

February 15th, 2022

Mayor Birney,

In this group of documents, you will find Letters of Intent docusigned by 19 separate individuals. There is also a single packet of supporting documents.

The point of contacts for this group will be:

Brian Robillard
btkk@comcast.net
253.606.7717

Tracy Robillard
tracyro@kw.com
253.606.2897

Sincerely,



Brian Robillard

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


Brian Robillard
2/14/2022 4:18:27 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:

Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:

Brian C. Robillard
9920 176 Ave E
Bonney Lake, WA 98391
253.606.7717

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.

No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

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Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history.
"All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES

SEC. 2000e-2. [Section 703]

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting Under Color of Law** are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the **unconstitutional** and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Brian Robillard
2/14/2022 4:18:29 PM PST
Brian C. Robillard
btokr@comcast.net
253.606.7717

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

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All I want is what is best for your employees and the citizens of Redmond.

Sincerely,

 
2/14/2022 4:28:05 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Josh A. Frei
14123 Woodinville Redmond Rd. NE
Redmond, WA 98052
425.443.6531

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

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remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

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Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,

Authentisign
2/14/2022 4:29:09 PM PST

Josh A. Frei
freifivefarm@gmail.com
425.443.6531

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,



2/14/2022 4:32:46 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Brooke A. Frei
14123 Woodinville Redmond Rd. NE
Redmond, WA 98052
206.953.5641

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.

No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a

class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

16 Am Jur 2d Sec 177 late 2d, Sec 256: The general misconception is that any statute passed by legislators bearing the appearance of law constitutes the law of the land. The U.S. Constitution is the supreme law of the land, and any statute, to be valid, must be in agreement. It is impossible for both the Constitution and a law violating it to be valid; one must prevail. An unconstitutional law cannot operate to supersede any existing valid law. Indeed, insofar as a statute runs counter to the fundamental law of the land, it is superseded thereby. No one is bound to obey an unconstitutional law and no courts are bound to enforce it.

Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history.
"All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

**18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:**

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

**Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]**

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your

remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting**

Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

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- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

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- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
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- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,



2/14/2022 4:32:48 PM PST

Brooke A. Frei

freifivefarm@gmail.com

206.953.5641

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,

Authentisign
[Handwritten Signature]
2/14/2022 4:20:30 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:

Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:

Tyler L. Parnell
301 S. Waugh Rd.
Mt. Vernon, WA 98274
360.271.2207

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

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No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

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Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

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You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
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As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

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Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history.
"All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246

Deprivation of relief benefits:

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb–3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES

SEC. 2000e-2. [Section 703]

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting Under Color of Law** are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,



Authentisign
2/14/2022 4:32:44 PM PST

Tyler Parnell
tloganparnell@gmail.com
360.271.2207

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


2/14/2022 4:35:52 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:

Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Amanda Parnell
301 S. Waugh Rd.
Mt. Vernon, WA 98274
509.989.9898

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.

No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

16 Am Jur 2d Sec 177 late 2d, Sec 256: The general misconception is that any statute passed by legislators bearing the appearance of law constitutes the law of the land. The U.S. Constitution is the supreme law of the land, and any statute, to be valid, must be in agreement. It is impossible for both the Constitution and a law violating it to be valid; one must prevail. An unconstitutional law cannot operate to supersede any existing valid law. Indeed, insofar as a statute runs counter to the fundamental law of the land, it is superseded thereby. No one is bound to obey an unconstitutional law and no courts are bound to enforce it.

Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history.
"All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

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Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

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The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting Under Color of Law** are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,



2/14/2022 4:35:58 PM PST
Amanda Parnell
tloganparnell@gmail.com
509.989.9898

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


Keith Davis
2/14/2022 5:36:53 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Keith L. Davis
901 W. Hendrickson Road
Sequim, WA 98382
253.677.2407

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.

No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

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Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history. "All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb–3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting Under Color of Law** are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Keith Davis
2/14/2022 5:37:09 PM PST

Keith L. Davis
keithdavis10@icloud.com
253.677.2407

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,

 **Sharon Davis**
2/14/2022 5:38:44 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:

Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:

Sharon L. Davis
901 W. Hendrickson Road
Sequim, WA 98382
253.377.2047

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

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“All laws which are repugnant to the Constitution are null and void”
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SEC. 2000e-2. [Section 703]

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If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Sharon Davis
2/14/2022 5:38:45 PM PST

Sharon L. Davis
keithdavis10@icloud.com
253.377.2047

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,

Authentisign
Matthew W Peterson
2/14/2022 5:53:10 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Matthew W. Peterson
20116 Richmond Beach Dr. NW
Shoreline, WA 98177
206.786.0687

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.

No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a

class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

16 Am Jur 2d Sec 177 late 2d, Sec 256: The general misconception is that any statute passed by legislators bearing the appearance of law constitutes the law of the land. The U.S. Constitution is the supreme law of the land, and any statute, to be valid, must be in agreement. It is impossible for both the Constitution and a law violating it to be valid; one must prevail. An unconstitutional law cannot operate to supersede any existing valid law. Indeed, insofar as a statute runs counter to the fundamental law of the land, it is superseded thereby. No one is bound to obey an unconstitutional law and no courts are bound to enforce it.

Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history. "All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246

Deprivation of relief benefits:

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES

SEC. 2000e-2. [Section 703]

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your

remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting**

Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
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Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Matthew W Peterson
2/14/2022 5:53:18 PM PST

Matthew W. Peterson
ffpeterson@gmail.com
206.786.0687

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

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It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


Callina L Peterson
2/14/2022 5:58:57 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Callina L. Peterson
20116 Richmond Beach Dr. NW
Shoreline, WA 98177
425.478.3111

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

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You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

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Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history. "All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

**18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:**

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

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Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

**Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]**

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

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remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting**

Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Callina L. Peterson
2/14/2022 5:59:08 PM PST

Callina L. Peterson
ffpeterson@gmail.com
425.478.3111

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


Astem S Taerin
2/14/2022 5:59:51 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Artem S. Teterin
14232 39th Dr. NW
Marysville, WA 98271
425.268.6466

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.

No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a

class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

16 Am Jur 2d Sec 177 late 2d, Sec 256: The general misconception is that any statute passed by legislators bearing the appearance of law constitutes the law of the land. The U.S. Constitution is the supreme law of the land, and any statute, to be valid, must be in agreement. It is impossible for both the Constitution and a law violating it to be valid; one must prevail. An unconstitutional law cannot operate to supersede any existing valid law. Indeed, insofar as a statute runs counter to the fundamental law of the land, it is superseded thereby. No one is bound to obey an unconstitutional law and no courts are bound to enforce it.

Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history. "All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

**18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:**

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

**Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]**

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your

remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

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Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
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- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Artem S. Teterin
2/14/2022 5:59:56 PM PST
Artem S. Teterin
temausa@gmail.com
425.268.6466

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,

 *William S Halifax*
2/14/2022 6:03:17 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
William S. Hallifax
17915 194th Ave NE
Woodinville, WA 98077
206.459.3369

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

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No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

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Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history. "All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246

Deprivation of relief benefits:

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES

SEC. 2000e-2. [Section 703]

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your

remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting**

Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


William S Hallifax
2/14/2022 6:03:43 PM PST
William S. Hallifax
Wsh10_05@hotmail.com
206.459.3369

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


Alison L. Hallifax
2/14/2022 6:06:44 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Alison Hallifax
17915 194th Ave NE
Woodinville, WA 98077
360.661.5505

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.
No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

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How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

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Total Amount Owed to Notifying Party: **\$200,000**

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Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
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- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,

 *Alison L Hallifax*

AT 2/14/2022 6:09:15 PM PST
Alison Hallifax

alisonneschke@hotmail.com

360.661.5505

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


Dana K Carlson
2/14/2022 6:48:36 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Dana K. Carlson
2512 SE 130th Ave
Vancouver, WA 98683
360.980.1075

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.

No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

16 Am Jur 2d Sec 177 late 2d, Sec 256: The general misconception is that any statute passed by legislators bearing the appearance of law constitutes the law of the land. The U.S. Constitution is the supreme law of the land, and any statute, to be valid, must be in agreement. It is impossible for both the Constitution and a law violating it to be valid; one must prevail. An unconstitutional law cannot operate to supersede any existing valid law. Indeed, insofar as a statute runs counter to the fundamental law of the land, it is superseded thereby. No one is bound to obey an unconstitutional law and no courts are bound to enforce it.

Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history.
"All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

**18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:**

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

**Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]**

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your

remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting**

Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Dana K Carlson
2/14/2022 6:48:55 PM PST
Dana K. Carlson
carlsondanak@gmail.com
360.980.1075

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,

 *Scott E Carlson*
2/14/2022 6:21:30 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:

Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:

Scott E. Carlson
2512 SE 130th Ave
Vancouver, WA 98683
360.624.0852

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

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No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

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You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
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As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

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You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

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Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history.
"All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246

Deprivation of relief benefits:

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES

SEC. 2000e-2. [Section 703]

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your

remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting**

Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the **unconstitutional** and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Scott E Carlson
2/14/2022 6:21:32 PM PST

Scott E. Carlson
sdgmcarlson@gmail.com
360.624.0852

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


Tracy Robillard
2/14/2022 7:20:52 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Tracy S. Robillard
9920 176 Ave E
Bonney Lake, WA 98391
253.606.2897

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.

No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

16 Am Jur 2d Sec 177 late 2d, Sec 256: The general misconception is that any statute passed by legislators bearing the appearance of law constitutes the law of the land. The U.S. Constitution is the supreme law of the land, and any statute, to be valid, must be in agreement. It is impossible for both the Constitution and a law violating it to be valid; one must prevail. An unconstitutional law cannot operate to supersede any existing valid law. Indeed, insofar as a statute runs counter to the fundamental law of the land, it is superseded thereby. No one is bound to obey an unconstitutional law and no courts are bound to enforce it.

Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history.
"All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

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Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

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IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

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- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
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Firefighter Artem Teterin

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- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,

Authentisign
Tracy Robillard
2/14/2022 7:20:53 PM PST
Tracy S. Robillard
tracyro@kw.com
253.606.2897

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

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It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,

 *Erik Alsin*
2/14/2022 7:30:29 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:

Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:

Erik Alsin
11105 151st Ave NE
Redmond, WA 98052
425.614.7649

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

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How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public?

And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

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Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

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You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

16 Am Jur 2d Sec 177 late 2d, Sec 256: The general misconception is that any statute passed by legislators bearing the appearance of law constitutes the law of the land. The U.S. Constitution is the supreme law of the land, and any statute, to be valid, must be in agreement. It is impossible for both the Constitution and a law violating it to be valid; one must prevail. An unconstitutional law cannot operate to supersede any existing valid law. Indeed, insofar as a statute runs counter to the fundamental law of the land, it is superseded thereby. No one is bound to obey an unconstitutional law and no courts are bound to enforce it.

Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history. "All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

**18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:**

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

**Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]**

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your

remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those **acting**

Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Erik Alsin
2/14/2022 7:30:33 PM PST

Erik Alsin
Alsin88@gmail.com
425.614.7649

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,

 *Natalya A. Feterin*
2/14/2022 7:35:39 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Natalya A. Teterin
14232 39th Dr. NW
Marysville, WA 98271
425.760.0694

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.
No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

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Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history.
"All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

**18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:**

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

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**Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]**

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your

remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

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Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Natalya A. Teterin
2/14/2022 7:35:42 PM PST

Natalya A. Teterin
nataliateterin@gmail.com
425.760.0694

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


Kayleigh Alsin
2/14/2022 7:38:40 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Kayleigh Alsin
13119 164th Ave SE
Monroe, WA 98272
425.761.1705

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public? And how can you give informed consent when there have been NO long-term health and safety studies so there is NO assurance that the future health of the injected person will NOT be damaged?

WA Constitution Article 1 § 12 SPECIAL PRIVILEGES AND IMMUNITIES PROHIBITED.

No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.

You have treated the unvaccinated like second class citizens. Yet Dr. Fauci and CDC agree that the vaccinated still can become infected and transmit covid to others. It is irresponsible to coerce a class of employees by holding their job as a ransom to get them to take an experimental vaccine

has that NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

Federal Violations

42 U.S. Code § 1983 – Civil action for deprivation of rights: Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

Your employees have a right to live and work without requirements or mandates that restrict their ability to breathe freely. It is well known in science that the coronavirus is not stopped by masks! Most importantly, masks cause HYPOXIA to the user and mask use should be limited.

42 U.S. Code § 1985 – Conspiracy to interfere with civil rights: If two or more persons in any State or Territory conspire to prevent, by force, intimidation, or threat, any person from accepting or holding any office, trust, or place of confidence under the United States, or from discharging any duties thereof; or to induce by like means any officer of the United States to leave any State, district, or place, where his duties as an officer are required to be performed, or to injure him in his person or property on account of his lawful discharge of the duties of his office, or while engaged in the lawful discharge thereof, or to injure his property so as to molest, interrupt, hinder, or impede him in the discharge of his official duties.

You are endorsing and upholding unlawful mandates that have violated the civil rights of your employees. Employees have been coerced into injecting an experimental vaccine, that is not FDA approved, as a ransom in order to continue their employment.

3-307. Notice of breach of fiduciary duty:

- (1) "Fiduciary" means an agent, trustee, partner, corporate officer or director, or other representative owing a fiduciary duty with respect to an instrument.
- (2) "Represented person" means the principal, beneficiary, partnership, corporation, or other person to whom the duty stated in paragraph (1) is owed.

As an elected public servant, you have breached the duty to serve this community and uphold the Constitution of the United States and the State of Washington. Illegally mandating EUA (emergency use authorization) products from the FDA has violated the trust of your employees. You were elected by the people to serve the people in a lawful manner outlined in the Constitutions of the United States of America and the State of Washington.

U.S.C. 5th Amendment: Deprivation of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

You have clearly deprived your employees of the liberty to choose what is or is not injected into their bodies. By holding the employee's job as a ransom in exchange for a coerced experimental vaccination, you have violated the Constitution of the United States and State of Washington.

16 Am Jur 2d §71 Effect of Emergency: It is sometimes argued that the existence of an emergency allows the existence and operation of powers, national or state, which violate the inhibitions of the Federal Constitution. The rule is quite otherwise. No emergency justifies the violation of any of the provisions of the United States Constitution.

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Marbury v. Madison (1803) is arguably the most important case in US Supreme Court history.
"All laws which are repugnant to the Constitution are null and void"
(In this instance, the Vaccine Mandate)

**18 U.S.C. § 246 - U.S. Code - Unannotated Title 18 Crimes and Criminal Procedure § 246
Deprivation of relief benefits:**

Whoever directly or indirectly deprives, attempts to deprive, or threatens to deprive any person of any employment, position, work, compensation, or other benefit provided for or made possible in whole or in part by any Act of Congress appropriating funds for work relief or relief purposes, on account of political affiliation, race, color, sex, religion, or national origin, shall be fined under this title, or imprisoned not more than one year, or both.

Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act: Emergency dispensing – The requirements of subsections (b) and (f) of section 353, section 354, and section 360j(e) of this title shall not apply to an eligible product, and the product shall not be considered an unapproved product (as defined in section 360bbb-3(a)(2)(A) of this title) and shall not be deemed adulterated or misbranded under this chapter because it is dispensed without an individual prescription.

Any product that is not deemed FDA approved cannot be enforced or mandated. Masks, PCR testing and experimental vaccines are under EUA (emergency use authorization) use only and it is illegal for any Federal or State government to mandate such items. Furthermore, you do not have the authority to mandate experimental EUA products.

**Title VII of the Civil Rights Act of 1964 - UNLAWFUL EMPLOYMENT PRACTICES
SEC. 2000e-2. [Section 703]**

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

You approved your unvaccinated Firefighters (with sincerely held religious beliefs that prevented them from taking the experimental vaccines) to continue working in their original capacities without subjecting themselves to illegal experimental vaccine mandates, as long as they agreed to on-shift testing. You later rescinded that agreement and threatened termination of those Firefighters unless they relented to your coercion and got vaccinated against their will. Now you are requiring that your

remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

If even one employee is harmed, injured, or dies as a result of mask requirements, PCR testing, or receiving an experimental vaccine as a result of your coercion, you are liable for all injuries.

International Violations

International Humanitarian Law: Persons who are not, or are no longer, participating in hostilities must be protected; and the right of parties to an armed conflict to choose methods and means of warfare is not unlimited.

Our employees are not now, nor have ever been, involved in direct hostilities in order to conquer an illness that has a 99.8% survival rate. Your employees are protected under the International Humanitarian Law and must be protected at all costs. Demanding and/or mandating EUA masks, testing, and experimental vaccines in the workplace does not protect your employees' rights. Especially when the experimental vaccine has NO long-term health and safety studies and therefore there can be NO assurance that the experimental vaccine will NOT damage the recipient's future health.

UNESCO Universal Bioethics Declaration: The first principle advocated in the UDBHR is respect for "human dignity, human rights and fundamental freedoms" (Article 3). Although this principle had long been established since the 1948 Universal Declaration of Human Rights (United Nations 1948), which is today widely regarded as the cornerstone of the international human rights system that emerged after the Second World War, the UDBHR was the first international instrument to comprehensively integrate international human rights law into the field of biomedicine. By broadening the scope of the respect principle from personal autonomy to human dignity, the UDBHR overcomes a shortcoming of previous bioethics documents, which seemed to accord respect only to autonomous persons.

This law and treaty are still in effect today and protects your employee's right to human dignity, human rights, and fundamental freedoms. Masking your employees takes away their human rights in society to live freely and express themselves. Furthermore, coercing your employees to take an experimental vaccination by threatening job loss is a direct violation of international human rights.

The Nuremberg Code: "Everyone has the right to life, liberty and security of person... No one shall be subjected to ... inhuman or degrading treatment ... Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights... No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence..."

The Right to Informed Consent is Meaningless **Without the Right to Refuse** any medical intervention, including mandated experimental vaccination. Government agents and those acting

Under Color of Law are Forbidden by Long-Standing National and International Law from Coercing Experimental Vaccination.

Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,


Kayleigh Alsin
2/14/2022 7:38:44 PM PST

Kayleigh Alsin
kaleigh.garman@hotmail.com
425.761.1705

February 14, 2022

Mayor Angela Birney,

You have been served with a letter of intent to file a claim against your Public Official Bond, which is required by state law for every person who is elected or appointed to government or public office.

According to your Oath of Office, you swore to “faithfully and impartially discharge the duties of this office (Mayor) as prescribed by law” and to “support and maintain the Constitution of the State of Washington and the United States of America.”

You have NOT upheld your sworn Oath and are in violation of multiple State, Federal and International laws.

Your Public Official Bond (\$200,000) requires that you “faithfully perform the duties of your office or position during your term.”

Because you have violated your sworn Oath, this has also put you in violation of the terms of your Public Official Bond. When this occurs, it is the duty and responsibility of law-abiding citizens to file a claim with your bondholder.

If one or more claims are made against your Public Official Surety Bond and the claims are paid by the Surety Co., then you are PERSONALLY liable to reimburse the Surety Co. for every claim amount that they paid.

It is imperative that you understand the implications of this letter of intent as it may cause you significant financial repercussions if you dismiss it.

All I want is what is best for your employees and the citizens of Redmond.

Sincerely,


Darin Alsin
2/14/2022 9:57:33 PM PST

State of Washington
County of King, City of Redmond

Notice of Intent to File Claim Against Your Public Official Bond

Notice to:
Mayor Angela Birney
City of Redmond
15670 NE85th Street
Redmond, WA 98052

Notifying Party:
Davin T. Alsin
13119 164th Ave SE
Monroe, WA 98272
425.443.1325

February 14, 2022

State Violations

Violation of Your Oath of Office: You have sworn an oath to uphold the Constitution of the State of Washington and the Constitution of the United States of America. You have failed to uphold both constitutions. We live in America and are free to live our lives without restrictions, abuse, and unlawful mandates from elected government officials. Mandates that affect the health of the employee's body are not enforceable laws and as an elected public servant, you have no jurisdiction or authority to create or enforce such a mandate.

Especially when that mandate holds the employee's job as a ransom in exchange for a coerced experimental vaccination. And even more appalling is that the experimental vaccine which you are requiring has had ZERO long-term health and safety studies. Once that experimental vaccine is injected into the body, it is PERMANENT. You nor anyone else can give assurance that the future health of the injected person will NOT be damaged.

Practicing Medicine Without a License – You have engaged in the practice of medicine without a license, which is a violation of state law. You have recommended a medical procedure, vaccination, with a wholly NON-FDA approved product, that is licensed under an EUA. Meaning it's EXPERIMENTAL and cannot be advertised at all, per federal law. And you have NON doctors recommending it to employees – with NO informed consent. How can you give informed consent when the ingredients in these vaccinations ARE NOT fully released to the public?

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"All laws which are repugnant to the Constitution are null and void"
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remaining Firefighter workforce (who are 100% vaccinated) be subject to that same on-shift testing that you had earlier approved for your unvaccinated Firefighters.

COL (Color of Law): Section 242 of Title 18: Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State, Territory, Commonwealth, Possession, or District to the deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such person being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined under this title or imprisoned not more than one year, or both; and if bodily injury results from the acts committed in violation of this section or if such acts include the use, attempted use, or threatened use of a dangerous weapon, explosives, or fire, shall be fined under this title or imprisoned not more than ten years, or both; and if death results from the acts committed in violation of this section or if such acts include kidnapping or an attempt to kidnap, aggravated sexual abuse, or an attempt to commit aggravated sexual abuse, or an attempt to kill, shall be fined under this title, or imprisoned for any term of years or for life, or both, or may be sentenced to death.

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Personal Religious Belief Discrimination

Back in September of 2021, when the mandates were announced, Redmond went to the negotiating table with City Administration and Fire Union representatives to negotiate the impacts of this mandate and the associated exemption accommodation process. In advance of October 18th, those negotiations came to a mutually agreed upon exemption process with a list of 10 associated accommodations. 22 Redmond Fire Department employees went through that process and had unanimously approved exemptions and received signed paperwork stating all the accommodations that would be required to perform their job duties safely (like symptom checks, testing and masking). Within days of receiving those signed forms (by HR and the city manager) they were stated to no longer be valid as it would be too much of a burden on the employer to do those things that were days before signed and agreed to. 10 of the people that received the exemption were then forced to take the vaccine against their acknowledged religious belief to save their job. Three were forced into early retirement and a group of 9 remain employed, unvaccinated, on unpaid medical leave.

Fast forward to the introduction of Omicron into the picture and suddenly those items that were too much of a burden to accommodate a small group of Firefighters are now being mandated on the entire workforce of vaccinated firefighters. They test every person who shows up for work every day, they are forced to mask all the time when around any other person (even within the firehouse) and are sent home if they have a positive test result or any symptom. Remember, this is now an entirely vaccinated workforce of firefighters.

How is it that approved exemptions for a select religious group with associated accommodations were too much of a burden within days of approval yet then become standard protocol for every person who has received the vaccine?

**A CLAIM MAY BE FILED AGAINST YOUR PUBLIC OFFICIAL BOND
IF THESE MANDATES DO NOT STOP TODAY!**

Total Amount Owed to Notifying Party: **\$200,000**

This notice is provided to inform you that the Notifying Party has provided the above descriptions of the unconstitutional and illegal actions that have endangered the health of your employees. If these illegal mandates do not stop today, I will seek damages for the full amount listed above.

If this action does not stop today, the Notifying Party will file a claim against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America). You have **72 hours** upon receipt of this notice, to correct these violations affecting your City of Redmond workforce. This includes the following:

- End all Covid vaccine mandates for City of Redmond employees (retroactively to 10/18/2021).
- Reinstate the employees (listed below) affected by the Covid mandate to their rank prior to October 19th, 2021. All these employees shall be returned to shift work and once reinstated, there shall be no difference between how they or any Covid-vaccinated employee are treated. All fire department shift employees shall be treated equally regarding hours, wages and working conditions. There shall be no loss of any wages, benefits, or longevity from October 19th, 2021, to date of reinstatement.

Battalion Chief Tom Langton
Battalion Chief Mark Freymuth
Firefighter/Paramedic Sharon Lafond Davis
Lieutenant Brian Robillard
Lieutenant Matt Peterson
Lieutenant Josh Frei
Lieutenant Scott Carlson
Lieutenant Alison Hallifax
Firefighter Davin Alsin
Firefighter Tyler Parnell
Firefighter Mitch Pearson
Firefighter Artem Teterin

NOTE: All these exceptional individuals are and have been exemplary employees with the City of Redmond and have served the citizens of Redmond faithfully with dignity and unquestionable professionalism and deserve to be treated as such.

- Provide a compensation payment of \$150,000 to each above-mentioned employee.
- Restore all leave banks (Vacation, Holiday, Bereavement, Kelly (AHR), Sick Leave) for the above-mentioned employees to pre-October 19th, 2021, levels. This action shall be taken regardless of what leaves were used between October 19th, 2021, up to present day, considering that most leave usage was a direct result of the unlawful mandate, therefore it shall be treated as if the mandate never existed.
- Any affected employee choosing not to be fully reinstated, shall be compensated an additional \$50,000. Said employees will be paid out for leave banks the same as any other employee separation from the City of Redmond if this has not already happened.

- An apology letter shall be provided on behalf of Redmond Mayor Angela Birney, the Redmond City Council and Fire Chief Adrian Sheppard to the above-named employees for enforcing an unlawful mandate. Additionally, this letter shall include an apology to all employees who felt coerced into being injected with an experimental Emergency Use Authorization Covid-vaccine due to the threat of losing their employment. For those employees (to keep them anonymous and avoid any discrimination toward them), this letter shall be sent out electronically to all members of the fire department.
- Each employee with a signed and approved religious exemption who subsequently took the Covid vaccination to be compensated \$50,000.
- End all mask mandates for employees in city vehicles or on city property. Masks are only to be worn by fire department personnel as part of the required Personal Protective Equipment (PPE) when responding to fire and/or aid calls. Masks can be worn voluntarily in city vehicles or on city property.
- End all mandatory Covid testing. Covid testing to be administered on an as-needed basis at the direction of each City department. Any testing requirements will be administered to all employees equally regardless of vaccination status.

Failure to comply with these demands within **72 hours** after receiving this notice will result in a claim being filed against your Public Official Bond (Bond #107197391, Traveler's Casualty and Surety Company of America) for the full amount of the coverage (\$200,000).

Signature,

 *Davin Alsin*
2/14/2022 9:57:35 PM PST
Davin T. Alsin
dtalsin@gmail.com
425.443.1325

Proof that Governor Inslee and Mayor Birney's Vaccine Mandate Executive Order was NOT motivated by Health and Safety concerns of the residents.

Governor Inslee's Executive Order was issued on Aug 8, 2021
Mayor Birney's Executive Order was issued on Sept 30, 2021

Both orders have set the ARBITRARY date of Oct 18, 2021 to be fully vaccinated or be terminated.

If being unvaccinated was dangerous to the health and safety of the vaccinated firefighters and the public, then the unvaccinated firefighters immediately should not have been allowed to work another day.

However, the unvaccinated firefighters were allowed to work until the ARBITRARY date of Oct 18, 2021.

That arbitrary date is ridiculous!
Does the Coronavirus know when and when not to infect?

This is Proof that Health and Safety was simply used as the justification for the Vaccine Mandate and the real reason for the Vaccine Mandate is something other than Health and Safety.

Therefore, there is absolutely no reason to not rescind the Vaccine Mandate Executive Order and welcome the unvaccinated firefighters back to work.

On Jan 13, 2022 the Supreme Court ruled against a Workplace Vaccine Mandate and upheld a Mandate for Healthcare workers where funding is from Medicare, Medicaid.

DON'T BE FOOLED!

