INTERVIEW WITH:

Peggy Hall and John Jay Singleton

Thursday, September 3rd 2020, 6:00 PM EST

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RE: THE FAKE PANDEMIC, NURSING HOMES & SPROUTS GROCERY and RESOLVING DISPUTES – SETTING UP CLAIMS ADMINISTRATIVE PROCESS – COURT AS LAST RESORT

EXAMPLE OF SPROUTS GROCERY STORES

The court system is not a remedy for every problem have; however, it is a tool that you can use to intervene in some cases. The court system allows the prevailing party to have access to the police power of the state to either take money from a debtor who refuses to pay, or to compel or prohibit certain conduct using the same police powers. You will use the court system when it would be illegal for you to do the same thing individually, such as take money that is owed to yourself.

The court system is just another function in our community that allows people to get things done, “seek justice” while avoiding violent confrontations. The court system is monopolized by an ecclesiastical system of foreign agents (it is corrupt); however, it must at least give the appearance of justice, and there are just somethings it cannot avoid doing correctly. Once you know a few of the basics, the courts can give you a that bit of leverage you might need.

I’m the first one to avoid court, but I always anticipate having to use the court from the beginning. This involves sending the proper written notices and making a record (via written communications usually) of my attempts to solve the dispute. Once these efforts have been exhausted, there is a good chance that a resolution has been reached. The key here is that you have articulated the merits of the dispute adequately.

Here is an example, a company sends you a bill by mistake. You see that it is a mistake so you discard the bill. Because you failed to express this to the company that erroneously sent you the, it cannot and does not have the legal duty to correct its actions. In other words, because you failed to object, you actually owe the money demanded. I know it sounds unfair, but this is a close approximation of how our system works.

Let’s say you send a written response disputing the amount of the debt. In this case, the creditor could correctly claim you are the debtor and that only the amount is in dispute. You would have failed to adequately articulate a defense and probably lose a lawsuit.

In the alternative, let’s say you respond with a written letter and this time, you explain, “I never had an account with you, this is my name but you have the wrong ‘John Smith’”, as an example. This would properly articulate the fact that not only do you not owe anything, you never had an account and the creditor has the wrong person. This response may even prevent a lawsuit.

All of this concerns property rights, and if you cannot resolve these types of disputes between yourself and the other party, you may sometimes need to involve a third party.

Fortunately, our very wasteful governments have created such elaborate administrative levels that you can use them to your advantage. For example, can you imaging having to sue a multi-billion dollar international airline for violating your civil rights? You would probably lose just because you are out-funded. In this example, the laws preclude anyone except the government from suing an airline, people cannot actually sue an airline for anything. In fact, you can file the lawsuit, but it would be dismissed for failure to seek the administrative remedy that is available.

In many cases, even with private parties, the courts will require, as a condition of hearing your lawsuit, at least the allegation that you attempted to resolve your dispute in a pre-suit mediation conference, unless some other procedure is required by law. This can be very helpful, especially for people who are squeamish about using the court system.

I've produced a video and example forms you can use to make a complaint against an airline https://youtu.be/HZCJZdNdxEA, specifically for denying service because of your refusal to wear a mask. I've written an example complaint that is about the same thing as a letter. This letter is sent to the airline's complaint resolution officer (CRO). If the CRO refuses to provide the remedy, then this is appealed to the Department of Transportation (DOT). And if its determination is not favorable to you, which really should be very unlikely if your claim is supported by law, you can then file a petition in the United States District Court of Appeals, completely bypassing the trial court.

The most important understanding here is that if you have properly documented your dispute and your efforts to resolve it, and if you have adequately articulated the merits of your dispute including all pertinent facts, you will very likely prevail at the administrative level (before going to court).

This is also true with the recent disputes involving the so-called "mask mandate" for retail businesses, specifically, grocery stores such as Sprouts.

You want to first have a plan for addressing this type of dispute on-site, with the manager of the premises. If you are going to be denied services, you want to speak with the person who is solely responsible for the premises at that time, usually the store manager. Ask him or her if he or she is solely responsible for the premises at that time. Then ask if you are being refused services for refusing to wear a mask, or whatever the facts may involve. Then ask if the manager is aware of the liabilities such as those associated with imposing a medical intervention upon patrons as a condition of shopping, or those involved with denying services to patrons with a disability, medical condition, religious conviction or other conditions. Ask the manager if he has insurance to cover you for any health consequences involved with you complying with his request, and possibly collapsing in an unconscious state on the floor. Ask the manager if he is aware that imposing such condition violates OSHA safety regulations, and ask, by what legal authority the manager is imposing such terms. It is important to have this discussion and that you make a note of his or her responses, even if you have to write it down (be prepared). If still, you are denied services, then you will want to narrate the conversation and events in a letter that describes what happened in chronological order.

You will want to send this letter to the same store manager and then to the general counsel (top attorney or risk manager) for the business, so that each knows the letter has been sent to each. This letter should be in regard to a "pre-suit mediation request" or something similar because you want to express that you fully intend to enforce your rights and are prepared to sue but that you are giving them a chance to avoid this.

In these types of letters, I want the business to take action immediately, one way or another, so I avoid indicating that I've already filed a complaint with a state agency, as I'm going to explain here. If you show that you've already filed an agency complaint, the chief

counsel may just decide to take no action until there is a response or determination from the agency. I think you should prefer that the business make a decision quickly instead.

It's also important to collaborate, especially online via chat forums, so you can get help articulating the important issues. Really, don't try this alone, it can be very frustrating, especially if members of your family are opposed or think differently than you.

Here is an example of a pre-suit mediation letter regarding Sprouts:

[First Last name]
[address]
[city state zip]

Brandon Lombardi, General Counsel
Sprouts Farmers Market
5455 E. High Street, Suite 111
Phoenix, AZ 85054

Sprouts Store Manager
[Store Manager]
[address]
[city state zip]

August 15th 2020

Re Pre-Suit Mediation Request

Hello Mr. Lombardi,

I thought we could avoid unnecessary costs of litigation and publicity by working out a recent conflict. I was recently shopping at your store confronted by [Store Manager] who refused services because I would not dress like his employees or the other patrons and wear a mask or place a device over my head. I did not file a police report because I really like shopping at store and don't want to get anyone in trouble, but I do have rights and I will defend them.

The following terms appear on Page 16 of Sprouts' Code of Conduct & Ethics[1]:

"NON-DISCRIMINATION AND HARASSMENT

Our team members are the cornerstone of our success. Sprouts is committed to providing a work environment in which every team member has the opportunity to grow, develop, and contribute fully to our collective success. Accordingly, **we will not tolerate unlawful discrimination and harassment** based on race, **religion**, color, creed, national origin, ancestry, ethnicity, age, sex, pregnancy, childbirth, breast feeding and **medical conditions** related to pregnancy, familial status, sexual orientation, gender identity or expression, lack of conformity to gender stereotypes, **disability**, marital status, citizenship, status as victims of domestic violence or sexual assault or stalking, military and veteran's status, **whistleblowers**, **or any other basis protected by applicable law**. **Discrimination and harassment**, whether caused by a team member, customer, vendor or supplier, in the workplace or any functions related to the workplace, **is unacceptable and will not be tolerated.** For more detailed information on our anti-discrimination and anti-harassment policies, please see The Vine (under Policies and Procedures)."

Ordering employees, vendors and patrons to accept medical advice from your door attendants (wearing a muzzle) is not only a crime (unlicensed practice of medicine), but violates the Florida Patient Bill of Rights pertaining to "informed consent" and Chapter 760 of the Florida Statutes which prohibits discrimination of people with a disability and certain religious convictions. **Your employees have no idea of my medical condition** and are not licensed or insured medical practitioners. [Store Manager] and other employees are prohibited by law from giving medical advice, such as advising customers to wear muzzles. Will your insurance cover you if I act on your medical advice and then collapse on the floor in an unconscious state? Sprouts is not

1 http://investors.sprouts.com/Cache/IRCache/4de8df38-69ee-1525-ecb2-ce88fc3e5d4a.PDF?O=PDF&T=&Y=&D=&FID=4de8df38-69ee-1525-ecb2-ce88fc3e5d4a&iid=4096386

insured for this, nor is it equipped to respond to medical emergencies created by its own rules (that violate the law and its own policies).

I believe that the facts demonstrate that Sprouts and [Store Manager] are in violation of not only your own store policy, but Florida law and federal law and safety regulations. The subject of my disability, handicap or medical condition should never be a consideration when I patronize your store. I just want to buy groceries, I don't need medical advice from cashiers.

Furthermore, harassing or intimidating patrons while wearing a mask as [Store Manager] may constitute a second-degree misdemeanor under F.S. §876.14:

> 876.14 Wearing mask, hood, or other device on property of another.—No person or persons over 16 years of age shall, while wearing a mask, hood, or device whereby any portion of the face is so hidden, concealed, or covered as to conceal the identity of the wearer, demand entrance or admission or enter or come upon or into the premises, enclosure, or house of any other person in any municipality or county of this state.

