John Smith
Plaintiff *in Propria Persona*
[address]
[City], California 91913

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

JOHN SMITH
PLAINTIFF

v. CASE NO.

[DEFENDANT] DEPT:
DEFENDANT Judge:
_____/

MEMORANDUM OF LAW

The court requested a memorandum of law from the defendant and from the plaintiff. The plaintiff has prepared a memorandum of law which follows on the next pages.

TABLE OF AUTHORITIES

MEMORANDUM OF LAW

The defendant is a public accommodation and the plaintiff is a regular invitee of the defendant's place of business.

While it may help to express the legal arguments for the complaint to mention some facts about biology and human health, it is not relevant for purposes of this complaint. Pandemic or not, the defendant is unlawfully discriminating against the plaintiff based upon disability and has no authority or obligation to engage in its illegal practices.

The mitigation measures explained in this memorandum, including but not limited to "mask wearing", "social distancing", injections, "PCR" tests, hand-washing and other practices, are all instructed under the emergency use authorization (EUA) schemes and under declarations of a public health emergency. These mitigation measures constitute clinical trials, are experimental, not compulsory and no indemnification is provided by either the manufacturers of any related supplies, by any insurance carrier or any government agency or health care practitioner. No so-called "vaccines" are available at this time; however, the news media falsely refers to the several inject-able genetic therapy medical devices as "vaccines" when they are not vaccines at all, since none of these devices have been approved by the Food and Drug Administration.

The defendant regards the plaintiff has having a disability yet fails to comply with the law regarding policies toward individuals with disabilities and in fact demonstrates an utter lack and disregard for any training or understanding of the law.

No laws have given the defendant any new or greater duty of care than it had in the years prior to 2020. Defendant has no insurable risk or duty of care to impose any mitigation measures as if the plaintiff had any contagious disease. Claiming that it's okay to disregard the law and the plaintiff's rights because "… we are in the midst of a global pandemic." is not only factually incorrect, and legally irrelevant, but astoundingly and outrageously ignorant. Any such references or statements should be stricken for the reason that they are impertinent, immaterial and quite ridiculous as they are unsupported by any facts whatsoever. Even if there was a world-wide pandemic, the plaintiff has waived no rights, and no laws have changed to permit the defendant's conduct.

Neither the defendant nor the plaintiff has ever received notice by any public health officer that the plaintiff is subject to any quarantine or isolation order. Health & Safety Code, Section 121365.

Defendant is under no legal duty or authority to enforce any quarantine, isolation or any other health order upon the plaintiff.

Defendant's policies pertaining to the medical interventions violate its duty of care and are negligent.

Defendant has failed to conduct any individualized assessment of the plaintiff to determine if he is a direct threat to anyone.

At no time has any public health officer received any information of the existence of any contagious, infectious, or communicable disease for which the department may declare the need for strict isolation or quarantine. Where is the physician's affidavit? Where is the culture or specimen of such contagious disease? See Health & Safety Code Section 120215.

At no time has the defendant made any individualized assessment of the plaintiff, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk, as required by 28 CFR Part 36.208(b).

While the defendant, a public accommodation, may impose legitimate safety requirements that are necessary for safe operation, these safety requirements must be based on **actual risks and not on mere speculation, stereotypes, or generalizations about individuals with disabilities**. See 28 CFR Part 36.301(b).

The defendant is not a public health officer, and has no duty or obligation to act in that capacity, just like it has no authority to act in that capacity, just like it lacks the specific skills, training, equipment and insurance to act in this capacity.

The defendant fails to rely upon any valid public health order for the reason that no such legal health order, as required by Sections 121365 and 121367 of the Health & Safety

Code, has been issued wherein it includes the particular sections of state law or regulations.

At no time has any local health officer conducted any individualized assessment of the plaintiff's circumstances or behavior constituting the basis for the issuance of any health order, even if one was issued. Keep in mind these rules pertain to public health officers and no such obligations or authorities could be or have been delegated to the defendant.