The decision for the Mandate for Healthcare workers did NOT consider the poor Covid vaccine efficacy and poor Covid vaccine safety records.

Below is a transcript of constitutional law attorney Deana Sacks

On Saturday February 5, 2022, lawyers gave their opening statements at the Grand Jury Proceeding for **Covid-19 Crimes Against Humanity** by the Peoples' Court of Public Opinion, a natural law court. The first to give an opening statement was Attorney at Law, Deana Pollard Sacks from the United States of America and her statement was as follows...

My name is **Deana Pollard Sacks** and for the past 22 years I've been a law professor, constitutional scholar and civil rights activist and litigator. I'm here today to discuss the derivation of our liberty clause, which goes back to natural law, and to explain why the **Covid-19 vaccines are all unconstitutional based upon our history's jurisprudence**. On the 4th of July 1776 our founding fathers signed the Declaration of Independence. And, here's what they said: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness."

In 1891 our Supreme Court, in a case called **Boxford**, explained that medical liberty is inalienable and one of the most cherished rights we can ever have. They said: "No right is held more sacred or is more carefully guarded by the common law than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority law. The right to one's person may be said to be a right of complete immunity to be let alone."

In 1914 Justice Cardoso, who later became a United States Supreme Court Justice, put it this way: "Every human being of adult years and sound mind has a right to determine what shall be done with his own body and a surgeon who performs an operation without his patient's consent commits an assault for which he is liable in damages."

These same exact concepts and verbatim statements by our court have been reiterated over the decades. In 1990 for example, in a case called **Cruzan v. Director, Missouri Department of Health**, the Supreme Court basically held that each individual has a right to reject medical treatment. That goes back to the English Common Law. And here's what Justice Brennan said in the Cruzan case: "Anglo-American Law starts with the premise of thorough going self-determination. It follows that each man is considered to be the master of his own body and he may, if he be of sound mind, expressly prohibit the performance of life-saving surgery or other medical treatment."

How is it then that our governments are pushing a medical treatment on us without consent? They are coercing our people to take a vaccine that is **experimental in nature (with no long-term safety studies)** upon threat of losing their livelihoods, their homes and their education. Well, our government is relying on a case called **Jacobson v. Massachusetts**. So, I'm going to explain the case and explain why it actually supports our side that we get to choose medicine and medical treatments for our bodies. The case does not support the vaccine manufacturers and does not support vaccine mandates.

Regarding **Jacobson v. Massachusetts**, in 1902 during a smallpox pandemic, that killed hundreds of millions of people internationally, the state of Massachusetts passed a law. The law said that each person must be vaccinated for smallpox or pay a five dollar fine. It was an 'either-or' law giving people the option to pay a five-dollar fine if they did not want to get vaccinated. Mr. Jacobson believed that his liberty interest protected him both from the vaccination and from paying the five-dollar fine. So, he went all the way to the US Supreme Court after paying the five-dollar fine and he wanted his money back.

The Supreme Court looked at the medical evidence. The smallpox vaccine had been in use for a hundred years. It was being used all over the world with a great deal of efficacy and it was quelling one of the worst pandemics in the history of the world. After reviewing the medical evidence carefully and **after making findings concerning the efficacy and safety of the vaccine**, and the need for the smallpox vaccine, the court decided that Mr. Jacobson did not get his five dollars back. Now, keep in mind also Mr. Jacobson believed he had a liberty interest to run around town and be seen out all over town without being vaccinated. So, he sort of flaunted the fact that he wasn't vaccinated because he believed he had the right to be out and about without the medical treatment he did not want. And so, the court's opinion was based on all of these facts.

And **these facts do not support Covid mandates today**. In fact, one of the last things the court said in **Jacobson v. Massachusetts**, and I quote, "we now decide only that the statute covers the present case and that nothing clearly appears that would justify this court in holding it to be unconstitutional and inoperative in its application to the plaintiff, Mr. Jacobson."

There are several reasons why **Jacobson v. Massachusetts** does not support the vaccine mandates of today concerning the coronavirus.

First...there's an enormous difference concerning the public risks involved. The smallpox pandemic killed up to 60 percent of people in villages when the smallpox came through. Anywhere from 20 to 60 percent of people died with an overall death rate of about 30 percent. In some places, over 90 percent of babies who were exposed to smallpox died. Now compare that to Covid-19 which kills a tiny fraction of one percent of people infected.

The public risk is not similar, NOT even close.

Second...the Covid-19 vaccines are not really vaccines.. Unlike the vaccines in history which stopped infection and stopped transmission these vaccines do neither. These are experimental vaccines with NO long-term safety studies. They have NOT been around for 100 years.. And yet our people are being injected with an experimental vaccine and none of us know what the long-term health effects are going to be.

And finally...the law in ***Jacobson v. Massachusetts*** gave an option for the people to pay five dollars. Today that would be just under \$150. Compare that to people losing their livelihoods, all that they've worked for, their homes and their college education because they won't submit to an experimental vaccine. **There is simply no comparison. *Jacobson v. Massachusetts* does not support the vaccine manufacturers or the vaccine mandates.**

So, some of you may be wondering then why haven't the Covid vaccine mandates been declared unconstitutional fully. Well, some of them have been. But, there's one that withstood the Supreme Court scrutiny on January 13, 2022. So, I want to explain that.

First of all, the health care worker vaccine mandate arose from the taxing and spending clause of the US Constitution found in Article 1 section 8. Congress has historically been given great latitude to attach strings to federal monies. So, you take the sour with the sweet. And if you want federal monies you have to submit to the conditions by Congress.

Throughout history Congress has been allowed to put conditions on the receipt of Medicare funding, and specifically has authorized conditions when the attempt is to limit the transmission of communicable diseases. The opinion was five to four with only five justices agreeing with the vaccine mandate where Medicare funding was received.

But the real question is, as Justice Thomas indicated...

“Why wasn't the efficacy and safety of the vaccine considered?”

It was not considered and Justice Thomas made that very clear in his dissent, joined by three other justices.

The reason that the vaccine's efficacy and safety was not considered was because...
the issue was not before the court!

Editorial Comment...

No doubt, that if the truth of the vaccine's poor efficacy and the truth of the vaccine's poor safety had been considered, then the high court's decision would have been different.

TEN experts including Dr. Fauci and CDC director are quoted stating that the Covid Vaccines are NOT effective

CDC Director stated on CNN, “What the vaccines can’t do anymore is prevent transmission.”¹

NIAID Director Dr. Anthony Fauci to NPR: “We know now as a fact that vaccinated people with Covid-19 are capable of transmitting the infection to someone else.”²

WHO Chief Scientist Dr. Soumya Swaminathan: “At the moment I don't believe we have the evidence of any of the vaccines to be confident that it's going to prevent people from actually getting the infection and therefore being able to pass it on.”³

Chief Medical Officer of Moderna Dr. Tal Zaks: “There’s no hard evidence that it stops [the Covid-19 vaccinated] from carrying the virus transiently and potentially infecting others who haven’t been vaccinated.”⁴

The Surgeon General of the State of Florida, Dr. Joseph Ladapo, MD, PhD: “... the infections can still happen whether people are vaccinated or not. That's very obvious.”⁵

Professor Sir Andrew Pollard who led the Oxford vaccine team: “We don’t have anything that will stop transmission, so I think we are in a situation where herd immunity is not a possibility and I suspect the virus will throw up a new variant that is even better at infecting vaccinated individuals.”⁶

Dr. Jay Bhattacharya, MD, PhD, Professor of Health Policy, Stanford University: “Based on my analysis of the existing medical and scientific literature, any exemption policy that does not recognize natural immunity is irrational, arbitrary, and counterproductive to community health.”⁷

2008 Nobel Prize winner in Medicine Dr. Luc Montagnier (also winner of the French National Order of Merit and 20 other major international awards): The vaccines don’t stop the virus, they do the opposite – they ‘feed the virus,’ and facilitate its development into stronger and more transmissible variants... You see it in each country, it’s the same: the curve of vaccination is followed by the curve of deaths ... the vaccines Pfizer, Moderna, Astra Zeneca do not prevent the transmission of the virus person-to-person and the vaccinated are just as transmissible as the unvaccinated.⁸

Dr. Martin Kulldorff, Professor of Medicine at Harvard Medical School: “The bottom line is that these vaccines do not prevent transmission.”⁹

Dr. Sunetra Gupta, Infectious Disease Epidemiologist and Professor of Theoretical Epidemiology at the University of Oxford: It is really not logical to use [these] vaccines to protect other people ... I don’t think they should be forced on the understanding simply because this vaccine does not prevent transmission. So if you just think of the logic of it, what is the point of requiring a vaccine to protect others if that vaccine does not durably prevent onward transmission of a virus?¹⁰

FOOTNOTES

¹CNN. The Situation Room, interview with CDC Director Walensky. (August 5, 2021). <https://twitter.com/CNNSitRoom/status/1423422301882748929>

²Stieg, C. “Dr. Fauci on CDC mask guidelines: ‘We are dealing with a different virus now.’” (July 28, 2021). <https://www.cnbc.com/2021/07/28/dr-fauci-on-why-cdc-changedguidelines-delta-is-a-different-virus.html>

³Colson, T. “Top WHO scientist says vaccinated travelers should still quarantine, citing lack of evidence that COVID-19 vaccines prevent transmission.” Business Insider. (December 29, 2020). <https://www.businessinsider.com/who-says-no-evidence-coronavirusvaccine-prevent-transmissions-2020-12?op=1>

⁴Manskar, N. “Moderna boss says COVID-19 vaccine not proven to stop spread of virus.” New York Post. (November 24, 2020). <https://nypost.com/2020/11/24/moderna-bosssays-covid-shot-not-proven-to-stop-virus-spread/>.

⁵WFLA News. “Desantis, Moody Speak Out Against Vaccine Mandates in Clearwater.” Twitter Repost. (October 24, 2021). <https://twitter.com/4patrick7/status/1452309002021388296?s=21>

⁶Knapton, S. “Delta variant has wrecked hopes of herd immunity, warn scientists.” The Telegraph. (October 8, 2021). <https://www.msn.com/en-gb/health/medical/delta-variant-has-wrecked-hopes-of-herd-immunity-warn-scientists/ar-AAN9O4p5>

⁷Bhattacharya, J., et al. “The beauty of vaccines and natural immunity.” Smerconish Newsletter. (June 4, 2021). <https://www.smerconish.com/exclusive-content/the-beauty-ofvaccines-and-natural-immunity>

⁸RAIR Foundation USA video with Nobel Laureate Luc Montagnier. <https://rairfoundation.com/bombshell-nobel-prize-winner-reveals-covid-vaccine-is-creating-variants/>. (May 18, 2021).

⁹Adams, P, et al. “Who Are These COVID-19 Vaccine Skeptics and What Do They Believe?” Epoch Times. (October 20, 2021). https://www.theepochtimes.com/who-are-these-covid-19-vaccine-skeptics-and-what-do-they-believe_4043094.html

¹⁰Allen, R. “Oxford Scientist ‘It’s Illogical & Unethical To Force Jab On NHS Staff.’” The Richie Allen Radio Show. (September 9, 2021). <https://richieallen.co.uk/oxford-scientistits-illogical-unethical-to-force-jab-on-nhs-staff/>

The following document, a letter from U.S. Senator Ron Johnson, contains SHOCKING DATA from the Department of Defense about the effect of injecting an experimental Covid Vaccine into members of the U.S. Military.

This is PROOF that the mantra "Safe and Effective" is NOT True!

It is unconscionable, unAmerican and illegal to mandate an experimental Covid Vaccine that is NOT safe! and has had NO long-term safety studies.

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United States Senate
COMMITTEE ON
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS
WASHINGTON, DC 20510-6250

February 1, 2022

The Honorable Lloyd J. Austin III
Secretary
Department of Defense

Dear Secretary Austin:

On January 24, 2022, I held a roundtable featuring world renowned doctors and medical experts who shared their perspectives on COVID-19 vaccine efficacy and safety and the overall response to the pandemic.¹ At that roundtable, I heard testimony from Thomas Renz, an attorney who is representing three Department of Defense (DoD) whistleblowers, who revealed disturbing information regarding dramatic increases in medical diagnoses among military personnel. The concern is that these increases may be related to the COVID-19 vaccines that our servicemen and women have been mandated to take.

Based on data from the Defense Medical Epidemiology Database (DMED), Renz reported that these whistleblowers found a significant increase in registered diagnoses on DMED for miscarriages, cancer, and many other medical conditions in 2021 compared to a five-year average from 2016-2020.² For example, at the roundtable Renz stated that registered diagnoses for neurological issues increased 10 times from a five-year average of 82,000 to 863,000 in 2021.³ There were also increases in registered diagnoses in 2021 for the following medical conditions:⁴

- Hypertension – 2,181% increase
- Diseases of the nervous system – 1,048% increase
- Malignant neoplasms of esophagus – 894% increase
- Multiple sclerosis – 680% increase
- Malignant neoplasms of digestive organs – 624% increase
- Guillain-Barre syndrome – 551% increase
- Breast cancer – 487% increase
- Demyelinating – 487% increase
- Malignant neoplasms of thyroid and other endocrine glands – 474% increase

¹ Press Release, *VIDEO RELEASE Sen. Ron Johnson COVID-19: A Second Opinion Panel Garners Over 800,000 Views in 24 Hours*, Jan. 25, 2022, <https://www.ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours>.

² *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, <https://rumble.com/vt62y6-covid-19-a-second-opinion.html> (at 4:54:35).

³ *Id.* at 4:55:23.

⁴ Data on file with staff.

- Female infertility – 472% increase
- Pulmonary embolism – 468% increase
- Migraines – 452% increase
- Ovarian dysfunction – 437% increase
- Testicular cancer – 369% increase
- Tachycardia – 302% increase

Renz also informed me that some DMED data showing registered diagnoses of myocarditis had been removed from the database.⁵ Following the allegation that DMED data had been doctored, I immediately wrote to you on January 24 requesting that you preserve all records referring, relating, or reported to DMED.⁶ I have yet to hear whether you have complied with this request.

At the roundtable, Renz revealed the names of the brave whistleblowers who uncovered this information in DMED: Drs. Samuel Sigoloff, Peter Chambers, and Theresa Long.⁷ Any retaliatory actions taken against these individuals will not be tolerated and will be investigated immediately. In order to better understand what, if any awareness DoD has about COVID-19 vaccine injuries to service members, I request you provide the following information:

1. Is DoD aware of increases in registered diagnoses of miscarriages, cancer, or other medical conditions in DMED in 2021 compared to a five-year average from 2016-2020? If so, please explain what actions DoD has taken to investigate the root cause for the increases in these diagnoses.
2. Have registered diagnoses of myocarditis in DMED been removed from the database from January 2021 to December 2021? If so, please explain why and when this information was removed and identify who removed it.

Please provide this information as soon as possible but no later than February 15, 2022. Thank you for your attention to this matter.

Sincerely,



Ron Johnson
Ranking Member
Permanent Subcommittee on Investigations

⁵ *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, <https://rumble.com/vt62y6-covid-19-a-second-opinion.html> (at 4:52:54).

⁶ Letter from Ron Johnson, Ranking Member, Permanent Subcommittee on Investigations, to Lloyd Austin, Secretary, Dep't of Defense, Jan. 24, 2022.

⁷ *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, <https://rumble.com/vt62y6-covid-19-a-second-opinion.html> (at 4:54:38).

Covid-19 (2019) began in the US in Jan 2020.

Covid vaccination in the US began in Dec 2020-Jan 2021.

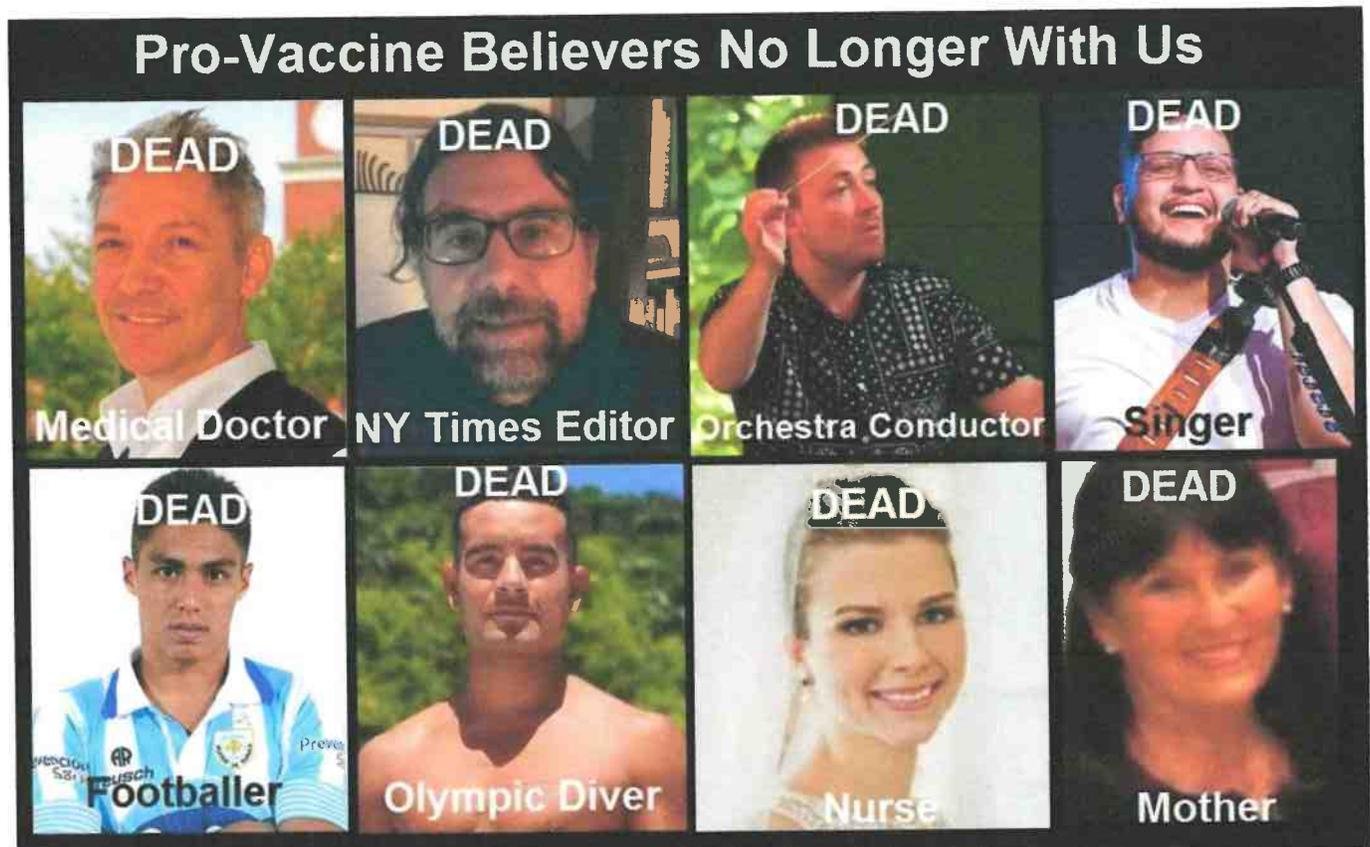
The following document contains Insurance Co data in the US about the GIGANTIC 40% increase in death claims in 2021, the first year of vaccination in the US.

**In the last 125 years, 10% was the largest increase.
Something is drastically wrong!**

Any prudent person would cause an immediate halt to Covid vaccinations until the source of the increase is determined.

It is unconscionable, unAmerican and illegal to mandate an experimental Covid Vaccine that is NOT safe! and has had NO long-term safety studies.

Crisis in America: Deaths Up 40% Among Those Aged 18-64 Based on Life Insurance Claims for 2021 After COVID-19 Vaccine Roll Outs



by Brian Shilhavy Editor, Health Impact News Jan 3, 2022

Finally, the “elephant in the room” that nobody wanted to discuss in 2021 regarding labor shortages and supply chain bottlenecks, which is that record number of younger people in the workforce were dying after the roll-out of the COVID-19 “vaccines,” can no longer be swept under the rug as statistics are being published that reveal a huge crisis developing in the United States.

Scott Davison, the CEO of OneAmerica, a \$100 billion insurance company based out of Indiana, has come out publicly and stated that based on life insurance claims, the death rate has skyrocketed an unprecedented 40% among those between the ages of 18 and 64, based on the 3rd quarter and into the 4th quarter of 2021.

*“We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica,” the company’s CEO Scott Davison said during an online news conference this week. **“The data is consistent across every player in that business.”***

Davison said the increase in deaths represents “huge, huge numbers,” and that’s it’s not elderly people who are dying, but “primarily working-age people 18 to 64” who are the employees of companies that have group life insurance plans through OneAmerica.

“And what we saw just in third quarter, we’re seeing it continue into fourth quarter, is that death rates are up 40% over what they were pre-pandemic,” he said.

“Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic,” he said. “So 40% is just unheard of.”

(CMS—Center for Medicare Services)

Using CMS Whistleblower Data to Approximate the UNDER-REPORTING Factor for VAERS

DEC 13, 2021

For all who have been paying attention, it should be widely known by now that VAERS significantly underreports adverse event data. However, the million dollar question is always—“What is the exact under-reporting factor?” Perhaps there is no way to determine it with foolproof accuracy, but there are previous studies which have estimated it, such as the [Lazarus study of 2011](#). More recently, [Kirsch/Rose/Crawford](#) have estimated it at **41x** based on comparing anaphylaxis rates published in a study to rates found in VAERS. On the other hand, the CDC “safe and effective” narrative likely either assumes a factor that is actually negative or requires that pretty much any VAERS death is coincidental to vaccination in order to be able to discount 99.98% of deaths in VAERS (remember that they have only admitted to 3 deaths that are causally related to the Covid-19 shots, due to Vaccine-Induced Thrombotic Thrombocytopenia—see page 26 of [this](#)).

In this post we will use the CMS data that has been recently revealed, courtesy of Tom Renz and his whistleblower, to come up with another way to approximate the URF for VAERS. Since the CMS system is not a voluntary reporting system, but rather a robust system that tracks medical events for billing and claims purposes, it likely has a better representation of the true number of adverse events related to the Covid injections than a system like VAERS, which is often overlooked, ignored, or even not known to exist by medical professionals. In Mr. Renz’s [presentation](#), he cited CMS data on the slide below (relevant data circled), which shows 52,030 deaths occurring within 14 days of injection in a population of 27,431,845 Medicare beneficiaries. This equates to a death rate of 189 per hundred thousand (or 1,890 per million):

**COVID-19 VACCINE COMPARED TO FLU & SHINGLES VACCINE
(ALL AGES IN MEDICARE) – SOME PEOPLE RECEIVED FLU/COVID VAX AT THE
SAME TIME SO THE REAL NUMBERS ARE WORSE**

Year	# of Benes with COVID-19 Vaccine	# Benes who died within 14 days of COVID-19 vaccine	# Benes who died within 14 days of COVID-19 vaccine PER 100,000	# Benes who had Flu Vaccine	# Benes who died within 14 days of Flu Vaccine	# Benes who died within 14 days of Flu Vaccine PER 100,000
2021	27,431,845	52,030	189	N/A	N/A	N/A
2020	N/A	N/A	N/A	23,441,863	25,473	108
2019	N/A	N/A	N/A	22,810,724	23,740	104
2018	N/A	N/A	N/A	23,023,803	25,591	111

Year	# of Benes with COVID-19 Vaccine	# Benes who died within 14 days of COVID-19 vaccine	# Benes who died within 14 days of COVID-19 vaccine PER 100,000	# Benes who had Shingles Vaccine	# Benes who died within 14 days of Shingles Vaccine	# Benes who died within 14 days of Shingles Vaccine PER 100,000
2021	27,431,845	52,030	189	N/A	N/A	N/A
2020	N/A	N/A	N/A	548,757	117	21.3
2019	N/A	N/A	N/A	528,975	105	19.8
2018	N/A	N/A	N/A	347,007	81	23.3

Also note that these are people receiving any dose, not just “fully vaccinated” people with 2 doses.

Since Medicare is only available to the 65+ age group (though there are a few exceptions which we will consider negligible), we will need to pull data for the same age group out of VAERS. If we do a query on US VAERS reports for the 65+ age range and for deaths within 14 days of the shot, we get 2,369 deaths. To get the total number of people vaccinated with at least one dose in this age group, we need to download the data from this CDC page—<https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic>:



Once we open the downloaded csv file, we then add together the number of vaccinations shown for both the 65-74 yrs age group and the 75+ yrs age group to come up with 55,949,565.

Age Groups of People with at least One Dose Administered					
Date generated: Mon Dec 13 2021 21:18:05 GMT-0500 (Eastern Standard Time)					
Age Group	% People	# People	% US Popl	% People	# People initiated vaccination in Last 14 Days
5-11 yrs	2.3	5521658	8.7	22.7	854981
12-17 yrs	6.6	15716474	7.6	4.2	159026
18-24 yrs	8.9	21348463	9.2	8	300299
25-39 yrs	21.1	50464493	20.5	21	790278
40-49 yrs	14	33390984	12.2	11.8	444588
50-64 yrs	23.8	56843876	19.4	19.6	738182
65-74 yrs	13.9	33343148	9.8	7.9	296388
75+ yrs	9.4	22606417	7	4.8	180635

Finally, we take the deaths and divide by the number of vaccinations (2,369/55,949,565), resulting in a death rate of 42.34 deaths per million. Comparing the CMS death rate of 1,890/million to the VAERS death rate, we see that the ratio is 1,890/42.34, which gives us an **Under-Reporting Factor for VAERS of 44.64**. This corresponds to a true reporting rate in VAERS of **2.2%** of all adverse events.

Seems like a mid 40s URF for VAERS is very good approximation.

If we multiply the current number of deaths in VAERS (as of the 12/10 data release) by our URF, we will get: **887,711 total deaths.**

Using CMS data as of Dec 13, 2021 (2 months ago)

If we want **US deaths only.....407,831 US DEATHS**
 Since the Covid Vaccine roll out

**These extrapolated results were derived from
 US Government numbers (CMS)**

So are the Covid Vaccines Safe and Effective??

ABSOLUTELY NOT !

**It is unconscionable, unAmerican and illegal to mandate
 an experimental Covid Vaccine that is NOT safe! and
 has had NO long-term safety studies.**

150 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted

BY PAUL ELIAS ALEXANDER OCTOBER 17, 2021 PUBLIC HEALTH 65 MINUTE READ

We should not force COVID vaccines on anyone when the evidence shows that naturally acquired immunity is equal to or more robust and superior to existing vaccines. Instead, we should respect the right of the bodily integrity of individuals to decide for themselves.

Public health officials and the medical establishment with the help of the politicized media are misleading the public with assertions that the COVID-19 shots provide greater protection than natural immunity. CDC Director Rochelle Walensky, for example, was deceptive in her [October 2020 published *LANCET* statement](#) that “there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection” and that “the consequence of waning immunity would present a risk to vulnerable populations for the indefinite future.”

Immunology and virology 101 have taught us over a century that natural immunity confers protection against a respiratory virus’s outer coat proteins, and not just one, e.g. the SARS-CoV-2 spike glycoprotein. There

is even strong evidence for the persistence of antibodies. Even the CDC recognizes natural immunity for chicken-pox and measles, mumps, and rubella, but not for COVID-19.

The vaccinated are showing viral loads (very high) similar to the unvaccinated (Acharya et al. and Riemersma et al.), and the vaccinated are as infectious. Riemersma et al. also report Wisconsin data that corroborate how the vaccinated individuals who get infected with the Delta variant can potentially (and are) transmit(ing) SARS-CoV-2 to others (potentially to the vaccinated and unvaccinated).

