No. 24-932

In the Supreme Court of the United States

PIERRE KORY, M.D., LE TRINH HOANG, D.O., BRIAN TYSON, M.D., PHYSICIANS FOR INFORMED CONSENT, a Not-for-Profit Corporation, and CHILDREN'S HEALTH DEFENSE, a Not-for-Profit Corporation,
Petitioners,

v.

ROB BONTA, Attorney General of California, REJI VARHESE, Exec. Director of the Medical Board of California, ERIKA CALDERON, Exec. Officer of the Osteopathic Medical Board of California,
Respondents.

ON PETITION FOR A WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

Amici Curiae Brief of America's Frontline Doctors and Dr. Simone Gold, M.D., J.D., in Support of Petitioners for Reversal

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Dunn v. City of Fort Valley,
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Health Freedom Defense Fund, Inc. v. Carvalho,
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Initiative and Referendum Inst. v. Walker,
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Legal Services Corp. v. Velazquez,
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Nat'l Fed'n of Indep. Bus. v. OSHA,
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National Institute of Family & Life Advocates v. Becerra, 585 U.S. 755 (2018).....1-2, 5, 6, 26, 27

National Institute for Family & Life Advocates, et al. v. James, 746 F. Supp. 3d 100
(W.D.N.Y. 2024) 7-8

National Institute of Family & Life Advocates v. Raoul, 685 F.Supp.3d 688 (N.D. Ill. 2023) 8

TABLE OF AUTHORITIES
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Pernell v. Fla. Board of Governors of State University System,
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OTHER AUTHORITIES

A.M.A. Ethics Opinion 2.1.3: Withholding Information from Patients. https://code-medical-ethics.ama-assn.org/ethics-opinions/ withholding-information-patients 10

Peter R. Breggin, MD and Ginger Ross Breggin. *COVID-19 and the Global Predators: We are the Prey*, 2021 24

TABLE OF AUTHORITIES
(Continued)

California Medication Association. "Statement: Medical professionals and facilities should always be off limit to attack." https://www.cmadocs.org/newsroom/news/view/ArticleId/49709/Statement-Medical-professionals-and-facilities-should-always-be-off-limit-to-attack 11

A.K. Edwin, "Don't Lie but Don't Tell the Whole Truth: The Therapeutic Privilege – Is it Ever Justified?" *Ghana Med J.* 42(4):156-161, Dec. 2008. https://pmc.ncbi.nlm.nih.gov/articles/ PMC2673833/ 11

"England Refuses to Offer COVID Shots to Kids Under 12, While US Cities Mandate Them. Who's Right?" https://fee.org/articles/england-refuses-to-offer-covid-shots-to-kids-under-12-while-us-cities-mandate-them-who-s-right/ 14

"Finland joins Sweden and Denmark in limiting Moderna COVID-19 vaccine," https://www.reuters.com/world/europe/finland-pauses-use-moderna-covid-19-vaccine-young-men-2021-10-07/ 14

"Florida State Surgeon General Calls for Halt in the Use of COVID-19 mRNA Vaccines." https://www.floridahealthgov/newsroom/2024/01/20240103-halt-use-covid19-mrna-vaccines.pr.html 12-13

TABLE OF AUTHORITIES
(Continued)

Gold, S., M.D., J.D. "A White Paper on Hydroxychloroquine," https://americasfrontlinedoctors.org/index/covid/hydroxychloroquine/white-paper/ 19

Hong Jin Kim, et al. "Broad-Spectrum Adverse Events of Special Interests Based on Immune Response Following COVID-19 Vaccination: A Large-Scale Population-Based Cohort Study," *J. Clin. Med.* 14(5) 1767, March 6, 2025. https://www.mdpi.com/2077-0383/14/5/1767 19

Tomomi Koizumi and Masao Ono, "Cardiac Multiple Micro-Scars: An Autopsy Study," *J Am Coll Cardiol Case Rep.* 30(5) 10383, March 2025. https://www.jacc.org/doi/10.1016/j.jaccas. 2024.103083 17

Lee Harding, "Japanese researchers say side effects of COVID vaccines linked to 201 types of diseases," *Western Standard*, January 15, 2024. https://www.westernstandard.news/news/japanese-researchers-say-side-effects-of-covid-vaccines-linked-to-201-types-of-diseases/51661 17

https://aflds.org/about-us/press-releases/americas-frontline-doctors-supports-the-filing-of-a-petition-for-preliminary-injunction-to-prevent-kaiser-permanente-from-enforcing-their-vaccine-mandate 4

TABLE OF AUTHORITIES
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https://c19hcq.org/ 20

https://c19ivm.org/ 20

https://www.hhs.gov/ohrp/regulations-and-policy/regulations/ common-rule/index.html. 12, 23

https://openvaers.com/covid-data..... 14, 15

https://x.com/drsimonegold/status/1892626222250639592 17

https://x.com/NicHulscher/status/19035171118 8626673 19

"Louisiana health officials 'shifting away' from policy of promoting COVID, flu vaccinations." https://www.nola.com/news/politics/vaccine-louisiana-policy-covid-flu/article_3e0521bc-c096-11ef-bfd3-fb389831770e.html..... 13

M. Nathaniel Mead, et al. "Myocarditis after SARS-CoV-2 infection and COVID-19 vaccination: Epidemiology, outcomes, and new perspectives," *Intl J Cardiovascular Rsch & Innovation*, 3(1) 1-43, Jan-Mar 2025. https://cardiovascular-research-and-innovation.reseaprojournals.com/Articles/myocarditis-after-sars-cov-2-infection-and-covid-19-vaccination-epidemiology-outcomes-and-new-perspectives)..... 18

