CDC “data issues” and how to develop the “flatten-the-curve” guidance, Dr. Birx knew she had to manage perceptions.

Knowing the difficulty of getting China-style human lockdowns accepted, she decided to take an incremental, cautionary approach to securing buy-in. In layman’s terms? She lied. Let’s hear once again from Dr. Birx as she describes her ruse for restricting the numbers of Americans allowed to gather:

*I had settled on ten knowing that even that was too many, but I **figured** that ten would at least be palatable for most Americans— high enough to allow for most gatherings of immediate family but not enough for large dinner parties and, critically, large weddings, birthday parties, and other mass social events.... Similarly, if I pushed for zero (which was actually what I wanted and what was required), this would have been interpreted as a “lockdown”—the perception we were all working so hard to avoid.”¹⁸*

“Zero”? As in solitary confinement?? ***She*** “settled” on ten?? It must be noted here that while ten people gathering was “too many” and “zero” was what she actually wanted/what was “required,” Dr. Birx provides ***no scientific basis*** for “zero” or “ten”. In fact, the entire book lacks a single reference for the *scientific basis* for any of the measures she foisted upon the country. Did she have any? Common sense then and mountains of evidence since give us that answer.

¹⁷ <https://brownstone.org/articles/deborah-birxs-guide-to-destroying-a-country-from-within/>

¹⁸ Ibid

CONCEALING HER TRUE INTENTIONS

“I couldn’t do anything that would reveal my true intention,” she writes, “to use the travel ban as one brick in the construction of a larger wall of protective measures we needed to enact very soon.”¹⁹

“IT’S JUST FOR THE HOSPITALS”

Providing additional detail on her upcoming sales pitch in favor of the lockdown, Dr. Birx refers to her “data-driven approach”, but denies the reader the courtesy of providing any.

“Getting the travel ban through was a crucial first test of my data-driven approach,” she writes. “That it worked would, I hoped, make the end-of-the-week pitch for our version of flattening-the-curve-to-protect hospitals ‘shutdown’ easier.”²⁰

“IT’S ONLY 15 DAYS”

Continuing with-her-face-hanging-out admission, Dr. Birx reveals her subterfuge:

“No sooner had we convinced the Trump administration to implement our version of a two-week shutdown than I was trying to figure out how to extend it. Fifteen Days to Slow the Spread was a start, but I knew it would be just that. I didn’t have the numbers in front of me yet to make the case for extending it longer, but I had two weeks to get them. However hard it had been to get the fifteen-day shutdown approved, getting another one would be more difficult by many orders of magnitude.”²¹

By concealing her true intentions and crafting a deceitful “pitch,” Dr. Birx’s willful and outright lying “worked”. By the end of March 2020/first week of April, Dr. Birx had gotten her wish. She brags:

¹⁹ <https://www.analyzingamerica.org/2022/07/662001/>

²⁰ Ibid.

²¹ <https://michaelpersenger.substack.com/p/deborah-birxs-silent-invasion-a-guide>

“In relatively short order by the end of March and the first week of April, there were few holdouts. The **circuit-breaking, flattening-the-curve shutdown** had begun.”²²

“**Holdouts**”?²³ Who? A few governors? *Our* governor? Governor DeSantis who worried – correctly – that if he were to “order” house arrest, it would make him a “dictator”²⁴? Does Dr. Birx include the President? Members of his staff? Who exactly? While regaling the reader with tales of her lies and subterfuge, she calls those late – in her mind – to this criminal fraud “holdouts”?

Whoever Dr. Birx actually means by this epithet, imagine being called a “holdout” by an *unelected* federal coordinator

- Who admits to devising a “work-around” for “*adjusting*” official data used by The White House, governors, and legislatures
- Who admits to colluding with then-CDC Director Robert Redfield in August 2020 to rewrite testing guidance and then “surreptitiously posted it” *without approval* to the CDC website hoping the White House would be too busy campaigning to notice²⁵
- Who admits to concealing her true intentions when making a “pitch” for lockdowns, lying directly and by omission to the entire country

There’s more.

INFLATING NUMBERS ARTIFICIALLY

On Tuesday, July 19, 2022, Dr. Marty Makary, M.D., author, and professor at the Johns Hopkins School of Public Health, spoke with Fox News host, Jesse Watters, on the topic of Dr. Birx’s book.²⁶ In his opening questioning, Mr. Watters asked Dr. Makary what he thinks of Dr. Birx’s confessional novel. Dr. Makary replies by saying that “...it’s really disappointing...” He continues:

“It turns out that the advice that the President and many of the policy makers got was a small minority opinion. Many of us were looking on saying, ‘What is this 15 days talk?’ The biggest ***crime*** (bold/italics added) was not recognizing that the risk was a *ten thousand fold* risk difference between someone older and someone young and healthy.

