



MEDICAL FREEDOM FUND APPLICATION 2022

PURPOSE

The purpose of the Medical Freedom Fund is to provide grants to support legal expenses for physicians, nurses, allied health professionals, families of hospitalized patients denied effective treatment, military and federal employees threatened with dishonorable discharge, termination of employment or other punitive measures when acting within their civil rights to request exemption from the experimental COVID vaccines who are pursuing legal action to restore their human and civil rights. Other individuals who experience other egregious violations of “human and civil rights secured by law” will also be considered.

The Medical Freedom Fund is not meant to provide comprehensive legal funding for any single individual. The Fund provides partial financial support in the form of grants or loans as outlined below to defray the cost of legal and ancillary expenses for legal action necessitated interference with core individual Constitutional and civil rights to present medical information, choose or refuse medical treatments, and other forms of interference with medical freedom.

The level of support granted is contingent upon available annual funding, and a use for the funds requested that conforms with the criteria below.

Note: The Foundation *cannot accept individual contributions that are designated to a particular individual or case* as this would not be considered a charitable contribution under IRS guidelines. Selection of grant recipient also must comply with IRS guidelines for an impartial and transparent selection process.

The level of support granted is contingent upon available annual funding, and uses that conform with the Use of Funds criteria.

USE OF FUNDS: Funding from the Medical Freedom Fund may be used for:

- Legal Retainers
- Legal defense expenses, for example expert witnesses or investigators.
- Related medical evaluations requested by Foundation medical advisors to help clarify issues relevant to the case, and/or research critical to the legal case.
- Other necessary actions, such as independent autopsies, deemed critical by the Foundation’s medical and legal advisors prior to accepting a case

Multiple applications may be submitted as necessary for additional support, according to the above criteria for Use of Funds in order for the case to proceed. Additional applications are subject to availability of funds and the criteria for selection applied in first application.



TYPES OF FINANCIAL SUPPORT

I. Medical Freedom Grants:

Medical Freedom Grants are extended based on IRS guidelines for a public charity allowed to award legal defense grants to defend “human and civil rights secured by law.” Grants are also available in situations where contingency cases and the expectation of financial recovery and financial settlement are not likely to be feasible, due to the nature of the lawsuit. Foundation grants monies are not required to be returned to the Foundation. Funding will be paid only to the attorney of record to the firm’s Trust Account.

II. Medical Freedom Loan Fund:

The loan fund may be used in a case with potential broad applicability for the public good and/or public safety when there is a reasonable expectation of recovery and settlement at the conclusion of the case. At the discretion of the Foundation officers, and in compliance with relevant IRS guidelines, this fund may be considered for retainers and other legal fees in cases of national impact involving plaintiff/s, including but not limited to multiple plaintiffs. As with Medical Freedom grants, such loans also must comply with the Foundation’s Use of Funds criteria.

Loans are secured by the attorney of record when the case is accepted by the attorney *on a contingency basis*. All funding provided by the Foundation is re-paid out of the settlement from the attorney's contingency fee at the conclusion of the case. The Foundation accepts the risk associated in providing the loan in the event there is no financial compensation recovered. A formal loan agreement will be obtained from the attorney of record and his/her client upon acceptance of the funding.

Recognizing that not all donations will be granted immediately or that not all donations will be granted at any given time, the Foundation recognizes the need to invest those un-granted funds in suitable investments for growth, preservation, diversification and increase of value to support legitimate Foundation expenses and initiatives. In furtherance thereof, it shall be permissible to deploy said un-granted assets in any arms-length investment in any suitable investment class; whether debt, equity, participation or otherwise in private or public companies or individual people, legal or natural. The objective of this authorization is in furtherance of the Foundation’s stated goals and pursuits.

REFERRALS AND ELIGIBILITY:

The Fund will support:

o military and federal employees threatened with dishonorable discharge, termination of employment or other punitive measures when acting within their civil rights to request exemption from the experimental COVID vaccines



o licensed and/or credentialed medical and allied health professionals who are currently working in the healthcare field, and subjected to medical censorship affecting their license and/or delivery of medical care;

o families pursuing legal recourse for patients who died due to lack of adequate treatment as a result of medical censorship and/or violation of patient's fundamental rights to request or refuse a specific medical treatment.

o individuals who experience other egregious violations of "human and civil rights secured by law" will also be considered.