It is important to note that the Food & Drug Administration defines wearing a mask or similar contrivance, when intended for health purposes, to be a medical device. This is a matter of law found in Section 201(h) of the Food, Drug and Cosmetic Act. It should also be noted that these types of surgical masks that people are wearing were never intended to prevent the spread of disease, they have been used to reduce the contamination of human tissue within the surgical field (for example, blood, saliva, excretions and other tissues).

There is no evidence of, and the defendant is not acting under, any court order imposing any quarantine, isolation or other control measures upon me.

I have never waived my medical privacy rights nor my rights to informed consent regarding any medical interventions.

"Mask-wearing" and the so-called "vaccine" are each mitigation measures intended for health purposes and defined as a medical device under Section 201(h) of the Food, Drug and Cosmetic Act. Be advised of the following:

> 21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies
>
> (a) In general
>
> (1) Emergency uses
>
> Notwithstanding any provision of this chapter and section 351 of the Public Health Service Act [42 U.S.C. 262], and subject to the provisions of this section, the Secretary may authorize the introduction into interstate commerce, during the effective period of a declaration under subsection (b), of a drug, device, or biological product intended for use in an actual or potential emergency (referred to in this section as an "emergency use").
>
> **(e) Conditions of authorization**
>
> (1) Unapproved product
>
> (A) Required conditions
>
> With respect to the emergency use of an unapproved product, the Secretary, to the extent practicable given the applicable circumstances described in

subsection (b)(1), shall, for a person who carries out any activity for which the authorization is issued, establish such conditions on an authorization under this section as the Secretary finds necessary or appropriate to protect the public health, including the following:

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

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

(II) of the significant known and potential benefits and risks of the emergency use of the product, and of the extent to which such benefits and risks are unknown; and

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

And most importantly, the defendant has never advised the plaintiff of any option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

This is required under 21 USC §360bbb(e)(1)(A)(ii)(III).

The defendant has never advised the plaintiff (nor does it have the professional qualifications to advise the plaintiff) of any significant known and potential benefits and risks of the emergency use of the product (masks or vaccines), and of the extent to which such benefits and risks are unknown and the defendant has never advised me of any alternatives to the product that are available, and of their benefits and risks; **and has never advised me of the option to either accept of refuse the product or mitigation measure.**

The defendant is a public accommodation subject to Title III of the Americans with Disabilities Act, specifically 28 CFR Part 36.104. Under this law, if the defendant regards the plaintiff as having a contagious disease, the definition of “disability”, see 28 CFR Part 36.105(b)(2). Upon invoking his rights under the Americans with Disabilities Act, and requesting reasonable modifications, the defendant is required to make reasonable modifications regarding mitigation measures it offers to the plaintiff. These may include but are not limited to wearing a mask or other contrivance, social distancing, washing hands, isolation, *et cetera*. The plaintiff is not required to accept any of these mitigation measures, 28 CFR Part 36.203(c). If the defendant believes that the plaintiff is a direct threat, it bears the burden to conduct an individualized assessment based upon modern scientific and medical standards. The defendant has failed to conduct any such individualized assessment but continues to regard the plaintiff as a direct threat and discriminate against him because of this disability. See 28 CFR Part 36.208(b).

In fact, the defendant continues to not only discriminate against the plaintiff based upon disability, but retaliate against the plaintiff for attempting to exercise and enjoy his rights in violation of 28 CFR Part 36.206. The acts or conduct demonstrating the defendant's retaliation include but are not limited to the manner or attitude by which he is treated and regarded upon entering and shopping on the premises, the fact that he is denied services because of his disability and in fact, threatened with public humiliation and arrest for refusing to submit to the defendant's mitigation measures.

In the context of people with disabilities, "a disabled individual who is currently deterred from patronizing a public accommodation due to a defendant's failure to comply with the Americans with Disabilities Act has suffered 'actual injury.' Similarly, a plaintiff who is threatened with harm in the future because of existing or imminently threatened non-compliance with the ADA suffers 'imminent injury.'" Pickern v. Holiday Quality Foods Inc., 293 F.3d 1133, 1138 (9th Cir. 2002).

