

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF OREGON  
PORTLAND DIVISION

REC'D 07 MAR '22 14:59 USDC-ORP

**DR. HENRY EALY III;**  
**SENATOR DENNIS LINTHICUM;**  
**SENATOR KIM THATCHER;**

Plaintiff(s)

Case No.: 3:22-cv-356-HZ

v.

**ROBERT REDFIELD**, former  
Director of the US Center for Disease  
Control, in his individual capacity;  
**ROCHELLE WALENSKY**, in her  
individual capacity and in her official  
capacity as Director for the US Center  
for Disease Control, **ALEX AZAR**,  
former Secretary of the US  
Department of Health and Human  
Services, in his individual capacity;  
**XAVIER BECERRA**, in his  
individual capacity and in his official  
capacity as Director of the US  
Department of Health and Human  
Services; **BRIAN MOYER**, in his  
individual capacity and in his official  
capacity as Director of the National  
Center for Health Statistics; and  
**DOES 1-25;**

Defendants.

**CORRECTED PETITION TO  
IMPANEL SPECIAL GRAND  
JURY TO INVESTIGATE  
ALLEGATIONS OF FEDERAL  
CRIMES DETAILED HEREIN, OR  
IN THE ALTERNATE, TO  
INFORM IMPANELLED GRAND  
JURY OF ALLEGATIONS OF  
FEDERAL CRIMES DETAILED  
HEREIN PURSUANT TO 18 U.S.C.  
§ 3332**

**Petition to the Honorable Court  
to Exercise its Authority**

COMES NOW the Plaintiffs and request this Court to exercise its authority under 18 U.S.C. § 3331 and 18 U.S.C. § 3332 to empanel a Special Grand Jury to hear this Petition and all witnesses and exhibits herein, making this Petition request known to said Grand Jury through the Charge of the Court for the Grand Jury's initial determination of their jurisdiction to hear the same and their further action.

This request is made pursuant to the right of these Petitioners, and all citizens, as to their access to the Courts, including Grand Juries, announced in 28 U.S.C. 1861, consistent with the legal, non-discretionary, self-enforcing mandate of 18 U.S.C. 4 in furtherance of the fundamental contractual prerogatives contained in the U.S. Const., Amendment I. (See case law cites in Addendum hereto)

Should there be a presently sitting Grand Jury, and that said Grand Jury would be available to hear this matter, then Petitioners request assignment to said Grand Jury as an alternative.

**Preliminary Statement To The Court**

The Plaintiffs thank Your Honor for the consideration of this unique petition. The Plaintiffs have the utmost respect for the sacred integrity of the Court. In humility and candor, the Plaintiffs share an unbridled love for the United States of America and for justice.

We say this to you Your Honor, not in attempt to gain undue favor, but to express with humility that the enormity of the evidence and allegations contained herein are not lost upon us.

Our nation's great history is defined by moments of courage and valor in the face of overwhelming odds. We the Plaintiffs believe that another moment has arrived where the necessity of courage and valor are once again essential for maintaining the sanctity of our precious union.

Your Honor, we thank you in advance for your consideration and giving us the latitude to present before you without expert knowledge of rules and procedures as possessed by most licensed attorneys.

Your Honor, we ask of you to hear the sincerity of our pleas and deliver this petition, along with the evidence presented herein, to a special grand jury or to a grand jury for thorough consideration in service to liberty and justice for all.

### **Standing of Plaintiffs**

Pursuant to federal law, including the First Amendment to the United States Constitution and 18 U.S.C. § 3332, the Plaintiffs are concerned citizens that also serve the public in the State of Oregon. The Plaintiffs request of the Court to present this petition and all exhibits herein to an impaneled special federal grand jury or, in the circumstance that a special grand jury is not impaneled, the request of the Plaintiffs is to present this petition and all exhibits herein to a federal grand jury already impaneled to investigate these criminal allegations. The evidence

presented in this petition and the accompanying exhibits concern allegations of federal crimes committed within and against the State of Oregon and within and against all States under color of federal law.

Plaintiffs have standing to challenge federal statutes, rules or regulations on grounds that the measure interferes with the powers reserved to States in order to vindicate their own interests<sup>1</sup> and additionally due to the harms endured by the Plaintiffs as a result of the alleged federal crimes committed.

Plaintiffs and family members of the Plaintiffs have been harmed psychologically, physically, and financially by the alleged federal crimes committed. Plaintiffs have been prevented from honoring oaths of service to ensure the persons under their care receive access to accurate and unbiased information essential for making informed decisions regarding healthcare. Plaintiffs have been prevented from honoring oaths of service to ensure persons they represent receive access to accurate and unbiased information essential for making informed decisions regarding healthcare.

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<sup>1</sup> *Bond v. United States*, 564 U.S. 211, 223-24 (2011) (“Just as it is appropriate for an individual, in a proper case, to invoke separation-of-powers or checks-and-balances constraints, so too may a litigant, in a proper case, challenge a law as enacted in contravention of constitutional principles of federalism. That claim need not depend on the vicarious assertion of a State's constitutional interests, even if a State's constitutional interests are also implicated.”)

## Duty To Honor Oaths

The duty of the Doctor to the Patient is to honor his or her oath to “Do No Harm” to the Patient.<sup>2</sup>

The duty of the Senators to their Constituents is to honor his or her oath to represent the needs of the Constituents and to “protect the United States Constitution.”<sup>3,4</sup>

The duty of the Grand Jury to ‘We the People’ is to honor their duty to diligently “inquire into offenses against the criminal laws of the United States alleged to have been committed.”<sup>5</sup> Indeed, the United States Supreme Court has decided that “[t]he investigative power of the grand jury is necessarily broad if its public responsibility is adequately to be discharged.”<sup>5</sup> Historically, the special grand jury has enjoyed a broader power to investigate government misconduct that might not rise to the level of a felony, and to issue public reports on its findings. In order to achieve its mandate, “[a] grand jury necessarily holds broad powers of inquiry into any conduct possibly violating federal criminal laws.”<sup>6</sup> A grand jury also holds “broad power over the terms of charges it returns.”<sup>7</sup> The “investigation of crime by

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<sup>2</sup> <https://aanmc.org/the-naturopathic-doctors-oath/>

<sup>3</sup> <http://records.sos.state.or.us/ORSOSWebDrawer/Record/7795295>

<sup>4</sup> <http://records.sos.state.or.us/ORSOSWebDrawer/Record/6502459>

<sup>5</sup> 18 U.S.C. § 3332(a) (“It shall be the duty of each such grand jury impaneled within any judicial district to inquire into offenses against the criminal laws of the United States alleged to have been committed within that district.”)

<sup>6</sup> *In the Matter of Special 1975 Grand Jury*, 565 F.2d 407, 411 (7th Cir. 1977); *see also Branzburg v. Hayes*, 408 U.S. 665, 700 (1972).

<sup>7</sup> *In re Report and Recommendation of June 5, 1972 Grand Jury Concerning Transmission of Evidence to the House of Representatives*, 370 F. Supp. 1219, 1222 (D.D.C. 1974).

the grand jury implements a fundamental government role of securing the safety of the person and property.”<sup>8</sup>

According to the United States Supreme Court: “a grand jury investigation is not fully carried out until every available clue has been run down and all witnesses examined in every proper way to find if a crime has been committed.”<sup>9</sup> Additionally, a grand jury “may act independently of any branch of government.”<sup>10</sup> A grand jury may pursue an investigation on its own without the consent or participation of a prosecutor.<sup>11</sup> The grand jury is a pre-constitutional institution given constitutional stature by the Fifth Amendment but not relegated by the Constitution to a position within any of the three branches of government, as the federal grand jury is a constitutional fixture in its own right.<sup>12</sup>

The Plaintiffs believe it is the implicit duty of those held in trust by the People, to govern the People fairly and justly by providing accurate data for informed decisions, respecting body sovereignty and freedom of health choice without consequence or coercion, and acting in integrity by refraining from all acts of willful misconduct, including fraud and making false statements.

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<sup>8</sup> *Branzburg v. Hayes*, 408 U.S. 665, 700 (1972).

<sup>9</sup> *Id.* at 701.

<sup>10</sup> *1972 Grand Jury*, 370 F. Supp. at 1222.

<sup>11</sup> *Id.*

<sup>12</sup> *United States v. Chanen*, 549 F.2d 1306, 1312 (9th Cir. 1977).

## History of Attempts to Obtain Remedy

Plaintiffs have, on the follow occasions, have informed United States Attorneys (AUSAs) of the alleged crimes and substantive evidence:

- **October 16, 2020** – United States Postal Service, 1050 20<sup>th</sup> Street, Salem, Oregon 97301. Plaintiff sends cover letter, grand jury petition, peer-reviewed exhibits via priority mail and electronic mail to every AUSA listed in the United States. Plaintiff receives zero responses from AUSAs. (See Exhibit O)
- **October 2020 to July 2021** – Plaintiffs continue to investigate, analyze published data inspecting for fraud, host educational forums, publish additional peer-reviewed and non-peer-reviewed manuscripts, interview, and participate in expert forums at request of various elected officials.
- **August 18, 2021** – United States Postal Service, 3800 SW 185<sup>th</sup> Ave, Beaverton, Oregon, 97078. Plaintiffs send updated cover letter, grand jury petition, and peer-reviewed exhibits via certified mail to the Honorable Scott Asphaug, AUSA Oregon. (See Exhibit P) AUSA confirms receipt of grand jury petition, but does not inform grand jury of the existence of petition. AUSA instead sends petition to US Department of Justice (DOJ). Plaintiff inquires as to whether or not grand jury has been informed of petition. DOJ responds citing rule but does not reveal answer to inquiry. DOJ advises Plaintiffs to inform Federal Bureau of Investigations (FBI) if Plaintiffs believe crimes have been committed. (See Exhibit Q)

Due to the failure of any AUSA or the Department of Justice to investigate these crimes, Plaintiffs seek an Order from the Court to impanel a special grand jury to investigate the crimes alleged.

