

PARTIES

1. **Charles Duane Baker “Recipient”, in your personal capacity and who also assumes the office of “Governor” of Massachusetts, the official office of which is located at the Massachusetts State House, Office of the Governor, 24 Beacon Street, Boston, Massachusetts 02133 and who is listed in D&B as President of Commonwealth of Massachusetts, A US Municipal Government Company located at 24 Beacon Street, Boston, MA 02133** in declaring an unsubstantiated State of Emergency, where none exists by definition (a rebuttal to your supposed declaration is included below), for purposes of imposing draconian measures which have caused irreparable and immeasurable harm on the lives and livelihoods of the citizens of Massachusetts, we request that you address our grievances in kind.

1a. You have allowed the People to be terrorized by the media; manipulated by the Public Health Department; and used your position to cause local health departments and law enforcement to violate their oath to the Constitution when you attempted to empower them to enforce, threaten, arrest and fine citizens for not following your mandates, which are not laws. This is an egregious violation of your oath of office to uphold the unalienable rights of the citizens as is provided in the National and State Constitutions and therefore have invoked Sections 3 & 4 of the 14th Amendment, thus, lawfully vacating your office making you commercially liable for the damages you are causing. If this matter cannot be resolved amiably, then the People will have no choice but to pursue all legal and equitable remedies available to it.

2. **I/WE THE PEOPLE “Declarant”,** hereby affirm, declare and swear, under oath and under the pains and penalties of perjury under the laws of the United States of America and of the Commonwealth of Massachusetts, that I/WE have standing in this matter as I/WE have been and are currently suffering damages and violations of the right to live under God’s grace and be left alone to live life as I/WE see fit without interference in our God given and constitutionally protected rights which you are required and are failing to protect.

NOTICE OF LAWFUL JURISDICTION

3. Under the First Amendment, the people have the guaranteed inherent right to petition the government for redress of grievances, and the government must respond in kind. Redress is the correct resolving of the people’s grievance(s). If it becomes necessary to bring the matter to court, then, the un rebutted NOTICE & DEMAND stands as fact and truth before the court.
4. This requires “Recipient” to provide a written rebuttal to “Declarant(s)”, in kind, specific to each and every point of the subject matter stated herein, within (10) ten days, using true fact, valid law and evidence to support your rebuttal of the specific subject matter stated in this NOTICE & DEMAND. It is hereby noticed that failure to respond, as stipulated, and

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rebut, with particularity and specificity, anything with which there is disagreement in this NOTICE & DEMAND, will be deemed a lawful, legal and binding tacit agreement with and admission to the fact that everything in this NOTICE & DEMAND is true, correct, legal, lawful, and fully binding upon you in any court in America, without protest or objection and by any representation.

5. This is the lawful notification to “Recipient”, and is hereby made and sent pursuant to the National Constitution, specifically, the Bill of Rights, in particular, Amendments I, IV, V, VI, VII, IX, X and XIV and The Massachusetts Constitution Part of the First- Declaration of Rights I, II, III, IV, V, VI, VII, VIII, X, XI, XV, XIX, and Chapter 6 Article 1 paragraph 5 - Oaths and Subscriptions. Violations of specific sections of the Constitution are provided as “counts” below. Nothing contained in this NOTICE & DEMAND removes the rights for further legal action to be taken by any Declarant or citizen of the Commonwealth of Massachusetts.

REBUTTAL OF THE DECLARATION OF STATE OF EMERGENCY ISSUED ON 3/10/2020

“Declaration of a State of Emergency to Respond to COVID-19”

3/10/2020

Office of Governor Charlie Baker and Lt. Governor Karyn Polito

6. WHEREAS, on January 30, 2020, the World Health Organization designated the 2019 novel Coronavirus outbreak as a Public Health Emergency of International Concern;

6a. HOWEVER, the World Health Organization is a non-domestic entity that dispenses numerous “designations” and opinions, none of which are constitutional mandates upon the Commonwealth of Massachusetts nor the United States. Furthermore, no prerequisite clinical or verifiable scientific evidence has been produced that would validate the actual widespread emergency conditions assumed to exist within the Commonwealth.

7. WHEREAS, on January 31, 2020, United States Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the entire United States to aid the nation’s healthcare community in responding to the 2019 novel Coronavirus (“COVID-19”);

7a. HOWEVER, although “declarations” from the United States Health and Human Services Secretary Alex Azar II may expedite the movement of resources in a strategic preparatory manner, it does NOT constitute prerequisite scientific “validation” of the existence of a widespread emergency, as required, and does not meet the standards set forth in MGL Chapter 639 of the Acts of 1950.

7b. HOWEVER, the definition of a pandemic by the WHO is the worldwide spread of a new disease. That definition does not correlate or validate a public health emergency that would threaten the lives of the People of the Commonwealth.

8. WHEREAS, the disease caused by the 2019 novel Coronavirus is a contagious, and at times fatal, respiratory disease;

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8a. HOWEVER, the mere presence of “a contagious, and at times fatal, respiratory disease” does NOT constitute the verifiable existence of a widespread emergency associated with “2019 novel coronavirus” within the Commonwealth or any virus for that matter. This too fails to meet the performance standards needed to lawfully declare a State of Emergency in Massachusetts.

9. WHEREAS, symptoms of COVID-19 include fever, cough, and shortness of breath, and the disease can spread from person to person via respiratory droplets produced when an infected person coughs or sneezes;

9a. HOWEVER, the mere presence of common respiratory “symptoms” and illness related observations does NOT constitute the prerequisite evidence necessary to satisfy the performance standards for a lawful Declaration of Emergency within the Commonwealth of Massachusetts.

10. WHEREAS, as of March 10, 2020, according to the Centers for Disease Control and Prevention (“CDC”), there are more than 114,000 confirmed cases of COVID-19 worldwide, and over 4,000 of those cases have resulted in death;

10a. HOWEVER, notwithstanding the prerequisite performance standards for the lawful ‘Declaration of Emergency’, since your March 10th 2020 interpretations of the Center for Disease Control & Prevention (CDC) information, we’ve discovered that testing procedures and results are flawed and/or non-specific, fraudulent and padded death rates have been tabulated and reported, and the models which you’ve referenced have now proven to be woefully inaccurate. Furthermore, the assumed statistics noted above still does NOT meet the prerequisite performance standards necessary to lawfully enact a Declaration of Emergency within the Commonwealth of Massachusetts.

11. WHEREAS, as of March 10, 2020, according to the CDC, there are more than 600 confirmed cases of COVID-19 in the United States, and 25 of those cases have resulted in death;

11a. HOWEVER, we now know that the reported numbers for confirmed cases of COVID-19 have been based on reported observations of common symptoms of common illnesses and not on the existence of an isolated and identifiable contagion, with the potential for widespread interruption of basic services in the Commonwealth. Even if the CDC’s stated numbers are assumed to be accurate, this still does NOT meet the prerequisite performance standards necessary to lawfully declare a statewide emergency in Chapter 639 and fundamentally fails to actually provide absolute verifiable evidence that widespread emergency conditions that would disrupt basic services even exist.

12. WHEREAS, as of March 10, 2020, there are 91 presumed positive cases of COVID-19 in the Commonwealth;

12a. HOWEVER, a Declaration of Emergency cannot be evidenced alone by “presumed” information. This clearly fails to meet the prerequisite performance standards necessary

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to lawfully institute a Declaration of Emergency within the Commonwealth of Massachusetts.

13. WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been detected in the Commonwealth and such transmission is expected to continue;

13a. HOWEVER, although observations related to the modes of transmission are welcome contributions to the pool of public data known about COVID-19, the mere recognition of modes of transmission, in no way, systematically, indicate the existence of a widespread threat to basic services. This observation fails to meet the prerequisite performance standards necessary to lawfully institute a Declaration of Emergency within the Commonwealth of Massachusetts.

14. WHEREAS, the Massachusetts Department of Public Health has instituted a Public Health Incident Management Team to manage the public health aspects of the incident;

14a. HOWEVER, the mere formation of a “team” within the Department of Public Health to proactively mobilize and prepare Commonwealth assets does NOT, in any way, validate the existence of a widespread emergency that threatens to disrupt basic services, nor does it offer any scientific and statistically significant data in support of the same.

15. WHEREAS, the worldwide outbreak of COVID-19 and the effects of its extreme risk of person-to-person transmission throughout the United States and the Commonwealth significantly affect the life and health of our people, as well as the economy, and is a disaster that impacts the health, security, and safety of the public;

15a. HOWEVER, this item is little more than unsupported opinion, backed by nothing, that has no place in a proposed Declaration of Emergency. This is statistically insignificant and bears no tangible quantitative value towards the necessary “validation” process of any declared emergency within the Commonwealth of Massachusetts.

16. WHEREAS it is critical to take additional steps to prepare for, respond to, and mitigate the spread of COVID-19 to protect the health and welfare of the people of the Commonwealth; and

16a. HOWEVER, all other failed validation issues aside, none of the contingencies noted in this item require the Declaration of Emergency to be instituted, nor is the verifiable evidence necessary to “validate” that measurable conditions exist that would formally authorize a Declaration of Emergency to mitigate widespread disruption of basic services. This item is statistically insignificant and bears no conformational value to the proposed declaration.

17. WHEREAS, declaring a state of emergency will facilitate and expedite the use of Commonwealth resources and deployment of federal and interstate resources to protect persons from the impacts of the spread of COVID-19;

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17a. HOWEVER, comparable to generic unsupported statements rebutted above, nothing in this opinion statement is measurable and quantitative evidence that would serve to “validate” that conditions exist that would lawfully authorize a Declaration of Emergency in Massachusetts.

18. NOW THEREFORE, I, Charles D. Baker, Governor of the Commonwealth of Massachusetts, pursuant to the powers provided by Chapter 639 of the Acts of 1950 and Section 2A of Chapter 17 of the General Laws, do hereby issue this proclamation that there now exists in the Commonwealth of Massachusetts a STATE OF EMERGENCY.

18a. OBJECTION: The proposed Declaration of Emergency has failed to meet any level of competent and verifiable data that “validates & confirms” that emergency conditions exist that would interrupt basic services and pose a widespread and incapacitating threat to the people of the Commonwealth. Therefore, no special authority is granted to the Commissioner of Public Health under MGL Chapter 17, Section 2A and remains fully bound to her Oath of Office.

19. Pursuant to the powers granted to the Governor in Sections 5, 6, 7, 8, and 8A of Chapter 639 of the Acts of 1950, as amended, and other provisions of law, I shall from time to time issue recommendations, directives, and orders as circumstances may require.

19a. The proposed Declaration of Emergency fails to meet basic evidence-based validation support that would authorize executive privilege under Chapter 639 and is therefore null and void of effect and unenforceable.

20. This proclamation of a STATE OF EMERGENCY is effective immediately and shall remain in effect until notice is given, pursuant to my judgment, that the STATE OF EMERGENCY no longer exists.

20a. INDEMNIFICATION: Due to the glaring lack of empirical science and evidence-based support for the proposed Declaration of Emergency, it fails to meet the most fundamental performance standards for validated authority to be lawfully transferred to any other Public Servants, thus making them potentially personally liable for any Civil Rights infractions or rightful litigation that’s sure to arise. All Public Servants are still bound to their Oath of Office and possess no lawful authority nor privilege granted under this proposed Declaration of Emergency, Chapter 639, Chapter 17 Section 2A, nor Executive Order #55.

20b. Emergency action in a state of emergency would need to be taken by the governor because lawmakers did not have the time or ability to act in an appropriate speed for the situation. It should be released as soon as the legislature is able to respond appropriately. The State of Emergency has continued without any criteria for ending it.

21. Given in Boston on 3:20 PM this 10th day of March two thousand and twenty.

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21a. The proposed Declaration of Emergency is hereby rejected and denied! Therefore, all Public Servants remain strictly bound by the compulsory limits of the US and Massachusetts Constitution and the people they serve shall lawfully dismiss any and all infringements with absolute impunity or willfully adopted at their individual discretion.

DEMAND

22. Based on the above rebuttal to the Declaration of an unsubstantiated State of Emergency for which the basis of all mandates and restrictions were imposed, and the information in the remainder of this NOTICE & DEMAND, I/WE hereby demand that you publicly inform the citizens of the Commonwealth of Massachusetts that there will no longer be any enforcement or requirement for measures related to and known as ‘shelter in place,’ quarantine, ‘non-essential’ work, social distancing, forced face mask wearing, mandatory testing, contact tracing, closure of any public or private spaces, including schools and businesses. The People can then begin to rebuild their businesses and get back to living as free and Sovereign beings.

23. Immediately halt all “mandatory” vaccination programs related to Flu & Covid-19 in order to have time to ascertain and communicate the real risks to the public health of the citizens to these vaccines so that honest informed consent can be given. This includes any plans to roll out any mandatory vaccination for health care workers, elderly or other people deemed first in line priorities.

24. Immediately halt all media campaigns for promotion of vaccinations and wearing of face coverings, including electronic signs on the highways and TV commercials that are spreading fear provoking propaganda. Also, provide to the People your plan to hold accountable those in the mainstream media (television, newspaper, social media) who have inflicted the most egregious of attacks to the citizens of this State by instilling fear into the masses by using “case” counts derived from a massive testing campaign using a scientifically meaningless test.

25. Immediately halt all campaigns to test the public for COVID-19 as a requirement for work, travel, school or otherwise. Immediately suspend all contact tracing programs and notifications to personal cell phones within the Commonwealth of Massachusetts until it can be accurately assessed for invasion of privacy.

26. Lastly, provide to the People your economic recovery plan for businesses and individuals who have been adversely affected by the shutdowns.

POSITION STATEMENTS

27. The following three positions are true, factual, lawful, and constitutionally ordained.

1. Any act or action taken by Recipient, **Charles Duane Baker**, in his sworn oath as **Governor**, either supports and upholds the National Constitution and the Massachusetts State Constitution or opposes and violates them.
2. Recipient has taken an oath to support and uphold the National and State Constitutions and is constitutionally mandated to abide by that oath in the performance of official duties.
3. Recipient has no constitutional authority, or any other form of valid, lawful authority, to oppose and violate the very documents to which were sworn or affirmed under oath and

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under which were delegated by the people the limited authority to conduct the duties of the office to which is held.

28, Portions of the preambles to the Declaration of Independence, the Constitution of the United States and the Massachusetts Constitution are provided to re-establish for Recipient the foundation of the People's expectations of how they will be governed, and no official may violate or alter these agreements.

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their **Creator** with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.” – *Declaration of Independence*

“We the People of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.” – *Constitution of the United States*

“The end of the institution, maintenance, and administration of government, is to secure the existence of the body politic, to protect it, and to furnish the individuals who compose it with the power of enjoying in safety and tranquility their natural rights, and the blessings of life: and whenever these great objects are not obtained, the people have a right to alter the government, and to take measures necessary for their safety, prosperity and happiness.” – *Massachusetts Constitution*

COUNT 1

VIOLATION OF SECTION 802 OF THE USA PATRIOT Act (Pub. L. No. 107-52)

29. Declarant re-states and re-alleges paragraphs 1-28 as if set forth herein.

30. SECTION 802 OF THE USA PATRIOT Act (Pub. L. No. 107-52) expanded the definition of terrorism to cover "domestic," as opposed to international, terrorism. A person engages in domestic terrorism if they do an act "dangerous to human life" that is a violation of the criminal laws of a State or the United States, if the act appears to be intended to: (i) intimidate or coerce a civilian population; (ii) influence the policy of a government by intimidation or coercion;

31. As defined by USA Patriot Act of 2001 (42 U.S.C. 5195c(e)), critical infrastructure includes any “systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.” This definition is appropriately broad to include a wide range of stakeholders who either directly or indirectly enable the functionality of infrastructure systems. This is guidance and is not binding and is primarily a decision support tool to assist state and local officials. It is not an official executive action by the United States Government. Use of this to expedite movement of resources in a strategic manner does not constitute validation of the existence of a widespread emergency and does not meet the standards set forth in MGL Chapter 639 of the Acts of 1950.