Claiming that your corporate headquarters requires you to do these things is an admission that your corporate headquarters (board of directors) is requiring you to break the law and violate the rights of your customers. Sprouts and its employees may be individually liable for this. You are not excused just because "it's store policy" as **the *mask-wearing* policy is illegal** and you are expected to know the law.

Furthermore, **Sprouts and its employees are in violation of OSHA safety standards, specifically 29 CFR §1910.134.** This is clearly demonstrated in the enclosed letter from the OSHA Director of Safety Programs where he states that the scientific research conducted by OSHA establishes that having an oxygen level below 19.5% may be deadly, or result in organ failure and severe bacterial infections (e.g. pleurisy). **Wearing a muzzle immediately reduces oxygen flow well below 19.5%, in clear violation of OSHA safety standards**. Again, Sprouts' code of conduct requires that its employees follow all applicable laws and regulations; however, it is clearly in violation of all applicable laws and regulations and is jeopardizing the safety and well-being of not only its employees, but anyone following it's illegal requirements.

You should also be advised that executive orders written by governors, mayors or county boards are not binding upon private businesses or people, they are only binding upon other government agencies and government employees. There is no law requiring anyone to wear a muzzle or allow his temperature to be taken. A law requires a legislative process and public debate and this insanity would never survive any public debate.

There is no imminent danger, there is no pandemic, the so-called "Covid-19" is a theatrical production involving live-action-role-playing, **it's not real**. Viruses are not contagious pathogens[2]. This is clearly stated on the website for the World Health Organization and it was rehearsed several times, previously known as "Event 201" and the "CAPS" virus, another simulation. The declarations of an emergency are false and only being made for the purpose of pillaging emergency funds from FEMA and other organizations. It is also likely that Sprouts and it's board of directors may be implemented in the pending investigations for "disaster fraud" being filed with the Inspector General's office.

It's time to follow your policies and go back to complying with the law for real, and stay in your business of selling groceries and leave the other business to the professionals who are

2 Dr. Vernon Coleman

qualified. Neither the Department of Health nor your insurance carrier, nor the National Association of Retailers can require Sprouts to break the law no more than Sprouts can require it's employees, such as [Store Manager], to break the law.

If you can direct your manager to discontinue his conduct and allow me to shop at your store, just like anyone else, I will agree to withdraw my complaint (has not been filed). Please respond by August 31st 2020. If I don't receive confirmation that you agree, I will proceed.

And the next section illustrates how this same complaint is made to the state agency responsible for resolving disputes under a specific set of laws,in this case, the Civil Rights Actof 1992, F.S. Chapter 760. Notice in the letter I mentioned many issues because I'm trying to persuade the other party, but I'm restricted to only certain issues that the agency is able to address when filing the complaint with the agency. And then when filing with the court, the issues may be further restricted to satisfy the pleading requirements and minimize the plaintiffs (your) burden of proof by saying(alleging too much or more than is necessary to state a cause of action).

The following was based upon form requirements on a form provided by the agency (Fla. Comm. on Human Relations), but I re-created the merits of the form and the complaint in a written letter that is re-produced on the next pages.

Department of Management Services
Florida Commission on Human Relations
4075 Esplanade Way, Suite 110
Tallahassee, Florida 32399-7020
(850) 488-7082

RE Complaint for Unlawful Discrimination

August 15, 2020

Greetings,

I was recently shopping at Sprouts Farmers Market when I was confronted by the store manager [Store Manager] who refused services because I would not dress like his employees or the other patrons and wear a mask or place a device over my head. I did not file a police report because I really like shopping at the store and don't want to get anyone in trouble, but I do have rights and I will defend them.

The following terms appear on Page 16 of Sprouts' Code of Conduct & Ethics[3]:

"NON-DISCRIMINATION AND HARASSMENT

Our team members are the cornerstone of our success. Sprouts is committed to providing a work environment in which every team member has the opportunity to grow, develop, and contribute fully to our collective success. Accordingly, Sprout's written policy states that the business will not tolerate any unlawful discrimination and harassment based on race, religion, color, creed, national origin, ancestry, ethnicity, age, sex, pregnancy, childbirth, breast feeding and medical conditions related to pregnancy, familial status, sexual orientation, gender identity or expression, lack of conformity to gender stereotypes, disability, marital status, citizenship, status as victims of domestic violence or sexual assault or stalking, military and veteran's status, whistleblowers, or any other basis protected by applicable law. Discrimination and harassment, whether caused by a team member, customer, vendor or supplier, in the workplace or any functions related to the workplace, is unacceptable and will not be tolerated. For more detailed information on our anti-discrimination and anti-harassment policies, please see The Vine (under Policies and Procedures)."

Ordering employees, vendors and patrons to accept medical advice from your door attendants (wearing a muzzle) is not only a crime (unlicensed practice of medicine), but violates the Florida Patient Bill of Rights pertaining to "informed consent" and Chapter 760 of the Florida Statutes which prohibits discrimination of people with a disability and certain religious convictions. Sprouts employees have no idea of my medical condition and are not licensed or insured medical practitioners. [Store Manager] and other employees are prohibited by law from giving medical advice, such as advising customers to wear muzzles. It has no insurance coverage if I act on its medical advice and then collapse on the floor in an unconscious state. Sprouts is not insured for this, nor is it equipped to respond to medical emergencies created by its own rules (that violate the law and its own policies).

3 http://investors.sprouts.com/Cache/IRCache/4de8df38-69ee-1525-ecb2-ce88fc3e5d4a.PDF?O=PDF&T=&Y=&D=&FID=4de8df38-69ee-1525-ecb2-ce88fc3e5d4a&iid=4096386

I believe that the facts demonstrate that Sprouts and [Store Manager] are in violation of not only their own store policy, but Florida law and federal law and safety regulations. The subject of my disability, handicap or medical condition should never be a consideration when I patronize this grocery store. I just want to buy groceries, I don't need medical advice from cashiers.

I am _____ years of age but do not believe there was any discrimination based upon my age. Please note that this matter does not involve an employment situation and I have not filed any charge with the Equal Opportunity Employment Commission. I have not sought help from any union or attorney.

I want to file a charge of discrimination as set forth herein, and I authorize the Florida Commission of Human Relations to look into the actions described above. I understand that the Commission must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the Commission can only accept charges of job discrimination based on race, religion, sex, pregnancy, national origin, disability, age, genetic information, or retaliation for opposing discrimination. By signing below, I verify that I have read the above information and that the facts stated are true.

Thus far, we are addressing rights violations, your property rights, not rights you have because of a law, but obligations that the business has under the law (statute) to protect your property rights.

The business is engaged in legal violations, so we can to make a separate claim for these, again with the appropriate agency. Again, I used the state form provided for making complaints against individuals who are engaged in the licensed practice of medicine. I'm not including the form here, just the merits of the report I filed. Please notice the specific issues I included here, as they are different form those regarding the civil rights and all the ones stated in the letter to the business.

This was filed with the Florida Department of Health.

This complaint is made against the store manager, _____, an employee of Sprouts Farmers Market in Orlando at the address of _____.

Mr. _____ is not a licensed physician and on the date of _____, demanded that I act upon his medical advice to undertake a medical intervention without any review of my medical records and without any medical examination, as a condition of patronizing his grocery store.

Subject, [last name], was not a licensed or insured physician.

Subject had not reviewed any of my medical records.

Subject had not conducted any medical examination.

Subject denied me any informed consent.

Subject demanded the medical intervention as a condition of patronizing his grocery store.

Subject failed to identify any legal authority for the demanded medical intervention.

Subject failed to identify any medical necessity for the demanded medical intervention.

The medical intervention demanded by subject violates OSHA safety regulations under 29 CFR 1910.134.

I've given everyone a few weeks to respond before I file the following complaint. Notice how I only allege what happened and how it was some kind of violations and grounds for granting the relief I'm seeking (injunction). In response, you can bet that the defendant will claim there is a pandemic and that it was acting under lawful orders. It will never be able to prove this defense and because I didn't allege it, I don't have the burden of proving that such a pandemic does not exist (proving a negative).

The purpose here is to overcome what we assume the defendant will file in response, a motion to dismiss, which admits the allegations and claims that for some reason the court doesn't have the jurisdiction to hear the case. We might have to amend the pleading once or twice and that is certainly permitted, and we expect that eventually the defendant will have to file an answer either admitting or denying the allegations. At that point, I think we'll get the defendant to agree to terms that will settle the complaint and dismiss it before it goes to trial or gets too much bad publicity or shows others how to do the same.