### **Anticipated Investigative Procedures Of the Special or Regular Grand Jury**

Immediately upon request or subpoena, Petitioners will provide an extensive witness list of subject matter experts ready to testify under oath to the allegations presented herein or provide affidavits at the behest of the grand jury to lighten the burden of scheduling and to be at the pleasure of the grand jury as needed in any capacity.

The grand jury shall call upon witnesses and make inquiries to determine the extent to which **Robert Redfield**, former Director of the Centers for Disease Control and Prevention (“CDC”), **Rochelle Walensky**, current Director of the CDC, **Alex Azar**, former Secretary of the Health and Human Services Department (“HHS”), **Xavier Becerra**, current Secretary of the HHS, **Brian Moyer**, current director of the National Center for Health Statistics (“NCHS”) appointed on March 30, 2020 only 6 days after the publication of COVID Alert No. 2 to be detailed later in allegations presented in this petition, any members of the National Vital Statistics System (“NVSS”) and any administrative subordinates within any of these federal agencies (“Defendants”) who were, or may have been, complicit in violating multiple federal laws to significantly compromise the accuracy and integrity of COVID-related data

being used to drive injurious and expensive public health policy at national, state and county levels.

Petitioners do not seek to compel the US Attorney to investigate or prosecute the named Defendants without presentments found by the grand jury following their formal investigation of allegations presented herein. Thus, the Petitioners are stating, based upon cited case law, that there is no reason nor justification for any prosecutorial discretion that might prevent this petition from being delivered to and viewed by an impaneled grand jury.<sup>13</sup> Rather, the Petitioners seek to have either the Court or a US Attorney, or an AUSA Pro Hac Vice, recommended by Petitioners, present the entirety of this petition, including all exhibits, directly to the grand jury for consideration of investigation on behalf of the people of the United States without delay. In expressing this, Petitioners wish to make it clear that prosecutorial discretion should be a non-factor in the delivery of this petition and that our right to petition a grand jury is not to be infringed, fettered, obstructed, abridged, delayed, nor blocked by a prosecuting any US Attorney.

### **Summary of Facts**

The Petitioners allege that the Defendants violated federal law with respect to data integrity for COVID-19. The Petitioners allege that the Defendants failed to ensure, and/or willfully manipulated data being collected, analyzed, and published.

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<sup>13</sup> *In Re Grand Jury Application*, 617 F. Supp. 199, 206 (S.D.N.Y. 1985).

The Petitioners allege the Defendants' violation of federal law led to a significant hyperinflation of COVID-19 case, hospitalization, and death counts, which was subsequently used to defraud the US Taxpayer out of at least \$3.5 Trillion dollars in misappropriation of public funds between 2020 to 2022. For comparison, the US federal government typically allocates a maximum of \$25.3 Billion annually in response to infectious disease with similar hospitalization and death rates. (Please refer to Exhibit M for detail and citations of COVID economic impact).

The Petitioners further allege that the Defendants:

- utilized the Medicare/Medicaid insurance reimbursement systems to financially incentivize compliance by hospital administrators, medical insurance billing specialists, and medical professionals
- that the publication of inaccurate data constitutes willful misconduct by public officials to intentionally defraud the American people and misappropriate US Taxpayer dollars, and
- that the actions of the Defendants constitute fraud, reckless and negligent misrepresentation, and breach of fiduciary duty and public trust.

Public officials have the implicit duty to tell the truth, and that duty is only more magnified during a time of crisis.

### ***Violation of Federal Laws***

The Defendants Redfield, Azar and subordinates, without notification to the Federal Register or initiating oversight and public comment, as required by the

**Administrative Procedures Act** (“APA”) and **Paperwork Reduction Act** (“PRA”), unilaterally changed how data was defined, collected, analyzed, and published exclusively for COVID. In doing so, the Defendants compromised the accuracy and integrity of all COVID data including cases, hospitalizations, and deaths leading to significant hyperinflation of all COVID data in clear violation of the **Information Quality Act** (“IQA”). (Please refer to Section 1 below for detail)

### ***Acts of Criminal and Willful Misconduct***

The Defendants Redfield, Azar, Moyer, and subordinates allegedly committed acts of willful misconduct by instructing medical professionals to emphasize COVID as the primary cause of death and simultaneously deemphasize comorbidities and other relevant causes of death data beginning on March 24, 2020, and again in April 2020. Further, the HHS financially incentivized hospitals to comply with the CDC’s and NVSS’s instruction by offering a greater financial reimbursement to hospitals for patients with Medicare/Medicaid health insurance coverage. According to the HHS, from April through July 2020, Medicare/Medicaid patients made up 274,000 of the 294,770 patients hospitalized due to COVID when compared against the CDC’s COVID-Net hospitalization database.<sup>14,15</sup> With an estimated 92.9% of COVID hospitalizations in the age 50 and older demographic relying on Medicare/Medicaid

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<sup>14</sup> <https://oig.hhs.gov/oei/reports/OEI-02-20-00410.pdf>

<sup>15</sup> [https://covid.cdc.gov/covid-data-tracker/?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#covidnet-hospitalization-network](https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#covidnet-hospitalization-network)

for coverage, this makes accurate diagnosis essential for recovery and insurance reimbursement. Additionally, decisions to provide significant bonus compensation to hospitals appears to be an attempt to coerce hospitals into compliance and participation in the for-profit insurance fraud scheme authored by the HHS, CDC, and NVSS. (Please refer to Section 1 below for detail)

***Communication of Fraudulent Data that Adversely Influenced and Continues to Influence Public Health Policy at National, State, & County Levels***

The HHS, CDC and NVSS significantly hyperinflated COVID data which has had a demonstrably harmful impact upon citizens in each state. National, state, and county COVID public health policies have been based on published CDC COVID data and the complicity of state level public health directors, who by and large failed in their duty to ensure that requests made by the CDC and NVSS for COVID data collection would not lead to significantly inaccurate case, hospitalization, and death data. The root cause of the COVID plague that has gripped this country for more than two years can be best understood in how data has been illegally manipulated by the Defendants, now spanning two administrations. A lie told for years is no less a lie, even if that lie has been unfortunately accepted as truth. Defendants Walensky, Becerra, and Moyer have elected to continue to collect and publish fraudulent COVID data based upon the illegal practices of their predecessors Defendants Redfield and Azar. Additionally, Defendants Walensky and Becerra, in an effort to coverup the failures of the experimental COVID inoculations to prevent infection, intentionally

terminated all publication of surveillance data for ‘vaccine breakthrough’ (aka ‘vaccine failure’) on October 30, 2021, one month prior to the beginning of exponential rises in ‘vaccine breakthrough’ cases, hospitalizations, and deaths nationwide. ‘Vaccine breakthrough’ occurs when a ‘fully vaccinated’ person contracts COVID despite being ‘fully vaccinated’. This is key data used to assess the efficacy of the experimental COVID inoculations. In the place of real numbers of confirmed ‘vaccine breakthrough’ cases, hospitalizations, and deaths, Defendants Walensky and Becerra have promoted a new fraudulent metric termed ‘vaccine efficacy’ that groups partially vaccinated individuals with unvaccinated individuals and refers to the group collectively and misleadingly as ‘unvaccinated’, which again constitutes data fraud. That the COVID data being published has been defined and collected in violation of federal law and that a new administration has continued to perpetuate these violations, we allege this constitutes acts of willful misconduct that has harmed millions of citizens across our great nation physically, emotionally, and economically. (Please refer to Section 1 below for detail)

### **Summary of Federal Criminal Laws Violated**

While probable cause is not a requirement for a grand jury to be impaneled, the Petitioners allege there is probable cause to believe the Defendants have committed multiple criminal acts of reckless and willful misconduct that has led to substantial physical, emotional, and economic injury to the US Taxpayers and the children of this nation.

Specifically, there is probable cause to believe one or all Defendants violated the aforementioned Administrative Procedures Act (**5 U.S.C. §551 et seq.**), the aforementioned Paperwork Reduction Act (**44 U.S.C. §§ 3501–3521, Public Law 96-511, 94 Stat. 2812 amended to 44 U.S.C. §§ 3501–3521, Public Law 104-13, 109 Stat. 182**), and the aforementioned Information Quality Act (**Section 515 of the Congressional Consolidated Appropriations Act, 2001 Public Law 106-554**). In violating these federal laws, the Petitioners allege that crimes have been committed against the citizens of the United States.

There is probable cause to believe that the violations of the APA, PRA, and IQA subsequently led to violations of the following federal laws by the Defendants, Major Fraud Against the United States (**18 USC §1031**), Fraud in Connection with Major Disaster or Emergency Benefits (**18 USC §1040**), Conspiracy to Defraud the United States (**18 USC §371**), False Statements Related To Healthcare Matters (**USC §1035**), False Statements (**18 USC §1001**), False Information & Hoaxes (**18 USC §1038**), that can be constituted as acts of Domestic Terrorism (**18 USC §2331 - Chapter 113B**) and Malfeasance (**18 USC §3333**), that may have resulted from a Conspiracy Against Rights (**18 USC §241**) and definitely led to the Deprivation of Rights Under Color of Law (**18 USC §242**) and may include Subornation of Perjury (**18 USC §1622**) and Misprision of Felony (**18 USC §4**) to be determined during the investigation by the grand jury.

It is the implicit duty of all public officials, once sworn into public service, to be truthful in the act of service to the public. This implicit duty takes on an even heightened level of responsibility during a crisis impacting hundreds of millions of citizens the public official is under oath to serve.