TABLE OF AUTHORITIES
(Continued)

Art Moore, "CDC data signaling vaccine catastrope: It took only 32 deaths to halt 1976 shot campaign." *World Net Daily*, February 14, 2022. https://www.wnd.com/2022/02/cdc-data-signaling-vaccine-catastrophe/ 16

Michale Nevradakis, Ph.D. "Slovak Government Report Calls for Ban of 'Dangerous' mRNA Vaccines," *Science, Public Health Policy and the Law*. https://publichealthpolicyjournal.com/slovak-government-report-calls-for-ban-of-dangerous-mrna-vaccines/ 14

Nuremberg Code 5, 21, 22, 23

Harold M. Schmeck, Jr. "Swine flu program is halted in 9 states as 3 die after shots," *The New York Times*, October 13, 1976. https://www.nytimes.com/1976/10/13/archives/swine-flu-program-is-halted-in-9-states-as-3-die-after-shots.html 17

James A. Thorp, et al. "Are COVID-19 Vaccines in Pregnancy as Safe and Effective as the Medical Industrial Complex Claim? Part I," *Science, Public Health Policy and the Law*, 2/08/2025. https://publichealthpolicyjournal.com/are-covid-19-vaccines-in-pregnancy-as-safe-and-effective-as-the-medical-industrial-complex-claim-part-i/ 18

A MATTER OF GREAT PUBLIC IMPORTANCE

The Free Speech Foundation, d/b/a America's Frontline Doctors, and Dr. Simone Gold, M.D., J.D., the founder and physician member ("*Amici Curiae*" or "AFLDS") respectfully file this *amici curiae* brief in support of the Petitioners' request for reversal in *Kory, et al. v. Bonta, et al.,* 24-932, (2024).[1]

AFLDS recently submitted *amici curiae* briefs in the significant First Amendment case of *Murthy, et al. v. Missouri, et al.,* 23-411 (2023), and in five other significant recent cases as well, including *United States v. Skrmetti*, *et al.*, 23-477 (2024), *Chiles v. Salazar*, *et al.,* 24-539 (*certiorari* granted Mar. 10, 2025), and *Nat'l Fed'n of Indep. Bus. v. OSHA*, 595 U.S.___, 142 S. Ct. 661 (2022), which position prevailed in that case.

The *en banc* United States Court of Appeals for the Fifth Circuit also considered an AFLDS *amicus curiae* brief in *Feds For Medical Freedom v. Biden,* 63 F.4th 366 (5th Cir. 2023), which position was accepted by the *en banc* Fifth Circuit. The Tenth, Eleventh, and Third Circuits have also considered *amici curiae* briefs from AFLDS.

This *amici curiae* brief offers an important *medical and legal* perspective to this Court from thousands of doctors on the frontlines, by demonstrating by demonstrating that California's coercive "censored therapeutic speech" disciplinary scheme violates the First Amendment, violates this Court's holding in *National Institute of Family & Life*

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[1] Pursuant to Rule 37.6, it is hereby certified that no counsel or any party authored or prepared this brief in whole or in part, and no such counsel or party made a monetary contribution intended to fund the preparation or submission of this brief.

Advocates v. *Becerra*, 585 U.S. 755 (2018), and is medically very dangerous. This is about saving lives.

INTEREST OF *AMICI CURIAE*

Amici Curiae are the Free Speech Foundation, d/b/a America's Frontline Doctors ("AFLDS"), a non-partisan, not-for-profit organization of thousands of member physicians from across the country, representing a range of medical disciplines and practical experience on the front lines of medicine, and its founder and expert physician and attorney member, Dr. Simone Gold, M.D., J.D.

AFLDS' programs focus on a number of critical issues, including:

- Providing Americans with science-based facts for staying healthy;
- Protecting physician independence from government overreach;
- Combating illnesses with evidence-based approaches without compromising constitutional freedoms;
- Fighting medical cancel culture and media censorship;
- Advancing healthcare policies that protect the physician-patient relationship;
- Expanding healthy treatment options for all Americans who need them; and
- Strengthening the voices of frontline doctors in the national healthcare conversation.

Each of AFLDS' member physicians is deeply committed to the guiding principle of medicine: "FIRST, DO NO HARM." They take their ethical obligations to their patients very seriously. It is axiomatic that a physician's duty is to his or her patient. AFLDS holds sacrosanct the relationship between doctor and patient where informed decisions are to be made, taking into consideration all of the factors relating to the patients' health, risks, co-morbidities and circumstances.

For AFLDS member physicians, the practice of medicine is not merely a job or career. Rather, it is a sacred trust. It is a high calling that often requires a decade or more of highly focused sacrificial dedication to achieve.

America's Frontline Doctors is committed to preserving the voluntary and fully informed doctor/patient relationship, opposes any sort of illegal interference with that relationship, and opposes illegal government overreach by the censorship of medical and other information, or by the "mandating" of incorrect or dangerous medical information or treatments.

Indeed, AFLDS and Dr. Simone Gold, M.D., J.D. were targeted by the governmental Defendants in *Murthy v. Missouri*, *supra,* as being among the so-called "Disinformation Dozen" for promoting *accurate medical information*, such as the benefits of hydroxychloroquine ("HCQ") and Ivermectin, and for opposing vaccine passports. AFLDS' medical information proved to be completely correct. The censors were shown to be the ones advancing inaccurate information, even though incorrect information is also protected free speech.