²² Ibid.

²³ There was always and only one “holdout” throughout this: Governor of South Dakota, Kristi Noem.

²⁴ <https://www.businessinsider.com/coronavirus-florida-gov-ron-desantis-issues-statewide-shutdown-2020-4?op=1>

²⁵ <https://spectator.org/birxs-book-damages-trump-and-disqualifies-pence/>

²⁶ <https://rumble.com/v1cxi99-damning-deborah-birx-admits-she-and-fauci-created-covid-rules-7.19.22.html>

“So, they had these indiscriminate policies and now we’re learning that she was basically hiding data. She said it directly in her book. She also said that she thought the “vaccine” would not end the pandemic. It would have been nice of her to say that publicly.”

Admitting that Deborah Birx, Anthony, “TheScience™”, Fauci, and others brought with them biases as a result of their work on HIV, Dr. Makary provides an unprompted explanation of the complete absence of any discussion of natural immunity. As an infection of the immune system, he says, natural immunity does not work with HIV. As a result of these biases, neither the public nor the other policy makers knew that these measures reflected “minority opinions” on how to manage the “COVID” illness.

Dr. Makary goes on to describe how government bureaucrats present and utilize data as “expert opinion” (TheExperts™) to “get something done, an agenda, to get what they want accomplished.”

“Even with the death numbers, she says that the intention – and she said this very clearly, publicly at the time – the intention was to actually count cases with “COVID” as “COVID” deaths. So we know the numbers were being inflated. Look...people die tragically, but you *don’t* inflate numbers artificially to get an agenda passed.”

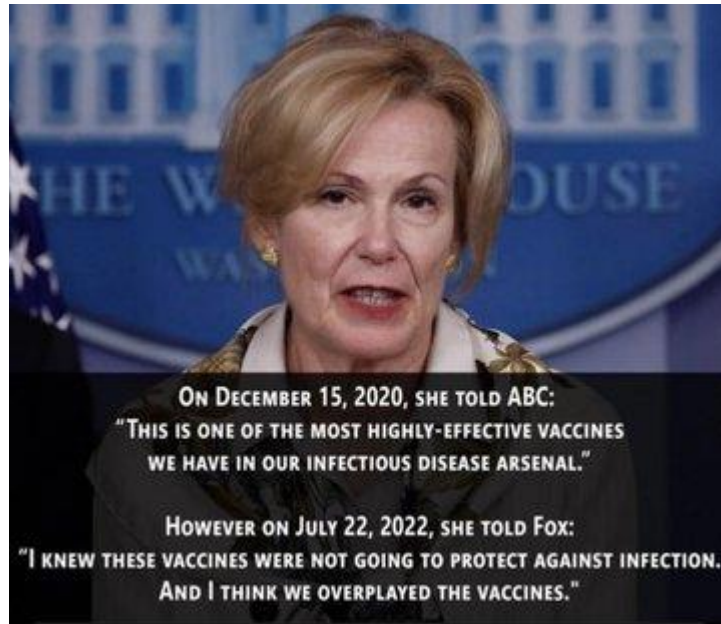
You do if you’re Deborah Birx. Even if you die in a car accident and “test” “positive” upon your death for “COVID”, you’re a “COVID” death, asks Mr. Watters. Yes, replies Dr. Makary, confirming that this was being done. He finalizes his comments with the following:

“Not only was it tragic that death numbers were being inflated like that, she said it openly that we’re counting those. Remember, 95% of the “COVID” deaths had four or more co-morbidities, so many times, ***the co-morbidity was not listed as the death even though it was the true cause of death.***” (Bold/italics added)

Dr. Makary confirms that this is still being done and that the CDC still has this “bad data”.²⁷

In the context of these tragic deaths, let us also remember that official treatment protocol at the time was ***no treatment*** until deathly ill. This turned medicine’s mantra of “early detection, early treatment” on its head. As for Dr. Makary’s lament regarding what Dr. Birx *now* says about the injection, Dr. Makary may have forgotten that she actually declared in December 2020:

²⁷ Ibid.



The Internet is forever, Dr. Birx.

“ASYMPTOMATIC SPREAD”

As the lead on a team turning well-established medical protocols and death reporting on their head, Dr. Birx somehow even managed to convince Anthony, “TheScience™”, Fauci that he was wrong when he said in late January 2020...