To establish Article III standing, an ADA plaintiff must show that "he has suffered an injury-in-fact, that the injury is traceable to the Store's actions, and that the injury can be redressed by a favorable decision." Chapman v. Pier 1 Imports (U.S.) Inc., 631 F.3d 939, 946 (9th Cir.2011) (*en banc*). Because an injunction is the only relief available to a private ADA plaintiff, "he must demonstrate a 'real and immediate threat of repeated injury' in the future." O'Shea v. Littleton, 414 U.S. 488, 496 (1974)). A plaintiff who brings a barrier-to-access claim under the ADA can show a likelihood of future injury in one of two ways. Chapman, 631 F.3d at 950. First, the plaintiff can establish that "he intends to return to a non-compliant accommodation and is therefore likely to re-encounter a discriminatory architectural barrier." Alternatively, the plaintiff can show that "discriminatory architectural barriers deter him from returning to a non-compliant accommodation," but that he would return if the barriers were removed. In this case the plaintiff is not confronted with architectural barriers, but instead, the ignorance of employees working for the defendant.

The plaintiff intends to continue shopping at the defendant's place of business. These allegations are sufficient to establish standing under the deterrence theory. See Doran v. 7-Eleven, Inc., 524 F.3d 1034, 1041 (9th Cir. 2008). "Allegations that a plaintiff has visited a public accommodation on a prior occasion and is currently deterred from visiting

that accommodation by accessibility barriers establish that a plaintiff's injury is actual or imminent."; Pickern v. Holiday Quality Foods, Inc., 293 F.3d 1133, 1138 (9th Cir. 2002) (finding standing where plaintiff "visited Holiday's Paradise store in the past and state[d] that he ha[d]actual knowledge of the barriers to access at that store . . . [,] that he prefers to shop at Holiday markets[,] and that he would shop at the Paradise market if it were accessible").

Defendant's policies demonstrate that it fully intends to continue discriminating against the plaintiff because of his disability, while it also continues to violate the rights of its own employees, vendors and associates visiting and working at its premises.

At no time has any "less restrictive treatment alternatives" even been considered. The defendant has also failed to identify any set of facts that would establish that any modification such as "just leave the plaintiff alone and allow him to patronize your business just like people did in 2019" would create an undue burden or fundamentally alter the manner in which the defendant provides its services. In fact, the defendant has already undertaken fundamental alterations and one would imagine at no small expense, to install plastic "shields" and decals and policing people on the premises regarding these interventions.

No such health orders have ever been issued by any public health officer, in writing, naming the plaintiff, and the period of time during which the order shall remain effective, the location, the payer source if known, and other terms and conditions as may be necessary to protect the public health.

At no time what any copy of such order ever served upon the plaintiff as required under Health & Safety Code Section 121367(a).

Furthermore, no provision, absolutely no provision of Section 121367(b) has ever been followed, but again, this pertains to a public health officer, which the defendant is not.

No laws have changed and the defendant has incurred no greater duty of care.

Assumption of Risk

Regarding the assumption of risk as established in Knight V. Jewett, 11 Cal. Rptr. 2D 2, 6 (1992); the court held that a defendant is not liable when a plaintiff gets injured due to a

risk or danger that is inherent in an activity, such as a sport, in which the plaintiff chooses to participate. The defendant has no duty to protect anyone from a health risk that is widely known to the public.

If people are afraid of the risk, they can stay home. It is not incumbent upon the defendant to protect those who "know" the risk and continue to engage in conduct where the risk is likely to cause them harm; moreover, the defendant has no authority to violate the rights of the plaintiff in the process of doing that which it is not required.

Comparative Fault

In some situations, "assumption of the risk" does not completely bar a plaintiff's recovery. Rather, it subjects them to California's "comparative fault" law.

These are cases in which the risk of injury is not an inherent result of the activity or the activity itself is not lawful. If the plaintiff nevertheless assumes a risk of injury anyway, it is known as "secondary assumption of the risk."

In such a case, the trier of fact (usually a jury) will have to decide to what extent each party is to blame for the plaintiff's injury.

Premises liability is also a common source of comparative fault claims. Generally, the property owner or occupier is liable for dangerous or hazardous conditions on their property. These accidents can occur in restaurants, the workplace, or even amusement parks.

