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Operation Phoenix Rising **Case**
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Plaintiffs

COMPLAINT FOR DECLARATORY JUDGEMENT, INJUNCTIVE RELIEF, AND DAMAGES
Demand for Jury Trial

v.

Rochelle P. Walensky, MD, MPH
rochellewallensky@cdc.gov
404-639-7000, in her personal capacity
and her official capacity as director
of the Centers for Disease Control
and Prevention.
Defendant.

INTRODUCTION

1. This case presents the following legal question: Did the CDC break three federal laws when they threw away their pandemic book which wouldn't let them use fake PCR tests (see exhibit 1) and presumptive cases and deaths? The answer is: Yes.

2. Plaintiff Operation Phoenix Rising (OPR) are eight doctors, two attorneys and a chemical engineer dedicated to protecting medical freedom in the world. OPR has collected all of the worldwide COVID data every day since March 2020 and has published five manuscripts based on data. OPR has collectively over 14,000 hours of research. The

data analysis tells a completely different story then the media the CDC or the World Health Organization (WHO) admits. Furthermore, we suggest a name change for the CDC to Centers for definite Confusion.

3. PARTIES

- Doctors, attorneys and Professor White a scientist

JURISDICTION

All federal agencies are required to comply with all federal laws. For your convenience, relevant federal agencies and excerpts of relevant laws are included later in this exhibit.
The CDC and National Vital Statistics System (NVSS), a federal agency within the CDC, are required to comply with the Administrative Procedures Act (APA), the Paperwork Reduction Act (PRA), and the Information Quality Act (IQA). As you are aware, these three laws ensure essential oversight of our federal agencies in order to ensure accuracy in data collection, analysis, and publication.
Upon investigation, the following has been revealed:

(1) The CDC and NVSS violated the APA, PRA, and IQA by issuing COVID-19 Alert No. 2 on March 24th, 2020. This alert significantly modified how death certificates were recorded and did so exclusively for COVID-19. This alert ensured COVID-19 was emphasized as the cause of death. This modification was made exclusively for COVID-19 fatalities which makes COVID-19 exclusively a cause of death and rarely a contributing factor to death. The 2003 CDC *Medical Examiner's and Coroner's Handbook on Death Registration and Fetal Death Reporting* states that in the presence of pre-existing conditions infectious disease is recorded as the contributing factor to death, not the cause. This modification was medically unnecessary, as existing rules for data collection and recording had been in successful use nationwide for the previous 17 years. Most egregiously, this material modification does not apply to any other infectious disease creating a double-standard exclusively for COVID-19 data collection. **As a result, COVID-19 fatality data used to shape public health policy is significantly inflated.**

(2) The CDC violated the APA, PRA, and IQA by adopting the Council of State and Territorial Epidemiologists (CSTE) Interim-20-ID-01 COVID-19 Standard Surveillance position paper on April 14th, 2020. This position paper significantly increased COVID-19 case counts. As seen in Section VII.B on page 6, the CSTE paper acknowledged the need to define a methodology for ensuring multiple tests on the same person were not counted multiple times as new cases, and then declined to define one.

Additionally, Section 5 of the CSTE paper creates the option of "probable" COVID-19 cases with an extraordinarily low standard of proof for diagnosis. For example, the standard of medical diagnosis in this section allows a simple cough to be sufficient to diagnose a patient as COVID-19 positive. Even without confirmatory symptoms or lab testing, this patient can now be included in data collection such as total cases, hospitalizations, and cause of death. The adoption of the CSTE position paper creates material modifications exclusively for COVID-19 data collection that does not apply to any other infectious disease. **As a result, COVID-19 case and fatality data used to shape public health policy is significantly inflated.**