## **Section 1: Detailed Allegations & Findings**

(1) Defendants knowingly committed Major Fraud Against the United States (**18 USC §1031**), Fraud in Connection with Major Disaster or Emergency Benefits (**18 USC §1040**), Conspiracy to Defraud the United States (**18 USC §371**), and made False Statements Related To Healthcare Matters (**USC §1035**), False Statements (**18 USC §1001**), and published fraudulent data constituting False Information & Hoaxes (**18 USC §1038**) relative to COVID data.

On March 9<sup>th</sup>, 2020, the CDC informed the public that the people at highest risk for death following a COVID infection would be over 60 years of age and have multiple pre-existing (comorbid) conditions such as diabetes, hypertension and obesity.<sup>16</sup> Rather than focusing efforts to protect those at highest risk, the CDC and NVSS violated the APA, PRA, and IQA by issuing “COVID-19 Alert No. 2” on March 24<sup>th</sup>, 2020 (Exhibit E) and “Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID–19)” in April 2020 (Exhibit D), without notifying the Federal Register (Exhibits H, I, J) in an attempt to capitalize upon this knowledge and

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<sup>16</sup> <https://www.cnbc.com/2020/03/09/many-americans-will-be-exposed-to-coronavirus-through-2021-cdc-says.html>

influence COVID as a sole cause of death.<sup>17</sup> All federal agencies are required by law to notify the federal register of any changes to data collection, no matter how small or seemingly insignificant. Notification within the federal register initiates both federal oversight of proposed changes by the Office of Management and Budget and opportunity for public comment.

These notifications significantly modified how death certificates were recorded specifically for COVID-19 deaths, without federal oversight or public comment. These notifications ensured COVID-19 was deemed the primary cause of death, while comorbid conditions, expected to be the cause of death and routinely recorded in Part 1 of the death certificate as direct causes of death, were to be relocated to Part 2 of the death certificate as contributing factors, but not direct causes. This modification was made exclusively for COVID-19 death certificate recording which enabled COVID-19 to be the “direct cause of death” rather than a “contributing factor” or “initiating factor” to death. The 2003 CDC *Medical Examiner’s and Coroner’s Handbook on Death Registration and Fetal Death Reporting* suggests that in the presence of pre-existing/comorbid conditions, infectious disease should be recorded as a contributing factor in Part 2 or an initiating factor in Part 1, but not necessarily the direct cause.<sup>18</sup> Additionally, medical examiners were mandated by the CDC to record all comorbidities in Part 2 of the death certificate for contributing factors, rather than

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<sup>17</sup> <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf>

<sup>18</sup> [https://www.cdc.gov/nchs/data/misc/hb\\_me.pdf](https://www.cdc.gov/nchs/data/misc/hb_me.pdf)

being allowed to use their discretion to record them in Part 1 as a cause of death where appropriate.

This subtle change enabled COVID-19 to be listed prominently in Part 1 as both the initiating factor and direct cause of death, while simultaneously deemphasizing comorbidities as contributing factors and not direct causes of death. Leeway has always been given to the medical examiner without coercion or incentive to make judgement calls as to the cause of death, but COVID Alert No. 2 and the subsequent April 2020 guidance published by the NVSS for the CDC removed any and all leeway. This modification was medically and statistically unnecessary, as existing rules for data collection and recording published by the CDC had been successfully used nationwide since 2003 for all causes of death. Additionally, the modification significantly compromised the accuracy and integrity of the data by making it unnecessarily difficult to distinguish between whether a patient ‘died *from* COVID’ or ‘died from pre-existing conditions but *with* COVID’ or even worse ‘died from pre-existing conditions after recovering from COVID but counted as a COVID death nevertheless’.

This is a subtle, but crucial distinction, as it has led to a hyperinflation of COVID death certificates where COVID is listed as the direct cause of death. The CDC confirms that, “For over 5% of these deaths, COVID-19 was the only cause mentioned on the death certificate. For deaths with conditions or causes in addition to COVID-19, on average, there were 4.0 additional conditions or causes per death.”<sup>19</sup>

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<sup>19</sup> [https://www.cdc.gov/nchs/nvss/vsrr/covid\\_weekly/index.htm#Comorbidities](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities)

Additionally, on March 26, 2020, only 2 days after the CDC and NVSS implemented their change to death certificate reporting, this change to death certificate reporting exclusively for COVID was financially incentivized by HHS.<sup>20</sup> Essentially, hospitals were authorized to receive a significantly larger (Additional 30%-55%) Medicare/Medicaid reimbursement for COVID hospitalizations and treatments, than they otherwise would, for services rendered for other diagnoses. By October 28, 2020, the Centers for Medicare & Medicaid Services (“CMS”) further incentivized the use of the more expensive, more injurious, and less well-researched Remdesivir for hospitals administering Remdesivir instead of Ivermectin or Hydroxychloroquine, both of which are far less expensive and both possessing far greater evidence of safety and efficacy to support their use.<sup>21,22,23</sup>

By June of 2021, the Alameda County California public health department performed a partial audit of death certificate records where COVID was listed as the primary cause of death and found that COVID death data was hyperinflated by 25%, reducing the number of COVID deaths in the county from 1,634 to 1,223.<sup>24</sup>

By July of 2021, the Santa Clara County California public health department performed a partial audit of death certificate records where COVID was listed as the

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<sup>20</sup> <https://www.aha.org/special-bulletin/2020-03-26-senate-passes-coronavirus-aid-relief-and-economic-security-cares-act>

<sup>21</sup> <https://www.cms.gov/files/document/covid-vax-ifc-4.pdf>

<sup>22</sup> <https://www.jdsupra.com/legalnews/cms-hikes-payment-for-covid-19-19452/>

<sup>23</sup> <https://c19early.com/>

<sup>24</sup> <https://www.msn.com/en-us/money/realestate/alameda-county-revises-covid-19-death-count-by-25/ar-AAKNGus>

primary cause of death and found that the data was hyperinflated by 22%, reducing the number of COVID deaths in the county from 2,201 to 1,698.<sup>25</sup>

These partial audits were performed in highly populace counties within California and are proof of fraud.

These partial audits are proof that the death certificate counts are significantly hyperinflated nationwide as statistical significance begins at 3% and because all public health departments have enacted the same exact directives of the HHS, CDC, and NVSS. Both of these partial audits exemplify the urgent necessity for a full, thorough, and complete audit of all COVID death certificates and why federal laws must be followed to the letter during emergency situations with respect to data definition, collection, analysis, and publication if trust to be maintained between the US Taxpayer and the public servants entrusted with unbridled power during times of crisis.

**Allegation:** The Defendants violated multiple federal laws by disregarding federal oversight and preventing public comment when they unilaterally enacted changes for COVID-19 death certificate data. These changes resulted in an inaccurate hyperinflation of the number of COVID-19 deaths, which if true, constitutes fraud and willful misconduct by federal agents and the agencies they lead. These acts make it exceedingly difficult to accurately distinguish between ‘died from COVID’, ‘died with COVID’ and ‘died from pre-existing conditions after recovering from COVID but

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<sup>25</sup> <https://www.msn.com/en-us/health/medical/santa-clara-county-drops-pandemic-death-toll-by-22-following-review/ar-AALIdNW>

counted as a COVID death nevertheless'. The HSS financially incentivized hospitals to be complicit through substantially increased Medicare/Medicaid reimbursements for both diagnosis and a very expensive treatment, Remdesivir. To this day, the reporting of inaccurate and potentially fraudulent data is being published and used to mislead the public. Ultimately, this data is being used to justify public health policies expensive and injurious to the US Taxpayer and the children of our great nation.

(2) Defendants knowingly committed Major Fraud Against the United States (**18 USC §1031**), Fraud in Connection with Major Disaster or Emergency Benefits (**18 USC §1040**), Conspiracy to Defraud the United States (**18 USC §371**), and made False Statements Related To Healthcare Matters (**USC §1035**), False Statements (**18 USC §1001**), and published fraudulent data constituting False Information & Hoaxes (**18 USC §1038**) relative to COVID data.

The CDC showed its knowledge and intent to commit crimes by violating the APA, PRA, and IQA by adopting the Council of State and Territorial Epidemiologists (“CSTE”) Interim-20-ID-01 COVID-19 Standard Surveillance position paper on April 14<sup>th</sup>, 2020, without notifying the Federal Register to initiate oversight by the OMB and solicit public comment (Exhibits H, I, J).<sup>26</sup>

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<sup>26</sup> [https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/Interim-20-ID-01\\_COVID-19.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/Interim-20-ID-01_COVID-19.pdf)

The CSTE position paper significantly increased COVID-19 case counts in several ways. As seen in Section VII.B on page 6, the CSTE paper acknowledged the need to define a methodology for ensuring multiple tests conducted upon the same person for safe return to work were not inaccurately counted as new cases in each instance of a positive finding. **However, the CSTE position paper and the CDC declined to define or institute a methodology to ensure the same person was not counted multiple times as a new case each time they tested positive attempting to return to work.** Even though Defendant Walensky confirmed in December of 2021, that people can test positive using PCR for up to 12 weeks, this fact had been known since February of 2020 when the CDC first published it. CDC Korea first reported in Feb 2020 (and CDC US referenced this study shortly thereafter) that people can test positive for COVID via PCR for up to 12 weeks following recovery despite no longer being infectious and therefore unable to transmit the virus.<sup>27,28</sup>

As seen in Section XII on page 7, Defendant Redfield authorized the outsourcing of CDC responsibilities for data definition and accuracy to the CSTE, a non-profit organization that could operate outside of federal laws the CDC could not.