A property owner's "duty of care" obligates the property owners to exercise reasonable care to: Maintain their property, Inspect the property, Repair potentially dangerous conditions, and Give adequate warning of any dangerous conditions.

However, many accidents on private property are caused by some combination of a hazardous condition and the victim's negligence. When the plaintiff is partially responsible for a premises liability accident, the plaintiff's damages may be reduced by their share of fault. "Contributory negligence is conduct on the part of the plaintiff which falls below the standard to which he should conform for his own protection, and which is a legally contributing cause co-operating with the negligence of the defendant in bringing about the plaintiff's harm." (Rest. 2d Torts (1965) § 463; see Prosser, Torts (4th ed. 1971) § 65, pp. 416-417.) "A plaintiff is required to exercise only that amount of care which would be

exercised by a person of ordinary prudence in the same circumstances." (Werkman v. Howard Zink Corp. (1950) 97 Cal. App. 2D 418.) See also, Gyerman v. United States Lines Co., 102 Cal.Rptr. 795.

Since the basis of the assumption of risk defense is the plaintiff's consent to accept the risk and look out for him or herself, the plaintiff must have encountered the risk voluntarily. The acceptance of a risk is involuntary if the defendant's conduct has left the plaintiff no reasonable alternative to avoid the harm to him or herself or to another. Restatement (Second) of Torts §496E cmt. a.; Prescott v. Ralphs Grocery Co., 42 Cal. 2D 158 at 162, 265 P.2d at 906.

It must be noted that at no time would any set of facts demonstrate that the defendant would have caused a global pandemic, even if there was evidence of such an event or condition.

Policy Violates Duty of Care and is Negligent

Defendant violates its duty of care by imposing mitigation measures which include medical interventions for which the defendant is not qualified, trained, equipped or insured, and for which he has not obtained the informed consent of the invitee who is on the property for other purposes besides medical or health care. While defendant claims to the public "we want to protect our customers and employees and keep them safe", it accomplishes just the opposite by imposing these medical interventions as conditions for employment and patronizing the business.

Defendant has no insurable risk and therefore no duty of care. The defendant is not able to obtain insurance for employees or invitees or others entering upon its premises against the possibility of contracting a contagious disease that is widely known to the community. Likewise, the defendant is unable to obtain insurance against the possibility of someone suffering adverse health consequences from submitting to its mitigation measures or medical interventions, which may include losing consciousness, incurring bacterial infections, anxiety and more. These polices and the conduct of the defendant is not insurable because the conduct violates the law and violates the rights of people.

Moreover, the medical necessity and the medical efficacy of wearing masks or other contrivances, and social distancing and hand-washing and the like, have never been established by any scientific standards. We are only told "follow the science" and this is completely without merit or any factual or scientific foundation.

No Proximate Cause

It would be unlikely if not impossible for any plaintiff to establish that the defendant was the proximate cause of contracting any communicable disease.

A substantial factor in causing harm is a factor that a reasonable person would consider to have contributed to the harm. It must be more than a remote or trivial factor. It does not have to be the only cause of the harm. Conduct is not a substantial factor in causing harm if the same harm would have occurred without that conduct.

> Example: Mary Jane tests positive for a contagious disease and then sues the grocery store claiming that she contracted the disease while shopping. The grocery store responds by claiming that Mary Jane contracted the disease while on the property of another business location and not its location and that she deliberately went out of her way to visit the premises of the defendant, having full knowledge of the risks that were widely known to the community. The only way to prove her allegation is to have conducted a scientific test under modern scientific standards with a control group to make any worthwhile factual determination, and of course this is certainly not practical or reasonable, but even then, she deliberately engaged in conduct with full knowledge of the risks (assuming there were such risks).

At the same time, the defendant cannot act on the presumption that everyone of its invitees has a contagious disease, even though that is exactly what has given rise to this complaint. The law has a remedy. Because the defendant ignorantly regards the plaintiff has having a contagious disease, and therefore, a disability, it must first conduct an individualized assessment by modern scientific and medical standards, for each individual invitee to determine if he or she has any contagious disease. Once this assessment is completed, the defendant can offer mitigation measures but even then, the plaintiff is not required to accept any of them.