Dr. Gold and AFLDS also publicly supported the position, as early as October, 2020, that experimental mRNA injections are not "vaccines," because they do not prevent infection or transmission, and they are neither "safe" nor "effective."[2] They are personal medical treatments only. This view is now also known to be correct as both a scientific and legal matter. In June 2024, the Ninth Circuit refused to find these shots to be legally defined as "vaccines" for this very reason.[3]

"Informed consent" for medical treatments cannot truly be informed unless there is a full disclosure of all known benefits and risks. Voluntary informed consent can never be coerced, subjected to undue influence, nor distorted by censored and incomplete information.

SUMMARY OF ARGUMENT

The Petitioner physicians must be free to engage in protected and confidential speech with their patients, and to be able to provide their patients with uncensored and accurate medical information in their best professional judgments, and as their Hippocratic Oath requires. This uncensored medical information is essential for patients to make fully informed medical decisions, and to give fully informed consent. For the administration of experimental drugs offered under an emergency use authorization ("EUA"), such as the experimental

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[2] https://aflds.org/about-us/press-releases/americas-frontline-doctors-supports-the-filing-of-a-petition-for-preliminary-injunction-to-prevent-kaiser-permanente-from-enforcing-their-vaccine-mandate

[3] *Health Freedom Defense Fund, Inc. v. Carvalho*, 104 F.4th 715 (9th Cir. 2024).

mRNA gene therapy injections at issue in this case, (a.k.a. COVID-19 "vaccines"), the comprehensive informed consent provisions of 21 C.F.R. § 50.20, 21 C.F.R. § 50.25, 45 C.F.R. § 46, 45 C.F.R. § 46.116, and by the Nuremberg Code itself, are mandatory.

Respondents' misguided disciplinary scheme imposing coercive medical censorship drastically intrudes upon the private and protected doctor/patient relationship, and chills full disclosure of vital medical information.

Honest, ethical and transparent medical counseling that explores all treatment options free from unconstitutional government viewpoint discrimination is essential. California's coercive medical censorship blatantly violates the First Amendment, the United States Supreme Court's holding in *National Institute of Family & Life Advocates* v. *Becerra*, 585 U.S. 755 (2018), and harmfully interferes with the doctor/patient relationship.

This is particularly dangerous when the viewpoint discrimination adopted by government information gatekeepers has been proven by vast body of medical research to be incorrect, and where the censored treatment options have been proven to be safer and more successful, as shown *infra* in section III.

This Honorable Court should heal the split in the Circuits regarding medical censorship versus medical free speech by upholding those cases which embrace constitutional medical free speech, fully informed consent and medical freedom, such as *Otto v. City of Boca Raton*, 981 F.3d 854 (11th Cir. 2020), *reh. denied*, 41 F.4th 271 (11th Cir. 2022), and *Assn.*

of Am. Physicians & Surgeons Educ. Found. v. Am. Bd. Of Internal Med., 103 F.4th 383 (5th Cir. 2024).

Indeed, this California First Amendment "viewpoint discrimination" case is analogous to the Colorado First Amendment "viewpoint discrimination" case of *Chiles v Salazar, et al.*, (24-539) for which *certiorari* was just granted on March 10, 2025.

ARGUMENT

I. Respondents' credible threats of disciplinary actions against Petitioner physicians for failing to follow a government-endorsed medical narrative constitutes compelled speech, in violation of the First Amendment and *National Institute of Family & Life Advocates* v. *Becerra*. This mandatory government speech is presumptively unconstitutional, medically incorrect, chills physician free speech, violates informed consent, and dangerously threatens patient care. This Circuit conflict should be resolved by upholding cases which protect the doctor/patient relationship by supporting uncensored and fully informed patient consent.

The Ninth Circuit failed to enforce the First Amendment and failed to correctly apply the rule of *National Institute of Family & Life Advocates v. Becerra*, 585 U.S. 755 (2018) ("*NIFLA*") to this California coercive medical censorship disciplinary scheme. The Ninth Circuit seemed to accept the

physicians' paramount obligations to give full disclosure of medical risks and benefits, *i.e.,* fully informed consent, to somehow actually constitute "unprofessional conduct" in California, and dismissed Petitioners case on standing. See *infra*, section V.

However, coercive medical censorship can kill. It must be urgently confronted. This is about saving lives. In *National Institute for Family and Life Advocates, et al. v. James*, 746 F. Supp. 3d 100 (W.D. N.Y. 2024), the district court granted a preliminary injunction against New York state, preventing the state from prohibiting free speech under the guise of "false advertising." New York attempted to prohibit free speech by plaintiffs, who wished to say that progesterone or "APR" or Abortion Pill Reversal were safe and effective. The district court stated:

> As a "general matter, 'the First Amendment means that government has no power to restrict expression because of its message, its ideas, its subject matter, or its content." *Bolger v. Youngs Drug Prod. Corp.*, 163 U.S. 60, 65 (1983) (quoting *Police Dep't v. Mosley*, 408 U.S. 92, 95 (1972)). See also *Rosenberger v. Rector & Visitors of Univ. of Virginia*, 515 U.S. 819, 828 (1995) ("It is axiomatic that the government may not regulate speech based on its substantive content or the message it conveys") ... When the government targets "particular views taken by speakers on a subject, the violation of the First Amendment is all the more blatant." *Id.* at 829 ... Viewpoint discrimination "is thus an egregious form of content discrimination." *Id*. And the "government must abstain from regulating speech when the specific

> motivating ideology or the opinion or perspective of the speaker is the rationale for the restriction." *Id*. Content-based speech restrictions "are subject to 'strict scrutiny'—that is, the government must show that the regulation at issue is narrowly tailored to serve or promote a compelling government interest." *United States v. Caronia*, 703 F.3d 149, 163 (2d Cir. 2012). Such restrictions are "presumptively invalid." *Id*.