This troubling situation of the vaccinated being infectious and transmitting the virus emerged in seminal nosocomial outbreak papers by Chau et al. (HCWs in Vietnam), the Finland hospital outbreak (spread among HCWs and patients), and the Israel hospital outbreak (spread among HCWs and patients). These studies also revealed that the PPE and masks were essentially ineffective in the healthcare setting. Again, the Marek's disease in chickens and the vaccination situation explains what we are potentially facing with these leaky vaccines (increased transmission, faster transmission, and more 'hotter' variants).

Moreover, existing immunity should be assessed before any vaccination, via an accurate, dependable, and reliable antibody test (or T cell immunity test) or be based on documentation of prior infection (a previous positive PCR or antigen test). Such would be evidence of immunity that is equal to that of vaccination and the immunity should be

provided the same societal status as any vaccine-induced immunity. This will function to mitigate the societal anxiety with these forced vaccine mandates and societal upheaval due to job loss, denial of societal privileges etc. Tearing apart the vaccinated and the unvaccinated in a society, separating them, is not medically or scientifically supportable.

The Brownstone Institute [previously documented 30 studies](#) on natural immunity as it relates to Covid-19.

This follow-up chart is the most updated and comprehensive library list of 150 of the highest-quality, complete, most robust scientific studies and evidence reports/position statements on natural immunity as compared to the COVID-19 vaccine-induced immunity and allow you to draw your own conclusion.

This represents the judged trustworthy 'body of evidence' that includes peer-reviewed studies and high-quality literature and reporting that contributes to that body of evidence. The aim here is to share and inform for your own decision-making.

I've benefited from the input of many to put this together, especially my co-authors:

- Dr. Harvey Risch, MD, PhD (Yale School of Public Health)
- Dr. Howard Tenenbaum, PhD (Faculty of Medicine, University of Toronto)
- Dr. Ramin Oskoui, MD (Foxhall Cardiology, Washington)

- Dr. Peter McCullough, MD (Truth for Health Foundation (TFH)), Texas
- Dr. Parvez Dara, MD (consultant, Medical Hematologist and Oncologist)

Evidence on natural immunity versus COVID-19 vaccine induced immunity:

Study/report title, author, and year published and interactive url link	Predominant finding on natural immunity
1) Necessity of COVID-19 vaccination in previously infected individuals , Shrestha, 2021	“Cumulative incidence of COVID-19 was examined among 52,238 employees in an American healthcare system. The cumulative incidence of SARS-CoV-2 infection remained almost zero among previously infected unvaccinated subjects, previously infected subjects who were vaccinated, and previously uninfected subjects who were vaccinated, compared with a steady increase in cumulative incidence among previously uninfected subjects who remained unvaccinated. Not one of the 1359 previously infected subjects who remained unvaccinated had a SARS-CoV-2 infection over the duration of the study. Individuals who have had SARS-CoV-2 infection are unlikely to benefit from COVID-19 vaccination...”
2) SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls , Le Bert, 2020	“Studied T cell responses against the structural (nucleocapsid (N) protein) and non-structural (NSP7 and NSP13 of <i>ORF1</i>) regions of SARS-CoV-2 in individuals convalescing from coronavirus disease 2019 (COVID-19) ($n = 36$). In all of these individuals, we found CD4 and CD8 T cells that recognized multiple regions of the N protein... showed that patients ($n = 23$) who recovered from SARS possess long-lasting memory T cells that are reactive to the N protein of SARS-CoV

17 years after the outbreak of SARS in 2003; these T cells displayed robust cross-reactivity to the N protein of SARS-CoV-2.”

3) Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections, Gazit, 2021

“A retrospective observational study comparing three groups: (1) SARS-CoV-2-naïve individuals who received a two-dose regimen of the BioNTech/Pfizer mRNA BNT162b2 vaccine, (2) previously infected individuals who have not been vaccinated, and (3) previously infected *and* single dose vaccinated individuals found para a 13 fold increased risk of breakthrough Delta infections in double vaccinated persons, and a 27 fold increased risk for symptomatic breakthrough infection in the double vaccinated relative to the natural immunity recovered persons...the risk of hospitalization was 8 times higher in the double vaccinated (para)...this analysis demonstrated that natural immunity affords longer lasting and stronger protection against infection, symptomatic disease and hospitalization due to the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity.”

4) Highly functional virus-specific cellular immune response in asymptomatic SARS-CoV-2 infection, Le Bert, 2021

“Studied SARS-CoV-2-specific T cells in a cohort of asymptomatic ($n = 85$) and symptomatic ($n = 75$) COVID-19 patients after seroconversion...thus, asymptomatic SARS-CoV-2-infected individuals are not characterized by weak antiviral immunity; on the contrary, they mount a highly functional virus-specific cellular immune response.”

5) Large-scale study of antibody titer decay following BNT162b2 mRNA vaccine or SARS-CoV-2 infection, Israel, 2021

“A total of 2,653 individuals fully vaccinated by two doses of vaccine during the study period and 4,361 convalescent patients were included. Higher SARS-CoV-2 IgG antibody titers were observed in vaccinated individuals (median 1581 AU/mL IQR [533.8-5644.6]) after the second vaccination, than in convalescent individuals (median 355.3 AU/mL IQR [141.2-998.7]; $p < 0.001$). In vaccinated subjects, antibody titers decreased by up to 40% each subsequent month while in convalescents they decreased by less than 5% per month... this study demonstrates individuals who received the Pfizer-BioNTech

mRNA vaccine have different kinetics of antibody levels compared to patients who had been infected with the SARS-CoV-2 virus, with higher initial levels but a much faster exponential decrease in the first group”.

6) SARS-CoV-2 re-infection risk in Austria, Pilz, 2021

Researchers recorded “40 tentative re-infections in 14, 840 COVID-19 survivors of the first wave (0.27%) and 253 581 infections in 8, 885, 640 individuals of the remaining general population (2.85%) translating into an odds ratio (95% confidence interval) of 0.09 (0.07 to 0.13)...relatively low re-infection rate of SARS-CoV-2 in Austria. Protection against SARS-CoV-2 after natural infection is comparable with the highest available estimates on vaccine efficacies.” Additionally, hospitalization in only five out of 14,840 (0.03%) people and death in one out of 14,840 (0.01%) (tentative re-infection).

7) mRNA vaccine-induced SARS-CoV-2-specific T cells recognize B.1.1.7 and B.1.351 variants but differ in longevity and homing properties depending on prior infection status, Neidleman, 2021

“Spike-specific T cells from convalescent vaccinees differed strikingly from those of infection-naïve vaccinees, with phenotypic features suggesting superior long-term persistence and ability to home to the respiratory tract including the nasopharynx. These results provide reassurance that vaccine-elicited T cells respond robustly to the B.1.1.7 and B.1.351 variants, confirm that convalescents may not need a second vaccine dose.”

8) Good news: Mild COVID-19 induces lasting antibody protection, Bhandari, 2021

“Months after recovering from mild cases of COVID-19, people still have immune cells in their body pumping out antibodies against the virus that causes COVID-19, according to a study from researchers at Washington University School of Medicine in St. Louis. Such cells could persist for a lifetime, churning out antibodies all the while. The findings, published May 24 in the journal Nature, suggest that mild cases of COVID-19 leave those infected with lasting antibody protection and that repeated bouts of illness are likely to be uncommon.”

9) Robust neutralizing antibodies to SARS-CoV-2 infection persist for months, Wajnberg, 2021

“Neutralizing antibody titers against the SARS-CoV-2 spike protein persisted for at least 5 months after infection. Although continued monitoring of this cohort will be needed to confirm the longevity and potency of this response, these preliminary results suggest that the chance of reinfection may be lower than is currently feared.”

10) Evolution of Antibody Immunity to SARS-CoV-2, Gaebler, 2020

“Concurrently, neutralizing activity in plasma decreases by five-fold in pseudo-type virus assays. In contrast, the number of RBD-specific memory B cells is unchanged. Memory B cells display clonal turnover after 6.2 months, and the antibodies they express have greater somatic hypermutation, increased potency and resistance to RBD mutations, indicative of continued evolution of the humoral response...we conclude that the memory B cell response to SARS-CoV-2 evolves between 1.3 and 6.2 months after infection in a manner that is consistent with antigen persistence.”

11) Persistence of neutralizing antibodies a year after SARS-CoV-2 infection in humans, Haveri, 2021

“Assessed the persistence of serum antibodies following WT SARS-CoV-2 infection at 8 and 13 months after diagnosis in 367 individuals...found that NAb against the WT virus persisted in 89% and S-IgG in 97% of subjects for at least 13 months after infection.”

12) Quantifying the risk of SARS-CoV-2 reinfection over time, Murchu, 2021

“Eleven large cohort studies were identified that estimated the risk of SARS-CoV-2 reinfection over time, including three that enrolled healthcare workers and two that enrolled residents and staff of elderly care homes. Across studies, the total number of PCR-positive or antibody-positive participants at baseline was 615,777, and the maximum duration of follow-up was more than 10 months in three studies. Reinfection was an uncommon event (absolute rate 0%–1.1%), with no study reporting an increase in the risk of reinfection over time.”

13) Natural immunity to covid is powerful. Policymakers seem afraid to say so, Makary,

Makary writes “it’s okay to have an incorrect scientific hypothesis. But when new data proves it wrong, you have to adapt. Unfortunately, many elected leaders and public health officials have held on far too

The Western Journal-Makary

long to the hypothesis that natural immunity offers unreliable protection against covid-19 — a contention that is being rapidly debunked by science. More than 15 studies have demonstrated the **power of immunity** acquired by previously having the virus. A 700,000-person **study** from Israel two weeks ago found that those who had experienced prior infections were 27 times less likely to get a second symptomatic covid infection than those who were vaccinated. This affirmed a June Cleveland Clinic **study** of health-care workers (who are often exposed to the virus), in which none who had previously tested positive for the **coronavirus** got reinfected. The study authors concluded that “individuals who have had SARS-CoV-2 infection are unlikely to benefit from covid-19 vaccination.” And in May, a Washington University **study** found that even a mild covid infection resulted in long-lasting immunity.”

“The data on natural immunity are now overwhelming,” Makary told the Morning Wire. “It turns out the hypothesis that our public health leaders had that vaccinated immunity is better and stronger than natural immunity was wrong. They got it backwards. And now we’ve got data from Israel showing that natural immunity is 27 times more effective than vaccinated immunity.”

14) **SARS-CoV-2 elicits robust adaptive immune responses regardless of disease severity,**
Nielsen, 2021

“203 recovered SARS-CoV-2 infected patients in Denmark between April 3rd and July 9th 2020, at least 14 days after COVID-19 symptom recovery... report broad serological profiles within the cohort, detecting antibody binding to other human coronaviruses... the viral surface spike protein was identified as the dominant target for both neutralizing antibodies and CD8⁺ T-cell responses. Overall, the majority of patients had robust adaptive immune responses, regardless of their disease severity.”

15) **Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2**

“Analyze an updated individual-level database of the entire population of Israel to assess the protection efficacy of both prior infection and vaccination in preventing subsequent SARS-CoV-2

vaccine protection: A three-month nationwide experience from Israel, Goldberg, 2021

infection, hospitalization with COVID-19, severe disease, and death due to COVID-19... vaccination was highly effective with overall estimated efficacy for documented infection of 92·8% (CI:[92·6, 93·0]); hospitalization 94·2% (CI:[93·6, 94·7]); severe illness 94·4% (CI:[93·6, 95·0]); and death 93·7% (CI:[92·5, 94·7]). Similarly, the overall estimated level of protection from prior SARS-CoV-2 infection for documented infection is 94·8% (CI: [94·4, 95·1]); hospitalization 94·1% (CI: [91·9, 95·7]); and severe illness 96·4% (CI: [92·5, 98·3])...results question the need to vaccinate previously-infected individuals.”

16) Incidence of Severe Acute Respiratory Syndrome Coronavirus-2 infection among previously infected or vaccinated employees, Kojima, 2021

“Employees were divided into three groups: (1) SARS-CoV-2 naïve and unvaccinated, (2) previous SARS-CoV-2 infection, and (3) vaccinated. Person-days were measured from the date of the employee first test and truncated at the end of the observation period. SARS-CoV-2 infection was defined as two positive SARS-CoV-2 PCR tests in a 30-day period... 4313, 254 and 739 employee records for groups 1, 2, and 3...previous SARS-CoV-2 infection and vaccination for SARS-CoV-2 were associated with decreased risk for infection or re-infection with SARS-CoV-2 in a routinely screened workforce. There was no difference in the infection incidence between vaccinated individuals and individuals with previous infection.”

17) Having SARS-CoV-2 once confers much greater immunity than a vaccine—but vaccination remains vital, Wadman, 2021

“Israelis who had an infection were more protected against the Delta coronavirus variant than those who had an already highly effective COVID-19 vaccine...the newly released data show people who once had a SARS-CoV-2 infection were much less likely than never-infected, vaccinated people to get Delta, develop symptoms from it, or become hospitalized with serious COVID-19.”

18) One-year sustained cellular and humoral immunities of COVID-19 convalescents, Zhang, 2021

“A systematic antigen-specific immune evaluation in 101 COVID-19 convalescents; SARS-CoV-2-specific IgG antibodies, and also NAb can persist among over 95% COVID-19 convalescents from 6 months to 12 months after disease onset. At least 19/71 (26%) of COVID-19 convalescents (double positive in ELISA and MCLIA) had detectable

circulating IgM antibody against SARS-CoV-2 at 12m post-disease onset. Notably, the percentages of convalescents with positive SARS-CoV-2-specific T-cell responses (at least one of the SARS-CoV-2 antigen S1, S2, M and N protein) were 71/76 (93%) and 67/73 (92%) at 6m and 12m, respectively.”

19) Functional SARS-CoV-2-Specific Immune Memory Persists after Mild COVID-19, Rodda, 2021

“Recovered individuals developed SARS-CoV-2-specific immunoglobulin (IgG) antibodies, neutralizing plasma, and memory B and memory T cells that persisted for at least 3 months. Our data further reveal that SARS-CoV-2-specific IgG memory B cells increased over time. Additionally, SARS-CoV-2-specific memory lymphocytes exhibited characteristics associated with potent antiviral function: memory T cells secreted cytokines and expanded upon antigen re-encounter, whereas memory B cells expressed receptors capable of neutralizing virus when expressed as monoclonal antibodies. Therefore, mild COVID-19 elicits memory lymphocytes that persist and display functional hallmarks of antiviral immunity.”

20) Discrete Immune Response Signature to SARS-CoV-2 mRNA Vaccination Versus Infection, Ivanova, 2021

“Performed multimodal single-cell sequencing on peripheral blood of patients with acute COVID-19 and healthy volunteers before and after receiving the SARS-CoV-2 BNT162b2 mRNA vaccine to compare the immune responses elicited by the virus and by this vaccine...both infection and vaccination induced robust innate and adaptive immune responses, our analysis revealed significant qualitative differences between the two types of immune challenges. In COVID-19 patients, immune responses were characterized by a highly augmented interferon response which was largely absent in vaccine recipients. Increased interferon signaling likely contributed to the observed dramatic upregulation of cytotoxic genes in the peripheral T cells and innate-like lymphocytes in patients but not in immunized subjects. Analysis of B and T cell receptor repertoires revealed that while the majority of clonal B and T cells in COVID-19 patients were effector cells, in vaccine recipients clonally expanded cells were

primarily circulating memory cells...we observed the presence of cytotoxic CD4 T cells in COVID-19 patients that were largely absent in healthy volunteers following immunization. While hyper-activation of inflammatory responses and cytotoxic cells may contribute to immunopathology in severe illness, in mild and moderate disease, these features are indicative of protective immune responses and resolution of infection.”

21) SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans, Turner, 2021

“Bone marrow plasma cells (BMPCs) are a persistent and essential source of protective antibodies... durable serum antibody titres are maintained by long-lived plasma cells—non-replicating, antigen-specific plasma cells that are detected in the bone marrow long after the clearance of the antigen ... S-binding BMPCs are quiescent, which suggests that they are part of a stable compartment. Consistently, circulating resting memory B cells directed against SARS-CoV-2 S were detected in the convalescent individuals. Overall, our results indicate that mild infection with SARS-CoV-2 induces robust antigen-specific, long-lived humoral immune memory in humans...overall, our data provide strong evidence that SARS-CoV-2 infection in humans robustly establishes the two arms of humoral immune memory: long-lived bone marrow plasma cells (BMPCs) and memory B-cells.”

22) SARS-CoV-2 infection rates of antibody-positive compared with antibody-negative health-care workers in England: a large, multicentre, prospective cohort study (SIREN), Jane Hall, 2021

“The SARS-CoV-2 Immunity and Reinfection Evaluation study... 30625 participants were enrolled into the study... a previous history of SARS-CoV-2 infection was associated with an 84% lower risk of infection, with median protective effect observed 7 months following primary infection. This time period is the minimum probable effect because seroconversions were not included. This study shows that previous infection with SARS-CoV-2 induces effective immunity to future infections in most individuals.”

23) Pandemic peak SARS-CoV-2 infection and

“Enrolled 200 patient-facing HCWs between March 26 and April 8, 2020...represents a 13% infection rate (i.e. 14 of 112 HCWs) within the

<p>seroconversion rates in London frontline health-care workers, Houlihan, 2020</p>	<p>1 month of follow-up in those with no evidence of antibodies or viral shedding at enrolment. By contrast, of 33 HCWs who tested positive by serology but tested negative by RT-PCR at enrolment, 32 remained negative by RT-PCR through follow-up, and one tested positive by RT-PCR on days 8 and 13 after enrolment.”</p>
<p>24) Antibodies to SARS-CoV-2 are associated with protection against reinfection, Lumley, 2021</p>	<p>“Critical to understand whether infection with Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) protects from subsequent reinfection... 12219 HCWs participated...prior SARS-CoV-2 infection that generated antibody responses offered protection from reinfection for most people in the six months following infection.”</p>
<p>25) Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells, Cohen, 2021</p>	<p>“Evaluate 254 COVID-19 patients longitudinally up to 8 months and find durable broad-based immune responses. SARS-CoV-2 spike binding and neutralizing antibodies exhibit a bi-phasic decay with an extended half-life of >200 days suggesting the generation of longer-lived plasma cells... most recovered COVID-19 patients mount broad, durable immunity after infection, spike IgG+ memory B cells increase and persist post-infection, durable polyfunctional CD4 and CD8 T cells recognize distinct viral epitope regions.”</p>
<p>26) Single cell profiling of T and B cell repertoires following SARS-CoV-2 mRNA vaccine, Sureshchandra, 2021</p>	<p>“Used single-cell RNA sequencing and functional assays to compare humoral and cellular responses to two doses of mRNA vaccine with responses observed in convalescent individuals with asymptomatic disease... natural infection induced expansion of larger CD8 T cell clones occupied distinct clusters, likely due to the recognition of a broader set of viral epitopes presented by the virus not seen in the mRNA vaccine.”</p>
<p>27) SARS-CoV-2 antibody-positivity protects against reinfection for at least seven</p>	<p>“SARS-CoV-2 antibody-positive persons from April 16 to December 31, 2020 with a PCR-positive swab ≥ 14 days after the first-positive antibody test were investigated for evidence of reinfection, 43,044 antibody-positive persons who were followed for a median of 16.3</p>

months with 95% efficacy,
Abu-Raddad, 2021

weeks...reinfection is rare in the young and international population of Qatar. Natural infection appears to elicit strong protection against reinfection with an efficacy ~95% for at least seven months."

28) Orthogonal SARS-CoV-2 Serological Assays Enable Surveillance of Low-Prevalence Communities and Reveal Durable Humoral Immunity, Ripperger, 2020

"Conducted a serological study to define correlates of immunity against SARS-CoV-2. Compared to those with mild coronavirus disease 2019 (COVID-19) cases, individuals with severe disease exhibited elevated virus-neutralizing titers and antibodies against the nucleocapsid (N) and the receptor binding domain (RBD) of the spike protein...neutralizing and spike-specific antibody production persists for at least 5-7 months... nucleocapsid antibodies frequently become undetectable by 5-7 months."

29) Anti-spike antibody response to natural SARS-CoV-2 infection in the general population, Wei, 2021

"In the general population using representative data from 7,256 United Kingdom COVID-19 infection survey participants who had positive swab SARS-CoV-2 PCR tests from 26-April-2020 to 14-June-2021...we estimated antibody levels associated with protection against reinfection likely last 1.5-2 years on average, with levels associated with protection from severe infection present for several years. These estimates could inform planning for vaccination booster strategies."

30) Researchers find long-lived immunity to 1918 pandemic virus, CIDRAP, 2008

and the actual 2008 NATURE journal publication by Yu

"A study of the blood of older people who survived the 1918 influenza pandemic reveals that antibodies to the strain have lasted a lifetime and can perhaps be engineered to protect future generations against similar strains...the group collected blood samples from 32 pandemic survivors aged 91 to 101...the people recruited for the study were 2 to 12 years old in 1918 and many recalled sick family members in their households, which suggests they were directly exposed to the virus, the authors report. The group found that 100% of the subjects had serum-neutralizing activity against the 1918 virus and 94% showed serologic reactivity to the 1918 hemagglutinin. The investigators generated B lymphoblastic cell lines from the peripheral blood mononuclear cells of eight subjects. Transformed cells from the blood

of 7 of the 8 donors yielded secreting antibodies that bound the 1918 hemagglutinin.” Yu: “here we show that of the 32 individuals tested that were born in or before 1915, each showed sero-reactivity with the 1918 virus, nearly 90 years after the pandemic. Seven of the eight donor samples tested had circulating B cells that secreted antibodies that bound the 1918 HA. We isolated B cells from subjects and generated five monoclonal antibodies that showed potent neutralizing activity against 1918 virus from three separate donors. These antibodies also cross-reacted with the genetically similar HA of a 1930 swine H1N1 influenza strain.”

31) Live virus neutralisation testing in convalescent patients and subjects vaccinated against 19A, 20B, 20I/501Y.V1 and 20H/501Y.V2 isolates of SARS-CoV-2, Gonzalez, 2021

“No significant difference was observed between the 20B and 19A isolates for HCWs with mild COVID-19 and critical patients. However, a significant decrease in neutralisation ability was found for 20I/501Y.V1 in comparison with 19A isolate for critical patients and HCWs 6-months post infection. Concerning 20H/501Y.V2, all populations had a significant reduction in neutralising antibody titres in comparison with the 19A isolate. Interestingly, a significant difference in neutralisation capacity was observed for vaccinated HCWs between the two variants whereas it was not significant for the convalescent groups...the reduced neutralising response observed towards the 20H/501Y.V2 in comparison with the 19A and 20I/501Y.V1 isolates in fully immunized subjects with the BNT162b2 vaccine is a striking finding of the study.”

32) Differential effects of the second SARS-CoV-2 mRNA vaccine dose on T cell immunity in naïve and COVID-19 recovered individuals, Camara, 2021

“Characterized SARS-CoV-2 spike-specific humoral and cellular immunity in naïve and previously infected individuals during full BNT162b2 vaccination...results demonstrate that the second dose increases both the humoral and cellular immunity in naïve individuals. On the contrary, the second BNT162b2 vaccine dose results in a reduction of cellular immunity in COVID-19 recovered individuals.”

33) Op-Ed: Quit Ignoring Natural COVID Immunity, Klausner, 2021

“Epidemiologists estimate over 160 million people worldwide have recovered from COVID-19. Those who have recovered have an astonishingly low frequency of repeat infection, disease, or death.”

34) Association of SARS-CoV-2 Seropositive Antibody Test With Risk of Future Infection, Harvey, 2021

“To evaluate evidence of SARS-CoV-2 infection based on diagnostic nucleic acid amplification test (NAAT) among patients with positive vs negative test results for antibodies in an observational descriptive cohort study of clinical laboratory and linked claims data...the cohort included 3257478 unique patients with an index antibody test... patients with positive antibody test results were initially more likely to have positive NAAT results, consistent with prolonged RNA shedding, but became markedly less likely to have positive NAAT results over time, suggesting that seropositivity is associated with protection from infection.”

35) SARS-CoV-2 seropositivity and subsequent infection risk in healthy young adults: a prospective cohort study, Letizia, 2021

“Investigated the risk of subsequent SARS-CoV-2 infection among young adults (CHARM marine study) seropositive for a previous infection...enrolled 3249 participants, of whom 3168 (98%) continued into the 2-week quarantine period. 3076 (95%) participants...Among 189 seropositive participants, 19 (10%) had at least one positive PCR test for SARS-CoV-2 during the 6-week follow-up (1.1 cases per person-year). In contrast, 1079 (48%) of 2247 seronegative participants tested positive (6.2 cases per person-year). The incidence rate ratio was 0.18 (95% CI 0.11–0.28; $p < 0.001$)...infected seropositive participants had viral loads that were about 10-times lower than those of infected seronegative participants (ORF1ab gene cycle threshold difference 3.95 [95% CI 1.23–6.67]; $p = 0.004$).”

36) Associations of Vaccination and of Prior Infection With Positive PCR Test Results for SARS-CoV-2 in Airline Passengers Arriving in Qatar, Bertollini, 2021

“Of 9,180 individuals with no record of vaccination but with a record of prior infection at least 90 days before the PCR test (group 3), 7694 could be matched to individuals with no record of vaccination or prior infection (group 2), among whom PCR positivity was 1.01% (95% CI, 0.80%-1.26%) and 3.81% (95% CI, 3.39%-4.26%), respectively. The relative risk for PCR positivity was 0.22 (95% CI, 0.17-0.28) for

vaccinated individuals and 0.26 (95% CI, 0.21-0.34) for individuals with prior infection compared with no record of vaccination or prior infection.”

37) Natural immunity against COVID-19 significantly reduces the risk of reinfection: findings from a cohort of sero-survey participants, Mishra, 2021

“Followed up with a subsample of our previous sero-survey participants to assess whether natural immunity against SARS-CoV-2 was associated with a reduced risk of re-infection (India)... out of the 2238 participants, 1170 were sero-positive and 1068 were sero-negative for antibody against COVID-19. Our survey found that only 3 individuals in the sero-positive group got infected with COVID-19 whereas 127 individuals reported contracting the infection the sero-negative group...from the 3 sero-positives re-infected with COVID-19, one had hospitalization, but did not require oxygen support or critical care...development of antibody following natural infection not only protects against re-infection by the virus to a great extent, but also safeguards against progression to severe COVID-19 disease.”

38) Lasting immunity found after recovery from COVID-19, NIH, 2021

“The researchers found durable immune responses in the majority of people studied. Antibodies against the spike protein of SARS-CoV-2, which the virus uses to get inside cells, were found in 98% of participants one month after symptom onset. As seen in previous studies, the number of antibodies ranged widely between individuals. But, promisingly, their levels remained fairly stable over time, declining only modestly at 6 to 8 months after infection... virus-specific B cells increased over time. People had more memory B cells six months after symptom onset than at one month afterwards... levels of T cells for the virus also remained high after infection. Six months after symptom onset, 92% of participants had CD4+ T cells that recognized the virus... 95% of the people had at least 3 out of 5 immune-system components that could recognize SARS-CoV-2 up to 8 months after infection.”

39) SARS-CoV-2 Natural Antibody Response Persists

“The seropositive rate in the convalescent individuals was above 95% at all sampling time points for both assays and remained stable over

for at Least 12 Months in a Nationwide Study From the Faroe Islands, Petersen, 2021

time; that is, almost all convalescent individuals developed antibodies... results show that SARS-CoV-2 antibodies persisted at least 12 months after symptom onset and maybe even longer, indicating that COVID-19-convalescent individuals may be protected from reinfection.”

