

EXHIBIT 6

COVID-19 Anti-Trust Argument

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Some of this information was submitted to the Office of the Inspector General for the United States Department of Health and Human Services on April 22, 2020

Request for Investigation - Possible Sherman Act Violation

Citizens of the United States of America

vs.

United States Department of Health and Human Services Centers for Disease Control and Prevention

Robert R Redfield, *et al.*

National Institute of Allergy and Infectious Diseases

Anthony Stephen Fauci, *et al.*

Governors of All States Issuing Executive Orders abridging the 1st Amendment of the Constitution

University of North Carolina, Chapel Hill

Professor Ralph Baric, *et al.*

And unknown Parties

On April 25, 2003, the United States Department of Health and Human Services Centers for Disease Control and Prevention (hereinafter, "CDC") filed an application for a United States (Application Number US46592703P, subsequently issued as U.S. Patent 7,776,521) entitled "Coronavirus isolated from humans". Claim 3 -A method of detecting a severe acute respiratory syndrome-associated coronavirus (SARS-CoV) in a sample...; and, Claim 4 - A kit for detecting a severe acute respiratory syndrome-associated coronavirus (SARS-CoV) in a sample..., provided the CDC with a statutory market exclusion right the detection of and sampling for severe acute respiratory syndrome-associated coronavirus (SARS-CoV). Securing this right afforded the CDC exclusive right to research, commercially exploit, or block others from conducting activities involving SARS-CoV. On September 24, 2018, the CDC failed to pay the required maintenance fees on this patent and their rights expired.

From April 2003 until September 2018, the CDC owned SARS-CoV, its ability to be detected and the ability to manufacture kits for its assessment. During this 15-year period, the effect of the grant of this right - ruled unconstitutional in 2013 by the United States Supreme Court in the case of *Association for Molecular Pathology et al. v. Myriad Genetics* - meant that the commercial exploitation of any research or commercial activity in the United States involving SARS-CoV would constitute an infringement of CDC's illegal patent.

It appears that, during the period of patent enforcement and after the Supreme Court ruling confirming that patents on genetic material was illegal, the CDC and National Institute of Allergy and Infectious Diseases led by Anthony Fauci (hereinafter "NIAID" and "Dr Fauci", respectively) entered into trade among States (including, but not limited to working with Ecohealth Alliance Inc.) and with foreign nations (specifically, the Wuhan Institute of Virology and the Chinese Academy of Sciences) through the 2014 *et seq* National Institutes of Health Grant R01AI110964 to exploit their patent rights.

It further appears that, during the period of patent enforcement and after the Supreme Court ruling confirming that patents on genetic material were illegal, the CDC and National Institute of Allergy and Infectious Diseases (hereinafter "NIAID") entered into trade among States (including, but not limited

to working with University of North Carolina, Chapel Hill) and with foreign nations (specifically, the Wuhan Institute of Virology and the Chinese Academy of Sciences represented by Zheng-Li Shi) through U19AI109761 (Ralph S. Baric), U19AI107810 (Ralph S. Baric), and National Natural Science Foundation of China Award 81290341 (Zheng-Li Shi) *et al.*

It further appears that, during the period of patent enforcement and after the Supreme Court ruling confirming that patents on genetic material was illegal, the CDC and NIAID entered into trade among States (including, but not limited to working with University of North Carolina, Chapel Hill) and with foreign nations to conduct chimeric construction of novel coronavirus material with specific virulence properties prior to, during, and following the determination made by the National Institutes for Health in October 17, 2014 that this work was not sufficiently understood for its biosecurity and safety standards.

In this inquiry, it is presumed that the CDC and its associates were: a) fully aware of the work being performed using their patented technology; b) entered into explicit or implicit agreements including licensing, or other consideration; and, c) willfully engaged one or more foreign interests to carry forward the exploitation of their proprietary technology when the U.S. Supreme Court confirmed that such patents were illegal and when the National Institutes of Health issued a moratorium on such research.

The aforementioned items appear to constitute, “contract, combination in the form of trust or otherwise, or conspiracy,” as defined under 15 US Code § 1.

Under 15 U.S. Code § 1 (the Sherman Antitrust Act) “Every contract, combination in the form of trust or otherwise, or conspiracy, in restraint of trade or commerce among the several States, or with foreign nations, is declared to be illegal. Every person who shall make any contract or engage in any combination or conspiracy hereby declared to be illegal shall be deemed guilty of a felony, and, on conviction thereof, shall be punished by fine not exceeding \$100,000,000 if a corporation, or, if any other person, \$1,000,000, or by imprisonment not exceeding 10 years, or by both said punishments, in the discretion of the court.”