[First Last name], Plaintiff *in Propria Persona*
[ADDRESS]
[CITY STATE ZIP]

IN AND FOR THE _____ COURT, _____ COUNTY

STATE OF FLORIDA

[First Last name]
PLAINTIFF

v. CASE NO. _____

SPROUTS FARMERS MARKET AND
[Store Manager]
DEFENDANTS
_____/

COMPLAINT FOR INJUNCTIVE RELIEF

Plaintiff [First Last name] sues the defendant SPROUTS FARMERS MARKET for injunctive relief and alleges the following:

This is not a complaint for violations of any specific law *per se*; however, the plaintiff merely seeks to enjoin the defendant from violating its own written policies which prohibit the defendant from violating pertinent state and federal laws and regulations.

INTRODUCTION

Defendant is a grocery store doing business in _____ County, Florida doing business at the address of _____.

The plaintiff is a regular customer and patron of the defendant at its address.

In recent months, the defendant has begun directing its employees to inform the plaintiff, upon entering the defendant's place of business, that he is required to wear a mask over his face as a condition of entry.

The defendant has also begun directing its employees to inform the plaintiff that he is required to submit to a medical examination and thereby disclose certain vital statistics as a condition upon entry.

The defendant has also begun applying decals, arrows and other directional signs and erecting barriers throughout its business thereby requiring the plaintiff to restrain his movement and to remain six feet from other patrons, thereby restraining his liberty and freedom of movement without legal authority.

PARTIES

The plaintiff resides in Florida and receives mail at the address of _____.

The defendant is resident of the state of Florida in Seminole County with its principal place of business at _____. The defendant is not a private membership club, organization or association but is a retail business that is always open to the public generally and is defined under FLORIDA law as a “public accommodation”.

JURISDICTION

The Circuit Court has original jurisdiction over claims for equitable relief and requests for injunctions to prevent persons or entities from acting in a manner that is asserted to be unlawful. The circuit court is also granted the power to issue the extraordinary writs of *certiorari*, prohibition, mandamus, *quo warranto*, and *habeas corpus*, and all other writs necessary to the complete exercise of their jurisdiction, including the complaint set forth herein. Article V, Section 5 of the Florida Constitution and F.S. 26.012 et seq.

STATEMENTS OF FACT

The events giving rise to this complaint took place at defendant’s place of business and over the course of several visits to the defendant’s business beginning in July of 2020 and concluding on the date of August 15th 2020 at approximately 9:00 AM when the defendant refused to sell grocery items to the plaintiff as alleged herein.

The plaintiff visited the defendant’s place of business on Saturday morning, August 15th 2020 at approximately 9:00 AM. Upon entering the defendant’s place of business, The plaintiff had an irrevocable license to be on the premises and enjoy the same shopping experience as any other patron. No violation of this license was ever expressed or articulated by the defendant or any of its employees and no employee asked the plaintiff to leave; however within minutes of entering the store, the plaintiff was approached by [Store Manager]

(Manager), who was visibly agitated. He informed the plaintiff that unless the plaintiff agreed to wear a mask or other device on his face or over his head like the other employees and patrons, that he would be refused service.

The plaintiff informed the defendant that he was advised by his physician that wearing a mask or other devices over his face or head are contra-indicated to his medical condition, handicap or disability. The defendant's employee, Manager, acting as store manager, flatly stated that he did not care about any of the plaintiff's medical conditions, disabilities or handicaps.

The plaintiff then asked the hypothetical question, "What if I follow your medical advice and wear a mask while shopping in your store, and then collapse on the floor in an unconscious state. Do you have insurance to cover any resulting liabilities that your business may incur? Manager was unable to answer and refused to provide evidence of financial responsibility in the event that the plaintiff acted upon the defendant's recommended medical intervention that countermanded that of his own physician's.

The plaintiff then asked for a legal citation or copy of the store policy imposing this requirement upon patrons, or some source of the defendant's purported authority for countermanding the plaintiff's physician's medical advice. Manager provided a one-page document illustrating these terms but was unable to cite any law or other legal duty or authority to support his demands. This document is included as the last page affixed to Exhibit A, and it should be noted that Manager stated that the provisions appearing on this document were also part of the official store policy of the defendant.

The plaintiff then produced a color copy of the defendant's official store policy, all 36 pages (Exhibit A) and presented them to Manager and asked on which page these terms were located. Manager refused to respond.

The plaintiff then asked why the one-page document conflicted with page 16 of the defendant's official written policy pertaining to "anti-discrimination and harassment" as set forth herein and which statement was the official store policy since each conflicted with the other. Again, Manager refused to respond to that question, but then re-stated that the plaintiff would be refused services.

Manager stated that people who refuse to dress like other patrons and employees with the masks or head-devices could use “curb-side” services. The plaintiff asked why he would be denied the same treatment and shopping experience as other patrons, but Manager did not respond. Manager then walked away and stated he was calling the police (the Oviedo police department).

Upon attempting to purchase his grocery items, the cashier stated that she could not sell the plaintiff the items he wanted because her manager, Manager, instructed her to deny services to the plaintiff because he refused to dress like the other patrons or employees by wearing a mask or other device over his head or face.

The plaintiff then left the store and engaged in conversation with other patrons talking about the issue. The other patrons agreed with the plaintiff but stated they did not know how to address the problem. Toward the end of their conversation, the police arrived and asked the plaintiff if he was the customer for whom the defendant called the police. The plaintiff cordially responded that he was and explained he was leaving and the officer gave a polite response and each said to the other, have a nice day.

The defendant continues to engage in the acts alleged herein.

ALLEGATIONS

The defendant has a written policy known as “Sprouts’ Code of Conduct & Ethics”, a true and correct copy is attached to this complaint as Exhibit A and this also appears in PDF format on the Internet at the address footnoted here[4].

This written policy is consistent with the FLORIDA Civil Rights Act of 1992 as codified into Chapter 760 of the FLORIDA Statutes which prohibits the defendant, a retail business open to the public and not a private membership association or club, from the following:

> F.S. §760.01
>
> The general purposes of the FLORIDA Civil Rights Act of 1992 are to secure for all individuals within the state freedom from discrimination because of race, color,

4 http://investors.sprouts.com/Cache/IRCache/4de8df38-69ee-1525-ecb2-ce88fc3e5d4a.PDF?O=PDF&T=&Y=&D=&FID=4de8df38-69ee-1525-ecb2-ce88fc3e5d4a&iid=4096386

religion, sex, pregnancy, national origin, age, handicap, or marital status and thereby to protect their interest in personal dignity, to make available to the state their full productive capacities, to secure the state against domestic strife and unrest, to preserve the public safety, health, and general welfare, and to promote the interests, rights, and privileges of individuals within the state.

(3) The FLORIDA Civil Rights Act of 1992 shall be construed according to the fair import of its terms and shall be liberally construed to further the general purposes stated in this section and the special purposes of the particular provision involved.

And further,

§760.08 Discrimination in places of public accommodation.—All persons are entitled to the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation **without discrimination or segregation on the ground of race, color, national origin, sex, pregnancy, handicap, familial status, or religion.**

The defendant's conduct is in breach of its own written policies and thereby unlawfully discriminates against the plaintiff, and includes unlawful segregation, on the basis of his religion, handicap or disability.

The defendant's written policies are consistent with FLORIDA law, specifically, page 16, the defendant's written policy states that:

"NON-DISCRIMINATION AND HARASSMENT

Our team members are the cornerstone of our success. Sprouts is committed to providing a work environment in which every team member has the opportunity to grow, develop, and contribute fully to our collective success. Accordingly, we will not tolerate unlawful discrimination and harassment based on race, religion, color, creed, national origin, ancestry, ethnicity, age, sex, pregnancy, childbirth, breast feeding and medical conditions related to pregnancy, familial status, sexual orientation, gender identity or expression, lack of conformity to gender stereotypes, disability, marital status, citizenship, status as victims of domestic violence or sexual assault or stalking, military and veteran's status, whistleblowers, or any other basis protected by applicable law. Discrimination and harassment, whether caused by a team member, customer, vendor or supplier, in the workplace or any functions related to the workplace, is unacceptable and will not be tolerated. For more detailed information on our anti-discrimination and anti-harassment policies, please see The Vine (under Policies and Procedures)."

The following paragraph on the same page of the defendant's policy includes the same words under the title "PUBLIC ACCOMMODATION AND NONDISCRIMINATION".

On page 35 of the policy manual, each employee must certify that he or she will comply with the following terms:

> 1. That I have received and read the Code; 2. That the Code is important to the proper conduct of business for and with Sprouts; 3. That I will comply with all applicable provisions of the Code in conducting my duties for the company; 4. That, as a team member with supervisory responsibilities, I have a higher level of responsibility for creating an environment that encourages compliance with the Code; 5. That I understand that violations of the Code or applicable laws and regulations are subject to disciplinary action, which can include reprimand, probation, suspension, or termination, as well as legal action if appropriate; and 6. I will promptly notify Sprouts if and when I am unable to comply with the applicable provisions of the Code.

