KIM THATCHER STATE SENATOR District - 13



DENNIS LINTHICUM STATE SENATOR District - 28

OREGON STATE SENATE 900 COURT STREET NE SALEM, OR 97301

August 16, 2021

From:

Kim Thatcher Oregon State Senator, District 13 900 Court St. NE, S-307 Salem, Oregon 97301

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

To:

The Honorable Scott E. Asphaug U.S. Attorney – District of Oregon 310 West Sixth Medford, Oregon 97501

Re:

Formal Federal Grand Jury Petition Rights To Petition Protected By 18 USC §3332 & Case Law^[1] ^[2] ^[3] ^[4] ^[5]

Preliminary Exhibit Attachments & Links:

Exhibit A - Formal Grand Jury Petition
Exhibit B - Synopsis of Evidence
Exhibit C - COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective
Exhibit D - COVID-19 - Restoring Public Trust During a Global Health Crisis
Exhibit E - March 24, 2020, CDC/NVSS COVID Alert No. 2
Exhibit F - CDC Adopted April 2020 CSTE Position Paper
Exhibit G - CDC Medical Examiners & Coroners Handbook on Death Registration
Exhibit H - NVSS April 2020 Guidance for Certifying Death Certificates
Exhibit I - The Fauci COVID Dossier Regarding Key Patents Filed Prior To 2020

As elected Oregon State Senators representing 9 Oregon counties totaling at least 323,452 American citizens, we are extremely concerned regarding the 12,791 reported fatalities and 571,831 reported injuries in conjunction with the administration of the experimental, Emergency Use Authorized (EUA) COVID vaccines according to the August 13, 2021, published data sets from the CDC hosted Vaccine Adverse Events Reporting System (VAERS) which a whistleblower, under sworn testimony filed in US District Court asserts may be underreported by a factor of five.^[6]

Additionally, we are profoundly concerned that the scientific literature continues to provide empirical evidence that safe and effective treatments and management strategies for COVID infections exist but are not being made available to Americans most in need. Our concerns have increased as the Delta variant (lineage B.1.617.2) is on the exponential rise among both the vaccinated and unvaccinated according to data published by surveillance systems in Israel, Gibraltar, Iceland, the United Kingdom, and the United States CDC.^[8] ^[9] ^[10] ^[11] ^[12]

Vaccine "breakthrough" cases, synonymous with vaccine failure, demonstrate that the primary method for protecting public health, while helpful to many, is not effective for all. We recognize the growing number of prominent virologists, epidemiologists and medical professionals who are very troubled by the scientific phenomenon of variant resistance to vaccination. Experts around the world are sounding the alarm about serious long-term problems stemming from the current public health mass vaccination strategy.^[13] ^[14]

Public health policy must be based upon accurate and independently verifiable data to optimize outcomes and strengthen the public's trust in the people leading them through this crisis. The ability to definitively diagnose who is infectious and distinguish them from who is not is paramount in assessing the situation and ensuring the people in immediate need receive the skilled care they deserve. This essential aspect of infective spread management is plunged into chaos. Our brave frontline healthcare workers are effectively handcuffed when the PCR tests we are providing them are both inaccurate and unable to distinguish who is infectious from who may have been previously infected but recovered.

It has been proven that the current COVID RT-PCR tests, set to a cycle threshold (Ct) of 40 by the FDA and CDC, generate false positive results due to the Ct value being set too high. To further complicate matters, the CDC has elected to set the Ct value to 28 when testing samples from vaccinated Americans. This creates two different standards of measurement. Firstly, the higher threshold of measurement generates false positives resulting in inflated numbers of COVID cases, hospitalizations, and deaths. Secondly, the lower threshold of measurement acts to eliminate false positive results and thereby reduces the number of vaccine "breakthrough" cases. These facts make it virtually impossible for the public to trust the data they are being presented and the public health policies based upon this data.^[14] ^[15] ^[16]

We have taken it upon ourselves to regularly consult with and be advised by a large team of worldrenowned doctors, epidemiologists, virologists, and attorneys who keep us up to date on a number of pertinent COVID topics and issues relevant to public health policy. What we have learned is deeply disturbing. What we have learned is worthy of independent State and/or Special Federal Grand Jury Investigation from our vantage point as elected state policy makers.

Pursuant to 18 U.S. Code § 3332 - Powers and Duties and the case law cited within the Formal Grand Jury Petition, we respectfully request that the petition and preliminary supportive documentation be presented to the members of the grand jury we are petitioning for immediate deliberation.

Additionally, we respectfully request to receive written confirmation as to when the grand jury has received our formal petition and has begun requested deliberation.

We are prepared to supply the members of the grand jury we are petitioning with an extensive list of subject matter experts and peer-reviewed exhibits to substantiate any and all allegations presented within the Formal Grand Jury Petition on behalf of the public interest.

Public trust in elected officials, the Oregon Health Authority, and our ability to lead the resilient people of Oregon through this crisis has been eroded to an all-time low. The peoples' trust in their ability to participate in their own governance and be heard by their elected officials is perhaps the most essential element for a thriving free and healthy society.

As elected officials it is our sworn duty to uphold the Constitution of the United States, the Constitution of Oregon, the tenets of Informed Consent, and honor our legal obligation to comply with **18 U.S. Code § 4** - **Misprision of felony**. We are fulfilling our duty by calling for a Special Federal Grand Jury Investigation, or at the very least an independent state district-led grand jury investigation convened by a judge, into the issues and evidentiary materials presented.^[17] [18] [19] [20]

To demonstrate the convictions of our beliefs, we are filing this petition to the grand jury under sworn oath and presenting this formal complaint to the appropriate US Attorney for presentation to the honorable citizens who make up the grand jury.

A crisis does not pre-empt the Constitutions of our country or state. A crisis makes the Constitutions more applicable and, when followed in good faith, engenders public trust.

It is the sworn duty of all elected officials to uphold our Constitutions at all times. We call upon Governor Katherine Brown and all elected officials from both sides of the aisle to honor the oaths of service we have sworn ourselves to and join us in championing a thorough grand jury investigation into the matters we are presenting.

1,718 Oregonians and 53,032 Americans have also signed onto this petition.

In Service to Our Constituents, Our County & Our Oath of Office,

The Honorable Senator Kim Thatcher Oregon Senate District 13

The Honorable Senator Dennis Linthicum Oregon Senate District 28

References

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- 2. Article I, Section X of the Oregon Constitution. <u>https://sos.oregon.gov/blue-book/Documents/oregon-constitution.pdf</u>
- 3. Rule 6 (1). The Grand Jury. <u>https://www.law.cornell.edu/rules/frcrmp/rule_6</u>
- 4. Rule 3. The Complaint. <u>https://www.law.cornell.edu/rules/frcrmp/rule_3</u>
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- 15. FDA Revision 07 PCR Cycle Threshold For Infection <40.00 Ct. Page 34. https://www.fda.gov/media/134922/download
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- 18. Oregon Constitution. https://sos.oregon.gov/blue-book/Documents/oregon-constitution.pdf
- 19. US Informed Consent Laws. <u>https://www.law.cornell.edu/cfr/text/45/46.116</u>
- 20. Misprision of felony. <u>https://www.law.cornell.edu/uscode/text/18/4</u>

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