

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

JOHN PAUL BEAUDOIN, SR.,)	
)	
Plaintiff,)	
)	Civil Action No. 1:22-cv-11356-NMG
v.)	
)	
CHARLES D. BAKER, individually and in)	
his Official Capacity as Governor of the)	
Commonwealth of Massachusetts,)	
MARGARET R. COOKE, individually and)	
in her Official Capacity as Commissioner)	
of the Department of Public Health of)	
the Commonwealth of Massachusetts,)	
MINDY HULL, individually and in her)	
Official Capacity as Chief Medical)	
Examiner of the Commonwealth of)	
Massachusetts,)	
JANICE Y. GRIVETTI, MICHELE N.)	
MATTHEWS, ROBERT M. WELTON, and)	
JULIE HULL, individually and in their)	
Official Capacities as Medical Examiners)	
in the Commonwealth of Massachusetts,)	
)	
Defendants.)	
)	

AFFIDAVIT OF JOHN PAUL BEAUDOIN, SR.

In support of “PLAINTIFF’S FIRST AMENDED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF” against Charles D. Baker *et al*, John Paul Beaudoin, Sr. submits this affidavit as testimony in this case.

1. I, John Paul Beaudoin, Sr., am over the age of eighteen and am a citizen of the United States of America and of the Commonwealth of Massachusetts.

2. From August 2020 to May 2021, I matriculated and completed in good academic standing my 1L year of law school at Massachusetts School of Law (“MSLaw”).

3. In June 2021, MSLaw enacted a C19 vaccine mandate to matriculate on-campus, which was the only option for the 2L 2021/2022 year. MSLaw offered religious and medical exemptions. I applied for the religious exemption. To this day, MSLaw has neither accepted nor rejected my application for exemption.

4. On August 27, 2021, I received a letter from MSLaw stating that I was unenrolled from the law school.

5. The registration deadline was August 27, 2021, which means that the law school unenrolled me before the registration deadline.

6. On November 15, 2021, I then sent MSLaw a M.G.L. c.93A demand letter, “EXHIBIT D”.

7. On December 17, 2021, I received a 93A response letter from MSLaw’s in-house counsel, “EXHIBIT E”, in which they cited data from CDC, Johnson & Johnson, Pfizer, Moderna, and [hopkinsmedicine.org](https://www.hopkinsmedicine.org), all of which rely on accuracy of death certificates from states, including the Commonwealth of Massachusetts. In-house counsel for MSLaw was clear that MSLaw enacted their C19 vaccine policy based on the safety profile purported by these entities. (See “EXHIBIT E”)

8. I subsequently attempted to matriculate at other law schools, but many told me over the phone that they require covid vaccination.

9. I write as an independent journalist under the nom de plume “Coquin de Chien”, also known as “CdC”. Articles and data analyses can be found at coquindechien.substack.com.

10. I conference weekly 4 to 6 hours with groups of several professors, research scientists, and physicians to discuss COVID-19 related issues.

11. On April 12, 2022, I published *C19 “vaccine” - the cause of causes*. https://coquindechien.substack.com/p/c19-vaccine-the-cause-of-causes?r=1d6m3v&s=w&utm_campaign=post&utm_medium=web. This article was the first in the world depiction of how the causes of deaths at the margins shifted from respiratory in 2020 to circulatory in 2021. id est, pneumonia and COPD killed in 2020, then strokes, heart attacks, aneurysms, thrombi, and emboli killed in 2021.

12. On April 26, 2022, I published *Scienter, not science*. https://coquindechien.substack.com/p/scienter-not-science?r=1d6m3v&s=w&utm_campaign=post&utm_medium=web I exposed patterns in death certificates authored by a few medical examiners. The patterns involve fraudulent or error-prone behavior of 1) omission of covid vaccines as a cause of death when the vaccine was clearly the cause-in-fact of death, and 2) including “COVID-19” as a cause of death when COVID-19 had no causal relation to deaths resulting from fentanyl overdose or blunt force trauma or another unnatural cause.

13. On October 20, 2022, I updated an earlier article and published *Sudden kidney failure, RemDEATHivir, and hidden signals*. https://open.substack.com/pub/coquindechien/p/sudden-kidney-failure-remdeathivir?r=1d6m3v&utm_campaign=post&utm_medium=web I showed that deaths from acute renal failure (“ARF”) rose dramatically in 2021 and 2022 despite COVID-19 deaths being lower. The MA DPH should immediately investigate medical charts to learn if Remdesivir or the covid vaccine is a potential cause. I showed that ARF is a public

health emergency that is responsible for more than 1,500 excess deaths in 2020 and 2021. If MA DPH does not know about the sudden rise in ARF deaths, then I wonder what their function is.