Defendant's conduct involves the unlicensed practice of health care profession.

The defendant's written policies as set forth in Exhibit A preclude the defendant from violating any state law or regulation, specifically, in the state of FLORIDA.

FLORIDA Statute 456.065 makes it a crime to engage in the unlicensed practice of health care profession (without a valid license) and imposes civil and criminal penalties upon anyone giving medical advice or examinations without a license and the proper insurance and training.

The law prohibits the defendant from engaging in conduct that includes practicing, attempting to practice any method treating illness or affliction; and, diagnosing, treating, operating on, or prescribing for any physical or mental condition; and, engaging in a conspiracy to, or aiding and abetting someone else to do any of the foregoing described conduct.

Defendant's conduct violations plaintiff's right to informed consent.

Once again, the defendant's written policies as set forth in Exhibit A preclude the defendant from violating any state law or regulation, specifically, in the state of FLORIDA.

The FLORIDA Patient's Bill of Rights and Responsibilities Act F.S. §381.026, requires that the plaintiff be given the ability to make informed consent as to whether or not he should

accept such medical intervention or participate in any medical examination or disclose any medical information or vital statistics.

Even if the defendant provided the plaintiff with the complete information such as the risks and benefits analysis and scientific findings of pertinent clinical studies so that the plaintiff would then be able to give or refuse informed consent, the defendant is not a licensed, trained or insured medical professional or physician have the legal rights to engage in such conduct.

The plaintiff also has the right to be treated with dignity as it pertains to undergoing medical interventions and treatments.

The plaintiff also has the right to know the name, function, and qualifications of each health care provider who is providing medical services.

The plaintiff also has the right to be given by his or her health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

The plaintiff also has the right to refuse any treatment based on information required under the Patient's Bill of Rights.

The plaintiff has the right to express grievances to a health care provider, a health care facility, or the appropriate state licensing agency regarding alleged violations of patients' rights. The plaintiff has the right to know the health care provider's or health care facility's procedures for expressing a grievance.

The plaintiff has additional rights that are protected by law and inherent in the plaintiff's intangible property rights and the plaintiff has never waived any of these rights, either deliberately or intentionally or tacitly.

Defendant's conduct violates OSHA safety regulations.

And once again, the defendant's written policies as set forth in Exhibit A also preclude the defendant from violating any federal laws or regulations, specifically, in the state of FLORIDA or its obligations under the Occupational Safety and Health Act of 1970.

The safety standards of the Occupational Safety and Health Administration, 29 CFR §1910.134 have established by decades of scientific study, that wearing a mask dangerously restricts the flow of oxygen and may result in permanent brain damage, organ failure, bacterial infections such as pleurisy and even death. This is further demonstrated by a letter dated April 2nd 2007, from Richard E. Fairfax, the Director of OSHA Enforcement Programs, answering the question regarding OSHA's interpretation of the respiratory protection standard, 29 CFR §1910.134, a true and correct copy of which is attached as Exhibit B.

Furthermore, there are no scientific findings that prove wearing a mask does anything to prevent the transmission of any disease, in fact, all of the science clearly demonstrates that wearing a mask has substantial and adverse effects upon the health and well-being of people, specifically the plaintiff. This is demonstrated in Exhibit C, Parts 1 through 4.

The defendant's violations of its own policies and thereby violations of the laws described herein creates unsafe and hazardous conditions for the plaintiff and other patrons of its retail location.

The defendant has engaged in a pattern or practice of discrimination as defined by the laws of this state.

The plaintiff has been discriminated against by the defendant as defined by the laws of this state and such discrimination raises an issue of great public interest.

Irreparable injury will result if the injunction is not granted.

The defendant violates its own policies by advising patrons to accept and act upon its medical advice or intervention.

The defendant demands that the plaintiff act upon its medical advice or submit to a medical examination without any professional responsibility or accountability such as licensing or insurance or any type of medical training.

The defendant is unwilling to insure the plaintiff against any health consequences for complying with its demands as described herein.

The health and well-being of the plaintiff and other patrons, vendors and employees complying with the defendant's illegal actions may result in many people, including the plaintiff, acquiring deadly bacterial infections such as pleurisy or Legionnaires' disease, and organ failure, or permanent brain damage and possibly death. People are being given medical advice and subjected to medical examinations by the defendant's employees who have no medical training and who have never obtained any medical licensing or practiced medicine of any kind.

Additionally, the defendant's violations of its own written policy also creates the possibility of violent confrontations with customers entering via the front door. The defendant's violations may also create unsafe situations for the plaintiff and other patrons and personnel.

State law requires medical licensing and the appropriate insurance for this conduct and patrons have the right to informed consent which the defendant is unable to provide.

The defendant has no knowledge of the plaintiff's medical condition or disability, yet purports to advise the plaintiff to act upon its medical advice.

These hazards can be avoided if the defendant is enjoined from continuing to violate its own written policies and correct its instructions to its employees and begin complying with it's own policies and the pertinent and applicable laws and regulations as set forth herein.

The defendant's written policies require the defendant to comply with all pertinent laws and regulations and this conduct, while violating the defendant's own policies, violates state law.

The plaintiff has no other adequate remedy at law and there is no other adequate remedy at law.

The plaintiff is a frequent patron of the defendant and has a clear legal right to the requested relief.

The plaintiff has a likelihood of success on the merits because the defendant's written business policies are perfectly consistent with state law, federal law and the applicable regulations, including but not limited to the foregoing facts and allegations.

Additionally, the plaintiff, just like other members of the community have the right to rely upon the written and published business policies and practices of the defendant, certainly when those policies require the defendant to comply with the law.

Likewise, the public interest will be served by the requested injunction, in part for the reason that the defendant is patronized by hundreds of other local residents and some tourists each week, all having the same or similar experience as the plaintiff has alleged herein.

Neither defendant has any more right to require the plaintiff to wear any certain attire (except for the long-standing social norm of being fully dressed) or act upon any medical advice, than either has the right to require the plaintiff to take an aspirin as a condition of shopping at the defendant's place of business, or be required to eat an apple as a condition of shopping, and for that matter, be required to join a demonic cult or participate in a demonic ritual of any kind as a condition for shopping at the defendant's place of business.

The defendant's conduct not only violates its own written policies and state and federal laws and regulations, it is not justified by any benefits of any kind whatsoever. In fact, its conduct creates substantial and severe health consequences for both patrons and employees along with social conflicts that result in costs of litigation such as this complaint.

Additionally, any bond requirements that may apply to the relief sought in this complaint have been implicitly waived or expressly waived by the defendant, or granting the requested relief would not incur substantial costs against the defendant.

REQUESTED RELIEF

WHEREFORE, plaintiff respectfully requests an injunction against the defendant, enjoining the defendant from violating or breaching its own company policy and enjoining the defendant from violating the pertinent laws and regulations set forth herein.

DATED this ___ day of August 2020.

_____
[First Last name]
Plaintiff in *propria persona*

EXHIBIT A

EXHIBIT B

https://www.thehealthyamerican.org/

www.privacyfight.com; www.aceofcoins.com; https://www.youtube.com/channel/UChSB5uXYLfYzf0Rfl-RhaEQ

