

[your name]  
[address]  
[city state zip]

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[company 1]  
[address]  
[city state zip]

RE New Medical Interventions

[Date].

Greetings,

We have an agreement that has been in place since approximately \_\_\_\_\_. The summary of our agreement is that I provide professional services, including \_\_\_\_\_ and \_\_\_\_\_ in exchange for regular compensation.

I am now being asked to undertake certain medical interventions, presumably as a condition of continuing under the terms of our agreement.

What is the medical necessity of these interventions, including but not limited to taking a vaccine, wearing a mask or submitting to medical examinations or permitting the collection of my vital statistics?

What is the medical efficacy of each of these interventions and can you provide references to the clinical studies and scientific findings?

Has any physician provided an affidavit to the Department of Health or any public health official, identifying me as having any communicable disease, or having been exposed to any toxic substance?

Has the Department of Health obtained a court order imposing any involuntary medical intervention upon me?

Regarding the specific medical intervention, please provide me with data from clinical trials and other scientific findings, including a vaccine insert, for the purposes of satisfy the legal criteria for informed consent.

Please be advised that the U.S. Code of Federal Regulations, 42 CFR §71.30 states that "The Director may authorize payment for the care and treatment of individuals subject to medical examination, quarantine, isolation, and conditional release." Payment is made without regard to whether or not the individual has any insurance coverage.

If I ever consent to any such treatment, it is incumbent upon the Center for Disease Control and Prevention (CDC) to pay for such testing and other medical interventions, and including the associated costs of isolation and quarantine. This was stated by the CDC director Robert Redfield in March of 2020 at a Congressional investigation in which Redfield admitted to Representative Katie Porter that the CDC was required to pay for this testing. I will also expect the CDC and others who are purportedly acting under the "guidelines" of the CDC to guarantee my health and safety for undertaking such interventions and examinations and I demand to see a copy of the insurance binder showing proof of financial responsibility under these circumstances.

Will you guarantee that undertaking the medical intervention you are suggesting, will prevent me from contracting any disease, or infecting anyone else? If I undertake your

medical intervention and contract a disease anyway, will you be responsible for my medical care and costs? If I am accused of infecting someone else and that person sues me, even though I complied with your requests, will you indemnify me against such a lawsuit if I am found responsible for damages? Do you have insurance for these situations and can I see your insurance binder?

Will you guarantee that I will suffer no adverse health consequences from undertaking your medical intervention? Please provide a copy of your insurance binder.

I have a doctor. If you intend to administer such an intervention and are not my physician, or if you are not a licensed physician at all, what remedies do I have if I am injured by a non-licensed individual in this situation? Are you exempt from the law prohibiting the unlicensed practice of medicine?

Can you cite any recent changes in the law that do not protect my right to informed consent?

Can you warrant that your medical interventions are not part of any epidemiological experiment, or if they are, that the experiment (clinical trial) been approved by the Food & Drug Administration?

Can you guarantee the efficacy of any test that uses tissue samples in any of your recommended medical interventions? And which of these tests has been approved by the Food & Drug Administration?

Have you received or applied for any compensation or funding under the Emergency Use Authorization program? In other words, is your organization being paid to promote, recommend or require any medical interventions? If yes, please describe what training, equipment, supplies, funding and insurance you have been given or become eligible to receive under these circumstances.

Is your organization the beneficiary of any insurance claims resulting from any "pandemic insurance" policies?

Is your organization being required by a specific law to implement these medical interventions? If yes, please provide me with a legal citation.

Does your organization have a duty of any kind to protect the public from any risk or danger?

Does your organization have the capacity to protect the public from any risk or danger?

Have you consulted with any physicians or attorneys on the foregoing issues? Does your organization have the legal right and medical competence to require these interventions as a condition of any agreements? Can you provide a copy of an opinion letter from a physician and from an attorney on these matters?

Have there been any scientific findings that the defendant has any one of the "quarantinable diseases" listed by the Centers for Disease Control & Prevention, including, Cholera, Diphtheria, Infectious tuberculosis, Plague, Smallpox, Yellow fever, Viral hemorrhagic fevers, Severe acute respiratory syndromes or Flu that can cause a pandemic.

I'm sure you may need time to review these questions and discuss them with others, but please respond, in writing, within 21 days. In the meantime, please complete and sign the attached indemnification agreement and return it to me with a copy of your insurance binder.

Sincerely,

[your name]

Enclosure: Indemnification Agreement

### INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ the \_\_\_\_\_ for \_\_\_\_\_,  
(the company) am authorized to bind the company into this agreement.

The company does hereby indemnify [your name] and guarantee, as evidenced by the enclosed insurance binder, that [your name] will not be infected by any disease, and will not be held liable for infecting anyone else, by undertaking the company's requested medical intervention, such as a vaccine, or wearing a medical device (face mask) or submitting to a medical examination (body temperature) or giving other vital statistics or tissue samples.

A copy of the company's insurance binder proving that it has sufficient insurance is included herewith.

DATED this \_\_\_\_ day of \_\_\_\_\_ 2020.

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