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<sup>27</sup> “Although replication-competent virus was not isolated 3 weeks after symptom onset, recovered patients can continue to have SARS-CoV-2 RNA detected in their upper respiratory specimens for up to 12 weeks.” (Korea CDC, 2020; Li et al., 2020; Xiao et al, 2020)

<sup>28</sup> “Investigation of 285 “persistently positive” persons, which included 126 persons who had developed recurrent symptoms, found no secondary infections among 790 contacts attributable to contact with these case patients. Efforts to isolate replication-competent virus from 108 of these case patients were unsuccessful.” (Korea CDC, 2020)

Additionally, Defendant Redfield provided subject matter experts to the CSTE from the CDC to ensure the CDC got the haphazard and purposefully incompetent approach to data collection likely intended that ensured the same person would be counted multiple times fraudulently as unique new cases. Dr. Susan Gerber, Dr. Aron Hall, Sandra Roush, and Dr. Tom Shimabukuro were all offered to the CSTE by Defendant Redfield to help the CSTE develop the position paper that would ultimately be adopted by the CDC on April 14<sup>th</sup>, 2020, without initiating federal oversight or public comment as required by federal law. Additionally, this authorization could not have occurred without the assistance of Defendant Moyer and the approval of Defendant Redfield's superior administrator, Alex Azar, then acting Secretary of the Health and Human Services Department. These same adopted definitions have been supported by current HHS Secretary, Defendant Becerra, and current CDC director, Defendant Walensky.

Finally, Section 5 of the CSTE paper creates the option of "probable" COVID-19 cases with an extraordinarily low standard of proof for diagnosis. For example, the standard of medical diagnosis in this section allows a single cough of undetermined origin to be sufficient to diagnose a patient as COVID-19 positive. Even without confirmatory symptoms or lab testing, a patient with a single cough can be included in data collection such as for cases, hospitalizations, and even as a COVID death from direct cause when reviewing the examples from the "Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)" in April 2020 (Exhibit D).

The adoption of the CSTE position paper created material modifications unique to COVID-19 data collection when compared against other infectious diseases rendering it impossible to accurately compare various infectious diseases to COVID statistically without thorough and extensive audits to case counts, hospitalizations, and deaths for COVID. This appears to have been intentional from the outset.

The result of these violations of federal law has been clear and confirmed hyperinflation of COVID cases, hospitalizations, and death counts. With respect to hyperinflation of COVID hospitalization counts, this revelation therefore makes rampant insurance fraud possible and probable, when financially incentivized by higher Medicare/Medicaid reimbursements authorized by the heads of the HHS and CDC. While these violations began under the guidance of Defendants Azar and Redfield, the violations have continued under the guidance of Defendants Becerra and Walensky.

As evidence of the potential for insurance fraud, on January 7, 2022, the New York State Department of Health reported that 43% of COVID hospitalizations weren't hospitalized for COVID even though they were counted as COVID hospitalizations and most certainly were billed as COVID hospitalizations.<sup>29</sup> Similarly as evidence of potential for insurance fraud, on January 10, 2022, New

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<sup>29</sup> [https://www.theepochtimes.com/almost-half-of-new-york-covid-19-hospitalizations-not-due-to-covid-19\\_4200820.html](https://www.theepochtimes.com/almost-half-of-new-york-covid-19-hospitalizations-not-due-to-covid-19_4200820.html)

Jersey Health Commissioner Judith Persichilli confirmed that 49% of COVID hospitalizations in the state weren't due to COVID.<sup>30</sup>

Then on January 20, 2022, the Massachusetts Department of Public Health confirmed that 49% of COVID hospitalizations weren't due to COVID.<sup>31</sup>

The origin of the potential for insurance fraud at the expense of the US Taxpayer traces back to at least March/April 2020 when Defendant Redfield, authorized by Defendant Azar, provided subject matter experts from the CDC to the CSTE to develop a position paper they would later adopt in violation of federal law. This single act demonstrates clear intent to defraud the United States.

These revelation by the New York, New Jersey, and Massachusetts public health departments led to a thorough analysis of CDC published overall COVID hospitalization data compared against CDC published COVID-NET hospitalization data that attempts to isolate hospitalizations exclusively due to COVID and eliminate the potential of fraudulent hospitalization data. This analysis confirmed that an estimated 49.7% of nationwide reported COVID hospitalizations weren't due to COVID as of January 15, 2022, in confirmation of fraudulent data previously corrected by New York, New Jersey, and Massachusetts public health departments. (See Exhibit L for reference and citations)

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<sup>30</sup> [https://www.theepochtimes.com/most-covid-19-patients-in-new-jersey-hospitalized-admitted-for-non-covid-reasons-officials\\_4204097.html](https://www.theepochtimes.com/most-covid-19-patients-in-new-jersey-hospitalized-admitted-for-non-covid-reasons-officials_4204097.html)

<sup>31</sup> <https://www.boston.com/news/coronavirus/2022/01/20/nearly-half-of-covid-19-hospitalizations-in-massachusetts-are-incidentals-cases-new-state-data-show/>

**Allegation:** COVID-19 case, hospitalization and death data used to shape public health policy is significantly and fraudulently inflated. The CDC violated multiple federal laws by disregarding federal oversight and preventing public comment when Defendant Redfield outsourced the creation of diagnostic rules to the CSTE, a non-profit organization with no known federal authority. These changes resulted in an inaccurate hyperinflation of the number of COVID-19 cases, hospitalizations, and deaths being reported, which if true, constitutes fraud and willful misconduct by a federal agent. How many Americans have been hospitalized ‘due to COVID’ rather than ‘hospitalized for other reasons but counted as a COVID hospitalization nevertheless’? How many Americans have died ‘due to COVID’ rather than from ‘complications due to a pre-existing (comorbid) conditions’? Once again, the HHS financially incentivized hospitals to be complicit through substantially increased Medicare/Medicaid reimbursements for diagnosis and the use of Remdesivir as the sole treatment option. To this day, the reporting of inaccurate and potentially fraudulent data is being published and used to mislead the public. Ultimately this data is being used to justify public health policies expensive and injurious to the US Taxpayer and the children of our great nation.

(3) Defendants knowingly committed Major Fraud Against the United States (**18 USC §1031**), Fraud in Connection with Major Disaster or Emergency Benefits (**18 USC §1040**), Conspiracy to Defraud the United States (**18 USC §371**), and made False Statements Related To Healthcare Matters (**USC §1035**), False Statements

(18 USC §1001), and published fraudulent data constituting False Information & Hoaxes (18 USC §1038) relative to COVID data.

The Office of Management and Budget (OMB), empowered by the Paperwork Reduction Act, is appointed to oversee data collection, analysis and publication of data for all federal agencies so as to ensure accuracy and transparency of data emanating from each federal agency. Should a federal agency, even during an emergency, desire to modify any aspect of their data collection, analysis, or publication, they must first notify the Federal Register. Notification of intent to modify any aspect of data collection, analysis, or publication in the Federal Register alerts the Office of Information and Regulatory Affairs (OIRA) within the OMB. Notification in the Federal Register also opens the mandatory 60-day period for public comment on proposed modifications to data collection, analysis, or publication according to federal law. The Defendants failed to notify the Federal Register and therefore failed to comply with federal law. Emergencies do not suspend the US Constitution or federal law until the emergency has been resolved.

**Allegation:** The Defendants made subtle, but significant unilateral changes to data definitions and reporting, with far-reaching consequences, exclusively for COVID-19, without federal oversight, independent of peer-review, and without public comment in violation of federal law. To this day, the reporting of inaccurate and potentially fraudulent data is being published and used to mislead the public. Ultimately this data is being used to justify public health policies expensive and injurious to the US Taxpayer and the children of our great nation.

(4) Defendants knowingly committed Major Fraud Against the United States (**18 USC §1031**), Fraud in Connection with Major Disaster or Emergency Benefits (**18 USC §1040**), Conspiracy to Defraud the United States (**18 USC §371**), and made False Statements Related To Healthcare Matters (**USC §1035**), False Statements (**18 USC §1001**), and published fraudulent data constituting False Information & Hoaxes (**18 USC §1038**) relative to COVID data.

In addition to violations of federal law allegedly made by the Defendants in detail (1), (2), and (3), PCR technology, never before used diagnostically, never developed or intended to be used diagnostically, was authorized to be used as a standalone diagnostic tool during a time of crisis on March 05, 2020, by the Center for Medicare & Medicaid Services (“CMS”), and backdated to February 4, 2020, for reimbursement claims.<sup>32</sup> The substantive change would authorize qualitative ‘positive or negative’ results rather than quantitative ‘numerical’ results with interpretive ranges as a guide for evaluation.

PCR testing as a diagnostic was authorized to be implemented by Defendant Azar, and later supported by Defendant Becerra, without reporting the number of cycle amplifications the sample underwent or the cycle threshold bar used to determine a positive from negative sample. This decision has encouraged a high percentage of false positive cases for PCR tests, which compromise the accuracy and

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<sup>32</sup> <https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests>

integrity of COVID data. The guidance published by the Food and Drug Administration (“FDA”) of a 40.00 cycle threshold positive or negative determinant bar issued to labs is widely agreed upon to be far too high and likely should be between 25.00 and 28.00.<sup>33</sup> For example, the CDC has the cycle threshold determinant bar set to 28.00 to help eliminate the possibility of false positives when evaluating for vaccine failure (‘vaccine breakthrough’).<sup>34</sup>

While many experts debate what number of cycle amplifications correlates to replication-competent virus being present, no experts including Anthony Fauci, Director of the National Institute For Allergy And Infectious Disease (“NIAID”) and Chief Medical Advisor to the President, claim that the positive or negative cycle threshold determinant bar should be as high as the 40.00 set by the FDA. With each amplification of the sample the possibility of false positive results increases exponentially over 25.00 cycle amplifications and particularly in the absence of any symptomatology.