“...the one thing historically people need to realize is that even if there is some asymptomatic transmission, in all the history of respiratory-borne viruses of any type, ‘asymptomatic transmission’ has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person. Even if there’s a rare asymptomatic person that might transmit, an epidemic is not *driven* by asymptomatic carriers.” – Dr. Anthony Fauci, January 28, 2020²⁸

Well, that is, up until March 2020 when Dr. Deborah Birx came on the scene. In the case of “COVID-19”, “asymptomatic spread” was the sine qua non for Dr. Birx’s ongoing ploy. Even the healthy/asymptomatic were potential *silent* carriers of a killer “novel” virus – Dr. Fauci’s factually correct, medically-sound, and historically-accurate *reminder* notwithstanding.

So what changed? Did all of epidemiology change as a result of this “novel” coronavirus? No...just marketing. Hiding data. Silencing dissenting voices – and the misuse and abuse of PCR.

²⁸ <https://youtu.be/w6koHkBCoNQ?t=2640>

THE ABUSE OF PCR



Kary Mullis, the Nobel Prize winning inventor of the PCR, tells us his *process* is not a tool for diagnosis:

"PCR is just a process that's used to make a whole lotta somethin' outta somethin'. That's what it is. **It doesn't tell you that you're sick** and it doesn't tell you that the thing you ended up with, really, was gonna hurt you or anything like that."²⁹ - Kary Mullis, Nobel Prize winner in Chemistry for inventing the tool that carries out the polymerase chain reaction *process*--PCR.

Yet during "COVID", we're told PCR is the "gold standard" for doing just that.³⁰

In the referenced video (Footnote 30), Mr. Mullis also assures us that "you can't really misuse PCR..." Oh, *yes* you can. You *can* if you purposely or through ignorance use it as something it is not – a diagnostic tool. You *can* if you use it to extrapolate from detection (PCR's *singular* function) → "asymptomatic spread" → pandemic → global lockdown.

²⁹ <https://www.youtube.com/watch?v=iWOJKuSKw5c>

³⁰ <https://my.clevelandclinic.org/health/diagnostics/21462-covid-19-and-pcr-testing>

DETECTION, INFECTION, DISEASE, & CASES. ASYMPTOMATIC, PRE-SYMPTOMATIC, SYMPTOMATIC, & POST-SYMPTOMATIC

Even now, a quick Internet search will bring up dozens of articles on the PCR and its “gold standard” status for diagnosing infection. (*Again*, PCR does not *diagnose* anything.) Such a bold claim demands verification – or at a minimum a review of the process’s limitations.

1. The Cleveland Clinic: From the Cleveland Clinic cited in Footnote 29, we learn we can be “positive” (PCR has detected the targeted genetic material) even without symptoms; in this case, we are said to have a SARS-CoV2 “infection”. If we get a positive PCR *and* we have symptoms – regardless of severity – we have coronavirus *disease*, a.k.a. “COVID-19”. Sick or not, in both cases, it’s a “case”.

The good news, according to the Clinic, is that “most people have mild illness” (so *not* “disease”?) and can recover safely at home without medical treatment. That’s good. You can also test positive after recovery from symptomatic illness in the distant past because of PCR’s sensitivity, but now...now you can’t spread SARS-CoV2. That’s good.

The “problem” comes with a “negative” test. How can that be? A negative result is not positive news? In its own words, the Clinic explains how negative isn’t necessarily good news:

“A **negative test result** means you probably didn't have an infection with SARS-CoV-2 at the time your specimen was collected. However, it's possible to have COVID-19 but not have the virus detected by the test. For example, this may happen if you recently became infected but you don't have symptoms yet — or it could happen if you've had COVID-19 for more than a week before being tested. A negative test doesn't mean you are safe for any length of time: You can be exposed to COVID-19 after your test, get infected and spread the SARS-Cov-2 virus to others.”

Is there *anyone* who can read the above and remain wall-eyed?

If PCR is the “gold standard” and as Kary Mullis tells us can find anything if done properly, how is it possible to be “infected” in the *absence* of the virus *and* symptoms? Is this a false negative? Either way, negative is bad.

According to the Cleveland Clinic, you can test positive, but not have “COVID” (“asymptomatic” or “post-symptomatic”). You can test negative and actually not have “COVID” – but you can also test negative and actually have it – you’re pre-symptomatic. Maybe. Based on the logic of the above, we’re *all* always something – pre-infected, pre-detected, post-infected. Symptomatic. Asymptomatic, but always...always *never* “safe”. And neither is the whole world. Ever.

