

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA**

AMERICA’S FRONTLINE DOCTORS, INC.,  
a 501C3 Organization; DR. DAVID CALDERWOOD, an  
individual; JOSEPH MAKOWSKI, an individual; LYLE  
BLOOM, an individual; ELLEN MILLEN, an individual;  
JODY SOBCZAK, an individual; MICHAEL NELSON, an  
individual; and JOSEPH LEAHY, an individual;

Plaintiffs,

vs.

the UNITED STATES OF AMERICA; JOSEPH R. BIDEN,  
JR., in his official capacity as President of the United States;  
XAVIER BECERRA, Secretary of the U.S. Department of  
Health and Human Services, in his official and personal  
capacities, DR. ANTHONY FAUCI, Director of the National  
Institute of Allergies and Infectious Diseases, in his official  
and personal capacities, DR. JANET WOODCOCK, Acting  
Commissioner of the Food and Drug Administration, in her  
official and personal capacities, U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES; the FOOD AND  
DRUG ADMINISTRATION; the CENTER FOR DISEASE  
CONTROL AND PREVENTION; the NATIONAL  
INSTITUTE OF HEALTH; the NATIONAL INSTITUTE  
OF ALLERGIES AND INFECTIOUS DISEASES; and  
DOES I-X

Defendants.

Civil Action No.  
2:21-cv-00702-CLM

**AMENDED COMPLAINT**

**Jury Trial Demanded**

**COMPLAINT**

**INTRODUCTION**

1  
2 Plaintiffs are either individuals facing a COVID vaccine mandate, or organizations whose  
3 members have received a COVID-19 vaccine mandate. Plaintiffs contend that no emergency  
4 exists and thus all EUAs and emergency actions are invalid, the EUAs were issued in bad faith  
5 and in violation of the law, the COVID-19 vaccines were misbranded, and any mandate of the  
6 COVID-19 vaccines is unconstitutional.

7 This challenge will establish that, illegally and in bad faith, the following are true:

- 8
- 9     ▪ The COVID vaccine mandates are unlawful and unconstitutional. Further, Plaintiffs  
10       assert that the declaration of an emergency, issuance of an EUA, current branding of  
11       the COVID-19 vaccines, and mandate of vaccines authorized under said EUA cannot  
12       be supported under the following circumstances which will be demonstrated at trial:
    - 13       • Over 99.8% of all those infected with COVID survive with the number being far  
14         higher in a vast majority of the population. Even the highest risk population has  
15         approximately a 95% recovery rate which is substantially higher than many other  
16         diseases we have lived with for centuries with no emergency measures taken. (Hence  
17         *no emergency exists*).
    - 18       ▪ Merriam Webster defines an emergency as: an unexpected and usually dangerous  
19         situation that calls for immediate action.<sup>1</sup> It is undisputed that COVID-19 will remain  
20         with us forever and thus this is not an emergency. If we allow emergency measures  
21         indefinitely we are constructively amending the Constitution and rewriting legislation  
22         through the use of the emergency declaration.
    - 23       ▪ Those who survive COVID-19 or it's variants ("COVID") obtain robust and durable  
24         natural immunity. The natural immunity so obtained is superior to COVID vaccine-  
25         induced immunity.
    - 26       ▪ Adequate alternative treatments exist.
    - 27       ▪ The COVID vaccines are ineffective against the Delta strain of COVID, which the  
28         Center for Disease Control ("CDC") states is the dominant (>99%) strain spreading  
29         throughout the United States.
    - 30       ▪ The CDC Director has acknowledged that the COVID vaccines do not prevent  
31         infection or transmission of COVID: "[W]hat the vaccines can't do anymore is  
       prevent transmission."<sup>2</sup> The CDC has also acknowledged that the vaccinated and

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<sup>1</sup> <https://www.merriam-webster.com/dictionary/emergency>. Retrieved 10/29/2021

<sup>2</sup> As the Wuhan vaccine cannot stop transmission of Delta, several studies have proven that the vaccinated are passing the Delta strain amongst each other. For example, as reported by the NEJM, University of San Diego healthcare workers. The New England Journal of Medicine, Resurgence of SARS-CoV-2 Infection in a Highly Vaccinated Health System Workforce (September 30, 2021). <https://www.nejm.org/doi/full/10.1056/NEJMc2112981>.

32 unvaccinated are equally likely to spread the virus.<sup>3</sup>

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- The CDC changed its definition of “vaccine” in August 2021 without following any formal rulemaking process despite the word vaccine carrying important legal implications. Plaintiffs will show this to be a substantive rule change subject to notice and comment under the Administrative Procedures Act (“APA”). This process did not occur prior to these changes.
  - Plaintiffs contend that the vaccines are not actually vaccines.
  - On October 22, 2020, during a web-conference/meeting of the Vaccines and Related Biological Products Advisory Committee of the FDA, a slide was shown to the attendees disclosing likely known adverse consequences of the vaccines. Despite this disclosure the COVID vaccines have been relentlessly misbranded, without limitation, as both “vaccines” and as “safe and effective”.
  - Mandating COVID vaccines violates the fundamental right of bodily integrity protected by United States Constitution as stated in *Planned Parenthood v. Casey*, 505 U.S. 833 which cited and largely overturned *Jacobson v Massachusetts*.
  - The COVID vaccines cause a significantly higher incidence of injuries, adverse reactions, and deaths than any prior vaccines that have been allowed to remain on the market and pose a significant health risk to recipients.
  - As COVID vaccines do not prevent the infection or transmission of COVID but do result in a significant number of adverse events and deaths, Plaintiffs allege that the authorization alone is an illegal abuse of discretion, and the mandate of these vaccines is an unconscionable act done in bad faith.

54 **THE PARTIES**

55 **PLAINTIFFS**

56 **AMERICA’S FRONTLINE DOCTORS (“AFLDS”)** is a non-partisan, not-for-profit  
57 organization of hundreds of member physicians that come from across the country, representing  
58 a range of medical disciplines and practical experience on the front lines of medicine.

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<sup>3</sup> [https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s\\_cid=mm7031e2\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w)

59 Many of AFLDS member physician’s employers subscribe to and follow the  
60 recommendations of the American Medical Association (“AMA”). In a special meeting in  
61 November of 2020, the AMA’s Council on Ethical and Judicial Affairs, updated a previously  
62 published Ethics Opinion in the AMA Code of Medical Ethics as opinion 8.7, “Routine  
63 Universal Immunization of Physicians.”

64 In this updated opinion, the astonishing position was taken that not only do physicians  
65 have an ethical and moral obligation to inject themselves with the experimental COVID  
66 vaccines, but they also have an ethical duty to encourage their patients to do likewise. The ethics  
67 opinion repeatedly uses the phrase “safe and effective” as a descriptor for the experimental  
68 COVID-19 vaccination. The AMA’s ethics opinion goes on to state that institutions may have a  
69 responsibility to require immunization of all staff.

70 “Physicians and other health care workers who decline to be immunized with a safe and  
71 effective vaccine, without a compelling medical reason, can pose an unnecessary medical risk to  
72 vulnerable patients or colleagues,” said AMA Board Member Michael Suk, MD, JD, MPH,  
73 MBA. “Physicians must strike an ethical balance between their personal commitments as moral  
74 individuals and their obligations as medical professionals.”

75 The ethical opinion adopted by the AMA House of Delegates declares that doctors:

76 *have an ethical responsibility to encourage patients to accept immunization when*  
77 *the patient can do so safely, and to take appropriate measures in their own*  
78 *practice to prevent the spread of infectious disease in health care settings.*  
79 *Physician practices and health care institutions have a responsibility to*  
80 *proactively develop policies and procedures for responding to epidemic or*  
81 *pandemic disease with input from practicing physicians, institutional leadership,*  
82 *and appropriate specialists. Such policies and procedures should include robust*  
83 *infection-control practices, provision and required use of appropriate protective*  
84 *equipment, and a process for making appropriate immunization readily available*  
85 *to staff. During outbreaks of vaccine-preventable disease for which there is a*  
86 *safe, effective vaccine, institutions’ responsibility may extend to requiring*  
87 *immunization of staff.*

88 It is clear from this ethics opinion that AFLDS member physicians would be considered  
89 by their employers to be both morally and ethically bound by a duty to encourage 12–15-year-  
90 old minors to receive the experimental COVID-19 vaccination injection.

91 A great number of AFLDS member physicians and medical workers are currently facing  
92 COVID vaccine mandates at threat of their “job”.

93 It is critical to point out that for AFLDS member physicians, the practice of medicine is  
94 not simply a job. Neither is it merely a career. Rather, it is a sacred trust. It is a true high calling  
95 that often requires a decade or more of highly focused sacrificial dedication to achieve.

96 To grasp the irreparable nature of the harm they face, one must consider the ease with  
97 which even an anonymous report can be made that may injure or haunt a physician’s career. The  
98 National Physicians Database (“NPDB”) was created by Congress with the intent of providing a  
99 central location to obtain information about practitioners. However, as Darryl S. Weiman, M.D.,  
100 J.D. pointed out, the “black mark of a listing in the NPDB may not accomplish what the law was  
101 meant to do; identify the poor practitioner.” Weiman goes on to point out that “It is the threat of  
102 a NPDB report which prevents the open discussion, fact-finding, and broad-based analysis and  
103 problem solving which was the intent of the meaningful peer-review of the HCQIA.”

104 The gross imbalance of equities between an individual physician and the various large  
105 institutions and pharmaceutical companies which exert tremendous sway over their professional  
106 calling has many physicians fearful of pushing back against COVID vaccine mandates.

107 AFLDS may assert and protect the rights of its members as an association. (*see Doe v.*  
108 *Stincer*, 175 F.3d 879 (11th Cir. 1999). *See also Pa. Psychiatric Society v. Green Spring Health*  
109 *Servs., Inc.*, 280 F.3d 278 (3d Cir.2002); *Association of American Physicians & Surgeons, Inc.*  
110 *v. Texas Medical Board*, 627 F.3d 547 (5th Cir. 2010); *Retired Chi. Police Ass’n v. City of*

111 Chicago, 7 F.3d 584, 601-02, 608 (7th Cir. 1993). Cf., *and Ass'n of Am. Physicians & Surgeons*  
112 *v. United States FDA*, No. 20-1784, 2021 U.S. App. LEXIS 27157 (6th Cir. Sep. 9, 2021)).

113 **DR. DAVID CALDERWOOD (“Dr. Calderwood”)** is a physician licensed to practice  
114 medicine in the State of Alabama. He lives and works in Huntsville, Madison County, Alabama,  
115 and one of his patients is Plaintiff JOSEPH MAKOWSKI. DR. CALDERWOOD has advised  
116 MAKOWSKI to not take any of the vaccines at issue in this complaint due to his health  
117 condition(s). DR. CALDERWOOD is entitled to assert the rights of his patient. (*See Craig v.*  
118 *Boren*, 429 U.S. 190 (1976); *June Medical Services, LLC v. Russo*, 140 S.Ct. 2103, 2118-19  
119 (2020); *and Robinson v. Attorney Gen.*, 957 F.3d 1171, 1177 (11th Cir. 2020)).

120 **JOSEPH MAKOWSKI (“Makowski”)** lives and works in Huntsville, Alabama.  
121 Makowski works for a federal contractor that provides services on a federal installation in  
122 Madison County. Makowski’s employer has issued a mandate declaring that he must be  
123 vaccinated no later than November 8, 2021. However, Makowski’s physician, Dr. Calderwood,  
124 has advised that because of his medical problems, he should not take any Vaccine.\

125 **ELLEN MILLEN (“Millen”)** is a resident of Huntsville, Alabama and a Systems  
126 Engineer at Raytheon, a Federal Contractor. She has been employed there for 25 years. As a  
127 result of Defendant Biden’s Executive Order 14043 applicable to federal government employees,  
128 Millen confronts the vaccine mandate in November, 2021.

129 **LYLE BLOOM (“BLOOM”)** is a resident of Huntsville, Alabama and a Program  
130 Director for Cummings Aerospace, a federal contractor. As a result of Defendant Biden’s  
131 Executive Order 14043 applicable to federal government employees, Bloom confronts the  
132 vaccine mandate in November, 2021.

133 **JODY SOBCZAK (“SOBCZAK”)** is is a resident of Huntsville, Alabama and an  
134 employee of Boeing. As a result of Defendant Biden’s Executive Order 14043 applicable to  
135 federal government employees, both confront the vaccine mandate in November, 2021.

136 **MICHAEL NELSON (“Nelson”)** and **JOSEPH LEAHY (Leahy”)** are citizens and  
137 residents of Madison County, Alabama, and both are employed at the Marshall Space Flight  
138 Center in Huntsville. As a result of Defendant Biden’s Executive Order 14043 applicable to  
139 federal government employees, both confront the vaccine mandate in November, 2021.

140 **DEFENDANTS**

141 Defendants are the United States, the President of the United States, appointed officials  
142 of the United States government, and United States governmental agencies responsible for the  
143 issuance and implementation of the challenged actions.

144 **JOSEPH R. BIDEN, JR. (“President Biden”)** issued the challenged executive order.  
145 See 86 Fed. Reg. at 50,985.

146 **XAVIER BECERRA (“Secretary Becerra”)** is the current Secretary of the U.S.  
147 Department of Health and Human Services. He is being sued in his official capacity.

148 **DR. ANTHONY FAUCI (“Dr. Fauci”)** is the Director of Defendant National Institute  
149 of Allergies and Infectious Diseases, a federal sub-agency of the Department of Health and  
150 Human Services. He is being sued in his official capacity.

151 **DR. JANET WOODCOCK (“Dr. Woodcock”)** is the current Acting Commissioner of  
152 the Food and Drug Administration, a federal sub-agency of the Department of Health and  
153 Human Services. She is being sued in her official capacity.

154 **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (“DHHS”)** is a  
155 federal agency.

156 **FOOD AND DRUG ADMINISTRATION (“FDA”)** is a federal sub-agency of DHHS.

157 **CENTER FOR DISEASE CONTROL AND PREVENTION (“CDC”)** is a federal  
158 sub-agency of DHHS.

159 **NATIONAL INSTITUTE OF HEALTH (“NIH”)** is a federal sub-agency of DHHS.

160 **NATIONAL INSTITUTE OF ALLERGIES AND INFECTIOUS DISEASES**  
161 **(“NIAID”)** is a federal sub-agency of DHHS.

162 **DOES I - X**, are as yet unknown agencies and/or individuals who violated the law and  
163 harmed Plaintiffs.

164 The Federal Defendants have coordinated, collaborated, planned and conspired, each  
165 with the others, and aided and abetted each other to implement and undertake the unlawful  
166 actions described herein.

167 The federal contractor Defendants have issued COVID vaccine mandates at threat of  
168 employment, and/or have issued unlawful denials of religious accommodation exemptions from  
169 their employees.

### 170 **III. JURISDICTION, VENUE, STANDING**

171 This Court exercises subject matter jurisdiction under 28 U.S.C. § 1331, which confers  
172 original jurisdiction on federal district courts to hear suits arising under the laws and Constitution  
173 of the United States.

174 This Court also exercises subject matter jurisdiction in accordance with 28 U.S.C. §  
175 1361, which grants to district courts original jurisdiction “of any action to compel an officer or  
176 employee of the United States or any agency thereof to perform a duty owed to the plaintiff.”  
177 Defendants owe a duty to Plaintiffs to comply faithfully with § 360bbb-3 and 45 CFR Part 46,  
178 the provisions of which are intended to protect them.