With each false positive, an incorrect diagnosis of COVID is achieved and can now be used to fraudulently hyperinflate case, hospitalization, and death counts with impunity. Additionally, hospitals are not routinely using any other testing methodology to confirm individual diagnoses of COVID despite EUA approval and availability of confirmatory lab testing.

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<sup>33</sup> <https://www.fda.gov/media/134922/download>

<sup>34</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/hd-breakthrough.html>

Hospitals are capable of billing Medicare/Medicaid for greater reimbursement due to COVID diagnosis and when using Remdesivir thanks to the HHS reimbursement schedules for COVID. Additionally, hospitals can apply for reimbursement at Medicare/Medicaid rates for PCR testing, COVID treatments, and administering COVID inoculations for all uninsured individuals.<sup>35</sup>

Simply put, it is not in a hospital's best financial interests to confirm that a patient diagnosed for COVID using PCR and listed as a COVID hospitalization, is actually hospitalized due to COVID using additional lab testing to confirm the diagnosis, for to do so would potentially reveal that the PCR test was a false positive result, the patient was misdiagnosed and the cost to the hospital could be tens of thousands of dollars per COVID patient in lost reimbursements from Medicare/Medicaid. This economic reality has undoubtedly helped the Defendants cover up evidence of COVID data fraud by financially incentivizing hospitals into compliance.

As PCR testing cannot distinguish replication-competent virus from dead nucleotides PCR is a poor medical technology for distinguishing active infective cases from cases where the patient has recovered within the previous 12 weeks or simply never had COVID at all. With the HHS, CDC, and NVSS not requiring reporting of the number of cycle amplifications for each 'positive' test and with labs not required to report the number of amplifications or cycle threshold being used to determine positivity to healthcare professionals, this has allowed the Defendants complete

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<sup>35</sup> <https://www.hrsa.gov/coviduninsuredclaim>

control over the interpretation of testing so as to be capable of turning the volume of positive tests up or down at their discretion by manipulating cycle thresholds in secrecy. In fact, the Petitioners have been denied multiple public records request to obtain the cycle threshold level and the number of cycle amplifications for each positive test as well as other data that should be accessible by elected officials. (See Exhibit N for Details)

The Petitioners allege the Defendants are defrauding the US Taxpayer and coercing fear in the public to encourage uptake of the experimental EUA approved biologics, marketed as vaccines, currently failing to protect Americans from infection, hospitalization, and death at an exponential rate of failure from November 2021 to February 2022. (Please refer to Exhibit C for more detail on PCR. Please refer to Exhibit K for full references and published data regarding nationwide vaccine failure rates.)

**Allegation:** The Defendants used PCR testing as the primary diagnostic tool, even though it is incapable of being used diagnostically without additional supportive laboratory testing to arrive at a definitive diagnosis. The Defendants approach to implementing PCR invites and encourages a high rate of false positive results due to the cycle threshold being set intentionally high and the widespread availability of testing for non-symptomatic persons at continued cost to the US Taxpayer. Until recently, the Defendants have withheld key information about positive PCR results for up to 12 weeks post-infection recovery. The implementation of this flawed medical technology has resulted in the inaccurate hyperinflation of COVID-19 case,

hospitalization and fatality data used to shape public health policy, which if true, constitutes fraud and willful misconduct by a federal agent and the agency they represent. Once again, the HHS financially incentivized hospitals to be complicit through Medicare/Medicaid reimbursements for COVID PCR testing. Use of PCR testing without disclosing the cycle threshold bar or the number of cycle amplifications for ‘positive’ samples is yet another way in which COVID data is being manipulated to defraud the public in attempts to justify public health policies expensive and injurious to the US Taxpayer and the children of our great nation.

(5) Defendants knowingly committed Major Fraud Against the United States (**18 USC §1031**), Fraud in Connection with Major Disaster or Emergency Benefits (**18 USC §1040**), Conspiracy to Defraud the United States (**18 USC §371**), and made False Statements Related To Healthcare Matters (**USC §1035**), False Statements (**18 USC §1001**), and published fraudulent data constituting False Information & Hoaxes (**18 USC §1038**) relative to COVID data.

‘Vaccine breakthrough’ is a marketing term created by the CDC to describe what had previously been referred to as vaccine efficacy failure or simply, vaccine failure. Specifically, ‘vaccine breakthrough’ is a way to count how many people deemed to be ‘fully vaccinated’ still contracted the infection despite being ‘fully vaccinated’. In other words, ‘vaccine breakthrough’ establishes how many times the experimental COVID inoculations failed to prevent infection in the ‘fully vaccinated’

population and is a crucial metric for assessing the success or failure of the experimental COVID inoculations.

On April 30, 2021, with only four months of preliminary ‘vaccine breakthrough’ data collected from only a handful of states, CDC director, Defendant Walensky and HHS director, Defendant Becerra, authorized the CDC to stop the tracking and publication of ‘vaccine breakthrough’ cases.

Reporting on ‘vaccine breakthrough’ hospitalizations and deaths by the CDC would continue until October 30, 2021, when Defendant Walensky and Defendant Becerra would again authorize the CDC to stop the tracking and publication of all ‘vaccine breakthrough’ hospitalizations and deaths as ‘vaccine breakthrough’ hospitalizations and deaths began to mount despite only 28 state public health departments reporting this relevant metric. By the time of this decision to stop the tracking and publication of all ‘vaccine breakthrough’ data, it had become obvious that the existing experimental COVID inoculations were failing to prevent infection and severe symptomology in the ‘fully vaccinated’ population.

Collecting data from the 28 out of 51 state public health departments, including Washington D.C., reporting data on any aspects of ‘vaccine breakthrough’ the Petitioners learned the following:

- By November 2021, in the ‘fully vaccinated’ there were already well over 1.4 Million confirmed infections, over 56,000 confirmed hospitalizations, and over 16,000 confirmed deaths.

- By December 2021, in the ‘fully vaccinated’ these numbers had increased exponentially to well over 2.5 Million confirmed infections, over 90,000 confirmed hospitalizations, and almost 25,000 confirmed deaths in a single month.
- By January 2022, in the ‘fully vaccinated’ these numbers had increased exponentially yet again to well over 6.0 Million confirmed infections, over 138,000 confirmed hospitalizations, and over 32,000 confirmed deaths in only a single month.
- By February 2022, in the ‘fully vaccinated’ these numbers had increased exponentially yet again to almost 9.0 Million confirmed infections, over 191,000 confirmed hospitalizations, and almost 44,000 confirmed deaths in only a single month.

Despite the CDC and HHS decision to terminate reporting and the multitude of special rules put in place by the CDC to limit ‘vaccine breakthrough’ reporting, significant numbers of individuals have fallen ill, have been hospitalized and unfortunately lost their lives because an experimental product failed to protect them.<sup>36</sup>

Interestingly, ‘vaccine breakthrough’ data was replaced by Defendants Walensky and Becerra, using a new metric never used before referred to as ‘vaccine effectiveness’ that enables them to group unvaccinated persons, partially vaccinated persons, and fully vaccinated person with less than 14 days since the final shot in the

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<sup>36</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/hd-breakthrough.html>

series fraudulently as ‘unvaccinated’ persons. This was done to hyperinflate the data in the ‘unvaccinated’ group while simultaneously lowering the number of people in the ‘fully vaccinated’ group and paint a narrative picture to the public that what is occurring is a ‘pandemic of the unvaccinated’ which is completely unsubstantiated and flies in the face of data from around the world. The Defendants have promoted fraudulent data despite knowing through reports by the Department of Defense and the CDC as early as August 6, 2021, that ‘vaccine effectiveness’ to protect against infection in the ‘fully vaccinated’ wanes rapidly within months of inoculation.<sup>37</sup>

As of February 16, 2022, the CDC has not updated ‘vaccine effectiveness’ data to incorporate new data demonstrating exponential rises in ‘vaccine breakthrough’ since December 25, 2021. However, the CDC does confirm that their ‘vaccine effectiveness’ calculations are based upon only 28 state health departments reporting this relevant metric.<sup>38</sup> (Please refer to Exhibit K for vaccine breakthrough data, citations, and images.)

**Allegation:** We allege Defendant Becerra and Defendant Walensky have intentionally acted to remove data from public view that could influence a citizen’s decision to decline the experimental COVID inoculations on the basis of failure to protect against infection. Removal of such information constitutes failure to satisfy Informed Consent laws governing the use of experimental medical products and

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<sup>37</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm>

<sup>38</sup> [https://covid.cdc.gov/covid-data-tracker/?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#rates-by-vaccine-status](https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#rates-by-vaccine-status)

codified as 45 CFR 46. The termination of this reporting removes key data essential for analysis of efficacy for products still in preliminary clinical trial until Oct 27, 2022 (Moderna/NIAID)<sup>39</sup>, Jan 2, 2023 (Johnson & Johnson)<sup>40</sup>, and May 15, 2023 (Pfizer/BioNTech)<sup>41</sup> according to ClinicalTrials.gov. Where there is risk of injury, and risk of failure to prevent infection, there must always be informed consent with respect to human participation in ongoing clinical trials, including the use of EUA approved medical products with no long-term safety or efficacy data available. The Defendants have violated informed consent by terminating all reporting for ‘vaccine breakthrough’ on October 30, 2021, in anticipation of an exponential increase ‘vaccine breakthrough’ cases, hospitalizations, and deaths. This act of withholding information from Americans while publishing fraudulent data intentionally to mislead and coerce Americans into the use of experimental products still in clinical trial is an egregious act of willful misconduct that places the lives of Americans in danger.