Uses of Funds:

- Funds will be used toward legal activities relative to issues associated with loss of licensure, loss of employment and livelihood, and legal case support.
- Individuals who need assistance may be referred by their attorney or apply directly to the Foundation for review by the Medical Freedom Fund Committee which is comprised of independent volunteers who are licensed professionals in the legal and medical fields and patient advocates approved by the CEO of the Truth for Health Foundation. Any member of the Committee must disclose conflicts of interest related to an application and recuse themselves if a conflict exists for a given case. These disclosures will be maintained on file in the Truth for Health Foundation offices.

SELECTION AND DISTRIBUTION

- All individuals or referrals who are requesting assistance must complete a Medical Freedom Fund Confidentiality Agreement and Medical Freedom Fund Application, available on the Truth for Health Foundation website.
- Applications for eligibility are screened by the CEO of the Truth for Health Foundation and/or appropriate staff. Eligible applications are forwarded to the Medical Freedom Fund Committee for review and decision making. The Committee will convene as necessary (due to volume, criticality, and urgency) to approve a distribution from the Fund.
- Applicants will be notified by the Truth for Health Foundation of the Committee's decision within three (3) business days.
- Distributions from the Fund will be made directly to the attorney of record after the law firm submits a detailed invoice to the Foundation for payment. This ensures compliance with Use of Funds criteria as requested on the application and as approved by the Medical Freedom Fund Committee. All invoices and expenditures will be approved by the CEO of the Truth for Health Foundation.



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Summary: Use of Funds

- Legal Retainers
- Legal defense expenses such as expert witnesses or investigators
- Related medical/scientific evaluations and research critical to the case
- Other necessary actions, such as independent autopsies, or other actions deemed critical by the Foundation’s medical and legal advisors prior to accepting a case

Multiple applications may be submitted as necessary for additional support, according to the above criteria, in order for the case to proceed. Additional applications are subject to availability of funds and the criteria for selection applied in the first application.

Having read the above, please complete the following to apply:

Applicant Information

Name of Applicant: _____ Relationship to Patient: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Residence street address if different from mailing address: _____

City: _____ State: _____ Zip: _____ Primary Email: _____

Home or Work Phone: _____ Mobile Phone: _____

Use of Funding and Requested Amount (check all that apply):

_____ Legal Retainer

_____ Legal defense expenses, such as expert witnesses or investigators

_____ Related medical evaluations and/or research, critical to the case

_____ Other necessary actions, including independent autopsies, as deemed critical to the case by the Foundation’s medical and legal advisors

Total Amount Requested: \$ _____ Funding needed by (date): _____

If the request is for multiple purposes, please provide individual amount requests:



What is the total estimated cost of your legal efforts? \$_____

Provide a description of financial need and the reasons these funds are necessary for the represented individual and for the attorney:

Brief Description of the Case: Please attach a WORD file of additional details and/or the formal complaint.

Attorney has been retained? YES___ NO_____

Name of Attorney_____ Name of Firm:_____

Address_____ City_____ State_____ Zip_____

Phone Number (office)_____ (cell)_____

Email_____

Yes No Has the case been filed?

What medical censorship or infringement of human or civil rights related to medical freedom has occurred that has resulted in legal action?



Explain why these funds are necessary, including any personal information the applicant is comfortable with disclosing:

DOCUMENTATION:

If there are audio or video recordings, medical records or other evidence appropriate for the Selection Committee to review to consider this application, please provide copies via a file transfer protocol.

IMPORTANT: Please attach to this application a copy of the lawsuit or complaint or any other documents relevant to assessing this application for funding.

Email to Info@TruthforHealth.org and

Please put in subject line:

ATTN: The Truth for Health Medical Freedom Fund Selection Committee