Section 51(b) of the Unruh Civil Rights Act

> (b) All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation,

> citizenship, primary language, or immigration status are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever.

Informed Consent Never Waived

In California, the current law on informed consent is derived largely from the case of Cobbs vs. Grant (1972) 8 Cal.3d 229 in which it was ruled that a physician is required to disclose "all information relevant to a meaningful decisional process." (page 242) Other case law that has influenced the current definition of informed consent includes Mathis v. Morrissey and Truman v. Thomas:

> "When a doctor recommends a particular procedure then he or she must disclose to the patient all material information necessary to the decision to undergo the procedure, including a reasonable explanation of the procedure, its likelihood of success, the risks involved in accepting or rejecting the proposed procedure, and any other information a skilled practitioner in good standing would disclose to the patient under the same or similar circumstances." Mathis v. Morrissey (1992) 11 Cal.App.4th 332, 343.

California Civil Jury Instructions (CACI 532) defines informed consent (paraphrased):

> 532. Informed consent – Definition: A patient's consent to a medical procedure must be 'informed.' A patient gives an 'informed consent' only after the (specialty-specific) medical practitioner has fully explained the proposed treatment or procedure. A medical practitioner must explain the likelihood of success and the risks of agreeing to a medical procedure in language that the patient can understand. A medical practitioner must give the patient as much information as [he/she] needs to make an informed decision, including any risk that a reasonable person would consider important in deciding to have the proposed treatment or procedure, and any other information skilled practitioners would disclose to the patient under the same or similar circumstances. The patient must be told about any risk of death or serious injury or significant potential complications that may occur if the procedure is performed. A medical practitioner is not required to explain minor risks that are not likely to occur. (New September 2003; Revised December 2005, October 2008, June 2014)

Those acting in the capacity of administering medical interventions, such as defendant's employees, are not exempt or immune from the same liability, in fact, engaging in this conduct without a license is a crime in the State of California.

> "Our high court has made it clear that battery and lack of informed consent are separate causes of action. A claim based on lack of informed consent – which sounds in negligence - arises when the doctor performs a procedure without first adequately disclosing the risks and alternatives. In contrast, a battery is

an intentional tort that occurs when a doctor performs a procedure without obtaining any consent." See, Saxena v. Goffney (2008), 159 Cal.App. 4th at p. 324.

This atrocity, if not already bad enough, is greatly exacerbated by the fact that any medical interventions are being recommended, imposed or administered, under the Emergency Use Authorization (EUA) scheme and the multiple series of declarations of a public health emergency establish that any of these interventions are experimental and that those participating in them are doing so at their own risk, but this has not been disclosed to people generally. No one is being told that any of this is part of clinical trials and that each person submitting to these mitigation measures is a test subject. This violates California Health & Safety Code §24172 and Title 21 of the Code of Federal Regulations, "Food and Drugs", Part 50.21. Specifically, no one is being given the opportunity to decide to consent or not to consent to a medical experiment free of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision. The plaintiff is not required to participate in any clinical trials or become the subject in any epidemiological experiment.

The only other way to involuntarily or unilaterally impose any medical intervention or mitigation measure on any invitee such as the plaintiff, is by judicial review and approval based upon the affidavit of a physician who did conduct an examination of the invitee; and with his informed consent, having diagnosed the contagious disease and then provided an affidavit to the local public health officer. The public health officer could then petition the court to impose isolation or quarantine measures against the invitee. This never happens and the defendant never engaged in any of these measures; Moreover, the defendant never had the official duty of a public health officer, nor the authority to act in this capacity.

The California Department of Public Health has failed to establish a list of communicable diseases that includes "Covid-19" or "Sars-Cov2" and conditions for which clinical laboratories shall submit a culture or a specimen to the local public health laboratory. The Department has failed to obtain any culture or specimen of any such contagious disease. Moreover, no such culture of specimen of the purported contagious disease has ever been submitted to the State Public Health Laboratory.