179 This Court has the authority to grant the requested declaratory relief under 28 U.S.C. §  
180 2201, and the requested injunctive relief under 28 U.S.C. § 1343(a).

181 This Court has Jurisdiction under the Constitution of the United States and Authority  
182 under its own equitable powers.

183 This Court is the appropriate venue for this litigation pursuant to 28 U.S.C. § 1391(e)(1)  
184 since the Defendants are officers or employees of the United States acting in an official capacity  
185 or under color of legal authority, and agencies of the United States, and at least one Plaintiff  
186 resides in this District, and real property is not involved.

187 This Court has authority under Administrative Procedures Act (“APA”), which provides:  
188 “A person suffering legal wrong because of agency action, or adversely affected or aggrieved by  
189 agency action within the meaning of the relevant statute, is entitled to judicial review thereof.” (5  
190 U.S.C. § 702, et seq.). Further:

191 *[t]he reviewing court shall —*

192 *(2) hold unlawful and set aside agency action, findings, and conclusions found*  
193 *to be*

194 *(A) arbitrary, capricious, an abuse of discretion, or otherwise not in*  
195 *accordance with law;*

196 *(B) contrary to constitutional right, power, privilege, or immunity;*

197 *(C) in excess of statutory jurisdiction, authority, or limitations, or short of*  
198 *statutory right (5 U.S.C. § 706).*

199 Plaintiffs satisfy the “case-or-controversy” requirement of Article III of the Constitution  
200 and have standing to sue because they:

201 *[have] suffered an “injury in fact” that is (a) concrete and particularized and (b)*  
202 *actual or imminent, not conjectural or hypothetical; (2) the injury is fairly*  
203 *traceable to the challenged action of the defendant; and (3) it is likely, as opposed*  
204 *to merely speculative, that the injury will be redressed by a favorable decision.*  
205 *(Fla Wildlife Fed’n, Inc. v. S. Fla. Water Mgmt. Dist., 647 F.3d 1296, 1302 (11th*  
206 *Cir. 2011)).*  
207

208 In Home Building and Loan Association v. Blaisdell, 290 U.S. 398 (1934), the U.S.  
209 Supreme Court stated: “Whether an emergency exists upon which the continued operation of the  
210 law depends is always open to judicial inquiry.” (290 U.S. at 442, citing Chastleton Corp. v.  
211 Sinclair, 264 U.S. 543 (1924)).

212 In Sinclair, the Supreme Court stated: “A law depending upon the existence of  
213 emergency or other certain state of facts to uphold it may cease to operate if the emergency  
214 ceases or the facts change.” (264 U.S. at 547).

215 Both Blaisdell and Sinclair are clear authority that an emergency and the rules  
216 promulgated thereunder must end when the facts of the situation no longer support the  
217 continuation of the emergency. They also forbid this Court to merely assume the existence of a  
218 “public health crisis” based on the pronouncements of the Executive Defendants. They are clear  
219 authority that it is the duty of the court of first instance to grapple with this question and conduct  
220 an inquiry. “[A] Court is not at liberty to shut its eyes to an obvious mistake when the validity  
221 of the law depends upon the truth of what is declared.” (Id.)

222 The Sinclair court instructed lower courts to inquire into the factual predicate underlying  
223 a declaration of emergency, where there appears to have been a change of circumstances: “the  
224 facts should be gathered and weighed by the court of first instance and the evidence preserved  
225 for consideration by this Court if necessary.” (264 U.S. at 549).

## 226 **I. NO EMERGENCY EXISTS**

### 227 **The Emergency Use Authorization Framework**

#### 228 **Basis for DHHS Secretary’s Declaration of Emergency**

229 Section 360bbb–3(b) authorizes the DHHS Secretary to declare a “public health  
 230 emergency” justifying the emergency use of unapproved medical products, in relevant part as  
 231 follows (emphasis added):

- 232 *(b) Declaration of emergency or threat justifying emergency authorized use*  
 233 *(1) In General. The Secretary may make a declaration that the circumstances exist*  
 234 *justifying the authorization under this subsection for a product on the basis of—*  
 235 *[...]*  
 236 *(c) a determination by the Secretary that there is a public health emergency, or a*  
 237 *significant potential for a public health emergency, **that affects, or has a significant***  
 238 ***potential to affect, national security** or the health and security of*  
 239 *United States citizens living abroad, and that involves a biological, chemical,*  
 240 *radiological, or nuclear agent or agents, or a disease or condition that may be*  
 241 *attributable to such agent or agents;*  
 242

243 The DHHS Secretary declared a “public health emergency” pursuant to §360bbb–  
 244 3(b)(1)(C) on February 4, 2020, after making the relevant finding. Plaintiffs contend and the  
 245 facts set forth below demonstrate that the finding was made in error, without any real  
 246 justification, since there is no bona fide underlying public health emergency, and as such the  
 247 EUAs for the Vaccines are unlawful.

248 Criteria for Issuance of Emergency Use Authorization

249 Once the DHHS Secretary has declared a public health emergency, § 360bbb–3(c)  
 250 authorizes him to issue EUAs “only if” certain criteria are met, in relevant part as follows  
 251 (emphasis added):

- 252 *(c) Criteria for issuance of authorization. The Secretary may issue an*  
 253 *authorization under this section with respect to the emergency use of*  
 254 *a product **only if**, [...]* the Secretary concludes  
 255 *(1) that an agent referred to in a declaration under subsection (b) can cause a*  
 256 ***serious or life threatening disease or condition,***  
 257 *(2) that, based on the totality of scientific evidence available to the Secretary,*  
 258 *including **data from adequate and well-controlled clinical trials,** if*  
 259 *available, **it is reasonable to believe that—***  
 260 *(A) **the product may be effective in diagnosing, treating, or preventing—***  
 261 *(i) such disease or condition; or*

262 (ii) *a serious or life-threatening disease or condition caused by*  
263 *a product authorized under this section, approved or cleared*  
264 *under this chapter, or licensed under section 351 of the Public*  
265 *Health Service Act [42 U.S.C. 262], for diagnosing, treating, or*  
266 *preventing such a disease or condition caused by such an agent;*  
267 *and*

268 (B) *the known and potential benefits of the product, when used to*  
269 *diagnose, prevent, or treat such disease or condition, outweigh the*  
270 *known and potential risks of the product, taking into consideration*  
271 *the material threat posed by the agent or agents identified in a*  
272 *declaration under subsection (b)(1)(D), if applicable;*

273 (3) *that there is no adequate, approved, and available alternative to*  
274 *the product for diagnosing, preventing, or treating such disease or*  
275 *condition;*

276 Plaintiffs contend and the facts set forth below demonstrate that the Secretary has not met  
277 and cannot meet the criteria for issuing EUAs for the Vaccines.

278 Conditions of Authorization

279 Once an EUA has been issued, §360bbb-3(e) obligates the Secretary to establish such  
280 conditions on an authorization as are necessary to ensure that both healthcare professionals and  
281 consumers receive certain minimum required information, in relevant part as follows (emphasis  
282 added):

283 (e) *Conditions of authorization*

284 (1) *Unapproved Product*

285 (A) **Required** *conditions. With respect to the emergency use of an*  
286 *unapproved product, the Secretary [...] shall [...] establish*  
287 *[...]:*

288 (i) *Appropriate conditions designed to ensure that health care*  
289 *professionals administering the product are informed —*

290 (I) *that the Secretary has authorized the emergency use*  
291 *of the product;*

292 (II) *of the significant known and potential benefits and*  
293 *risks of the emergency use of the product, and of the*  
294 *extent to which such benefits and risks are known;*  
295 *and*

296 (III) *of the alternatives to the product that are available,*  
297 *and of their benefits and risks.*

- 298 (ii) *Appropriate conditions designed to ensure that individuals*  
 299 *to whom the product is administered are informed —*  
 300 *(I) that the Secretary has authorized the **emergency use***  
 301 *of the product;*  
 302 *(II) of the **significant known and potential benefits and***  
 303 ***risks** of the emergency use of the product, and of the*  
 304 *extent to which such benefits and risks are known;*  
 305 *and*  
 306 *(III) of the **option to accept or refuse** administration of*  
 307 *the product, of the consequences, if any, of refusing*  
 308 *administration of the product, and of the **alternatives***  
 309 *to the product that are available, and of their*  
 310 *benefits and risks.*  
 311 (iii) *Appropriate conditions for the **monitoring and reporting***  
 312 *of **adverse events** associated with the emergency use of*  
 313 *the product.*

314  
 315 Plaintiffs contend and the facts set forth below demonstrate that the Secretary has failed  
 316 to satisfy the conditions for authorization, because he has not ensured that healthcare  
 317 professionals and Vaccine subjects are properly informed, and because he has actively  
 318 suppressed and/or mischaracterized information relating to the Vaccines without which informed  
 319 consent cannot be provided and without which the conditions for authorization cannot be and  
 320 have never been met.

321 **The Vaccine EUAs are Unlawful — There is No Underlying Emergency**

322  
 323 In approximately January of 2020, the media began creating and circulating news stories  
 324 that seemed designed to generate panic, regarding a new and deadly disease that could kill us all.  
 325 This was odd given that the estimated fatality rate at the time was between 2-4%. By contrast,  
 326 tuberculosis has a fatality rate of approximately 10%, the original SARS virus had a fatality rate  
 327 of approximately 9%, and the MERS virus had a fatality rate of approximately 30% — all had  
 328 similar rates of spread.

329 The actual COVID-19 statistics present a vastly different picture than the one painted by  
 330 the media — a fatality rate of 0.2% globally, dropping to 0.03% for persons under age 70, which  
 331 is comparable to the yearly flu. Further, statistically, the fatality risk is limited to the elderly  
 332 population. The Defendants’ own data published through publicly accessible government  
 333 portals<sup>4</sup> establishes that there is no public health emergency due to SARS-CoV-2 and COVID-  
 334 19:

<b>United States Totals</b>	
COVID-19 Emergency Room Visits	1.2% are due to COVID-19 (In 26 states, COVID-19 accounts for less than 1% of ER visits. The highest percentage is 3.1%).
COVID-19 Inpatients	4% of all inpatients are due to COVID-19
COVID-19 ICU Patients	9% of all ICU are due to COVID-19
COVID-19 Hospitalizations	15 per 100,000 or less in 46 states, and 20 per 100,000 or less in 49 states
COVID-19 “Cases”	9 per 100,000 per day

335  
 336 The actual COVID-19 fatality numbers are vastly lower than those reported. On March  
 337 24, 2020, the DHHS changed the rules applicable to coroners and others responsible for  
 338 producing death certificates and making “cause of death” determinations — **exclusively for**  
 339 **COVID-19**. The rule change states that “COVID-19 should be reported on the death certificate  
 340 for all decedents where the disease caused *or is assumed to have caused or contributed* to death.”  
 341 Many doctors have attested that permitting such imprecision on a legal document (death  
 342 certificate) has never happened before in modern medicine. This results in reporting of deaths as  
 343 caused by COVID-19, even when in fact deaths were imminent and inevitable for other pre-  
 344 existing reasons and caused by co-morbidities. In other words, people dying **with** COVID-9 are

<sup>4</sup> See, e.g., <https://healthdata.gov> and <https://healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>

345 being reported as dying **from** COVID-19. DHHS statistics are now showing that 95% of deaths  
346 classed as “COVID-19 deaths” involve an average of four additional co-morbidities.

347 Substantial government subsidies paid for reported COVID-19 deaths undoubtedly fuel  
348 this misattribution of the cause of death. Former CDC Director Robert Redfield acknowledged  
349 this perverse financial incentive in sworn Congressional testimony on COVID-19: “I think  
350 you’re correct in that we’ve seen this in other disease processes too, really in the HIV epidemic,  
351 somebody may have a heart attack, but also have HIV – the hospital would prefer the  
352 classification for HIV because there’s greater reimbursement.”

353 Dr. Genevieve Briand of John Hopkins University published a study demonstrating that  
354 the overall death rate in the United States has remained the same, despite the deaths attributed to  
355 COVID-19. Dr. Briand analyzed federal CDC data for 2018 and 2020 and found that nationwide  
356 deaths from causes other than COVID-19, decreased by the same amount that COVID-19 deaths  
357 increased, raising the presumption that deaths from these other causes have been characterized as  
358 COVID-19 deaths. There are no excess deaths due to COVID-19.

359 Similarly, the actual number of COVID-19 “cases” is far lower than the reported number.  
360 The signs, symptoms and other diagnostic criteria for COVID-19 are laughably broad. Applying  
361 the criteria, countless ailments can be classed as COVID-19, especially the common cold or  
362 ordinary seasonal flu. Compounding the problem, the DHHS authorized the use of the  
363 polymerase chain reaction (“PCR”) test as a diagnostic tool for COVID-19, with disastrous  
364 consequences. The PCR tests are themselves experimental products, authorized by the FDA  
365 under separate EUAs. Test manufacturers use disclaimers like this in their product manuals:  
366 “[t]he FDA has not determined that the test is safe or effective for the detection of SARS-Co-V-  
367 2”

368 A PCR test can only test for the presence of a fragment of the RNA of the SARS-CoV-2  
369 virus, and literally, by itself, cannot be used to diagnose the COVID-19 disease. The RNA  
370 fragment detected may not be intact and may be dead, in which case it cannot cause the disease  
371 COVID-19. This is analogous to finding a car part, but not a whole car that can be driven.  
372 Manufacturer inserts furnished with PCR test products include disclaimers stating that the PCR  
373 tests should NOT be used to diagnose COVID-19. This is consistent with the warning issued by  
374 the Nobel Prize winning inventor of the PCR test that such tests are not appropriate for  
375 diagnosing disease.

376 Further, the way in which the PCR tests are administered guarantees an unacceptably high  
377 number of false positive results. Cycle Threshold Value (“CT value”) is essentially the number  
378 of times that a sample (usually from a nasal swab) is magnified or amplified before a fragment of  
379 viral RNA is detected. The CT Value is exponential, and so a 40-cycle threshold means that the  
380 sample is magnified around a trillion times. The higher the CT Value, the less likely the detected  
381 fragment of viral RNA is intact, alive and infectious.

382 Virtually all scientists, including Dr. Fauci, agree that any PCR test run at a CT value of  
383 35-cycles or greater is useless. Dr. Fauci has stated:

384 *What is now evolving into a bit of a standard is that if you get a cycle threshold*  
385 *of 35 or more that the chances of it being replication competent are*  
386 *miniscule...We have patients, and it is very frustrating for the patients as well as*  
387 *for the physicians...somebody comes in and they repeat their PCR and it's like 37*  
388 *cycle threshold...you can almost never culture virus from a 37 threshold cycle. So*  
389 *I think if somebody does come in with 37, 38, even 36, you gotta say, you know,*  
390 *it's dead nucleotides, period.” In other words, it is not a COVID-19 infection.*

391  
392 A study funded by the French government showed that even at 35-cycles, the false  
393 positivity rate is as high as 97%. Despite this, a majority of the PCR tests for COVID-19  
394 deployed under EUAs in the United States are run at cycles seemingly guaranteed to produce



395 false positive results. Under the EUAs issued by the FDA, there is no flexibility to depart from  
 396 the manufacturer’s instructions and change the way in which the test is administered or  
 397 interpreted. The chart below shows that all major PCR tests in use in the United States are run at  
 398 cycles of 35 or higher.