National Institute for Family and Life Advocates, et al. v. James, supra, at 119.

Similarly, in *National Institute of Family and Life Advocates v. Raoul*, 685 F. Supp. 3d 688 (N.D. Ill. 2023), the district court permanently enjoined the state of Illinois from attempting to enforce SB 1909, which prohibited so-called pro-life viewpoint speech as "deceptive business practices." The district court stated:

> SB 1909 is both stupid and very likely unconstitutional. It is stupid because its own supporter admitted it was unneeded and was unsupported by evidence when challenged. It is likely unconstitutional because it is a blatant example of government taking the side of whose speech is sanctionable and whose speech is immunized—on the very same subject no less. SB 1909 is likely classic content and viewpoint discrimination prohibited by the First Amendment.

National Institute of Family and Life Advocates v. Raoul, supra, at 695.

This is exactly what the California coercive medical censorship disciplinary scheme has wrought. The viewpoint discrimination is obvious. Here, the California state Respondents "chose sides" in favor of experimental COVID-19 gene therapy injections with terrible safety profiles, and unconstitutionally chose to coercively chill the speech regarding other perfectly safe, legal and successful therapies of which they disapproved. See *infra,* section III.

In contrast, in *Otto v. City of Boca Raton*, 981 F.3d 854 (11th Cir. 2020), *reh. denied*, 41 F.4th 1271 (11th Cir. 2022), the Eleventh Circuit found that a city ordinance which attempted to ban certain categories of therapeutic speech regarding sexual orientation and gender dysphoria violated the First Amendment.[4]

Similarly, in *Assn. of Am. Physicians & Surgeons Educ. Found. v. Am. Bd. Of Internal Med.,* 103 F.4th 383 (5th Cir. 2024), the Fifth Circuit found that the plaintiff physicians had standing to challenge both government and private actors who threatened to chill physician speech critical of Dr. Anthony Fauci, lockdowns, mask mandates, Covid vaccination, and abortion.

This Court should cure the split in the Circuits on the side of these cases supporting free speech, the First Amendment, medical freedom, and informed consent, and reject coercive and dangerous medical censorship.

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[4] Compare *Otto v. City of Boca Raton* with *Chiles v. Salazar*, *et al.,* No. 24-539 (*certiorari* granted March 10, 2025), which raises very similar issues.

II. By attempting to prohibit discussions of *all* viable treatment options available to patients, the California coercive medical censorship disciplinary scheme breaches professional ethical duties of honesty, transparency and informed consent owed by all physicians to all patients and arguably constitutes professional malpractice.

It is fundamental to the medical profession that physicians owe high duties of transparency, honesty and fully informed consent to their patients. Doctors must never withhold valuable medical information from their patients, information which may prove to be life-saving. Withholding valuable medical information from patients because of a coercive medical censorship regime risks harming these patients in violation of the physician's Hippocratic Oath.

A.M.A. Ethics Opinion 2.1.3[5] states:

> Withholding Information from Patients
> Truthful and open communication between physician and patient is essential for trust in the relationship and for respect for autonomy. Withholding pertinent medical information from patients in the belief that disclosure is medically contraindicated creates a conflict between the physician's obligations to promote patient welfare and to respect patient autonomy.

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[5] A.M.A. Ethics Opinion 2.1.3: Withholding Information from Patients. https://code-medical-ethics.ama-assn.org/ethics-opinions/withholding-information-patients

This A.M.A. Ethics Opinion is squarely on point.

A.K. Edwin writes in PubMed that "withholding information from a competent patient is a violation of the doctor's role as a fiduciary and is not ever justified."[6]

California Medical Association President Robert E. Wailes, M.D. issued the following statement in response to recent world events:

> Physicians take our Hippocratic oath – "do no harm" – to heart. It is seared on our souls, and because of that, we commit our lives to healing patients, neighbors and communities.
>
> Recent events demand that we reinforce the notion that nothing should be allowed to disrupt the physician-patient relationship and our ability to mend broken bones, prevent disease and cure ailments.[7]

Coercively threatening a physician from discussing viable, less-invasive and statistically successful treatment options violates ethical duties owed to patients such as honesty, transparency, and full disclosure.

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[6] A.K. Edwin, "Don't Lie but Don't Tell the Whole Truth: The Therapeutic Privilege – Is it Ever Justified?" *Ghana Med J.* 42(4):156-161, Dec. 2008. https://pmc.ncbi.nlm.nih.gov/articles/PMC2673833/

[7] California Medication Association. "Statement: Medical professionals and facilities should always be off limit to attack." https://www.cmadocs.org/newsroom/news/view/ArticleId/49709/Statement-Medical-professionals-and-facilities-should-always-be-off-limit-to-attack

III. The California enforcement scheme constitutes egregious and unconstitutional viewpoint discrimination in favor of the now largely discredited government narrative that certain experimental mRNA gene therapy injections for COVID-19 are "safe and effective." However, large amounts of recent and highly reliable scientific research have shown that these experimental mRNA gene therapy injections (a.k.a. "vaccines") do not stop transmission of COVID-19 to others, have terrible documented safety profiles, and are neither "safe" nor "effective." Coercively compelled governmental speech is particularly egregious when it is incorrect and dangerous. The California "prohibited speech" law chills any physician/patient discussion of safer and more successful treatment options, thus violating the core Hippocratic Oath.

It is now becoming widely known that the experimental mRNA injections introduced to treat COVID-19 are neither "safe," on account of their terrible safety profiles, nor "effective" (see footnotes 2-3, 5-30), because they do not stop transmission of the virus. Therefore, these experimental drugs offer no protection for other people. They are personal medical treatments only.