14. On October 23, 2022, I updated an earlier article and published *Hidden CANCER signals = FOUND*. <https://coquindechien.substack.com/p/hidden-cancer-signals-found> I showed significant increases in deaths in 2021 and 2022 cancers, especially blood and lymph related cancers such as bone marrow and lymph node cancers.

15. On July 15, 2022, I published *Profiles in c\our/arnage*. https://coquindechien.substack.com/p/profiles-in-courarnage?r=1d6m3v&s=w&utm_campaign=post&utm_medium=web I showed that the symptom spectrum profile and age spectrum profile of excess deaths changed dramatically between 2020, the year of COVID-19, and 2021, the year of the covid vaccine. I showed that all ages of people died from something circulatory related all throughout 2021 whereas mostly older people died from something respiratory in seasonally colder weather time bursts in 2020. The 2021 data is not consistent with a disease, but rather is consistent with the covid vaccine rollout.

16. On October 27, 2022, I updated an earlier article and published *Mors ex cruentum sanguinem - Death from bloody blood*. https://open.substack.com/pub/coquindechien/p/mors-ex-cruentum-sanguinem?r=1d6m3v&utm_campaign=post&utm_medium=web In this article, I show that deaths since the covid vaccine increased in very specific causes of death all related to the blood. The circulatory system includes the heart at the center. The bone marrow and lymph are blood forming organs that create red and white blood cells and platelets and other blood components. From 2020 to 2021, on the year boundary when covid vaccines began, deaths rose

significantly in the blood transport system (circulatory), the blood itself, blood forming organs, and blood and blood forming related cancers.

17. On the dates listed below, I presented to people likely totaling hundreds of thousands through video podcasts, radio, and TV. Not listed below are private group presentations to what now totals over 1,000 doctors, lawyers, researchers, university professors, 2 and 3-star retired generals, politicians, and other influential people.

September 28, 2022

Stop Vax Passports

Starting at 56:45 to 1:11:10 and then 1:33:10 to 1:36:12

<https://stopvaxpassports.org/webinar-covid-coercion-and-fraud/>

October 5, 2022

Lindell TV with Brannon Howse

frankspeech.com

<https://frankspeech.com/video/dr-james-thorpe-and-john-beaudoin-governments-data-was-hiding-horrendous-death-and-injury>

October 15, 2022

Gigaohm Biological with Jonathan (JJ) Couey

<https://www.bitchute.com/video/ZARJgUol5Gyz/>

October 16, 2022

Rounding the Earth with Mathew Crawford

https://odysee.com/@RoundingtheEarth:8/RTE-Raw_-The-Massachusetts-Death-Certificates-Reveal-Fraud-and-Hint-at-Vaccine-Mortality_Injury:e

Housatonic.live (3h 2m) Episode 174.1 with Mark Kulacz

<https://sites.google.com/housatonicits.com/live/home>

October 25, 2022

The Blaze

The Conservative Review with Daniel Horowitz

<https://www.theblaze.com/podcasts/daniel-horowitz-podcast>

Definitive Proof COVID Shots Are Causing Heart, Circulatory, and Cancer Deaths | Guest: John Beaudoin | 10/25/22

<https://open.spotify.com/episode/7jhDhafa7dpCtqZGv1J8Hc?si=SUoEBtyfTwCpk52kfAh5pQ&context=spotify%3Ashow%3A2tpVFTPGVhO73BRYZ0Y6zP&nd=1>

Liberty Monks Podcast

<https://www.freedomfirst.tv/?wix-vod-comp-id=comp-l6l0fp71&wix-vod-video-id=031ba66f921e4529b3d14097c79a42f8>

December 5, 2022 updated

Massachusetts Death Certificates Show Excess Mortality Could Be Linked to COVID Vaccines found in The Defender and authored by Madhava Setty

<https://childrenshealthdefense.org/defender/massachusetts-death-certificates-excess-mortality-covid-vaccines/>

November 29, 2022

Live with your brain turned on

Substack with link to video

<https://livewithyourbrainturnedon.substack.com/p/posted-this-week-on-on-the-live-with-60d>