40) SARS-CoV-2-specific T cell memory is sustained in COVID-19 convalescent patients for 10 months with successful development of stem cell-like memory T cells, Jung, 2021

“ex vivo assays to evaluate SARS-CoV-2-specific CD4⁺ and CD8⁺ T cell responses in COVID-19 convalescent patients up to 317 days post-symptom onset (DPSO), and find that memory T cell responses are maintained during the study period regardless of the severity of COVID-19. In particular, we observe sustained polyfunctionality and proliferation capacity of SARS-CoV-2-specific T cells. Among SARS-CoV-2-specific CD4⁺ and CD8⁺ T cells detected by activation-induced markers, the proportion of stem cell-like memory T (T_{SCM}) cells is increased, peaking at approximately 120 DPSO.”

41) Immune Memory in Mild COVID-19 Patients and Unexposed Donors Reveals Persistent T Cell Responses After SARS-CoV-2 Infection, Ansari, 2021

“Analyzed 42 unexposed healthy donors and 28 mild COVID-19 subjects up to 5 months from the recovery for SARS-CoV-2 specific immunological memory. Using HLA class II predicted peptide megapools, we identified SARS-CoV-2 cross-reactive CD4⁺ T cells in around 66% of the unexposed individuals. Moreover, we found detectable immune memory in mild COVID-19 patients several months after recovery in the crucial arms of protective adaptive immunity; CD4⁺ T cells and B cells, with a minimal contribution from CD8⁺ T cells. Interestingly, the persistent immune memory in COVID-19 patients is predominantly targeted towards the Spike glycoprotein of the SARS-CoV-2. This study provides the evidence of both high magnitude pre-existing and persistent immune memory in Indian population.”

42) COVID-19 natural immunity, WHO, 2021

“Current evidence points to most individuals developing strong protective immune responses following natural infection with SARSCoV-2. Within 4 weeks following infection, 90-99% of individuals infected with the SARS-CoV-2 virus develop detectable neutralizing

antibodies. The strength and duration of the immune responses to SARS-CoV-2 are not completely understood and currently available data suggests that it varies by age and the severity of symptoms. Available scientific data suggests that in most people immune responses remain robust and protective against reinfection for at least 6-8 months after infection (the longest follow up with strong scientific evidence is currently approximately 8 months).”

43) Antibody Evolution after SARS-CoV-2 mRNA Vaccination, Cho, 2021

“We conclude that memory antibodies selected over time by natural infection have greater potency and breadth than antibodies elicited by vaccination...boosting vaccinated individuals with currently available mRNA vaccines would produce a quantitative increase in plasma neutralizing activity but not the qualitative advantage against variants obtained by vaccinating convalescent individuals.”

44) Humoral Immune Response to SARS-CoV-2 in Iceland, Gudbjartsson, 2020

“Measured antibodies in serum samples from 30,576 persons in Iceland...of the 1797 persons who had recovered from SARS-CoV-2 infection, 1107 of the 1215 who were tested (91.1%) were seropositive...results indicate risk of death from infection was 0.3% and that antiviral antibodies against SARS-CoV-2 did not decline within 4 months after diagnosis (para).”

45) Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection, Dan, 2021

“Analyzed multiple compartments of circulating immune memory to SARS-CoV-2 in 254 samples from 188 COVID-19 cases, including 43 samples at ≥ 6 months post-infection...IgG to the Spike protein was relatively stable over 6+ months. Spike-specific memory B cells were more abundant at 6 months than at 1 month post symptom onset.”

46) The prevalence of adaptive immunity to COVID-19 and reinfection after recovery – a comprehensive systematic review and meta-

“Fifty-four studies, from 18 countries, with a total of 12 011 447 individuals, followed up to 8 months after recovery, were included. At 6-8 months after recovery, the prevalence of detectable SARS-CoV-2 specific immunological memory remained high; IgG – 90.4%... pooled prevalence of reinfection was 0.2% (95%CI 0.0 – 0.7, $I^2 = 98.8$, 9 studies). Individuals who recovered from COVID-19 had an

<p>analysis of 12 011 447 individuals, Chivese, 2021</p>	<p>81% reduction in odds of a reinfection (OR 0.19, 95% CI 0.1 – 0.3, I² = 90.5%, 5 studies).”</p>
<p>47) Reinfection Rates among Patients who Previously Tested Positive for COVID-19: a Retrospective Cohort Study, Sheehan, 2021</p>	<p>“Retrospective cohort study of one multi-hospital health system included 150,325 patients tested for COVID-19 infection...prior infection in patients with COVID-19 was highly protective against reinfection and symptomatic disease. This protection increased over time, suggesting that viral shedding or ongoing immune response may persist beyond 90 days and may not represent true reinfection.”</p>
<p>48) Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in a Population in Lombardy, Italy, Vitale, 2020</p>	<p>“The study results suggest that reinfections are rare events and patients who have recovered from COVID-19 have a lower risk of reinfection. Natural immunity to SARS-CoV-2 appears to confer a protective effect for at least a year, which is similar to the protection reported in recent vaccine studies.”</p>
<p>49) Prior SARS-CoV-2 infection is associated with protection against symptomatic reinfection, Hanrath, 2021</p>	<p>“We observed no symptomatic reinfections in a cohort of healthcare workers...this apparent immunity to re-infection was maintained for at least 6 months...test positivity rates were 0% (0/128 [95% CI: 0–2.9]) in those with previous infection compared to 13.7% (290/2115 [95% CI: 12.3–15.2]) in those without ($P < 0.0001$ χ^2 test).”</p>
<p>50) Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals, Grifoni, 2020</p>	<p>“Using HLA class I and II predicted peptide “megapools,” circulating SARS-CoV-2-specific CD8⁺ and CD4⁺ T cells were identified in ~70% and 100% of COVID-19 convalescent patients, respectively. CD4⁺ T cell responses to spike, the main target of most vaccine efforts, were robust and correlated with the magnitude of the anti-SARS-CoV-2 IgG and IgA titers. The M, spike, and N proteins each accounted for 11%–27% of the total CD4⁺ response, with additional responses commonly targeting nsp3, nsp4, ORF3a, and ORF8, among others. For CD8⁺ T cells, spike and M were recognized, with at least eight SARS-CoV-2 ORFs targeted.”</p>
<p>51) NIH Director’s Blog: Immune T Cells May Offer</p>	<p>“Much of the study on the immune response to SARS-CoV-2, the novel coronavirus that causes COVID-19, has focused on the production</p>

Lasting Protection Against COVID-19, Collins, 2021

of **antibodies**. But, in fact, immune cells known as memory T cells also play an important role in the ability of our immune systems to protect us against many viral infections, including—it now appears—COVID-19. An intriguing new study of these memory T cells suggests they might protect some people newly infected with SARS-CoV-2 by remembering past encounters with other **human coronaviruses**. This might potentially explain why some people seem to fend off the virus and may be less susceptible to becoming severely ill with COVID-19.”

52) **Ultrapotent antibodies against diverse and highly transmissible SARS-CoV-2 variants**, Wang, 2021

“Our study demonstrates that convalescent subjects previously infected with ancestral variant SARS-CoV-2 produce antibodies that cross-neutralize emerging VOCs with high potency...potent against 23 variants, including variants of concern.”

53) **Why COVID-19 Vaccines Should Not Be Required for All Americans**, Makary, 2021

“Requiring the vaccine in people who are already immune with natural immunity has no scientific support. While vaccinating those people may be beneficial – and it’s a reasonable hypothesis that vaccination may bolster the longevity of their immunity – to argue dogmatically that they *must* get vaccinated has zero clinical outcome data to back it. As a matter of fact, we have data to the contrary: A Cleveland Clinic **study** found that vaccinating people with natural immunity did not add to their level of protection.”

54) **Protracted yet coordinated differentiation of long-lived SARS-CoV-2-specific CD8+ T cells during COVID-19 convalescence**, Ma, 2021

“Screened 21 well-characterized, longitudinally-sampled convalescent donors that recovered from mild COVID-19...following a typical case of mild COVID-19, SARS-CoV-2-specific CD8+ T cells not only persist but continuously differentiate in a coordinated fashion well into convalescence, into a state characteristic of long-lived, self-renewing memory.”

55) **Decrease in Measles Virus-Specific CD4 T Cell Memory in Vaccinated Subjects**, Naniche, 2004

“Characterized the profiles of measles vaccine (MV) vaccine-induced antigen-specific T cells over time since vaccination. In a cross-sectional study of healthy subjects with a history of MV vaccination, we found that MV-specific CD4 and CD8 T cells could be detected up

to 34 years after vaccination. The levels of MV-specific CD8 T cells and MV-specific IgG remained stable, whereas the level of MV-specific CD4 T cells decreased significantly in subjects who had been vaccinated >21 years earlier.”

56) Remembrance of Things Past: Long-Term B Cell Memory After Infection and Vaccination, Palm, 2019

“The success of vaccines is dependent on the generation and maintenance of immunological memory. The immune system can remember previously encountered pathogens, and memory B and T cells are critical in secondary responses to infection. Studies in mice have helped to understand how different memory B cell populations are generated following antigen exposure and how affinity for the antigen is determinant to B cell fate... upon re-exposure to an antigen the memory recall response will be faster, stronger, and more specific than a naïve response. Protective memory depends first on circulating antibodies secreted by LLPCs. When these are not sufficient for immediate pathogen neutralization and elimination, memory B cells are recalled.”

57) SARS-CoV-2 specific memory B-cells from individuals with diverse disease severities recognize SARS-CoV-2 variants of concern, Lyski, 2021

“Examined the magnitude, breadth, and durability of SARS-CoV-2 specific antibodies in two distinct B-cell compartments: long-lived plasma cell-derived antibodies in the plasma, and peripheral memory B-cells along with their associated antibody profiles elicited after *in vitro* stimulation. We found that magnitude varied amongst individuals, but was the highest in hospitalized subjects. Variants of concern (VoC) -RBD-reactive antibodies were found in the plasma of 72% of samples in this investigation, and VoC-RBD-reactive memory B-cells were found in all but 1 subject at a single time-point. This finding, that VoC-RBD-reactive MBCs are present in the peripheral blood of all subjects including those that experienced asymptomatic or mild disease, provides a reason for optimism regarding the capacity of vaccination, prior infection, and/or both, to limit disease severity and transmission of variants of concern as they continue to arise and circulate.”

58) Exposure to SARS-CoV-2 generates T-cell memory in the absence of a detectable viral infection, Wang, 2021

“T-cell immunity is important for recovery from COVID-19 and provides heightened immunity for re-infection. However, little is known about the SARS-CoV-2-specific T-cell immunity in virus-exposed individuals...report virus-specific CD4⁺ and CD8⁺ T-cell memory in recovered COVID-19 patients and close contacts...close contacts are able to gain T-cell immunity against SARS-CoV-2 despite lacking a detectable infection.”

59) CD8+ T-Cell Responses in COVID-19 Convalescent Individuals Target Conserved Epitopes From Multiple Prominent SARS-CoV-2 Circulating Variants, Redd, 2021 and Lee, 2021

“The CD4 and CD8 responses generated after natural infection are equally robust, showing activity against multiple “epitopes” (little segments) of the spike protein of the virus. For instance, CD8 cells responds to 52 epitopes and CD4 cells respond to 57 epitopes across the spike protein, so that a few mutations in the variants cannot knock out such a robust and in-breadth T cell response...only 1 mutation found in Beta variant-spike overlapped with a previously identified epitope (1/52), suggesting that virtually all anti-SARS-CoV-2 CD8+ T-cell responses should recognize these newly described variants.”

60) Exposure to common cold coronaviruses can teach the immune system to recognize SARS-CoV-2, La Jolla, Crotty and Sette, 2020

“Exposure to common cold coronaviruses can teach the immune system to recognize SARS-CoV-2”

61) Selective and cross-reactive SARS-CoV-2 T cell epitopes in unexposed humans, Mateus, 2020

“Found that the pre-existing reactivity against SARS-CoV-2 comes from memory T cells and that cross-reactive T cells can specifically recognize a SARS-CoV-2 epitope as well as the homologous epitope from a common cold coronavirus. These findings underline the importance of determining the impacts of pre-existing immune memory in COVID-19 disease severity.”

62) Longitudinal observation of antibody responses for

“Better understanding of antibody responses against SARS-CoV-2 after natural infection might provide valuable insights into the future

14 months after SARS-CoV-2 infection, Dehgani-Mobaraki, 2021

implementation of **vaccination policies**. Longitudinal analysis of **IgG antibody titers** was carried out in 32 recovered COVID-19 patients based in the **Umbria** region of Italy for 14 months after Mild and Moderately-Severe infection...study findings are consistent with recent studies reporting antibody persistency suggesting that induced SARS-CoV-2 immunity through natural infection, might be very efficacious against re-infection (>90%) and could persist for more than six months. Our study followed up patients up to 14 months demonstrating the presence of anti-S-RBD IgG in 96.8% of recovered COVID-19 subjects.”

63) **Humoral and circulating follicular helper T cell responses in recovered patients with COVID-19**, Juno, 2020

“Characterized humoral and circulating follicular helper T cell (cTFH) immunity against spike in recovered patients with coronavirus disease 2019 (COVID-19). We found that S-specific antibodies, memory B cells and cTFH are consistently elicited after SARS-CoV-2 infection, demarking robust humoral immunity and positively associated with plasma neutralizing activity.”

64) **Convergent antibody responses to SARS-CoV-2 in convalescent individuals**, Robbiani, 2020

“149 COVID-19-convalescent individuals...antibody sequencing revealed the expansion of clones of RBD-specific memory B cells that expressed closely related antibodies in different individuals. Despite low plasma titres, antibodies to three distinct epitopes on the RBD neutralized the virus with half-maximal inhibitory concentrations (IC₅₀ values) as low as 2 ng ml⁻¹.”

65) **Rapid generation of durable B cell memory to SARS-CoV-2 spike and nucleocapsid proteins in COVID-19 and convalescence**, Hartley, 2020

“COVID-19 patients rapidly generate B cell memory to both the spike and nucleocapsid antigens following SARS-CoV-2 infection...RBD- and NCP-specific IgG and Bmem cells were detected in all 25 patients with a history of COVID-19.”

66) **Had COVID? You'll probably make antibodies for**

“People who recover from mild COVID-19 have bone-marrow cells that can churn out antibodies for decades...the study provides

a lifetime, Callaway, 2021

evidence that immunity triggered by SARS-CoV-2 infection will be extraordinarily long-lasting.”

67) A majority of uninfected adults show preexisting antibody reactivity against SARS-CoV-2, Majdoubi, 2021

In greater Vancouver Canada, “using a highly sensitive multiplex assay and positive/negative thresholds established in infants in whom maternal antibodies have waned, we determined that more than 90% of uninfected adults showed antibody reactivity against the spike protein, receptor-binding domain (RBD), N-terminal domain (NTD), or the nucleocapsid (N) protein from SARS-CoV-2.”

68) SARS-CoV-2-reactive T cells in healthy donors and patients with COVID-19, Braun, 2020
Presence of SARS-CoV-2-reactive T cells in COVID-19 patients and healthy donors, Braun, 2020

“The results indicate that spike-protein cross-reactive T cells are present, which were probably generated during previous encounters with endemic coronaviruses.”

“The presence of pre-existing SARS-CoV-2-reactive T cells in a subset of SARS-CoV-2 naïve HD is of high interest.”

69) Naturally enhanced neutralizing breadth against SARS-CoV-2 one year after infection, Wang, 2021

“A cohort of 63 individuals who have recovered from COVID-19 assessed at 1.3, 6.2 and 12 months after SARS-CoV-2 infection...the data suggest that immunity in convalescent individuals will be very long lasting.”

70) One Year after Mild COVID-19: The Majority of Patients Maintain Specific Immunity, But One in Four Still Suffer from Long-Term Symptoms, Rank, 2021

“Long-lasting immunological memory against SARS-CoV-2 after mild COVID-19... activation-induced marker assays identified specific T-helper cells and central memory T-cells in 80% of participants at a 12-month follow-up.”

71) IDSA, 2021

“Immune responses to SARS-CoV-2 following natural infection can persist for at least 11 months... natural infection (as determined by a prior positive antibody or PCR-test result) can confer protection against SARS-CoV-2 infection.”

<p>72) Assessment of protection against reinfection with SARS-CoV-2 among 4 million PCR-tested individuals in Denmark in 2020: a population-level observational study, Holm Hansen, 2021</p>	<p>Denmark, “during the first surge (ie, before June, 2020), 533 381 people were tested, of whom 11 727 (2·20%) were PCR positive, and 525 339 were eligible for follow-up in the second surge, of whom 11 068 (2·11%) had tested positive during the first surge. Among eligible PCR-positive individuals from the first surge of the epidemic, 72 (0·65% [95% CI 0·51–0·82]) tested positive again during the second surge compared with 16 819 (3·27% [3·22–3·32]) of 514 271 who tested negative during the first surge (adjusted RR 0·195 [95% CI 0·155–0·246]).”</p>
<p>73) Antigen-Specific Adaptive Immunity to SARS-CoV-2 in Acute COVID-19 and Associations with Age and Disease Severity, Moderbacher, 2020</p>	<p>“Adaptive immune responses limit COVID-19 disease severity... multiple coordinated arms of adaptive immunity control better than partial responses... completed a combined examination of all three branches of adaptive immunity at the level of SARS-CoV-2-specific CD4⁺ and CD8⁺ T cell and neutralizing antibody responses in acute and convalescent subjects. SARS-CoV-2-specific CD4⁺ and CD8⁺ T cells were each associated with milder disease. Coordinated SARS-CoV-2-specific adaptive immune responses were associated with milder disease, suggesting roles for both CD4⁺ and CD8⁺ T cells in protective immunity in COVID-19.”</p>
<p>74) Detection of SARS-CoV-2-Specific Humoral and Cellular Immunity in COVID-19 Convalescent Individuals, Ni, 2020</p>	<p>“Collected blood from COVID-19 patients who have recently become virus-free, and therefore were discharged, and detected SARS-CoV-2-specific humoral and cellular immunity in eight newly discharged patients. Follow-up analysis on another cohort of six patients 2 weeks post discharge also revealed high titers of immunoglobulin G (IgG) antibodies. In all 14 patients tested, 13 displayed serum-neutralizing activities in a pseudotype entry assay. Notably, there was a strong correlation between neutralization antibody titers and the numbers of virus-specific T cells.”</p>
<p>75) Robust SARS-CoV-2-specific T-cell immunity is</p>	<p>“Analysed the magnitude and phenotype of the SARS-CoV-2 cellular immune response in 100 donors at six months following primary</p>

maintained at 6 months following primary infection, Zuo, 2020

infection and related this to the profile of antibody level against spike, nucleoprotein and RBD over the previous six months. T-cell immune responses to SARS-CoV-2 were present by ELISPOT and/or ICS analysis in all donors and are characterised by predominant CD4+ T cell responses with strong IL-2 cytokine expression... functional SARS-CoV-2-specific T-cell responses are retained at six months following infection.”

76) Negligible impact of SARS-CoV-2 variants on CD4+ and CD8+ T cell reactivity in COVID-19 exposed donors and vaccinees, Tarke, 2021

“Performed a comprehensive analysis of SARS-CoV-2-specific CD4+ and CD8+ T cell responses from COVID-19 convalescent subjects recognizing the ancestral strain, compared to variant lineages B.1.1.7, B.1.351, P.1, and CAL.20C as well as recipients of the Moderna (mRNA-1273) or Pfizer/BioNTech (BNT162b2) COVID-19 vaccines... the sequences of the vast majority of SARS-CoV-2 T cell epitopes are not affected by the mutations found in the variants analyzed. Overall, the results demonstrate that CD4+ and CD8+ T cell responses in convalescent COVID-19 subjects or COVID-19 mRNA vaccinees are not substantially affected by mutations.”

77) A 1 to 1000 SARS-CoV-2 reinfection proportion in members of a large healthcare provider in Israel: a preliminary report, Perez, 2021

Israel, “out of 149,735 individuals with a documented positive PCR test between March 2020 and January 2021, 154 had two positive PCR tests at least 100 days apart, reflecting a reinfection proportion of 1 per 1000.”

78) Persistence and decay of human antibody responses to the receptor binding domain of SARS-CoV-2 spike protein in COVID-19 patients, Iyer, 2020

“Measured plasma and/or serum antibody responses to the receptor-binding domain (RBD) of the spike (S) protein of SARS-CoV-2 in 343 North American patients infected with SARS-CoV-2 (of which 93% required hospitalization) up to 122 days after symptom onset and compared them to responses in 1548 individuals whose blood samples were obtained prior to the pandemic... IgG antibodies persisted at detectable levels in patients beyond 90 days after symptom onset, and seroreversion was only observed in a small

percentage of individuals. The concentration of these anti-RBD IgG antibodies was also highly correlated with pseudovirus NAb titers, which also demonstrated minimal decay. The observation that IgG and neutralizing antibody responses persist is encouraging, and suggests the development of robust systemic immune memory in individuals with severe infection.”

79) A population-based analysis of the longevity of SARS-CoV-2 antibody seropositivity in the United States, Alfego, 2021

“To track population-based SARS-CoV-2 antibody seropositivity duration across the United States using observational data from a national clinical laboratory registry of patients tested by nucleic acid amplification (NAAT) and serologic assays... specimens from 39,086 individuals with confirmed positive COVID-19...both S and N SARS-CoV-2 antibody results offer an encouraging view of how long humans may have protective antibodies against COVID-19, with curve smoothing showing population seropositivity reaching 90% within three weeks, regardless of whether the assay detects N or S-antibodies. Most importantly, this level of seropositivity was sustained with little decay through ten months after initial positive PCR.”

80) What are the roles of antibodies versus a durable, high- quality T-cell response in protective immunity against SARS-CoV-2? Hellerstein, 2020

“Progress in laboratory markers for SARS-CoV2 has been made with identification of epitopes on CD4 and CD8 T-cells in convalescent blood. These are much less dominated by spike protein than in previous coronavirus infections. Although most vaccine candidates are focusing on spike protein as antigen, natural infection by SARS-CoV-2 induces broad epitope coverage, cross-reactive with other betacoronviruses.”

81) Broad and strong memory CD4⁺ and CD8⁺ T cells induced by SARS-CoV-2 in UK convalescent COVID-19 patients, Peng, 2020

“Study of 42 patients following recovery from COVID-19, including 28 mild and 14 severe cases, comparing their T cell responses to those of 16 control donors...found the breadth, magnitude and frequency of memory T cell responses from COVID-19 were significantly higher in severe compared to mild COVID-19 cases, and this effect was most marked in response to spike, membrane, and ORF3a proteins...total

and spike-specific T cell responses correlated with the anti-Spike, anti-Receptor Binding Domain (RBD) as well as anti-Nucleoprotein (NP) endpoint antibody titre...furthermore showed a higher ratio of SARS-CoV-2-specific CD8⁺ to CD4⁺ T cell responses...

immunodominant epitope clusters and peptides containing T cell epitopes identified in this study will provide critical tools to study the role of virus-specific T cells in control and resolution of SARS-CoV-2 infections.”

82) Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19, Sekine, 2020

“SARS-CoV-2-specific memory T cells will likely prove critical for long-term immune protection against COVID-19...mapped the functional and phenotypic landscape of SARS-CoV-2-specific T cell responses in unexposed individuals, exposed family members, and individuals with acute or convalescent COVID-19...collective dataset shows that SARS-CoV-2 elicits broadly directed and functionally replete memory T cell responses, suggesting that natural exposure or infection may prevent recurrent episodes of severe COVID-19.”

83) Potent SARS-CoV-2-Specific T Cell Immunity and Low Anaphylatoxin Levels Correlate With Mild Disease Progression in COVID-19 Patients, Lafron, 2021

“Provide a full picture of cellular and humoral immune responses of COVID-19 patients and prove that robust polyfunctional CD8⁺ T cell responses concomitant with low anaphylatoxin levels correlate with mild infections.”

84) SARS-CoV-2 T-cell epitopes define heterologous and COVID-19 induced T-cell recognition, Nelde, 2020

“The first work identifying and characterizing SARS-CoV-2-specific and cross-reactive HLA class I and HLA-DR T-cell epitopes in SARS-CoV-2 convalescents (n = 180) as well as unexposed individuals (n = 185) and confirming their relevance for immunity and COVID-19 disease course...cross-reactive SARS-CoV-2 T-cell epitopes revealed pre-existing T-cell responses in 81% of unexposed individuals, and validation of similarity to common cold human coronaviruses provided a functional basis for postulated heterologous immunity in SARS-CoV-2 infection...intensity of T-cell responses and recognition

rate of T-cell epitopes was significantly higher in the convalescent donors compared to unexposed individuals, suggesting that not only expansion, but also diversity spread of SARS-CoV-2 T-cell responses occur upon active infection.”

85) Karl Friston: up to 80% not even susceptible to Covid-19, Sayers, 2020

“Results have just been published of a study suggesting that 40%-60% of people who have not been exposed to coronavirus have resistance at the T-cell level from other similar coronaviruses like the common cold...the true portion of people who are not even susceptible to Covid-19 may be as high as 80%.”

86) CD8⁺ T cells specific for an immunodominant SARS-CoV-2 nucleocapsid epitope cross-react with selective seasonal coronaviruses, Lineburg, 2021

“Screening of SARS-CoV-2 peptide pools revealed that the nucleocapsid (N) protein induced an immunodominant response in HLA-B7⁺ COVID-19-recovered individuals that was also detectable in unexposed donors...the basis of selective T cell cross-reactivity for an immunodominant SARS-CoV-2 epitope and its homologs from seasonal coronaviruses, suggesting long-lasting protective immunity.”

87) SARS-CoV-2 genome-wide mapping of CD8 T cell recognition reveals strong immunodominance and substantial CD8 T cell activation in COVID-19 patients, Saini, 2020

“COVID-19 patients showed strong T cell responses, with up to 25% of all CD8⁺ lymphocytes specific to SARS-CoV-2-derived immunodominant epitopes, derived from ORF1 (open reading frame 1), ORF3, and Nucleocapsid (N) protein. A strong signature of T cell activation was observed in COVID-19 patients, while no T cell activation was seen in the ‘non-exposed’ and ‘high exposure risk’ healthy donors.”

88) Equivalency of Protection from Natural Immunity in COVID-19 Recovered Versus Fully Vaccinated Persons: A Systematic Review and Pooled Analysis, Shenai, 2021

“Systematic review and pooled analysis of clinical studies to date, that (1) specifically compare the protection of natural immunity in the COVID-recovered versus the efficacy of full vaccination in the COVID-naive, and (2) the added benefit of vaccination in the COVID-recovered, for prevention of subsequent SARS-CoV-2 infection... review demonstrates that natural immunity in COVID-recovered individuals is, at least, equivalent to the protection afforded by full

vaccination of COVID-naïve populations. There is a modest and incremental relative benefit to vaccination in COVID-recovered individuals; however, the net benefit is marginal on an absolute basis.”

89) ChAdOx1nCoV-19 effectiveness during an unprecedented surge in SARS CoV-2 infections, Satwik, 2021

“The third key finding is that previous infections with SARS-CoV-2 were significantly protective against all studied outcomes, with an effectiveness of 93% (87 to 96%) seen against symptomatic infections, 89% (57 to 97%) against moderate to severe disease and 85% (-9 to 98%) against supplemental oxygen therapy. All deaths occurred in previously uninfected individuals. This was higher protection than that offered by single or double dose vaccine.”