Manufacturer	Manufacturer’s Recommended Cycle Threshold
Xiamen Zeesan SARS-CoV-2 Test Kit (Real-time PCR)	45 cycles
Opti Sars CoV-2 RT-PCR Test	45 cycles
Quest SARS-CoV-2rRT-PCR Test	40 cycles
CDC 2019-Novel Coronavirus Real Time (RT-PCR Diagnostic Panel) Test	40 cycles
Wren Labs COVID-19 PCR Test	38 cycles
LabCorp COVID-19 RT-PCR Test	35 cycles

399

400           There is, however, one GLARING exception to this standard. THE CDC HAS STATED

401 THAT ONCE A PERSON HAS BEEN VACCINATED, AND THEN AFTER VACCINATION

402 THAT PERSON TESTS POSITIVE FOR COVID-19 USING A PCR TEST, THE CDC WILL

403 ONLY “COUNT” THE POSITIVE RESULT AT 28 CYCLES OR LESS! Why the difference?

404 More recently, the CDC has announced it will no longer compile and report data showing the

405 total number of vaccinated who subsequently contract COVID-19: “[We are] transitioning to

406 reporting only patients with COVID-19 vaccine breakthrough infection that were hospitalized or

407 died to help maximize the quality of the data collected.”<sup>5</sup> There appears to be an agenda to

408 protect the myths about the vaccine, rather than to protect the public.

409           The Defendants and their counterparts in state governments used the specter of

410 “asymptomatic spread” — the notion that fundamentally healthy people could cause COVID-19

411 in others — to justify the purported emergency. But there is *no credible scientific evidence* that

<sup>5</sup> <https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html>

412 demonstrates that the phenomenon of “asymptomatic spread” is real. On the contrary, on June 7,  
413 2020, Dr. Maria Von Kerkhov, head of the WHO’s Emerging Diseases and Zoonosis Unit, told a  
414 press conference that from the known research, asymptomatic spread was “very rare.” “From the  
415 data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a  
416 secondary individual.” She added for emphasis: “it’s very rare.” Researchers from Southern  
417 Medical University in Guangzhou, China, published a study in August 2020 concluding that  
418 asymptomatic transmission of COVID-19 is *almost non-existent*. “Asymptomatic cases were  
419 least likely to infect their close contacts,” the researchers found. A more recent study involving  
420 nearly 10 million residents of Wuhan, China found that there were no — zero — positive  
421 COVID-19 tests amongst 1,174 *close contacts* of asymptomatic cases, *indicating the complete*  
422 *absence of asymptomatic transmission*.

423 On September 9, 2020, Dr. Fauci was forced to admit in an official press conference:

424 *[E]ven if there is some asymptomatic transmission, in all the history of*  
425 *respiratory borne viruses of any type, asymptomatic transmission has never been*  
426 *the driver of outbreaks. The driver of outbreaks is always a symptomatic person,*  
427 *even if there is a rare asymptomatic person that might transmit, an epidemic is*  
428 *not driven by asymptomatic carriers.*<sup>6</sup>  
429

430 Ultimately, there is simply no objective evidence to support the Secretary’s finding — the  
431 necessary legal predicate for unleashing dangerous experimental medical interventions on the  
432 American public — that a true public health emergency exists. On a national level, Plaintiffs are  
433 unaware of any inter-country requests for aid, or legitimately overwhelmed community health  
434 resources or hospitals. The Cambridge dictionary defines the word “emergency” to mean  
435 “something dangerous or serious, such as an accident, that happens suddenly or unexpectedly

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<sup>6</sup> See, starting at minute 44:

**Error! Main Document Only.** <https://www.youtube.com/watch?v=w6koHkBCoNQ&t=2638s> (visited Oct. 19, 2021)

436 and needs fast action in order to avoid harmful results.” COVID-19 has been with us for over a  
437 year and a half, and we know far more about the disease than we did at the outset. Most  
438 importantly, we can identify with precision the discrete age segment of the population that is at  
439 potential risk. For example, children under 18 statistically have a zero percent chance of death  
440 \*from COVID-19. Even if this were not the case, absent an emergency, the EUAs must be  
441 invalidated entirely.

442  
443 **III. EMERGENCY USE AUTHORIZATION WAS**  
444 **GRANTED IN VIOLATION OF LAW**

445 **The Vaccine EUAs are Unlawful — The Vaccines are Not Effective in Diagnosing,**  
446 **Treating or Preventing SARS-CoV-2 or COVID-19**

447 Some countries with the highest rates of Vaccine injection are facing a surge of COVID-  
448 19 deaths and infections. Uruguay endured the highest COVID-19 death rate in the world per  
449 capita for weeks, even though it had one of the world’s most successful vaccination drives.  
450 Other highly vaccinated countries like Bahrain, Maldives, Chile and Seychelles, experienced the  
451 same surge.

452 CDC data shows that deaths and hospitalizations for COVID-19 infection have tripled  
453 among those who have already received the full recommended dosage of the Vaccines in the  
454 United States in May of this year. Deaths from COVID-19 in those who have received the  
455 recommended dosages of the Vaccines increased from 160 as of April 30, 2021, to 535 as of  
456 June 1, 2021.

457 CDC data shows that a total of 10,262 SARS-CoV-2 “breakthrough infections” of those  
458 who have already received the full recommended dosage of the Vaccines were reported to the  
459 CDC from 46 states and territories between January 1, 2021 and April 30, 2021. Meanwhile, a

460 study published by the renowned Cleveland Clinic in Ohio indicates that natural immunity  
461 acquired through prior infection with COVID-19 is stronger than any benefit conferred by a  
462 Vaccine, rendering vaccination unnecessary for those previously infected.

463 In studying the effectiveness of a medical intervention in randomized controlled trials  
464 (often called the gold standard of study design), the most useful way to present results is in terms  
465 of Absolute Risk Reduction (“ARR”). ARR compares the impact of treatment by comparing the  
466 outcomes of the treated group and the untreated group. In other words, if 20 out of 100 untreated  
467 individuals had a negative outcome, and 10 out of 100 treated individuals had a negative  
468 outcome, the ARR would be 10% ( $20 - 10 = 10$ ). **According to a study published by the  
469 NIH, the ARR for the Pfizer Vaccine is a mere 0.7%, and the ARR for the Moderna  
470 Vaccine is only 1.1%.<sup>7</sup>**

471 From the ARR, one can calculate the Number Needed to Vaccinate (“NNV”), which  
472 signifies the number of people that must be injected before even one person benefits from the  
473 vaccine. The NVV for the Pfizer Vaccine is 119, meaning that 119 people must be injected in  
474 order to observe the reduction of a COVID-19 case in one person. The reputed journal the  
475 *Lancet* reports data indicating that the NVV may be as high as 217. The NVV to avoid  
476 hospitalization exceeds 4,000. The NVV to avoid death exceeds 25,000.

477 There are several factors that reduce any purported benefit of the COVID-19 Vaccines.  
478 First, it is important to note that the Vaccines were only shown to reduce symptoms – not block  
479 transmission. For over a year now, these Defendants and state-level public health authorities  
480 have told the American public that SARS-CoV-2 can be spread by people who have none of the  
481 symptoms of COVID-19, therefore Americans must mask themselves, and submit to

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<sup>7</sup> See: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996517/> (Visited Oct. 19, 2021)

482 innumerable lockdowns and restrictions, even though they are not manifestly sick. If that is the  
483 case, and these officials were not lying to the public, and asymptomatic spread is real, then what  
484 is the benefit of a vaccine that merely reduces symptoms? There isn't any.

485 Secondly, it appears that these Defendants either did lie about asymptomatic spread or  
486 were simply wrong about the science. The theory of asymptomatic transmission — used as the  
487 justification for the lockdown and masking of the healthy — was based *solely* upon mathematical  
488 modeling. This theory had no actual study participants, and no peer review. The authors made  
489 the unfounded assumption that asymptomatic persons were “75% as infectious” as symptomatic  
490 persons. But in the real world, healthy false positives turned out to be merely healthy, and were  
491 never shown to be “asymptomatic” carriers of anything. Studies have shown that PCR test-  
492 positive asymptomatic individuals do not induce clinical COVID-19 disease, not even in a family  
493 member with whom they share a home and extended proximity. An enormous study of nearly  
494 ten million people in Wuhan, China showed that asymptomatic individuals testing positive for  
495 COVID-19 **never** infected others.<sup>8</sup> Since asymptomatic individuals do not spread COVID-19,  
496 they do not need to be vaccinated.

497 **The Vaccine EUAs are Unlawful — The Known and Potential Risks of the Vaccines**  
498 **Outweigh the Known and Potential Benefits**

499 The “Pfizer-BioNTech COVID-19 Vaccine” and the “Moderna COVID-19 Vaccine” are  
500 Novel Gene Therapy Technology, Not Vaccines

501 The CDC defines a “vaccine” as: “A product that stimulates a person’s immune system to  
502  
503 produce immunity to a specific disease, protecting the person from that disease. Vaccines are  
504 usually administered through needle injections but can also be administered by mouth or sprayed  
505

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<sup>8</sup> See: <https://www.sciencedaily.com/releases/2020/11/201130131511.htm> (visited Oct. 19, 2021)

506 into the nose.”<sup>9</sup> The CDC defines “immunity” as: “Protection from an infectious disease. If you  
507 are immune to a disease, you can be exposed to it without becoming infected.”<sup>10</sup>

508 However, the “Pfizer-BioNTech COVID-19 Vaccine” and the “Moderna COVID-19  
509 Vaccine” do not meet the CDC’s own definitions. They do not stimulate the body to produce  
510 immunity from a disease. They are a synthetic fragment of nucleic acid embedded in a fat carrier  
511 that is introduced into human cells, not for the purpose of inducing immunity from infection with  
512 the SARS-CoV-2 virus, and not to block further transmission of the virus, but in order to lessen  
513 the symptoms of COVID-19. No published, peer-reviewed studies prove that the “Pfizer-  
514 BioNTech COVID-19 Vaccine” and the “Moderna COVID-19 Vaccine” confer immunity or  
515 stop transmission.

516 Further, the “Pfizer-BioNTech COVID-19 Vaccine” and the “Moderna COVID-19  
517 Vaccine” are not “vaccines” within the common, lay understanding of the public. Since vaccines  
518 were first discovered in 1796 by Dr. Edward Jenner, who used cowpox to inoculate humans  
519 against smallpox, and called the process “vaccination” (from the Latin term *vaca* for cow), the  
520 public has had an entrenched understanding that a vaccine is a microorganism, either alive but  
521 weakened, or dead, that is introduced into the human body in order to trigger the production of  
522 antibodies that confer immunity from the targeted disease, and also prevent its transmission to  
523 others. The public are accustomed to these traditional vaccines and understand them.

524 The public are fundamentally uninformed about the gene therapy technology behind the  
525 “Pfizer-BioNTech COVID-19 Vaccine” and the “Moderna COVID-19 Vaccine.” No dead or  
526 attenuated virus is used. Rather, instructions, via a piece of genetic code (“mRNA”) are injected

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<sup>9</sup> <https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>. Retrieved 4/9/2021 at 11:00 AM

<sup>10</sup> <https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>. Retrieved 4/9/2021 at 11:00 AM

527 into your body that tell your body how to make a certain “spike protein” that is purportedly  
528 useful in attacking the SARS-CoV-2 virus.

529 By referring to the “Pfizer-BioNTech COVID-19 Vaccine” and the “Moderna COVID-19  
530 Vaccine” as “vaccines,” and by allowing others to do the same, the Defendants knowingly  
531 seduce and mislead the public, short-circuit independent, critical evaluation and decision-making  
532 by the consumers of these products, and vitiate their informed consent. Meanwhile, this novel  
533 technology is being deployed in the unsuspecting human population for the first time in history.

534 Inadequate Testing

535 The typical vaccine development process takes between 10 and 15 years and consists of  
536 the following sequential stages — research and discovery (2 to 10 years), pre-clinical animal  
537 studies (1 to 5 years), clinical human trials in four phases (typically 5 years). Phase 1 of the  
538 clinical human trials consists of healthy individuals and is focused on safety. Phase 2 consists of  
539 additional safety and dose-ranging in healthy volunteers, with the addition of a control group.  
540 Phase 3 evaluates efficacy, safety and immune response in a larger volunteer group, and requires  
541 two sequential randomized controlled trials. Phase 4 is a larger scale investigation into longer-  
542 term safety. Vaccine developers must follow this process in order to be able to generate the data  
543 the FDA needs in order to assess the safety and effectiveness of a vaccine candidate.

544 This 10–15-year testing process has been abandoned for purposes of the Vaccines. The  
545 first human-to-human transmission of the SARS-CoV-2 virus was not confirmed until January  
546 20, 2020, and less than a year later both mRNA Vaccines had EUAs and for the first time in  
547 history this novel mRNA technology was being injected into millions of human beings. As of  
548 June 7, 2021, 138 million Americans, representing 42% of the population, have been fully  
549 vaccinated.

550 All of the stages of testing have been compressed in time, abbreviated in substance, and  
551 are overlapping, which dramatically increases the risks of the Vaccines. Plaintiffs' investigation  
552 indicates that Moderna and Pfizer designed their Vaccines in only two days. It appears that  
553 pharmaceutical companies did not independently verify the genome sequence that China released  
554 on January 11, 2020. It appears that the Vaccines were studied for only 56 days in macaques,  
555 and 28 days in mice, and then animal studies were halted. It appears that the pharmaceutical  
556 companies discarded their control groups receiving placebos, squandering the opportunity to  
557 learn about the rate of long-term complications, how long protection against the disease lasts and  
558 how well the Vaccines inhibit transmission. A number of studies were deemed unnecessary and  
559 not performed prior to administration in human subjects, including single dose toxicity,  
560 toxicokinetic, genotoxicity, carcinogenicity, prenatal and postnatal development, offspring, local  
561 tolerance, teratogenic and postnatal toxicity and fertility. The American public has not been  
562 properly informed of these dramatic departures from the standard testing process, and the risks  
563 they generate.

564 AFLDS medico-legal researchers have analyzed the accumulated COVID-19 Vaccine  
565 risk data, and report as follows:

566 Migration of the SARS-CoV-2 "Spike Protein" in the Body

567 The SARS-CoV-2 has a spike protein on its surface. The spike protein is what allows the  
568 virus to infect other bodies. It is clear that the spike protein is not a simple, passive structure.  
569 The spike protein is a "pathogenic protein" and a toxin that causes damage. The spike protein is  
570 itself biologically active, even without the virus. It is "fusogenic" and consequently binds more  
571 tightly to our cells, causing harm. If the purified spike protein is injected into the blood of  
572 research animals, it causes profound damage to their cardiovascular system, and crosses the



573 blood-brain barrier to cause neurological damage. If the Vaccines were like traditional *bona fide*  
574 vaccines, and did not leave the immediate site of vaccination, typically the shoulder muscle,  
575 beyond the local draining lymph node, then the damage that the spike protein could cause might  
576 be limited.