Brighteon video

<https://www.brighteon.com/b340b75c-b81d-4a3b-86f0-d6c98673a281>

December 2, 2022

CHD TV Beaudoin begins at 31:45

<https://live.childrenshealthdefense.org/chd-tv/shows/friday-roundtable/breast-cancer-glyphosate--elevated-mortality-with-stephanie-seneff-phd/>

2m28s Twitter outtake from above

<https://twitter.com/ChildrensHD/status/1599141753407213569?s=20&t=0bg6rCumK7Sp3o7SQ74BIQ>

December 4, 2022

My part begins at 24:30 and goes to 40:20

America Out Loud

<https://www.americaoutloud.com/shaffer-beaudoin-a-game-of-follies-on-viewpoint-this-sunday/>

November 14, 2022

Medical Doctors for COVID Ethics with Charles Kovess and Stephen Frost

[https://rumble.com/v1uhm0w-john-beaudoin.html?
mref=fhdxp&mc=dro0w](https://rumble.com/v1uhm0w-john-beaudoin.html?mref=fhdxp&mc=dro0w)

18. In October, November, and December 2022, I openly proposed to all governors, state surgeon generals, and other key state agents, that I perform at their site, an independent audit of public health data, including correlation of the state's immunization information database to their Death Certificate database and analysis of the data to determine any lethal or mortal anomalies in public health. This would likely determine covid vaccine deaths in a res ipsa loquitur style evidentiary proof. Every state should do this in the public interest. It's easy and cheap. The People deserve to know. See EXHIBIT I - AIPHA proposal.

13. In August 2022, I assembled "EXHIBIT F" for this case. EXHIBIT F may be the most damning compilation of evidence against covid vaccines entered into filings in a U.S. District Court case. It comprises death certificates demonstrating false writings in official records and correlates covid vaccine adverse event reports to death certificates that omit covid vaccination as a cause of death.

14. Around August 2022, I realized that what I had done was unique in the world. No one else seems to have put together data and signal analysis in the manner I had done. I then learned that the reason for uniqueness is because I have record-level source data with details. I can make any combinations of variables for study and hold whatever variables constant that I want to. The data offered by the CDC is bundled into groups and de-identified. Signals are hidden in bundles because the bundles contain some that are up and some that are down and they cancel each other in a Simpson's paradox. Thus, no one in the world has learned the increases in individual causes of death and mapped out the patterns as I serendipitously have.

15. EXHIBIT G comprises presentation slides depicting Massachusetts death data in ways that anyone can understand, especially when accompanied by my vocal presentation. All of the spreadsheets, formulae, math, assembly, and format were completed by me, John Paul Beaudoin, Sr.. Spreadsheet cell formulae were triple-checked and tested for correct inter-sheet and intra-sheet referencing and arithmetic.

11. EXHIBIT F demonstrates at least FIFTY (50) deaths strongly correlated to the covid vaccination as a cause of death, many of which had onset of symptoms in a few minutes to one day, leaving little doubt that the covid vaccine was indeed the root cause of death. Brutally painful brain hemorrhages and clots killed young girls and women. Heart attacks, arrhythmia, and emboli clots killed boys and men, girls and women. My access to official public health data is severely limited. Because of the limited access, I provided only a smidgeon of documented covid vaccine deaths. I estimate that the underreporting factor (URF) is between 10X and 100X. In other words, if I have access to the Massachusetts Immunization Information System (“MIIS”) or the federal Immunization Information System (“IIS”), the medical charts of decedents, and the death certificate database, I estimate that I will be able to strongly correlate more than 1,000 deaths in Massachusetts to the covid vaccines as an actual and proximate legal cause of death.

12. I reviewed the NVSS *COVID-19 Alert No. 2* dated March 23, 2020 from the CDC. This alert explains to medical professionals how to determine if COVID-19 should be added to a death certificate. Two excerpts follow:

Should “COVID-19” be reported on the death certificate only with a confirmed test?

COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death.

Will COVID-19 be the underlying cause?

The underlying cause depends upon what and where conditions are reported on the death certificate.