32. The use of the critical infrastructure to define “essential” and “non-essential” workers and businesses has resulted in irreparable and economic hardship on the citizens of Massachusetts

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making them dependent on governmental aid. This effectively abolished the ability of the citizens of Massachusetts to pursue endeavors to earn a living in their own right.

33. As Governor, you have used your position to invoke fear in the population over an unsubstantiated State of Emergency. You have allowed the news media to provide daily fear mongering over cases and deaths to continue to obtain compliance with unconstitutional mandates for wearing face coverings, self-quarantine, continual testing, curfews, social distancing, and contact tracing. The daily dashboard and news reporting on cases where most are asymptomatic and deaths to which there are co-morbidities has lacked transparency of the real and true nature of this virus. It has been said that blood supplies drawn in 2019 have antibodies to COVID-19 implying that this virus could already have been around unbeknownst to the population who lived their lives without overwhelming hospitals, which was the basis given by the Governor in the initiation of lockdown measures to flatten the curve.

34. Many businesses have been forced to close permanently because of the inability to financially or physically be able to comply with the mandates. Those who were closed temporarily (i.e. restaurants, gyms, movie theatres, concerts, sporting events, etc.) and then allowed to partially open lost most of their customers and were put in a position of trying to rebuild their businesses. Many citizens who are unable to wear a mask have been denied entry into places of public accommodation. Other citizens have not visited family for fear of spreading a disease they do not have. Elderly have been left alone to die. The desperation and despair caused by the actions taken under an unsubstantiated State of emergency has led to increased suicides, mental health issues, dental diseases and many people pushed into poverty. Further mandates for flu vaccination and the possibility of mandating the COVID-19 vaccine is an attempt at influencing government policy which only benefits those connected to the contracts made between the State and these parties. The current results from clinical trials and as reported in the news are significant numbers of serious adverse effects, including paralysis to which healthy people. The effects to those vulnerable and with underlying health conditions will only be found AFTER the vaccine has been delivered. The issuance of emergency use by the FDA and saying it is safe is deceptive and fraudulent. This is human experimentation without adequate informed consent as the true risks are not being communicated. These actions are all “dangerous to life” and have resulted in death, are “intimidating” and an “attempt at influencing policy” and therefore constitute domestic terrorism against the People of the Commonwealth of Massachusetts.

COUNT II

VIOLATION OF TITLE 4 U.S.C. § 101 - OATH BY MEMBERS OF LEGISLATURES AND OFFICERS.

35. Declarant re-states and re-alleges paragraphs 1-34 as if set forth herein.

36. “Every member of a State legislature, and every executive and judicial officer of a State, shall, before he proceeds to execute the duties of his office, take an oath in the following form, to wit: “I, A B, do solemnly swear that I will support the Constitution of the United States.”

37. On January 8, 2015, **Charlie Duane Baker**, you placed your hand on the family bible and took the oath of office to support and defend the constitution and to execute the duties of the position you were elected to and in good faith by the People of Massachusetts to uphold. You pledged your allegiance to the constitution and the constituents of this State, not to any agency of

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the government or persons or companies, that seek to deceive, manipulate, conduct deceptive business practices or to control the lives of the citizens of Massachusetts. You violated this oath when you allowed the Centers for Disease Control and Prevention(CDC) and The World Health Organization (WHO) to persuade the Public Health Department to impose restrictive measures on the public after the declaration of a pandemic by the WHO, a non-domestic organization to which was not substantiated by the Public Health Department.

COUNT III

VIOLATION OF TITLE 18 U.S.C. § 241 - CONSPIRACY AGAINST RIGHTS.

38. Declarant re-states and re-alleges paragraphs 1-37 as if set forth herein.

39. “If two or more persons conspire to injure, oppress, threaten, or intimidate any person in any State, Territory, Commonwealth, Possession, or District in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or If two or more persons go in disguise on the highway, or on the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured. They shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse or an attempt to commit aggravated sexual abuse, or an attempt to kill, they shall be fined under this title or imprisoned for any term of years or for life, or both, or may be sentenced to death.”

40. In violation of well-established legal precedent from *Jew Ho v. Williamson*, 103 F. 10, 26 (C.C.N.D. Cal. 1900) and subsequent public health law, arbitrary and capricious rules were inflicted upon a part of the population that were not applied generally. This resulting in the unlawful confinement of a healthy population with no basis in science or fact.

41. The enemies of the People are unseen and have used fear and cognitive dissonance to shut down the economy and destroy the nation economically from within our own borders. The mainstream media (i.e. newspapers, television, and radio stations) and the social media platforms have been used against the People as they are a “captive” audience relying on the daily news for information that that violates the rights of the People protected under the constitution. The People expected you to ensure that the truth was not hidden and lies were not propagated so that they could make informed choices on how to live their lives.

42. The Commissioner of Public Health in conjunction with and/or solely relying on guidance from the CDC, FDA and the WHO have contrived a conspiracy about a dangerous virus, using the fear invoking declaration of a “pandemic” which is by their own definition is just a worldwide spread of a new disease, which Exhibit G contains a true and accurate copy of the WHO websites.

43. Physicians, School Officials, and any other individual who attempts to secure compliance with the Flu shot vaccination mandate or the possible COVID-19 vaccination is in violation of the People’s rights of control over their possessions, which includes their biological vehicle or soul carrier, secured as unalienable rights endowed by the creator.

44. One of the inalienable rights is to “life” and anything that threatens or risks taking life from the body is in violation of the Peoples rights protected under the Constitution. Covering the nose and mouth is a barrier to oxygen input and carbon dioxide output. This interference in the body’s natural function over extended periods of time can lead to cognitive

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impairment, bacterial infections, asthma and other serious reactions. Injecting toxic materials from vaccines (i.e. PEG, mercury, aluminum, etc.) into the body has a risk of death from anaphylactic reactions and long term neurological (Guillain-Barre) effects for which there are no cures. The propagation of a deadly contagious virus is a conspiracy against the rights and lives of the People.

COUNT IV

VIOLATION OF Title 18 U.S.C. § 242 - Deprivation of rights under color of law.

45. Declarant re-states and re-alleges paragraphs 1- 44 as if set forth herein.

46. “Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.”

47. Mandates and Executive Orders are not laws. They are made to appear like laws to invoke compliance by the population. Anyone who asks, shames, arrests, threatens to arrest or fine is in violation of color of law and can be held personally and financially liable for their actions. As Governor, you used your authority that you did have under the unsubstantiated State of Emergency to cause public health officials and law enforcement to violate the Constitution putting them in jeopardy of being held personally responsible under the color of law.

COUNT V

VIOLATION OF Title 18 U.S.C. § 1038 - False information and hoaxes.

48. Declarant re-states and re-alleges paragraphs 1- 47 as if set forth herein.

49. “**IN GENERAL.**—Whoever engages in any conduct with intent to convey false or misleading information under circumstances where such information may reasonably be believed and where such information indicates that an activity has taken, is taking, or will take place that would constitute a violation of chapter 2, 10, 11B, 39, 40, 44, 111, or 113B of this title, section 236 of the Atomic Energy Act of 1954 (42 U.S.C. 2284), or section 46502, the second sentence of section 46504, section 46505(b)(3) or (c), section 46506 if homicide or attempted homicide is involved, or section 60123(b) of title 49, shall (A) be fined under this title or imprisoned not more than 5 years, or both; (B) if serious bodily injury results, be fined under this title or imprisoned not more than 20 years, or both; and (C) if death results, be fined under this title or imprisoned for any number of years up to life, or both.”

50. There could be no independent verification of the epidemiologic models predicting dire infection and mortality rates as the underlying models and data were not published, and when

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sought, were reportedly corrupted so as to make their examination impossible. It has been reported that the models used significantly overestimated the deaths.

51. No State official reviewed for accuracy or veracity any of the causal statements made in the Declaration of Emergency which contain false, misleading, and terror inducing statements.

52. The COVID-19 Pandemic whether it be an accidental/intentional release of a virus from the Wuhan Laboratory in China gave reason to invoke a State of Emergency in order to implement countermeasures to “flatten the curve” so as not to overrun the medical establishment but had no prescribed end date. The expectation was for two weeks.

53. With no criteria for an end date, an unsubstantiated State of Emergency has continued enabling public health officials to continue to inflict draconian measures against the population for a virus that has been shown to not be more than a bad seasonal cold or flu in the overwhelming majority of the population.

54. No medical or scientific evidence was provided to establish even causal links between the SARS CoV-2 and the symptoms of COVID-19, relying instead on foreign government hearsay and conjecture.

55. No testing to confirm or deny the presence or absence of “a novel coronavirus” and, based on recent reports from testing of incarcerated persons reported by Reuters, 96% of prisoners testing positive for coronavirus are asymptomatic, demonstrating a failure to establish even a statistical link between the virus and the disease.

56. Comparing the background death rates in Massachusetts for the last ten years to the daily deaths on the COVID-19 dashboard and played out like a ticker tape on the evening news, there is no significant difference. The likely reason for the increased deaths is due to suicide, overproduction of cortisol due to fear and anxiety and complications from a depressed immune system from wearing face coverings. EXHIBIT I contains true and accurate information from the mass.gov reports of deaths in the Commonwealth.

57. The declaration of the unsubstantiated State of Emergency for the COVID-19 diagnosis criteria being pneumonia and influenza related symptoms and the allegations of the existence of a “novel coronavirus” is based on a series of assumptions that are patently false. According to the International Committee on Taxonomy of Viruses’ (ICTV) Coronaviridae Study Group (CSG) publication on March 2, 2020, the preliminary data suggesting that there was sufficient variation to determine this to be a novel virus vs. a mutation of known coronaviruses, was not based on established scientific principles but was responsive to the World Health Organization’s prior unfounded declaration of novelty of both the virus and a new disease.

58. Since 2003, the U.S. Department of Health and Human Services and their subordinate organizations –the National Institute of Allergy and Infectious Diseases (NIAID) and the Centers for Disease Control and Prevention (CDC) –maintained a patent preventing any independent organization from testing for the presence of coronavirus transmissible to humans through 2018 resulting in a complete lack of testing technologies.

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59. There has been no evidence-based, peer-reviewed, clinical science showing that either social distancing (of up to 6 feet of separation), or the wearing of masks has any clinical effect in a healthy population.

60. A mandated Flu Shot for children to attend school is not based on any study that shows children are at greater risk of getting the flu during a pandemic than any other time of the year. The Flu shot has been shown to make other viral infections more virulent based on a study.

COUNT VI VIOLATION OF TITLE 18 U.S.C. § 1001 - STATEMENTS OR ENTRIES GENERALLY

61. Declarant re-states and re-alleges paragraphs 1- 60 as if set forth herein.

62. “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 (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.”

63. The reporting of deaths as COVID-19 with no mention of comorbidities is misleading, deceptive, and false.

64. The reporting of “cases” based on a scientifically meaningless test is deceptive. This only serves to invoke fear in the population to further support their willingness to follow draconian counter measures. EXHIBIT A contains true and accurate representation of CDC, WHO and FDA documents on the test protocols.

65. Use of this information to promote “whistle blowing” amongst the population on each other under false beliefs that the healthy population is the contagion seeks to divide and cause dissension among the people.

66. Requiring twice a day temperature checks for anyone who is isolating because of contact tracing instills the idea that a person cannot trust their own body to know when they have a fever or are becoming ill. This is an example of gas lighting which leads to cognitive dissonance.

67. Walgreens, CVS, Board of Health and any medical providers who says the Flu Shot is “safe” instead of saying “unavoidable unsafe” is false based on deaths and serious injuries from the VAERS compensation database; the Federal Register Vaccine Injury Compensation Table and the manufacturers vaccine inserts. The true health risks from vaccination are not being communicated to the population to allow for informed consent.

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68. The mainstream media have reported that the vaccine manufacturers are claiming that COVID-19 vaccines having an efficacy of greater than 90%. This percentage is false and misleading as it is based on less than 100 people out of the 44,000+ participants having not developed COVID-19 disease after vaccination. This correlate to only 0.2% of the participants being counted. This is misleading, deceptive, and hiding the truth from the population in order to unwittingly get the population to take an untested and unsafe vaccine that could cause untold injury that the population cannot recover from.

COUNT VII

POTENTIAL VIOLATION OF TITLE 18 U.S.C. § 1503- INFLUENCING OR INJURING OFFICER OR JUROR GENERALLY.

69. Declarant re-states and re-alleges paragraphs 1- 68 as if set forth herein.

70. “Whoever corruptly, or by threats or force, or by any threatening letter or communication, endeavors to influence, intimidate, or impede any grand or petit juror, or officer in or of any court of the United States, or officer who may be serving at any examination or other proceeding before any United States magistrate judge or other committing magistrate, in the discharge of his duty, or injures any such grand or petit juror in his person or property on account of any verdict or indictment assented to by him, or on account of his being or having been such juror, or injures any such officer, magistrate judge, or other committing magistrate in his person or property on account of the performance of his official duties, or corruptly or by threats or force, or by any threatening letter or communication, influences, obstructs, or impedes, or endeavors to influence, obstruct, or impede, the due administration of justice, shall be punished as provided in subsection (b). If the offense under this section occurs in connection with a trial of a criminal case, and the act in violation of this section involves the threat of physical force or physical force, the maximum term of imprisonment which may be imposed for the offense shall be the higher of that otherwise provided by law or the maximum term that could have been imposed for any offense charged in such case. **(b)**The punishment for an offense under this section is **(1)** in the case of a killing, the punishment provided in sections 1111 and 1112; **(2)** in the case of an attempted killing, or a case in which the offense was committed against a petit juror and in which a class A or B felony was charged, imprisonment for not more than 20 years, a fine under this title, or both; and **(3)** in any other case, imprisonment for not more than 10 years, a fine under this title, or both.

71. This is a pre-emptive notification of the penalties for retaliation to anyone involved in this NOTICE & DEMAND.

COURT VIII

POTENTIAL VIOLATION OF Title 18 U.S.C. § 1512B - Engages in misleading conduct.