577           However, the Vaccines were authorized without any studies demonstrating where the  
578 spike proteins traveled in the body following vaccination, how long they remain active and what  
579 effect they have. A group of international scientists has recently obtained the “biodistribution  
580 study” for the mRNA Vaccines from Japanese regulators. The study reveals that unlike  
581 traditional vaccines, this spike protein enters the bloodstream and circulates throughout the body  
582 over several days post-vaccination. It accumulates in a number of tissues, such as the spleen,  
583 bone marrow, liver, adrenal glands and ovaries. It fuses with receptors on our blood platelets,  
584 and also with cells lining our blood vessels. It can cause platelets to clump leading to clotting,  
585 bleeding and heart inflammation. It can also cross the blood-brain barrier and cause brain  
586 damage. It can be transferred to infants through breast milk. The VAERS system includes  
587 reports of infants suckling from vaccinated mothers experiencing bleeding disorders in the  
588 gastrointestinal tract.

589           These risks have not been adequately studied in trials, or properly disclosed to healthcare  
590 professionals or Vaccine subjects.

#### 591           Increased Risk of Death from Vaccines

592           The government operated VAERS database is intended to function as an “early warning”  
593 system for potential health risks caused by vaccines. It is broadcasting a red alert. Of the  
594 262,000 total accumulated reports in VAERS, only 1772 are not related to COVID-19. The  
595 database indicates that the total reported vaccine deaths in the first quarter of 2021 represents a

596 12,000% to 25,000% increase in vaccine deaths, year-on-year. In ten years (2009-2019) there  
597 were 1529 vaccine deaths, whereas in the first quarter of 2021 there have been over 4,000.  
598 Further, 99% of all reported vaccine deaths in 2021 are caused by the COVID-19 Vaccines, only  
599 1% being caused by the numerous other vaccines reported in the system. It is estimated that  
600 VAERS only captures 1% to 10% of all vaccine adverse events.

601 These risks have not been adequately studied in trials, or properly disclosed to healthcare  
602 professionals or Vaccine subjects.

### 603 Reproductive Health

604 The mRNA Vaccines induce our cells to manufacture (virus-free) “spike proteins.” The  
605 “spike proteins” are in the same family as the naturally occurring syncytin-1 and syncytin-2  
606 reproductive proteins in sperm, ova and placenta. Antibodies raised against the spike protein  
607 might interact with the naturally occurring syncytin proteins, adversely affecting multiple steps  
608 in human reproduction. The manufacturers did not provide data on this subject despite knowing  
609 about the spike protein’s similarity to syncytin proteins for more than one year. There are now a  
610 remarkably high number of pregnancy losses in VAERS, and worldwide reports of irregular  
611 vaginal bleeding without clear explanation. Scientists are concerned that the Vaccines pose a  
612 substantial risk to a woman’s reproductive system. This increased risk of sterility stems from an  
613 increased concentration of the spike proteins in various parts of the reproductive system after  
614 vaccination. Not enough is known to determine the risk of sterility, but it is beyond question that  
615 the risk is increased.

616 Since Plaintiffs filed their Motion for Temporary Restraining Order in this case, new  
617 evidence has emerged that further confirms the risk. A leaked Pfizer document (below) exposes  
618 that Pfizer Vaccine nanoparticles accumulate in the ovaries at an extraordinarily high rate, in

619 concentrations orders of magnitude higher than in other tissues. Billions of aggressive spike  
 620 proteins are accumulating in very delicate ovarian tissues, the one place in the human body  
 621 where females carry a finite number of fertile eggs.

SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048)  
 2.6.5 薬物動態試験の概要表

**2.6.5.5B. PHARMACOKINETICS: ORGAN**  
**DISTRIBUTION CONTINUED**

Test Article: [

Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)							%
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	--
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37	--
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192	--
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3	0.001
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599	0.003
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694	0.000
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170	0.001
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264	0.003
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253	--
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47	0.024
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112	0.001
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4	0.013
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215	0.006
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320	0.007
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331	0.004
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00	0.000
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456	0.002
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420	--
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805	--
Blood:Plasma ratio <sup>a</sup>	0.815	0.515	0.550	0.510	0.555	0.530	0.540	--

PFIZER CONFIDENTIAL  
 Page 7

623 Each baby girl is born with the total number of eggs she will ever have in her entire life.  
 624 Those eggs are stored in the ovaries, and one egg is released each month of a normal menstrual  
 625 cycle. When there are no more eggs, a woman stops menstruating. The reproductive system is  
 626 arguably the most delicate hormonal and organ balance of all our systems. The slightest  
 627 deviation in any direction and infertility results. Even in 2021, doctors and scientists do not know  
 628 all the variables that cause infertility.

629           There is evidence to support that the vaccine could cause permanent autoimmune  
630 rejection of the placenta. Placental inflammation resulting in stillbirths mid-pregnancy (second  
631 trimester) is seen with COVID-19 and with other similar coronaviruses. There is a case report of  
632 a woman with a normally developing pregnancy who lost the otherwise healthy baby at five  
633 months during acute COVID-19. The mother’s side of the placenta was very inflamed. This  
634 “infection of the maternal side of the placenta inducing acute or chronic placental insufficiency  
635 resulting in miscarriage or fetal growth restriction was observed in 40% of pregnant women with  
636 similar coronaviruses.” The mRNA Vaccines may instigate a similar reaction as the SARS-CoV-  
637 2 virus. There is a component in the vaccine that could cause the same autoimmune rejection of  
638 the placenta, but indefinitely. Getting COVID-19 has been associated with a high risk of mid  
639 mid-pregnancy miscarriage because the placenta fails. The mRNA Vaccines may have precisely  
640 the same effect, however, not for just the few weeks of being sick, but forever. Repeated  
641 pregnancies would keep failing — mid-pregnancy.

642           On December 1, 2020, a former Pfizer Vice President and allergy and respiratory  
643 researcher, Dr. Michael Yeadon, filed an application with the European Medicines Agency,  
644 responsible for approving drugs in the European Union, seeking the immediate suspension of all  
645 SARS-CoV-2 Vaccines,<sup>11</sup> citing *inter alia* the risk to pregnancies. As of April 26, 2021, the  
646 VAERS database contains over 3,000 reports of failed pregnancies associated with the Vaccines.

647           These risks have not been adequately studied in trials, or properly disclosed to healthcare  
648 professionals or Vaccine subjects.

#### 649           Vascular Disease

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<sup>11</sup> See: <https://2020news.de/en/dr-wodarg-and-dr-yeardon-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/> (visited Oct. 19, 2021)

650 Salk Institute for Biological Studies researchers in collaboration with the University of  
651 San Diego, published in the journal *Circulation Research* that the spike proteins themselves  
652 damage vascular cells, causing strokes and many other vascular problems. All the vaccines are  
653 causing clotting disorders (coagulopathy) in all ages. The spike proteins are known to cause  
654 clotting that the body cannot fix, such as brain thrombosis and thrombocytopenia.

655 These risks have not been adequately studied in trials, or properly disclosed to healthcare  
656 professionals or Vaccine subjects.

#### 657 Autoimmune Disease

658 The spike proteins are perceived to be foreign by the human immune system, initiating an  
659 immune response to fight them. While that is the intended therapeutic principle, it is also the case  
660 that any cell expressing spike proteins becomes a target for destruction by our own immune  
661 system. This is an autoimmune disorder and can affect virtually any organ in the body. It is likely  
662 that some proportion of spike protein will become permanently fused to long-lived human  
663 proteins and this will prime the body for prolonged autoimmune diseases. Autoimmune diseases  
664 can take years to show symptoms and many scientists are alarmed at giving young people such a  
665 trigger for possible autoimmune disease.

666 These risks have not been adequately studied in trials, or properly disclosed to healthcare  
667 professionals or Vaccine subjects.

#### 668 Neurological Damage

669 The brain is completely unique in structure and function, and therefore it requires an  
670 environment that is insulated against the rest of the body's functioning. The blood-brain-barrier  
671 exists so the brain can function without disruption from the rest of the body. This is a complex,  
672 multi-layered system, using several mechanisms that keeps nearly all bodily functions away from

673 the brain. Three such systems include: very tight junctions between the cells lining the blood  
674 vessels, very specific proteins that go between, and unique enzymes that alter substances that do  
675 go through the cells. Working together, the blood-brain-barrier prevents almost everything from  
676 getting in. Breaching it is generally incompatible with life.

677 Most unfortunately, the COVID-19 Vaccines — unlike any other vaccine ever deployed  
678 — are able to breach this barrier through various routes, including through the nerve structure in  
679 the nasal passages and through the blood vessel walls. The resulting damage begins in the arterial  
680 wall, extends to the supporting tissue outside the arteries in the brain, and from there to the actual  
681 brain nerve cells inside. The Vaccines are programmed to produce the S1 subunit of the spike  
682 protein in every cell in every Vaccine recipient, but it is this subunit that causes the brain damage  
683 and neurologic symptoms. Elderly persons are at increased risk for this brain damage.

684 COVID-19 patients typically have neurological symptoms including headache and loss of  
685 smell and taste, as well as brain fog, impaired consciousness, and stroke. Researchers have  
686 published a paper in the *Journal of Neurological Sciences* correlating the severity of the  
687 pulmonary distress in COVID-19 with viral spread to the brain stem, suggesting direct brain  
688 damage, not just a secondary cytokine effect. It has been shown recently by Dr. William Banks,  
689 professor of Internal Medicine at University of Washington School of Medicine, that the S1  
690 subunit of the spike protein — the part of the SARS-CoV-2 virus that produces the COVID-19  
691 disease and is in the Vaccines — can cross the blood brain barrier. This is even more  
692 concerning, given the high number of ACE2 receptors in the brain (the ACE2 receptor is that  
693 portion of the cell that allows the spike protein to connect to human tissue). Mice injected with  
694 the S1 subunit of the spike protein developed direct damage to the perivascular tissue. In

695 humans, viral spike protein was detected in the brain tissues of COVID-19 patients, but not in the  
 696 brain tissues of the controls. Spike protein produces endothelial damage.

697 There are an excessive number of brain hemorrhages associated with COVID-19, and the  
 698 mechanism suggests that it is the spike protein that is responsible. The federal government's  
 699 VAERS database shows a dramatic increase in adverse event reporting of neurological damage  
 700 following injection with the Vaccine.

701

Year	<b>Dementia</b> (Reports following injection with Vaccine)	<b>Brain Bleeding</b> (Reports following injection with Vaccine)
2000	4	7
2010	0	17
2015	0	17
2018	21	31
2019	11	17
2020	12 → (43)	4 → (11)
2021	17 → (251)	0 → (258)

702

703 While the full impact of these Vaccines crossing the blood-brain barrier is unknown, they  
 704 clearly put vaccinated individuals at a substantially increased risk of hemorrhage, neurological  
 705 damage, and brain damage as demonstrated by the increased instances of such reporting in the  
 706 VAERS system.

707 These risks have not been adequately studied in trials, or properly disclosed to healthcare  
 708 professionals or Vaccine subjects.

709 Effect on the Young

710 The Vaccines are more deadly or harmful to the young than the virus, and that is  
711 excluding the unknown future effects on fertility, clotting, and autoimmune disease. Those  
712 under the age of 18 face statistically zero chance of death from SARS-CoV-2 according to data  
713 published by the CDC, but there are reports of heart inflammation — both myocarditis  
714 (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart)  
715 — in young men, and at least one documented fatal heart attack of a healthy 15-year-old boy in  
716 Colorado two days after receiving the Pfizer Vaccine. The CDC has admitted that “[s]ince April  
717 2021, increased cases of myocarditis and pericarditis have been reported in the United States  
718 after the mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in  
719 adolescents and young adults.”<sup>12</sup>

720 The Vaccines induce the cells of the recipient to manufacture trillions of spike proteins for  
721 an undetermined amount of time with the pathology described above, whereas naturally  
722 occurring COVID-19 comes and goes. The spike protein is the same. The increased risk comes  
723 from reprogramming the cells to permanently create the spike protein at potentially high levels.  
724 Because immune responses in the young and healthy are more vigorous than those in the old,  
725 paradoxically, the vaccines may thereby induce, in the very people least in need of assistance, a  
726 very strong immune response, including those which can damage their own cells and tissues,  
727 including by stimulating blood coagulation.

728 These risks have not been adequately studied in trials, or properly disclosed to healthcare  
729 professionals or Vaccine subjects.

### 730 Chronic Disease

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<sup>12</sup> See: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html> (visited Oct. 19, 2021)



731 Healthy children whose birthright is decades of healthy life will instead face premature  
732 death or decades of chronic disease. We cannot say what percentage will be affected with  
733 antibody dependent enhancement, neurological disorders, autoimmune disease and reproductive  
734 problems, but it is a virtual certainty that this will occur.

735 These risks have not been adequately studied in trials, or properly disclosed to healthcare  
736 professionals or Vaccine subjects.

737 Antibody Dependent Enhancement

738 Antibody Dependent Enhancement (“ADE”) occurs when SARS-CoV-2 antibodies,  
739 created by a Vaccine, instead of protecting the vaccinated person, cause a more severe or lethal  
740 case of the COVID-19 disease when the person is later exposed to SARS-CoV-2 in the wild. The  
741 Vaccine *amplifies* the infection rather than *preventing* damage. It may only be seen after months  
742 or years of use in populations around the world.

743 This paradoxical reaction has been seen in other vaccines and animal trials. One well-  
744 documented example is with the Dengue fever vaccine, which resulted in avoidable deaths.  
745 Dengue fever has caused 100-400 million infections, 500,000 hospitalizations, and a 2.5%  
746 fatality rate annually worldwide. It is a leading cause of death in children in Asian and Latin  
747 American countries. Despite over 50 years of active research, a Dengue vaccine still has not  
748 gained widespread approval in large part due to the phenomenon of ADE. Vaccine manufacturer  
749 Sanofi Pharmaceutical spent 20 years and nearly \$2 billion to develop the Dengue vaccine and  
750 published their results in the *New England Journal of Medicine*, which was quickly endorsed by  
751 the World Health Organization. Vigilant scientists clearly warned about the danger from ADE,  
752 which the Philippines ignored when it administered the vaccine to hundreds of thousands of  
753 children in 2016. Later, when these children were exposed in the wild, many became severely ill

754 and 600 children died. The former head of the Dengue department of the Research Institute for  
755 Tropical Medicine (RITM) was indicted in 2019 by the Philippines Department of Justice for  
756 “reckless imprudence resulting [in] homicide,” because he “facilitated, with undue haste,”  
757 Dengvaxia’s approval and its rollout among Philippine schoolchildren.<sup>13</sup>

758 ADE has been observed in the coronavirus setting. The original SARS-CoV-1 caused an  
759 epidemic in 2003. This virus is a coronavirus that is reported to be 78% similar to the current  
760 SARS-CoV-2 virus which causes the disease COVID-19. Scientists attempted to create a  
761 vaccine. Of approximately 35 vaccine candidates, the best four were trialed in ferrets. The  
762 vaccines appeared to work in the ferrets. However, when those vaccinated ferrets were  
763 challenged by SARS-CoV-1 in the wild, they became extremely ill and died due to what we  
764 would term a sudden severe cytokine storm. The reputed journals *Science*, *Nature* and *Journal*  
765 *of Infectious Diseases* have all documented ADE risks in relation to the development of  
766 experimental COVID-19 vaccines. The application filed by Dr. Yeadon with the European  
767 Medicines Agency on December 1, 2020 also cites to the risk from ADE. ADE is discovered  
768 during long-term animal studies, to which the Vaccines have not been subjected.

769 These risks have not been adequately studied in trials, or properly disclosed to healthcare  
770 professionals or Vaccine subjects.