However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

The full text of Alert No. 2 is in EXHIBIT B and can be found in this link. <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf>

13. Defendant Medical examiner Janice Grivetti included “COVID-19” as the “CODIA” cause, or the “Immediate cause of death,” often with no other cause listed. The NVSS *Alert No. 2* instructions state that COVID-19 will “more often than not” be an “underlying cause” presumably because no one dies from only COVID-19. People die from COVID-19 pneumonia or respiratory failure or something that stops vital organs from functioning. I assert that the instructions from CDC are clear, that Grivetti violated the instructions, and that the death certificates are now fraudulent and must be corrected to reflect the true causes of death. Even if one argues that “COVID-19” can be an “Immediate cause of death,” there should always be another underlying cause such as pneumonia or respiratory failure. As an independent journalist I was approached by an informant who said that early on in COVID-19, the medical examiners were signing off on death certificates without even examining the bodies, “no CT scans, no tissue samples, no bloodwork, no other lab work.”

14. NVSS *Report No. 3*, dated April 2020, spells out the guidance for death certificate reporting of COVID-19 and explains the importance of accurate counting and public health surveillance. I assert that Defendants Grivetti and Welton and many other medical examiners

and death certifiers in the Commonwealth of Massachusetts provided numerous death certificates, likely totaling thousands, that are erroneous or fraudulent, and that they aggregately misrepresent the extent of COVID-19 deaths in the Commonwealth. This is evinced in EXHIBIT F and the article *Scienter, not science*. The instructions from the CDC are clear in that a sudden fentanyl overdose death, for example, should not have “COVID-19” as a contributing cause of death. That is fraud. The NVSS *Report No. 3* is in EXHIBIT C and can be found here. <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

15. EXHIBIT H clearly shows that CDC does not do their job in monitoring VAERS and went so far as to undermine it through social media collusion. My EXHIBIT F shows that VAERS should be taken seriously and that many deaths have occurred from covid vaccines. The fraud is costing lives.

16. More CDC incompetence and abuse manifests in administration of injections. The CDC website clearly states under “Vaccine Administration” of this web page, <https://www.cdc.gov/vaccines/covid-19/hcp/faq.html>, that aspiration should not be done. Many medical professionals believe it is dangerous to not aspirate. Author Marc Girardot, who wrote a series of articles about the injection process and possible effects of a bolus injection in a blood vessel, believes this is very dangerous. Marc’s articles can be found here covidmythbuster.substack.com. The text from the CDC website is:

Do I have to aspirate before giving COVID-19 vaccine?

No. You should not aspirate before giving any vaccine, including COVID-19 vaccines. Aspiration can increase pain because of the combined effects of a longer needle-dwelling time in the tissues and shearing action (wiggling) of the needle. A discussion of vaccine administration best practices can be found in the Vaccine

Administration chapter of Epidemiology and Prevention of
Vaccine-Preventable Diseases (Pink Book).

The CDC is grossly reckless in their recommendation not to aspirate. Marc Girardot furthers the benefit of aspiration such that it should be injected slowly in addition to aspiration in order to increase the safety profile of vaccine injection.

17. The “Pink Book” referenced above can be found at <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/vac-admin.pdf>. It was authored by JoEllen Wolicki, BSN, RN and Elaine Miller, RN, BSN, MPH. Neither of these authors have advanced degrees in medicine beyond a Bachelors of Science degree in Nursing. One has a Masters degree in Public Health, which does not require research into the biophysics, biochemistry, or procedures of injections. In fact, the two admit that injection practices have not been evaluated scientifically, yet the two are making a recommendation for which they have no knowledge or expertise regarding the safety profile for a new and experimental substance never before injected into humans en masse. Here is an excerpt from their “Pink Book”:

Inject Vaccines Rapidly Without Aspiration

Aspiration is not recommended before administering a vaccine. Aspiration prior to injection and injecting medication slowly are practices that have not been evaluated scientifically. Aspiration was originally recommended for theoretical safety reasons and injecting medication slowly was thought to decrease pain from sudden distention of muscle tissue. Aspiration can increase pain because of the combined effects of a longer needle-dwelling time in the tissues and shearing action (wiggling) of the needle. There are no reports of any person being injured because of failure to aspirate.

Even an air embolus (or bolus) can kill someone if injected rapidly into a vein. Many doctors expressed to me concern that these recommendations are given from two nurses and then taken as standard practice by millions of medical personnel worldwide simply because the reckless CDC put this on their website.

18. The CDC is not acting in the interests of The People but rather is acting in their own self-interest and the interests of the pharmaceutical industry.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

January 3, 2023
Date

/s/ John Paul Beaudoin, Sr.
Affiant