90) SARS-CoV-2 specific T cells and antibodies in COVID-19 protection: a prospective study, Molodtsov, 2021

“Explore the impact of T cells and to quantify the protective levels of the immune responses...5,340 Moscow residents were evaluated for the antibody and cellular immune responses to SARS-CoV-2 and monitored for COVID-19 up to 300 days. The antibody and cellular responses were tightly interconnected, their magnitude inversely correlated with infection probability. Similar maximal level of protection was reached by individuals positive for both types of responses and by individuals with antibodies alone...T cells in the absence of antibodies provided an intermediate level of protection.”

91) Anti- SARS-CoV-2 Receptor Binding Domain Antibody Evolution after mRNA Vaccination, Cho, 2021

“SARS-CoV-2 infection produces B-cell responses that continue to evolve for at least one year. During that time, memory B cells express increasingly broad and potent antibodies that are resistant to mutations found in variants of concern.”

92) Seven-month kinetics of SARS-CoV-2 antibodies and role of pre-existing antibodies to human coronaviruses, Ortega, 2021

“Impact of pre-existing antibodies to human coronaviruses causing common cold (HCoVs), is essential to understand protective immunity to COVID-19 and devise effective surveillance strategies... after the peak response, anti-spike antibody levels increase from ~150 days post-symptom onset in all individuals (73% for IgG), in the absence of any evidence of re-exposure. IgG and IgA to HCoV are

significantly higher in asymptomatic than symptomatic seropositive individuals. Thus, pre-existing cross-reactive HCoVs antibodies could have a protective effect against SARS-CoV-2 infection and COVID-19 disease.”

93) Immunodominant T-cell epitopes from the SARS-CoV-2 spike antigen reveal robust pre-existing T-cell immunity in unexposed individuals, Mahajan, 2021

“Findings suggest that SARS-CoV-2 reactive T-cells are likely to be present in many individuals because of prior exposure to flu and CMV viruses.”

94) Neutralizing Antibody Responses to Severe Acute Respiratory Syndrome Coronavirus 2 in Coronavirus Disease 2019 Inpatients and Convalescent Patients, Wang, 2020

“117 blood samples were collected from 70 COVID-19 inpatients and convalescent patients...the neutralizing antibodies were detected even at the early stage of disease, and a significant response was shown in convalescent patients.”

95) Not just antibodies: B cells and T cells mediate immunity to COVID-19, Cox, 2020

“Reports that antibodies to SARS-CoV-2 are not maintained in the serum following recovery from the virus have caused alarm...the absence of specific antibodies in the serum does not necessarily mean an absence of immune memory.”

96) T cell immunity to SARS-CoV-2 following natural infection and vaccination, DiPiazza, 2020

“Although T cell durability to SARS-CoV-2 remains to be determined, current data and past experience from human infection with other CoVs demonstrate the potential for persistence and the capacity to control viral replication and host disease, and importance in vaccine-induced protection.”

97) Durable SARS-CoV-2 B cell immunity after mild or severe disease, Ogega, 2021

“Multiple studies have shown loss of severe acute respiratory syndrome coronavirus 2-specific (SARS-CoV-2-specific) antibodies over time after infection, raising concern that humoral immunity against the virus is not durable. If immunity wanes quickly, millions of

people may be at risk for reinfection after recovery from coronavirus disease 2019 (COVID-19). However, memory B cells (MBCs) could provide durable humoral immunity even if serum neutralizing antibody titers decline... data indicate that most SARS-CoV-2-infected individuals develop S-RBD-specific, class-switched rMBCs that resemble germinal center-derived B cells induced by effective vaccination against other pathogens, providing evidence for durable B cell-mediated immunity against SARS-CoV-2 after mild or severe disease.”

98) Memory T cell responses targeting the SARS coronavirus persist up to 11 years post-infection., Ng, 2016

“All memory T cell responses detected target the SARS-Co-V structural proteins... these responses were found to persist up to 11 years post-infection... knowledge of the persistence of SARS-specific cellular immunity targeting the viral structural proteins in SARS-recovered individuals is important.”

99) Adaptive immunity to SARS-CoV-2 and COVID-19, Sette, 2021

“The adaptive immune system is important for control of most viral infections. The three fundamental components of the adaptive immune system are B cells (the source of antibodies), CD4+ T cells, and CD8+ T cells...a picture has begun to emerge that reveals that CD4+ T cells, CD8+ T cells, and neutralizing antibodies all contribute to control of SARS-CoV-2 in both non-hospitalized and hospitalized cases of COVID-19.”

100) Early induction of functional SARS-CoV-2-specific T cells associates with rapid viral clearance and mild disease in COVID-19 patients, Tan, 2021

“These findings provide support for the prognostic value of early functional SARS-CoV-2-specific T cells with important implications in vaccine design and immune monitoring.”

101) SARS-CoV-2-specific CD8⁺ T cell responses in

“A multiplexed peptide-MHC tetramer approach was used to screen 408 SARS-CoV-2 candidate epitopes for CD8⁺ T cell recognition in a cross-sectional sample of 30 coronavirus disease 2019 convalescent

convalescent COVID-19 individuals, Kared, 2021

individuals...Modelling demonstrated a coordinated and dynamic immune response characterized by a decrease in inflammation, increase in neutralizing antibody titer, and differentiation of a specific CD8⁺ T cell response. Overall, T cells exhibited distinct differentiation into stem cell and transitional memory states (subsets), which may be key to developing durable protection.”

102) S Protein-Reactive IgG and Memory B Cell Production after Human SARS-CoV-2 Infection Includes Broad Reactivity to the S2 Subunit, Nguyen-Contant, 2021

“Most importantly, we demonstrate that infection generates both IgG and IgG MBCs against the novel receptor binding domain and the conserved S2 subunit of the SARS-CoV-2 spike protein. Thus, even if antibody levels wane, long-lived MBCs remain to mediate rapid antibody production. Our study results also suggest that SARS-CoV-2 infection strengthens pre-existing broad coronavirus protection through S2-reactive antibody and MBC formation.”

103) Persistence of Antibody and Cellular Immune Responses in Coronavirus Disease 2019 Patients Over Nine Months After Infection, Yao, 2021

“A cross-sectional study to assess the virus-specific antibody and memory T and B cell responses in coronavirus disease 2019 (COVID-19) patients up to 343 days after infection...found that approximately 90% of patients still have detectable immunoglobulin (Ig)G antibodies against spike and nucleocapsid proteins and neutralizing antibodies against pseudovirus, whereas ~60% of patients had detectable IgG antibodies against receptor-binding domain and surrogate virus-neutralizing antibodies...SARS-CoV-2-specific IgG+ memory B cell and interferon- γ -secreting T cell responses were detectable in more than 70% of patients...coronavirus 2-specific immune memory response persists in most patients approximately 1 year after infection, which provides a promising sign for prevention from reinfection and vaccination strategy.”

104) Naturally Acquired SARS-CoV-2 Immunity Persists for Up to 11 Months Following Infection, De Giorgi, 2021

“A prospective, longitudinal analysis of COVID-19 convalescent plasma donors at multiple time points over an 11-month period to determine how circulating antibody levels change over time following natural infection... data suggest that immunological

memory is acquired in most individuals infected with SARS-CoV-2 and is sustained in a majority of patients.”

105) Decreasing Seroprevalence of Measles Antibodies after Vaccination – Possible Gap in Measles Protection in Adults in the Czech Republic, Smetana, 2017

“A long-term high rate of seropositivity persists after natural measles infection. By contrast, it decreases over time after vaccination. Similarly, the concentrations of antibodies in persons with measles history persist for a longer time at a higher level than in vaccinated persons.”

106) Broadly cross-reactive antibodies dominate the human B cell response against 2009 pandemic H1N1 influenza virus infection, Wrammert, 2011

“The expansion of these rare types of memory B cells may explain why most people did not become severely ill, even in the absence of pre-existing protective antibody titers”...found “extraordinarily” powerful antibodies in the blood of nine people who caught the swine flu naturally and recovered from it.”...unlike antibodies elicited by annual influenza vaccinations, most neutralizing antibodies induced by pandemic H1N1 infection were broadly cross-reactive against epitopes in the hemagglutinin (HA) stalk and head domain of multiple influenza strains. The antibodies were from cells that had undergone extensive affinity maturation.”

107) Reinfection With Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in Patients Undergoing Serial Laboratory Testing, Qureshi, 2021

“Reinfection was identified in 0.7% (n = 63, 95% confidence interval [CI]: .5%–.9%) during follow-up of 9119 patients with SARS-CoV-2 infection.”

108) Distinct antibody and memory B cell responses in SARS-CoV-2 naïve and recovered individuals

“Interrogated antibody and antigen-specific memory B cells over time in 33 SARS-CoV-2 naïve and 11 SARS-CoV-2 recovered subjects... In SARS-CoV-2 recovered individuals, antibody and memory B cell responses were significantly boosted after the first vaccine dose; however, there was no increase in circulating antibodies, neutralizing

<p>following mRNA vaccination, Goel, 2021</p>	<p>titers, or antigen-specific memory B cells after the second dose. This robust boosting after the first vaccine dose strongly correlated with levels of pre-existing memory B cells in recovered individuals, identifying a key role for memory B cells in mounting recall responses to SARS-CoV-2 antigens.”</p>
<p>109) Covid-19: Do many people have pre-existing immunity? Doshi, 2020</p>	<p>“Six studies have reported T cell reactivity against SARS-CoV-2 in 20% to 50% of people with no known exposure to the virus... in a study of donor blood specimens obtained in the US between 2015 and 2018, 50% displayed various forms of T cell reactivity to SARS-CoV-2... Researchers are also confident that they have made solid inroads into ascertaining the origins of the immune responses. “Our hypothesis, of course, was that it’s so called ‘common cold’ coronaviruses, because they’re closely related...we have really shown that this is a true immune memory and it is derived in part from common cold viruses.”</p>
<p>110) Pre-existing and <i>de novo</i> humoral immunity to SARS-CoV-2 in humans, Ng, 2020</p>	<p>“We demonstrate the presence of pre-existing humoral immunity in uninfected and unexposed humans to the new coronavirus. SARS-CoV-2 S-reactive antibodies were readily detectable by a sensitive flow cytometry-based method in SARS-CoV-2-uninfected individuals and were particularly prevalent in children and adolescents.”</p>
<p>111) Phenotype of SARS-CoV-2-specific T-cells in COVID-19 patients with acute respiratory distress syndrome, Weiskopf, 2020</p>	<p>“We detected SARS-CoV-2-specific CD4⁺ and CD8⁺ T cells in 100% and 80% of COVID-19 patients, respectively. We also detected low levels of SARS-CoV-2-reactive T-cells in 20% of the healthy controls, not previously exposed to SARS-CoV-2 and indicative of cross-reactivity due to infection with ‘common cold’ coronaviruses.”</p>
<p>112) Pre-existing immunity to SARS-CoV-2: the knowns and unknowns, Sette, 2020</p>	<p>“T cell reactivity against SARS-CoV-2 was observed in unexposed people...it is speculated that this reflects T cell memory to circulating ‘common cold’ coronaviruses.”</p>
<p>113) Pre-existing immunity against swine-origin H1N1</p>	<p>“Memory T-cell immunity against S-OIV is present in the adult population and that such memory is of similar magnitude as the pre-</p>

influenza viruses in the general human population, Greenbaum, 2009

existing memory against seasonal H1N1 influenza...the conservation of a large fraction of T-cell epitopes suggests that the severity of an S-OIV infection, as far as it is determined by susceptibility of the virus to immune attack, would not differ much from that of seasonal flu.”

114) Cellular immune correlates of protection against symptomatic pandemic influenza, Sridhar, 2013

“The 2009 H1N1 pandemic (pH1N1) provided a unique natural experiment to determine whether cross-reactive cellular immunity limits symptomatic illness in antibody-naive individuals... Higher frequencies of pre-existing T cells to conserved CD8 epitopes were found in individuals who developed less severe illness, with total symptom score having the strongest inverse correlation with the frequency of interferon- γ (IFN- γ)(+) interleukin-2 (IL-2)(-) CD8(+) T cells ($r = -0.6$, $P = 0.004$)... CD8(+) T cells specific to conserved viral epitopes correlated with cross-protection against symptomatic influenza.”

115) Preexisting influenza-specific CD4+ T cells correlate with disease protection against influenza challenge in humans, Wilkinson, 2012

“Precise role of T cells in human influenza immunity is uncertain. We conducted influenza infection studies in healthy volunteers with no detectable antibodies to the challenge viruses H3N2 or H1N1... mapped T cell responses to influenza before and during infection... found a large increase in influenza-specific T cell responses by day 7, when virus was completely cleared from nasal samples and serum antibodies were still undetectable. Pre-existing CD4+, but not CD8+, T cells responding to influenza internal proteins were associated with lower virus shedding and less severe illness. These CD4+ cells also responded to pandemic H1N1 (A/CA/07/2009) peptides and showed evidence of cytotoxic activity.”

116) Serum cross-reactive antibody response to a novel influenza A (H1N1) virus after vaccination with seasonal influenza vaccine, CDC, MMWR, 2009

“No increase in cross-reactive antibody response to the novel influenza A (H1N1) virus was observed among adults aged >60 years. These data suggest that receipt of recent (2005–2009) seasonal influenza vaccines is unlikely to elicit a protective antibody response to the novel influenza A (H1N1) virus.”

117) No one is naive: the significance of heterologous T-cell immunity, Welsh, 2002

“Memory T cells that are specific for one virus can become activated during infection with an unrelated heterologous virus, and might have roles in protective immunity and immunopathology. The course of each infection is influenced by the T-cell memory pool that has been laid down by a host’s history of previous infections, and with each successive infection, T-cell memory to previously encountered agents is modified.”

118) Intrafamilial Exposure to SARS-CoV-2 Induces Cellular Immune Response without Seroconversion, Gallais, 2020

“Individuals belonging to households with an index COVID-19 patient, reported symptoms of COVID-19 but discrepant serology results... All index patients recovered from a mild COVID-19. They all developed anti-SARS-CoV-2 antibodies and a significant T cell response detectable up to 69 days after symptom onset. Six of the eight contacts reported COVID-19 symptoms within 1 to 7 days after the index patients but all were SARS-CoV-2 seronegative... exposure to SARS-CoV-2 can induce virus-specific T cell responses without seroconversion. T cell responses may be more sensitive indicators of SARS-CoV-2 exposure than antibodies...results indicate that epidemiological data relying only on the detection of SARS-CoV-2 antibodies may lead to a substantial underestimation of prior exposure to the virus.”

119) Protective immunity after recovery from SARS-CoV-2 infection, Kojima, 2021

“It important to note that antibodies are incomplete predictors of protection. After vaccination or infection, many mechanisms of immunity exist within an individual not only at the antibody level, but also at the level of cellular immunity. It is known that SARS-CoV-2 infection induces specific and durable T-cell immunity, which has multiple SARS-CoV-2 spike protein targets (or epitopes) as well as other SARS-CoV-2 protein targets. The broad diversity of T-cell viral recognition serves to enhance protection to SARS-CoV-2 variants, with recognition of at least the alpha (B.1.1.7), beta (B.1.351), and gamma (P.1) variants of SARS-CoV-2. Researchers have also found that people who recovered from SARS-CoV infection in 2002–03

continue to have memory T cells that are reactive to SARS-CoV proteins 17 years after that outbreak. Additionally, a memory B-cell response to SARS-CoV-2 evolves between 1·3 and 6·2 months after infection, which is consistent with longer-term protection.”

120) This ‘super antibody’ for COVID fights off multiple coronaviruses, Kwon, 2021

“This ‘super antibody’ for COVID fights off multiple coronaviruses...12 antibodies...that was involved in the study, isolated from people who had been infected with either SARS-CoV-2 or its close relative SARS-CoV.”

121) SARS-CoV-2 infection induces sustained humoral immune responses in convalescent patients following symptomatic COVID-19, Wu, 2020

“Taken together, our data indicate sustained humoral immunity in recovered patients who suffer from symptomatic COVID-19, suggesting prolonged immunity.”

122) Evidence for sustained mucosal and systemic antibody responses to SARS-CoV-2 antigens in COVID-19 patients, Isho, 2020

“Whereas anti-CoV-2 IgA antibodies rapidly decayed, IgG antibodies remained relatively stable up to 115 days PSO in both biofluids. Importantly, IgG responses in saliva and serum were correlated, suggesting that antibodies in the saliva may serve as a surrogate measure of systemic immunity.”

123) The T-cell response to SARS-CoV-2: kinetic and quantitative aspects and the case for their protective role, Bertolotti, 2021

“Early appearance, multi-specificity and functionality of SARS-CoV-2-specific T cells are associated with accelerated viral clearance and with protection from severe COVID-19.”

124) The longitudinal kinetics of antibodies in COVID-19 recovered patients over 14 months, Eyrán, 2020

“Found a significantly faster decay in naïve vaccinees compared to recovered patients suggesting that the serological memory following natural infection is more robust compared to vaccination. Our data highlights the differences between serological memory induced by natural infection vs. vaccination.”

<p>125) Continued Effectiveness of COVID-19 Vaccination among Urban Healthcare Workers during Delta Variant Predominance, Lan, 2021</p>	<p>“Followed a population of urban Massachusetts HCWs...we found no re-infection among those with prior COVID-19, contributing to 74,557 re-infection-free person-days, adding to the evidence base for the robustness of naturally acquired immunity.”</p>
<p>126) Immunity to COVID-19 in India through vaccination and natural infection, Sarraf, 2021</p>	<p>“Compared the vaccination induced immune response profile with that of natural infection, evaluating thereby if individuals infected during the first wave retained virus specific immunity...the overall immune response resulting from natural infection in and around Kolkata is not only to a certain degree better than that generated by vaccination, especially in the case of the Delta variant, but cell mediated immunity to SARS-CoV-2 also lasts for at least ten months after the viral infection.”</p>
<p>127) Asymptomatic or mild symptomatic SARS-CoV-2 infection elicits durable neutralizing antibody responses in children and adolescents, Garrido, 2021</p>	<p>“Evaluated humoral immune responses in 69 children and adolescents with asymptomatic or mild symptomatic SARS-CoV-2 infection. We detected robust IgM, IgG, and IgA antibody responses to a broad array of SARS-CoV-2 antigens at the time of acute infection and 2 and 4 months after acute infection in all participants. Notably, these antibody responses were associated with virus-neutralizing activity that was still detectable 4 months after acute infection in 94% of children. Moreover, antibody responses and neutralizing activity in sera from children and adolescents were comparable or superior to those observed in sera from 24 adults with mild symptomatic infection. Taken together, these findings indicate that children and adolescents with mild or asymptomatic SARS-CoV-2 infection generate robust and durable humoral immune responses that can likely contribute to protection from reinfection.”</p>
<p>128) T cell response to SARS-CoV-2 infection in humans: A systematic review, Shrotri, 2021</p>	<p>“Symptomatic adult COVID-19 cases consistently show peripheral T cell lymphopenia, which positively correlates with increased disease severity, duration of RNA positivity, and non-survival; while asymptomatic and paediatric cases display preserved counts. People</p>

with severe or critical disease generally develop more robust, virus-specific T cell responses. T cell memory and effector function has been demonstrated against multiple viral epitopes, and, cross-reactive T cell responses have been demonstrated in unexposed and uninfected adults, but the significance for protection and susceptibility, respectively, remains unclear.”

129) Severity of SARS-CoV-2 Reinfections as Compared with Primary Infections, Abu-Raddad, 2021

“Reinfections had 90% lower odds of resulting in hospitalization or death than primary infections. Four reinfections were severe enough to lead to acute care hospitalization. None led to hospitalization in an ICU, and none ended in death. Reinfections were rare and were generally mild, perhaps because of the primed immune system after primary infection.”

130) Assessment of the Risk of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Reinfection in an Intense Re-exposure Setting, Abu-Raddad, 2021

“SARS-CoV-2 reinfection can occur but is a rare phenomenon suggestive of protective immunity against reinfection that lasts for at least a few months post primary infection.”

131) Increased risk of infection with SARS-CoV-2 Beta, Gamma, and Delta variant compared to Alpha variant in vaccinated individuals, Andeweg, 2021

“Analyzed 28,578 sequenced SARS-CoV-2 samples from individuals with known immune status obtained through national community testing in the Netherlands from March to August 2021. They found evidence for an “increased risk of infection by the Beta (B.1.351), Gamma (P.1), or Delta (B.1.617.2) variants compared to the Alpha (B.1.1.7) variant after vaccination. No clear differences were found between vaccines. However, the effect was larger in the first 14-59 days after complete vaccination compared to 60 days and longer. In contrast to vaccine-induced immunity, no increased risk for reinfection with Beta, Gamma or Delta variants relative to Alpha variant was found in individuals with infection-induced immunity.”

132) Prior COVID-19 protects

“Studies did not address whether prior infection is protective in the

against reinfection, even in the absence of detectable antibodies, Breathnach, 2021

absence of a detectable humoral immune response. Patients with primary or secondary antibody deficiency syndrome and reduced or absent B cells can recover from COVID-19...Although there have been few mechanistic studies, preliminary data show that such individuals generate striking T-cell immune responses against SARS-CoV-2 peptide pools...SARS-CoV-2 specific T cell immune responses but not neutralising antibodies are associated with reduced disease severity suggesting the immune system may have considerable redundancy or compensation following COVID-19...our results add to the emerging evidence that detectable serum antibody may be an incomplete marker of protection against reinfection. This could have implications for public health and policy-making, for example if using seroprevalence data to assess population immunity, or if serum antibody levels were to be taken as official evidence of immunity – a minority of truly immune patients have no detectable antibody and could be disadvantaged as a result. Our findings highlight the need for further studies of immune correlates of protection from infection with SARS-CoV-2, which may in turn enhance development of effective vaccines and treatments.”

133) Natural infection vs vaccination: Which gives more protection?, Rosenberg, 2021

“With a total of 835,792 Israelis known to have recovered from the virus, the 72 instances of reinfection amount to 0.0086% of people who were already infected with COVID...By contrast, Israelis who were vaccinated were 6.72 times more likely to get infected after the shot than after natural infection, with over 3,000 of the 5,193,499, or 0.0578%, of Israelis who were vaccinated getting infected in the latest wave.”

134) Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in

“Nonetheless, fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts.”

the UK: a prospective,
longitudinal, cohort study,
Singanayagam, 2021

135) Antibodies elicited by
mRNA-1273 vaccination bind
more broadly to the receptor
binding domain than do those
from SARS-CoV-2 infection,
Greaney, 2021

“The neutralizing activity of vaccine-elicited antibodies was more targeted to the receptor-binding domain (RBD) of the SARS-CoV-2 spike protein compared to antibodies elicited by natural infection. However, within the RBD, binding of vaccine-elicited antibodies was more broadly distributed across epitopes compared to infection-elicited antibodies. This greater binding breadth means that single RBD mutations have less impact on neutralization by vaccine sera compared to convalescent sera. Therefore, antibody immunity acquired by natural infection or different modes of vaccination may have a differing susceptibility to erosion by SARS-CoV-2 evolution.”

136) Antigen-Specific
Adaptive Immunity to SARS-
CoV-2 in Acute COVID-19 and
Associations with Age and
Disease Severity,
Moderbacher, 2020

“Limited knowledge is available on the relationship between antigen-specific immune responses and COVID-19 disease severity. We completed a combined examination of all three branches of adaptive immunity at the level of SARS-CoV-2-specific CD4+ and CD8+ T cell and neutralizing antibody responses in acute and convalescent subjects. SARS-CoV-2-specific CD4+ and CD8+ T cells were each associated with milder disease. Coordinated SARS-CoV-2-specific adaptive immune responses were associated with milder disease, suggesting roles for both CD4+ and CD8+ T cells in protective immunity in COVID-19. Notably, coordination of SARS-CoV-2 antigen-specific responses was disrupted in individuals ≥ 65 years old. Scarcity of naive T cells was also associated with aging and poor disease outcomes. A parsimonious explanation is that coordinated CD4+ T cell, CD8+ T cell, and antibody responses are protective, but uncoordinated responses frequently fail to control disease, with a connection between aging and impaired adaptive immune responses to SARS-CoV-2.”

137) Protection and waning of

“Protection from reinfection decreases with time since previous

natural and hybrid COVID-19 immunity, Goldberg, 2021

infection, but is, nevertheless, higher than that conferred by vaccination with two doses at a similar time since the last immunity-conferring event.”

138) A Systematic Review of the Protective Effect of Prior SARS-CoV-2 Infection on Repeat Infection, Kojima, 2021

“The protective effect of prior SARS-CoV-2 infection on re-infection is high and similar to the protective effect of vaccination.”

139) High-affinity memory B cells induced by SARS-CoV-2 infection produce more plasmablasts and atypical memory B cells than those primed by mRNA vaccines, Pape, 2021

“Compare SARS-CoV-2 spike receptor binding domain (S1-RBD)-specific primary MBCs that form in response to infection or a single mRNA vaccination. Both primary MBC populations have similar frequencies in the blood and respond to a second S1-RBD exposure by rapidly producing plasmablasts with an abundant immunoglobulin (Ig)A⁺ subset and secondary MBCs that are mostly IgG⁺ and cross-react with the B.1.351 variant. However, infection-induced primary MBCs have better antigen-binding capacity and generate more plasmablasts and secondary MBCs of the classical and atypical subsets than do vaccine-induced primary MBCs. Our results suggest that infection-induced primary MBCs have undergone more affinity maturation than vaccine-induced primary MBCs and produce more robust secondary responses.”

140) Differential antibody dynamics to SARS-CoV-2 infection and vaccination, Chen, 2021

“Optimal immune responses furnish long-lasting (durable) antibodies protective across dynamically mutating viral variants (broad). To assess robustness of mRNA vaccine-induced immunity...compared antibody durability and breadth after SARS-CoV-2 infection and vaccination...While vaccination delivered robust initial virus-specific antibodies with some cross-variant coverage, pre-variant SARS-CoV-2 infection-induced antibodies, while modest in magnitude, showed highly stable long-term antibody dynamics...Differential antibody durability trajectories favored COVID-19-recovered subjects with dual memory B cell features of greater early antibody somatic mutation and cross-coronavirus reactivity...illuminating an infection-mediated

antibody breadth advantage and an anti-SARS-CoV-2 antibody durability-enhancing function conferred by recalled immunity.”

141) Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection, Dowell, 2022

“Compare antibody and cellular immunity in children (aged 3-11 years) and adults. Antibody responses against spike protein were high in children and seroconversion boosted responses against seasonal Beta-coronaviruses through cross-recognition of the S2 domain. Neutralization of viral variants was comparable between children and adults. Spike-specific T cell responses were more than twice as high in children and were also detected in many seronegative children, indicating pre-existing cross-reactive responses to seasonal coronaviruses. Importantly, children retained antibody and cellular responses 6 months after infection, whereas relative waning occurred in adults. Spike-specific responses were also broadly stable beyond 12 months. Therefore, children generate robust, cross-reactive and sustained immune responses to SARS-CoV-2 with focused specificity for the spike protein. These findings provide insight into the relative clinical protection that occurs in most children and might help to guide the design of pediatric vaccination regimens.”

142) Severity of SARS-CoV-2 Reinfections as Compared with Primary Infections, Abu-Raddad, 2021

Abu-Raddad et al. has recently published on the severity of SARS-CoV-2 reinfections as compared with primary infections. They reported that in earlier studies, they assessed the efficacy of previous natural infection “as protection against reinfection with SARS-CoV-2 as being 85% or greater. Accordingly, for a person who has already had a primary infection, the risk of having a severe reinfection is only approximately 1% of the risk of a previously uninfected person having a severe primary infection...Reinfections had 90% lower odds of resulting in hospitalization or death than primary infections. Four reinfections were severe enough to lead to acute care hospitalization. None led to hospitalization in an ICU, and none ended in death. Reinfections were rare and were generally mild, perhaps because of the primed immune system after primary infection.”