In response to these facts, government policies and recommendations have changed. In Florida, state Surgeon General Dr. Joseph A. Ladapo called

for a complete halt in the use of COVID-19 mRNA "vaccines," citing contamination concerns.[8]

In Louisiana, led by state Surgeon General Dr. Ralph Abraham, Louisiana health officials are shifting away from the policy of promoting COVID-19 and flu vaccinations, citing concerns about the efficacy and safety of these vaccines.[9] The Louisiana Health Department realizes that *medicine is not "one size fits all."* All patients are different, and have different medical needs. Therefore, it is inappropriate and possibly medical malpractice to issue blanket medical treatment recommendations to broad categories of patients, without first assessing and examining each patient individually, and without diagnosing their unique medical conditions by a qualified medical professional.

There has been a wave of bills introduced in state legislatures recently, including Iowa, Kentucky,

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[8] **"**The Surgeon General outlined concerns regarding nucleic acid contaminants in the approved Pfizer and Moderna COVID-19 mRNA vaccines, particularly in the presence of lipid nanoparticle complexes, and Simian Virus 40 (SV40) promoter/enhancer DNA.**"** "Florida State Surgeon General Calls for Halt in the Use of COVID-19 mRNA Vaccines." https://www.floridahealthgov/newsroom/2024/01/20240103-halt-use-covid19-mrna-vaccines.pr.html

[9] "Citing concerns about the efficacy and safety of vaccines, state officials will instead encourage residents to consult their doctor about vaccination, Louisiana Department of Health spokesperson Emma Herrock said in a statement. 'In general, the department is shifting away from one-size-fits-all paternalistic guidance to a more informative approach aimed at enabling individuals, in consultation with their doctor, to make better decisions for themselves,' the statement said." "Louisiana health officials 'shifting away' from policy of promoting COVID, flu vaccinations." https://www.nola.com/news/politics/vaccine-louisiana-policy-covid-flu/article_3e0521bc-c096-11ef-bfd3-fb389831770e.html

Montana, Minnesota, Idaho and many others, which seek to limit or ban entirely the administration of experimental mRNA injections or gene therapy, due to the terrible safety profiles of these experimental drugs, and to make Nobel Prize-winning Ivermectin available over the counter.[10, 11]

Many other European countries, including Finland, Sweden, Denmark, the United Kingdom and Slovakia have taken similar actions in limiting or eliminating their previous blanket mRNA injection recommendations.[12, 13]

Unfortunately, the Respondents in this case also relied upon this now-disproven "safe and effective" narrative in creating their disciplinary enforcement scheme, which favors the experimental mRNA injections. This was the same trial court mistake rejected by the Ninth Circuit in *Health Freedom*

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[10] Iowa House File 712, Bill SF360; Kentucky House Bill 469; Montana House Bill 371; Idaho Senate Bill 1036.

[11] https://openvaers.com/covid-data

[12] "Finland joins Sweden and Denmark in limiting Moderna COVID-19 vaccine," https://www.reuters.com/world/europe/finland-pauses-use-moderna-covid-19-vaccine-young-men-2021-10 -07/

"England Refuses to Offer COVID Shots to Kids Under 12, While US Cities Mandate Them. Who's Right?": "... the UKHSA's decision puts England in line with several other European countries—including Sweden, Finland, Norway, and Denmark—that do not offer or recommend mRNA vaccines to healthy young children." https://fee.org/articles/england-refuses-to-offer-covid-shots-to-kids-under-12-while-us-cities-mandate-them-who-s-right/

[13] Michael Nevradakis, Ph.D. "Slovak Government Report Calls for Ban of 'Dangerous' mRNA Vaccines*," Science, Public Health Policy and the Law*. https://publichealthpolicyjournal.com/slovak-government-report-calls-for-ban-of-dangerous-mrna-vaccines/

Defense Fund v. Carvalho, 104 F.4th 715 (9th Cir. 2024).

In *Texas v. Becerra*, 89 F.4th 529 (5th Cir. 2024), the Fifth Circuit found that HHS lacked statutory authority to mandate any specific type of medical treatments, and upheld the injunction issued by the lower court[14] in favor of a group of obstetricians, gynecologists, and other medical professionals.

In *Medical Professionals for Informed Consent v Bassett*, 78 Misc. 3d 482 (Sup Ct, Jan. 13, 2023), the Onondaga County Supreme Court granted a declaratory judgment to a group of doctors and nurses which held that the hospital and other "covered entities" vaccine mandate ordered by the New York State Department of Health ("DOH") was null, void, and of no effect. The vaccine mandate was then dropped by the New York DOH, and the appeal declared to be moot.

The CDC's Vaccine Adverse Event Reporting System (VAERS) data show that as of March 28th, 2025, there have been **38,541 deaths in America alone,** which thousands of medical professionals have independently attributed to fatal adverse reactions to these experimental mRNA injections, a.k.a. "vaccines."[15] This cannot reasonably be considered "safe" or "effective." Additionally, VAERS recorded 220,494 hospitalizations, 156,527 urgent care visits, 247,437 doctor visits, 73,311 permanently disabled persons, 17,913 cases of Bell's palsy, 5,175 miscarriages, 22,247 heart attacks, 28,908 myocarditis/pericarditis cases, and 10,961 cases of anaphylaxis.

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[14] *Texas v. Becerra*, 577 F.Supp. 3d 527 (N.D. Tex. 2021).