(6) Due to the historic levels of collateral damage created, the actions of the Defendants acting as public servants to the American people and on behalf of the HHS, CDC, and NVSS have violated additional laws and there is probable cause to believe one or all Defendants violated the aforementioned Administrative Procedures Act (**5 U.S.C. §551 et seq.**), the aforementioned Paperwork Reduction Act (**44 U.S.C.**

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<sup>39</sup> <https://clinicaltrials.gov/ct2/show/NCT04470427>

<sup>40</sup> <https://clinicaltrials.gov/ct2/show/NCT04505722>

<sup>41</sup> <https://clinicaltrials.gov/ct2/show/NCT04368728>

**§§ 3501–3521, Public Law 96-511, 94 Stat. 2812 amended to 44 U.S.C. §§ 3501–3521, Public Law 104-13, 109 Stat. 182), and the aforementioned Information Quality Act (Section 515 of the Congressional Consolidated Appropriations Act, 2001 Public Law 106-554).** In violating these federal laws, the Petitioners allege that crimes have been committed against the citizens of the United States.

There is probable cause to believe that the violations of the APA, PRA, and IQA subsequently led to violations of the following federal laws by the Defendants, Major Fraud Against the United States (**18 USC §1031**), Fraud in Connection with Major Disaster or Emergency Benefits (**18 USC §1040**), Conspiracy to Defraud the United States (**18 USC §371**), False Statements Related To Healthcare Matters (**USC §1035**), False Statements (**18 USC §1001**), False Information & Hoaxes (**18 USC §1038**), that can be constituted as acts of Domestic Terrorism (**18 USC §2331 - Chapter 113B**) and Malfeasance (**18 USC §3333**), that may have resulted from a Conspiracy Against Rights (**18 USC §241**) and definitely led to the Deprivation of Rights Under Color of Law (**18 USC §242**) and may include Subornation of Perjury (**18 USC §1622**) and Misprision of Felony (**18 USC §4**) to be determined during the investigation by the grand jury.

**Allegation:** Considering the extraordinary ramifications of the actions taken by the Defendants and the federal agencies they were sworn under oath to represent with the highest ethical standards, to abuse the trust of the US Taxpayer and intentionally compromise data quality and integrity, and to financially incentivize compliance by public health departments and hospitals in each state, we exercise our

right to petition the Court to impanel a special federal grand jury (or federal grand jury) to use the broad subpoena power a special grand jury possesses and exercise the full authority of a special grand jury to investigate all allegations of criminal activity by members of federal agencies and independent contractors referenced herein. This formal petition is a request for a grand jury to examine the evidence presented against the Defendants to determine the validity of these allegations and if found to be true, to determine the degree of intent and issue indictments against all persons believed to be guilty of criminal activities expensive and injurious to the US Taxpayer and the children of our great nation.

### **Social Injuries**

It is important to note that the COVID lockdowns for otherwise healthy individuals was based upon fraudulent data and therefore unnecessary and injurious to millions of Americans of all ages.

According to the CDC and NCHS, drug overdoses were 31% higher across all ages 15 and older during 2020 when COVID lockdowns were recommended by public health officials and employed by elected officials.<sup>42,43</sup>

Additionally, from September 2020 to 2021 more than 104,000 Americans died due to drug overdoses according to the CDC, with over 80% being attributed to the fentanyl epidemic that emerged during the lockdowns.

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<sup>42</sup> [https://www.cdc.gov/nchs/products/databriefs/db428.htm#section\\_1](https://www.cdc.gov/nchs/products/databriefs/db428.htm#section_1)

<sup>43</sup> <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Finally, anxiety and depression increased significantly during the unnecessary lockdowns according to the CDC and independent research published in JAMA, which supports increases by as much as 3 times over prior years.<sup>44,45</sup>

Of course, these injuries and the ones detailed below will come at a severe cost to the US Taxpayer and social cost to American families and society as a whole.

### **Post-Inoculation Injuries**

According to the Health Resources & Services Administration (“HSRA”) that manages the federal Vaccine Injury Compensation Program (“VICP”), *“Since 1988, over 24,778 petitions have been filed with the VICP. Over that 30-year time period, 20,707 petitions have been adjudicated, with 8,696 of those determined to be compensable, while 12,011 were dismissed. Total compensation paid over the life of the program is approximately \$4.7 billion.”*<sup>46</sup>

This establishes that over 30 years, 42% of petitions have confirmed vaccine injuries and \$540,478.38 in average compensation has been paid out per approved petition.

In just over one year, the Vaccine Adverse Events Reporting System (VAERS) all healthcare providers are required by law to report EUA-approved COVID vaccine

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<sup>44</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7040e3.htm>

<sup>45</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770146>

<sup>46</sup> <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/vicp-monthly-report-template-02-01-22.pdf>

injuries to, confirms over 1.1 Million injuries following COVID vaccine administration.

For data published through February 11, 2022, VAERS also confirms 34,149 cases of Myocarditis or Pericarditis, 130,774 Hospitalizations, 27,305 Life Threatening situations, 43,476 Permanent Injuries, 23,990 Deaths, and 7,072 Deaths within 48 hours post-COVID vaccine administration.

If only 42% of VAERS reported injuries were approved for compensation for injuries induced by the EUA-approved COVID vaccines, then there would be approximately 470,000 Americans approved for injury compensation.

If the average compensation of \$540,478.38 holds as a good benchmark for average compensation, then the total compensation for COVID inoculation injury could exceed \$254 Billion for injuries incurred in only a single year.

\$254 Billion for injuries incurred over a single year for COVID vaccine injury compared to \$4.7 Billion in vaccine injury compensation over the previous 30 years for all other vaccines is a staggering increase in injury compensation. Thus, the projected cost for a single year of COVID vaccine injuries will be 54 times the cost of all other vaccine injuries, from all other vaccines, over the previous 30 years combined.

## **Economic Injuries**

(Citations for the information provided can be found in **Exhibit M – COVID-19 US**)

- On average, the total economic and societal impact of seasonal flu on the U.S. annually is \$11.2 Billion; ranging from a low of \$6.3B to a high of \$25.3B. Current COVID two-year spending totals \$3.5T for an average of \$1.75T/year. Applied to the established range for annual flu spending, the COVID increase is \$1.1437-\$1.7247 Trillion.
- Another study found that the total cost incurred by a family of four projects to \$196,475.
- The pandemic is projected to result in 625,000 premature deaths that economists have extrapolated to an overall cost to society of \$4.4 Trillion.
- Another study found that the lost contribution to economies due to mental disorders among young people are estimated at nearly \$390 billion per year.
- Economic fragility caused small business to bear the full brunt of business closings as more economically stable and resilient larger businesses and corporations thrived during the pandemic; especially 'big box stores'.
- A joint Harvard University and Brown University project [Harvard/Brown] put the total number of business closings at 9.4 Million but it is unable to determine the amounts that are permanent. Projections from the Federal Reserve estimate that number at 200,000.
- Two Harvard University economists projected the total economic impact of COVID-19 at \$16 Trillion [\$16,000,000,000,000.] For scale, "Converted into today's money, \$10.3trn is enough to buy the ten biggest listed companies in

the world, including Amazon, Apple and Saudi Aramco. It is also enough to buy all the property in New York City nine times over.”

- The \$16 Trillion figure includes \$3.5T in current actual spending with budgetary obligations to \$4T; while contributing \$5.132T to the deficit.
- Appropriate testing for pandemic prevention is projected at \$100B.

### **Right To Petition**

On behalf of all Americans adversely impacted by COVID, we request that any Court, U.S. Attorney, state Attorney General, District Attorney or similarly appropriate party reviewing this formal petition immediately present the grand jury foreman with this petition and all preliminary exhibits submitted, within seven days of receipt of this petition.

### **Relevant Case Law Supporting Our Right to Petition**

(1) The right to petition a grand jury is codified in the First Amendment to the United States Constitution and in **18 USC §3332 Powers and Duties**;

(a) It shall be the duty of each such grand jury impaneled within any judicial district to inquire into offenses against the criminal laws of the United States alleged to have been committed within that district. Such alleged offenses may be brought to the attention of the grand jury by the court or by any attorney appearing on behalf of the United States for the presentation of evidence. Any such attorney receiving information concerning such an alleged offense from any other person shall, if requested by such other person, inform the grand jury of such alleged offense, the identity of such other person, and such attorney’s action or recommendation.

(b) Whenever the district court determines that the volume of business of the special grand jury exceeds the capacity of the grand jury to discharge its obligations, the district court may order an additional special grand jury for that district to be impaneled.”<sup>47</sup>

(2) This right is also affirmed again by *In Re Grand Jury Application*: “Since the United States Attorney has been requested to present certain information to the grand jury he must do so. I will not relieve him of a duty which Congress has seen fit to impose. 18 U.S.C. § 3332(a) imposes a "plainly defined and peremptory duty" on the part of the United States Attorney to present the plaintiffs' information concerning the alleged wrongdoing of the other defendants to the grand jury.”<sup>48</sup>

(3) The right to petition a grand jury exists prior to the United States Constitution, and we assert on this right.<sup>49</sup>

(4) The **Justice Manual** confirms the independence of the grand jury; “The prosecutor must recognize that the grand jury is an independent body.”<sup>50</sup>

(5) **The Fifth Amendment** “presupposes an investigative body acting independently of either prosecuting attorney or judge.”<sup>51</sup>.

(6) **In *Frisbie v. United States***, it is said by Justice Brewer, “But, in this country the common practice for the grand jury to investigate any alleged crime, no matter how or by whom suggested to them, and, after determining that the evidence is

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<sup>47</sup> 18 U.S.C. § 3332.

<sup>48</sup> 617 F. Supp. at 206.

<sup>49</sup> See *McDonald v Smith*, (472 U. S. 479, 482–484 (1985); *District of Columbia v. Heller*, (554 U.S. 570, 579, 592 (2008)).

<sup>50</sup> Justice Manual, 9-1.010, <https://www.justice.gov/jm/jm-9-11000-grand-jury> (Jan. 2020) (viewed Mar. 4, 2022).