143) SARS-CoV-2 spike T cell responses induced upon vaccination or infection remain robust against Omicron, Keeton, 2021

“Assessed the ability of T cells to react with Omicron spike in participants who were vaccinated with Ad26.CoV2.S or BNT162b2, and in unvaccinated convalescent COVID-19 patients (n = 70). We found that 70-80% of the CD4 and CD8 T cell response to spike was maintained across study groups. Moreover, the magnitude of Omicron cross-reactive T cells was similar to that of the Beta and Delta variants, despite Omicron harbouring considerably more mutations. Additionally, in Omicron-infected hospitalized patients (n = 19), there were comparable T cell responses to ancestral spike, nucleocapsid and membrane proteins to those found in patients hospitalized in previous waves dominated by the ancestral, Beta or Delta variants (n = 49). These results demonstrate that despite Omicron’s extensive mutations and reduced susceptibility to neutralizing antibodies, the majority of T cell response, induced by vaccination or natural infection, cross-recognises the variant. Well-preserved T cell immunity to Omicron is likely to contribute to protection from severe COVID-19, supporting early clinical observations from South Africa.”

144) Pre-existing immunity against swine-origin H1N1 influenza viruses in the general human population, Greenbaum,2009

“69% (54/78) of the epitopes recognized by CD8+ T cells are completely invariant. We further demonstrate experimentally that some memory T-cell immunity against S-OIV is present in the adult population and that such memory is of similar magnitude as the pre-existing memory against seasonal H1N1 influenza. Because protection from infection is antibody mediated, a new vaccine based on the specific S-OIV HA and NA proteins is likely to be required to prevent infection. However, T cells are known to blunt disease severity. Therefore, the conservation of a large fraction of T-cell epitopes suggests that the severity of an S-OIV infection, as far as it is determined by susceptibility of the virus to immune attack, would not differ much from that of seasonal flu. These results are consistent with reports about disease incidence, severity, and mortality rates associated with human S-OIV...overall, 49% of the epitopes reported

in the literature and present in recently circulating seasonal H1N1 are also found totally conserved in S-OIV. Interestingly, the number of conserved epitopes varied greatly as a function of the class of epitopes considered. Although only 31% of the B-cell epitopes were conserved, 41% of the CD4+ and 69% of the CD8+ T-cell epitopes were conserved. It is known that cross-reactive T-cell immune responses can exist even between serologically distinct influenza A strains (14, 15). Based on this observation and the data presented above, we hypothesized that it is possible that immune memory responses against S-OIV exist in the adult population, at the level of both B and T cells.”

145) Protection afforded by prior infection against SARS-CoV-2 reinfection with the Omicron, variant, Altarawneh, 2021

“*PES* against symptomatic reinfection was estimated at 90.2% (95% CI: 60.2-97.6) for Alpha, 84.8% (95% CI: 74.5-91.0) for Beta, 92.0% (95% CI: 87.9-94.7) for Delta, and 56.0% (95% CI: 50.6-60.9) for Omicron. Only 1 Alpha, 2 Beta, 0 Delta, and 2 Omicron reinfections progressed to severe COVID-19. None progressed to critical or fatal COVID-19. *PES* against hospitalization or death due to reinfection was estimated at 69.4% (95% CI: -143.6-96.2) for Alpha, 88.0% (95% CI: 50.7-97.1) for Beta, 100% (95% CI: 43.3-99.8) for Delta, and 87.8% (95% CI: 47.5-97.1) for Omicron.”

146) Cross-reactive memory T cells associate with protection against SARS-CoV-2 infection in COVID-19 contacts, Kundu, 2022

“Observe higher frequencies of cross-reactive ($p=0.0139$), and nucleocapsid-specific ($p=0.0355$) IL-2-secreting memory T cells in contacts who remained PCR-negative despite exposure ($n=26$), when compared with those who convert to PCR-positive ($n=26$); no significant difference in the frequency of responses to spike is observed, hinting at a limited protective function of spike-cross-reactive T cells. Our results are thus consistent with pre-existing non-spike cross-reactive memory T cells protecting SARS-CoV-2-naïve contacts from infection, thereby supporting the inclusion of non-spike antigens in second-generation vaccines.”

147) Long-Term Persistence of

IgG Antibodies in recovered COVID-19 individuals at 18 months and the impact of two-dose BNT162b2 (Pfizer-BioNTech) mRNA vaccination on the antibody response, Dehgani-Mobaraki, 2021

“At 18 months, 97% participants tested positive for anti-NCP hinting towards the persistence of infection-induced immunity even for the vaccinated individuals.”

“Enrolled 412 adults mostly with mild or moderate disease course. At each study visit, subjects donated peripheral blood for testing of anti-SARS-CoV-2 IgG antibodies and IFN- γ release after SARS-CoV-2 S-protein stimulation. Anti-SARS-CoV-2 IgG antibodies were identified in 316/412 (76.7%) of the patients and 215/412 (52.2%) had positive neutralizing antibody levels. Likewise, in 274/412 (66.5 %) positive IFN- γ release and IgG antibodies were detected. With respect to time after infection, both IgG antibody levels and IFN- γ concentrations decreased by about half within three hundred days. Statistically, IgG and IFN- γ production were closely associated, but on an individual basis we observed patients with high antibody titres but low IFN- γ levels and vice versa. Our data suggest that immunological reaction is acquired in most individuals after infection with SARS-CoV-2 and is sustained in the majority of patients for at least 10 months after infection.”

148) Long-term course of humoral and cellular immune responses in outpatients after SARS-CoV-2 infection, Schiffner, 2021

“Enrolled 412 adults mostly with mild or moderate disease course. At each study visit, subjects donated peripheral blood for testing of anti-SARS-CoV-2 IgG antibodies and IFN- γ release after SARS-CoV-2 S-protein stimulation. Anti-SARS-CoV-2 IgG antibodies were identified in 316/412 (76.7%) of the patients and 215/412 (52.2%) had positive neutralizing antibody levels. Likewise, in 274/412 (66.5 %) positive IFN- γ release and IgG antibodies were detected. With respect to time after infection, both IgG antibody levels and IFN- γ concentrations decreased by about half within three hundred days. Statistically, IgG

and IFN- γ production were closely associated, but on an individual basis we observed patients with high antibody titres but low IFN- γ levels and vice versa. Our data suggest that immunological reaction is acquired in most individuals after infection with SARS-CoV-2 and is sustained in the majority of patients for at least 10 months after infection.”

149) COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021, Leon, 2022

“By the week beginning October 3, compared with COVID-19 cases rates among unvaccinated persons without a previous COVID-19 diagnosis, case rates among vaccinated persons without a previous COVID-19 diagnosis were 6.2-fold (California) and 4.5-fold (New York) lower; rates were substantially lower among both groups with previous COVID-19 diagnoses, including 29.0-fold (California) and 14.7-fold lower (New York) among unvaccinated persons with a previous diagnosis, and 32.5-fold (California) and 19.8-fold lower (New York) among vaccinated persons with a previous diagnosis of COVID-19. During the same period, compared with hospitalization rates among unvaccinated persons without a previous COVID-19 diagnosis, hospitalization rates in California followed a similar pattern. These results demonstrate that vaccination protects against COVID-19 and related hospitalization, and that surviving a previous infection protects against a reinfection and related hospitalization. Importantly, infection-derived protection was higher after the Delta variant became predominant, a time when vaccine-induced immunity for many persons declined because of immune evasion and immunologic waning.”

150) Prevalence and Durability of SARS-CoV-2 Antibodies Among Unvaccinated US Adults by

“In this cross-sectional study of unvaccinated US adults, antibodies were detected in 99% of individuals who reported a positive COVID-19 test result, in 55% who believed they had COVID-19 but were never tested, and in 11% who believed they had never had COVID-19 infection. Anti-RBD levels were observed after a positive COVID-19

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BY PAUL ELIAS ALEXANDER DECEMBER 20, 2021 MASKS, POLICY 67 MINUTE READ

It is not unreasonable to conclude that surgical and cloth masks, used as they currently are being used (without other forms of PPE protection), have no impact on controlling the transmission of Covid-19 virus. Current evidence implies that face masks can be actually harmful. The body of evidence indicates that face masks are largely ineffective.

My focus is on COVID face masks and the prevailing science that we have had for nearly 20 months. Yet I wish to address this mask topic at a 50,000-foot level on the lockdown restrictive policies in general. I build on the backs of the fine work done by Gupta, Kulldorff, and Bhattacharya on the [Great Barrington Declaration \(GBD\)](#) and similar impetus by Dr. Scott Atlas (advisor to POTUS Trump) who, like myself, was a strong proponent for a focused type of protection that was based on an age-risk stratified approach.

Because we saw very early on that the lockdowns were the single greatest mistake in public health history. We knew the history and knew they would not work. We also knew very early of COVID's risk

stratification. Sadly, our children will bear the catastrophic consequences and not just educationally, of the deeply flawed school closure policy for decades to come (particularly our minority children who were least able to afford this). Many are still pressured to wear masks and punished for not doing so.

I present the masking 'body of evidence' below (n=167 studies and pieces of evidence), comprised of comparative effectiveness research as well as related evidence and high-level reporting. To date, the evidence has been stable and clear that masks do not work to control the virus and they can be harmful and especially to children.

Table 1: The evidence on COVID-19 face masks and mask mandates and harms

MASK-INEFFECTIVENESS	
1) Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers, Bundgaard, 2021	“Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The between-group difference was -0.3 percentage point (95% CI, -1.2 to 0.4 percentage point; P = 0.38) (odds ratio, 0.82 [CI, 0.54 to 1.23]; P = 0.33). Multiple imputation accounting for loss to follow-up yielded similar results... recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use.”
2) SARS-CoV-2 Transmission among Marine	“Our study showed that in a group of predominantly your

Recruits during Quarantine, Letizia, 2020

male military recruits, approximately 2% became positive for SARS-CoV-2, as determined by qPCR assay, during a 2-week, strictly enforced quarantine. Multiple, independent virus strain transmission clusters were identified...all recruits wore double-layered cloth masks at all times indoors and outdoors.”

3) Physical interventions to interrupt or reduce the spread of respiratory viruses, Jefferson, 2020

“There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18. There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)...the pooled results of randomised trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza.”

4) The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh, Abaluck, 2021
Heneghan et al.

A cluster-randomized trial of community-level mask promotion in rural Bangladesh from November 2020 to April 2021 (N=600 villages, N=342,126 adults. Heneghan writes: “In a **Bangladesh study**, surgical masks reduced symptomatic COVID infections by between 0 and 22 percent while the efficacy of cloth masks led to somewhere between an 11 percent increase to a 21 percent decrease. Hence, based on these randomized studies, adult masks appear to have either no or limited efficacy.”

5) Evidence for Community Cloth Face Masking to Limit the Spread of SARS-CoV-2: A Critical Review, Liu/CATO, 2021

“The available clinical evidence of facemask efficacy is of low quality and the best available clinical evidence has mostly failed to show efficacy, with fourteen of sixteen identified randomized controlled trials comparing face

masks to no mask controls failing to find statistically significant benefit in the intent-to-treat populations. Of sixteen quantitative meta-analyses, eight were equivocal critical as to whether evidence supports a public recommendation of masks, and the remaining eight supported a public mask intervention on limited evidence primarily on the basis of the precautionary principle.”

6) Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures, CDC/Xiao, 2020

“Evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza...none of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infection: the face mask group...the overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies.”

7) CIDRAP: Masks-for-all for COVID-19 not based on sound data, Brosseau, 2020

“We agree that the data supporting the effectiveness of a cloth mask or face covering are very limited. We do, however, have data from laboratory studies that indicate cloth masks or face coverings offer very low filter collection efficiency for the smaller inhalable particles we believe are largely responsible for transmission, particularly from pre or asymptomatic individuals who are not coughing or sneezing...though we support mask wearing by the general public, we continue to conclude that cloth masks and face coverings are likely to have limited impact on lowering COVID-19 transmission, because they have minimal ability to prevent the emission of small particles, offer limited personal protection with respect to small particle inhalation and should not be recommended as a replacement for physical distancing or reducing time in enclosed spaces with many potentially infectious people.”

8) Universal Masking in Hospitals in the Covid-19 Era, Klompas/NEJM, 2020

“We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic...The calculus may be different, however, in health care settings. First and foremost, a mask is a core component of the personal protective equipment (PPE) clinicians need when caring for symptomatic patients with respiratory viral infections, in conjunction with gown, gloves, and eye protection... universal masking alone is not a panacea. A mask will not protect providers caring for a patient with active Covid-19 if it's not accompanied by meticulous hand hygiene, eye protection, gloves, and a gown. A mask alone will not prevent health care workers with early Covid-19 from contaminating their hands and spreading the virus to patients and colleagues. Focusing on universal masking alone may, paradoxically, lead to more transmission of Covid-19 if it diverts attention from implementing more fundamental infection-control measures.”

9) Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review, Dugré, 2020

“This systematic review found limited evidence that the use of masks might reduce the risk of viral respiratory infections. In the community setting, a possible reduced risk of influenza-like illness was found among mask users. In health care workers, the results show no difference between N95 masks and surgical masks on the risk of confirmed influenza or other confirmed viral respiratory infections, although

possible benefits from N95 masks were found for prevent influenza-like illness or other clinical respiratory infection Surgical masks might be superior to cloth masks but data are limited to 1 trial.”

10) Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis, Saunders-Hastings, 2017

“Facemask use provided a non-significant protective effect (OR = 0.53; 95% CI 0.16–1.71; $I^2 = 48\%$) against 2009 pandemic influenza infection.”

11) Experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation, Shah, 2021

“Nevertheless, high-efficiency masks, such as the KN95, offer substantially higher apparent filtration efficiencies (60% and 46% for R95 and KN95 masks, respectively) than the more commonly used cloth (10%) and surgical masks (12%), and therefore are still the recommended choice in mitigating airborne disease transmission indoors.”

12) Exercise with facemask; Are we handling a devil's sword?- A physiological hypothesis, Chandrasekaran, 2020

“Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases. Further contrary to the earlier thought, no evidence exists to claim the facemasks during exercise offer additional protection from the droplet transfer of the virus.”

13) Surgical face masks in modern operating rooms—a costly and unnecessary ritual?, Mitchell, 1991

“Following the commissioning of a new suite of operating rooms air movement studies showed a flow of air away from the operating table towards the periphery of the room. On microbial flora dispersed by unmasked male and female volunteers standing one metre from the table failed to contaminate exposed settle plates placed on the table. The wearing of face masks by non-scrubbed staff working in a

operating room with forced ventilation seems to be unnecessary.”

14) Facemask against viral respiratory infections among Hajj pilgrims: A challenging cluster-randomized trial, Alfelali, 2020

“By intention-to-treat analysis, facemask use did not seem to be effective against laboratory-confirmed viral respiratory infections (odds ratio [OR], 1.4; 95% confidence interval [CI], 0.9 to 2.1, $p = 0.18$) nor against clinical respiratory infections (OR, 1.1; 95% CI, 0.9 to 1.4, $p = 0.40$).”

15) Simple respiratory protection—evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles, Rengasamy, 2010

“Results obtained in the study show that common fabric materials may provide marginal protection against nanoparticles including those in the size ranges of virus-containing particles in exhaled breath.”

16) Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range, Lee, 2008

“The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses. An exhalation valve on the N95 respirator does not affect the respiratory protection; it appears to be an appropriate alternative to reduce the breathing resistance.”

17) Aerosol penetration and leakage characteristics of masks used in the health care industry, Weber, 1993

“We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous sub-micrometer-sized aerosols.”

18) Disposable surgical face masks for preventing surgical wound infection in clean surgery, Vincent, 2016

“We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked groups in any of the trials...from the limited results it is unclear whether the wearing of surgical face masks by members of the surgical team has any impact on surgical wound infection rates for patients undergoing clean surgery.”

19) Disposable surgical face masks: a

“From the limited results it is unclear whether wearing

<p>systematic review, Lipp, 2005</p>	<p>surgical face masks results in any harm or benefit to the patient undergoing clean surgery.”</p>
<p>20) Comparison of the Filter Efficiency of Medical Nonwoven Fabrics against Three Different Microbe Aerosols, Shimasaki, 2018</p>	<p>“We conclude that the filter efficiency test using the phi-X174 phage aerosol may overestimate the protective performance of nonwoven fabrics with filter structure compared to that against real pathogens such as the influenza virus.”</p>
<p>21) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence 21) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence, Bin-Reza, 2012</p>	<p>The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection. Some evidence suggests that mask use is best undertaken as part of a package of personal protection especially hand hygiene.”</p>
<p>22) Facial protection for healthcare workers during pandemics: a scoping review, Godoy, 2020</p>	<p>“Compared with surgical masks, N95 respirators perform better in laboratory testing, may provide superior protection in inpatient settings and perform equivalently in outpatient settings. Surgical mask and N95 respirator conservation strategies include extended use, reuse or decontamination but these strategies may result in inferior protection. Limited evidence suggests that reused and improvised masks should be used when medical-grade protection is unavailable.”</p>
<p>23) Assessment of Proficiency of N95 Mask Donning Among the General Public in Singapore, Yeung, 2020</p>	<p>“These findings support ongoing recommendations against the use of N95 masks by the general public during the COVID-19 pandemic.⁵ N95 mask use by the general public may not translate into effective protection but instead provide false reassurance. Beyond N95 masks, proficiency among the general public in donning surgical masks needs to be assessed.”</p>
<p>24) Evaluating the efficacy of cloth</p>	<p>“Standard N95 mask performance was used as a control to</p>

facemasks in reducing particulate matter exposure, Shakya, 2017

compare the results with cloth masks, and our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles <math><2.5 \mu\text{m}</math>.”

25) Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial, Jacobs, 2009

“Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptom or getting colds.”

26) N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel, Radonovich, 2019

“Among outpatient health care personnel, N95 respirator: medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.”

27) Does Universal Mask Wearing Decrease or Increase the Spread of COVID-19?, Watts up with that? 2020

“A survey of peer-reviewed studies shows that universal mask wearing (as opposed to wearing masks in specific settings) does not decrease the transmission of respirator viruses from people wearing masks to people who are not wearing masks.”

28) Masking: A Careful Review of the Evidence, Alexander, 2021

“In fact, it is not unreasonable at this time to conclude that surgical and cloth masks, used as they currently are, have absolutely no impact on controlling the transmission of Covid-19 virus, and current evidence implies that face masks can be actually harmful.”

29) Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥ 18 Years in 11 Outpatient Health Care Facilities — United States, July 2020, Fisher, 2020

Reported characteristics of symptomatic adults ≥ 18 years who were outpatients in 11 US academic health care facilities and who received positive and negative SARS-CoV-2 test results (N = 314)* — United States, July 1–29, 2020, revealed that 80% of infected persons wore face masks almost all or **most of the time**.

30) Impact of non-pharmaceutical interventions against COVID-19 in Europe: a

Face masks in public was not associated with reduced incidence.

quasi-experimental study, Hunter, 2020

31) Masking lack of evidence with politics, CEBM, Heneghan, 2020

“It would appear that despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks. For instance, high rates of infection with cloth masks could be due to harms caused by cloth masks, or benefits of medical masks. The numerous systematic reviews that have been recently published all include the same evidence base so unsurprisingly broadly reach the same conclusions.”

32) Transmission of COVID-19 in 282 clusters in Catalonia, Spain: a cohort study, Marks, 2021

“We observed no association of risk of transmission with reported mask usage by contacts, with the age or sex of the index case, or with the presence of respiratory symptoms in the index case at the initial study visit.”

33) Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, WHO, 2020

“Ten RCTs were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza.”

34) The Strangely Unscientific Masking of America, Younes, 2020

“One report reached its conclusion based on observation: a “dummy head attached to a breathing simulator.” Another analyzed use of surgical masks on people experiencing at least two symptoms of acute respiratory illness. Incidentally, not one of these studies involved cloth masks or accounted for real-world mask usage (or misuse) among lay people, and none established efficacy of widespread mask-wearing by people not exhibiting symptoms. There was simply no evidence whatsoever that healthy people ought to wear masks when going about their lives, especially outdoors.”

35) Facemasks and similar barriers to prevent respiratory illness such as COVID-

“31 eligible studies (including 12 RCTs). Narrative synthesis and random-effects meta-analysis of attack rates for prim

19: A rapid systematic review, Brainard, 2020

and secondary prevention in 28 studies were performed. Based on the RCTs we would conclude that wearing facemasks can be very slightly protective against primary infection from casual community contact, and modestly protective against household infections when both infected and uninfected members wear facemasks. However, the RCTs often suffered from poor compliance and controls using facemasks.”

36) *The Year of Disguises*, Koops, 2020

“The healthy people in our society should not be punished for being healthy, which is exactly what lockdowns, distancing, mask mandates, etc. do...Children should not wearing face coverings. We all need constant interaction with our environments and that is especially true for children. This is how their immune system develops. They are the lowest of the low-risk groups. Let them be kids and let them develop their immune systems... The “Mask Mandate” idea is a truly ridiculous, knee-jerk reaction and needs to be withdrawn and thrown in the waste bin of disastrous policy, along with lockdowns and school closures. You can vote for a person without blindly supporting all of their proposals!”

37) *Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden*, Ludvigsson, 2020

“1,951,905 children in Sweden (as of December 31, 2019) who were 1 to 16 years of age, were examined...social distancing was encouraged in Sweden, but wearing face masks was not...No child with Covid-19 died.”

38) *Double-Masking Benefits Are Limited, Japan Supercomputer Finds*, Reidy, 2021

“Wearing two masks offers limited benefits in preventing spread of droplets that could carry the coronavirus compared to one well-fitted disposable mask, according to Japanese study that modeled the dispersal of droplets on supercomputer.”

39) Physical interventions to interrupt or reduce the spread of respiratory viruses. Part 1 – Face masks, eye protection and person distancing: systematic review and meta-analysis, Jefferson, 2020

“There was insufficient evidence to provide a recommendation on the use of facial barriers without other measures. We found insufficient evidence for a difference between surgical masks and N95 respirators and limited evidence to support effectiveness of quarantine.”

40) Should individuals in the community without respiratory symptoms wear facemasks to reduce the spread of COVID-19?, NIPH, 2020

“Non-medical facemasks include a variety of products. There is no reliable evidence of the effectiveness of non-medical facemasks in community settings. There is likely to be substantial variation in effectiveness between products. However, there is only limited evidence from laboratory studies of potential differences in effectiveness when different products are used in the community.”

41) Is a mask necessary in the operating theatre?, Orr, 1981

“It would appear that minimum contamination can best be achieved by not wearing a mask at all but operating in silence. Whatever its relation to contamination, bacterial counts, or the dissemination of squames, there is no direct evidence that the wearing of masks reduces wound infection.”

42) The surgical mask is a bad fit for risk reduction, Neilson, 2016

“As recently as 2010, the US National Academy of Science declared that, in the community setting, “face masks are not designed or certified to protect the wearer from exposure to respiratory hazards.” A number of studies have shown the inefficacy of the surgical mask in household settings to prevent transmission of the influenza virus.”

43) Facemask versus No Facemask in Preventing Viral Respiratory Infections During Hajj: A Cluster Randomised Open Label Trial, Alfelali, 2019

“Facemask use does not prevent clinical or laboratory-confirmed viral respiratory infections among Hajj pilgrims

44) Facemasks in the COVID-19 era: A health hypothesis, Vainshelboim, 2021

“The existing scientific evidences challenge the safety and efficacy of wearing facemask as preventive intervention for

COVID-19. The data suggest that both medical and non-medical facemasks are ineffective to block human-to-human transmission of viral and infectious disease such as SARS-CoV-2 and COVID-19, supporting against the usage of facemasks. Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression.”

45) *The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence*, Bin-Reza, 2011

“None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection. Some evidence suggests that mask use is best undertaken as part of a package of personal protection especially hand hygiene.”

46) *Are Face Masks Effective? The Evidence*, Swiss Policy Research, 2021

“Most studies found little to no evidence for the effectiveness of face masks in the general population, neither as personal protective equipment nor as a source control.”

47) *Postoperative wound infections and surgical face masks: A controlled study*, Tunevall, 1991

“These results indicate that the use of face masks might be reconsidered. Masks may be used to protect the operating team from drops of infected blood and from airborne infections, but have not been proven to protect the patient operated by a healthy operating team.”

48) *Mask mandate and use efficacy in state-level COVID-19 containment*, Guerra, 2021

“Mask mandates and use are not associated with slower state-level COVID-19 spread during COVID-19 growth surges.”

49) *Twenty Reasons Mandatory Face Masks are Unsafe, Ineffective and Immoral*,

“A CDC-funded review on masking in May 2020 came to the conclusion: “Although mechanistic studies support the

potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures do not support a substantial effect on transmission of laboratory-confirmed influenza... None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group.” If masks can’t stop the regular flu, how can they stop SAR-CoV-2?”

50) A cluster randomised trial of cloth masks compared with medical masks in healthcare workers, MacIntyre, 2015

“First RCT of cloth masks, and the results caution against use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection...the rates of all infection outcomes were highest in the cloth mask arm, with the rate of ILI significantly higher in the cloth mask arm (relative risk (RR)=13.00, 95% CI 1.69 to 100.07) compared with the medical mask arm. Cloth masks also had significantly higher rates of ILI compared with the control arm. An analysis by mask use showed ILI (RR=6.64, 95% CI 1.45 to 28.65) and laboratory-confirmed virus (RR=1.72, 95% CI 1.01 to 2.94) were significantly higher in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97% and medical masks 44%.”

51) Horowitz: Data from India continues to blow up the ‘Delta’ fear narrative, Blazemedia, 2021

“Rather than proving the need to sow more panic, fear, and control over people, the story from India — the source of the “Delta” variant — continues to refute every current premise of COVID fascism...Masks failed to stop the spread there.”

52) An outbreak caused by the SARS-CoV-2 Delta variant (B.1.617.2) in a secondary care hospital in Finland, May 2021, Hetemäki, 2021

Reporting on a nosocomial hospital outbreak in Finland, Hetemäki et al. observed that “both symptomatic and asymptomatic infections were found among vaccinated health care workers, and secondary transmission occurred

from those with symptomatic infections despite use of personal protective equipment.”

53) Nosocomial outbreak caused by the SARS-CoV-2 Delta variant in a highly vaccinated population, Israel, July 2021, Shitrit, 2021

In a **hospital outbreak** investigation in Israel, Shitrit et al. observed “high transmissibility of the SARS-CoV-2 Delta variant among twice vaccinated and masked individuals.” They added that “this suggests some waning of immunity albeit still providing protection for individuals without comorbidities.” Again, despite use of personal protective equipment.

54) 47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects, Lifesite news staff, 2021

“No studies were needed to justify this practice since most understood viruses were far too small to be stopped by the wearing of most masks, other than sophisticated ones designed for that task and which were too costly and complicated for the general public to properly wear and keep changing or cleaning. It was also understood that long mask wearing was unhealthy for wearers for common sense and basic science reasons.”

55) Are EUA Face Masks Effective in Slowing the Spread of a Viral Infection?, Dopp, 2021

The vast evidence shows that masks are ineffective.

56) CDC Study finds overwhelming majority of people getting coronavirus wore masks, Boyd/Federalist, 2021

“A Centers for Disease Control **report** released in September shows that masks and face coverings are not effective in preventing the spread of COVID-19, even for those people who consistently wear them.”