#### 771 Vaccine-Driven Disease Enhancement in the Previously Infected

772 Scientists have noted an immediately higher death rate worldwide upon receiving a  
773 Vaccine. This is generally attributed to persons having recently been infected with COVID-19.  
774 The FDA states that many persons receiving a Vaccine have COVID-19. A person who  
775 previously had SARS-CoV-2, and then receives a Vaccine, mounts an antibody response to the

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<sup>13</sup> See: <https://www.science.org/content/article/dengue-vaccine-fiasco-leads-criminal-charges-researcher-philippines>  
(visited Oct. 19, 2021)

776 Vaccine that is between 10 and 20 times stronger than the response of a previously uninfected  
777 person. The antibody response is far too strong and overwhelms the Vaccine subject. With a  
778 typical vaccine, the body trains itself how to respond to a disease because of exposure to a dead  
779 or weakened version of the pathogen. The Vaccines by contrast actually reprogram the body and,  
780 in doing so, can escalate the individual's response to levels that place them at risk. Medical  
781 studies show severe Vaccine side effects in persons previously infected with COVID-19. Groups  
782 of scientists are demanding improved pre-assessment due to vaccine-driven disease enhancement  
783 in the previously infected.

784 These risks have not been adequately studied in trials, or properly disclosed to healthcare  
785 professionals or Vaccine subjects.

#### 786 More Virulent Strains

787 Scientists are concerned that universal inoculation may create more virulent strains. This  
788 has been observed with Marek's Disease in chickens. A large number of chickens not at risk of  
789 death were vaccinated, and now all chickens must be vaccinated or they will die from a virus that  
790 was nonlethal prior to widespread vaccination.<sup>14</sup> The current policy to pursue universal  
791 vaccination regardless of risk may exert the same evolutionary pressure toward more highly  
792 virulent strains.

793 These risks have not been adequately studied in trials, or properly disclosed to healthcare  
794 professionals or Vaccine subjects.

#### 795 Blood Supply

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<sup>14</sup> See: <https://www.pbs.org/newshour/science/tthis-chicken-vaccine-makes-virus-dangerous> (visited Oct. 19, 2021)

796 Presently, the vaccinated are permitted to donate their spike protein laden blood into the  
797 blood supply, which projects all of the risks discussed *supra* onto the general population of  
798 unvaccinated blood donees.

799 Scientists and healthcare professionals all over the world are sounding the alarm and  
800 frantically appealing to the FDA to halt the Vaccines. They have made innumerable public  
801 statements. 57 top scientists and doctors from Central and South America are calling for an  
802 immediate end to all vaccine COVID-19 programs. Other physician-scientist groups have made  
803 similar calls, among them: Canadian Physicians, Israeli People’s Committee, Frontline COVID-  
804 19 Critical Care Alliance, World Doctors Alliance, Doctors 4 Covid Ethics, and Plaintiff  
805 America’s Frontline Doctors. These are healthcare professionals in the field who are seeing the  
806 catastrophic and deadly results of the rushed vaccines, and reputed professors of science and  
807 medicine, including the physician with the greatest number of COVID-19 scientific citations  
808 worldwide. They accuse the government of deviating from long-standing policy to protect the  
809 public. In the past, government has halted vaccine trials based on a tiny fraction – far less than  
810 1% — of the number of unexplained deaths already recorded. The scientists all agree that the  
811 spike protein (produced by the Vaccines) *causes disease even without the virus*, which has  
812 motivated them to lend their imprimatur to, and risk their reputation and standing on, these  
813 public objections.

814 Notwithstanding all of these risks and uncertainties, the federal government is  
815 orchestrating a nationwide media campaign, funded with \$1 billion, to promote the Vaccines.  
816 The President has lent his voice to the campaign: “The bottom line is this: I promise you they are  
817 safe. They are safe. And even more importantly, they are extremely effective. If you are  
818 vaccinated, you are protected.”

819 **The Vaccine EUAs are Unlawful — There are Adequate, Approved and Available**  
820 **Alternatives**

821  
822 Despite the misinformation being disseminated in the press – and, at times, by the  
823 Defendants – there are numerous alternative safe and effective treatments for COVID-19.

824 These alternatives are supported by over 300 studies, including randomized controlled  
825 studies. Tens of thousands of physicians have publicly attested, and many have testified under  
826 oath, as to the safety and efficacy of the alternatives. Globally and in the United States,  
827 treatments such as Ivermectin, Budesonide, Dexamethasone, convalescent plasma and  
828 monoclonal antibodies, Vitamin D, Zinc, Azithromycin, Hydroxychloroquine, and Colchicine  
829 are being used to great effect, and they are safer than the COVID-19 Vaccines.<sup>15</sup>

830 Doctors from the Smith Center for Infectious Diseases and Urban Health and the Saint  
831 Barnabas Medical Center have published an *Observational Study on 255 Mechanically*  
832 *Ventilated COVID Patients at the Beginning of the USA Pandemic*, which states: “Causal  
833 modeling establishes that weight-adjusted HCQ [Hydroxychloroquine] and AZM [Azithromycin]  
834 therapy improves survival by over 100%.”<sup>16</sup>

835 Observational studies in Delhi and Mexico City show dramatic reductions in COVID-19  
836 case and death counts following the mass distribution of Ivermectin. These results align with  
837 those of a study in Argentina, in which 800 healthcare professionals received Ivermectin, while  
838 another 400 did not. Of the 800, not a single person contracted COVID-19, while more than half  
839 of the control group did contract it. Dr. Pierre Kory, a lung specialist who has treated more  
840 COVID-19 patients than most doctors, representing a group of some of the most highly  
841 published physicians in the world, with over 2,000 peer reviewed publications among them,

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<sup>15</sup> Numerous studies can be reviewed here: <https://c19early.com> (visited Oct. 20, 2021).

<sup>16</sup> See: <https://www.medrxiv.org/content/10.1101/2021.05.28.21258012v1> (visited Oct. 20, 2021)

842 testified before the U.S. Senate in December 2020. He testified that based on 9 months of review  
843 of scientific data from 30 studies, Ivermectin obliterates transmission of the SARS-CoV-2 virus  
844 and is a powerful prophylactic (if you take it, you will not contract COVID-19).<sup>17</sup> Four large  
845 randomized controlled trials totaling over 1500 patients demonstrate that Ivermectin is safe and  
846 effective as a prophylactic. In early outpatient treatment, three randomized controlled trials and  
847 multiple observational studies show that Ivermectin reduces the need for hospitalization and  
848 death in statistically significant numbers. In inpatient treatment, four randomized controlled  
849 trials show that Ivermectin prevents death in a statistically significant, large magnitude.  
850 Ivermectin won the Nobel Prize in Medicine in 2015 for its impacts on global health.

851 Inexplicably, the Defendants never formed or assigned a task force to research and review  
852 existing alternatives for prev-enting and treating COVID-19. Instead, the Defendants and others  
853 set about censoring both concerns about the Vaccines, and information about safe and effective  
854 alternatives.

855 **The Vaccine EUAs are Unlawful — Information is Being Suppressed, and**  
856 **Healthcare Professionals and Vaccine Subjects are Not Properly Informed**

857 The Associated Press, Agence France Press, British Broadcasting Corporation,  
858 CBC/Radio-Canada, European Broadcasting Union (EBU), Facebook, Financial Times, First  
859 Draft, Google/YouTube, The Hindu Times, Microsoft, Reuters, Reuters Institute for the Study of  
860 Journalism, Twitter, The Washington Post and The New York Times all participate in the  
861 “Trusted News Initiative” which has agreed to not allow any news critical of the Vaccines.  
862

863 Individual physicians are being censored on social media platforms (e.g., Twitter,  
864 Facebook, Instagram, TikTok), the modern day “public square.” Plaintiff AFLDS has recorded

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<sup>17</sup> See: <https://covid19criticalcare.com/senate-testimony/> (visited Oct. 19, 2021)

865 innumerable instances of social media deleting scientific content posted by AFLDS members  
866 that runs counter to the prevailing Vaccine narrative, and then banning them from the platform  
867 altogether as users. Facebook has blocked the streaming of entire events at which AFLDS  
868 Founder Dr. Simone Gold has been an invited guest, prior to her uttering a word. Other doctors  
869 have been banned for posting or tweeting screenshots of government database VAERS.  
870 YouTube censored the testimony of undersigned counsel Thomas Renz, Esq. before the Ohio  
871 legislature.

872 The censorship also extends to medical journals. In an unprecedented move, the four  
873 founding topic editors for the *Frontiers in Pharmacology* journal all resigned together due to  
874 their collective inability to publish peer reviewed scientific data on various drugs for prophylaxis  
875 and treatment of COVID-19.

876 Dr. Philippe Douste-Blazy, a cardiology physician, former France Health Minister, 2017  
877 candidate for Director of the WHO and former Under-Secretary-General of the United Nations,  
878 described the censorship in chilling detail:

879 *The Lancet* boss said “Now we are not going to be able to, basically, if this  
880 continues, publish any more clinical research data, because the pharmaceutical  
881 companies are so financially powerful today and are able to use such  
882 methodologies, as to have us accept papers which are apparently,  
883 methodologically perfect but in reality, which manage to conclude what they want  
884 to conclude.” ... one of the greatest subjects never anyone could have believed ...  
885 I have been doing research for 20 years in my life. I never thought the boss of *The*  
886 *Lancet* could say that. And the boss of the *New England Journal of Medicine* too.  
887 He even said it was “criminal” — the word was used by him. That is, if you will,  
888 when there is an outbreak like the COVID-19, in reality, there are people ... us,  
889 we see “mortality” when you are a doctor or yourself, you see “suffering.” And  
890 there are people who see “dollars” — that’s it.

891 In many instances, highly publicized attacks on early treatment alternatives seem to be  
892 done in bad faith. For example, one study on Hydroxychloroquine overdosed study participants  
893 by administering a multiple of the standard prescribed dose, and then reported the resulting  
894

895 deaths as though they were not a result of the overdose. The 27 physician-scientist authors of the  
896 study were civilly indicted and criminally investigated, and still the Journal of the American  
897 Medical Association has not retracted the article.

898 **G. The Vaccine EUAs are Unlawful — Inadequate System for Monitoring and**  
899 **Reporting Vaccine Adverse Events**

900 VAERS was established in 1986 in order to facilitate public access to information  
901 regarding adverse events potentially caused by vaccines. Uniquely for COVID-19, the CDC has  
902 developed a parallel system called “V-Safe.” V-Safe is an app on a smart phone which people  
903 can use to report adverse events. Plaintiffs’ investigation indicates that vaccine subjects who are  
904 provided with written information are given the V-Safe contact information. Plaintiffs cannot  
905 access V-Safe data, since it is controlled exclusively by the CDC. Plaintiffs are concerned that  
906 the information in V-Safe exceeds that in VAERS, in terms of volume and kind, defying  
907 Congressional intent in creating VAERS.  
908

909 **H. Human Experimentation and the Requirement of Informed Consent**

910 “Involuntarily subjecting nonconsenting individuals to foreign substances with no known  
911 therapeutic value — often under false pretenses and with deceptive practices hiding the nature of  
912 the interference — is a classic example of invading the core of the bodily integrity protection.”  
913 (Guertin v. Michigan, 912 F.3d 907, 920-21 (6th Cir. 2019)).  
914

915 Federal Regulations and the Requirement of Voluntary, Informed Consent

916 Federal Regulations relating to the protection and informed consent of human subjects  
917 further implement aspects of this norm and are binding legal obligations.



918 In 1962, via § 103 (b), Drug Amendments Act of 1962, Pub. L. 87-781, 76 Stat. 780, at  
919 783,<sup>18</sup> Congress became concerned about subjecting humans to drug experiments without  
920 informed consent. Later, in 1979, the National Commission for the Protection of Human Subjects  
921 of Biomedical and Behavioral Research issued the Belmont Report, which addressed the issue of  
922 informed consent in human experimentation. The Report identified respect for self-determination  
923 by “autonomous persons” as the first of three “basic ethical principles” which “demands that  
924 subjects enter into the research voluntarily and with adequate information.” Ultimately, the  
925 principles of the Belmont Report, which itself was guided by the Nuremberg Code and the  
926 Declaration of Helsinki, were adopted by the DHHS and FDA in their regulations requiring the  
927 informed consent of human subjects in medical research.

#### 928 U.S. Public Health Authorities’ Involvement in Unlawful Human Experimentation

929 It is entirely reasonable to posit that the U.S. public health establishment would in fact  
930 design, fund, supervise and implement a non-consensual human medical experiment involving  
931 the Vaccines, in conjunction with private sector actors, given its historical track record. On  
932 October 1, 2010, President Obama apologized to the Guatemalan government and people for a  
933 program of non-consensual human experimentation that had been funded and approved by the  
934 U.S. Public Health Service (“PHS”) and implemented on the ground by a PHS doctor employed  
935 for this purpose by private institutions but reporting to supervisors including PHS doctors. The  
936 evidence was suppressed and remained buried until discovered by a private researcher in 2010.  
937 A presidential commission investigated and found that in fact thousands of Guatemalans,  
938 including orphans, insane asylum patients, prisoners and military conscripts, had been

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<sup>18</sup> Now codified at 21 U.S.C. § 355 (i).

939 intentionally exposed to syphilis, gonorrhea and other pathogens in furtherance of experiments  
940 on the use of penicillin as a prophylaxis.

941 On May 16, 1997, President Clinton apologized to the African American community for  
942 the so-called “Tuskegee Study of Untreated Syphilis in the Negro Male”, a non-consensual  
943 human medical experiment funded, organized and implemented by the PHS, again with  
944 important private sector participation. This was the longest non-therapeutic, non-consensual  
945 experiment on human beings in the history of public health, run by the PHS, spanning 40 years  
946 from 1932 until its exposure by a whistleblower in 1972. The purpose of the study was to  
947 observe the effects of untreated syphilis in black men and their family members. There are  
948 numerous other examples, too many for inclusion here.<sup>19</sup>

#### 949 Targeting Children Who Are Inherently Unable to Consent

950 Within days of the FDA extending the Pfizer EUA to children ages 12 to 15, local  
951 governments commenced hastily passing laws eliminating the requirement for parental consent,  
952 and even parental knowledge, of medical treatments administered to children as young as 12.  
953 This is intended to pave the way for children to receive the Vaccines at school, without parental  
954 knowledge or consent.

955 However, children in the 12 to 18 age group are not developmentally capable of giving  
956 voluntary, informed consent to the Vaccines. Their brains are rapidly changing and developing,  
957 and their actions are guided more by the emotional and reactive amygdala and less by the  
958 thoughtful, logical frontal cortex. Hormonal and body changes add to their emotional instability  
959 and erratic judgment. Children also have a well-known and scientifically studied vulnerability to

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<sup>19</sup> See: [https://en.wikipedia.org/wiki/Unethical\\_human\\_experimentation\\_in\\_the\\_United\\_States](https://en.wikipedia.org/wiki/Unethical_human_experimentation_in_the_United_States) (visited Oct. 19, 2021)

960 pressure from peers and adults. This age group is particularly susceptible to pressure to do what  
961 others see as the right thing to do - in this case, to be injected with the Vaccine “for the sake of  
962 other people and society.”