(3) The Office of Management and Budget (OMB) is appointed to oversee data collection for all federal agencies. Should a federal agency, even in an emergency situation, desire to modify any aspect of their data collection, analysis, or publication, they must first notify the Federal Register. Notification of intent to modify any aspect of data collection, analysis, or publication in the Federal Register alerts the Office of Information and Regulatory Affairs (OIRA) within the OMB. Notification in the Federal Register also opens the mandatory 60-

day period for public comment on proposed modifications to data collection, analysis, or publication. The CDC and NVSS failed to notify the Federal Register and therefore failed to comply with federal law. **The CDC has made unilateral changes, with far-reaching consequences, to data collection and recording exclusively for COVID-19, without federal oversight, independent of peer-review, and without public comment.**

BASIS FOR THE COMPLAINT AND INJUNCTIVE RELIEF

1. The CDC must stop what they are doing with COVID and revert back to using their pandemic book. The pandemic book requires blood testing to determine a positive case.

2. National Institutes of Health (NiH) report April 22nd 2022.
   The COVID-19 pandemic is one of the most manipulated infectious disease events in history, characterized by official lies in an unending stream lead by government bureaucracies, medical associations, medical boards, the media, and international agencies.[3,6,57] We have witnessed a long list of unprecedented intrusions into medical practice, including attacks on medical experts, destruction of medical careers among doctors refusing to participate in killing their patients and a massive regimentation of health care, led by non-qualified individuals with enormous wealth, power and influence. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9062939/

3. The COVID vaccines are gene manipulation with their efficiencies based on PCR tests which are 97% false positives. The vaccines are mRNA. M means messenger. There are millions of these in the human body. One M has only one message for a cell. This message is to create a single spike protein. This doesn't look like the Covid molecule! The Covid jabs don't work! Go to any library find college biology books and look up mRNA. The vaccines have a death rate of 1.6% and strong adverse reaction of 8%. Covid Death rate is 0.3%. There exist multiple natural treatments. HCQ and Zinc work! https://c19study.com/ COVID-19 early treatment: real-time analysis of 1,275 studies Many natural prevention and cures for COVID 19.

4. Pfizer's EUA application for children 5 to 11 ***showed zero reductions in hospitalizations, ICU visits, or deaths from coronavirus.*** The Food and Drug administration (FDA) and CDC stated that zero was clear proof of efficacy and approved it as quickly as possible. This actually means the jabs didn't work. This is just one example of how corrupt the CDC and FDA are!

5. The deadliest COVID vaccines were delivered to Red states. https://www.lewrockwell.com/political-theatre/deadliest-batches-of-covid-vaccine-sent-to-red-states-in-usa/

6. Fraud in Pfizer's vaccine data. https://thecovidworld.com/shocking-new-video-by-canadian-doctors-reveals-massive-fraud-in-pfizers-clinical-trials/?fbclid=IwAR1UE-mo3zCjg7aTt6M5KKZsRuBAZqR7llOBbDoNjmVDUfQ9x_Zw61Y1_po

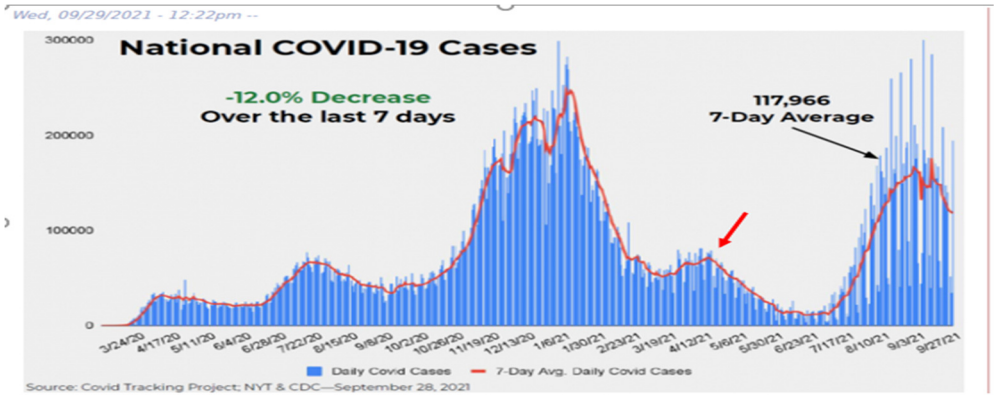
7. **NIH says zinc works!** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/

Another NIH article. Zinc inhibits COVID going into cell.