EXHIBIT C

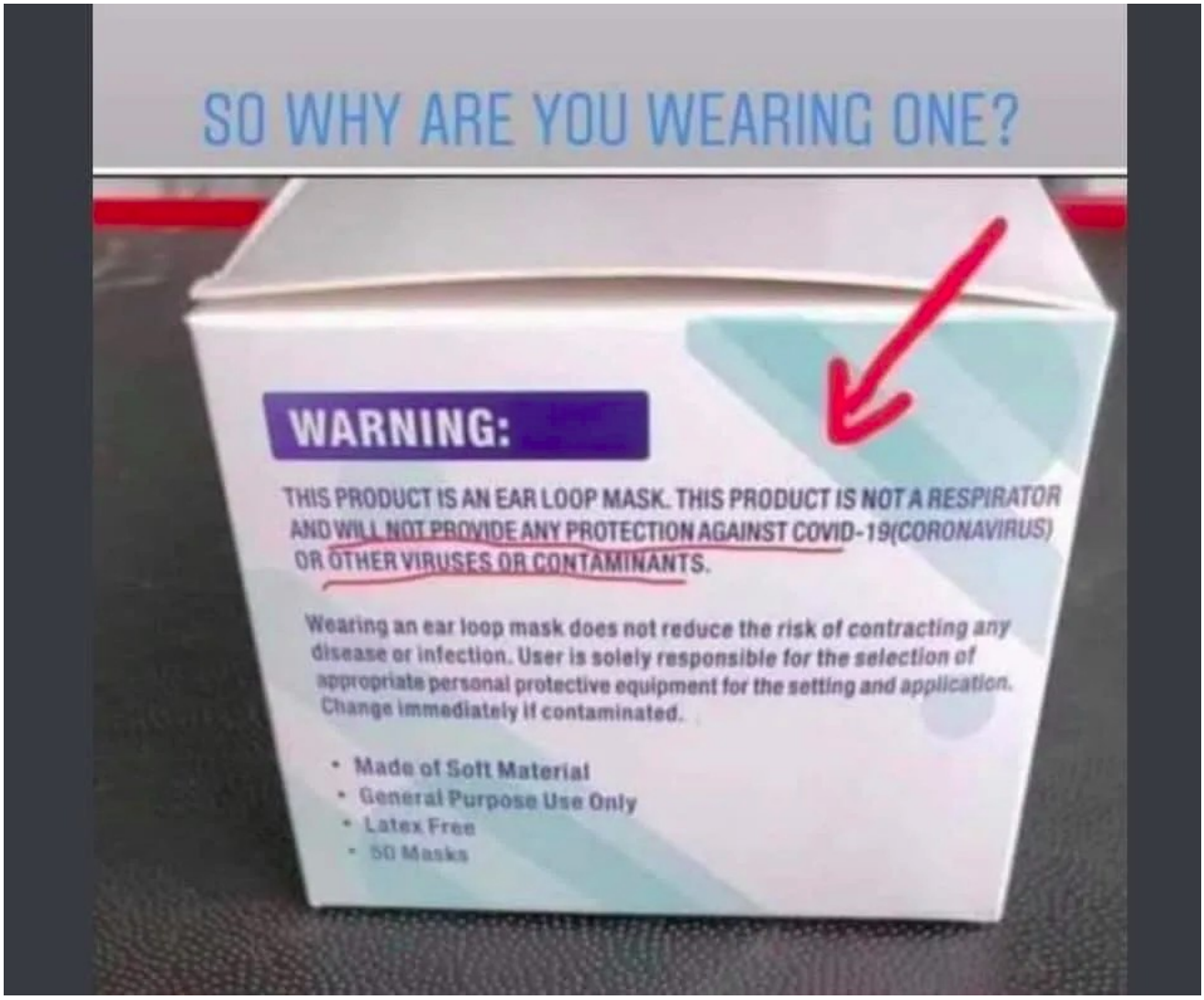
Part 1

https://www.thehealthyamerican.org/

www.privacyfight.com; www.aceofcoins.com; https://www.youtube.com/channel/UChSB5uXYLfYzf0Rfl-RhaEQ

EXHIBIT C

Part 2



https://www.thehealthyamerican.org/

www.privacyfight.com; www.aceofcoins.com; https://www.youtube.com/channel/UChSB5uXYLfYzf0Rfl-RhaEQ

EXHIBIT C

Part 3

Surgeon general:

“Data doesn't back up wearing masks in public amid coronavirus pandemic.”

U.S. Surgeon General: 'The data doesn't show' that wearing masks helps people during coronavirus pandemic U.S. Surgeon General Dr. Jerome Adams explains why the CDC and WHO do not recommend the general public wear masks and how doing so could increase your virus risk.

U.S. Surgeon General Jerome Adams said on “Fox & Friends” Tuesday that “the data doesn't show” that wearing masks in public will help people during the coronavirus pandemic.

Adams, a member of the Trump administration's Coronavirus Task Force, made the comment one day after President Trump said he sees a scenario where all Americans could be expected to wear masks in public "for a short period of time after we get back into gear."

Trump acknowledged on Monday that he did not yet discuss the idea with his task force and said it is "certainly something we could discuss."

“It's important to understand that we are looking at the data every single day and we make the best recommendations to the American people we can based on what we know,” Adams said on Tuesday. “What the World Health Organization [WHO] and the CDC [The Centers for Disease Control and Prevention] have reaffirmed in the last few days is that they do not recommend the general public wear masks.”

EXHIBIT C
Part 4

Masks Don't Work: A Review of Science Relevant to COVID-19 Social Policy

By Denis G. Rancourt, PhD

Masks and respirators do not work.

There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles.

Furthermore, the relevant known physics and biology, which I review, are such that masks and respirators should not work. It would be a paradox if masks and respirators worked, given what we know about viral respiratory diseases: The main transmission path is long-residence-time aerosol particles (< 2.5 -m), which are too fine to be blocked, and the minimum-infective dose is smaller than one aerosol particle.

The present paper about masks illustrates the degree to which governments, the mainstream media, and institutional propagandists can decide to operate in a science vacuum, or select only incomplete science that serves their interests. Such recklessness is also certainly the case with the current global lockdown of over 1 billion people, an unprecedented experiment in medical and political history.

Review of the Medical Literature

Here are key anchor points to the extensive scientific literature that establishes that wearingsurgical masks and respirators (e.g., "N95") does not reduce the risk of contracting a verified illness:

Jacobs, J. L. et al. (2009) "Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial," American Journal of Infection Control, Volume 37, Issue 5, 417 – 419.

https://www.ncbi.nlm.nih.gov/pubmed/19216002

N95-masked health-care workers (HCW) were significantly more likely to experience headaches. Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.

Cowling, B. et al. (2010) "Face masks to prevent transmission of influenza virus: A systematic review," Epidemiology and Infection, 138(4), 449-456.

https://www.cambridge.org/core/journals/epidemiology-and-infection/article/face-masks-to-

prevent-transmission-of-influenza-virus-a-systematic-review/
64D368496EBDE0AFCC6639CCC9D8BC05

None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community members in households (H). See summary Tables 1 and 2 therein.

bin-Reza et al. (2012) "The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence," Influenza and Other Respiratory Viruses 6(4), 257–267. https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00307.x

“There were 17 eligible studies. ... None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”

Smith, J.D. et al. (2016) “Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis,”

CMAJ Mar 2016 https://www.cmaj.ca/content/188/8/567

“We identified six clinical studies ... . In the meta-analysis of the clinical studies, we found no significant difference between N95 respirators and surgical masks in associated risk of (a) laboratory-confirmed respiratory infection, (b) influenza-like illness, or (c) reported work-place absenteeism.”

Offeddu, V. et al. (2017) “Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis,” Clinical Infectious Diseases, Volume 65, Issue 11, 1 December 2017, Pages 1934–1942, https://academic.oup.com/cid/article/65/11/1934/4068747

“Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection (VRI) was not statistically significant”; as per Fig. 2c therein:Radonovich, L.J. et al. (2019) “N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial,” JAMA. 2019; 322(9): 824–833.

https://jamanetwork.com/journals/jama/fullarticle/2749214

“Among 2862 randomized participants, 2371 completed the study and accounted for 5180 HCW-seasons. ... Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.”

Long, Y. et al. (2020) “Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis,” J Evid Based Med. 2020; 1- 9.

https://onlinelibrary.wiley.com/doi/epdf/10.1111/jebm.12381

“A total of six RCTs involving 9,171 participants were included. There were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed respiratory viral infections, laboratory-confirmed respiratory infection, and influenza-like illness using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI 0.43-0.78).

The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza.”

Conclusion Regarding That Masks Do Not Work

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 such 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.Masks and respirators do not work.

Precautionary Principle Turned on Its Head with Masks

In light of the medical research, therefore, it is difficult to understand why public-health authorities are not consistently adamant about this established scientific result, since the distributed psychological, economic, and environmental harm from a broad recommendation to wear masks is significant, not to mention the unknown potential harm from concentration and distribution of pathogens on and from used masks. In this case, public authorities would be turning the precautionary principle on its head (see below).

Physics and Biology of Viral Respiratory Disease and of Why Masks Do Not Work

In order to understand why masks cannot possibly work, we must review established knowledge about viral respiratory diseases, the mechanism of seasonal variation of excess deaths from pneumonia and influenza, the aerosol mechanism of infectious disease transmission, the physics and chemistry of aerosols, and the mechanism of the so-called minimum-infective-dose.

In addition to pandemics that can occur anytime, in the temperate latitudes there is an extra burden of respiratory-disease mortality that is seasonal, and that is caused by viruses. For example, see the review of influenza by Paules and Subbarao (2017). This has been known for a long time, and the seasonal pattern is exceedingly regular. (Publisher's note: All links to source references to studies here forward are found at the end of this article.)

For example, see Figure 1 of Viboud (2010), which has “Weekly time series of the ratio of deaths from pneumonia and influenza to all deaths, based on the 122 cities surveillance in the US (blue line). The red line represents the expected baseline ratio in the absence of influenza activity,” here:The seasonality of the phenomenon was largely not understood until a decade ago. Until recently, it was debated whether the pattern arose primarily because of seasonal change in virulence of the pathogens, or because of seasonal change in susceptibility of the host (such as from dry air causing tissue irritation, or diminished daylight causing vitamin deficiency or hormonal stress). For example, see Dowell (2001).