The total mortality rate is unchanged from the years 2017 through the end of 2020; however, once people began participating in the epidemiological experiments of taking

injections of the medical device or gene therapy being falsely claimed to be a “vaccine”, the mortality rate has skyrocketed. Plaintiff requests that this court take judicial notice of the official public records of the medical examiner’s office in which the total mortality rates for these years has been published. The objective standard by which one may assess these quantities is the standard deviation. The standard deviation between each of these years of the total mortality rate in the state and in the United States is nearly zero. In fact, the total mortality rate from 2019 to 2020 fell. There is no pandemic by any actual fact, or by any stretch of the imagination. What we have however is a series of false declarations of public health emergencies and the distribution of billions of dollars for “relief” to those counties, cities, hospitals, physicians and government offices and participants (facilitators) who are playing along in this disaster fraud.

The defendant, a public accommodation, has discriminated against the plaintiff on the basis of disability within the meaning of title III of the ADA, 42 U.S.C. 12181-12189.

DATED this ___ day of June 2021.

_____
John Smith, Plaintiff
in *propria persona*

APPENDIX A

Laboratories in US can't find "Covid-19" in 1500 positive tests

Published on April 15, 2021

A clinical scientist and immunologist-virologist at a southern California laboratory says he and colleagues from 7 universities are suing the CDC for massive fraud. The reason: ***not one*** *of 1500 samples of people tested "positive" could find Covid-19. ALL people were simply found to have Influenza A, and to a lesser extent Influenza B. This is consistent with the previous findings of other scientists, which we have reported on several times.*

Dr. Derek Knauss: "*When my lab team and I subjected the 1500 supposedly positive Covid-19 samples to Koch's postulates and put them under an SEM (electron microscope), we found NO Covid in all 1500 samples. We found that all 1500 samples were primarily Influenza A, and some Influenza B, but no cases of Covid. We did not use the bulls*** PCR test.*'

At 7 universities not once COVID detected

'*When we sent the rest of the samples to Stanford, Cornell, and a couple of the labs at the University of California, they came up with the same result: NO COVID. They found Influenza A and B. Then we all asked the CDC for viable samples of Covid. The CDC said they can't give them, because they don't have those samples*.'

'*So we came to the hard conclusion through all our research and lab work that Covid-19 was imaginary and fictitious. The flu was only called 'Covid,' and most of the 225,000 deaths were from co-morbidities such as heart disease, cancer, diabetes, pulmonary emphysema, etc.. They got the flu which further weakened their immune systems, and they died*.'

'This virus is fictitious'

'*I still need to find one viable sample with Covid-19 to work with. We who conducted the lab test with these 1500 samples at the 7 universities are now suing the CDC for Covid-19 fraud. The CDC still has not sent us a viable, isolated and purified sample of Covid-19. If they can't or won't, then I say there is no Covid-19. It's fictional*.'

'*The four research papers describing the genome extracts of the Covid-19 virus never managed to isolate and purify the samples. All four papers describe only small pieces of RNA that are only 37 to 40 base pairs long. That is NOT a VIRUS. A viral genome normally has 30,000 to 40,000 base pairs*.'

'*Now that Covid-19 is supposedly so bad everywhere, how come not one lab in the world has completely isolated and purified this virus? That's because they never really found the virus. All they ever discovered were small pieces of RNA that were not identified as the virus anyway. So what we're dealing with is just another flu strain, just like every year.* ***Covid-19 does not exist and is fictitious***.'

'*I believe that China and the globalists have set up this Covid hoax (the flu disguised as a new virus) to establish a global tyranny and totalitarian control police state. This intrigue included (also) massive election fraud to overthrow Trump.*'

CDC itself admits to having no identifiable virus

Deeply hidden in an ***official document on Covid-19***, the CDC ruefully admitted as early as summer 2020 that it **does not have a measurable virus**: 'As no quantified (= measured) isolated virus objects of 2019-nCoV are available at this time…' *(page 39 of the 'CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel' (July 13)* In other words, the CDC, as one of THE leading medical authorities in the world, could not, and **still cannot**, demonstrate a virus.