8. **To prevent getting COVID-19 or to reduce its severity, our doctors say to take Vitamins A, C, D, and E, as well as zinc with copper and tonic water. Tonic water contains quinine, which is the active ingredient in HCQ (Hydroxychloroquine).**
   Vitamin A, 1000 mcg, 100% Daily value
   Vitamin C ,100 mg, 100% D3, 20 mcg, 100%
   Zinc. 15 mg, 136% Copper, 1 mg, 111%
   B-12, 6 mcg, 100% Calcium, 500 mg, 35% Magnesium, 200mg, 45%
9. 5th COVID published manuscript. Executive Summary has the link to the manuscript. In this manuscript, with all worldwide data, there exists no Asymptomatic transmission of COVID. PCR testing is 97% false positives. The PCR test can't determine any variant of Covid. That would require a microscope. For example, if 1000 cases a day in Portland Oregon Metro are PCR positive. Every case would need to by looked at under a microscope to determine the variant type. This would take a minimum of 15 minutes per case to prepare the slide and view it after adjustments for focus, light level and magnification. For 1000 cases that is 15000 minutes per day. For 10 labs in Portland metro, that would be 1500 minutes or 1500/60=25 hours per lab. Most labs have 5 tecnicians. That is 5 extra hours per day! This is not happening!
10. 4th COVID Published manuscript. The CDC broke federal law when it threw out the pandemic book, they had used for seventeen years and had staff make the wrong rules we are now living under. 94% of COVID-labeled deaths are not due to COVID-19. Our 4th manuscript published.
11. 3rd COVID Published manuscript. Are Children Really Recovering 99.9584% of the Time From COVID-19?
12. 3rd COVID Published manuscript. Are Children Really Recovering 99.9584% of the Time from COVID-19?
13. Our 2nd COVID published manuscript. An update on recovery. 2nd COVID Published manuscript based on data.
14. If COVID Fatalities Were 90.2% Lower, How Would You Feel About Schools Reopening? **COVID has a death rate of 0.3%** The COVID-19 jabs have caused more than 27,000 deaths in the USA and more than 2 million strong adverse reactions requiring hospitalization. Opeanvares.com COVID-19 molecule is 0.13 microns. No mask will keep you from it! https://magnesiumandhealth.com/cloth-masks/ The smallest pore size of any mask is 50 microns. The CDC has falsely said the COVID is contained in larger sized droplets which adhere to the front side of the mask. Even if this happens, people take their masks off with thumb and forefingers. Set them on a table and begin to eat. Then put Covid into their mouth!
15. No relationship exists between COVID vaccines and cases of COVID. From the two graphs below you can see vaccines increasing from December 24th 2020. Cases then decreased but increased in July of 2021 after the peak in vaccinations in mid-April 2021. Red arrow shows COVID vaccinations peak.

16. **Five Proofs COVID is not airborne transmitted**
    a. This manuscript clearly shows only 17% of air samples in a hospital Covid ward had Covid and only 9% of those were actually Covid.
    b. Sweden and Denmark. One country completely shut down and followed all WHO guidelines. One country did nothing, and their infection rates were almost identical!
    c. George Floyd riots (or peaceful protests). Those young adults were shoulder to shoulder and back-to-back for two weeks prior to mask mandate. If Covid was highly transmittable those riots would have lasted 3 or 4 days and the young adults all would be home sick!
    d. Homeless camps would have been decimated if Covid was highly transmittable!
    e. Random vs. systematic. We have all watched a pandemic movie where it starts and balloons out from one location then some people go from that location to another location, and it balloons out there. This is an indication of systematic virus. A system is causing the growth. For Covid it was random. In any town there were a few cases in one area, then a few in another and so on. Never ballooning in any area!