72. Declarant re-states and re-alleges paragraphs 1- 71 as if set forth herein.

73. “**(a)(1)** Whoever kills or attempts to kill another person, with intent to **(A)** prevent the attendance or testimony of any person in an official proceeding; **(B)** prevent the production of a record, document, or other object, in an official proceeding; or **(C)** prevent

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the communication by any person to a law enforcement officer or judge of the United States of information relating to the commission or possible commission of a Federal offense or a violation of conditions of probation, parole, or release pending judicial proceedings; shall be punished as provided in paragraph (3).**(2)**Whoever uses physical force or the threat of physical force against any person, or attempts to do so, with intent to **(A)** influence, delay, or prevent the testimony of any person in an official proceeding; **(B)** cause or induce any person to **(i)** withhold testimony, or withhold a record, document, or other object, from an official proceeding; **(ii)** alter, destroy, mutilate, or conceal an object with intent to impair the integrity or availability of the object for use in an official proceeding; **(iii)** evade legal process summoning that person to appear as a witness, or to produce a record, document, or other object, in an official proceeding; or **(iv)** be absent from an official proceeding to which that person has been summoned by legal process; or **(C)** hinder, delay, or prevent the communication to a law enforcement officer or judge of the United States of information relating to the commission or possible commission of a Federal offense or a violation of conditions of probation, supervised release, parole, or release pending judicial proceedings; shall be punished as provided in paragraph (3).....”

74. Pre-emptive notification that the law protects those coming forward as witness. Also, to put “recipient” on notice to not destroy any records or documents that would substantiate the facts outlined in this NOTICE & DEMAND.

COUNT IX

POTENTIAL VIOLATION OF TITLE 18 U.S.C. § 2071 - CONCEALMENT, REMOVAL, OR MUTILATION GENERALLY.

75. Declarant re-states and re-alleges paragraphs 1- 74 as if set forth herein.

76. (a) Whoever willfully and unlawfully conceals, removes, mutilates, obliterates, or destroys, or attempts to do so, or, with intent to do so takes and carries away any record, proceeding, map, book, paper, document, or other thing, filed or deposited with any clerk or officer of any court of the United States, or in any public office, or with any judicial or public officer of the United States, shall be fined under this title or imprisoned not more than three years, or both. **(b)** Whoever, having the custody of any such record, proceeding, map, book, document, paper, or other thing, willfully and unlawfully conceals, removes, mutilates, obliterates, falsifies, or destroys the same, shall be fined under this title or imprisoned not more than three years, or both; and shall forfeit his office and be disqualified from holding any office under the United States. As used in this subsection, the term “office” does not include the office held by any person as a retired officer of the Armed Forces of the United States.

77. Pre-emptive notification that destroying potential evidence can result in fines, imprisonment, and forfeiture of your office.

COUNT X

VIOLATION OF TITLE 26 U.S.C. § 7214 - OFFENSES BY OFFICERS AND EMPLOYEES OF THE UNITED STATES.

78. Declarant re-states and re-alleges paragraphs 1- 77 as if set forth herein.

79. **“(a)UNLAWFUL ACTS OF REVENUE OFFICERS OR AGENTS** Any officer or employee of the United States acting in connection with any revenue law of the United States—
(1) who is guilty of any extortion or willful oppression under color of law; or **(2)**who knowingly demands other or greater sums than are authorized by law, or receives any fee, compensation, or reward, except as by law prescribed, for the performance of any duty; or **(3)**who with intent to defeat the application of any provision of this title fails to perform any of the duties of his office or employment; or **(4)**who conspires or colludes with any other person to defraud the United States; or **(5)**who knowingly makes opportunity for any person to defraud the United States; or **(6)**who does or omits to do any act with intent to enable any other person to defraud the United States; or **(7)** who makes or signs any fraudulent entry in any book, or makes or signs any fraudulent certificate, return, or statement; or **(8)** who, having knowledge or information of the violation of any revenue law by any person, or of fraud committed by any person against the United States under any revenue law, fails to report, in writing, such knowledge or information to the Secretary; or **(9)** who demands, or accepts, or attempts to collect, directly or indirectly as payment or gift, or otherwise, any sum of money or other thing of value for the compromise, adjustment, or settlement of any charge or complaint for any violation or alleged violation of law, except as expressly authorized by law so to do; shall be dismissed from office or discharged from employment and, upon conviction thereof, shall be fined not more than \$10,000, or imprisoned not more than 5 years, or both. The court may in its discretion award out of the fine so imposed an amount, not in excess of one-half thereof, for the use of the informer, if any, who shall be ascertained by the judgment of the court. The court also shall render judgment against the said officer or employee for the amount of damages sustained in favor of the party injured, to be collected by execution.”

80. The mandates are nothing more than oppression of the People under the color of law. As the official responsible for all contracts for the Commonwealth that constitutes a connection to revenue laws of the United States. Any employee or official of the government with ties to non-domestic organizations like Partners in Health who wish to bring contact tracing to America is in violation of revenue laws if is deemed there were financial quid pro quo involved for either money or position.

81. The World Customs Organization prepared jointly with the WHO the document, “HS Classification reference for COVID-19 Medical supplies (2nd Edition) updated on **April 9, 2020**. The products are for COVID-19 Test kits, diagnostic test instruments and apparatus, and Swab and Viral transport medium set are in Section 1. The other seven sections contain the classifications for supporting measures during a pandemic. With a new “novel” virus one would expect that it would take many months to coordinate interworld commerce as testing kits take time to design and manufacture.

82. The WHO document “Emergency Global Supply Chain System (COVID-19) catalogue as of 02.10.2020 contains the price list for all the medical supplies, including diagnostics (samples, Rapid diagnostic tests, PCR machines). They are therefore, financially benefitting

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by the continuation of the pandemic to sell test kits to which the Commonwealth is purchasing.

83. Under the Vaccines for Children Program (VFC) administered by the CDC, a vaccine price list (including Flu Vaccine) is maintained on their website of contract prices that are established for the purchase of vaccines by Immunization programs that receive CDC Immunization cooperative agreements (i.e. State health departments). Therefore, there is a revenue stream and a potential conflict of interest in the purchase and sale of vaccines and the need to distribute stock before it expires. In order to distribute the vaccines to an unwilling population, it needed to be mandated.

COUNT XI

VIOLATION OF TITLE 42 U.S.C. § 1983 - CIVIL RIGHTS ACTION FOR DEPRIVATION OF RIGHTS.

84. Declarant re-states and re-alleges paragraphs 1- 83 as if set forth herein.

85. “Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer’s judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia”.

86. Any place that offers “public accommodation” cannot deny entry for persons who are unable to wear a mask. Those establishments and people can be held personally liable. There have been many instances where people have been denied entry because they could not wear a mask.

87. The COVID-19 Mandate No. 55 encourage businesses to violate the constitutional rights of the population by telling them to violate HIPPA regulations and deny entry into their establishment. Although the mandate has exceptions for those that cannot wear a mask, the signs appearing on the store fronts do not clearly state that people can enter. Therefore, many people’s civil rights have been violated. As Governor, you allowed this to happen by not being more forthcoming in your communications to the public. Instead you chose to continue to increase the mask wearing in all public places even when alone outside.

COUNT XII

POTENTIAL VIOLATION OF TITLE 42 U.S.C. § 1985 (3) - CONSPIRACY TO INTERFERE WITH CIVIL RIGHTS.

88. Declarant re-states and re-alleges paragraphs 1- 87 as if set forth herein.

89. **PREVENTING OFFICER FROM PERFORMING DUTIES** If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to

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injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties;

90. **(2)OBSTRUCTING JUSTICE; INTIMIDATING PARTY, WITNESS, OR JUROR** If two or more persons in any State or Territory conspire to deter, by force, intimidation, or threat, any party or witness in any court of the United States from attending such court, or from testifying to any matter pending therein, freely, fully, and truthfully, or to injure such party or witness in his person or property on account of his having so attended or testified, or to influence the verdict, presentment, or indictment of any grand or petit juror in any such court, or to injure such juror in his person or property on account of any verdict, presentment, or indictment lawfully assented to by him, or of his being or having been such juror; or if two or more persons conspire for the purpose of impeding, hindering, obstructing, or defeating, in any manner, the due course of justice in any State or Territory, with intent to deny to any citizen the equal protection of the laws, or to injure him or his property for lawfully enforcing, or attempting to enforce, the right of any person, or class of persons, to the equal protection of the laws;

91. **(3)DEPRIVING PERSONS OF RIGHTS OR PRIVILEGES** If two or more persons in any State or Territory conspire or go in disguise on the highway or on the premises of another, for the purpose of depriving, either directly or indirectly, any person or class of persons of the equal protection of the laws, or of equal privileges and immunities under the laws; or for the purpose of preventing or hindering the constituted authorities of any State or Territory from giving or securing to all persons within such State or Territory the equal protection of the laws; or if two or more persons conspire to prevent by force, intimidation, or threat, any citizen who is lawfully entitled to vote, from giving his support or advocacy in a legal manner, toward or in favor of the election of any lawfully qualified person as an elector for President or Vice President, or as a Member of Congress of the United States; or to injure any citizen in person or property on account of such support or advocacy; in any case of conspiracy set forth in this section, if one or more persons engaged therein do, or cause to be done, any act in furtherance of the object of such conspiracy, whereby another is injured in his person or property, or deprived of having and exercising any right or privilege of a citizen of the United States, the party so injured or deprived may have an action for the recovery of damages occasioned by such injury or deprivation, against any one or more of the conspirators.

92. Businesses that have been forced to close because they were not deemed “essential” is denying them equal protections under the law.

COUNT XIII

TITLE 42 U.S.C. § 2000A (A) PROHIBITION AGAINST DISCRIMINATION OR SEGREGATION IN PLACES OF PUBLIC ACCOMMODATION

93. Declarant re-states and re-alleges paragraphs 1- 92 as if set forth herein.

94. **“(a)EQUAL ACCESS** All persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation, as defined in this section, without discrimination or segregation on the ground of race, color, religion, or national origin.

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95. (b) ESTABLISHMENTS AFFECTING INTERSTATE COMMERCE OR SUPPORTED IN THEIR ACTIVITIES BY STATE ACTION AS PLACES OF PUBLIC ACCOMMODATION; LODGINGS; FACILITIES PRINCIPALLY ENGAGED IN SELLING FOOD FOR CONSUMPTION ON THE PREMISES; GASOLINE STATIONS; PLACES OF EXHIBITION OR ENTERTAINMENT; OTHER COVERED ESTABLISHMENTS. Each of the following establishments which serves the public is a place of public accommodation within the meaning of this subchapter if its operations affect commerce, or if discrimination or segregation by it is supported by State action: **(1)** any inn, hotel, motel, or other establishment which provides lodging to transient guests, other than an establishment located within a building which contains not more than five rooms for rent or hire and which is actually occupied by the proprietor of such establishment as his residence; **(2)** any restaurant, cafeteria, lunchroom, lunch counter, soda fountain, or other facility principally engaged in selling food for consumption on the premises, including, but not limited to, any such facility located on the premises of any retail establishment; or any gasoline station; **(3)** any motion picture house, theater, concert hall, sports arena, stadium or other place of exhibition or entertainment; and **(4)** any establishment (A)(i) which is physically located within the premises of any establishment otherwise covered by this subsection, or (ii) within the premises of which is physically located any such covered establishment, and (B) which holds itself out as serving patrons of such covered establishment.

96. (c) OPERATIONS AFFECTING COMMERCE; CRITERIA; “COMMERCE” DEFINED The operations of an establishment affect commerce within the meaning of this subchapter if (1) it is one of the establishments described in paragraph (1) of subsection (b); (2) in the case of an establishment described in paragraph (2) of subsection (b), it serves or offers to serve interstate travelers of a substantial portion of the food which it serves, or gasoline or other products which it sells, has moved in commerce; (3) in the case of an establishment described in paragraph (3) of subsection (b), it customarily presents films, performances, athletic teams, exhibitions, or other sources of entertainment which move in commerce; and (4) in the case of an establishment described in paragraph (4) of subsection (b), it is physically located within the premises of, or there is physically located within its premises, an establishment the operations of which affect commerce within the meaning of this subsection. For purposes of this section, “commerce” means travel, trade, traffic, commerce, transportation, or communication among the several States, or between the District of Columbia and any State, or between any foreign country or any territory or possession and any State or the District of Columbia, or between points in the same State but through any other State or the District of Columbia or a foreign country.

97. (d) SUPPORT BY STATE ACTION Discrimination or segregation by an establishment is supported by State action within the meaning of this subchapter if such discrimination or segregation (1) is carried on under color of any law, statute, ordinance, or regulation; or (2) is carried on under color of any custom or usage required or enforced by officials of the State or political subdivision thereof; or (3) is required by action of the State or political subdivision thereof.

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98. **(e) PRIVATE ESTABLISHMENTS** The provisions of this subchapter shall not apply to a private club or other establishment not in fact open to the public, except to the extent that the facilities of such establishment are made available to the customers or patrons of an establishment within the scope of subsection (b).

99. The travel orders imposed upon the citizens of Massachusetts is in violation of interstate commerce.

100. The orders encouraged businesses to refuse entry of people who were unable to wear a mask. This is an act of segregation and amounts to racism based on the appearance of not wearing a mask.

101. The orders encouraging businesses to request medical notes from Doctors to substantiate the medical reason for not wearing a mask is a violation of HIPAA laws and violation of public accommodations for all people of the Commonwealth.

COUNT XIV

VIOLATION OF CIVIL RIGHTS ACT OF 1871, 42 U.S.C. § 1985.

102. Declarant re-states and re-alleges paragraphs 1- 101 as if set forth herein.

103. **PREVENTING OFFICER FROM PERFORMING DUTIES** If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties;

104. **(1) OBSTRUCTING JUSTICE; INTIMIDATING PARTY, WITNESS, OR JUROR** If two or more persons in any State or Territory conspire to deter, by force, intimidation, or threat, any party or witness in any court of the United States from attending such court, or from testifying to any matter pending therein, freely, fully, and truthfully, or to injure such party or witness in his person or property on account of his having so attended or testified, or to influence the verdict, presentment, or indictment of any grand or petit juror in any such court, or to injure such juror in his person or property on account of any verdict, presentment, or indictment lawfully assented to by him, or of his being or having been such juror; or if two or more persons conspire for the purpose of impeding, hindering, obstructing, or defeating, in any manner, the due course of justice in any State or Territory, with intent to deny to any citizen the equal protection of the laws, or to injure him or his property for lawfully enforcing, or attempting to enforce, the right of any person, or class of persons, to the equal protection of the laws;

105. **(2) DEPRIVING PERSONS OF RIGHTS OR PRIVILEGES** If two or more persons in any State or Territory conspire or go in disguise on the highway or on the premises of another, for the purpose of depriving, either directly or indirectly, any person or class of persons of the equal protection of the laws, or of equal privileges and immunities under the laws; or for the purpose of preventing or hindering the constituted authorities of any State or Territory from giving or securing to all persons within such State or Territory the equal protection of the

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laws; or if two or more persons conspire to prevent by force, intimidation, or threat, any citizen who is lawfully entitled to vote, from giving his support or advocacy in a legal manner, toward or in favor of the election of any lawfully qualified person as an elector for President or Vice President, or as a Member of Congress of the United States; or to injure any citizen in person or property on account of such support or advocacy; in any case of conspiracy set forth in this section, if one or more persons engaged therein do, or cause to be done, any act in furtherance of the object of such conspiracy, whereby another is injured in his person or property, or deprived of having and exercising any right or privilege of a citizen of the United States, the party so injured or deprived may have an action for the recovery of damages occasioned by such injury or deprivation, against any one or more of the conspirators.