About the for this purpose scientifically totally debunked, but still shamelessly abused PCR test, the CDC wrote under the heading 'limitations': '**The detection of viral RNA cannot demonstrate the presence of an infectious virus, or that 2019-nCoV is the causative agent of clinical symptoms**.' And in addition: 'This test cannot exclude other diseases caused by other bacterial or viral pathogens.'

In other words, we cannot prove that the people who get sick and are hospitalized, and very occasionally die, were sickened by a new coronavirus called SARS-CoV-2, nor can we prove that it caused them to develop a new disease called 'Covid-19.' It could just as easily be a different virus and a different disease. (And since all the symptoms, including severe pneumonia, correspond seamlessly to what flu can cause historically in vulnerable people… '*if it looks like a duck and walks like a duck, it is a duck*'.

Reward of $265,000 for demonstrating coronavirus

Earlier this year, Samuel Eckert's German Team and the Isolate Truth Fund pledged a reward of at least $265,000 for any scientist who can provide incontrovertible proof that the SARS-CoV-2 virus has been isolated and therefore exists. They too pointed out that not one lab in the world has yet been able to isolate this corona virus.

Yes, systems scientists claim they have, but this 'isolation' consists only of a sample from the human body, which is a 'soup' full of different kinds of cells, remains of viruses, bacteria, et cetera. With the help of (toxic) chemicals one then searches for some (residual) particles that may indicate a virus that once existed or may still exist, after which this is designated as 'evidence'.

Canadian team also received no evidence despite 40 Public Access Law requests

In late December 2020 there was a similar initiative to the one in Germany. A team around Canadian investigative journalist Christine Massey submitted no less than 40 Public Access Law ***requests*** to medical authorities worldwide with the simple request for proof that the SARS-CoV-2 virus has been isolated and its existence can therefore be objectively proven. ***Not one*** *of the agencies and authorities written to was able to provide that evidence.*

'Impossible to demonstrate that SARS-CoV-2 causes a disease called Covid-19'

Dr. Tom Cowan, Dr. Andrew Kaufman and Sally Fallon Morell recently published a statement on "*the continuing controversy over whether the SARS-CoV-2 virus is isolated or purified. But based on the official Oxford definition of "isolation" ("the fact or condition of being isolated or secluded, a separation from other things or persons, standing alone"), common sense, the laws of logic and the rules of science dictate that any unbiased person must come to the conclusion that the SARS-CoV-2 virus has never been isolated or purified. As a result, no confirmation of the existence of the virus can be given.*'

'*The logical and scientific implications of this fact are that the structure and composition of something whose existence cannot be proven cannot be known, including the presence, structure and function of hypothetical spike or other proteins. The genetic sequence of something that has never been found cannot be known, nor can the "variants" (mutations) of something whose existence has not been demonstrated. It is therefore impossible to show that SARS-CoV-2 causes a disease called Covid-19.*'

Combined PCR test for corona and influenza 'because there's hardly any difference'

Not surprisingly, the world's largest biotech company, China's BGI, recently ***launched*** a new PCR test that can simultaneously test for influenza A, B and corona. Apart from the proven fact, acknowledged trough various lawsuits, that ***a PCR test cannot prove infection with any virus*** whatsoever, BGI's explanation that both diseases are *so difficult to distinguish from each other and that they have therefore made only one test, says more than enough. Maybe there IS no difference at all, 'Covid' is just another name for 'old familiar' flu viruses, and this is just another clever marketing trick?*

Most people have been fooled by fear propaganda

With worldwide, government-controlled 24/7 fear propaganda by the mass media, most people have come to believe that there is indeed a life-threatening virus that makes people sick much faster and more severely than seasonal flu. However, even the latter is demonstrably not the case. Influenza A has been the leading cause of death from pneumonia in the developed world for years.

But send people designated as severe Covid patients to a few ICU's, put cameras on them constantly, instruct a few physicians that they should only discuss the worst cases, and you have your "televised pandemic. The argument 'we are doing it because otherwise care will be overburdened' was undermined by governments itself some time ago, by rejecting offers of additional ICU beds or staff, because 'it is not necessary'. (Was this perhaps the first and only time the truth was told?)