963 That the American population, and children in particular, are being used as experimental  
964 test subjects (guinea pigs) in medical experimentation using the Vaccines is undeniable. The  
965 Texas State Senate heard sworn testimony on May 6, 2021 from Dr. Angelina Farella, a  
966 pediatrician who has given tens of thousands of vaccinations in her office. She testified:

967 Dr. Farella: “I have given tens of thousands of vaccinations in my  
968 career. I am very pro-vax actually except when it comes to this covid vaccine ...  
969 We are currently allowing children 16, 17 years old to get this vaccine, and they  
970 were never studied in this trial... Never before in history have we given  
971 medications that were not FDA approved to people who were not initially studied  
972 in the trial. There were no trial patients under the age of 18... They’re  
973 extrapolating the data from adults down to children and adolescents. This is not  
974 acceptable. Children are not little adults. ... Children have 99.997% survivability  
975 from the Covid. Let me repeat that for you all to understand: 99.997%.”

976  
977 Senator Hall: “Has there been another vaccine that had the high incidents  
978 of serious hospitalizations and deaths that this vaccine is now showing?  
979

980 Dr. Farella: “Not to this extent. Not even close.”

981  
982 Sen. Hall: “Any other vaccine would have been pulled from the  
983 market?”

984  
985 Dr. Farella: “Absolutely.”

986  
987 Sen. Hall: “Have you seen any other vaccine that was put out for the  
988 public that skipped the animal tests?”

989  
990 Dr. Farella: “Never before. Especially for children.”

991  
992 Sen. Hall: “...Folks I think that’s important to understand here, that  
993 what we’re talking about is the American people ... **this is the test program.**”

994  
995 Self-Disseminating Vaccine

996 The phenomenon of “self-disseminating vaccines” adds a new dimension to the problem  
997 of the lack of informed consent. These vaccines spread automatically from the vaccinated to the  
998 unvaccinated, without the knowledge or consent of the unvaccinated. They are not a science  
999 fiction concept, rather they have been a research subject for years if not decades.

1000 Page 67 of the Pfizer EUA application describes the possibility of **the passive**  
1001 **“vaccination” of the unvaccinated through proximity to the vaccinated**, including

1002 *A male participant who is receiving or has discontinued study intervention*  
1003 *exposes a female partner prior to or around the time of conception.*

1005 *A female is found to be pregnant while being exposed or having been exposed to*  
1006 *study intervention due to environmental exposure. Below are examples of*  
1007 *environmental exposure during pregnancy:*

1008 *A female family member or healthcare provider reports that she is*  
1009 *pregnant after having been exposed to the study intervention by inhalation or skin*  
1010 *contact.*

1011 Pursuant to the referenced document, each person getting the Pfizer Vaccine had to  
1012 consent to the possibility of exposing pregnant women through inhalation or skin contact (note  
1013 that pharmaceutical companies can only disclose actual, not purely speculative, risks).  
1014 According to the document, an “exposure during pregnancy” event that must be reported to  
1015 Pfizer within 24 hours occurs if:  
1016

1017 Further, an “exposure during breastfeeding” event occurs if “[a] female participant is  
1018 found to be breastfeeding while receiving or after discontinuing study intervention.”

1019 There are worldwide reports of irregular and often very heavy vaginal bleeding in the  
1020 unvaccinated who are near those who have been injected with the Vaccines, even in post-  
1021 menopausal women. These public reports are scrubbed from the Internet rapidly, however  
1022 Plaintiff AFLDS has also received innumerable emails from around the world with the same  
1023 reports. It is well documented that the vaccinated have excessive bleeding and clotting disorders

1024 including vaginal bleeding, miscarriages, gastrointestinal bleeding and immune  
1025 thrombocytopenia.

1026 Psychological Manipulation

1027 The idea of using fear to manipulate the public is not new, and is a strategy frequently  
1028 deployed in public health. In June, 2020, three American public health professionals, concerned  
1029 about the psychological effects of the continued use of fear-based appeals to the public in order  
1030 to motivate compliance with extreme COVID-19 countermeasures, authored a piece for the  
1031 journal *Health Education and Behavior* calling for an end to the fearmongering. In doing so,  
1032 they acknowledged that fear has become an accepted public health strategy, and that it is being  
1033 deployed aggressively in the United States in response to COVID-19:

1034 “... behavior change can result by increasing people’s perceived severity  
1035 and perceived susceptibility of a health issue through heightened risk appraisal  
1036 coupled by raising their self-efficacy and response-efficacy about a behavioral  
1037 solution. In this model, fear is used as the trigger to increase perceived  
1038 susceptibility and severity.”  
1039

1040 In 1956, Dr. Alfred Biderman, a research social psychologist employed by the U.S. Air  
1041 Force, published his study on techniques employed by communist captors to induce individual  
1042 compliance from Air Force prisoners of war during the Korean War. The study was at the time  
1043 and to some extent remains the core source for capture resistance training for the armed forces.  
1044 The chart below compares the techniques used by North Korean communists with the fear-based  
1045 messaging and COVID-19 countermeasures to which the American population has been

<b>"COMMUNIST COERCIVE METHODS FOR ELICITING INDIVIDUAL COMPLIANCE".*</b> <b>The Biderman Report of 1956 and COVID-19</b>	
<b>Chart of Coercion</b>	<b>COVID-19</b>
<b>Isolation</b> • Deprives individual of social support of his ability to resist • Makes individual dependent upon the captor • Individual develops an intense concern with self.	<b>Isolation</b> • Social distancing • Isolation from loved ones, massive job loss • Solitary confinement semi-isolation • Quarantines, containment camps
<b>Monopolization of Perception</b> • Fixes all attention upon immediate predicament; • Frustrates all actions not consistent with compliance • Eliminates stimuli competing with those controlled by the captor	<b>Monopolization of perception</b> • Restrict movement • Create monotony, boredom • Prevent gathering, meetings, concerts, sports • Dominate all media the 24/7, censor information
<b>Induced Debility and Exhaustion</b> • Weakens mental and physical ability to resist • People ...become worn out by tension and fear	<b>Induced debility</b> • Forced to stay at home, all media is negative • not permitted to exercise or socialize
<b>Threats</b> • Cultivates anxiety and despair • Gives demands and consequences for non compliance	<b>Threats and Intimidation</b> • Threaten to close business, levy fines • Predict extension of quarantine, force vaccines • Create containment camps
<b>Occasional Indulgences</b> • Provides motivation for compliance • Hinders adjustment to deprivation. • Creates hope for change, reduces resistance • This keeps people unsure of what is happening.	<b>Occasional Indulgences</b> • Allow reopening of some stores, services • Let restaurants open but only at a certain capacity • Increase more people allowed to gather • Follow concessions with tougher rules
<b>Demonstrate Omnipotence</b> • Demonstrates futility of resistance • Shows who is in charge • Provides positive motivation for compliance	<b>Demonstrate Omnipotence</b> • Shut down entire economies across the world • Create money out of nowhere, force dependency • Develop total surveillance with nanochips and 5G
<b>Degradation</b> • Makes resistance seem worse than compliance • Creates feelings of helplessness. • Creates fear of freedom, dependence upon captors	<b>Humiliation or Degradation techniques</b> • Shame people who refuse masks, don't distance • Make people stand on circles and between lines • Make people stand outside and wait in queues • Sanitation stations in every shop
<b>Enforcing trivial demands</b> • Develops habit of compliance • Demands made are illogical and contradictory • Rules on compliance may change • Reinforces who is in control	<b>Enforcing trivial demands</b> • Family members must stand apart • Masks in home and even when having sex • Random limits on people allowed to be together • Sanitizers to be used over and over in a day

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The Chart of Coercion above is drawn from the Biderman Report on communist brainwashing techniques used by the Chinese and North Koreans on captured American servicemen to make them psychological as well as physical prisoners. Dr. Alfred D. Biderman M.A. and presented his Report at the New York Academy of Medicine Nov 13, 1956. Compare right column with your experience this year.

1048 After more than a year of sustained psychological manipulation, the population is now  
 1049 weakened, frightened, desperate for a return of their freedoms, prosperity and normal lives, and  
 1050 especially vulnerable to pressure to take the Vaccine. The lockdowns and shutdowns, the myriad  
 1051 rules and regulations, the confusing and self-contradictory controls, the enforced docility, and the  
 1052 consequent demoralization, anxiety and helplessness are typical of authoritarian and totalitarian  
 1053 conditions. This degree of systemic and purposeful coercion means that Americans cannot give  
 1054 truly free and voluntary informed consent to the Vaccines.

1055 At the same time, the population is being subjected to an aggressive, coordinated media  
 1056 campaign promoting the Vaccines funded by the federal government with \$1 billion. The media

1057 campaign is reinforced by a system of coercive rewards and penalties designed to induce  
1058 vaccination. The federal government is offering a range of its own incentives, including free  
1059 childcare. The Ohio Governor rewarded those Ohio residents accepting the Vaccines by  
1060 allowing them to enter into the “Vaxamillion” lottery with a total \$5 million prize and the chance  
1061 to win a fully funded college education, while barring entry for residents who decline the  
1062 Vaccines. In New York, metro stations offer free passes to those receiving the Vaccine in the  
1063 station. West Virginia is running a lottery exclusively for the vaccinated with free custom guns,  
1064 trucks and lifetime hunting and fishing licenses, a free college education, and cash payments of  
1065 \$1.5 million and \$600,000 as the prizes. Previously, the state offered a \$100 savings bond for  
1066 each injection with a Vaccine. New Mexican residents accepting the Vaccines will be entered  
1067 into weekly drawings to take home a \$250,000 prize, and those fully vaccinated by early August  
1068 could win the grand prize of \$5 million. In Oregon, the vaccinated can win \$1 million, or one of  
1069 36 separate \$10,000 prizes through the state’s “Take Your Shot” campaign. Other state and local  
1070 governments are partnering with fast food chains to offer free pizza, ice cream, hamburgers and  
1071 other foods to the vaccinated. Many people are desperate following the last year of economic  
1072 destruction and deprivation of basic freedoms, and they are especially vulnerable to this  
1073 coercion.

1074 The penalties take many forms, among them:

1075 Using guilt and shame to make unvaccinated adults and children feel badly about  
1076 themselves for refusing the Vaccines

1077 Threatening the unvaccinated with false fears and anxieties about COVID-19, especially  
1078 children who are at no risk statistically

1079 Removing the rights of those who are unvaccinated:

1080 Being prohibited from working

1081 Being prohibited from attending school or college

1082 Being limited in the ability to travel in buses, trains and planes

1083 Being prohibited from traveling outside the United States

1084 Being excluded from public and private events, such as performing arts venues.

1085  
1086 The combined effect of (i) the suppression and censorship of information regarding the  
1087 risks of the Vaccines, (ii) the failure to inform the public regarding the novel and experimental  
1088 nature of the mRNA Vaccines, (iii) the suppression and censorship of information regarding  
1089 alternative treatments, (iv) the failure to inform and properly educate the public that the Vaccines  
1090 are not in fact “approved” by the FDA, (v) the failure to inform and properly educate the public  
1091 that the DHHS Secretary has *not* determined that the Vaccines are “safe and effective” and on  
1092 the contrary has merely determined that “**it is reasonable to believe**” that the Vaccines “**may be**  
1093 **effective**” and that the benefits outweigh the risks, (vi) the sustained psychological manipulation  
1094 of the public through official fear-based messaging regarding COVID-19, draconian  
1095 countermeasures and a system of rewards and penalties, is to remove any possibility that Vaccine  
1096 recipients are giving voluntary informed consent to the Vaccines. They are participants in a  
1097 large scale, ongoing non-consensual human experiment.

#### 1098 **I. Conflicts-of-Interest**

1099  
1100 While Plaintiffs make no allegations regarding the legality or illegality of the potential  
1101 conflicts-of-interest identified herein, they are numerous, now well publicized, and may create an  
1102 incentive to suppress alternative treatments while promoting and profiting from the experimental  
1103 COVID-19 Vaccines.

1104 NIAID scientists developed the Moderna COVID-19 Vaccine in collaboration with  
1105 biotechnology company Moderna, Inc. NIAID Director Dr. Fauci referred to the Moderna  
1106 COVID-19 Vaccine when he said: “Finding a safe and effective vaccine to prevent infection with  
1107 SARS-CoV-2 is an urgent public health priority. This Phase 1 study, launched in record speed, is



1108 an important first step toward achieving that goal.”<sup>20</sup> NIAID scientists submitted an Employee  
1109 Invention Report to the NIH Office of Technology Transfer in order to receive a share in the  
1110 profits from the sale of the Moderna COVID-19 Vaccine. Each inventor stands to receive a  
1111 personal payment of up to \$150,000 annually from sales of the Moderna COVID-19 Vaccine.  
1112 NIAID stands to earn millions of dollars in revenue from the sale of the Moderna COVID-19  
1113 Vaccine.

1114 The NIH Director stated the following in May 2020: “We do have some particular stake in  
1115 the intellectual property behind Moderna’s coronavirus vaccine.” In fact, NIH and Moderna  
1116 signed a contract in December 2019 that states “mRNA coronavirus vaccine candidates are  
1117 developed and jointly owned by the two parties.” Moderna, Inc. is currently valued at \$25  
1118 billion despite having no federally approved drugs on the market.

1119 The DHHS awarded \$483 million in grants to Moderna, Inc. to accelerate the development  
1120 of the Moderna COVID-19 Vaccine. Dr. Fauci could have focused on treatments, including  
1121 treatments he previously advised were beneficial in countering SARS-CoV-1. Instead, Dr. Fauci  
1122 directed the NIAID, NIH, Congress and the White House to develop the Vaccines, where he has  
1123 financial and professional ties.

1124 Further, on May 11, 2021, Senator Rand Paul asked Dr. Anthony Fauci under oath about  
1125 the origins of SARS CoV-2 and the NIH and NIAID funding for Gain-of-Function research, and  
1126 Dr. Fauci stated to the Senator and to all of Congress and to the American people stating that the  
1127 NIH and NIAID did not fund Gain-of-Function (making viruses more lethal) research when in  
1128 fact, he provided at least \$60 million funding. The Defendants obfuscate and profit financially,  
1129 personally and professionally while the American people suffer.

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<sup>20</sup> See: <https://www.nih.gov/news-events/news-releases/nih-clinical-trial-investigational-vaccine-covid-19-begins>  
(Oct. , 2021)

1130 Plaintiffs' investigation has revealed additional conflicts-of-interest among members of  
1131 the Vaccines and Related Biological Products Advisory Committee ("VRBPAC"), which is an  
1132 FDA sub-agency that reviews and evaluates data concerning the safety, effectiveness, and  
1133 appropriate use of vaccines and related biological products. VRBPAC makes recommendations  
1134 to the FDA regarding whether or not to grant EUAs. The FDA is not bound to follow the  
1135 VRBPAC's recommendations, but should VRBPAC advise against approval, especially over  
1136 safety concerns, it would make it harder for the FDA to move forward.