In a landmark study, Shaman et al. (2010) showed that the seasonal pattern of extra respiratory-disease mortality can be explained quantitatively on the sole basis of absolute humidity, and its direct controlling impact on transmission of airborne pathogens.

Lowen et al. (2007) demonstrated the phenomenon of humidity-dependent airborne-virus virulence in actual disease transmission between guinea pigs, and discussed potential underlying mechanisms for the measured controlling effect of humidity.

The underlying mechanism is that the pathogen-laden aerosol particles or droplets are neutralized within a half-life that monotonically and significantly decreases with increasing ambient humidity. This is based on the seminal work of Harper (1961). Harper experimentally

showed that viral-pathogen-carrying droplets were inactivated within shorter and shorter times, as ambient humidity was increased.Harper argued that the viruses themselves were made inoperative by the humidity (“viable decay”), however, he admitted that the effect could be from humidity-enhanced physical removal or sedimentation of the droplets (“physical loss”): “Aerosol viabilities reported in this paper are based on the ratio of virus titre to radioactive count in suspension and cloud samples, and can be criticized on the ground that test and tracer materials were not physically identical.”

The latter (“physical loss”) seems more plausible to me, since humidity would have a universal physical effect of causing particle/droplet growth and sedimentation, and all tested viral pathogens have essentially the same humidity-driven “decay.” Furthermore, it is difficult to understand how a virion (of all virus types) in a droplet would be molecularly or structurally attacked or damaged by an increase in ambient humidity. A “virion” is the complete, ineffective form of a virus outside a host cell, with a core of RNA or DNA and a capsid. The actual mechanism of such humidity-driven intra-droplet “viable decay” of a virion has not been explained or studied.

In any case, the explanation and model of Shaman et al. (2010) is not dependent on the particular mechanism of the humidity-driven decay of virions in aerosol/droplets. Shaman’s quantitatively demonstrated model of seasonal regional viral epidemiology is valid for either mechanism (or combination of mechanisms), whether “viable decay” or “physical loss.”

The breakthrough achieved by Shaman et al. is not merely some academic point. Rather, it has profound health-policy implications, which have been entirely ignored or overlooked in the current coronavirus pandemic.

In particular, Shaman’s work necessarily implies that, rather than being a fixed number (dependent solely on the spatial-temporal structure of social interactions in a completely susceptible population, and on the viral strain), the epidemic’s basic reproduction number (R0) is highly or predominantly dependent on ambient absolute humidity.

For a definition of R0, see HealthKnowlege-UK (2020): R0 is “the average number of secondary infections produced by a typical case of an infection in a population where everyone is susceptible.” The average R0 for influenza is said to be 1.28 (1.19–1.37); see the comprehensive review by Biggerstaff et al. (2014).

In fact, Shaman et al. showed that R0 must be understood to seasonally vary between humid-summer values of just larger than “1” and dry-winter values typically as large as “4” (for example, see their Table 2). In other words, the seasonal infectious viral respiratory diseases that plague temperate latitudes every year go from being intrinsically mildly contagious to virulently contagious, due simply to the bio-physical mode of transmission controlled by atmospheric humidity, irrespective of any other consideration.

Therefore, all the epidemiological mathematical modeling of the benefits of mediating policies (such as social distancing), which assumes humidity-independent R0 values, has a large likelihood of being of little value, on this basis alone. For studies about modeling and regarding mediation effects on the effective reproduction number, see Coburn (2009) and Tracht (2010).

To put it simply, the “second wave” of an epidemic is not a consequence of human sin regarding mask wearing and hand shaking. Rather, the “second wave” is an inescapable consequence of an air-dryness-driven many-fold increase in disease contagiousness, in a population that has not yet attained immunity.

If my view of the mechanism is correct (i.e., “physical loss”), then Shaman’s work further necessarily implies that the dryness-driven high transmissibility (large R0) arises from small aerosol particles fluidly suspended in the air; as opposed to large droplets that are quickly gravitationally removed from the air.

Such small aerosol particles fluidly suspended in air, of biological origin, are of every variety and are everywhere, including down to virion-sizes (Despres, 2012). It is not entirely unlikely that viruses can thereby be physically transported over inter-continental distances (e.g., Hammond, 1989).

More to the point, indoor airborne virus concentrations have been shown to exist (in day-care facilities, health centers, and on-board airplanes) primarily as aerosol particles of diameters smaller than 2.5 -m, such as in the work of Yang et al. (2011):

“Half of the 16 samples were positive, and their total virus −3 concentrations ranged from 5800 to 37 000 genome copies m . On average, 64 per cent of the viral genome copies were associated with fine particles smaller than 2.5 -m, which can remain suspended for hours.

Modeling of virus concentrations indoors suggested a source strength of 1.6 ± 1.2 × 105 genome copies m−3 air h−1 and a deposition flux onto surfaces of 13 ± 7 genome copies m−2 h−1 by Brownian motion. Over one hour, the inhalation dose was estimated to be 30 ± 18 median tissue culture infectious dose (TCID50), adequate to induce infection. These results provide quantitative support for the idea that the aerosol route could be an important mode of influenza transmission.”

Such small particles (< 2.5 -m) are part of air fluidity, are not subject to gravitational sedimentation, and would not be stopped by long-range inertial impact. This means that the slightest (even momentary) facial misfit of a mask or respirator renders the design filtration norm of the mask or respirator entirely irrelevant. In any case, the filtration material itself of N95 (average pore size ~0.3−0.5 -m) does not block virion penetration, not to mention surgical masks. For example, see Balazy et al. (2006).

Mask stoppage efficiency and host inhalation are only half of the equation, however, because the minimal ineffective dose (MID) must also be considered. For example, if a large number of pathogen-laden particles must be delivered to the lung within a certain time for the illness to take hold, then partial blocking by any mask or cloth can be enough to make a significant difference.

On the other hand, if the MID is amply surpassed by the virions carried in a single aerosol particle able to evade mask-capture, then the mask is of no practical utility, which is the case.Yezli and Otter (2011), in their review of the MID, point out relevant features:

1. Most respiratory viruses are as infective in humans as in tissue culture having optimal laboratory susceptibility

2. It is believed that a single virion can be enough to induce illness in the host

3. The 50-percent probability MID (“TCID50”) has variably been found to be in the range 100−1000 virions

4. There are typically 10 to 3rd power − 10 to 7th power virions per aerolized influenza droplet with diameter 1 -m − 10 -m

5. The 50-percent probability MID easily fits into a single (one) aerolized droplet

6. For further background:

7. A classic description of dose-response assessment is provided by Haas (1993).

8. Zwart et al. (2009) provided the first laboratory proof, in a virus-insect system, that the action of a single virion can be sufficient to cause disease.

9. Baccam et al. (2006) calculated from empirical data that, with influenza A in humans,“we estimate that after a delay of ~6 h, infected cells begin producing influenza virus and continue to do so for ~5 h. The average lifetime of infected cells is ~11 h, and the half-life of free infectious virus is ~3 h. We calculated the [in-body] basic reproductive number, R0, which indicated that a single infected cell could produce ~22 new productive infections.”

10. Brooke et al. (2013) showed that, contrary to prior modeling assumptions, although not all influenza-A-infected cells in the human body produce infectious progeny (virions), nonetheless, 90 percent of infected cell are significantly impacted, rather than simply surviving unharmed.

All of this to say that: if anything gets through (and it always does, irrespective of the mask), then you are going to be infected. Masks cannot possibly work. It is not surprising, therefore, that no bias-free study has ever found a benefit from wearing a mask or respirator in this application.

Therefore, the studies that show partial stopping power of masks, or that show that masks can capture many large droplets produced by a sneezing or coughing mask-wearer, in light of the above-described features of the problem, are irrelevant. For example, such studies as these: Leung (2020), Davies (2013), Lai (2012), and Sande (2008).

Why There Can Never Be an Empirical Test of a Nation-Wide Mask-Wearing Policy

As mentioned above, no study exists that shows a benefit from a broad policy to wear masks in public. There is good reason for this. It would be impossible to obtain unambiguous and bias-free results [because]:

1. Any benefit from mask-wearing would have to be a small effect, since undetected in controlled experiments, which would be swamped by the larger effects, notably the large effect from changing atmospheric humidity.

2. Mask compliance and mask adjustment habits would be unknown.

3. Mask-wearing is associated (correlated) with several other health behaviors; see Wada (2012).

4. The results would not be transferable, because of differing cultural habits.

5. Compliance is achieved by fear, and individuals can habituate to fear-based propaganda, and can have disparate basic responses.

6. Monitoring and compliance measurement are near-impossible, and subject to large errors.

7. Self-reporting (such as in surveys) is notoriously biased, because individuals have the self-interested belief that their efforts are useful.