106. By giving law enforcement the power to enforce the mandates, which are not laws, causes the officer to violate his oath to support the Constitution. Also, the citizen who is being denied and subjected to unlawful detainment or harassment by law enforcement is a violation of their rights protected by the Constitution.

EXHIBITS

107. Declarant re-states and re-alleges paragraphs 1- 106 as if set forth herein.

108. The Exhibits contained in the subsequent pages contain information that is publicly available and can be verified as a true and accurate representation of facts in support of this NOTICE and DEMAND.

109. Exhibit A will show that the PCR test is not looking for a virus but genetic sequences and it appears to be looking for human DNA. If so, then most tests will come back positive in asymptomatic people. Further investigation into the laboratory and cycles of amplification in support of positive cases will be needed.

110. Exhibit B will show that the CDC patented the coronavirus and had financial interest in the continuation of a pandemic.

11. Exhibit C will show that by OSHA calling COVID-19 a reportable illness put businesses in the position of having to implement extreme measures to protect employees from a disease that they do not have. Also, putting them in a position of being liable under General Duty clause and compensable under workers compensation.

12. Exhibit D will show that there is a potential conflict of interest whereby the Centers for Disease Control and Prevention is a Corporate subsidiary, and the Commonwealth of Massachusetts is a Corporation Parent according to Dunn & Bradstreet.

13. Exhibit E will show the CDC's use of the patent process to create and patent the flavivirus chimeras (zika), develop a vaccine which likely caused the re-emergence of the Zika virus not seen in decades.

14. Exhibit F will show how candidate flu viruses are selected and manufactured by CDC and not based on known transmission to humans.

15. Exhibit G will show the WHO definition of a pandemic does not constitute the threat of a deadly contagious disease and therefore does NOT substantiate a valid reason to declare a State of Emergency.

16. Exhibit H will show that the 2009 H1N1 Swine Flu was likely synthesized in the laboratory because two viruses that are from different continents in pigs cannot merge and then jump to humans without

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assistance. Also, the vaccine that was used for this new H1N1 was already licensed a 2007 per the vaccine package insert.

17. Exhibit I will show the Massachusetts's death rates at the height of the pandemic when it was reported that there were large numbers of elderly dying in nursing home facilities was not higher than the previous ten years from people dying of infectious disease/respiratory diseases. This data further supports the rebuttal at the beginning of this NOTICE & DEMAND that this was an unsubstantiated state of emergency. Any and all measures taken to "protect" the citizens in fact only resulted in more harm to the People.

EXHIBIT A

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rtPCR AND RAPID TEST AS SCIENTIFICALLY MEANINGLESS

1. The World Health Organization (WHO) declared the COVID-19 outbreak a Public Health Emergency of International Concern on **January 30, 2020** after the Chinese government reports on **December 31, 2019** a new virus of unknown etiology. A Japanese passenger on the Diamond Princess Cruise Ship (quarantined off coast of Japan) tested Positive for the virus on **February 4, 2020**. On **March 11, 2020**, the WHO declared COVID-19 a pandemic. On **March 13, 2020**, President Trump issued a proclamation that finds and proclaims that COVID-19 outbreak in the United States constitutes a national emergency, making it effective on March 1, 2020, thus allowing for the distribution of stimulus money. On **March 19, 2020** Governor Baker declared a State of Emergency and the start of the lockdowns to flatten the curve began in Massachusetts, which still continues with no end date.
2. CDC has stated in their own documents that creating a candidate vaccine takes at least six months to manufacture a vaccine and that is once you have the information on the virus. The WHO declares a “novel” not seen before virus on December 31, 2019 and the drug companies were already making vaccines in February 2020 for clinical trials.
3. There has been no validation or scientific validation that the virus was **identified** and confirmation that this virus is the **source** of the disease and that it can be **verified** as causing the COVID-19 disease to which is it said to have caused.
4. “An outbreak of pneumonia of unknown etiology in Wuhan City, Hubei Province, China was initially reported to WHO on **December 31, 2019**” as stated in the “CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel”. (*Document was effective July 13, 2020.* www.fda.gov/media/134922/download)
5. Page 39 of the referenced document states “Since **no quantified virus isolates** of the 2019-nCoV are currently available, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA...to mimic clinical specimens.” As of the documents effective date of July 13, 2020, in their own words there were no assays designed for detection of 2019-nCoV so they used stock RNA. The pandemic had spread worldwide with many people dying and having serious illness, how is it with all of the testing that no virus isolates had been quantified?
6. From the WHO website, “Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2 Institut Pasteur, Paris” it states “Based on the first sequence of SARS-CoV-2 made available on the GISAID database on **January 11, 2020**; primers and probes...were designed...” How is it possible that less than two weeks after the Chinese report a new novel virus causing a disease of unknown etiology that they already have the first sequence of SARS-CoV-2. In paragraph 5, there were no quantified virus isolates as of July 13, 2020 then how could the virus be identified in January? https://www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6_2
7. The primers table from the Protocol document in paragraph 6 (Figure 1 below) contains the sequences of genetic code to look for to identify the virus during analytical testing. The second primer sequence

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(From National Reference Center for Respiratory Viruses, Institut Pasteur, Paris) in the table is identified as “CTCCCTTTGTTGTGTTGT”.

Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2

Institut Pasteur, Paris

This protocol describes procedures for the detection of SARS-CoV-2 for two RdRp targets (IP2 and IP4).

Based on the first sequences of SARS-CoV-2 made available on the GISAID database on January 11, 2020, primers and probes (nCoV_IP2 and nCoV_IP4) were designed to target the RdRp gene spanning nt 12621-12727 and 14010-14116 (positions according SARS-CoV, NC_004718).

As a confirmatory assay, we used the E gene assay from the Charité protocol¹

Material

Kits:

Kit Extraction NucleoSpin Dx Virus

Ref: Macherey Nagel 740895.50

SuperScript™ III Platinum® One-Step Quantitative RT-PCR System

Ref: Invitrogen 1732-020

Primers and probes

Name	Sequences (5'-3')	Length (bases)	PCR product size	Ref.
RdRp gene / nCoV_IP2				
nCoV_IP2-12669Fw	ATGAGCTTAGTCCTGTTG	17	108 bp	1
nCoV_IP2-12759Rv	CTCCCTTTGTTGTGTTGT	18		
nCoV_IP2-12696bProbe(+)	AGATGTCTTGTGCTGCCGTA [5']Hex [3']BHQ-1	21		
RdRp gene / nCoV_IP4				
nCoV_IP4-14059Fw	GGTAACTGGTATGATTCG	19	107 bp	1
nCoV_IP4-14146Rv	CTGGTCAAGGTTAATATAGG	20		
nCoV_IP4-14084Probe(+)	TCATACAAACCACGCCAGG [5']Fam [3']BHQ-1	19		

FIGURE 1: Primer sequence for SAR-CoV-2

8. A search conducted of the NCBI database for the above genetic sequence is shown in the report below. The sequence is identified as Homo sapiens chromosome 8, GRCh38.p13 Primary Assembly. See yellow highlight in an excerpt of the report in the picture below. Link is provided below. If the primer in the test kit is looking for a human chromosome then all tests would eventually be positive even in asymptomatic people as the test does not appear to be looking for a “novel” non-human virus. www.ncbi.nlm.nih.gov/nucleotide/NC_000008.11?report=genbank&log%24=nuclalign&from=63648346&to=63648363

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```
COMMENT      REFSEQ INFORMATION: The reference sequence is identical to
              CM000670.2.
              On Feb 3, 2014 this sequence version replaced NC_000008.10.
              Assembly Name: GRCh38.p13 Primary Assembly
              The DNA sequence is composed of genomic sequence, primarily
              finished clones that were sequenced as part of the Human Genome
              Project. PCR products and WGS shotgun sequence have been added
              where necessary to fill gaps or correct errors. All such additions
              are manually curated by GRC staff. For more information see:
              https://genomereference.org.