[15] https://openvaers.com/covid-data

The American death toll attributed in the best professional judgment of thousands of medical professionals to these experimental mRNA injections has now risen to an astonishing *38,541 deaths*.[15] This shocks the conscience. Even if only a certain percentage of these adverse reaction reports are accurate, the death toll and the accompanying risks remain unacceptably high. Full disclosure is necessary for informed consent. *In all good conscience, how can anyone coercively require physicians to "recommend" to their patients any drug that could kill them, instead of discussing safer alternatives in the physician's best professional judgment?*

These high adverse reaction statistics can obviously form a reasonable basis for some patients to avoid risky experimental mRNA injections in favor of safer alternatives, in the exercise of voluntary consent, free of coercion, and after full disclosure of these medical risks. But Respondents' coercive disciplinary scheme puts its thumb on the scale of free and fully informed choices within the protected doctor/patient relationship.

While this conservative estimate of *38,541 American deaths shocks the conscience,* in stark contrast is the government's 1976 response to deaths from the swine flu vaccine. After only 32 deaths were attributed to the swine flu vaccine, the United States government halted the mass vaccination campaign.[16] The New York Times reported on October 13, 1976

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[16] Art Moore, "CDC data signaling vaccine catastrope: It took only 32 deaths to halt 1976 shot campaign." *World Net Daily*, February 14, 2022. https://www.wnd.com/2022/02/cdc-data-signaling-vaccine-catastrophe/

that the swine flu program was halted in nine states after only 3 deaths.[17]

It is very dangerous to fail to disclose to patients, as required, this truthful and accurate medical information in an ill-conceived medical disciplinary scheme. This also violates the First Amendment and the statutory informed consent rules discussed in section IV.

Japanese researchers have linked these experimental mRNA injection side effects to 201 types of diseases.[18] In a recent Japanese study, researchers found on autopsy multiple micro-scars in the hearts of mRNA-vaccinated patients who had died suddenly of unexplained cardiac arrest, thus raising the question of a link between the mRNA injections and sudden cardiac arrest.[19]

Further, an alarming new Yale study shows that COVID vaccines may cause T-cell exhaustion, leading to an acquired immune deficiency. Could this be "...a vaccine that weakens immunity instead of strengthening it?"[20]

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[17] Harold M. Schmeck, Jr. "Swine flu program is halted in 9 states as 3 die after shots," *The New York Times*, October 13, 1976. https://www.nytimes.com/1976/10/13/archives/swine-flu-program-is-halted-in-9-states-as-3-die-after-shots.html

[18] Lee Harding, "Japanese researchers say side effects of COVID vaccines linked to 201 types of diseases," *Western Standard*, January 15, 2024. https://www.westernstandard.news/news/japanese-researchers-say-side-effects-of-covid-vaccines-linked-to-201-types-of-diseases/51661

[19] Tomomi Koizumi and Masao Ono, "Cardiac Multiple Micro-Scars: An Autopsy Study," *J Am Coll Cardiol Case Rep*. 30(5) 10383, March 2025. https://www.jacc.org/doi/10.1016/j.jaccas.2024.103083

[20] https://x.com/drsimonegold/status/1892626222250639592

A very authoritative new study examining the link between the COVID-19 vaccine and Myocarditis was just published this year. The study's conclusion: "*We urge governments to remove the COVID-19 mRNA products from the market due to the well-documented risk of myocardial damage.*"[21]

Another recent study highlighted that Pfizer's post-marketing surveillance analysis showed a miscarriage rate of 81%, a 5-fold increase in stillbirths, an 8-fold increase in neonatal deaths, and a 13% incidence of breastfeeding complications in newborns whose mothers received the COVID shots:[22]

> Results: The CDC/FDA's safety signals were breached for all 37 AEs following COVID-19 vaccination in pregnancy including miscarriage, chromosomal abnormalities, fetal malformations, cervical insufficiency, fetal arrhythmia, hemorrhage in pregnancy, premature labor/delivery, preeclampsia, preterm rupture of membranes, placental abnormalities, fetal growth restriction, stillbirth, newborn asphyxia and newborn

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[21] M. Nathaniel Mead, et al. "Myocarditis after SARS-CoV-2 infection and COVID-19 vaccination: Epidemiology, outcomes, and new perspectives," *Intl. J. Cardiovascular Rsch. & Innovation*, 3(1) 1-43, Jan-Mar 2025. https://cardiovascular-research-and-innovation.reseaprojournals.com/Articles/myocarditis-after-sars-cov-2-infection-and-covid-19-vaccination-epidemiology-outcomes-and-new-perspectives

[22] James A. Thorp, et al. "Are COVID-19 Vaccines in Pregnancy as Safe and Effective as the Medical Industrial Complex Claim? Part I," *Science, Public Health Policy and the Law*, 2/08/2025. https://publichealthpolicyjournal.com/are-covid-19-vaccines-in-pregnancy-as-safe-and-effective-as-the-medical-industrial-complex-claim-part-i/

> death. Conclusions: We found unacceptably high breaches in safety signals for 37 AEs after COVID-19 vaccination in pregnant women. *An immediate global moratorium on COVID-19 vaccination during pregnancy is warranted.* (emphasis added)

Further, a massive new study released in March, 2025 found that among 1.7 million people, COVID-19 "vaccination" increased the risk of "Inner Ear Disorders by 237%, Menstrual Disorders by 216%, Glaucoma by 186%, and Endometriosis by 150%, along with many other negative side effects."[23]

It is unconscionable to coercively promote such a dangerous experimental gene therapy which does not protect other people, and simultaneously coercively censor other safer and effective therapies. This is completely irrational.