1137 The University of Florida Conflicts of Interest Program and the Project on Government  
1138 Oversight report that numerous members of the VRBPAC have conflicts-of-interest:

- 1139 • Dr. Hana el-Sahly, the VRBPAC Chair, was working with Moderna, as one of the  
1140 three lead investigators for the company's 30,000 person trial of its Vaccine in  
1141 July 2020. Plaintiffs cannot locate information related to payments made to Dr.  
1142 el-Sahly by the company.
- 1143 • The Acting Chair Dr. Arnold Monto received \$54,114 from 2013 to 2019 from  
1144 vaccine contenders Pfizer, GlaxoSmithKline and Shionogi. He also received  
1145 \$10,657 from Novartis, which has a contract to manufacture Vaccines. Dr. Monto  
1146 received a total of \$194,254 from pharmaceutical companies, the largest  
1147 contributor being Seqirus, a company developing COVID-19 vaccine in Australia.
- 1148 • In 2019, Dr. Archana Chaterjee received \$23,904 from Pfizer, \$11,738 from  
1149 Merck and \$11,480 from Sanofi, each of which was racing to develop a COVID-  
1150 19 vaccine. Since 2013, she has received more than \$200,000 in consulting fees,  
1151 travel, lodging and other payments from those companies and others working on  
1152 COVID-19 vaccines. She is also a professor of epidemiology at the University of  
1153 Michigan, which is partnering with AstraZeneca on a clinical trial of a potential  
1154 COVID-19 vaccine.
- 1155 • Dr. Myron Levine is Associate Dean of Global Health, Vaccinology and  
1156 Infectious Diseases at the University of Maryland School of Medicine, which is  
1157 participating in a clinical trial of the Moderna COVID-19 Vaccine. Since 2013,  
1158 Dr. Levine has received general payments of \$41,635 and research funding of  
1159 \$2.3 million. His 2019 funding was approximately six times the mean of similar  
1160 physicians. His largest source of funding is from Sanofi Pasteur, which is  
1161 developing a COVID-19 vaccine.
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- Dr. Cody Meissner is the head of all clinical trials for all of Tufts Children’s Hospital. Since 2013, Tufts University has been paid \$13.2 million in general payments, and \$34.2 million in research payments, by companies like Pfizer and Janssen.
  - Dr. Paul Offit is Director of Vaccine Education Center and an attending physician in the Division of Infectious Diseases at Children’s Hospital of Philadelphia. Since 2013, the Hospital has received \$4.6 million in general payments, and \$32 million in research payments, from companies like Pfizer and Novartis.
  - Dr. Steven Pergam is Associate Professor, Vaccine and Infectious Disease Division, and Clinical Research Division, Fred Hutchinson Cancer Research Center. Since 2013, Dr. Pergam has received \$4,167 in general payments, and \$140,311 in research funding from companies like Merck, which has been developing a COVID-19 vaccine. He is participating in clinical trials of the Sanofi-Aventis COVID-19 vaccine and has participated in research with Merck.
  - Dr. Andrea Shane is professor of pediatrics at Emory University School of Medicine. Since 2013, Emory University Hospital has received \$44.1 million in general payments, and \$170.7 million in research funding, with Pfizer being a primary donor. Since 2013, the Wesley Woods Center of Emory University has received \$41,205 in general payments, and \$3.4 million in research payments, with Janssen being a primary donor.
  - Dr. Paul Spearman is Director of the Division of Infectious Diseases at Cincinnati Children’s Hospital and a Professor in the Department of Pediatrics at the University of Cincinnati School of Medicine. Dr. Spearman received \$39,459 in research funding from GlaxoSmithKline and AstraZeneca, both of which have developed COVID-19 vaccines. Plaintiffs cannot locate payment data for the years 2016-2019. The University of Cincinnati Medical Center has received \$2.2 million in general payments and \$4.3 million in research funding since 2013, with Pfizer topping the list of donors. Cincinnati Children’s Hospital is a COVID-19 vaccine clinical trial site.
  - Dr. Geeta K. Swamy is a Senior Associate Dean in the Department of Obstetrics and Gynecology, and Associate Vice President for Research, Duke University School of Medicine. Duke is a clinical trial site for the Pfizer-BioNTech COVID-19 Vaccine and the AstraZeneca vaccine. Since 2013, Dr. Swamy has received general payments of \$63,000 largely from Pfizer, Sanofi and GlaxoSmithKline, all COVID-19 vaccine manufacturers, and \$206,000 in research funding from GlaxoSmithKline, approximately three times the mean funding of similar physicians. Since 2013, Duke University Hospital has received \$7.6 million in general payments (\$866,000 from Pfizer) and \$40.6 million in research funding (\$2.7 million from Pfizer) from pharmaceutical companies.



1231 The determination of the Director of the Office of Management and Budget is without  
1232 force and effect as law because it has not been promulgated as a “rule” pursuant to the  
1233 Administrative Procedure Act, 5 U.S.C. § 552, *et seq.*, and 41 U.S.C. § 1707 (b).

1234 The President claimed 3 U.S.C. § 301 as one statutory authority to issue Executive Order  
1235 14042. This section provides as follows:

1236 The President of the United States is authorized to designate and empower  
1237 the head of any department or agency in the executive branch, or any official  
1238 thereof who is required to be appointed by and with the advice and consent of the  
1239 Senate, to perform without approval, ratification, or other action by the President  
1240 (1) any function which is vested in the President by law, or (2) any function which  
1241 such officer is required or authorized by law to perform only with or subject to the  
1242 approval, ratification, or other action of the President: Provided, That nothing  
1243 contained herein shall relieve the President of his responsibility in office for the  
1244 acts of any such head or other official designated by him to perform such  
1245 functions. Such designation and authorization shall be in writing, shall be  
1246 published in the Federal Register, shall be subject to such terms, conditions, and  
1247 limitations as the President may deem advisable, and shall be revocable at any  
1248 time by the President in whole or in part.

1249 The President also claimed provisions of the Federal Property and Administrative  
1250 Services Act, 40 U.S.C. § 101, *et seq.*, as statutory authority to issue Executive Order 14042.

1251 This section provides as follows:

1252 The purpose of this subtitle is to provide the Federal Government with an  
1253 economical and efficient system for the following activities:

1254 (1) Procuring and supplying property and nonpersonal services, and  
1255 performing related functions including contracting, inspection, storage, issue,  
1256 setting specifications, identification and classification, transportation and traffic  
1257 management, establishment of pools or systems for transportation of Government  
1258 personnel and property by motor vehicle within specific areas, management of  
1259 public utility services, repairing and converting, establishment of inventory levels,  
1260 establishment of forms and procedures, and representation before federal and state  
1261 regulatory bodies.

1262 (2) Using available property.

1263 (3) Disposing of surplus property.

1264 (4) Records management.

1266 The subsequent provisions of the Federal Property and Administrative Services Act are  
1267 no broader than the purpose of this Act as set forth in § 101.

1268 However, these statutes do not provide the President with authority to impose vaccine  
1269 mandates, and thus he lacks the statutory as well as constitutional authority to impose these  
1270 mandates he may believe assist in a speedy resolution of the current COVID-19 crisis.  
1271 Youngstown Sheet & Tube Co. v. Sawyer, 343 U.S. 579 (1952).<sup>2</sup>

1272 On September 9, 2021, President Biden issued Executive Order 14043 (86 Fed.Reg.  
1273 50989, a copy of which is attached). The apparent objective of this Order was to mandate  
1274 COVID-19 vaccinations for federal employees. As authority for this Order, the President relied  
1275 upon 5 U.S.C. §§ 3301, 3302, and 7301 as permitting him to impose vaccine mandates on federal  
1276 employees.

1277 5 U.S.C. § 3301 provides as follows:

1278 The President may—

1279 (1) prescribe such regulations for the admission of individuals into the  
1280 civil service in the executive branch as will best promote the efficiency of that  
1281 service;

1282 (2) ascertain the fitness of applicants as to age, health, character,  
1283 knowledge, and ability for the employment sought; and

1284 (3) appoint and prescribe the duties of individuals to make inquiries for the  
1285 purpose of this section.

1286 The origin of § 3301 is found in § 9 of “An Act Making Appropriations for sundry civil  
1287 Expenses of the Government for the fiscal Year ending June 30, eighteen hundred and seventy-  
1288 two, and for other Purposes”, 16 Stat. 495, 514, ch. 114. This section was later incorporated into  
1289 the Revised Statutes of 1873 as § 1753, and thereafter was incorporated into 5 U.S.C. § 631  
1290

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<sup>2</sup> See also Schaezlein v. Cabaniss, 135 Cal. 466, 471, 67 P. 755 (1902); State v. Marana Plantations, 75 Ariz. 111, 115, 252 P.2d 87 (1953); and Boreali v. Axelrod, 71 N.Y.2d 1, 6, 517 N.E.2d 1350 (1987).

1291 when the U.S. Code was created in 1926. A part of this § 631 became § 3301 when this title of  
1292 the U.S. Code was enacted into positive law in 1966. See Pub.L. 89-554, 80 Stat. 378, at 417.

1293 11. 5 U.S.C. § 3302 provides as follows:

1294 (a) The President may prescribe rules which shall provide, as nearly as  
1295 conditions of good administration warrant, for—

1296 (1) open, competitive examinations for testing applicants for appointment  
1297 in the competitive service which are practical in character and as far as possible  
1298 relate to matters that fairly test the relative capacity and fitness of the applicants  
1299 for the appointment sought;

1300 (2) noncompetitive examinations when competent applicants do not  
1301 compete after notice has been given of the existence of the vacancy; and

1302 (3) authority for agencies to appoint, without regard to the provision of  
1303 sections 3309 through 3318, candidates directly to positions for which—

1304 (A) public notice has been given; and

1305 (B) the Office of Personnel Management has determined that there exists a  
1306 severe shortage of candidates (or, with respect to the Department of Veterans  
1307 Affairs, that there exists a severe shortage of highly qualified candidates) or that  
1308 there is a critical hiring need.

1309 The Office shall prescribe, by regulation, criteria for identifying such  
1310 positions and may delegate authority to make determinations under such criteria.

1311 (b) An individual may be appointed in the competitive service only if he  
1312 has passed an examination or is specifically excepted from examination under  
1313 section 3302 of this title. This subsection does not take from the President any  
1314 authority conferred by section 3301 of this title that is consistent with the  
1315 provisions of this title governing the competitive service.

1316 (c)(1) For the purpose of this subsection, the term “technician” has the  
1317 meaning given such term by section 8337(h)(1) of this title.

1318 (2) Notwithstanding a contrary provision of this title or of the rules and  
1319 regulations prescribed under this title for the administration of the competitive  
1320 service, an individual who served for at least 3 years as a technician acquires a  
1321 competitive status for transfer to the competitive service if such individual—

1322 (A) is involuntarily separated from service as a technician other than by  
1323 removal for cause on charges of misconduct or delinquency;

1324 (B) passes a suitable noncompetitive examination; and

1325 (C) transfers to the competitive service within 1 year after separating from  
1326 service as a technician.

1327 (d) The Office of Personnel Management shall promulgate regulations on  
1328 the manner and extent that experience of an individual in a position other than the

1329 competitive service, such as the excepted service (as defined under section 2103)  
1330 in the legislative or judicial branch, or in any private or nonprofit enterprise, may  
1331 be considered in making appointments to a position in the competitive service (as  
1332 defined under section 2102). In promulgating such regulations OPM shall not  
1333 grant any preference based on the fact of service in the legislative or judicial  
1334 branch. The regulations shall be consistent with the principles of equitable  
1335 competition and merit based appointments.

1336 (e) Employees at any place outside the District of Columbia where the  
1337 President or the Office of Personnel Management directs that examinations be  
1338 held shall allow the reasonable use of public buildings for, and in all proper ways  
1339 facilitate, holding the examinations.

1340 (f)(1) Preference eligibles or veterans who have been separated from the  
1341 armed forces under honorable conditions after 3 years or more of active service  
1342 may not be denied the opportunity to compete for vacant positions for which the  
1343 agency making the announcement will accept applications from individuals  
1344 outside its own workforce under merit promotion procedures.

1345 (2) If selected, a preference eligible or veteran described in paragraph (1)  
1346 shall receive a career or career-conditional appointment, as appropriate.

1347 (3) This subsection shall not be construed to confer an entitlement to  
1348 veterans' preference that is not otherwise required by law.

1349 (4) The area of consideration for all merit promotion announcements  
1350 which include consideration of individuals of the Federal workforce shall indicate  
1351 that preference eligibles and veterans who have been separated from the armed  
1352 forces under honorable conditions after 3 years or more of active service are  
1353 eligible to apply. The announcements shall be publicized in accordance with  
1354 section 3327.

1355 (5) The Office of Personnel Management shall prescribe regulations  
1356 necessary for the administration of this subsection. The regulations shall ensure  
1357 that an individual who has completed an initial tour of active duty is not excluded  
1358 from the application of this subsection because of having been released from such  
1359 tour of duty shortly before completing 3 years of active service, having been  
1360 honorably released from such duty.

1361  
1362 Section 2 of "An act to regulate and improve the civil service of the United States", 22  
1363 Stat 403, ch. 27, enacted by Congress on January 16, 1883, is the genesis of § 3302. When the  
1364 current U.S. Code was created in 1926, parts of this section were incorporated into 5 U.S.C. §  
1365 633, and when this title of the U.S. Code was enacted into positive law in 1966, it became §  
1366 3302. See Pub.L. 89-554, 80 Stat. 378, at 417.



1367 5 U.S.C. § 7301 provides as follows:

1368 The President may prescribe regulations for the conduct of employees in the executive  
1369 branch.

1370 The origin of § 7301 is the same as that for § 3301: § 9 of “An Act Making  
1371 Appropriations for sundry civil Expenses of the Government for the fiscal Year ending June 30,  
1372 eighteen hundred and seventy-two, and for other Purposes”, 16 Stat. 495, 514, ch. 114. This § 9  
1373 was later incorporated into the Revised Statutes of 1873 as § 1753 and was later incorporated  
1374 into 5 U.S.C. § 631 when the U.S. Code was created in 1926. A single sentence of § 631 became  
1375 § 7301 when this title of the U.S. Code was enacted into positive law in 1966. See Pub.L. 89-  
1376 554, 80 Stat. 378, at 417.

1377 Sections 3301, 3302 and 7301 have the same meaning now as when they were laws  
1378 adopted by Congress in 1873 and 1883. At that time, these sections were merely parts of federal  
1379 civil service laws and the President then (as now) lacked authority to impose vaccine mandates  
1380 on federal employees, either through these or any other statutes.

1381 To the extent that the President contends that Executive Orders 14042 and 14043  
1382 authorize the imposition of mandatory vaccines, that construction would be illegal and contrary  
1383 to the plain language of 21 U.S.C. § 360bbb-3 (e)(1)(A)(ii): recipients of an EUA vaccine must  
1384 be informed “(III) of the option to accept or refuse administration of the product, of the  
1385 consequences, if any, of refusing administration of the product, and of the alternatives to the  
1386 product that are available and of their benefits and risks.”

1387 Pursuant to the above quoted § 360bbb–3, every American, possessed of the  
1388 constitutional right to bodily integrity,<sup>3</sup> has the perfect right to refuse an EUA vaccination for  
1389 any disease, whether COVID-19 or some other disease.

1390 **COUNT I**

1391 **DECLARATORY JUDGMENT**

1392 **§ 360bbb–3(b) — Cessation of Public Health Emergency; APA**  
1393 **(All Defendants)**

1394 Plaintiffs adopt all of the preceding paragraphs and incorporate them by reference, as if  
1395 fully set forth herein.

1396  
1397 The DHHS Secretary declared a “public health emergency” pursuant to 21 U.S.C. §  
1398 360bbb-3(b)(1)(C) on February 4, 2020, after finding that “there is a public health emergency  
1399 that has a significant potential to affect national security or the health and security of United  
1400 States citizens living abroad, and that involves the virus that causes COVID-19.”<sup>21</sup>

1401 It is clearly not the intention of the statute that the DHHS Secretary should be able to  
1402 renew his declaration of a “public health emergency” in perpetuity when the basis for the  
1403 emergency no longer exists. Further, the DHHS Secretary cannot continue renewing his  
1404 emergency declaration as a pretense for dodging the licensing requirements for vaccines and  
1405 other drugs all to the benefit of well-funded political partners.