              ##Genome-Annotation-Data-START##
              Annotation Provider      :: NCBI
              Annotation Status        :: Updated annotation
              Annotation Name          :: Homo sapiens Updated Annotation
                                       Release 109.20200815
              Annotation Version       :: 109.20200815
              Annotation Pipeline      :: NCBI eukaryotic genome annotation
                                       pipeline
              Annotation Software Version :: 8.5
              Annotation Method        :: Best-placed RefSeq; propagated
                                       RefSeq model
              Features Annotated       :: Gene; mRNA; CDS; ncRNA
              ##Genome-Annotation-Data-END##
FEATURES      Location/Qualifiers
              source                  1..18
                                      /organism="Homo sapiens"
                                      /mol_type="genomic DNA"
                                      /db_xref="taxon:9606"
                                      /chromosome="8"
ORIGIN
              1 ctccctttgt tgtgtgt
//
```

FIGURE 2: DNA Sequence identified as Homo sapiens chromosome 8

9. Another document from the WHO “Instructions for Submission Requirements: In vitro diagnostics (IVDs) Detecting SARS-CoV-2 Nucleic Acid” **dated April 28, 2020**. Section 6.3.1.3 states, “Due to the **scarcity of paired clinical specimens (positive for SARS-CoV-2)** the choice of claimed specimen types should be guided by recognized testing guidelines, scientific evidence and literature (e.g. WHO guidelines and CDC guidelines)....At present, no validated, reference materials are available for SARS-CoV-2 NAT assays....” In their own words, there is no validated reference materials. How can there be valid testing or diagnosis of a disease with no validated reference materials? This further supports that this pandemic is hearsay from foreign governments and nonprofits that are looking to destroy the United States from within.

https://www.who.int/diagnostics_laboratory/200428_final_pqt_ivd_347_instruction_ncov_nat_eul.pdf

EXHIBIT B

CDC PATENT FOR CORONAVIRUS AND ITS DETECTION

1. 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 Coronavirus isolated from humans”. Claim 3 – US46592703P, subsequently issued as U.S. Patent 7,776,521) entitled “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 for the detection of and sampling for severe acute respiratory syndrome-associated coronavirus (SARS-CoV).
2. Securing a Patent, affords the CDC exclusive right to research, commercially exploit, or block others from conducting activities involving SARS-CoV since 2003.
3. On September 24, 2018, the CDC failed to pay the required maintenance fees on this patent and their rights expired with no notification issued by CDC alerting the private sector to this decision.
4. 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 the CDC’s illegal patent.
5. It 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 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 national entities (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.
6. Violations of the Sherman Act and Clayton Act consist of receiving and directing funding only to those parties colluding around the infringement of the CDC’s illegal patent. Those parties include, CDC; NIAID; University of North Carolina, Chapel Hill; Wuhan Institute of Virology; National Institutes of Health; U.S. Department of Health and Human Services; President’s Task Force; Governors except North Dakota, Nebraska, Arkansas, Utah, Wyoming, South Dakota, and Oklahoma.
7. The WHO and the CDC have financially benefited from the continuation of this pandemic.
8. Article One, Section 8, clause 8, of the Constitution, the “Elastic Clause” states “To promote the progress of science and useful arts, by securing for limited times to authors and inventors the exclusive right to their respective writings and discoveries.

NOTICE AND DEMAND FOR RELIEF PURSUANT TO THE FIRST AMENDMENT

9. By Renewing their Illegal Patents on February 17, 2014, the CDC violated Article 1, Section 8, Clause 8 of the U.S. Constitution.
10. By Renewing their Illegal Patents on February 17, 2014, the CDC willfully violated the law using tax-payer funds in light of the Supreme Court ruling on June 13, 2013.
11. Article One, Section 9, clause 2, of the Constitution states "The privilege of the writ of habeas corpus (a recourse in law challenging the reasons or conditions of a person's confinement) shall not be suspended, unless when in cases of rebellion or invasion the public safety may require it."
12. "There is no clinical data showing that the 'restraint of healthy individuals' has any empirical data supporting its use. No evidence supporting emergency declarations have been offered with the exception of statements made by colluding parties seeking to benefit from vaccinations, testing or the combination – neither of which can be reasonably expected given the patents granted to and held by the colluding parties."
13. After inflicting grave harm to the people of the United States of America through economic hardships resulting from allegations 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 imposing restrictive conditions which are in violation of the 1st Amendment to the Constitution and serve exclusively to enrich themselves.
14. The CDC and the NIAID are "for profit" corporations (see EXHIBIT D for more information) and are not part of the government and not being held accountable or liable currently for their dishonest and misleading propaganda being used to create panic and fear amongst the American people. Both the presence of a vaccine or treatment and, or the development of testing each of which solely benefit the possible conspiring parties and their co-conspirators are set forth as a condition for re-opening the country.
15. 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.
16. Further supporting the profitability of a pandemic, the use of countermeasures (Flu vaccine) being mandated by State and local governments puts money into CDC coffers. Under the Vaccines for Children Program (VFC) administered by the CDC, a vaccine price list (including Flu Vaccine) is maintained on their website of contract prices that are established for the purchase of vaccines by Immunization programs that receive CDC Immunization cooperative agreements (i.e. State health departments).
<https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>
17. The World Customs Organization prepared jointly with the WHO the document, "HS Classification reference for COVID-19 Medical supplies (2nd Edition) updated on **April 9, 2020**. The products are for COVID-19 Test kits, diagnostic test instruments and apparatus, and Swab and Viral transport medium set are in Section 1. The other seven

NOTICE AND DEMAND FOR RELIEF PURSUANT TO THE FIRST AMENDMENT

sections contain the classifications for supporting measures during a pandemic. This is three months since a virus of unknown etiology was identified and the trade classifications were already in place. http://www.wcoomd.org/-/media/wco/public/global/pdf/topics/nomenclature/covid_19/hs-classification-reference_edition-2_en.pdf?la=en

18. The WHO document “Emergency Global Supply Chain System (COVID-19) catalogue as of 02.10.2020 contains the price list for all the medical supplies, including diagnostics (samples, Rapid diagnostic tests, PCR machines). They are therefore, financially benefiting by not declaring the pandemic over.
[https://www.who.int/publications/i/item/emergency-global-supply-chain-system-\(covid-19\)-catalogue](https://www.who.int/publications/i/item/emergency-global-supply-chain-system-(covid-19)-catalogue)
19. Medical Test kits (300215) exports by country **in 2018 Additional Product information:** Diagnostic reagents based on immunological reactions Category: **Medical Test kits/ Instruments, apparatus used in Diagnostic Testing** The data here track previously existing medical devices that are now classified by the World Customs Organization as critical to tackling COVID-19.
<https://wits.worldbank.org/trade/comtrade/en/country/All/year/2018/tradeflow/Exports/partner/WLD/nomen/h5/product/300215>
20. 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.

EXHIBIT C

NOTICE AND DEMAND FOR RELIEF PURSUANT TO THE FIRST AMENDMENT
OSHA AND COVID-19 RECORDABILITY AND USE OF FACE COVERINGS

1. Neither OSHA’s *Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers* (May 24, 2007), nor CDC’s *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* (2007), recommend the use of cloth face coverings for non-symptomatic people or for any person unless a patient in a hospital and is able to wear a mask. In fact, the only actions to be taken by an individual from the Appendix B-5 of the OSHA document are listed below. The reason for getting a seasonal influenza vaccination was not to stop or prevent the flu but “to get people accustomed to getting vaccination”. This is social engineering to push a vaccine agenda which is only about profit and not about protecting human health. (Note: Figure 4 below shows a statement about the development of a vaccine will be done once the strain is known which raises the question of when was the SARS-CoV-2 known)

Who Can Act?	What Public Health Measures?	Why?
<p>Individuals</p>	<p>Cleaning hands regularly.</p>	<p>Reduces transfer of microorganisms from the hands to the eyes, nose, or mouth. Reduces transmission of microorganisms carried on hands from person to person.</p>
	<p>Following respiratory hygiene rules (covering the mouth and nose with tissues when coughing or sneezing).</p>	<p>Prevents dispersal of respiratory viruses in the air.</p>
	<p>Getting seasonal influenza vaccinations.</p>	<p>Prevents individuals from getting/transmitting seasonal influenza, which reduces burden on health care system, and keeps the individual well and able to conduct daily business. Reduces likelihood of genetic reassortment of influenza strains when a person is infected with more than one strain. Helps people become accustomed to getting vaccinations.</p>
	<p>Avoiding contact with sick persons—staying at least three to five feet away.</p>	<p>Reduces likelihood of one’s getting and transmitting influenza.</p>
	<p>Staying home when sick—from work, school, public places.</p> <p>Wearing masks when sick with influenza, if able to tolerate.</p>	<p>Reduces transmission of influenza to other persons.</p> <p>Reduces transmission to others.</p>

FIGURE 3 – Excerpt from OSHA’s Influenza Pandemic Guidelines

Notes:

1. Vaccination of Health Care Providers: Vaccine for a pandemic influenza strain will be developed once the strain is known. This vaccine will most likely be distributed to states and then to public and private medical centers. Changes and updates on vaccine availability will be communicated to VISNs and VAMCs from VACO.
 - i. The Infection Control Team, or designated pandemic influenza response team, working with the Chief of Staff and VAMC Director will notify Health Care Providers when treatment/exposure guidelines are updated or as new resources are made available. The Infection Control Team can monitor the VA pandemic influenza websites

FIGURE 4: Vaccine development from OSHA’s Influenza Pandemic Document

2. In OSHA and CDC’s Pandemic Document there were no mentions of flattening a curve, locking down or isolating healthy people, masking every adult and child, one-way directional control, six-foot distancing in businesses, plexiglass cages, no reusable bags, washing your groceries and every other manner of restriction being mandated for businesses and schools to reduce the transmission of the virus. All of these measures have no basis or validity in controlling the transmission of a virus and are purely social engineering tactics.
3. OSHA’s Guidance on Returning to Work (June 2020) contains double speak around cloth face coverings protecting others, but not the employee and not being PPE says clearly, they are not protective of anyone. OSHA appears to be going along with the same consistent message coming from CDC and the WHO.
4. It is a fairly safe to “just wear the mask” with a virus that has a greater than 99% recovery rate and where many functional medicine doctors that are treating patients with zero deaths as the overwhelming majority will not become seriously ill or die. However, if this were a contagious disease like tuberculosis, brucellosis, hepatitis A, or plague then people who believe that wearing any cloth mask will protect them would likely cause a tremendous amount of serious illness and deaths.
5. The specific contagious diseases mentioned in paragraph 4 have been deemed by OSHA as work-related illnesses that are recordable on the OSHA 300 log if contracted at work. The exception to the recording requirements is the common cold or flu and voluntary activities undertaken at work, like getting the flu shot. (29 CFR 1904.5(b)(2)(iii) and (viii)). OSHA issued a memorandum on May 19, 2020, to Regional Administrators making COVID-19 a recordable illness if it was a confirmed case per CDC.

NOTICE AND DEMAND FOR RELIEF PURSUANT TO THE FIRST AMENDMENT

6. This would mean that OSHA has determined that COVID-19 is as contagious as the diseases mentioned in paragraph 4 which would require PPE and not a face cloth, otherwise, it would fall into the same exception as the flu or the common cold which is not reportable.
7. OSHA's current return to work guidelines (2020) cannot be interpreted as "recommendations" but instead are fully "enforceable" due to OSHA making COVID-19 a reportable illness for purposes of recording on the OSHA 300 log. By invoking the General Duty Clause gives OSHA broad authority to fine and or imprison folks who knowingly expose employees to recognized hazards likely to cause death or serious physical harm. Therefore, those who do not follow the face mask recommendation, or where it has become the "law" to wear a face-covering can be significantly fined or imprisoned, which is already being played out in communities and around the world. At the end of this document, was emphasis on anti-retaliation and actions that can be taken against employees who follow the guidance and others who do not, have the right to contact OSHA for an inspection.
8. Massachusetts COVID-19 Order No. 55 "REVISED ORDER REQUIRING FACE COVERINGS IN PUBLIC PLACES states "All persons are strongly discouraged from using medical-grade masks...". This statement effectively says to businesses in Massachusetts that they should violate OSHA Respiratory Protection Standards by not providing the proper personal protective equipment (i.e. respirators), fit testing, medical clearance, and training on its limitations to protect against exposure to COVID-19.
9. If cloth face coverings are requested to be worn in the workplace, then it must be "voluntary" and proper training be conducted on the limitations of wearing cloth face coverings and on the differences between source control and respiratory protection.

EXHIBIT D

NOTICE AND DEMAND FOR RELIEF PURSUANT TO THE FIRST AMENDMENT

THE CDC IS A CORPORATION BEHOLDING TO ITS STAKEHOLDERS AND NOT TO THE PEOPLE

1. The Centers for Disease Control and Prevention (CDC) is not what it appears on the surface. This supposed government agency is listed on the official Dun & Bradstreet (dnb) directory as a Corporation Subsidiary of the Government Of The United States, which is the Parent Corporation. As a company, the CDC is beholding to its stakeholders and not the American People. It has a source of revenue in contracts for the sale of vaccines. This is a conflict of interest when the CDC is the one issuing guidance and recommendations on who should receive vaccinations and then collects money on contracts with State Municipalities who purchase the vaccines. The next Exhibit will show that CDC designs viruses in the laboratory and then seeks a patent for which vaccines are developed. This gives CDC another revenue stream in the royalties off patents.
2. The Commonwealth of Massachusetts is also a Corporation Parent with Charles Baker as President. This calls into question the legalities of being a President of a Corporation beholding to stakeholders and who are those stakeholders. There is a potential conflict of interest if in his capacity as Governor his implementation of draconian measures to solicit compliance with testing, tracking and vaccination benefits the corporation.
3. The Commonwealth of Massachusetts is one of the top companies in the US Municipal Government Companies. This industry name would imply that the companies in the US Municipal Governments would be based in the United States. The geographic segmentation report shows a total of 64 (Includes US) locations where there is a US Government Municipality, including China (6383), Korea (606), Germany (13,483) to name a few.

www.dnb.com/business-directory/company-profiles.government_of_the_united_states.b7a10c3efed8e705e9ea6611ad971dbe.html

https://www.dnb.com/business-directory/company-profiles.centers_for_disease_control_and_prevention.cbca73043bfcc08f387f6d89cb1e2cce.html

<https://www.dnb.com/business-directory/industry-analysis.us-municipal-governments.html#top-companies-anchor>

FIGURE 5: BELOW ARE SCREENSHOTS OF DNB SEARCHS



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The name really says it all for the Centers for Disease Control and Prevention (CDC). The lead federal agency for protecting the health and safety of US citizens, the CDC investigates health problems, performs research, and develops public health policies; it also develops and applies disease prevention and control. It is one of the major operating components of the Department of Health and Human Services and comprises two dozen or so centers, institutes, and offices. The CDC, which has personnel in all 50 US states and more than 50 other countries, partners with public and private entities to improve the flow of information throughout the health care community.

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Director

Aaron Arnold

Management And Prgm Analyst

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The name really says it all for the Centers for Disease Control and Prevention (CDC). The lead federal agency for protecting the health and safety of US citizens, the CDC investigates health problems, performs research, and develops public health policies; it also develops and applies disease prevention and control. It is one of the major operating components of the Department of Health and Human Services and comprises two dozen or so centers, institutes, and offices. The CDC, which has personnel in all 50 US states and more than 50 other countries, partners with public and private entities to improve the flow of information throughout the health care community.

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Centers For Disease Control and Prevention is located in Atlanta, GA, United States and is part of the Government Industry. Centers For Disease Control and Prevention has 159 employees at this location. There are 65,920 companies in the Centers For Disease Control and Prevention corporate family.