8. Progression of the epidemic is not verified with reliable tests on large population samples, and generally relies on non-representative hospital visits or

admissions.

9. Several different pathogens (viruses and strains of viruses) causing respiratory illness generally act together, in the same population and/or in individuals, and are not resolved, while having different epidemiological characteristics.

Unknown Aspects of Mask Wearing

Many potential harms may arise from broad public policies to wear masks, and the following unanswered questions arise:

1. Do used and loaded masks become sources of enhanced transmission, for the wearer and others?

2. Do masks become collectors and retainers of pathogens that the mask wearer would otherwise avoid when breathing without a mask?

3. Are large droplets captured by a mask atomized or aerolized into breathable components? Can virions escape an evaporating droplet stuck to a mask fiber?

4. What are the dangers of bacterial growth on a used and loaded mask?

5. How do pathogen-laden droplets interact with environmental dust and aerosols captured on the mask?

6. What are long-term health effects on HCW, such as headaches, arising from impeded breathing?

7. Are there negative social consequences to a masked society?

8. Are there negative psychological consequences to wearing a mask, as a fear-based behavioral modification?

9. What are the environmental consequences of mask manufacturing and disposal?

10.Do the masks shed fibers or substances that are harmful when inhaled?

Conclusion

By making mask-wearing recommendations and policies for the general public, or by expressly condoning the practice, governments have both ignored the scientific evidence and done the opposite of following the precautionary principle. In an absence of knowledge, governments should not make policies that have a hypothetical potential to cause harm. The government has an onus barrier before it instigates a broad social-engineering intervention, or allows corporations to exploit fear-based sentiments.

Furthermore, individuals should know that there is no known benefit arising from wearing a mask in a viral respiratory illness epidemic, and that scientific studies have shown that any benefit must be residually small, compared to other and determinative factors. Otherwise, what is the point of publicly funded science?

The present paper about masks illustrates the degree to which governments, the mainstream media, and institutional propagandists can decide to operate in a science vacuum, or select only incomplete science that serves their interests. Such recklessness is also certainly the case with the current global lockdown of over 1 billion people, an unprecedented experiment in medical and political history.

Denis G. Rancourt is a researcher at the Ontario Civil Liberties Association (OCLA.ca) and is formerly a tenured professor at the University of Ottawa, Canada. This paper was originally published at Rancourt's account on ResearchGate.net. As of June 5, 2020, this paper was removed from his profile by its administrators at Rese archgate.net/profile/D_Rancourt . At Rancourt's blog ActivistTeacher . blogspot.com , he recounts the notification and responses he received from ResearchGate.net and states, “This is censorship of my scientific work like I have never experienced before.”

The original April 2020 white paper in .pdf format is available here, complete with charts that have not been reprinted in the Reader print or web versions.

EXAMPLE REMEDY FOR NURSING HOME ABUSE

Nursing homes are regulated under state statues, so I'm going to use Florida as an example. The pertinent statutes are Statutes Public Health §400.022, et seq. and Social Welfare §429.28 (Resident Bill of Rights).

If sending a letter to the general manager, board of trustees or chief counsel of the nursing home does not resolve the problem, you can then file a report or complaint with the responsible state agency. In Florida it would be the Florida Department of Children and Families. You can call the Florida Abuse Hotline as well, but you really do need to create a written record of the dispute and file a written complaint with the agency.

The following rights are not granted by statute, but expressed as being the obligation of the nursing home facility (probably the same in every state):

The right to civil and religious liberties;

The right to private and uncensored communication;

Any medical, legal, or other caretaker/counselor has right to reasonable access to the resident;

The right to present grievances about staff and/or facilities;

The right to organize and participate in resident groups and the right to have the resident's family meet in the facility with the families of other residents;

The right to participate in social, religious, and community activities;

The right to examine results of the most recent facility inspection by a government agency and plan of correction;

The right to manage his or her own financial affairs;

The right to be fully informed (in writing and orally) of services available and related charges;

The right to be adequately informed of his or her medical condition and proposed treatment;

The right to refuse medication or treatment and to be informed of the consequences of such decisions;

The right to receive adequate and appropriate health care and protective and support services;

The right to have privacy in treatment and in caring for personal needs;

The right to be treated courteously, fairly, and with the fullest measure of dignity;

The right to be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints;

The right to be transferred or discharged only for medical reasons or for the welfare of other residents (and 30 days notice)

The right to freedom of choice in selecting a personal physician;

The right to retain and use personal clothing and possessions as space permits;

The right to have copies of the rules and regulations of the facility;

The right to receive notice before the room of the resident in the facility is changed;

The right to be informed of the bed reservation policy for a hospitalization; and

The right to challenge a decision by the facility to discharge or transfer the resident (Medicaid/Medicare).

These conditions are also imposed upon nursing homes under Florida Statute §429.28 (Resident Bill of Rights)

(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:

(a) Live in a safe and decent living environment, free from abuse and neglect.

(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.

(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.

(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.

(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.

(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27 .

(g) Share a room with his or her spouse if both are residents of the facility.

(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.

(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.

(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

(2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and, if applicable, Disability Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder

Abuse Hotline operated by the Department of Children and Families, and Disability Rights Florida.

(3)(a) The agency shall conduct a survey to determine general compliance with facility standards and compliance with residents' rights as a prerequisite to initial licensure or licensure renewal. The agency shall adopt rules for uniform standards and criteria that will be used to determine compliance with facility standards and compliance with residents' rights.

(b) In order to determine whether the facility is adequately protecting residents' rights, the biennial survey shall include private informal conversations with a sample of residents and consultation with the ombudsman council in the district in which the facility is located to discuss residents' experiences within the facility.

(c) During any calendar year in which no survey is conducted, the agency shall conduct at least one monitoring visit of each facility cited in the previous year for a class I or class II violation, or more than three uncorrected class III violations.

(d) The agency may conduct periodic followup inspections as necessary to monitor the compliance of facilities with a history of any class I, class II, or class III violations that threaten the health, safety, or security of residents.

(e) The agency may conduct complaint investigations as warranted to investigate any allegations of noncompliance with requirements required under this part or rules adopted under this part.

(4) The facility shall not hamper or prevent residents from exercising their rights as specified in this section.

(5) A facility or employee of a facility may not serve notice upon a resident to leave the premises or take any other retaliatory action against any person who:

(a) Exercises any right set forth in this section.

(b) Appears as a witness in any hearing, inside or outside the facility.

(c) Files a civil action alleging a violation of the provisions of this part or notifies a state attorney or the Attorney General of a possible violation of such provisions.

(6) A facility that terminates the residency of an individual who participated in activities specified in subsection (5) must show good cause in a court of competent jurisdiction. If good cause is not shown, the agency shall impose a fine of $2,500 in addition to any other penalty assessed against the facility.

(7) Any person who submits or reports a complaint concerning a suspected violation of the provisions of this part or concerning services and conditions in facilities, or who testifies in any administrative or judicial

proceeding arising from such a complaint, shall have immunity from any civil or criminal liability therefor, unless such person has acted in bad faith or with malicious purpose or the court finds that there was a complete absence of a justiciable issue of either law or fact raised by the losing party.

F.S. §429.**29**

(1) Any person or resident whose rights as specified in this part are violated shall have a cause of action. The action may be brought by the resident or his or her guardian, or by a person or organization acting on behalf of a resident with the consent of the resident or his or her guardian, or by the personal representative of the estate of a deceased resident regardless of the cause of death. If the action alleges a claim for the resident's rights or for negligence that caused the death of the resident, the claimant shall be required to elect either survival damages pursuant to s. 46.021 or wrongful death damages pursuant to s. 768.21 . If the action alleges a claim for the resident's rights or for negligence that did not cause the death of the resident, the personal representative of the estate may recover damages for the negligence that caused injury to the resident. The action may be brought in any court of competent jurisdiction to enforce such rights and to recover actual damages, and punitive damages for violation of the rights of a resident or negligence. Any resident who prevails in seeking injunctive relief or a claim for an administrative remedy is entitled to recover the costs of the action and a reasonable attorney's fee assessed against the defendant not to exceed $25,000. Fees shall be awarded solely for the injunctive or administrative relief and not for any claim or action for damages whether such claim or action is brought together with a request for an injunction or administrative relief or as a separate action, except as provided under s. 768.79 or the Florida Rules of Civil Procedure. Sections 429.29 - 429.298 provide the exclusive remedy for a cause of action for recovery of damages for the personal injury or death of a resident arising out of negligence or a violation of rights specified in s. 429.28 . This section does not preclude theories of recovery not arising out of negligence or s. 429.28 which are available to a resident or to the agency. The provisions of chapter 766 do not apply to any cause of action brought under ss. 429.29 - 429.298 .