<sup>51</sup> *United States v. Dionisio*, 410 U.S. 1, 16 (1973).

sufficient to justify putting the party suspected on trial, to direct the preparation of the formal charge or indictment.”<sup>52</sup>

(7) “[Grand juries] are not appointed for the prosecutor or for the court; they are appointed for the government and for the people . . . .”<sup>53</sup>

## **Section 2: Relevant Federal Laws**

All federal agencies are required to comply with the Administrative Procedures Act, the Paperwork Reduction Act, and the Information Quality Act. Below is a summary of relevant law.

### **Administrative Procedures Act (APA)**

One of the primary objectives of the Administrative Procedures Act (APA) 5 USC §551 et seq. (1946) is to govern the process by which federal agencies develop and issue regulations. This includes requirements for publishing in the Federal Register notices of both proposed and final rulemaking, and it provides opportunities for public comment on proposed rules. Most rules have a 30-day delayed effective date. The APA also addresses other agency actions including the issuance of policy statements.

<https://www.archives.gov/federal-register/laws/administrative-procedure>

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<sup>52</sup> 157 U.S. 160, 163 (1895).

<sup>53</sup> *Hale v. Henkel*, 201 U.S. 43, 62 (1906).

## **Paperwork Reduction Act (PRA) &**

### **Creation of the Office of Information of Regulatory Affairs (OIRA)**

The Paperwork Reduction Act (PRA) (44 U.S.C. §§ 3501–3521, Public Law 96-511, 94 Stat. 2812) passed on December 11, 1980, and later amended on May 22, 1995 (44 U.S.C. §§ 3501–3521, Public Law 104-13, 109 Stat. 182) gives authority over collection of certain information by Federal agencies to the Office of Management and Budget (OMB).

To facilitate this, the PRA created within the OMB a new Office of Information and Regulatory Affairs (OIRA). The OIRA is the “central authority for the review of Executive Branch regulations, approval of Government information collections, establishment of Government statistical practices, and coordination of Federal privacy policy.”

<https://www.whitehouse.gov/omb/information-regulatory-affairs/>

<https://www.govinfo.gov/content/pkg/USCODE-2011-title44/pdf/USCODE-2011-title44-chap35.pdf>

### **Information Quality Act (IQA)**

Congress passed the Information Quality Act (IQA i.e., the Data Quality Act) in 2000, which amended the PRA and added two additional requirements. (Section 515 of the Congressional Consolidated Appropriations Act, 2001 Public Law 106-554) The first provision directs the OMB to issue information quality guidelines for Federal agencies to follow to ensure and maximize the quality, objectivity, utility, and

integrity of information, including statistical information, disseminated by federal agencies.

The second provision sets out the requirements for those guidelines, including the requirement that affected federal agencies must establish a process for people to submit correction requests when they believe that the information quality guidelines have not been followed.

<https://www.state.gov/information-quality-act>

<https://www.fws.gov/informationquality/section515.html>

### **18 USC §1031 – Major Fraud Against the United States**

“Whoever knowingly executes, or attempts to execute, any scheme or artifice with the intent (1) to defraud the United States; or (2) to obtain money or property by means of false or fraudulent pretenses, representations, or promises, in any grant, contract, subcontract, subsidy, loan, guarantee, insurance, or other form of Federal assistance, including through the Troubled Asset Relief Program, an economic stimulus, recovery or rescue plan provided by the Government, or the Government’s purchase of any troubled asset as defined in the Emergency Economic Stabilization Act of 2008, or in any procurement of property or services as a prime contractor with the United States or as a subcontractor or supplier on a contract in which there is a prime contract with the United States, if the value of such grant, contract, subcontract, subsidy, loan, guarantee, insurance, or other form of Federal assistance, or any constituent part thereof, is \$1,000,000 or more shall, subject to the

applicability of subsection (c) of this section, be fined not more than \$1,000,000, or imprisoned not more than 10 years, or both.”

<https://www.law.cornell.edu/uscode/text/18/1031>

## **18 USC §1040 – Fraud in Connection with Major Disaster or Emergency**

### **Benefits**

“Whoever, in a circumstance described in subsection (b) of this section, knowingly (1) falsifies, conceals, or covers up by any trick, scheme, or device any material fact; or (2) makes any materially false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or representation, in any matter involving any benefit authorized, transported, transmitted, transferred, disbursed, or paid in connection with a major disaster declaration under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170) or an emergency declaration under section 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5191), or in connection with any procurement of property or services related to any emergency or major disaster declaration as a prime contractor with the United States or as a subcontractor or supplier on a contract in which there is a prime contract with the United States, shall be fined under this title, imprisoned not more than 30 years, or both.”

<https://www.law.cornell.edu/uscode/text/18/1040>

### **18 USC §371 – Conspiracy to Defraud the United States**

“If two or more persons conspire either to commit any offense against the United States, or to defraud the United States, or any agency thereof in any manner or for any purpose, and one or more of such persons do any act to effect the object of the conspiracy, each shall be fined under this title or imprisoned not more than five years, or both.”

<https://www.law.cornell.edu/uscode/text/18/371>

### **18 USC §1035 – False Statements Related to Healthcare Matters**

“Whoever, in any matter involving a health care benefit program, knowingly and willfully (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; or (2) makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items, or services, shall be fined under this title or imprisoned not more than 5 years, or both.”

<https://www.law.cornell.edu/uscode/text/18/1035>

### **18 USC §1001 (a) – False Statements**

“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.”

<https://www.law.cornell.edu/uscode/text/18/1001>

### **18 USC §1038 – False Information and Hoaxes**

“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.”

<https://www.law.cornell.edu/uscode/text/18/1038>

### **18 USC §2331 (Chapter 113B) – Domestic Terrorism**

“Definitions: As used in this chapter (5) the term “domestic terrorism” means activities that (A) involve acts dangerous to human life that are a violation of the criminal laws of the United States or of any State; (B) appear to be intended (i) to intimidate or coerce a civilian population; (ii) to influence the policy of a government by intimidation or coercion; or (iii) to affect the conduct of a government by mass destruction, assassination, or kidnapping;...”

<https://www.law.cornell.edu/uscode/text/18/2331>

### **18 USC §3333 – Malfeasance**

“A special grand jury impaneled by any district court, with the concurrence of a majority of its members, may, upon completion of its original term, or each extension thereof, submit to the court a report: (1) concerning noncriminal misconduct, malfeasance, or misfeasance in office involving organized criminal activity by an appointed public officer or employee as the basis for a recommendation of removal or disciplinary action; or (2) regarding organized crime conditions in the district. (etc.)”

<https://www.law.cornell.edu/uscode/text/18/3333>

### **18 USC §242 – Deprivation of Rights Under Color of Law**

“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.”

<https://www.law.cornell.edu/uscode/text/18/242>

### **18 USC §241 – Conspiracy Against Rights**

“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.”

<https://www.law.cornell.edu/uscode/text/18/241>

#### **18 USC §1622 – Subornation of Perjury**

“Whoever procures another to commit any perjury is guilty of subornation of perjury and shall be fined under this title or imprisoned not more than five years, or both.” <https://www.law.cornell.edu/uscode/text/18/1622>

#### **18 USC §4 – Misprision of Felony**

“Whoever, having knowledge of the actual commission of a felony cognizable by a court of the United States, conceals and does not as soon as possible make known the same to some judge or other person in civil or military authority under the United

States, shall be fined under this title or imprisoned not more than three years, or both.”

<https://www.law.cornell.edu/uscode/text/18/4>

### **Section 3: Federal Agencies**

Research conducted points to, but is not limited to, the following federal agencies being immediately worthy of grand jury investigation regarding the allegations of willful misconduct presented in this formal grand jury petition:

#### **Department of Health and Human Services (HHS)**

##### **Former Secretary Alex Azar, Incumbent Secretary Xavier Becerra**

The Department of Health and Human Services (HHS) is a cabinet level department. The HHS is a federal agency within the Executive Branch.

<https://www.hhs.gov/>

#### **Centers for Disease Control (CDC)**

##### **Former Director Robert Redfield, Incumbent Director Rochelle Walensky**

The Centers for Disease Control and Prevention (CDC) is a federal agency within the HHS. The CDC is responsible for developing evidence-based public health strategies, monitoring disease statistics, and providing effective guidance for citizens and public officials in times of public health crises.

<https://www.cdc.gov/>

## **National Center for Health Statistics (NCHS)**

### **Incumbent Brian Moyer Assumed Leadership on March 30, 2020**

The National Center for Health Statistics (NCHS) is a federal agency within the CDC. The NCHS is the nation's principal health statistics agency, compiling statistical information to guide actions and policies to ensure the health of the population.

<https://www.cdc.gov/nchs/nvss/index.htm>

## **National Vital Statics Service (NVSS)**

The National Vital Statistics System (NVSS) is a federal agency within the NCHS. The NVSS is responsible for the accurate collection of data for all births, deaths, and disease processes attributed to citizens of the United States of America.

<https://www.cdc.gov/nchs/nvss/index.htm>

## **Office of Management and Budget (OMB)**

The Office of Management and Budget (OMB) is a federal agency within the Executive Branch that serves the President of the United States by assisting the President with management and regulatory objectives, among other things, and to fulfill the agency's statutory responsibilities.

<https://www.whitehouse.gov/omb/>

## **Office of Information and Regulatory Affairs (OIRA)**

Within the OMB, the Office of Information and Regulatory Affairs (OIRA) is tasked with ensuring that all federal agencies are in legal compliance with the APA, PRA, and IQA.