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MUNICIPAL CORPORATION OF GREATER MUMBAI 18470.98M India	Corporation of the City of Toronto 9843.822051M Canada	City & County of San Francisco 7561.936M United States
Gyeongsangbuk-Do 4848.2451M Republic Of Korea	Fairfax County Virginia 4806.474892M United States	County of San Diego 4657.155M United States
Montgomery County, Maryland 4203.099877M United States	County of Orange 4105.162M United States	City of Boston 3953.047M United States

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 (617) 742-8575
 Company Type: Corporation Parent

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Commonwealth of Massachusetts is located in Boston, MA, United States and is part of the US Municipal Governments Industry. Commonwealth of Massachusetts has 700 total employees across all of its locations and generates \$57.45 billion in sales (USD). There are 6 companies in the Commonwealth of Massachusetts corporate family.

Industry Analysis

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Description

Municipal governments provide services to residents, formulate and enforce local laws, make infrastructure capital improvements, and provide local planning. The US has about 36,000 municipal and township governments, 3,000 county governments, and 38,000 special purpose districts with combined annual revenue of about \$1.8 trillion.

Products, Operations & Technology

Services that municipalities provide depend partly on the size of the town or city but typically include a school system, police and fire protection, street and highway maintenance, water and sewer services, waste management, and various social services. Additional services can include municipal courts, jails, hospitals, housing, parks, libraries, colleges, public transportation, parking, conservation, airports, electricity, gas, and health and welfare services.



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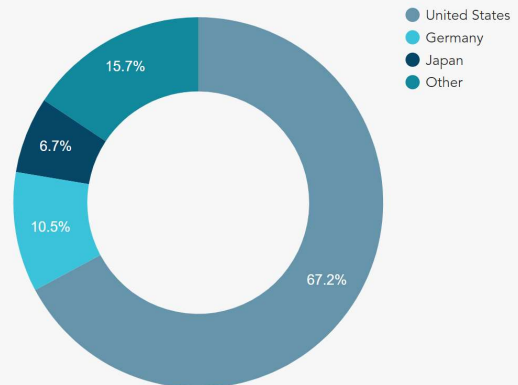
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Geographic Segmentation

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US Municipal Governments Companies in this Country/Region:

United States (86,525)	Germany (13,483)	Japan (8,578)	Canada (6,988)
China (6,383)	Taiwan (2,277)	Austria (2,140)	Vietnam (823)
Republic Of Korea (606)	Israel (274)	Finland (114)	Ecuador (101)
Argentina (86)	India (68)	Chile (48)	Belgium (36)
Costa Rica (29)	Mexico (28)	Peru (27)	United Arab Emirates (21)
Guatemala (18)	Honduras (16)	Jamaica (13)	El Salvador (13)
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Trinidad and Tobago (5)	Aruba (4)	Qatar (4)	Thailand (3)
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St Lucia (1)	Sri Lanka (1)	Liberia (1)	Macao (1)
Mozambique (1)	Saudi Arabia (1)	Seychelles (1)	Senegal (1)
Syria (1)	Uganda (1)	Venezuela (1)	Zambia (1)

Competitive Landscape

Demand for municipal services is driven by population growth and demographics of the local population. Because municipalities must operate with a balanced budget, loss of revenue results in loss of services, usually through job cuts. Cities compete with one another to attract major employers, sometimes by offering tax breaks and other incentives.

Products, Operations & Technology

Services that municipalities provide depend partly on the size of the town or city but typically include a school system, police and fire protection, street and highway maintenance, water and sewer services, waste management, and various social services. Additional services can include municipal courts, jails, hospitals, housing, parks, libraries, colleges, public transportation, parking, conservation, airports, electricity, gas, and health and welfare services.

EXHIBIT E

EXECUTIVE ORDER 10096 and 9865 ESTABLISHING PATENT POLICY AND THE
FLAVIVIRUS CHIMERAS (ZIKA)

1. Executive Order 10096 signed on **January 23, 1950** and amended with 9865 (**included in total at end of this Exhibit**) established the Government a patent policy for inventions created by Government employees. If the government or the CDC holds a patent, then they are entitled to all royalties on that patent. Additionally, this eliminates other research organizations from the development of lifesaving treatments or testing for viruses that the CDC has created. There is an inherent conflict of interest in that the financial interests in the patents by the CDC would override the desire to improve public health except through vaccination for diseases that would likely not affect humans. This ability for the government to patent inventions creates a monopoly in the world of public health. CDC has 295 patents according to the search of the US patent office, using assignee as Centers for Disease Control and Prevention.

<https://assignment.uspto.gov/patent/index.html#/patent/search>

2. The CDC having the ability to patent viruses did so on January 29, 2003 for avirulent immunogenic flavivirus chimeras. This is a general family of viruses of which Zika, dengue, tick born encephalitis viruses are part of. It typically takes three years to get through the patent process. The final patent (#7094411) was assigned for this family of viruses on **August 22, 2006**. The link and snippet is shown in **Figure 6**.

<http://legacy-assignments.uspto.gov/assignments/assignment-pat-13701-615.pdf>

Patent for “Avirulent immunogenic flavivirus chimeras”

Invention title/Inventor	Patent	Publication	Application
AVIRULENT, IMMUNOGENIC FLAVIVIRUS CHIMERAS	7094411	20060062803	10204252
Richard M. Kinney, Claire Y.H. Kinney, Duane J. Gubler, Siritorn Butrapet, Natth Bhamarapavati	Aug 22, 2006	Mar 23, 2006	Jan 29, 2003

FIGURE 6: PATENT INFORMATION FOR FLAVIVIRUS CHIMERAS

3. In the online publication ScienceDirect and pubmed there is an article describing the creation of novel vaccines for chimeric flaviviruses. The date of the publication was **2003**. The same year that the CDC applied for a patent for the very same viruses. If vaccines were already in development for the live virus, why was CDC patenting a synthetic flavivirus chimeras? Perhaps there was no live Zika virus at all but this synthetic virus that could be used push the vaccine which then begins to circulate the virus around the world? The links to the two sites are below and a snippet from page is in **Figure 7**.

<https://pubmed.ncbi.nlm.nih.gov/14714441/>

<https://www.sciencedirect.com/science/article/pii/S0065352703610134?via%3Dihub>

4. **Figure 8** is from a search of the WHO website early in 2020 but the page is now unavailable (link is below) where it was discussing the re-emergence of the Zika virus in **2007**, which was just months after the CDC received their patent number for the Flavivirus chimeras of which Zika is in that family. When querying the WHO website for Zika virus, there were no results older than 2018 so it appears that the site has been scrubbed.
<https://www.who.int/emergencies/zika-virus/articles/one-year-outbreak/en/index1.html>
5. The WHO article talked about Guillain-Barre Syndrome as being a rare event causing a severe neurological disorder appeared and some requiring respiratory assistance. **Figure 9** shows the Federal Register table of compensable seasonal flu vaccine injuries including Guillain-Barre Syndrome. With no other factor besides vaccination that could have contributed to the manifestation of this rare disorder, it is deceptive and criminal for the CDC and the FDA to ignore this and keep the flu shots and these other vaccines on the market. Publishing it in the Federal Register is acknowledging that this is indeed a risk of getting vaccination for the Flu which has killed 188 people and injured over 5000+ people according to Vaccine Adverse Event Reporting System (VAERS). Anyone that says the Flu Shot is “safe” is deceptive, misinformative and verging on fraud and violates Consumer Product Safety laws.
6. The Vaccine Adverse Event Reporting System (VAERS) is a collaboration between CDC and FDA and one of the primary objectives of VAERS is “To Assess the Safety of newly licensed vaccines” as shown in the objectives section on their website. VAERS was created as a result of the 1986 Childhood vaccine injury act absolving vaccine manufacturers of any liability for injury from vaccines. The public expectation is that vaccines that are licensed by FDA are safe after undergoing clinical trials. When in fact, vaccine safety trials in the vulnerable are done after licensing by the FDA as only healthy participants are included in the clinical trials. The reason is the risk of serious adverse effects and death in the vulnerable which would demand immediate stopping of the vaccine. This would be detrimental to the vaccine manufacturers bottom line. www.vaers.hhs.gov/about.html

About VAERS

Background and Public Health Importance

Established in 1990, the Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to **detect possible safety problems** in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS accepts and analyzes reports of adverse events (possible side effects) after a person has received a vaccination. Anyone can report an adverse event to VAERS. Healthcare professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.



Advances in Virus Research

Volume 61, 2003, Pages 469-509



Chimeric Flaviviruses: Novel Vaccines against Dengue Fever, Tick-Borne Encephalitis, and Japanese Encephalitis

Ching-Juh Lai ^{*}, Thomas P Monath [†]

pubmed.ncbi.nlm.nih.gov/14714441/

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Review > Adv Virus Res. 2003;61:469-509. doi: 10.1016/s0065-3527(03)61013-4.

Chimeric flaviviruses: novel vaccines against dengue fever, tick-borne encephalitis, and Japanese encephalitis

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PMID: 14714441 DOI: 10.1016/s0065-3527(03)61013-4

Abstract

FIGURE 7: CREATION OF NOVEL VACCINES FOR CHIMERIC FLAVIVUSES

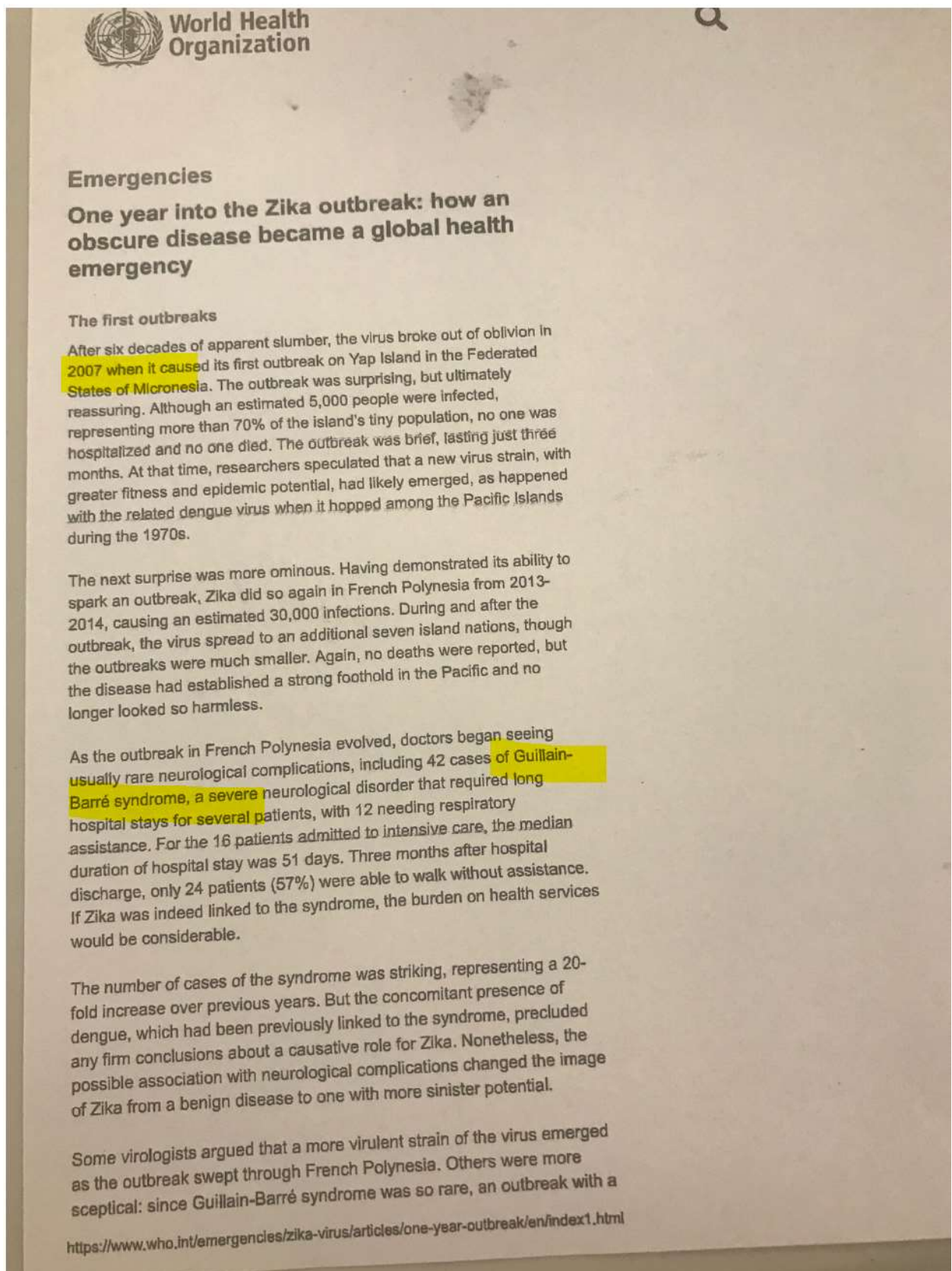


FIGURE 8: Article from WHO on the ZIKA virus resurgence

<https://www.federalregister.gov/documents/2020/07/20/2020-15673/national-vaccine-inju...>


Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration	 Expand Table
XII. Pneumococcal conjugate vaccines	No Condition Specified	Not applicable.	
XIII. Hepatitis A vaccines	No Condition Specified	Not applicable.	
XIV. Seasonal influenza vaccines	A. Anaphylaxis	≤4 hours.	
XV. Meningococcal vaccines	B. Guillain-Barré Syndrome	3-42 days (not less than 3 days and not more than 42 days).	
XVI. Human papillomavirus (HPV) vaccines	A. Anaphylaxis	≤4 hours.	

FIGURE 9: FEDERAL REGISTER SHOWING GUILLAIN-BARRE SYNDROME

Executive Order 10096--Providing for a uniform patent policy for the Government with respect to inventions made by Government employees and for the administration of such policy

Source: The provisions of Executive Order 10096 of Jan. 23, 1950, appear at 15 FR 389, 3 CFR, 1949-1953 Comp., p. 292, unless otherwise noted.

WHEREAS inventive advances in scientific and technological fields frequently result from governmental activities carried on by Government employees; and

WHEREAS the Government of the United States is expending large sums of money annually for the conduct of these activities; and

WHEREAS these advances constitute a vast national resource; and

WHEREAS it is fitting and proper that the inventive product of functions of the Government, carried out by Government employees, should be available to the Government; and

WHEREAS the rights of Government employees in their inventions should be recognized in appropriate instances; and

NOTICE AND DEMAND FOR RELIEF PURSUANT TO THE FIRST AMENDMENT

WHEREAS the carrying out of the policy of this order requires appropriate administrative arrangements:

NOW, THEREFORE, by virtue of the authority vested in me by the Constitution and statutes, and as President of the United States and Commander in Chief of the armed forces of the United States, in the interest of the establishment and operation of a uniform patent policy for the Government with respect to inventions made by Government employees, it is hereby ordered as follows:

1. The following basic policy is established for all Government agencies with respect to inventions hereafter made by any Government employee:

(a) The Government shall obtain the entire right, title and interest in and to all inventions made by any Government employee (1) during working hours, or (2) with a contribution by the Government of facilities, equipment, materials, funds, or information, or of time or services of other Government employees on official duty, or (3) which bear a direct relation to or are made in consequence of the official duties of the inventor.

(b) In any case where the contribution of the Government, as measured by any one or more of the criteria set forth in paragraph (a) last above, to the invention is insufficient equitably to justify a requirement of assignment to the Government of the entire right, title and interest to such invention, or in any case where the Government has insufficient interest in an invention to obtain entire right, title and interest therein (although the Government could obtain some under paragraph (a), above), the Government agency concerned, subject to the approval of the Chairman of the Government Patents Board (provided for in paragraph 3 of this order and hereinafter referred to as the Chairman), shall leave title to such invention in the employee, subject, however, to the reservation to the Government of a non-exclusive, irrevocable, royalty-free license in the invention with power to grant licenses for all governmental purposes, such reservation, in the terms thereof, to appear, where practicable, in any patent, domestic or foreign, which may issue on such invention.

(c) In applying the provisions of paragraphs (a) and (b), above, to the facts and circumstances relating to the making of any particular invention, it shall be presumed that an invention made by an employee who is employed or assigned (i) to invent or improve or perfect any art, machine, manufacture, or composition of matter, (ii) to conduct or perform research, development work, or both, (iii) to supervise, direct, coordinate, or review Government financed or conducted research, development work, or both, or (iv) to act in a liaison capacity among governmental or nongovernmental agencies or individuals engaged in such work, or made by an employee included within any other category of employees specified by regulations issued pursuant to section 4(b) hereof, falls within the provisions of paragraph (a), above, and it shall be presumed that any invention made by any other employee falls within the provisions of paragraph (b), above. Either presumption may be rebutted by the facts or circumstances attendant upon the conditions under which any particular invention is made and, notwithstanding the foregoing, shall not preclude a determination that the invention falls within the provisions of paragraph (d) next below.

(d) In any case wherein the Government neither (1) pursuant to the provisions of paragraph (a) above, obtains entire right, title and interest in and to an invention nor (2) pursuant to the provisions of paragraph (b) above, reserves a non-exclusive, irrevocable, royalty-free license in the invention with power to grant licenses for all governmental purposes, the Government shall leave the entire right, title and interest in and to the invention in the Government employee, subject to law.

(e) Actions taken, and rights acquired, under the foregoing provisions of this section, shall be reported to the Chairman in accordance with procedures established by him.

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2. Subject to considerations of national security, or public health, safety, or welfare, the following basic policy is established for the collection, and dissemination to the public, of information concerning inventions resulting from Government research and development activities:

(a) When an invention is made under circumstances defined in paragraph 1(a) of this order giving the United States the right to title thereto, the Government agency concerned shall either prepare and file an application for patent therefore in the United States Patent Office or make a full disclosure of the invention promptly to the Chairman, who may, if he determines the Government interest so requires, cause application for patent to be filed or cause the invention to be fully disclosed by publication thereof: *Provided, however,* That, consistent with present practice of the Department of Agriculture, no application for patent shall, without the approval of the Secretary of Agriculture, be filed in respect of any variety of plant invented by any employee of that Department.

(b) [Revoked]qj[Sec. 2(b) revoked by EO 10695 of Jan. 16, 1957, 22 FR 365, 3 CFR, 1954-1958 Comp., p. 355]

3. (a) [Revoked]

(b) The Government Patents Board shall advise and confer with the Chairman concerning the operation of those aspects of the Government's patent policy which are affected by the provisions of this order or of Executive Order No. 9865, and suggest modifications or improvements where necessary.

(c) [Revoked]

(d) The Chairman shall establish such committees and other working groups as may be required to advise or assist him in the performance of any of his functions.

(e) The Chairman of the Government Patents Board and the Chairman of the Interdepartmental Committee on Scientific Research and Development¹ (provided for by Executive Order No. 9912 of December 24, 1947) shall establish and maintain such mutual consultation as will effect the proper coordination of affairs of common concern.

[Sec. 3 amended by EO 10930 of Mar. 24, 1961, 26 FR 2583, 3 CFR, 1959-1963 Comp., p. 456]

4. With a view to obtaining uniform application of the policies set out in this order and uniform operations thereunder, the Chairman is authorized and directed:

(a) To consult and advise with Government agencies concerning the application and operation of the policies outlined herein;

(b) After consultation with the Government Patents Board, to formulate and submit to the President for approval such proposed rules and regulations as may be necessary or desirable to implement and effectuate the aforesaid policies, together with the recommendations of the Government Patents Board thereon;

(c) To submit annually a report to the President concerning the operation of such policies, and from time to time such recommendations for modification thereof as may be deemed desirable;

(d) To determine with finality any controversies or disputes between any Government agency and its employees, to the extent submitted by any party to the dispute, concerning the ownership of inventions made by such employees or rights therein; and

(e) To perform such other or further functions or duties as may from time to time be prescribed by the President or by statute.

5. The functions and duties of the Secretary of Commerce and the Department of Commerce under the provisions of Executive Order No. 9865 of June 14, 1947 are hereby transferred to