17. COVID cases were already decreasing. Then increased. The jabs were introduced at the time of the red arrow.



18. This is BS analysis! https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-moderna-and-pfizer-biontech-covid-19-vaccines-children

    Immune responses of a subset of 230 children 6 through 23 months and a subset of 260 children 2 through 5 years of age who received a two-dose primary series of the Moderna COVID-19 Vaccine at 25 micrograms (mcg) of messenger RNA (mRNA) per dose were compared to immune responses among 290 adults 18 through 25 years who received two higher doses of the vaccine in a previous study which

determined the vaccine to be effective in preventing COVID-19. In these FDA analyses, the immune response to the vaccine, of both age groups of children, was comparable to the immune response of the adults.

What they did is compare 6 month old-2 years old to adults with the same jab (vaccine) This is like comparing apples and oranges and saying its okay because they are both fruits. Younger infants have still developing immune systems. Adults have fully developed immune systems. What they should have done is used children from 6 months to 2 years without the jab. However, they knew that wouldn't work because they did this with the 6 year to 11 year jab. They found no difference in hospitalizations, emergence room visits or death from both groups.

Pfizer's EUA application for children 5 to 11 showed zero reductions in hospitalizations, ICU visits, or deaths from coronavirus. The FDA and CDC stated that zero was clear proof of efficacy and approved it as quickly as possible.
https://alexberenson.substack.com/p/pfizer-is-now-officially-asking-to/comments?utm_source=newsletter_36&utm_medium=email&utm_campaign=the-openvaers-red-box-report

19. MonkeyPox lie! The World Health Organization (WHO) is corrupt! With Covid slowing down they introduced monkeypox. Professor White tried to get monkeypox. Domain and couldn't get any domain. Every domain had been purchased in 2014. This lie has been planned at least since then. Monkeypox facts:
    a. Not airborne transmitted.
    b. Eighty percent of cases worldwide were transmitted by gay men having sex!
    c. Professor White put a page on makingsenseofcovid.com for monkeypox. Plenty of links there. http://makingsenseofcovid.com/monkeypox-facts/

I. **Causes of Action**.

FIRST CLAIM FOR RELIEF

Stop using the 97% false positive PCR tests which would not be allowed from the Pandemic book rules. Presumptive cases and deaths are not allowed either.

4. Plaintiffs reallege and incorporate by reference the foregoing allegations as if fully set forth herein.

SECOND CLAIM FOR RELIEF

Pay every citizens of the United states $1000 in a letter with an apology and the vitamins, zinc and tonic water they need to boost their immune system.

5. Plaintiffs reallege and incorporate by reference the foregoing allegations as if fully set forth herein.

THIRD CLAIM FOR RELIEF

The CDC must agree with everything on the makingsenseofcovid.com website.

FOURTH CLAIM FOR RELIEF

The CDC must hold in extreme high regard the eight doctors, two attorneys and a Chemical Engineer from OPR.

FIFTH CLAIM FOR RELIEF

INJUNCTION to prevent the CDC from straying from their pandemic book again without congressional oversight.

6. Plaintiffs reallege and incorporate by reference the foregoing allegations as if fully set forth herein.

7. Plaintiffs are entitled to injunctive relief to protect them from the US Government unlawful vaccine mandate. Plaintiffs are entitled to a preliminary injunction topreserve the status quo during the course of this litigation.

DEMAND FOR JURY TRIAL

Pursuant to Federal Rule of Civil Procedure 38(b), Plaintiff respectfully demands a jury trial of all issues triable to a jury in this action.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays for judgment against Defendants as follows:

A. A declaration that the CDC is corrupt Rochelle P. Walensky must be replaced with OPR members.;

B. A preliminary injunction and permanent injunction;

C. Damages;

D. Attorney fees pursuant to 42 U.S.C. § 1983; and

E. Such other and further relief as the Court deems just.

Respectfully submitted,

Dated: By: s/ *Stephen J. Joncus*

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Exhibit 1.

Safeguard basic human rights, constitutional rights and parental rights — for today and future generations.