1406 Further, in Home Building and Loan Association v. Blaisdell, 290 U.S. 398 (1934), the  
1407 U.S. Supreme Court stated: “Whether an emergency exists upon which the continued operation

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<sup>3</sup> Doe v. Moore, 410 F.3d 1337, 1343 (11th Cir. 2005) (“These special ‘liberty’ interests include ‘the rights to marry, to have children, to direct the education and upbringing of one’s children, to marital privacy, to use contraception, to bodily integrity, and to abortion.’”).

<sup>21</sup> See <https://www.fda.gov/media/147737/download> (last visited June 7, 2021).

1408 of the law depends is always open to judicial inquiry.” 290 U.S. at 442, citing Chastleton Corp.  
1409 v. Sinclair, 264 U.S. 543 (1924).

1410 In Sinclair, the Supreme Court stated: “A law depending upon the existence of  
1411 emergency or other certain state of facts to uphold it may cease to operate if the emergency  
1412 ceases or the facts change.” 264 U.S. at 547.

1413 Both Blaisdell and Sinclair are clear authority that an emergency and the rules  
1414 promulgated thereunder must end when the facts of the situation no longer support the  
1415 continuation of the emergency.

1416 They also forbid this Court to merely assume the existence of a “public health  
1417 emergency” based on the pronouncements of the Defendants. They are clear authority that it is  
1418 the duty of the court of first instance to grapple with this question and conduct an inquiry. “[A]  
1419 Court is not at liberty to shut its eyes to an obvious mistake when the validity of the law depends  
1420 upon the truth of what of what is declared.” *Id.* The Sinclair court instructed lower courts to  
1421 inquire into the factual predicate underlying a declaration of emergency, where there appears to  
1422 have been a change of circumstances: “the facts should be gathered and weighed by the court of  
1423 first instance and the evidence preserved for consideration by this Court if necessary.” 264 U.S.  
1424 at 549.

1425 Whereas one can make allowances for an initial, precautionary declaration of a “public  
1426 health emergency” in the absence of reliable information and experience of SARS-CoV-2 and  
1427 COVID-19 (though we do not concede this), over time that justification has worn thin and it is  
1428 no longer valid. We are no longer in the nascent stage. There is a wealth of data. The  
1429 Defendants’ own data demonstrates an undeniable change in circumstances, and that the  
1430 exigencies underlying the “public health emergency” no longer exist, if they ever did. Plaintiffs

1431 have accumulated and will present expert medical and scientific evidence further supporting this  
1432 contention. If the exigencies no longer exist, then the “public health emergency” must end.  
1433 Plaintiffs therefore seek a Declaratory Judgment terminating the “public health emergency”  
1434 declared by DHHS Secretary Azar and extended by DHHS Secretary Becerra, and the EUAs  
1435 which are legally predicated upon that “public health emergency.”

1436 Plaintiffs therefore seek a Declaratory Judgment that: the actions of the Defendants are  
1437 unlawful and arbitrary, capricious, not in accordance with § 360bbb-3, contrary to constitutional  
1438 rights, powers, privileges and immunities, and in excess of statutory jurisdiction, authority or  
1439 limitations; that the exigencies underlying the “public health emergency” no longer exist, if they  
1440 ever did; that the “public health emergency” has ended; and that in the absence of a “public  
1441 health emergency” the Defendants lack any reason to continue to authorize the emergency use by  
1442 the American public of the dangerous, experimental Vaccines, thereby nullifying all Vaccine  
1443 EUAs as unlawful.

## 1444 COUNT II

### 1445 BODILY INTEGRITY

#### 1446 **The Fundamental Right to Bodily Integrity Bars Mandates** 1447 **(All Defendants)**

1448 Plaintiffs adopt all of the preceding paragraphs and incorporate them by reference, as if  
1449 fully set forth herein.

1450 There exists a fundamental right to bodily integrity in which the Supreme Court has  
1451 recognized places “limits on governmental power to mandate medical treatment or to bar its  
1452 rejection.” These limits stand so strongly that “a State's interest in the protection of life falls short  
1453 of justifying any plenary override of individual liberty claims.” *Planned Parenthood v. Casey*,

1454 505 U.S. 833. This high standard indicates that ANY governmental intrusion on decisions related  
 1455 to bodily integrity should be reviewed under the strictest of scrutiny.

1456 *Planned Parenthood v. Casey* upheld rights related to abortion. Abortion results in the  
 1457 death of a child almost 100% of the time. This stands in stark contrast to the COVID-19 vaccines  
 1458 which carry unknown long-term risks (there have been no long-term studies), have the highest  
 1459 risk of side-effects, including death, of any vaccine in history, and are being mandated for a  
 1460 disease that has well over a 99% recovery rate for a vast majority of the population.

1461 As such, Plaintiffs request injunctive and declaratory relief against any mandate or action  
 1462 that would lead to the mandate of the COVID-19 vaccines.

### 1463 COUNT III

#### 1464 DECLARATORY JUDGMENT

#### 1465 § 360bbb–3(c) — Failure to Meet Criteria for Issuance of Vaccine EUAs; APA 1466 (All Defendants)

1467 Plaintiffs adopt all of the preceding paragraphs and incorporate them by reference, as if  
 1468 fully set forth herein.

1469 Under § 360bbb–3(c), the DHHS Secretary and his delegee, the Commissioner of the  
 1470 FDA, are authorized to issue and sustain the Vaccine EUAs “only if” they can satisfy certain  
 1471 criteria. As Plaintiffs have alleged and for the reasons set forth herein, the Defendants have failed  
 1472 to do so:  
 1473

- 1474 ➤ SARS-CoV-2 and COVID-19 are not “a serious or life-threatening disease or condition”  
 1475 for 99% of the population;
- 1476 ➤ the scientific evidence and data available to the DHHS Secretary are not derived from  
 1477 “adequate and well-controlled” clinical trials, since the Vaccine trials are compressed,  
 1478 overlapping, incomplete and in many cases run by the Vaccine manufacturers  
 1479 themselves;
- 1480 ➤ it is *not* “reasonable to believe” that the Vaccines “may be effective” in treating or  
 1481 preventing SARS-CoV-2 and COVID-19;

- it is *not* “reasonable to believe” that “the known and potential benefits of the [Vaccines]” in preventing or treating SARS-CoV-2 and COVID-19 “outweigh the known and potential risks of the product”; and
- there are “adequate, approved, and available alternative[s] to the [Vaccines]” for preventing or treating SARS-CoV-2 and COVID-19, including *inter alia* Ivermectin and Hydroxychloroquine which are prescribed by doctors worldwide with great effect and are approved by physicians as meeting the standard of care among similarly situated medical professionals.

Plaintiffs therefore seek a Declaratory Judgment that: the actions of the Defendants are unlawful and arbitrary, capricious, not in accordance with § 360bbb-3, contrary to constitutional rights, powers, privileges and immunities, and in excess of statutory jurisdiction, authority or limitations; and that the Vaccine EUAs are an abuse of discretion (as violative of 21 U.S.C. 21 U.S.C. § 352(j)) and unlawful, since the DHHS Secretary and his delegee the FDA Commissioner cannot meet the criteria for their issuance, thereby nullifying all Vaccine EUAs.

#### COUNT IV

#### DECLARATORY JUDGMENT

#### § 360bbb-3(e) — Failure to Establish Conditions for Vaccine EUAs; APA (All Defendants)

Plaintiffs adopt all of the preceding paragraphs and incorporate them by reference, as if fully set forth herein.

§ 360bbb-3(e) provides that the DHHS Secretary, as a condition to ongoing validity of the Vaccine EUAs, “shall [ ] establish” certain “[r]equired conditions” “designed to ensure” that both healthcare professionals and Vaccine recipients are duly informed of certain critical information. As Plaintiffs have alleged and for the reasons set forth herein, the Defendants have failed to do so:

- neither healthcare professionals nor Vaccine recipients are being informed by the Defendants, and conditions do not exist ensuring that others will inform them, that the DHHS Secretary “has authorized the emergency use of the [Vaccines]” since they are not being informed of the true meaning of the EUAs, specifically, that the Secretary has *not*

1511 determined that the Vaccines are “safe and effective” (notwithstanding the President’s  
 1512 widely publicized statements to the contrary, which are amplified daily by countless other  
 1513 governmental and private sector statements that the Vaccines are “safe and effective”),  
 1514 and that instead the DHHS Secretary has only determined that he has “reason to believe”  
 1515 that the Vaccines “may be effective” in treating or preventing SARS-CoV-2 and COVID-  
 1516 19, based on trials of the Vaccines that are not being conducted like any previous trials  
 1517 and are compressed, overlapping, incomplete and in many instances conducted by the  
 1518 Vaccine manufacturers themselves;

- 1519 ➤ neither healthcare professionals nor Vaccine recipients are being informed by the  
 1520 Defendants, and conditions do not exist ensuring that others will inform them, of “the  
 1521 significant known and potential [ ] risks” of the Vaccines, since there is a coordinated  
 1522 campaign funded with \$1 billion to extol the virtues of the Vaccines, and a simultaneous  
 1523 effort to censor information about the inefficacy of the Vaccines in preventing or treating  
 1524 SARS-CoV-2 and COVID-19, Vaccine risks, and injuries and deaths caused by the  
 1525 Vaccine;
- 1526 ➤ Vaccine recipients are not being informed by the Defendants, who have a financial stake  
 1527 in the intellectual property underlying at least one Vaccine, and who have other financial  
 1528 conflicts of interest, and conditions do not exist ensuring that others will inform them,  
 1529 that there are alternatives to the Vaccines and of their benefits;
- 1530 ➤ Vaccine recipients are not being informed by the Defendants, and conditions do not exist  
 1531 ensuring that others will inform them, of their “option to accept or refuse” the Vaccines,  
 1532 since they have been saturated with unjustified fear-messaging regarding SARS-CoV-2  
 1533 and COVID-19, psychologically manipulated, and coerced by a system of rewards and  
 1534 penalties that render the “option to [ ] refuse” meaningless; and
- 1535 ➤ Appropriate conditions do not exist for “the monitoring and reporting of adverse events”  
 1536 since only a fraction (as low as 1%) of adverse events are reported to VAERS by  
 1537 physicians fearing liability, and the Defendants have established a parallel reporting  
 1538 system for COVID-19 that is not accessible by Plaintiffs or the rest of the public.

1539  
 1540 Plaintiffs therefore seek a Declaratory Judgment that: the actions of the Defendants are  
 1541 unlawful and arbitrary, capricious, not in accordance with § 360bbb-3, contrary to constitutional  
 1542 rights, powers, privileges and immunities, and in excess of statutory jurisdiction, authority or  
 1543 limitations; and that the Vaccine EUAs are an abuse of discretion (as violative of 21 U.S.C. 21  
 1544 U.S.C. § 352(j)), and unlawful, since the DHHS Secretary has not established and maintained the  
 1545 required conditions, thereby nullifying all Vaccine EUAs.

## COUNT V

**DECLARATORY JUDGMENT****45 CFR Part 46 — Protection of Human Subjects; APA  
(All Defendants)**

1547  
1548  
1549  
1550 Plaintiffs adopt all of the preceding paragraphs and incorporate them by reference, as if  
1551 fully set forth herein.

1552 For all of the foregoing reasons, the deployment of the Vaccines into the general  
1553 population constitutes an ongoing human experiment, or “clinical trial” for purposes of 45 CFR  
1554 Part 46, and triggers the mandatory protections of human experiment subjects mandated by this  
1555 extensive regulation. The Defendants have failed to implement those protections.

1556 For instance, 45 CFR § 46.405 states that DHHS will conduct or fund research involving  
1557 children that presents “more than minimal risk” to the children “only if” an Institutional Review  
1558 Board (“IRB”) reviews the proposed experiment and makes certain mandatory findings. One of  
1559 those findings is that “[t]he risk is justified by the anticipated benefit to the subjects.” The very  
1560 real and substantial risks of the Vaccines can *never* be justified when they are administered *en*  
1561 *masse* to children under the age of 18, since they have statistically no risk from SARS-CoV-2  
1562 and COVID-19.

1563 Plaintiffs therefore seek a Declaratory Judgment that: the actions of the Defendants are  
1564 unlawful and arbitrary, capricious, not in accordance with § 360bbb-3, contrary to constitutional  
1565 rights, powers, privileges and immunities, and in excess of statutory jurisdiction, authority or  
1566 limitations; and that the Vaccine EUAs are unlawful, since they violate 45 CFR Part 46, thereby  
1567 nullifying all Vaccine EUAs.

**COUNT VI****MANDAMUS****28 U.S.C. § 1361  
(Individual Federal Defendants)**



1572 The individual federal defendants have a clear duty to act to ensure the faithful  
1573 implementation of § 360bbb-3 and 45 CFR Part 46, the provisions of which are mandatory and  
1574 intended to protect Plaintiffs.

1575 There is “practically no other remedy.” Collin v. Berryhill, 2017 U.S. Dist. LEXIS  
1576 78222 at \*9, quoting Helstoski v. Meanor, 442 U.S. 500, 505 (1979). Courts have held that the  
1577 perceived medical urgencies created by COVID-19 itself, and also those created by the  
1578 decisions, orders and actions of authorities responding to COVID-19, can make it impractical  
1579 and inappropriate to force a plaintiff seeking mandamus to wait for alternative processes to run  
1580 their course:

1581 *Moreover, given the broader context of the COVID-19 pandemic, we agree with*  
1582 *the Fifth Circuit that ‘[i]n mill-run cases, it might be a sufficient remedy to simply*  
1583 *wait for the expiration of the TRO, and then appeal an adverse preliminary*  
1584 *injunction. In other cases, a surety bond may ensure that a party wrongfully*  
1585 *enjoined can be compensated for any injury caused. Those methods would be*  
1586 *woefully inadequate here.’ (In re Rutledge, 956 F.3d 1018, (8<sup>th</sup> Cir. 2020), quoting*  
1587 *In re Abbott, 2020 U.S. App. LEXIS 10893 at \*14.)<sup>22</sup>*  
1588

1589 Plaintiffs therefore seek mandamus, compelling the individual federal defendants to  
1590 perform the duties owed to them pursuant to § 360bbb-3 and 45 CFR Part 46.

## 1591 **COUNT VII**

### 1592 **DECLARATORY JUDGMENT-**

1593 Plaintiffs adopt all of the preceding paragraphs and incorporate them by reference, as if  
1594 fully set forth herein.

1595 Wherefore, Plaintiffs request the following declarations:

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<sup>22</sup> The Supreme Court subsequently vacated the judgment in In re Abbott, and remanded to the Fifth Circuit with instructions to dismiss the case as moot, following the Texas Governor’s relaxation of his order restricting abortion as a non-essential surgical procedure, however the decision did not turn on an analysis of mandamus. See, Planned Parenthood Ctr. for Choice v. Abbott, 2021 U.S. LEXIS 647.



Dated: Friday, October 29, 2021

Respectfully submitted,

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**CERTIFICATE OF SERVICE**

I hereby certify that on this date, Friday, October 29, 2021, I electronically transmitted this pleading to the Clerk of the Court using the CM/ECF system for filing, which will send notification of such filing to the following counsel for the Defendants:

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