2. Center for Evidence-based Medicine, Oxford University: Since it is admitted that a positive PCR could mean “asymptomatic” or “post-symptomatic”, determining whether the detected genetic material is actually infectious or virulent would be the next logical step.

This is *standard practice* for that other contagious respiratory infection – tuberculosis. A positive skin test requires follow-up tests such as sputum, physical exam, chest x-rays, etc. This is done to determine an *active* infection that can infect others (if susceptible) and needs treatment or a latent one, which cannot and does not. A *case* of TB or *not* a case of TB. **Two** steps.

In the case of “positive” PCR for “COVID”, neither the CDC nor the FDA *sanctioned* a second step to verify a positive PCR as an active, *infectious* infection -- whether through cell culture or any other means.

Aware of the limitations of PCR as a lone “diagnostic” tool, the Center for Evidence-based Medicine (CEBM) at Oxford University sought to review the data in those instances where second-step tests *were* done to confirm PCR results. Disputing the view that PCR is diagnostic and the “gold standard”, the authors state the following:

”Identification of a whole virion (as opposed to fragments) and proof that the isolate is capable of replicating its progeny in culture cells is the closest we are likely to get to a gold standard [5]. RT-qPCR cannot distinguish between the shedding of live virus or of viral fragments with no infectious potential, and it cannot measure the quantity of live virus present in a person’s excreta. Although viral culture is difficult, time consuming, and requires specialized facilities, it potentially represents the best indicator of infection and infectious potential. We therefore set out to review those studies attempting viral culture, regardless of specimen type tested. We investigated the probability of successful culture with time from STT (symptom onset to test) and Ct (cycle threshold). We also examined the relationship between specimen Ct and infectious potential.”³¹

Their results, initially published in pre-print at [medRxiv](https://doi.org/10.1101/2020.08.14.20162141) in August 2020, were accepted by *Clinical Infectious Diseases* for publication in December 2021. Acknowledging the limits of the lack of standardized testing methods, lack of standardized reporting methods, and lack of consistency in reporting Ct, the authors recommend “that a uniform international standard for reporting of comparative SARS-CoV-2 culture with index test studies be produced.”³²

The authors conclude:

³¹ <https://academic.oup.com/cid/article/73/11/e3884/6018217?login=false>

³² *Ibid.*

“Prospective routine testing of reference and culture specimens are necessary for each country involved in the pandemic to establish the usefulness and reliability of PCR for Covid-19 and its relation to patients’ factors. Infectivity is related to the date of onset of symptoms and cycle threshold level.

A binary Yes/No approach to the interpretation of RT-PCR un-validated against viral culture will result in false positives with possible segregation of large numbers of people who are no longer infectious and hence not a threat to public health.”³³

Large numbers no longer infectious or never *infectious* in the first place. Given this, how does anyone know how many actual cases of a real, symptomatic respiratory infection people around the world actually experienced?

So, did we just not know this about PCR and the downside of mass testing of the “asymptomatic” or failing to do viral culture immediately following a positive PCR with symptoms? No. People knew. Lots of people.

3. PCR Made Them Do It: In 2006 when a doctor at Dartmouth-Hitchcock Medical Center in New Hampshire developed a non-stop cough persisting for several weeks, another doctor became concerned that the coughing doctor had pertussis (“whooping cough”). As other healthcare workers started coughing, the concerned doctor worried that the Center could be facing a whooping cough epidemic.³⁴

The hospital, convinced by the coughing that it could be facing such an outbreak, PCR “tested” and furloughed nearly 1,000 healthcare workers for the three days it took to get all the results back. The tests showed that 142 workers, including the original coughing doctor, appeared to have the disease. In response, the hospital treated virtually its entire staff, dispensing thousands of antibiotics and *vaccinating* thousands of people.

For months, people at the hospital remained convinced they’d staved off an epidemic – until they all received a memo about eight months after the coughing doctor first started coughing. The memo clarified that

“Not a single case of whooping cough was confirmed with the definitive test, ***growing the bacterium, Bordetella pertussis, in the laboratory.*** (Bold/italics added.) Instead, it appears the health care

³³ <https://www.medrxiv.org/content/10.1101/2020.08.04.20167932v4>

³⁴ <https://concernedamericandad.com/2021/09/12/the-epidemic-that-wasnt-following-the-same-playbook/>

workers probably were afflicted with ordinary respiratory diseases like the common cold.”³⁵

So how did the “epidemic that wasn’t” happen? Why, “PCR led them astray.”³⁶ That’s right. Instead of testing the symptomatic – the coughers – with PCR followed by the definitive laboratory test if PCR positive and then treating as necessary – **1,445** workers ended up taking antibiotics they didn’t need and **4,524** healthcare workers (nearly ¾ of Dartmouth-Hitchcock’s staff) got vaccinated with a vaccine they did not need on the basis of PCR **alone**...and that’s PCR’s fault?