The Problems with PCR Testing

https://www.cdc.gov/coronavirus/2019-ncov/lab/faqs.html#Interpreting-Results-ofDiagnostic-Tests

A Ct value does not indicate how much virus is present, but only whether or not viral genetic material was detected at a defined threshold. RT-PCR tests can be either ***qualitative*** or ***quantitative***, and this affects how a Ct value is interpreted. As of October 23, 2020, all diagnostic RT-PCR tests that had received a U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA) for SARS- CoV-2 testing were ***qualitative*** tests.

The Ct values/numbers should not be used to determine a patient's viral load, how infectious a person may be, or when a person can be released from isolation or quarantine.

An RT-PCR test uses multiple repeating amplification cycles to create more and more copies of the virus' genetic material. Specimens with lower amounts of virus will require more cycles to amplify that genetic material to reach an amount that can be detected, resulting in a higher Ct value. Thus, there is a correlation between the Ct value and the amount of starting viral genetic material that was present in the specimen.

For both qualitative and quantitative RT-PCR assays, the correlation between Ct values and the amount of virus in the original specimen is imperfect. It is therefore problematic to infer any relationship between an individual patient's Ct value and their viral load. Ct values can also be affected by factors other than viral load. For example, if the specimen is not collected or stored properly or the specimen is collected early during the infection, the Ct value may be higher than it would be under ideal conditions. Thus, a high Ct value could also result from factors **not** related to the amount of virus in the specimen. The correlation between Ct and viral load can be used to evaluate data from groups of people and infer the difference in the relative amount of viral load between the two groups (e.g., between symptomatic and asymptomatic individuals).

There is no such thing as asymptomatic transmission of COVID-19 (Sars-COVID2).

https://standforhealthfreedom.com/cdc-investigation/

http://makingsenseofcovid.com/Executive_Summay.pdf

Problems with PCR testing: https://standforhealthfreedom.com/wpcontent/uploads/2021/01/The-Problems-With-PCR-Testing.pdf

The lab is cycling the threshold value for each sample until it gets a positive test or 42 cycles. This is not how any chemistry test is done. Dr. Kary Mullis designed this test for no more the 10 cycles. The positive/negative bar must be set at 10 for every test. Then after months of data, an accurate bar could be set. The way this test is used now presents meaningless data. The antigen test, on the other hand,

does not require a lab: a swab is used and put under a UV light, with results quickly known.

Why Public Officials Shouldn't Base Restrictions On PCR Tests

A massive, worldwide COVID testing campaign is underway, costing countries billions of dollars. But more and more experts are coming forward, claiming that the misuse of PCR (polymerase chain reaction) testing, the most common test for COVID, is resulting in a vast number of false positives. Many are denouncing the testing as illogical and fraudulent, stating that it shouldn't be considered diagnostic. Yet these are the very tests that are used to report daily numbers around the country that then justify the policies to squander people's constitutional rights and depress the economy.

We must demand transparency from state health departments and governors who are relying on these values and ask them to invalidate and retract numbers that lead to deception; fraudulent reporting during a state of emergency is a felony.

Equally important, the willing acceptance of these values comes at a great cost to society:

1. There's been an alarming loss of basic human rights and freedoms from the shutdowns, including schooling, medical procedures, and income. The World Bank estimates that more than 100 million people will be forced into extreme poverty due to the economic shutdown.
2. Many are experiencing resultant mental health crises as fear, anxiety, isolation, and depression skyrocket; the childhood population has been significantly affected. Shutdowns and restrictions on individuals and businesses must not be based on testing alone, especially PCR testing. Why?

How the PCR Test Works

PCR testing takes a swab sample of DNA and runs it through cycles of amplification. False positives are a result of a lab using a high number of amplification cycles, which is the number of times the RNA particles are magnified. A cycle threshold (CT) of 34 or more means the test is 100% useless as a measure of a true positive case. (Florida is the first state to require all labs to report the misleading CT.) To guarantee that a positive is a positive, the PCR test must be run at 17 cycles; otherwise accuracy becomes increasingly questionable as the cycles increase.