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the Chairman and the whole or any part of such functions and duties may be delegated by him to any Government agency or officer: *Provided*, That said Executive Order No. 9865 shall not be deemed to be amended or affected by any provision of this Executive order other than this paragraph 5.

6. Each Government agency shall take all steps appropriate to effectuate this order, including the promulgation of necessary regulations which shall not be inconsistent with this order or with regulations issued pursuant to paragraph 4 (b) hereof.

7. As used in this Executive order, the next stated terms, in singular and plural, are defined as follows for the purposes hereof:

(a) "Government agency" includes any executive department and any independent commission, board, office, agency, authority, or other establishment of the Executive Branch of the Government of the United States (including any such independent regulatory commission or board, any such wholly-owned corporation, and the Smithsonian Institution), but excludes the Atomic Energy Commission.²

(b) "Government employee" includes any officer or employee, civilian or military, of any Government agency, except such part-time consultants or employees as may be excluded by regulations promulgated pursuant to paragraph 4(b) hereof.

(c) "Invention" includes any art, machine, manufacture, design or composition of matter, or any new and useful improvement thereof, or any variety of plant, which is or may be patentable under the patent laws of the United States.

Editorial note: Executive Order 10096 is further amended by Executive Order 10930 of Mar. 24, 1961, 26 FR 2583, 3 CFR, 1959-1963 Comp., p. 456. The provisions of Executive Order 10930 are set forth below:

Section 1. The Government Patents Board, established by section 3(a) of Executive Order No. 10096 of January 23, 1950, and all positions established thereunder or pursuant thereto are hereby abolished.

Sec. 2. All functions of the Government Patents Board and of the Chairman thereof under the said Executive Order No. 10096, except the functions of conference and consultation between the Board and the Chairman, are hereby transferred to the Secretary of Commerce, who may provide for the performance of such transferred functions by such officer, employee, or agency of the Department of Commerce as he may designate.

Sec. 3. The Secretary of Commerce shall make such provision as may be necessary and consonant with law for the disposition or transfer of property, personnel, records, and funds of the Government Patents Board.

Sec. 4. Except to the extent that they may be inconsistent with this order, all determinations, regulations, rules, rulings, orders, and other actions made or issued by the Government Patents Board, or by any Government agency with respect to any function transferred by this order, shall continue in full force and effect until amended, modified, or revoked by appropriate authority.

Sec. 5. Subsections (a) and (c) of section 3 of Executive Order No. 10096 are hereby revoked, and all other provisions of that order are hereby amended to the extent that they are inconsistent with the provisions of this order.

¹**Editorial note:** Revoked by Executive Order 10807 of Mar. 13, 1959, 24 FR 1897, 3 CFR, 1959-1963 Comp., p. 329, which established the Federal Council for Science and Technology. The Council was abolished by Pub. L. 94-282 (90 Stat. 472, 42 U.S.C. 1862 nt.).

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²**Editorial note:** The Atomic Energy Commission was abolished and its functions transferred to the Energy Research and Development Administration and the Nuclear Regulatory Commission by the Energy Reorganization Act of 1974 (88 Stat. 1233). The functions of the Energy Research and Development Administration were transferred to the Department of Energy by the Department of Energy Organization Act (91 Stat. 565, 42 U.S.C. 7151), effective October 1, 1977.

Executive Order 9865--Providing for the protection abroad of inventions resulting from research financed by the Government

Source: The provisions of Executive Order 9865 of June 14, 1947, appear at 12 FR 3907, 3 CFR, 1943-1948 Comp., p. 651, unless otherwise noted.

Cross reference: Executive Order 10096 of Jan. 23, 1950, this chapter, modifies Executive Order 9865.

WHEREAS the Government of the United States now has and will hereafter acquire title to, or the right to file foreign patent applications for, numerous inventions arising out of scientific and technical research carried on by or for the Government; and

WHEREAS it is in the interest of the United States to acquire patent protection abroad on certain inventions resulting from government-financed research; and

WHEREAS it is in the interest of the Government to foster, promote, and develop the foreign commerce of the United States:

NOW, THEREFORE, by virtue of the authority vested in me as President of the United States by the Constitution and statutes, and as Commander in Chief of the Army and Navy, and in the interest of the foreign affairs functions of the United States and internal management of the Government, it is hereby ordered as follows:

1. All Government departments and agencies shall, whenever practicable, acquire the right to file foreign patent applications on inventions resulting from research conducted or financed by the Government.
2. All Government departments and agencies which have or may hereafter acquire title to inventions or the right to file patent applications abroad thereon, shall fully and continuously inform the Department of Commerce concerning such inventions, except as provided in section 6 hereof, and shall make recommendations to the Department of Commerce as to which of such inventions should receive patent protection by the United States abroad and the foreign jurisdictions in which such patent protection should be sought. The recommendations of such departments and agencies shall indicate the immediate or future industrial, commercial or other value of the invention concerned, including its value to public health.
3. The Department of Commerce shall determine whether, and in what foreign jurisdictions, the United States should seek patents for such inventions and, to the extent of appropriations available therefore, shall procure patent protection for such inventions, taking all action, consistent with existing law, necessary to acquire and maintain patent rights abroad. Such determinations of the said Department shall be made after full consultation with United States industry and commerce, with the Department of State, and with other Government agencies familiar with the technical, scientific, industrial, commercial or other economic or social factors affecting the invention involved, and after consideration of the availability of

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valid patent protection in the countries determined to be immediate or potential markets for, or producers of, products, processes, or services covered by or relating to the invention.

4. The Department of Commerce shall administer foreign patents acquired by the United States under the terms of this order and shall issue licenses thereunder in accordance with law under such rules and regulations as the Secretary of Commerce shall prescribe. Nationals of the United States shall be granted licenses on a nonexclusive royalty free basis except in such cases as the Secretary shall determine and proclaim it to be inconsistent with the public interest to issue such licenses on a nonexclusive royalty free basis.

5. The Department of State, in consultation with the Department of Commerce, shall negotiate arrangements among governments under which each government and its nationals shall have access to the foreign patents of the other participating governments. Patents relating to matters of public health may be licensed by the Secretary of Commerce, with the approval of the Secretary of State, to any country or its nationals upon such terms and conditions as are in accordance with law and as the Secretary of Commerce determines to be appropriate, regardless of whether such country is a party to the arrangements provided for in this section.

6. There shall be exempted from the provisions of this order (a) all inventions within the jurisdiction of the Atomic Energy Commission¹ except in such cases as the said Commission specifically authorizes the inclusion of an invention under the terms of this order; and (b) all other inventions officially classified as secret or confidential for reasons of the national security. Nothing in this order shall supersede the declassification policies and procedures established by Executive Orders Nos. 9568 of June 8, 1945, 9604 of August 25, 1945, and 9809 of December 12, 1946.

EXHIBIT F

THE CDC FLU VACCINE DEVELOPMENT PROCESS

1. This Exhibit will show how the CDC determines candidate viruses for the annual Flu vaccine. There is no evidence that animal influenza (respiratory) viruses are actually transmitted to humans. They are being synthesized in the laboratory for injection into humans. Injecting animal respiratory viruses into the human body bypasses the natural mechanisms of filtering viral material.

2. CDC determines candidate viruses for other partners or third parties to manufacture based on viruses that are found in birds and swine. There is no evidence that these viruses would or could jump to humans. Therefore, by creating a vaccine from these viruses, the CDC has effectively caused the virus to jump to humans. This is why there is no immunity to the virus because there is no real virus contact potential in humans. The seasonal and pandemic flu is fabricated by the CDC and distributed through yearly vaccination.

<https://www.cdc.gov/flu/avianflu/candidate-vaccine-virus.htm>

3. The CDC has a financial interest as well in the deployment of vaccines as they have contracts to State immunization programs for vaccines. This is a link to the CDC price list for vaccines.

<https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-qmanagement/price-list/index.html>

4. CDC has 295 patents according to the search of the US patent office, using assignee as Centers for Disease Control and Prevention. More investigation is needed as to how many of these patents are for deadly diseases for which the CDC has vaccines developed.

<https://assignment.uspto.gov/patent/index.html#/patent/search>

4. FDA origins and beginnings trace back to the creation of the Agricultural Division in the Patent Office in 1848. The US Department of Agriculture is the predecessor of the FDA. An aside note... The first vaccine (smallpox) was derived from injecting a cow virus into a human, although the origins of this vaccine are unclear. An interesting factoid is “vaccine” is derived from the Latin word for cow. The CDC/FDA has been injecting animal” influenza” viruses into humans ever since, see #1 above and #8 below on origins of 2009 H1N1.

<https://www.fda.gov/about-fda/fda-basics/when-and-why-was-fda-formed>

5. FDA’s vaccine approval process uses clinical trials in humans to determine safety (i.e. phase 1,2,3). These trials are tracked on the clinicaltrials.gov website. As of 12/11/12 there are **360,497 research studies** in various stages of testing. That is an incredible amount of human experimentation.

<https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/vaccine-product-approval-process>

<https://clinicaltrials.gov/>

6. For completeness, The Vaccine Adverse Event Reporting System (VAERS) is mentioned again as a collaboration between CDC and FDA and one of the primary objectives of VAERS is

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“To Assess the Safety of newly licensed vaccines” as shown in the objectives section of the link. VAERS was a result of the 1986 Childhood vaccine injury act absolving vaccine manufacturers of any liability for injury from vaccines. Most people believe safety studies were done before licensing of a vaccine. This is deceptive business practices and borders on fraud when the true risks of vaccines are not communicated to the People.

<https://vaers.hhs.gov/about.html>

7. The FDA Clinical reviewer guidance document linked below explains to third party reviewers how to complete the safety study. There is no actual review by an independent organization selected by FDA. These third-party organizations are selected by the drug and pharmaceutical companies. There is no transparency on the associations on the “interests” between the parties.

<https://www.fda.gov/media/71665/download>

Contains Nonbinding Recommendations

Reviewer Guidance¹ Conducting a Clinical Safety Review of a New Product Application and Preparing a Report on the Review

This guidance represents the Food and Drug Administration's (FDA's) current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statutes and regulations. If you want to discuss an alternative approach, contact the FDA staff responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call the appropriate number listed on the title page of this guidance.

I. INTRODUCTION

This good review practice (GRP) guidance is intended to assist reviewers conducting the clinical safety reviews as part of the NDA and BLA review process, provide standardization and consistency in the format and content of safety reviews, and ensure that critical presentations and analyses will not be inadvertently omitted. The standardized structure also enables subsequent reviewers and other readers to readily locate specific safety information.

EXHIBIT G

THE WORLD HEALTH ORGANIZATION (WHO) CHANGES DEFINITION OF WHAT CONSTITUTES A PANDEMIC

1. The World Health Organization (WHO) is a non-domestic entity that dispenses “designations” and opinions, none of which are constitutional mandates upon the Commonwealth of Massachusetts and the United States. President Trump removed its financial support of the WHO, further declaring its is not an organization that the United States is beholden to. By not being part of the WHO, there is no requirement to follow any of the guidelines put out by this organization.
2. **May 1, 2009** the WHO website stated that a pandemic occurs when there is a new virus to which there is no immunity and causes **enormous numbers of deaths and illness**. Understandably, based on that definition the word “pandemic” would be fear provoking so when it is declared by the WHO the masses go into fear mode. When in fear mode, the People can be easily manipulated and misled into believing that their lives are in immediate danger and need protecting.

This is Google's cache of <http://www.who.int/csr/disease/influenza/pandemic/en/>. It is a snapshot of the page as it appeared on **1 May 2009 09:59:32 GMT**. The [current page](#) could have changed in the meantime. [Learn more](#)

These search terms are highlighted: **enormous numbers of deaths and illness** [Text-only version](#)

The screenshot shows the WHO website interface. At the top, there are language options: عربي, 中文, English, Français, Русский, and Español. Below this is a search bar and radio buttons for 'All WHO' and 'This site only'. The left sidebar contains a navigation menu with items like Home, About WHO, Countries, Health topics, Publications, Data and statistics, Programmes and projects, EPR Home, Alert & Response Operations, Diseases, Global Outbreak Alert & Response Network, and Biorisk Reduction. The main content area is titled 'Epidemic and Pandemic Alert and Response (EPR)' and includes links to 'Country activities | Outbreak news | Resources | Media centre'. Below this, there is a breadcrumb trail: 'WHO > Programmes and projects > Epidemic and Pandemic Alert and Response (EPR) > Diseases covered by EPR > Influenza'. A 'printable version' link is also present. The 'Pandemic preparedness' section is expanded, showing a list of documents: '- New- Pandemic influenza preparedness and response- A WHO guidance document', '- New- WHO pandemic phase descriptions and main actions by phase [pdf 456kb]', '- Considerations on exercises to validate pandemic preparedness plans [pdf 30kb]', '- WHO checklist for influenza pandemic preparedness planning', and '- Swine influenza'. The 'An influenza pandemic' section is also visible, starting with 'An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world. Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks of seasonal influenza in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic a matter of time.'

3. **September 2, 2009** the WHO website states that a disease epidemic is when there are more cases of that disease than normal. A “pandemic” is an epidemic to which the population does not have immunity. There is no mention of deaths or serious illness that would justify a public health emergency. Whether one has immunity or not to a disease does not predispose one to death or serious illness. The symptoms of a disease, as with COVID-19 or any influenza virus is the result of the body’s natural mechanism to fight foreign invaders. The symptoms are not the disease. Therefore, the declaration of a pandemic does not constitute grounds for Governors to assume authority that violate the rights of the People as protected by the Constitution.


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[Countries](#)
[Health topics](#)
[Publications](#)
[Data and statistics](#)
[Programmes and projects](#)
[GAR Home](#)
[Alert & Response Operations](#)
[Diseases](#)
[Global Outbreak Alert & Response Network](#)
[Biorisk Reduction](#)

Global Alert and Response (GAR)

[Country activities](#) | [Outbreak news](#) | [Resources](#) | [Media centre](#)
[WHO](#) > [Programmes and projects](#) > [Global Alert and Response \(GAR\)](#) > [Diseases covered by EPR](#) > [Influenza](#)
[printable version](#)

Pandemic preparedness

- [Pandemic influenza preparedness and response- A WHO guidance document](#)
- [WHO pandemic phase descriptions and main actions by phase \[pdf 456kb\]](#)
- [Considerations on exercises to validate pandemic preparedness plans \[pdf 30kb\]](#)
- [WHO checklist for influenza pandemic preparedness planning](#)
- [Pandemic \(H1N1\) 2009](#)

What is an influenza pandemic?

A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. With the increase in global transport, as well as urbanization and overcrowded conditions in some areas, epidemics due to a new influenza virus are likely to take hold around the world, and become a pandemic faster than before. WHO has defined the phases of a pandemic to provide a global framework to aid countries in pandemic preparedness and response planning. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

Potential consequences

In the past, influenza pandemics have resulted in increased death and disease and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918-1919 and caused an estimated 40 to 50 million deaths world wide. Current epidemiological models project that a pandemic could result in two to 7.4 million deaths globally.