(2) In any claim brought pursuant to this part alleging a violation of resident's rights or negligence causing injury to or the death of a resident, the claimant shall have the burden of proving, by a preponderance of the evidence, that:

(a) The defendant owed a duty to the resident;

(b) The defendant breached the duty to the resident;

(c) The breach of the duty is a legal cause of loss, injury, death, or damage to the resident; and

(d) The resident sustained loss, injury, death, or damage as a result of the breach.

Nothing in this part shall be interpreted to create strict liability. A violation of the rights set forth in s. 429.28 or in any other standard or guidelines specified in this part or in any applicable administrative standard or guidelines of this state or a federal regulatory agency shall be evidence of negligence but shall not be considered negligence per se.

(3) In any claim brought pursuant to this section, a licensee, person, or entity shall have a duty to exercise reasonable care. Reasonable care is that degree of care which a reasonably careful licensee, person, or entity would use under like circumstances.

(4) In any claim for resident's rights violation or negligence by a nurse licensed under part I of chapter 464, such nurse shall have the duty to exercise care consistent with the prevailing professional standard of care for a nurse. The prevailing professional standard of care for a nurse shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar nurses.

(5) Discovery of financial information for the purpose of determining the value of punitive damages may not be had unless the plaintiff shows the court by proffer or evidence in the record that a reasonable basis exists to support a claim for punitive damages.

(6) In addition to any other standards for punitive damages, any award of punitive damages must be reasonable in light of the actual harm suffered by the resident and the egregiousness of the conduct that caused the actual harm to the resident.

(7) The resident or the resident's legal representative shall serve a copy of any complaint alleging in whole or in part a violation of any rights specified in this part to the Agency for Health Care Administration at the time of filing the initial complaint with the clerk of the court for the county in which the action is pursued. The requirement of providing a copy of the complaint to the agency does not impair the resident's legal rights or ability to seek relief for his or her claim.

And then F.S. §429.**293**

(1) As used in this section, the term:

(a) “Claim for residents' rights violation or negligence” means a negligence claim alleging injury to or the death of a resident arising out of an asserted violation of the rights of a resident under s. 429.28 or an asserted deviation from the applicable standard of care.

(b) “Insurer” means any self-insurer authorized under s. 627.357 , liability insurance carrier, joint underwriting association, or uninsured prospective defendant.

(2) Prior to filing a claim for a violation of a resident's rights or a claim for negligence, a claimant alleging injury to or the death of a resident shall notify each prospective defendant by certified mail, return receipt requested, of an asserted violation of a resident's rights provided in s. 429.28 or deviation from the standard of care. Such notification shall include an identification of the rights the prospective defendant has violated and the negligence alleged to have caused the incident or incidents and a brief description of the injuries sustained by the resident which are reasonably identifiable at the time of notice. The notice shall contain a certificate of counsel that counsel's reasonable investigation gave rise to a good faith belief that grounds exist for an action against each prospective defendant.

(3)(a) No suit may be filed for a period of 75 days after notice is mailed to any prospective defendant. During the 75-day period, the prospective defendants or their insurers shall conduct an evaluation of the claim to determine the liability of each defendant and to evaluate the damages of the claimants. Each defendant or insurer of the defendant shall have a procedure for the prompt evaluation of claims during the 75-day period. The procedure shall include one or more of the following:

1. Internal review by a duly qualified facility risk manager or claims adjuster;

2. Internal review by counsel for each prospective defendant;

3. A quality assurance committee authorized under any applicable state or federal statutes or regulations; or

4. Any other similar procedure that fairly and promptly evaluates the claims.

Each defendant or insurer of the defendant shall evaluate the claim in good faith.

(b) At or before the end of the 75 days, the defendant or insurer of the defendant shall provide the claimant with a written response:

1. Rejecting the claim; or

2. Making a settlement offer.

(c) The response shall be delivered to the claimant if not represented by counsel or to the claimant's attorney, by certified mail, return receipt requested. Failure of the prospective defendant or insurer of the defendant to reply to the notice within 75 days after receipt shall be deemed a rejection of the claim for purposes of this section.

(4) The notification of a violation of a resident's rights or alleged negligence shall be served within the applicable statute of limitations period; however, during the 75-day period, the statute of limitations is tolled as to all prospective defendants. Upon stipulation by the parties, the 75-day period may be extended and the statute of limitations is tolled during any such extension. Upon receiving written notice by certified mail, return receipt requested, of termination of negotiations in an extended period, the claimant shall have 60 days or the remainder of the period of the statute of limitations, whichever is greater, within which to file suit.

(5) No statement, discussion, written document, report, or other work product generated by presuit claims evaluation procedures under this section is discoverable or admissible in any civil action for any purpose by the opposing party. All participants, including, but not limited to, physicians, investigators, witnesses, and employees or associates of the defendant, are immune from civil liability arising from participation in the presuit claims evaluation procedure.

Any licensed physician or registered nurse may be retained by either party to provide an opinion regarding the reasonable basis of the claim. The presuit opinions of the expert are not discoverable or admissible in any civil action for any purpose by the opposing party.

(6) Upon receipt by a prospective defendant of a notice of claim, the parties shall make discoverable information available without formal discovery as provided in subsection (7).

(7) Informal discovery may be used by a party to obtain unsworn statements and the production of documents or things, as follows:

(a) Unsworn statements.--Any party may require other parties to appear for the taking of an unsworn statement. Such statements may be used only for the purpose of claims evaluation and are not discoverable or admissible in any civil action for any purpose by any party. A party seeking to take the unsworn statement of any party must give reasonable notice in writing to all parties. The notice must state the time and place for taking the statement and the name and address of the party to be examined. Unless otherwise impractical, the examination of any party must be done at the same time by all other parties. Any party may be represented by counsel at the taking of an unsworn statement. An unsworn statement may be recorded electronically, stenographically, or on videotape. The taking of unsworn statements is subject

to the provisions of the Florida Rules of Civil Procedure and may be terminated for abuses.

(b) Documents or things.--Any party may request discovery of relevant documents or things. The documents or things must be produced, at the expense of the requesting party, within 20 days after the date of receipt of the request. A party is required to produce relevant and discoverable documents or things within that party's possession or control, if in good faith it can reasonably be done within the timeframe of the claims evaluation process.

(8) Each request for and notice concerning informal discovery pursuant to this section must be in writing, and a copy thereof must be sent to all parties. Such a request or notice must bear a certificate of service identifying the name and address of the person to whom the request or notice is served, the date of the request or notice, and the manner of service thereof.

(9) If a prospective defendant makes a written settlement offer, the claimant shall have 15 days from the date of receipt to accept the offer. An offer shall be deemed rejected unless accepted by delivery of a written notice of acceptance.

(10) To the extent not inconsistent with this part, the provisions of the Florida Mediation Code, Florida Rules of Civil Procedure, shall be applicable to such proceedings.

(11) Within 30 days after the claimant's receipt of defendant's response to the claim, the parties or their designated representatives shall meet in mediation to discuss the issues of liability and damages in accordance with the mediation rules of practice and procedures adopted by the Supreme Court. Upon stipulation of the parties, this 30-day period may be extended and the statute of limitations is tolled during the mediation and any such extension.

At the conclusion of mediation, the claimant shall have 60 days or the remainder of the period of the statute of limitations, whichever is greater, within which to file suit.

And then F.S. §429.**294**

(1) Failure to provide complete copies of a resident's records, including, but not limited to, all medical records and the resident's chart, within the control or possession of the facility within 10 days, in accordance with the provisions of s. 400.145 , 1 shall constitute evidence of failure of that party to comply with good faith discovery requirements and shall waive the good faith certificate and presuit notice requirements under this part by the requesting party.

(2) No facility shall be held liable for any civil damages as a result of complying with this section.

You will want to read the entire statute so you can see for yourself and get the latest amendments or look for the version in your state. There are many steps to take that are required before filing a lawsuit and chances are that if you follow these steps, you will never have to file a lawsuit.

In the case where you have to sue:

In order to establish liability for a violation of the residents' rights listed above, the plaintiff must show the following elements (§400.023):

1. The defendant owed a duty to the resident;

2. The defendant breached the duty to the resident;

3. The breach of the duty is a legal cause of loss, injury, death, or damage to the resident; and

4. The resident sustained loss, injury, death, or damage as a result of the breach.

These are the four requirements to allege in the pleading (complaint), they are known as the pleading requirements or elements of the pleading. You cannot just re-stated these sentences, you must include the specific facts which each and you must allege that you have attempted to resolve the dispute before commencing the complaint and then provide documentation of this.

The statute of limitations for filing a claim is generally two years under F.S. §429.296 and up to four years in cases where fraud or misrepresentation prevents discovery of the incident giving rise to the complaint. Remember however that you need to document any violations and provide an opportunity for the nursing home to cure the problem before you file a complaint in court.