Reportedly, in January 2018, the U.S. Embassy in China sent investigators to Wuhan Institute of Virology and found that, “During interactions with scientists at the WIV laboratory, they noted the new lab has a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory.” The *Washington Post* reported that this information was contained in a cable dated 19 January 2018. Over a year later, in June 2019, the CDC conducted an inspection of Fort Detrick’s U.S. Army Medical Research Institute of Infectious Diseases (hereinafter “USAMRIID”) and ordered it closed after alleging that their inspection found biosafety hazards. A report in the journal *Nature* in 2003 (423(6936): 103) reported cooperation between CDC and USAMRIID on coronavirus research followed by considerable subsequent collaboration. The CDC, for what appear to be the same type of concern identified in Wuhan, elected to continue work with the Chinese government while closing the U.S. Army facility.

Reportedly, on December 31, 2019, the Chinese government informed the World Health Organization (WHO) that a number of cases of suspected coronavirus-associated SARS cases were being treated in the area of Wuhan. The CDC reported the first case of SARS-CoV like illness in the United States in January 2020 with the CDC’s Epidemic Intelligence Service reporting 650 clinical cases and 210 tests. Given that the suspected pathogen was first implicated in official reports on December 31, 2019, one can only conclude that CDC: a) had the mechanism and wherewithal to conduct tests to confirm the existence of a “novel coronavirus”; or, b) did not have said mechanism and falsely reported the information in January. It tests credulity to suggest that the WHO or the CDC could manufacture and distribute tests for a “novel” pathogen when their own subsequent record on development and deployment of tests has been shown to be without reliability.

Notwithstanding, the CDC and WHO elected to commit to a narrative of a novel coronavirus – exhibiting properties that were anticipated in the U.S. Patent 7,618,802 issued to the University of North Carolina Chapel Hill’s Ralph Baric – and, in the absence of testing protocols, elected to insist that SARS-CoV-2 was the pathogen responsible for conditions that were consistent with moderate to severe acute respiratory syndrome.

On March 4, 2020, California Governor Gavin Newsome appears to have violated the law of the State of California by issuing Executive Order N-33-20 based on the “threat of COVID-19” with no evidence that such threat existed as confirmed by serology or confirmed immunologic evidence. The Government Code sections cited in the Order (Government Code sections 8567, 8627, and 8665) require that criteria be met which do not include the “threat” of any condition but evidence of said condition. At that time, neither the CDC nor the WHO had sufficient testing in place to: a) confirm and isolate “a novel coronavirus” from other coronaviruses; b) California did not have pathology data to suggest that an epidemic was imminent; and, c) the rest of the United States was equally incapable of making any such assessment as a result of the aforementioned conspiring parties actions. Governor Newsome’s Executive Order, followed by numerous other similar orders, all are based on the threat of a thing that may or may not exist.

Around March 12, 2020, in an effort to enrich their own economic interests by way of securing additional funding from both Federal and Foundation actors, the CDC and NIAID’s Dr Fauci elected to suspend testing and classify COVID-19 by capricious symptom presentation alone. Not surprisingly, this was necessitated by the apparent **fall in cases** that constituted Dr. Fauci’s and others’ criteria for depriving citizens of their 1st Amendment rights. At present, the standard according to the Council of State and Territorial Epidemiologists Interim-20-ID-01 for COVID-19 classification is:

In outpatient or telehealth settings at least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s)

OR

at least one of the following symptoms: cough, shortness of breath, or difficulty breathing OR Severe respiratory illness with at least one of the following:

- *Clinical or radiographic evidence of pneumonia, or*
- *Acute respiratory distress syndrome (ARDS).*

AND No alternative more likely diagnosis

Laboratory Criteria for Reporting

- *Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test.*
- *Detection of specific antigen in a clinical specimen.*
- *Detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection.* *serologic methods for diagnosis are currently being defined*

After inflicting grave harm to the citizens of the United States of America in economic hardships resulting from their allegation of an “epidemic” or “pandemic”, the CDC and the NIAID set forth, and the President of the United States and various Governors in the respective States promulgated, standards for lifting conditions in violation of the 1st Amendment to the Constitution that serve exclusively to enrich them. Both the presence of a vaccine or treatment and, or, the development of testing – both that solely benefit the possible conspiring parties and their co-conspirators – are set as a condition for re-opening the country. This appears to be an unambiguous violation of the Sherman Act and, if so, should be prosecuted immediately to the full extent of the law.

Additional information is available upon request.

Submitted this 22nd of April, 2020

Dr. David E. Martin – all Whistleblower Rights and Protections Reserved