<https://www.whitehouse.gov/omb/information-regulatory-affairs/>

### **Section 4: Resources & Exhibits**

#### **Many Experts Support This Request**

This formal petition is supported by individuals considered to be subject matter experts in their respective fields. These subject matter experts represent the disciplines of statistical analysis, certified death certificate reporting, federal law, medicine, virology, epidemiology, and other fields relevant to these matters.

The list of subject matter experts available for testimony, estimated to be 72 to 90 hours, or to provide affidavits at the behest of the grand jury includes, but is not limited to:

Dr. Henry L. Ealy III

Senator Dennis Linthicum

Senator Kim Thatcher

Maddie de Garay

Stephanie de Garay

Amanda Damian

Dr. James Lyons-Weiler

Dr. Sin Hang Lee

Dr. Peter McCullough

Dr. Paul Alexander

Dr. Pierre Kory

Dr. Michael Yeadon

Dr. David Martin

Thomas Renz, esq.

George Wentz, esq.

Tricia Lindsey, esq.

Kevin Jenkins, CEO

Steve Kirsch, data analyst

John Beaudoin, data and legal analyst

Keith Wilkins, investigative researcher

Joy Fritz, certified death reporting clerk

Foster Gamble, investigative researcher

Amy Bohn, CEO

These experts and more are ready, willing and able to substantiate these allegations at the request of the grand jury.

### **Resources Supporting This Petition**

To support this formal petition, Exhibits A thru M are provided as evidence of these allegations against the Defendants:

- **Exhibit A** – COVID-19 Objective Review of Available Infection, Safety & Efficacy Data & Research For COVID-19 Disease & Experimental COVID Biologics
- **Exhibit B** – COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective (Peer-Reviewed)

This is a detailed, peer-reviewed look into the historical timeline describing how the CDC appears to have violated federal law and how these violations have adversely impacted COVID-19 data leading to public health policies that compromised the Constitutionally protected rights of all Americans.

[https://cf5e727d-d02d-4d71-89ff-](https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_c39029cd980642e48797cdb2ef965972.pdf)

[9fe2d3ad957f.filesusr.com/ugd/adf864\\_c39029cd980642e48797cdb2ef965972.pdf](https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_c39029cd980642e48797cdb2ef965972.pdf)

- **Exhibit C** – COVID-19: Restoring Public Trust During A Global Health Crisis (Peer-Reviewed)

This is a detailed, peer-reviewed look into alleged acts of Willful Misconduct conducted by elected and appointed officials within federal, state, and county governments. In this manuscript the authors review the scientific literature regarding the alleged fraud of asymptomatic transmission, PCR testing, withholding of evidence-based treatments from people in need, violations of federal law, projection models used to manipulate public perception of the emergency, and the significant problems with the COVID vaccine clinical trials that should have prevented them from advancing through phasic testing.

[https://www.greenmedinfo.com/sites/default/files/cdn/Position\\_Paper\\_v24\\_FINA\\_L.pdf](https://www.greenmedinfo.com/sites/default/files/cdn/Position_Paper_v24_FINA_L.pdf)

- **Exhibit D** – April 2020 NVSS Guidance for Certifying Death Certificates

This guidance, published by the CDC in April 2020, was used to exemplify the changes to death certificate reporting exclusively for COVID. The CDC and NVSS did not notify the Federal Register to initiate federal oversight or public comment as required by federal laws mentioned previously.

<https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

- **Exhibit E** – March 24, 2020, NVSS COVID Alert No. 2

This document significantly modified how certificates of death were recorded exclusively for COVID-19.

<https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf>

- **Exhibit F** – CDC Medical Examiners and Coroners Handbook on Death Registration (Most Recent Version 2003)

This handbook, published by the CDC, has been in use nationwide in every state since 2003 without incident. This is the proven handbook that the CDC and NVSS elected to abandon in favor of new and untested guidelines for certificate of death

recording that did not have proper legal oversight, opportunity for independent peer-review, or public comment.

[https://www.cdc.gov/nchs/data/misc/hb\\_me.pdf](https://www.cdc.gov/nchs/data/misc/hb_me.pdf)

- **Exhibit G** – April 5, 2020, Council of State & Territorial Epidemiologists (CSTE) Position Paper Adopted By CDC on or around April 15, 2020.

This document significantly lowered the medical standards for what constitutes a COVID-19 case and has had far-reaching consequences by inaccurately increasing case counts, hospitalizations, and fatalities. This document also neglected to define a methodology for ensuring that the same individual was not counted multiple times in data collection. The CSTE is not a federal agency. They are a non-profit organization. This paper includes authors from state health departments (page 8) and subject matter experts from the CDC (page 7).

[https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/Interim-20-ID-01\\_COVID-19.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/Interim-20-ID-01_COVID-19.pdf)

- **Exhibit H** – Federal Register Screen Captures, Search Term “COVID” Proving CDC Never Notified Federal Register To Make Changes To Data Definitions Or Collection For Death Certificate Reporting As They Are Required To By Law And Have Done Thousands Of Times For Much Smaller Changes.

**See Attachment.**

- **Exhibit I** – Federal Register Screen Captures, Search Term “CSTE” Proving CDC Never Notified Federal Register To Make Changes To Data Definitions Or Collection For COVID Diagnosis As They Are Required To By Law.

**See Attachment.**

- **Exhibit J** – Federal Register Screen Captures, Search Term “NVSS” Proving NVSS Never Notified Federal Register To Make Changes To Data Definitions Or Collection For COVID Diagnosis Or Death Certificate Reporting As They Are Required To By Law.

**See Attachment.**

- **Exhibit K** – Vaccine Efficacy Failure Surveillance (aka Vaccine Breakthrough Surveillance) summary by state. Please note that only 28 of 51 state public health departments are reporting Vaccine Breakthrough Surveillance.

**See Attachment.**

- **Exhibit L** – COVID Hospitalization Data Fraud nationwide summary based exclusively upon datasets published by the CDC in 2 locations cited.<sup>54,55</sup>

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<sup>54</sup> [https://covid.cdc.gov/covid-data-tracker/?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#hospitalizations](https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#hospitalizations)

<sup>55</sup> [https://covid.cdc.gov/covid-data-tracker/?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#covidnet-hospitalization-network](https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#covidnet-hospitalization-network)

**See Attachment.**

- **Exhibit M** – COVID US Economic Impact independent research report with full citations.

**See Attachment.**

- **Exhibit N** – Communications Proving Elected Officials Have Been Denied Records Requests Regarding Access To COVID Data.

**See Attachment.**

- **Exhibit O** – Image of Receipts for priority mailing. Available for the full and complete inspection of grand jurors upon subpoena.

**See Attachment.**

- **Exhibit P** – Image of Receipts for certified mailing. Available for the full and complete inspection of grand jurors upon subpoena.

**See Attachment.**

- **Exhibit Q** – Communications between Plaintiffs and the Honorable Scott Asphaug and DOJ.

**See Attachment.**

This grand jury petition can be viewed as a complaint should the grand jury need or choose to do so. This grand jury petition is intended to assist grand jury members orienting themselves to the scope of alleged crimes and alleged acts of willful misconduct. This grand jury petition is also a synopsis of the actions of the parties involved, key findings, and relevant laws related to these allegations. All public servants and independent contractors working for the HHS, CDC and NVSS are required to comply with the Administrative Procedures Act (“APA”), the Paperwork Reduction Act (“PRA”), and the Information Quality Act (“IQA”). These three laws provide essential oversight of federal agencies and ensure accuracy in data collection, analysis, and publication. We allege that violation of these three federal laws by the Defendants has led to significant crimes against the United States and the citizens of our great nation.

### **PRAYERS**

Petitioners humbly request that this Honorable Court affirmatively exercise its authority as to this request, and that notification of receipt of this Petition by the Grand Jury be made via communication to Petitioners at the addresses associated with each.

Further, upon a special federal grand jury being impaneled, that they call upon witnesses and make inquiries to determine whether the Defendants violated federal law and committed acts of willful misconduct that significantly compromised

the accuracy and integrity of COVID-related data leading to rampant data fraud being used to drive public health policy at national, state, and county levels.

If it is determined that the Defendants named and/or any subordinates within the HHS, CDC, and NVSS violated federal laws and/or committed acts of willful misconduct or criminal acts, the Petitioners, acting on behalf of all American citizens adversely impacted, request the grand jury to take immediate action to stop the dissemination of fraudulent data by the HHS, CDC, and NVSS.

Upon stopping the dissemination of fraudulent data, the Petitioners request the grand jury to exercise their full authority to seek correction of the fraudulent data by way of full, independent and transparent audits of all COVID data. Correcting the public record for all COVID data is essential in the restoration of trust and confidence between the public and public health agencies due to the considerable physical, emotional, and economic harm the American people have endured as a result of the fraud committed.

If it is determined that the Defendants at the HHS, CDC, and NVSS, including any contractors or persons within organizations, violated federal laws and/or committed acts of willful misconduct and/or criminal acts, we request the grand jury to present or indict, or in the alternative cause the impeachment of, all parties discovered to have been responsible for such violations and/or acts.

If it is determined that any public official mentioned herein or is otherwise determined by this grand jury to have committed acts of fraud against the United

States and received ill-gotten gains as a result of their crimes, that the grand jury instruct US Department of Justice to commence forfeiture proceedings immediately.

If these allegations are confirmed to be true, in total or in part, that the Grand Jury find the resulting impact of violation of federal law leading to rampant data fraud appears to have caused unprecedented and potentially irreparable harm to the public health, to the public trust, to American civil rights and civil liberties guaranteed by the US Constitution, to the US Taxpayer, and the overall US Economy.

Dated this 4<sup>th</sup> day of March 2022.



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The Honorable Dennis Linthicum  
Senator, Oregon District 28  
900 Court St. NE, S-305  
Salem, Oregon 97301



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The Honorable Kim Thatcher  
Senator, Oregon District 13  
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