Amici Curiae maintain, supported by voluminous scientific research, that early COVID-19 treatments with hydroxychloroquine ("HCQ") and Ivermectin are in fact quite safe and effective" [24, 25, 26] contrary to

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[23] *See* https://x.com/NicHulscher/status/190351711188626673

Hong Jin Kim, et al. "Broad-Spectrum Adverse Events of Special Interests Based on Immune Response Following COVID-19 Vaccination: A Large-Scale Population-Based Cohort Study,"*J. Clin. Med.* 14(5) 1767, March 6, 2025. https://www.mdpi.com/2077-0383/14/5/1767

[24] Gold, S., M.D., J.D. "A White Paper on Hydroxychloroquine," is the culmination of months-long research from all sources. It explains how Americans have come to be in the grip of fear. All the myths and all the misconceptions about a safe, generic drug that has been FDA approved for 65 years, given to pregnant women, breast-feeding women, children, the elderly, and the immune-compromised for years and decades without complication, are finally put to rest. https://americasfront linedoctors.org/index/covid/hydroxychloroquine/white-paper/

the incessant government narratives against such treatment options. These are reasonable alternatives to more dangerous experimental mRNA injections, as determined within each protected doctor/patient relationship.

Amici Curiae maintain, supported by voluminous scientific research, that experimental mRNA injections are neither "safe" nor "effective." *See* footnotes 2-3, 5-30.

IV. Coercively censoring information and alternatives to such a dangerous experimental drug absent voluntary, coercion-free informed consent violates well-established constitutional free speech principles, federal regulations, voluntary informed consent and full disclosure provisions, the

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[25] As of February 13, 2025, a global, real-time meta-analysis includes 419 Hydroxychloroquine ("HCQ") COVID-19 studies, from 8,646 scientists and 591,536 patients in 59 countries, 406 studies are peer reviewed, with 402 comparing treatment and control groups. The studies indicate a statistically significant improvement for mortality, hospitalization, recovery, cases, and viral clearance, and there is 72 percent less death in 16 early treatment trials. *See* https://c19hcq.org/

[26] As of February 13, 2025, a global, real-time meta-analysis includes 105 Ivermectin COVID-19 studies. The studies indicate Ivermectin reduces risk for COVID-19 with very high confidence for mortality, ventilation, ICU admission, hospitalization, recovery, cases and viral clearance. (No treatment, vaccine, or intervention is 100 percent effective and available.) Thus all practical, effective, and safe means should be used based on risk/benefit analysis. Over 20 countries adopted Ivermectin for COVID-19. Ivermectin may now be purchased over the counter in the state of Tennessee. https://c19ivm.org/

Nuremberg Code, 21 U.S.C. § 360bbb-3, 21 C.F.R. § 50.20, 21 C.F.R. § 50.25, and 45 C.F.R. § 46.116. These experimental drugs do not prevent infection or transmission, and therefore give no protection to others. They are personal medical treatments only.

Respondents' coercive disciplinary scheme does not comply with the applicable well-established federal regulations governing the necessity of informed and voluntary patient consent, completely free from coercion and undue influence, and with full disclosure of the risks. See 21 C.F.R. § 50.20, 21 C.F.R. § 50.25, and 45 C.F.R. § 46.116, also known as the longstanding and well-established "Common Rule."[27]

These federal regulations are mandatory for both public and private actors, embody most of the Nuremberg principles, and apply to all experimental drugs issued under an experimental use authorization "EUA" pursuant to 21 U.S.C. § 360bbb-3. These experimental gene therapy injections promoted by Respondents were always only offered under an EUA, and were never approved by the FDA.[28]

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[27] https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html

[28] On August 23, 2021, the F.D.A. issued an approval for a COVID-19 drug called "Cominarty," however, Cominarty was never available in the United States. *On the same day*, the F.D.A. extended the E.U.A. for the experimental mRNA drugs which were actually in use in America. This created a great deal of confusion. It was erroneously reported that the mRNA injections actually in use had now been approved by the F.D.A.. However, this was not true. The E.U.A. for these experimental mRNA injections was only extended. Therefore, all of the laws

Because Respondents coercively promoted an experimental drug, these informed consent and full disclosure regulations were also mandatory.

The detailed federal regulations mirror the Nuremberg Code. For example, 21 C.F.R. § 50.25, Elements of informed consent, provides:

> (a) Basic elements of informed consent ... the following information shall be provided ...
> (1) ... identification of any procedures which are experimental.
> (2) A description of any reasonably foreseeable risks or discomforts ...
> (3) A description of any benefits to the subject ...
> (4) A disclosure of appropriate alternative procedures or courses of treatment ...
> (8) A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits ...
> (b) Additional elements of informed consent:
> (1)-(6)
>
> 21 C.F.R. §50.25.

The death toll as recorded by VAERS is at an unacceptably high level. Patients are entitled to be informed of these "substantial" risks. See also *Grimes v. Kennedy Krieger Institute, Inc.,* 366 Md. 29 (Md. 2001) enforcing principles of informed consent and Nuremberg in a Maryland poisoning case.

Federal law, incorporating most of the Nuremberg Code, guarantees that experimental drugs must only be offered on a voluntary basis after

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and regulations applicable to experimental drugs are still in full force and effect for COVID-19 "vaccines."

full disclosure of risks, and with voluntary informed consent free from coercion. See 21 U.S.C. § 360bbb-3, 21 C.F.R. §50.20, 21 C.F.R. §50.25, and 45 C.F.R. §46.116. Consent can never be coerced.

It is well-established that federal law requires of both public and private actors that the administration of experimental biological agents are strictly voluntary, requiring informed consent and after the full disclosure of risks. That this is fully binding upon Respondents is ***beyond debate*****,** thus creating Respondents' liability under 42 U.S.C. §1983. As they say, no one is above the law.