57) Most Mask Studies Are Garbage, Eugypius, 2021

“The other kind of study, the proper kind, would be a randomised controlled trial. You compare the rates of infection in a masked cohort against rates of infection in an unmasked cohort. Here things have gone much, much wrong for mask brigade. They spent months trying to prevent the publication of **the Danish randomised controlled trial**, which found that masks do zero. When that paper finally squeak

into print, they spent more months trying desperately to poke holes in it. You could feel their boundless relief when the Bangladesh study finally appeared to save them early September. Every last Twitter blue-check could now proclaim that Science Shows Masks Work. Such was their hunger for any scrap of evidence to prop up their prior convictions, that none of them noticed the sad nature of the Science in question. The study found a mere 10% reduction in seroprevalence among the masked cohort, an effect so small that it fell within the confidence interval. Even the study authors couldn't exclude the possibility that masks fact do zero."

58) Using face masks in the community: first update, ECDC, 2021

"No high-quality evidence in favor of face masks and recommended their use only based on the 'precautionary principle.'"

59) Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses?, Cochrane, 2020

"Seven studies took place in the community, and two studies in healthcare workers. Compared with wearing no mask, wearing a mask may make little to no difference in how many people caught a flu-like illness (9 studies; 3507 people); and probably makes no difference in how many people have flu confirmed by a laboratory test (6 studies; 3005 people). Unwanted effects were rarely reported, but included discomfort."

60) Mouth-nose protection in public: No evidence of effectiveness, Thieme/Kappstein, 2020

"The use of masks in public spaces is questionable simply because of the lack of scientific data. If one also considers the necessary precautions, masks must even be considered a risk of infection in public spaces according to the rules known from hospitals... If masks are worn by the population, the risk of infection is potentially increased, regardless of whether they are medical masks or whether they are so-called community masks designed in any way

one considers the precautionary measures that the RKI as well as the international health authorities have pronounced, all authorities would even have to inform the population that masks should not be worn in public space at all. Because no matter whether it is a duty for all citizen or voluntarily borne by the citizens who want it for whatever reason, it remains a fact that masks can do more harm than good in public.”

61) [US mask guidance for kids is the strictest across the world](#), Skelding, 2021

“Kids need to see faces,” Jay Bhattacharya, a professor of medicine at Stanford University, told The Post. Youngsters watch people’s mouths to learn to speak, read and understand emotions, he said. “We have this idea that this disease is so bad that we must adopt any means necessary to stop it from spreading,” he said. “It’s not that masks in schools have no costs. They actually do have substantial costs.”

62) [Masking young children in school harms language acquisition](#), Walsh, 2021

“This is important because children and/or students do not have the speech or language ability that adults have — they are not equally able and the ability to see the face and especially the mouth is critical to language acquisition which children and/or students are engaged in at all times. Furthermore, the ability to see the mouth is not only essential to communication but also essential to brain development.”

63) [The Case Against Masks for Children](#), Makary, 2021

“It’s abusive to force kids who struggle with them to sacrifice for the sake of unvaccinated adults... Do masks reduce Covid transmission in children? Believe it or not, we could find only a single retrospective study on the question, and its results were inconclusive. Yet two weeks ago the Center for Disease Control and Prevention sternly decreed that 5 million U.S. children and adolescents, vaccinated or not,

should cover their faces regardless of the prevalence of infection in their community. Authorities in many places took the cue to impose mandates in schools and elsewhere on the theory that masks can't do any harm. That isn't true. Some children are fine wearing a mask, but others struggle. Those who have myopia can have difficulty seeing because the mask fogs their glasses. (This has long been a problem for medical students in the operating room.) Masks can cause severe acne and other skin problems. The discomfort of a mask distracts some children from learning. By increasing airway resistance during exhalation, masks can lead to increased levels of carbon dioxide in the blood. And masks can be **vectors for pathogens** if they become moist and are used for too long."

64) **Face Covering Mandates**, Peavey, 2021

"Face Covering Mandates And Why They AREN'T Effective.

65) **Do masks work? A Review of the evidence**, Anderson, 2021

"In truth, the CDC's, U.K.'s, and WHO's earlier guidance was much more consistent with the best medical research on masks' effectiveness in preventing the spread of viruses. That research suggests that Americans' many months of mask-wearing has likely provided little to no health benefit and might even have been counterproductive in preventing the spread of the novel coronavirus."

66) **Most face masks won't stop COVID-19 indoors, study warns**, Anderer, 2021

"New research reveals that cloth masks filter just 10% of exhaled aerosols, with many people not wearing covering that fit their face properly."

67) **How face masks and lockdowns failed/the face mask folly in retrospect**, Swiss Policy Research, 2021

"Mask mandates and lockdowns have had no discernible impact."

68) **CDC Releases School COVID Transmission Study But Buries One of the**

"The 21% lower incidence in schools that required mask use among students was not statistically significant compared

Most Damning Parts, Davis, 2021

with schools where mask use was optional... With tens of millions of American kids headed back to school in the fall their parents and political leaders owe it to them to have a clear-sighted, scientifically rigorous discussion about which anti-COVID measures actually work and which might put an extra burden on vulnerable young people without meaningfully or demonstrably slowing the spread of the virus...that a masking requirement of students failed to show independent benefit is a finding of consequence and great interest.”

69) World Health Organization internal meeting, COVID-19 – virtual press conference – 30 March 2020, 2020

“This is a question on Austria. The Austrian Government has a desire to make everyone wear a mask who’s going into the shops. I understood from our previous briefings with you that the general public should not wear masks because they are in short supply. What do you say about the new Austrian measures?... I’m not specifically aware of that measure in Austria. I would assume that it’s aimed at people who potentially have the disease not passing it to others. In general WHO recommends that the wearing of a mask by a member of the public is to prevent that individual giving the disease to somebody else. We don’t generally recommend the wearing of masks in public by otherwise well individuals because it has not been up to now associated with any particular benefit.”

70) Face masks to prevent transmission of influenza virus: a systematic review, Cowling, 2010

“Review highlights the limited evidence base supporting the efficacy or effectiveness of face masks to reduce influenza virus transmission.”“None of the studies reviewed showed benefit from wearing a mask, in either HCW or community members in households (H).”

71) Effectiveness of N95 respirators versus surgical masks in protecting health care

“Although N95 respirators appeared to have a protective advantage over surgical masks in laboratory settings, our

workers from acute respiratory infection: a systematic review and meta-analysis, Smith, 2016

meta-analysis showed that there were insufficient data to determine definitively whether N95 respirators are superior to surgical masks in protecting health care workers against transmissible acute respiratory infections in clinical settings.”

72) Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis, Offeddu, 2017

“We found evidence to support universal medical mask use in hospital settings as part of infection control measures to reduce the risk of CRI and ILI among HCWs. Overall, N95 respirators may convey greater protection, but universal use throughout a work shift is likely to be less acceptable due to greater discomfort...Our analysis confirms the effectiveness of medical masks and respirators against SARS. Disposable cotton, or paper masks are not recommended. The confirmed effectiveness of medical masks is crucially important for lower-resource and emergency settings lacking access to N95 respirators. In such cases, single-use medical masks are preferable to cloth masks, for which there is no evidence of protection and which might facilitate transmission of pathogens when used repeatedly without adequate sterilization...We found no clear benefit of either medical masks or N95 respirators against pH1N1...Overall the evidence to inform policies on mask use in HCWs is poor with a small number of studies that is prone to reporting biases and lack of statistical power.”

73) N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel, Radonovich, 2019

“Use of N95 respirators, compared with medical masks, in the outpatient setting resulted in no significant difference in the rates of laboratory-confirmed influenza.”

Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis74) Masks Don't Work: A Review of Science

The use of N95 respirators compared with surgical masks was not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for general public and nonhigh-risk medical settings.

Relevant to COVID-19 Social Policy,
Rancourt, 2020

those are not in close contact with influenza patients or suspected patients. “No RCT study with verified outcome shows a benefit for HCW or community members in households to wearing a mask or respirator. There is no study. There are no exceptions. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public (more on this below). Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit.”

75) More Than a Dozen Credible Medical Studies Prove Face Masks Do Not Work Even In Hospitals!, Firstenberg, 2020

“Mandating masks has not kept death rates down anywhere. The 20 U.S. states that have never ordered people to wear face masks indoors and out have dramatically lower COVID-19 death rates than the 30 states that have mandated masks. Most of the no-mask states have COVID-19 death rates below 20 per 100,000 population, and none have a death rate higher than 55. All 13 states that have death rates higher than 55 are states that have required the wearing of masks in all public places. It has not protected them.”

76) Does evidence based medicine support the effectiveness of surgical facemasks in preventing postoperative wound infections in elective surgery?, Bahli, 2009

“From the limited randomized trials it is still not clear that whether wearing surgical face masks harms or benefits the patients undergoing elective surgery.”

77) Peritonitis prevention in CAPD: to mask or not?, Figueiredo, 2000

“The current study suggests that routine use of face mask during CAPD bag exchanges may be unnecessary and could be discontinued.”

78) The operating room environment as affected by people and the surgical face

“The wearing of a surgical face mask had no effect upon the overall operating room environmental contamination and

mask, Ritter, 1975

probably work only to redirect the projectile effect of talking and breathing. People are the major source of environmental contamination in the operating room.”

79) The efficacy of standard surgical face masks: an investigation using “tracer particles, Ha’eri, 1980

“Particle contamination of the wound was demonstrated in all experiments. Since the microspheres were not identified on the exterior of these face masks, they must have escaped around the mask edges and found their way into the wound.”

80) Wearing of caps and masks not necessary during cardiac catheterization, Laslett, 1989

“Prospectively evaluated the experience of 504 patients undergoing percutaneous left heart catheterization, seeking evidence of a relationship between whether caps and/or masks were worn by the operators and the incidence of infection. No infections were found in any patient, regardless of whether a cap or mask was used. Thus, we found no evidence that caps or masks need to be worn during percutaneous cardiac catheterization.”

81) Do anaesthetists need to wear surgical masks in the operating theatre? A literature review with evidence-based recommendations, Skinner, 2001

“A questionnaire-based survey, undertaken by Leyland in 1993 to assess attitudes to the use of masks, showed that 20% of surgeons discarded surgical masks for endoscopic work. Less than 50% did not wear the mask as recommended by the Medical Research Council. Equal numbers of surgeons wore the mask in the belief they were protecting themselves and the patient, with 20% of these admitting that tradition was the only reason for wearing them.”

82) Mask mandates for children are not backed by data, Faria, 2021

“Even if you want to use the 2018-19 flu season to avoid overlap with the start of the COVID-19 pandemic, the CDC paints a similar picture: It *estimated* 480 flu deaths among children during that period, with 46,000 hospitalizations. COVID-19, mercifully, is simply not as deadly for children.

According to the American Academy of Pediatrics, preliminary data from 45 states **show** that between 0.00%-0.03% of child COVID-19 cases resulted in death. When you combine these numbers with the CDC **study** that found mask mandates for students — along with hybrid models, social distancing, and classroom barriers — did not have a statistically significant benefit in preventing the spread of COVID-19 in schools, the insistence that we force students to jump through these hoops for their own protection makes no sense.”

83) **The Downsides of Masking Young Students Are Real**, Prasad, 2021

“The benefits of mask requirements in schools might seem self-evident—they have to help contain the coronavirus, right?—but that may not be so. In Spain, masks are used for kids ages 6 and older. The authors of one study there examined the risk of viral spread at all ages. If masks provided a large benefit, then the transmission rate among 5-year-olds would be far higher than the rate among 6-year-olds. The **results don’t show that**. Instead, they show that transmission rates, which were low among the youngest kids, steadily increased with age—rather than dropping sharply for older children subject to the face-covering requirement. This suggests that masking kids in school does not provide a major benefit and might provide none at all. And yet many officials prefer to double down on masking mandates, as if the fundamental policy were sound and only the people have failed.”

84) **Masks In Schools: Scientific American Fumbles Report On Childhood COVID Transmission**, English/ACSH, 2021

“Masking is a low-risk, inexpensive intervention. If we were to recommend it as a precautionary measure, especially in situations where vaccination isn’t an option, great. But that’s not what the public has been told. “Florida governor Ron DeSantis and politicians in Texas say research does not

support mask mandates,” SciAm’s sub-headline bellowed “Many studies show they are wrong.”If that’s the case, demonstrate that the intervention works before you mandate its use in schools. If you can’t, acknowledged with UC San Francisco hematologist-oncologist and Associate Professor of Epidemiology Vinay Prasad wrote over [at the Atlantic](#).”No scientific consensus exists about the wisdom of mandatory-masking rules for schoolchildren ... In mid-March 2020, few could argue against erring on the side of caution. But nearly 18 months later, we owe it to children and their parents to answer the question properly: Do the benefits of masking kids in school outweigh the downside? The honest answer in 2021 remains that we don’t know for sure.”

85) [Masks ‘don’t work,’ are damaging health and are being used to control population: Doctors panel](#), Haynes, 2021

“The only randomized control studies that have ever been done on masks show that they don’t work,” began Dr. Nepute. He referred to Dr. Anthony Fauci’s “noble lie,” in which Fauci “changed his tune,” from his March 2020 [comments](#), where he downplayed the need and efficacy of mask wearing, before urging Americans to use masks later in the year. “Well, he lied to us. So if he lied about that, what else has he lied to you about?” questioned Nepute. Masks have become commonplace in almost every setting, whether indoors or outdoors, but Dr. Popper mentioned how there have been “no studies” which actually examine the “effect of wearing a mask during all your waking hours.”“There’s no science to back any of this and particularly no science to back the fact that wearing a mask twenty four-seven or every waking minute, is health promoting,” added Popper.”

86) [Aerosol penetration through surgical](#)

“The mask that has the highest collection efficiency is not

masks, Chen, 1992

necessarily the best mask from the perspective of the filter quality factor, which considers not only the capture efficiency but also the air resistance. Although surgical masks may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the sub-micrometer-sized aerosols containing pathogens to which these health care workers are potentially exposed.”

87) CDC: Schools With Mask Mandates Didn't See Statistically Significant Different Rates of COVID Transmission From Schools With Optional Policies, Miltimore, 2021

“The CDC did not include its finding that “required mask use among students was not statistically significant compared with schools where mask use was optional” in the summary of its report.”

88) Horowitz: Data from India continues to blow up the 'Delta' fear narrative, Howorwitz, 2021

“Rather than proving the need to sow more panic, fear, and control over people, the story from India — the source of the “Delta” variant — continues to refute every current premise of COVID fascism...Unless we do that, we must return to the very effective lockdowns and masks. In reality, India's experience proves the opposite true; namely:1) Delta is largely an attenuated version, with a much lower fatality rate, that for most people is akin to a cold.2) Masks failed to stop the spread there.3) The country has come close to the herd immunity threshold with just 3% vaccinated.

89) Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam, Chau, 2021

While not definitive in the LANCET publication, it can be inferred that the nurses were all masked up and had PPE, as was the case in Finland and Israel nosocomial outbreaks indicating the failure of PPE and masks to constrain Delta spread.

90) Aerosol penetration through surgical masks, Willeke, 1992

“The mask that has the highest collection efficiency is not necessarily the best mask from the perspective of the filter quality factor, which considers not only the capture

efficiency but also the air resistance. Although surgical masks may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the submicrometer-size aerosols containing pathogens to which these health care workers are potentially exposed.”

91) The efficacy of standard surgical face masks: an investigation using “tracer particles”, Wiley, 1980

“Particle contamination of the wound was demonstrated in all experiments. Since the microspheres were not identified on the exterior of these face masks, they must have escaped around the mask edges and found their way into the wound. The wearing of the mask beneath the headgear curtails the route of contamination.”

92) An Evidence Based Scientific Analysis of Why Masks are Ineffective, Unnecessary, and Harmful, Meehan, 2020

“Decades of the highest-level scientific evidence (meta-analyses of multiple randomized controlled trials) overwhelmingly conclude that medical masks are ineffective at preventing the transmission of respiratory viruses, including SARS-CoV-2...those arguing for masks are relying on low-level evidence (observational retrospective trials and mechanistic theories), none of which are powered to counter the evidence, arguments, and risks of mask mandates.”

93) Open Letter from Medical Doctors and Health Professionals to All Belgian Authorities and All Belgian Media, AIER, 2020

“Oral masks in healthy individuals are ineffective against the spread of viral infections.”

94) Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis, Long, 2020

“The use of N95 respirators compared with surgical masks was not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for general public and nonhigh-risk medical

staff those are not in close contact with influenza patients suspected patients.”

95) Advice on the use of masks in the context of COVID-19, WHO, 2020

“However, the use of a mask alone is insufficient to provide an adequate level of protection or source control, and other personal and community level measures should also be adopted to suppress transmission of respiratory viruses.”

96) Face mask: it's safe for only 20 minutes, The Sydney Morning Herald, 2020

“Health authorities have warned that surgical masks may not be an effective protection against the virus.” Those masks are only effective so long as they are dry,” said Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney. “As soon as they become saturated with the moisture in your breath they stop doing their job and pass on the droplets.” Professor Cossart said that could take as little as 15 or 20 minutes, after which the mask would need to be changed. But those warnings haven’t stopped people snapping up the masks, with retailers reporting they are having trouble keeping up with demand.”

97) Study: Wearing A Used Mask Is Potentially Riskier Than No Mask At All, Boyd, 2020

Effects of mask-wearing on the inhalability and deposition of airborne SARS-CoV-2 aerosols in human upper airway

“According to researchers from the University of Massachusetts Lowell and California Baptist University, a three-layer surgical mask is 65 percent efficient in filtering particles in the air. That effectiveness, however, falls to 25 percent once it is used. “It is natural to think that wearing a mask, no matter new or old, should always be better than nothing,” said author Jinxiang Xi. “Our results show that that belief is only true for particles larger than 5 micrometers, not for fine particles smaller than 2.5 micrometers,” he continued.”

MASK MANDATES

1) Mask mandate and use efficacy for

“Calculated total COVID-19 case growth and mask use for

COVID-19 containment in US States, Guerra, 2021

the continental United States with data from the Centers for Disease Control and Prevention and Institute for Health Metrics and Evaluation. We estimated post-mask mandate case growth in non-mandate states using median issuance dates of neighboring states with mandates...did not observe association between mask mandates or use and reduced COVID-19 spread in US states.”

2) These 12 Graphs Show Mask Mandates Do Nothing To Stop COVID, Weiss, 2020

“Masks can work well when they’re fully sealed, properly fitted, changed often, and have a filter designed for virus-sized particles. This represents none of the common masks available on the consumer market, making universal masking much more of a confidence trick than a medical solution...Our universal use of unscientific face coverings therefore closer to medieval superstition than it is to science, but many powerful institutions have too much political capital invested in the mask narrative at this point so the dogma is perpetuated. The narrative says that if cases go down it’s because masks succeeded. It says that if cases go up it’s because masks succeeded in preventing more cases. The narrative simply assumes rather than proves that masks work, despite overwhelming scientific evidence to the contrary.”

3) Mask Mandates Seem to Make CCP Virus Infection Rates Climb, Study Says, Vadum, 2020

“Protective-mask mandates aimed at combating the spread of the CCP virus that causes the disease COVID-19 appear to promote its spread, according to a report from RationalGround.com, a clearinghouse of COVID-19 data trends that’s run by a grassroots group of data analysts, computer scientists, and actuaries.”

4) Horowitz: Comprehensive analysis of 50 states shows greater spread with mask

“How long do our politicians get to ignore the results?... 1 results: When comparing states with mandates vs. those without, or periods of times within a state with a mandate

mandates, Howorwitz, 2020

Justin Hart

vs. without, there is absolutely no evidence the mask mandate worked to slow the spread one iota. In total, in the states that had a mandate in effect, there were 9,605,256 confirmed COVID cases over 5,907 total days, an average of 27 cases per 100,000 per day. When states did not have statewide order (which includes the states that never had them and the period of time masking states did not have a mandate in place) there were 5,781,716 cases over 5,772 total days, averaging 17 cases per 100,000 people per day

5) The CDC's Mask Mandate Study: Debunked, Alexander, 2021

“Thus, it is not surprising that the CDC’s own recent conclusion on the use of **nonpharmaceutical measures such as face masks in pandemic influenza**, warned that scientific “evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission...” Moreover, in the **WHO’s 2019 guidance document** on nonpharmaceutical public health measures during a pandemic, they reported as to face masks that “there is evidence that this is effective in reducing transmission...” Similarly, in the fine print to a recent double-blind, double masking simulation **the CDC stated** that “The findings of these simulations [supporting mask usage] should neither be generalized to the effectiveness ...nor interpreted as being representative of the effectiveness of these masks when worn in real-world settings.”

6) Phil Kerpin, tweet, 2021
The Spectator

“The first ecological study of state mask mandates and us to include winter data: “Case growth was independent of mandates at low and high rates of community spread, and mask use did not predict case growth during the Summer-Fall-Winter waves.”

7) How face masks and lockdowns failed, SPR, 2021

“Infections have been driven primarily by seasonal and endemic factors, whereas mask mandates and lockdowns

8) Analysis of the Effects of COVID-19 Mask Mandates on Hospital Resource Consumption and Mortality at the County Level, Schauer, 2021

have had no discernible impact”

“There was no reduction in per-population daily mortality hospital bed, ICU bed, or ventilator occupancy of COVID-1 positive patients attributable to the implementation of a mask-wearing mandate.”

9) Do we need mask mandates, Harris, 2021

“But masks proved far less useful in the subsequent 1918 Spanish flu, a viral disease spread by pathogens smaller than bacteria. California’s Department of Health, for instance, reported that the cities of Stockton, which require masks, and Boston, which did not, had scarcely different death rates, and so advised against mask mandates except for a few high-risk professions such as barbers....Randomized controlled trials (RCTs) on mask use generally more reliable than observational studies, though not infallible, typically show that cloth and surgical masks offer little protection. A few RCTs suggest that perfect adherence to an exacting mask protocol may guard against influenza, but meta-analyses find little on the whole to suggest that masks offer meaningful protection. WHO guidelines from 2019 on influenza say that despite “mechanistic plausibility for the potential effectiveness” of masks, studies showed a benefit too small to be established with any certainty. Another literature review by researchers from the University of Hong Kong agrees. Its best estimate for the protective effect of surgical masks against influenza based on ten RCTs published through 2018, was just 22 percent, and it could not rule out zero effect.”

MASK HARMS

1) Corona children studies: Co-Ki: First results of a German-wide registry on mouth

“The average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were

and nose covering (mask) in children,
Schwarz, 2021

reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%).”

2) Dangerous pathogens found on children’s
face masks, Cabrera, 2021

“Masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria.”

3) Masks, false safety and real dangers, Part
2: Microbial challenges from masks,
Borovoy, 2020/2021

“Laboratory testing of used masks from 20 train commuters revealed that 11 of the 20 masks tested contained over 100,000 bacterial colonies. Molds and yeasts were also found. Three of the masks contained more than one million bacterial colonies... The outside surfaces of surgical masks were found to have high levels of the following microbes, even in hospitals, more concentrated on the outside of masks than in the environment. Staphylococcus species (57%) and Pseudomonas spp (38%) were predominant among bacteria, and Penicillium spp (39%) and Aspergillus spp. (31%) were the predominant fungi.”

4) Preliminary report on surgical mask
induced deoxygenation during major
surgery, Beder, 2008

“Considering our findings, pulse rates of the surgeon’s increase and SpO₂ decrease after the first hour. This early change in SpO₂ may be either due to the facial mask or to operational stress. Since a very small decrease in saturation at this level, reflects a large decrease in PaO₂, our findings may have a clinical value for the health workers and the surgeons.”

5) Mask mandates may affect a child’s
emotional, intellectual development, Gillis,
2020

“The thing is we really don’t know for sure what the effect may or may not be. But what we do know is that children, especially in early childhood, they use the mouth as part of the entire face to get a sense of what’s going on around

them in terms of adults and other people in their environment as far as their emotions. It also has a role in language development as well... If you think about an infant, when you interact with them you use part of your mouth. They are interested in your facial expressions. And you think about that part of the face being covered up, there is that possibility that it could have an effect. But we don't know because this is really an unprecedented time. What we wonder about is if this could play a role and how can we stop it if it would affect child development."

6) Headaches and the N95 face-mask amongst healthcare providers, Lim, 2006

"Healthcare providers may develop headaches following use of the N95 face-mask."

7) Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021, Brooks, 2021

"Although use of double masking or knotting and tucking are two of many options that can optimize fit and enhance mask performance for source control and for wearer protection, double masking might impede breathing or obstruct peripheral vision for some wearers, and knotting and tucking can change the shape of the mask such that it no longer covers fully both the nose and the mouth of persons with larger faces."

8) Facemasks in the COVID-19 era: A health hypothesis, Vainshelboim, 2021

"Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression."

9) Wearing a mask can expose children to dangerous levels of carbon dioxide in just

"European study found that children wearing masks for 10 minutes could be exposed to dangerous carbon dioxide

THREE MINUTES, study finds,
Shaheen/Daily Mail, 2021

10) How many children must die? Shilhavy,
2020

levels...Forty-five children were exposed to carbon dioxide levels between three to twelve times healthy levels.”

“How long are parents going to continue masking their children causing great harm to them, even to the point of risking their lives? Dr. Eric Nepute in St. Louis took time to record a video rant that he wants everyone to share, after the 4-year-old child of one of his patients almost died from bacterial lung infection caused by prolonged mask use.”

11) Medical Doctor Warns that “Bacterial Pneumonias Are on the Rise” from Mask Wearing, Meehan, 2021

“I’m seeing patients that have facial rashes, fungal infections, bacterial infections. Reports coming from my colleagues, all over the world, are suggesting that the bacterial pneumonias are on the rise...Why might that be Because untrained members of the public are wearing medical masks, repeatedly... in a non-sterile fashion... They’re becoming contaminated. They’re pulling them off their car seat, off the rear-view mirror, out of their pocket, from their countertop, and they’re reapplying a mask that should be worn fresh and sterile every single time.”

12) Open Letter from Medical Doctors and Health Professionals to All Belgian Authorities and All Belgian Media, AIER, 2020

“Wearing a mask is not without side effects. Oxygen deficiency (headache, nausea, fatigue, loss of concentration) occurs fairly quickly, an effect similar to altitude sickness. Every day we now see patients complaining of headaches sinus problems, respiratory problems and hyperventilating due to wearing masks. In addition, the accumulated CO₂ leads to a toxic acidification of the organism which affects our immunity. Some experts even warn of an increased transmission of the virus in case of inappropriate use of the mask.”

13) Face coverings for covid-19: from medical intervention to social practice,

“At present, there is no direct evidence (from studies on Covid19 and in healthy people in the community) on the

effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including Covid19. Contamination of the upper respiratory tract by viruses and bacteria on the outside of medical face masks has been detected in several hospitals. Another research shows that a moist mask is a breeding ground for (antibiotic resistant) bacteria and fungi, which can undermine mucosal viral immunity. This research advocates the use of medical / surgical masks (instead of homemade cotton masks) that are used once and replaced after a few hours.”

14) Face masks for the public during the covid-19 crisis, Lazzarino, 2020

“The two potential side effects that have already been acknowledged are: (1) Wearing a face mask may give a false sense of security and make people adopt a reduction in compliance with other infection control measures, including social distancing and hands washing. (2) Inappropriate use of face mask: people must not touch their masks, must change their single-use masks frequently or wash them regularly, dispose them correctly and adopt other management measures, otherwise their risks and those of others may increase. Other potential side effects that we must consider are: (3) The quality and the volume of speech between two people wearing masks is considerably compromised and they may unconsciously come closer. While one may be trained to counteract side effect n.1, this side effect may be more difficult to tackle. (4) Wearing a face mask makes the exhaled air go into the eyes. This generates an uncomfortable feeling and an impulse to touch your eyes. If your hands are contaminated, you are infecting yourself.”