No...this abuse of PCR causes these “pseudo-epidemics {to} happen all the time.”³⁷

INCOMPETENCE OR DECEPTION?

How do these examples of PCR misuse pertain to our subject, the “double-dealing Deborah” Birx? She is a medical doctor. She has worked at the National Institutes of Health as an investigator specializing in clinical immunology and as a director of HIV research at Walter Reed Army Institute of Research.

For these reasons, we must grant her some measure of competence, including knowledge of the limitations of PCR. Accordingly, we must conclude that Dr. Birx’s “drive-thru” approach to mass testing using PCR **alone** to determine “COVID” cases was a pre-meditated *abuse* of PCR to “get something done, an agenda, to get what they want accomplished” on a *national* scale.

In addition to her knowing these limitations, she also had this to say on August 18, 2020 while traveling in Arkansas as part of her Mike-Pence approved road show:

"When people start to realize that 99% of us are going to be fine, it becomes more and more difficult" to get people to comply.³⁸

Well, yes, and wouldn’t you know, “Mortality decreases” also “complicate matters”, she suggested. People might end up thinking they’re safe, which we can’t have because we never are...Ever. She also admitted later that day at a news conference what she had kept to herself back in March when plotting her “pitch” for lockdown:

"I wish that when we went into lockdown, we looked like Italy."³⁹

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid. Quote by Dr. Trish M. Perl, at the time an epidemiologist at Johns Hopkins. Past president of the Society of Health Care Epidemiologists of America. Current professor at UT Southwestern Medical School, Dallas, TX

³⁸ <https://www.arkansasonline.com/news/2020/aug/18/birx-notes-harm-of-virus-fatigue/>

³⁹ Ibid.

No kidding?

FROM HERE TO LOCK DOWN – THE LIAR’S WAY

Dr. Birx herself has documented that she lied and engaged in perfidy against officials at the highest levels in the U.S. government, including the President of the United States. She has *published* her criminal conduct and confirmed her disloyalty to her oath to the Constitution and all its laws.

She has admitted to “pitching” a version of lockdown that would likely get buy-in by withholding her true intentions for what she really wanted – and ended up getting – via President Trump’s updated “**30** Days to Slow the Spread” order issued March 29, 2020. She has admitted to carrying out multiple “end-arounds” of her boss and falsifying reports to governors. Did she falsify reports that your boss and my governor originally relied on? Did our governor know Team Birx’s opinion was a “minority” one?

On March 24, 2020, Governor DeSantis correctly asserted that issuing a “stay-at-home” order would make him a “dictator”.⁴⁰ Yet a week or so later, he relented, issuing that order. Do we know why? South Dakota remaining open, ignoring Birx’s guidelines is one thing, but Florida?? Did Dr. Birx defraud the Governor to get him to acquiesce?

Dr. Birx’s revelations demand answers to these questions.

INVESTIGATING AND CHARGING DR. DEBORAH BIRX

As one example, under U.S. Code, Title 18, Part I, Chapter 47, §1001, we have the following:

“(a) Except as otherwise provided in this section, whoever, in any matter *within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States*, knowingly and willfully—

(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;

(2) makes any materially false, fictitious, or fraudulent statement or representation; or

⁴⁰ <https://www.businessinsider.com/coronavirus-florida-gov-ron-desantis-issues-statewide-shutdown-2020-4?op=1>

(3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in [section 2331](#)), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.”⁴¹



EXHIBIT ONE

Attorney General Moody, you must charge Dr. Birx. She has made your case for you. Her book is Exhibit One. She has provided all the evidence of criminal conduct one could ask for and then some.

⁴¹ <https://www.law.cornell.edu/uscode/text/18/1001>

Using subterfuge, “sleights of hand”, collusion, hiding data, submitting falsified/manipulated reports to Governors’ offices, etc., and striking fear into hundreds of millions all under the imprimatur of the Office of the President, one could argue that Dr. Deborah Birx – with a little help from her co-conspirators – carried out the greatest acts of fraud *and* terrorism against the people of the United States in history.

Dr. Birx’s conduct demands an investigation – at a minimum – and from where many people sit – *charges filed*.

Respectfully,

Kathleen M Sheridan

Navarre, FL

Sheridan.kathleenm@verizon.net

cc: Governor Ron DeSantis, et.al. Courtesy Copy List Attached