Indeed, the Nuremberg Code, an international code of ethical principles adopted in the aftermath of war crimes committed by the German Nazis during WWII, was expressly intended to prohibit involuntary medical experimentation upon humans. The "informed consent" Nuremberg principles have been largely codified domestically through the adoption of 21 C.F.R. § 50.20, 21 C.F.R. §50.25, and 45 C.F.R. 46, entitled "Protection of Human Subjects" also known as the "Common Rule."[29]

V. California's draconian interference with the protected doctor/patient relationship threatens to destroy Petitioners' ethical medical practices and gives Petitioners firm standing to safeguard their First and Fifth Amendment rights of access to courts to redress their grievances. Other professional relationships are illustrative, such as the protected

[29] https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html

attorney/client relationship and the protected counselor/client relationship.

This is not a typical standing case. The very livelihoods of Petitioners are at stake here, as are the very lives of their patients. This is about saving lives. Petitioners enjoy the right of access to courts to redress their grave grievances under the First and Fifth Amendments. This standing determination has life or death medical consequences, and as such, Petitioners have an extremely strong case for standing.

Medically erroneous and often fatal decisions in the real world stemming from censorship of accurate medical information are extensively discussed by distinguished doctors in Peter R. Breggin, MD and Ginger Ross Breggin's book: *COVID-19 and the Global Predators: We are the Prey*.[30] Given that human lives are at stake here, any doubt should be resolved in favor of Petitioners' standing under these circumstances,

In *Assn. of Am. Physicians & Surgeons Educ. Found. v. Am. Bd. Of Internal Med.,* 103 F.4th 383 (5th Cir. 2024), the Fifth Circuit found that the plaintiff physicians had standing to challenge both government and private actors who threatened to chill physician speech critical of Dr. Anthony Fauci, lockdowns, mask mandates, Covid vaccinations, and abortions.

Numerous other federal courts have found standing in much less compelling circumstances. In

[30] Peter R. Breggin, MD and Ginger Ross Breggin. *COVID-19 and the Global Predators: We are the Prey*, 2021.

Daily Wire, LLC v. U.S. Department of State, 733 F. Supp. 3d 566 (E.D. Tex. 2024), media organizations and the state of Texas sued the U.S. State Department, alleging that government technology to counter propaganda and disinformation infringed upon their free speech rights under First Amendment and violated the Administrative Procedures Act. The Court held that Texas and the two media companies had standing.

In *Pernell v. Fla. Board of Governors of State University System*, 641 F. Supp. 3d 1218 (N.D. Fla. 2022), the court held that professors and students who either intended to teach course content that violated an IFA mandatory content law, or would self-censor to refrain from teaching, had standing to seek a preliminary injunction and were likely to succeed on the merits of their First Amendment challenge. *See also Meese v. Keene*, 481 U.S. 465, 473–75 (1987) (plaintiff senator had standing to challenge the government's labeling as "political propaganda" certain films he wished to show, because this label caused the plaintiff "risk of injury to his reputation"). *See also Initiative and Referendum Inst. v. Walker*, 450 F.3d 1082, 1086, 1107 (10th Cir. 2006); *Dunn v. City of Fort Valley*, 464 F. Supp. 3d 1347 (M.D. Ga. 2020); *Book People, Inc. v. Wong*, 91 F.4th 318, 330 (5th Cir. 2024); *Davis v. FEC*, 554 U.S. 724, 734 (2008); and *Allen v. School Bd. for Santa Rosa Cnty., Fla.*, 782 F. Supp. 2d 1304, 1314 (N.D. Fla. 2011), all finding the plaintiffs had standing.

Much more compelling life or death circumstances supporting Petitioners' standing to sue are presented by this case.

California's unconstitutional embrace of only one viewpoint in this medical treatment debate must be rejected.

A similar approach protecting the attorney/client relationship was taken in *Legal Services Corp. v. Velazquez*, 531 U.S. 533 (2001), where legal aid attorneys challenged a funding restriction prohibiting them from attacking certain welfare regulations. The court held that this was an unconstitutional viewpoint discrimination which violated the First Amendment and damaged the attorney/client relationship. Also see *Chiles v. Salazar*, *et al.,* No. 24-539 (*certiorari* granted Mar. 10, 2025), which is challenging a restriction on therapeutic speech within the counselor/client relationship, a restriction which was upheld by the Tenth Circuit, and which is now on appeal to this Court. The *Chiles* challenge is similar to the successful challenge to therapeutic speech restrictions in *Otto v. City of Boca Raton*, 981 F.3d 854 (11th Cir. 2020), *reh. denied*, 41 F.4th 271 (11th Cir. 2022)

Further, a fair reading of the California statutes upon which Respondents rely, Cal. Bus. & Prof. Code § 2234, reveals that the statute is fatally void for vagueness, because of numerous subjective terms which are dependent upon differing opinions and interpretations. The statute is also overbroad because it forbids legal and protected free speech. However, the Court need not reach these issues because the California law and the coercive medical censorship scheme upon which it is based is facially invalid under the First Amendment and *National Institute of Family & Life Advocates* v. *Becerra*, 585 U.S. 755 (2018).

CONCLUSION

The disciplinary scheme imposing coercive medical censorship and the California law upon which it is based violates the First Amendment, violates *National Institute of Family & Life Advocates* v. *Becerra*, *supra*, violates ethical and professional standards, violates regulations mandating the duties of honesty, transparency, and fully informed consent owed to all patients, and puts patient lives at risk —all of which can cause great harms. The petition for *certiorari* should be granted.

Respectfully submitted,

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