15) Contamination by respiratory viruses on the outer surface of medical masks used by

“Respiratory pathogens on the outer surface of the used medical masks may result in self-contamination. The risk

hospital healthcare workers, Chughtai, 2019

higher with longer duration of mask use (>6 h) and with higher rates of clinical contact. Protocols on duration of mask use should specify a maximum time of continuous use and should consider guidance in high contact settings.”

16) Reusability of Facemasks During an Influenza Pandemic, Bailar, 2006

“After considering all the testimony and other information we received, the committee concluded that there is currently no simple, reliable way to decontaminate these devices and enable people to use them safely more than once. There is relatively little data available about how effective these devices are against flu even the first time they are used. To the extent they can help at all, they must be used correctly, and the best respirator or mask will do little to protect a person who uses it incorrectly. Substantial research must be done to increase our understanding of how flu spreads, to develop better masks and respirators, and to make it easier to decontaminate them. Finally, the use of face coverings is only one of many strategies that will be needed to slow or halt a pandemic, and people should not engage in activities that would increase their risk of exposure to flu just because they have a mask or respirator.”

17) Exhalation of respiratory viruses by breathing, coughing, and talking, Stelzer-Braid, 2009

“The exhaled aerosols generated by coughing, talking, and breathing were sampled in 50 subjects using a novel mask and analyzed using PCR for nine respiratory viruses. The exhaled samples from a subset of 10 subjects who were PCR positive for rhinovirus were also examined by cell culture for this virus. Of the 50 subjects, among the 33 with symptoms of upper respiratory tract infections, 21 had at least one virus detected by PCR, while amongst the 17 asymptomatic subjects, 4 had a virus detected by PCR. Overall, rhinovirus was detected in 19 subjects, influenza in 4 subjects, parainfluenza in 2 subjects, and human metapneumovirus

1 subject. Two subjects were co-infected. Of the 25 subjects who had virus-positive nasal mucus, the same virus type was detected in 12 breathing samples, 8 talking samples, and in 2 coughing samples. In the subset of exhaled samples from 10 subjects examined by culture, infective rhinovirus was detected in 2.”

18) [Effect of a surgical mask on six minute walking distance], Person, 2018

“Wearing a surgical mask modifies significantly and clinically dyspnea without influencing walked distance.”

19) Protective masks reduce resilience, Science ORF, 2020

“The German researchers used two types of face masks for their study – surgical masks and so-called FFP2 masks, which are mainly used by medical personnel. The measurements were carried out with the help of spirometry, in which patients or in this case the test persons exert themselves physically on a stationary bicycle or a so-called ergometer – or a treadmill. The subjects were examined without a mask, with surgical masks and with FFP2 masks. The masks therefore impair breathing, especially the volume and the highest possible speed of air when exhaling. The maximum possible force on the ergometer was significantly reduced.”

20) Wearing masks even more unhealthy than expected, Corona transition, 2020

“They contain microplastics – and they exacerbate the problem...” Many of them are made of polyester and so they have a microplastic problem.” Many of the face masks also contain polyester with chlorine compounds: “If I have the mask in front of my face, then of course I breathe in the microplastic directly and these substances are much more toxic than if you swallow them, as they get directly into the nervous system,” Braungart continues.”

21) Masking Children: Tragic, Unscientific, and Damaging, Alexander, 2021

“Children do not readily acquire SARS-CoV-2 (very low risk) and do not spread it to other children or teachers, or endanger parents.”

or others at home. This is the settled science. In the rare cases where a child contracts Covid virus it is very unusual for the child to get severely ill or die. Masking can do positive harm to children – as it can to some adults. But the cost-benefit analysis is entirely different for adults and children, particularly younger children. Whatever arguments there may be for consenting adults – children should not be required to wear masks to prevent the spread of Covid-19. Of course, zero risk is not attainable – with or without masks, vaccines, therapeutics, distancing or anything else medicine may develop or government agencies may impose.”

22) [The Dangers of Masks](#), Alexander, 2021

“With that clarion call, we pivot and refer here to another looming concern and this is the potential danger of the chlorine, polyester, and microplastic components of the fabric masks (surgical principally but any of the mass-produced masks) that have become part of our daily lives due to the Covid-19 pandemic. We hope those with persuasive power in the government will listen to this plea. We hope that the necessary decisions will be made to reduce the risk to our populations.”

23) [13-year-old mask wearer dies for inexplicable reasons](#), Corona Transition, 2020

“The case is not only causing speculation in Germany about possible poisoning with carbon dioxide. Because the student “was wearing a corona protective mask when she suddenly collapsed and died a little later in the hospital,” writes *Wochenblick*. Editor’s Review: The fact that no cause of death was communicated nearly three weeks after the girl’s death is indeed unusual. The carbon dioxide content in the air is usually about 0.04 percent. From a proportion of four percent, the first symptoms of hypercapnia, i.e. carbon dioxide poisoning, appear. If the proportion of the gas rises to more than 20 percent, there is a risk of deadly carbon

dioxide poisoning. However, this does not come without alarm signals from the body. According to the medical poisonologist, these include “sweating, accelerated breathing, accelerated heartbeat, headaches, confusion, loss of consciousness”. The unconsciousness of the girl could therefore be an indication of such poisoning.”

24) Student Deaths Lead Chinese Schools to Change Mask Rules, that's, 2020

“During the month of April, three cases of students suffering sudden cardiac death (SCD) while running during gym class have been reported in Zhejiang, Henan and Hunan provinces. Beijing Evening News noted that all three students were wearing masks at the time of their deaths, igniting a critical discussion over school rules on when students should wear masks.”

25) Blaylock: Face Masks Pose Serious Risks To The Healthy, 2020

“As for the scientific support for the use of face mask, a recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”¹ Keep in mind, no studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus. Any recommendations, therefore, have to be based on studies of influenza virus transmission. And, as you have seen, there is no conclusive evidence of their efficiency in controlling flu virus transmission.”

26) The mask requirement is responsible for severe psychological damage and the weakening of the immune system, Corona Transition, 2020

“In fact, the mask has the potential to “trigger strong psychovegetative stress reactions via emerging aggression which correlate significantly with the degree of stressful after-effects”.

Prousa is not alone in her opinion. Several psychologists have dealt with the mask problem — and most came to

devastating results. Ignoring them would be fatal, according to Prousa.”

27) The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease, Kao, 2004

“Wearing an N95 mask for 4 hours during HD significantly reduced PaO₂ and increased respiratory adverse effects in ESRD patients.”

28) Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?, Kisielinski, 2021

“We objectified evaluation evidenced changes in respiratory physiology of mask wearers with significant correlation of O₂ drop and fatigue ($p < 0.05$), a clustered co-occurrence of respiratory impairment and O₂ drop (67%), N95 mask and CO₂ rise (82%), N95 mask and O₂ drop (72%), N95 mask and headache (60%), respiratory impairment and temperature rise (88%), but also temperature rise and moisture (100%) under the masks. Extended mask-wearing by the general population could lead to relevant effects and consequences in many medical fields.” “Here are the pathophysiological changes and subjective complaints: 1) Increase in blood carbon dioxide 2) Increase in breathing resistance 3) Decrease in blood oxygen saturation 4) Increase in heart rate 5) Decrease in cardiopulmonary capacity 6) Feeling of exhaustion 7) Increase in respiratory rate 8) Difficulty breathing and shortness of breath 9) Headache 10) Dizziness 11) Feeling of dampness and heat 12) Drowsiness (qualitative neurological deficits) 13) Decrease in empathy perception 14) Impaired skin barrier function with acne, itching and skin lesions”

29) Is N95 face mask linked to dizziness and headache?, Ipek, 2021

“Respiratory alkalosis and hypocarbia were detected after the use of N95. Acute respiratory alkalosis can cause headache, anxiety, tremor, muscle cramps. In this study, it was quantitatively shown that the participants’ symptoms were due to respiratory alkalosis and hypocarbia.”

30) COVID-19 prompts a team of engineers to rethink the humble face mask, Myers, 2020

“But in filtering those particles, the mask also makes it harder to breathe. N95 masks are estimated to reduce oxygen intake by anywhere from 5 to 20 percent. That’s significant, even for a healthy person. It can cause dizziness and lightheadedness. If you wear a mask long enough, it can damage the lungs. For a patient in respiratory distress, it can even be life threatening.”

31) 70 doctors in open letter to Ben Weyts: ‘Abolish mandatory mouth mask at school’ – Belgium, World Today News, 2020

“In an open letter to the Flemish Minister of Education Ben Weyts (N-VA), 70 doctors ask to abolish the mandatory mouth mask at school, both for the teachers and for the students. Weyts does not intend to change course. The doctors ask that Minister Ben Weyts immediately reverses his working method: no mouth mask obligation at school only protect the risk group and only the advice that people with a possible risk profile should consult their doctor.”

32) Face masks pose dangers for babies, toddlers during COVID-19 pandemic, UC Davis Health, 2020

“Masks may present a choking hazard for young children. Also, depending on the mask and the fit, the child may have trouble breathing. If this happens, they need to be able to take it off,” said UC Davis pediatrician [Lena van der List](#). “Children less than 2 years of age will not reliably be able to remove a face mask and could suffocate. Therefore, masks should not routinely be used for young children...” “The younger the child, the more likely they will be to not wear the mask properly, reach under the mask and touch potentially contaminated masks,” said [Dean Blumberg](#), chief of pediatric infectious diseases at [UC Davis Children’s Hospital](#). “Of course, this depends on the developmental level of the individual child. But I think masks are not likely to provide much potential benefit over risk until the teen years.”

33) Covid-19: Important potential side effects of wearing face masks that we should bear in mind, Lazzarino, 2020

“Other potential side effects that we must consider, however, are 1) The quality and volume of speech between people wearing masks is considerably compromised and they may unconsciously come closer 2) Wearing a mask makes the exhaled air go into the eyes. This generates an impulse to touch the eyes. 3) If your hands are contaminated, you are infecting yourself, 4) Face masks make breathing more difficult. Moreover, a fraction of carbon dioxide previously exhaled is inhaled at each respiratory cycle. Those phenomena increase breathing frequency and deepness, and they may worsen the burden of covid-19 if infected people wearing masks spread more contaminated air. This may also worsen the clinical condition of infected people if the enhanced breathing pushes the viral load down into their lungs, 5) The innate immunity’s efficacy is highly dependent on the viral load. masks determine a humid habitat where SARS-CoV-2 can remain active because of the water vapour continuously provided by breathing and captured by the mask fabric, they determine an increase in viral load (by re-inhaling exhaled viruses) and therefore they can cause a defeat of the innate immunity and an increase in infections.”

34) Risks of N95 Face Mask Use in Subjects With COPD, Kyung, 2020

“Of the 97 subjects, 7 with COPD did not wear the N95 for entire test duration. This mask-failure group showed high British modified Medical Research Council dyspnea scale scores and lower FEV₁ percent of predicted values than did the successful mask use group. A modified Medical Research Council dyspnea scale score ≥ 3 (odds ratio 167, 95% CI 8.1 to >999.9; P = .008) or a FEV₁ < 30% predicted (odds ratio 163, 95% CI 7.4 to >999.9; P = .001) was associated with a risk of failure to wear the N95. Breathing frequency, blood

oxygen saturation, and exhaled carbon dioxide levels also showed significant differences before and after N95 use.”

35) Masks too dangerous for children under 2, medical group warns, The Japan Times, 2020

“Children under the age of 2 shouldn’t wear masks because they can make breathing difficult and increase the risk of choking, a medical group has said, launching an urgent appeal to parents as the nation reopens from the coronavirus crisis...Masks can make breathing difficult because infants have narrow air passages,” which increases the burden on their hearts, the association said, adding that masks also raise the risk of heat stroke for them.”

36) Face masks can be problematic, dangerous to health of some Canadians: advocates, Spenser, 2020

“Face masks are dangerous to the health of some Canadians and problematic for some others...Asthma Canada president and CEO Vanessa Foran said simply wearing a mask could create risk of an asthma attack.”

37) COVID-19 Masks Are a Crime Against Humanity and Child Abuse, Griesz-Brisson, 2020

“The rebreathing of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen deprivation. There are nerve cells for example in the hippocampus, that can’t be longer than 3 minutes without oxygen – they cannot survive. The acute warning symptoms are headaches, drowsiness, dizziness, issues in concentration, slowing down of the reaction time – reaction of the cognitive system. However, when you have chronic oxygen deprivation, all of those symptoms disappear, because you get used to it. But your efficiency will remain impaired and the undersupply of oxygen in your brain continues to progress. We know that neurodegenerative diseases take years to decades to develop. If today you forget your phone number, the breakdown in your brain would have already started 20 or 30 years ago...The child needs the brain to learn, and the brain needs oxygen to

function. We don't need a clinical study for that. This is simple, indisputable physiology. Conscious and purposeful induced oxygen deficiency is an absolutely deliberate health hazard, and an absolute medical contraindication."

38) Study shows how masks are harming children, Mercola, 2021

"Data from the first registry to record children's experience with masks show physical, psychological and behavioral issues including irritability, difficulty concentrating and impaired learning. Since school shutdowns in spring 2020, increasing number of parents are seeking drug treatment attention deficit hyperactivity disorder (ADHD) for their children. Evidence from the U.K. shows schools are not the super spreaders health officials said they were; measured rates of infection in schools were the same as the community, not higher. A large randomized controlled trial showed wearing masks does not reduce the spread of SARS-CoV-2."

39) New Study Finds Masks Hurt Schoolchildren Physically, Psychologically, and Behaviorally, Hall, 2021
<https://www.researchsquare.com/article/rs-124394/v2>

"A new study, involving over 25,000 school-aged children, shows that masks are harming schoolchildren physically, psychologically, and behaviorally, revealing 24 distinct health issues associated with wearing masks... Though the results are concerning, the study also found that 29.7% of children experienced shortness of breath, 26.4% experienced dizziness, and hundreds of the participants experiencing accelerated respiration, tightness in chest, weakness, and short-term impairment of consciousness."

40) Protective Face Masks: Effect on the Oxygenation and Heart Rate Status of Oral Surgeons during Surgery, Scarano, 2021

"In all 20 surgeons wearing FFP2 covered by surgical mask a reduction in arterial O₂ saturation from around 97.5% before surgery to 94% after surgery was recorded with increase of heart rates. A shortness of breath and light-headedness/headaches were also noted."

41) Effects of surgical and FFP2/N95 face masks on cardiopulmonary exercise capacity, Fikenzer, 2020

“Ventilation, cardiopulmonary exercise capacity and comfort are reduced by surgical masks and highly impaired by FFP2/N95 face masks in healthy individuals. These data are important for recommendations on wearing face masks at work or during physical exercise.”

42) Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19, Ong, 2020

“Most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders.”

43) Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media, The American Institute of Stress, 2020

“Wearing a mask is not without side effects. Oxygen deficiency (headache, nausea, fatigue, loss of concentration) occurs fairly quickly, an effect similar to altitude sickness. Every day we now see patients complaining of headaches, sinus problems, respiratory problems, and hyperventilation due to wearing masks. In addition, the accumulated CO₂ leads to a toxic acidification of the organism which affects our immunity. Some experts even warn of increased transmission of the virus in case of inappropriate use of the mask.”

44) Reusing masks may increase your risk of coronavirus infection, expert says, Laguipo, 2020

“For the public, they should not wear facemasks unless they are sick, and if a healthcare worker advised them.” For the average member of the public walking down a street, it is not a good idea,” Dr. Harries said. “What tends to happen is people will have one mask. They won’t wear it all the time; they will take it off when they get home, they will put it down on a surface they haven’t cleaned,” she added. Further, she added that behavioral issues could adversely put themselves at more risk of getting the infection. For instance, people go out and don’t wash their hands, they touch parts of the mask or their face, and they get infected.”

45) What's Going On Under the Masks?,
Wright, 2021

"Americans today have pretty good chompers on average least relative to most other people, past and present. Nevertheless, we do not think enough about oral health a evidenced by the almost complete lack of discussion regarding the effect of lockdowns and mandatory maskin on our mouths."

46) Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy ChildrenA Randomized Clinical Trial, Walach, 2021

"A large-scale survey in Germany of adverse effects in parents and children using data of 25930 children has shown that 68% of the participating children had problem when wearing nose and mouth coverings."

47) NM Kids forced to wear masks while running in 100-degree heat; Parents are striking back, Smith, 2021

"Nationally, children have a 99.997% survival rate from COVID-19. In New Mexico, only 0.7% of child COVID-19 cas have resulted in hospitalization. It is clear that children ha an extremely low risk of severe illness or death from COVI 19, and mask mandates are placing a burden upon kids which is detrimental to their own health and well-being."

48) Health Canada issues advisory for disposable masks with graphene, CBC, 2021

"Health Canada is advising Canadians not to use disposat face masks that contain graphene. Health Canada issued notice on Friday and said wearers could inhale graphene, single layer of carbon atoms. Masks containing the toxic particles may have been distributed in some health-care facilities."

49) COVID-19: Performance study of microplastic inhalation risk posed by wearing masks, Li, 2021

"Wearing masks considerably reduces the inhalation risk particles (e.g., granular microplastics and unknown particles) even when they are worn continuously for 720 f Surgical, cotton, fashion, and activated carbon masks wearing pose higher fiber-like microplastic inhalation risk while all masks generally reduced exposure when used under their supposed time (<4 h). N95 poses less fiber-like microplastic inhalation risk. Reusing masks after they

Is graphene safe?

underwent different disinfection pre-treatment processes can increase the risk of particle (e.g., granular microplastic and fiber-like microplastic inhalation. Ultraviolet disinfection exerts a relatively weak effect on fiber-like microplastic inhalation, and thus, it can be recommended a treatment process for reusing masks if proven effective from microbiological standpoint. Wearing an N95 mask reduces the inhalation risk of spherical-type microplastics by 25.5 times compared with not wearing a mask.”

50) Manufacturers have been using nanotechnology-derived graphene in face masks — now there are safety concerns, Maynard, 2021

“Early concerns around graphene were sparked by previous research on another form of carbon — carbon nanotubes. It turns out that some forms of these fiber-like materials can cause serious harm if inhaled. And following on from research here, a natural next-question to ask is whether carbon nanotubes’ close cousin graphene comes with similar concerns. Because graphene lacks many of the physical and chemical aspects of carbon nanotubes that make them harmful (such as being long, thin, and hard for the body to get rid of), the indications are that the material is safer than its nanotube cousins. But safer does not mean safe. And current research indicates that this is not a material that should be used where it could potentially be inhaled, without a good amount of safety testing first. . . . As a general rule of thumb, engineered nanomaterials should not be used in products where they might inadvertently be inhaled and reach the sensitive lower regions of the lungs.”

51) Masking young children in school harms language acquisition, Walsh, 2021

“This is important because children and/or students do not have the speech or language ability that adults have — they are not equally able and the ability to see the face and especially the mouth is critical to language acquisition

which children and/or students are engaged in at all times. Furthermore, the ability to see the mouth is not only essential to communication but also essential to brain development. “Studies show that by age four, kids from low-income households will hear 30 million less words than their more affluent counterparts, who get more quality face-time with caretakers.”

(<https://news.stanford.edu/news/2014/november/language-toddlers-fernauld-110514.html>).

52) Dangerous pathogens found on children’s face masks, Rational Ground, 2021

“A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. Although the test is capable of detecting viruses, including SARS-CoV-2, only one virus was found on one mask (alpha-herpesvirus 1)...Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria. One-third were contaminated with one or more strains of meningitis-causing bacteria. One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens. In addition, less dangerous pathogens were identified, including pathogens that can cause fever, ulcers, acne, yeast infections, strep throat, periodontal disease, Rocky Mountain Spotted Fever, and more.”

53) “Face mask dermatitis” due to compulsory facial masks during the SARS-CoV-2 pandemic: data from 550 health care and non-health care workers in Germany, Niesert, 2021

“The duration of wearing masks showed a significant impact on the prevalence of symptoms ($p < 0.001$). Type IV hypersensitivity was significantly more likely in participants with symptoms compared to those without symptoms ($p < 0.001$), whereas no increase in symptoms was observed in

participants with atopic diathesis. HCWs used facial skin care products significantly more often than non-HCWs ($p = 0.001$).”

54) Effect of Wearing Face Masks on the Carbon Dioxide Concentration in the Breathing Zone, AAQR/Geiss, 2020

“Detected carbon dioxide concentrations ranged from 215 ± 192 to 2875 ± 323 ppm. The concentrations of carbon dioxide while not wearing a face mask varied from 500–900 ppm. Doing office work and standing still on the treadmill each resulted in carbon dioxide concentrations of around 2200 ppm. A small increase could be observed when walk at a speed of 3 km h^{-1} (leisurely walking pace)... concentrations in the detected range can cause undesirable symptoms, such as fatigue, headache, and loss of concentration.”

55) Surgical masks as source of bacterial contamination during operative procedures, Zhiqing, 2018

“The source of bacterial contamination in SMs was the bo surface of the surgeons rather than the OR environment. Moreover, we recommend that surgeons should change th mask after each operation, especially those beyond 2 hours.”

56) The Damage of Masking Children Could be Irreparable, Hussey, 2021

“When we surround children with mask-wearers for a year a time, are we impairing their face barcode recognition during a period of hot neural development, thus putting f development of the FFA at risk? Does the demand for separation from others, reducing social interaction, add to the potential consequences as it might in autism? When c we be sure that we won’t interfere with visual input to the face recognition visual neurology so we don’t interfere wi brain development? How much time with stimulus interference can we allow without consequences? Those ; all questions currently without answers; we don’t know. Unfortunately, the science implies that if we mess up brai

development for faces, we may not currently have therapy to undo everything we've done."

57) **Masks can be Murder**, Grossman, 2021

"Wearing masks can create a sense of anonymity for an aggressor, while also dehumanizing the victim. This prevents empathy, empowering violence, and murder." Masking helps remove empathy and compassion allowing others to commit unspeakable acts on the masked person."

58) **London high school teacher calls face masks an 'egregious and unforgivable form of child abuse**, Butler, 2020

"In his email, Farquharson called the campaign to legislate mask wearing a "shameful farce, a charade, an act of political theatre" that's more about enforcing "obedience and compliance" than it is about public health. He also likened children wearing masks to "involuntary self-torture" calling it "an egregious and unforgivable form of child abuse and physical assault."

59) **UK Government Advisor Admits Masks Are Just "Comfort Blankets" That Do Virtually Nothing**, ZeroHedge, 2021

"As the UK Government heralds "freedom day" today, which is **anything but**, a prominent government scientific advisor has admitted that face masks do very little to protect from coronavirus and are basically just "comfort blankets...the professor noted that "those aerosols escape masks and will render the mask ineffective," adding "The public were demanding something must be done, they got masks, it is just a comfort blanket. But now it is entrenched, and we are entrenching bad behaviour...all around the world you can look at mask mandates and superimpose on infection rates you cannot see that mask mandates made any effect whatsoever," Axon further noted, adding that "The best thing you can say about any mask is that any positive effects they do have is too small to be measured."

60) **Masks, false safety and real dangers**,

"Surgical personnel are trained to never touch any part of

Part 1: Friable mask particulate and lung vulnerability, Borovoy, 2020

mask, except the loops and the nose bridge. Otherwise, the mask is considered useless and is to be replaced. Surgical personnel are strictly trained not to touch their masks otherwise. However, the general public may be seen touching various parts of their masks. Even the masks just removed from manufacturer packaging have been shown in the above photos to contain particulate and fiber that would not be optimal to inhale... Further concerns of macrophage response and other immune and inflammatory and fibroblast response to such inhaled particles specifically from facemasks should be the subject of more research. If widespread masking continues, then the potential for inhaling mask fibers and environmental and biological debris continues on a daily basis for hundreds of millions of people. This should be alarming for physicians and epidemiologists knowledgeable in occupational hazards.'

61) Medical Masks, Desai, 2020

“Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. Face masks should also be worn by health care workers, by individuals who are taking care of or are in close contact with people who have respiratory infections, or otherwise as directed by a doctor. Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill.”

Author



Paul Elias Alexander

Dr. Paul Alexander is an epidemiologist focusing on clinical epidemiology, evidence-based medicine, and research methodology. He has a bachelor's in epidemiology from McMaster University, and a master's degree from Oxford University. He earned his PhD from McMaster's Department of Health Research Methods, Evidence, and Impact. Paul is a former WHO Consultant and Senior Advisor to US Department of HHS in 2020 for the COVID-19 response.

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- 2. _____

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- 2. _____

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State of Washington)
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I, **Angela Birney**, having been duly elected to the office of
City of Redmond
Mayor

do solemnly swear (or affirm) that I will faithfully and impartially discharge the duties of this office as prescribed by law and to the best of my ability, and that I will support and maintain the Constitution of the State of Washington and of the United States of America

Sign here: 

Subscribed and sworn before me

This 17 day of Dec, 2019


Signature of Acknowledging Official

**PUBLIC OFFICIAL BOND
(Definite Term)**

Travelers Casualty and Surety Company of America

Bond No. 107197391

KNOW ALL MEN BY THESE PRESENTS, That we Angela Birney
of 15670 NE 85th Street, REDMOND, WA 98052
as Principal, and Travelers Casualty and Surety Company of America, a corporation duly incorporated under the laws of the State of
Connecticut, as Surety, are held and firmly bound unto City of Redmond (Angela Birney)
as Oblige, in the penal sum of Two Hundred Thousand
(\$200,000.00) Dollars, lawful money of the United States of America, for the payment of which well and truly to be made,
said Principal binds himself/herself, his/her heirs, executors, administrators and assigns, and said Surety binds itself, its successors
and assigns, jointly and severally, firmly by these presents.

WHEREAS, the said Principal has been Elected to the office of Mayor
for a definite term beginning January 1, 2022, and ending December 31, 2022, and is required to furnish a bond for
the faithful performance of the duties of the said office or position.

NOW, THEREFORE THE CONDITION OF THIS OBLIGATION is such that if the above bounden Principal shall (except as
hereinafter provided) faithfully perform the duties of his/her said office or position during the said term, and shall pay over to the
persons authorized by law to receive the same all moneys that may come into his/her hands during the said term without fraud or
delay, and at the expiration of said term, or in case of his/her resignation or removal from office, shall turn over to his/her successor
all records and property which have come into his/her hands, then this obligation to be null and void; otherwise to remain in full force
and effect.

PROVIDED, HOWEVER, that the above named Surety shall not be liable hereunder for any loss of any public fund resulting from
the insolvency of any bank or banks in which said funds are deposited; and, if this provision shall be held void, this entire bond shall
be void.

AND PROVIDED FURTHER, that the Surety may cancel bond at any time during the said term by giving to the obligee a written
notice of its desire so to cancel and at the expiration of thirty (30) days from the receipt of such notice by the obligee the surety shall
be completely released as to all liability thereafter accruing. If this provision shall be held void, this entire bond shall be void.

SEALED and dated this January 24, 2022.

Angela Birney

Witness By:

Principal

Travelers Casualty and Surety Company of America

By: Timothy Buhite Attorney in Fact

This notice provides no coverage, nor does it change any policy terms. To determine the scope of coverage and the insured's rights and duties under the policy, read the entire policy carefully. For more information about the content of this notice, the insured should contact their agent or broker. If there is any conflict between the policy and this notice, the terms of the policy prevail.

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**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Timothy Buhite** of **UNIVERSITY PLACE**, Washington, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 17th day of January, 2019.



State of Connecticut

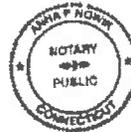
City of Hartford ss.

By:
Robert L. Raney, Senior Vice President

On this the 17th day of January, 2019, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021



Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 24th day of January, 2022



Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.