4. The WHO website on **October 6, 2020 (reference on site dated February 24, 2009)**. States that a pandemic is “the worldwide spread of a new disease”. Just because there is the mere presence of “a contagious, and at times fatal, respiratory disease” does NOT constitute the verifiable existence of a widespread emergency associated with “2019 novel coronavirus”.



Emergencies preparedness, response

What is a pandemic?

24 February 2010

A pandemic is the worldwide spread of a new disease.

An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Viruses that have caused past pandemics typically originated from animal influenza viruses.

Some aspects of influenza pandemics can appear similar to seasonal influenza while other characteristics may be quite different. For example, both seasonal and pandemic influenza can cause infections in all age groups, and most cases will result in self-limited illness in which the person recovers fully without treatment. However, typical seasonal influenza causes most of its deaths among the elderly while other severe cases occur most commonly in people with a variety of medical conditions.

NOTICE AND DEMAND FOR RELIEF PURSUANT TO THE FIRST AMENDMENT



WHO_Pandemic_pre
paredness_May_1_200



WHO_What is a
pandemic_October 20



WHO_Pandemic_pre
paredness_webpage_!

EXHIBIT H

**ORIGINS OF THE FDA/CDC AND THE 2009 H1N1 SWINE FLU PANDEMIC
AND A UNIVERSAL FLU VACCINE**

8. The CDC website has a document of the historical timeline of the influenza virus (beginning in 1930's to 2017). The 2009 H1N1 Swine Flu pandemic timelines and CDC discussions of its origins.
<https://www.cdc.gov/flu/pandemic-resources/pandemic-timeline-1930-and-beyond.htm>
9. A new H1N1 virus shows up in the US on April 17, 2009. The WHO declares 2009 H1N1 Swine Flu on April 25, 2009 a public health emergency of international concern. On June 11, 2009, WHO officially declares the new 2009 H1N1 a pandemic. A little over a year later, the WHO declares on August 10, 2010 the end of the 2009 H1N1 pandemic only after the population was vaccinated with one of several monovalent H1N1 pandemic vaccines which were already FDA approved for use in the US anywhere from 2003 to 2007.
10. The FDA approved a "strain" change in their already approved vaccines for this new Swine Flu H1N1 Pandemic (Flulaval, FluMist, Afluria, Fluvirin). Since it takes at least six months to design and manufacture a vaccine, how is it possible that a strain change was made and vaccines were manufactured for this "pandemic". By definition a "pandemic" is a new disease, therefore, a strain change would not be new so therefore, this was not actually a pandemic at all.
<https://wayback.archive-it.org/7993/20170404210949/https://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm182290.htm>
11. From the CDC's website, a Q&A on the **origin of the 2009 H1N1** (Swine Flu). CDC stated that a virus circulating in North American pig herds merged with a virus that circulated in Eurasian pig herds and then infected humans is the source of this new novel disease. There has been no evidence presented that swine viruses jump to humans. There mere thought that they could jump to humans and cause a pandemic, which by definition is only a new disease does not constitute injecting a respiratory virus into a human bypassing the body's natural defense mechanism's including the cell-mediated response.
https://www.cdc.gov/qjh1n1flu/information_h1n1_virus_qa.htm
12. From the CDC website, concerning this new H1N1 virus, it has been declared that it is now a regular human flu virus and continues to circulate seasonally. This statement appears to be saying that humans are now the source of this virus and that it becomes symptomatic at particular times of the year. Thus, giving reason for CDC to recommend (and some States) to mandate Flu vaccination which includes H1N1 in all

flu vaccines. It would appear that the primary source of these viruses is not from animals, as most if not all pig and chicken farmers are not dying from these animal viruses but rather from the flu vaccines.

CDC Home
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H1N1 Flu

H1N1 Flu
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> H1N1 Flu > General Info

Content on this page was developed during the 2009-2010 H1N1 pandemic and has not been updated.

- The H1N1 virus that caused that pandemic is now a regular human flu virus and continues to circulate seasonally worldwide.
- The English language content on this website is being archived for historic and reference purposes only.
- For current, updated information on seasonal flu, including information about H1N1, see the CDC Seasonal Flu website.

Information about the 2009 H1N1 Virus

November 25, 2009 10:00 AM ET

- Origin of the 2009 H1N1 Virus: Questions and Answers
- Reports of Small Changes to Some 2009 H1N1 Viruses: Questions & Answers
- Images of the 2009 H1N1 Influenza Virus
- General Information About Influenza Viruses

13. The propaganda about getting the flu shot as a way of protecting yourself and your loved ones from this deadly disease called the flu is false and misleading. People would expect that vaccination prevents one from getting the flu. Yet there is no immunity incurred and most people who get the flu shot get the flu. Yet every year, the CDC says that there needs to be a new flu shot because they don't know what viruses may jump from swines or birds

14. **FDA Approval process for the H1N1 2009 Swine Flu** pandemic vaccine showing they tweaked the seasonal flu "strain" in vaccines they already had approved for this "novel" flu virus. A pandemic by the WHO definition is a new virus not seen before to which there is no immunity. If this virus is new, then how can a vaccine for a flu virus that they say changes yearly be used as a counter measure for a "novel" virus?
<https://www.fda.gov/vaccines-blood-biologics/vaccines/influenza-h1n1-2009-monovalent>

15. The FDA website indicates that the new flu vaccine will undergo the usual testing and lot release procedures in place for seasonal flu vaccines. If this was a new disease, then why is it being treated as a seasonal flu. Perhaps there was a stockpile of flu vaccine that was about to expire so what better way to get rid of it then to declare a pandemic to solicit the willingness of people to become vaccinated. This pandemic

also, lays the groundwork for getting people used to being vaccinated. Refer back to Exhibit C on the reference to flu vaccines in OSHA's Pandemic Guidance Document.

<https://www.fda.gov/vaccines-blood-biologics/vaccines/influenza-h1n1-2009-monovalent>

Influenza A (H1N1) 2009 Monovalent

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FDA approved these vaccines as a strain change to each manufacturer's seasonal influenza vaccine. There is considerable experience with seasonal influenza vaccine development and production and influenza vaccines produced by this technology have a long and successful track record of safety and effectiveness in the United States. The Influenza A (H1N1) 2009 Monovalent vaccines will undergo the usual testing and lot release procedures that are in place for seasonal influenza vaccines.

Injectable Vaccines

- Influenza A (H1N1) 2009 Monovalent Vaccine (CSL Limited)
- Influenza A (H1N1) 2009 Monovalent Vaccine (ID Biomedical Corporation of Quebec)
- Influenza A (H1N1) 2009 Monovalent Vaccine (Novartis Vaccines and Diagnostics Limited)
- Influenza A (H1N1) 2009 Monovalent Vaccine (Sanofi Pasteur, Inc.)

Intranasal Vaccine

- Influenza A (H1N1) 2009 Monovalent Vaccine (MedImmune LLC)

16. Here is the first page of a vaccine insert for the Monovalent H1N1 vaccine for the 2009 Swine Flu. It was licensed in 2007. This is two years before the outbreak of a new H1N1 virus that was a merger of two pig viruses that jumped to humans. The insert also states that it is using safety data from a trivalent seasonal flu (AFLURIA) which bypasses any safety studies if this was a vaccine for a new virus.
<https://www.fda.gov/media/77464/download>



Influenza A (H1N1) 2009 Monovalent Vaccine

Package insert

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use Influenza A (H1N1) 2009 Monovalent Vaccine safely and effectively. See full prescribing information for Influenza A (H1N1) 2009 Monovalent Vaccine.

Influenza A (H1N1) 2009 Monovalent Vaccine
 Manufactured by CSL Limited
 Suspension for Intramuscular Injection
 Initial U.S. Approval: 2007

RECENT MAJOR CHANGES

Indications and Usage (1)	11/2009
Dosage and Administration (2.2)	11/2009

INDICATIONS AND USAGE

- Influenza A (H1N1) 2009 Monovalent Vaccine is an inactivated influenza virus vaccine indicated for active immunization of persons ages 6 months and older against influenza disease caused by pandemic (H1N1) 2009 virus. (1)
- This indication is based on the immune response elicited by the seasonal trivalent Influenza Virus Vaccine manufactured by CSL (AFLURIA). CSL's Influenza A (H1N1) 2009 Monovalent Vaccine and AFLURIA are manufactured by the same process. There have been no controlled clinical studies demonstrating a decrease in influenza disease after vaccination with AFLURIA. (14)

CONTRAINDICATIONS

- Hypersensitivity to eggs, neomycin, or polymyxin, or life-threatening reaction to previous influenza vaccination. (4, 11)

WARNINGS AND PRECAUTIONS

- If Guillain-Barré Syndrome (GBS) has occurred within 6 weeks of previous influenza vaccination, the decision to give Influenza A (H1N1) 2009 Monovalent Vaccine should be based on careful consideration of the potential benefits and risks. (5.1)
- Immunocompromised persons may have a diminished immune response to Influenza A (H1N1) 2009 Monovalent Vaccine. (5.2)

ADVERSE REACTIONS

Adverse reactions information is based on studies conducted with seasonal trivalent Influenza Virus Vaccine manufactured by CSL (AFLURIA).

- In adults, the most common (≥ 10%) local (injection-site) adverse reactions were tenderness, pain, redness, and swelling. The most common (≥ 10%) systemic adverse reactions were headache, malaise, and muscle aches. (6)
- In children, the most common (≥ 10%) local (injection-site) adverse reactions were pain, redness, and swelling. The most common (≥ 10%) systemic adverse reactions were irritability, rhinitis, fever, cough, loss of appetite, vomiting/diarrhea, headache, muscle aches and sore throat. (6)

17. It appears that the NIH plans to implement a **Universal Flu Vaccine** with a booster every year. No more designing viruses for use in vaccination. 7.8 billion people is a lot of money for the CDC and pharmaceutical companies if mandatory flu vaccination (or COVID-19) is implemented. This would be convenient for the CDC so that they do not need to continue to synthesize new virus strains that they patent so they create a new vaccine. Since CDC and FDA safety trials are based on healthy people and only wait until after approval to inject in the vulnerable, how is it possible to product an approved “safe” vaccine?

<https://www.niaid.nih.gov/diseases-conditions/universal-influenza-vaccine-research>

ent

Universal Influenza Vaccine Research

A key focus of NIAID's influenza research program is developing a universal flu vaccine, or a vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. Such a vaccine would eliminate the need to update and administer the seasonal flu vaccine each year and could provide protection against newly emerging flu strains, potentially including those that could cause a flu pandemic.

Flu viruses are classified by two proteins on the outer surface of the virus: hemagglutinin (H) and neuraminidase (N). There are 18 different H subtypes and 11 different N subtypes, and viruses can be further broken down into different strains within those subtypes. For example, there are various strains of H1N1 influenza virus. The H protein (also called HA) enables the flu virus to enter a human cell. It is made up of a head and a stem. Seasonal flu vaccines fight infection by inducing antibodies that target the HA head. This region varies season to season, which is why flu vaccines must be updated each year. However, scientists discovered the stem typically remains unchanged, making it an ideal target for antibodies induced by a universal flu vaccine.

A universal flu vaccine should

- Be at least 75% effective**
- Protect against group I and II influenza A viruses**
- Have durable protection that lasts at least 1 year**
- Be suitable for all age groups**

18. This is a link to a journal article (A Fauci as one of the authors) on the plan for a Universal Flu shot. The article states (in the second snippet) that 300,000 to 500,000 severe cases of influenza occur every year with 300 -500K deaths. In the context of the COVID-19 pandemic, where are the cases of influenza and why are they not being reported?
<https://academic.oup.com/jid/article/218/3/347/4904047>

13. The article also states that influenza pandemics occur at unpredictable intervals. Other documentation concerning the CDC patenting viruses and making vaccines for said virus and the emergency of a pandemic would indicate that there is “predictability” of an outbreak of a pandemic.

14. The article states that seasonal influenza vaccinations do not provide any protection for a novel pandemic influenza. Why then did the CDC and FDA authorize the use of the H1N1 monovalent Flu shot that was licensed in 2007 during the 2009 Swine Flu Pandemic? The article states that the effectiveness of the seasonal influenza vaccine is between 10% to 60%. With the low effectiveness and the known risk of death and serious harm to those getting the flu vaccine, why then is CDC, FDA and the WHO in collaboration with State Governors mandating a flu shot, especially during a “novel” virus pandemic?

The screenshot shows the article page on the journal's website. At the top, there is a navigation bar with the journal title 'The Journal of Infectious Diseases' and logos for IDSA and hivma. Below the navigation bar, the article title is prominently displayed: 'A Universal Influenza Vaccine: The Strategic Plan for the National Institute of Allergy and Infectious Diseases'. The authors listed are Emily J Erbeling, Diane J Post, Erik J Stemmy, Paul C Roberts, Alison Deckhut Augustine, Stacy Ferguson, Catharine I Paules, Barney S Graham, and Anthony S Fauci. The article is identified as an 'EDITOR'S CHOICE' and was published on 28 February 2018. The page also features a sidebar with 'Article Contents' and an 'Abstract' section, and a right-hand advertisement for the 'Antifungal Resistance Collection'.

There are 2 epidemiological forms of influenza, seasonal (also known as “interpandemic”) and pandemic [1]. Seasonal influenza epidemics, caused by influenza A and B viruses, **result in 3–5 million severe cases and 300000–500000 deaths globally each year** [2, 3]. Influenza pandemics caused by influenza A virus **emerge at unpredictable intervals**. They cause significantly increased morbidity and mortality, compared with seasonal influenza. Four such pandemics have occurred in the past century, **during 1918, 1957, 1968, and 2009** [4]. Furthermore, in the past few decades, animal influenza viruses, such as avian influenza A virus subtypes H5N1 and H7N9, have caused sporadic human infections and deaths [5]. These viruses, termed “~~prepandemic~~ prepandemic influenza viruses,” are acquired through close contact with infected animals but do not demonstrate sustained person-to-person spread. However, there is global concern that viral mutations may allow efficient transmission among humans and lead to the next influenza pandemic.

The effectiveness of seasonal influenza vaccine ranges between 10% and 60% [6]. The lowest effectiveness occurs when vaccine strains are not well matched to circulating strains. | Reliance on egg passaging for vaccine production may allow for additional mutations during manufacturing and further compromise vaccine effectiveness in a given season [7]. **Seasonal influenza vaccines provide virtually no protection against novel pandemic strains. The cornerstone of both seasonal and pandemic influenza prevention and control is strain-specific vaccination.**

EXHIBIT I

NOTICE AND DEMAND FOR RELIEF PURSUANT TO THE FIRST AMENDMENT

MASSACHUSETTS COVID DEATHS COMPARED TO DEATHS EXPECTED
FROM DPH RECORDS

- The following data is taken from the annual reports of vital statistics for deaths in the Commonwealth of Massachusetts. The expected number of deaths from the same type of illness as COVID-19 (respiratory or infectious disease) for the last 10 years (minus 2018 and 2019 as it seems it takes two years to compile the report yet we can get daily numbers of COVID-19) as of August 22nd does NOT support that there is a State of Emergency.

	2011-2017													MEAN	VARIANCE	STD Deviation
	2017	2016	2015	2014	2013	2012*	2011	2010	2009	2008	2007	2006				
TOTAL DEATHS PER DAY	161	156	158	151	150		147	144	142	146	144	146				
other	44	41	41	39	39		36	37	35	34	33	34	40	1.2	1.1	
Infant Death	1	1	1	1	1		1	1	1	1	1	1	1	0	0	
Cancer Death	35	35	35	35	35		35	36	36	36	36	37	35	0	0	
Heart Disease Death	33	33	33	32	33		32	33	34	35	35	35	33	0	0	
Stroke Death	7	7	7	7	6		7	7	7	7	7	8	7	0	0	
Injury Death	13	13	12	11	9		9	8	8	8	8	8	11	3.4	1.84	
Diabetes Deaths	3	3	4	3	3		3	3	3	3	3	3	3	0	0	
Alzheimer's Deaths	5	5	5	5	5		5	5	5	5	5	4	5	0	0	
Infectious Disease Deaths (HIV - @ <2010)	4	4	4	4	4		4	1	1	1	1	1	4	0	0	
Respiratory Deaths	16	14	16	14	15		15	13	14	15	14	15	15	0	0	
Total Infectious/Respiratory	20	18	20	18	19		19	14	15	16	15	16	19	0	0	
*2012 only had a summary report and did not do the assessment to break out the deaths																
1) For 2020, Total Nbr. of expected deaths from infectious/respiratory diseases based on DPH death data from mass.gov death reports) 19 X 365 days in a year													6935			
2) Total number of people who are said to have died of COVID													8201	July 18th	8690	August 22nd
3) Nbr.of probable or confirmed COVID-19 deaths reported in LTC Facilities on June 25, 2020													-5023		-5023	
4) By subtracting the deaths in LTC facilities as they would not contribute to the spread in the general population to get the actual community deaths													3178		3667	
5) Total number of expected deaths based on DPH data to July 18th (19 X # days)													3249	July 18th	4465	August 22nd
6) In effect Massachusetts is below the expected number of infectious and respiratory deaths from any virus or contagion the population is being exposed to.													71		798	

DECLARANTS

I/WE the undersigned, as citizen(s) of the Commonwealth of Massachusetts make this NOTICE & DEMAND.to you Charles Duane Baker, as Governor of Massachusetts of our own free will to redress our grievances. I/We have standing in this matter as I/We have suffered huge losses be it personal, professional, financial or spiritual as a direct result of your unconstitutional actions under an unsubstantiated State of Emergency.

I/We further sayeth naught. All Rights Reserved.

(additional pages attached with signatures)

Full Name, Address (street, town, zip)	Date
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