Official figures: nothing to worry about (yet it never gets back to normal)

Now that also the official figures show that after the normal traditional flu season nothing is wrong, and according to the ***EU statistics*** (EuroMOMO) there is even a significant lower mortality, the society – if it really was about a virus and public health – should immediately go back to normal to start repairing the huge damage caused by government policies.

However, as you know, that will never be done, and that is because this carefully planned pandemic hoax is carrying out an ideological agenda, the 'Great Reset', which aims to largely demolish the society and economy of the West, and then subject it to a global technocratic communist climate-vaccine dictatorship, in which all our freedoms, civil and self-determination rights will be done away with once and for all.

At least that was their plan.

Plaintiff further argues: It should be noted that while Covid-19 never did exist, viruses are in fact not contagious pathogens. Viruses do not infect people and are not carried or spread between people or any living organisms. This false idea is only for the drama and sensationalism of Hollywood. All of the hysteria about mask-wearing and isolating and washing hands is part of the disaster fraud. The live-action-role-playing event has been rehearsed for decades, the most recent being Event 201, then Clade X before that and Atlantic Storm before that, and then every virus announcement since the 1980s with AIDS in which Tony Fauci was also the key man perpetrating that fraud.

APPENDIX B

Rehearsals for the "Covid-19 Pandemic" Live-action-role-playing event:

The SPARS Pandemic 2025-2028: A Futuristic Scenario to Facilitate Medical Countermeasure Communication (Journal of International Crisis and Risk Communication Research 2020, VOL 3, NO 1,71-102)

Covid-19 Pandemic Tabletop Exercise (January 2020 – today)

https://www.un.org/sites/un2.un.org/files/coronavirus_ttxscenario_2020-03-11.pdf

Event 201 (October 2019)

https://hub.jhu.edu/2019/11/06/event-201-health-security/

Clade X (May 2018)

https://homelandprepnews.com/countermeasures/28548-mock-clade-x-pandemic-decimates-human-population-denotes-global-pre-planning-needs/

Lockstep Scenario, Pg. 18 (2010), Pub. Rockefeller Institute and Johns Hopkins

http://www.nommeraadio.ee/meedia/pdf/RRS/Rockefeller%20Foundation.pdf

Atlantic Storm (January 2005)

https://www.centerforhealthsecurity.org/our-work/events-archive/2005_atlantic_storm/

Dark Winter (2001)

https://www.centerforhealthsecurity.org/our-work/events-archive/2001_dark-winter/Dark%20Winter%20Script.pdf

The court is further advised that this program of genocide is intended to continue. As an insider for nearly 30 years, I have knowledge that the current business model for the fake pandemic is funded at least through March 31, of the year 2025.[1] This scheme is intended to destroy small businesses, irretrievably destroy our food supply, manufacturing and distribution supply chains and force people into sickness, starvation and sterilization, and reduce the world population by 20% so people will be willing to accept any dictates from the same creatures who have already captured our government agencies. There are many objectives within the overall agenda and they have been in the works for nearly a century, but mostly since World War II. The crypto-graphic currency was created to bail out the banking system and impose a world-wide surveillance, taxation and censorship scheme upon everyone through the blockchain technology[2] (taxation will be seamless based upon production of carbon, so that taxation will be imposed not only upon people and their income, but upon everything that produces carbon, your dog, your cat, your swimming pool, your house, your coffee maker, you, etc.). The fake climate change scheme is also part of this agenda, and if we continue to participate and submit to the control measures sought to be imposed upon us now, and do it for the short-term gain or convenience, we are sealing our doom.

1 The World Bank COVID-19 Strategic Preparedness Response Program (SPRP) Published **April 2, 2020**

2 Technocracy Rising, Patrick M. Wood (2014) and The Age of Surveillance Capitalism, Shoshana Zuboff (2019).

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SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

JOHN SMITH
PLAINTIFF

v. CASE NO.

[DEFENDANT] DEPT:
DEFENDANT Judge:

_____/

CERTIFICATE OF SERVICE

I, John Smith, do hereby certify that a true and correct copy of the foregoing response to defendant's answer and affirmative defenses, were duly served upon the _____ via first class mail on this ___ day of June, 2021.

By: ___