- **By the time you get to 33 cycles, 80% are false positives.**
- **Up to 90% of positive tests at a cycle threshold of 40 would be negative at a cycle threshold of 30.**
- **With a CT above 35, the chance of receiving a "false positive" result is 97% or higher.**

Accuracy is of upmost importance in a public crisis. The most valid way to test for infection is to look for a "live" virus using a viral culture. PCR tests cannot distinguish between live viruses and particles that are not infectious, nor can they rule out other viruses or bacteria — you can get a positive result from the flu or other coronavirus fragments.

According to Our World in Data (ourworldindata.org), each day more than 1 million people in the United States are being tested for COVID-19. The most common test is the PCR test, which takes a sample swab of DNA and runs it through cycles of amplification. However, the tests are not a reliable means of detecting COVID-19 and are ultimately being used to justify lockdowns and other draconian public health policies.

It follows that a positive PCR test does not necessarily indicate infectiousness. Thus, the positive test result doesn't represent a case, let alone an actual illness. As science writer and expert in molecular genetics, Pieter Borger, PhD, stated, "'Confirmed cases' is a nonsense number."

This is validated by the World Health Organization (WHO), which issued an advisory on January 20, 2021 for labs processing PCR tests. The advisory instructs technicians to carefully determine if manual adjustment of the PCR positivity threshold is recommended by the manufacturer. It goes on to say that "careful interpretation of weak positive results is needed," asserting that a positive PCR test result does not automatically constitute a case of COVID-19.

So we must ask ourselves, what does a positive test even mean? What percentage of the "positive cases" used to keep society locked down and socially isolated is from those who are asymptomatic, based solely on a positive PCR test?

Other Issues with PCR Testing

Both the United States and the United Kingdom have reported large-scale testing kit contamination. Additionally, testing site/lab contamination has led to "countless" false positives. Finally, the test can pick up on non-infectious virus fragments long after an active infection has resolved.

Making History with a "Test-Only Model"?

Testing is designed to substantiate clinical observations. Per the WHO, a PCR test is a diagnostic aid that must be looked at in conjunction with multiple other factors. Yet this appears to be the first time in history that a pandemic is being measured and managed through testing alone, without clinical oversight to verify the tests or even justify the administration of a test. Without this clinical observation and oversight, it's impossible to determine what percentage of positive tests will never be symptomatic or never be infectious.

Can we change course on this testing and reporting catastrophe? Can we hold health departments and other regulatory agencies and powers-that-be accountable for their acquiescence in this charade? Our human rights and freedoms, including our children's future, hinge on our response to this unreliable testing model that's defrauding the public. And it will undoubtedly be instructional for the next pandemic. How we respond today will set a precedent for tomorrow.

If you truly care about tracking, tracing and accuracy of results, then you should care about this information.

We're told if we care about others, we must comply without question. Many are doing it willingly, but too many are being pressured into getting tested for COVID, sometimes repeatedly. However, genuinely caring for others doesn't involve weapon zing fear or selling false solutions. It is truthful and transparent. And in today's fear- and anxiety ridden climate, those attributes are more important than ever.

How Public Officials Can Help

Ask your state and local health department how they are responding to the WHO's new guidance for proper use of the PCR test. Also ask them to:

- Count only those test results that are run at 30 cycle thresholds or less. • Publish the PCR cycle thresholds for their area, region, or state.
- Retract any case numbers that are based on cycle thresholds above 30.

References

BMJ: http://bit.ly/3b2Ep6n
Centers for Disease Control and Prevention: http://bit.ly/385Zz1u
Clinical Infectious Diseases: http://bit.ly/2X3nAQz
Corman-Drosten Eurosurveillance Report: http://bit.ly/3sZxn8N
European Journal of Clinical Microbiology & Infectious Diseases: https://bit.ly/2KV6OAy
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The Telegraph: http://bit.ly/2X32txs
Twitter – Virologist Zack Frankfurt: https://bit.ly/2Mtxsks
World Bank: http://bit.ly/3ncVgpk
World Health Organization January 2021 Advisory: http://bit.ly/3j3HncR

Are you ready to stand up for your constitutional rights, parental rights, and informed consent rights? Come stand with us at **https://standforhealthfreedom.com/**

Updated February 3, 2021.