

CONCERNED CITIZEN OF  
THE UNITED STATES OF AMERICA

From:  
JOHN PAUL BEAUDOIN, SR.

To:  
Minnesota state agents in their official and  
individual capacities including but not limited to:  
Governor TIM WALZ,  
Lieutenant Governor PEGGY FLANAGAN,  
State Attorney General KEITH ELLISON,  
Health Commissioner BROOKE CUNNINGHAM.

**MEMORANDUM: NOTICE  
OF HEALTH EMERGENCY  
REQUIRING IMMEDIATE  
INVESTIGATION OF DEATHS  
BY ACUTE RENAL FAILURE  
IN MINNESOTA**

This Memorandum is legal notice to the above-named Minnesota officials jointly and severally, hereinafter known as “the agents.” The intent in providing this Memorandum is to protect the health and safety of Minnesotans, who are dying at alarming rates from a specific cause of death, not covid. The best solution to act on the recommendations in the § “RECOMMENDATIONS.”

**INTRODUCTION**

Minnesotans are in the throes of an epidemic of Acute Renal Failure (hereinafter known as “ARF”). ARF involved deaths are now arguably greater than the covid pandemic *per se*. Yet Minnesota state officials seem to be ignorant of this fact. Notice razes ignorance.

Evidence of excess ARF deaths is provided in EXHIBIT A. The excess ARF deaths in 2021 and 2022 totals approximately one thousand six hundred (~1,600) Minnesotan souls. That word “excess” means ‘more than expected by trend established from baseline years 2015-2019.’

Each ARF death is multiple life-years-lost compared to an average covid death being one (1) life-year-lost in Minnesota. Much younger people are died from ARF. Families who lose a parent or child are devastated far more than if an elderly relative in their eighties or nineties dies.

Each of the named agents has a legal duty to act upon the information and belief detailed in this Memorandum and in EXHIBIT A. Failure to conduct an investigation, provide public findings, and act to prevent injury or death to Minnesotans will constitute sufficient *mens rea* to prosecute the agents under federal felonies, including homicide crimes.

Minnesota public officials have access to State vital records, health records, and immunization registry databases. Refusal to investigate and determine the commonality among the thousands (1,000's) of excess ARF deaths will constitute a negative act concurrent with a legal duty to act. Inaction is a crime despite what the CDC or FDA officially or unofficially communicate to the agents. The information necessary for agents of Minnesota to make informed public health decisions regarding the health and safety of Minnesotans lies in the records of Minnesota, not the CDC or FDA; and no CDC recommendation can absolve the agents from the crime of knowingly, willfully, and recklessly ignoring Minnesota's own health, immunization, and death databases in favor of mere and threadbare CDC recommendations.

### **NOTICE**

In law, "notice" is a legal term. EXHIBIT A and this Memorandum constitute "express actual notice" to the agents that ARF involved deaths occurred in massively excessive numbers in the State of Minnesota since late 2020. The agents are now notified and should fulfill their legal duty to investigate.

## **LEGAL DUTY TO ACT**

A “legal duty to act” requires a person to conform their conduct to a particular standard. The standard derived from the agents’ official capacities and Oaths of office requires that the agents act upon knowledge to prevent preventable deaths and injuries in the State of Minnesota. Failure to investigate, after receiving notice, and on reasonable belief that ARF involved deaths are occurring en masse from an externality (*exempli gratia*, use of Veklury Remdesivir, covid vaccines, Baricitinib, or another medicament or procedure), constitutes a reckless negative act, providing the *mens rea* necessary to convict under felony statutes.

## **IMMUNITY**

Agents are always personally liable for unlawful conduct for which they may be civilly sued or criminally prosecuted individually. Criminal conduct is outside the protection of qualified and sovereign immunity doctrines related to the agents’ official governmental positions. Further, it is wise for the agents to consult personal attorneys despite Minnesota state attorneys being available to the agents. State attorneys’ loyalties and duties may be in conflict between the State and the agents in their individual capacities.

## **DEFENSE OF IGNORANCE OF FACT**

“Ignorance of fact” was a valid affirmative defense to the crimes listed herein. A defendant cannot be convicted of involuntary manslaughter or criminally negligent homicide if he or she did not know there are thousands (1,000’s) of excess ARF deaths resulting from an externality.

The agents herein named can no longer avail themselves of “ignorance of fact” as a defense to any of the crimes. A purpose of this Memorandum and EXHIBIT A is to provide notice to Minnesota officials. The agents now have knowledge of significant excess ARF maim and death. Acts subsequent to this notice are made with knowledge of excessive ARF deaths. If the agents do not act to investigate forthwith, the agents will have, at a minimum, reckless *mens rea* for failure to act. The agents are compelled by their legal duty to 1) investigate, 2) publicly report and inform, and 3) revise public policy. Stop the insanity of mass killings by ARF.

### **STATUTES OF LIMITATIONS**

Statute of limitations is a procedural defense allowing dismissal of charges if the illegal conduct occurred longer ago than a period expressed in the statute. Crimes involving homicide usually do not have any applicable statutes of limitations. Thus, if notice to the agents herein is not acted upon by investigating ARF deaths, and if more people subsequently die from the externality causing ARF, then crimes of gross reckless murder, felony murder, and involuntary manslaughter may apply without limitations.

### **LIKELIHOOD OF PROSECUTION**

The U.S. Department of Justice changes personnel every four (4) years. More deaths from ARF come to light every day. The agents would be wise to now do what is right, just, and simple in order to avoid the possibility of future prosecution, when administrations change and public opinion forms around the truths of countless ARF maims and deaths. Dutiful acts recommended to the agents again include 1) investigate the evidence in EXHIBIT A and the records in the State of Minnesota, 2) communicate publicly the results of investigation to

Minnesotans, and 3) adjust public health and safety policy accordingly. Ban the substance killing Minnesotans by ARF.

### **FACTUAL ALLEGATIONS**

1. Minnesota reported deaths involving ARF “N17” from 2015-2022 to be {810, 858, 852, 946, 886, 1046, 1579, 1958}. Year 2021 ARF involved deaths are 63% more than expected amounting to six hundred thirteen (613) Minnesotan souls. Year 2022 ARF involved deaths are 98% more than expected amounting to nine hundred sixty-eight (968) Minnesotan souls. The massacre continues into 2023.
2. Minnesota reported deaths involving ARF “N17” from 2015-2022 in the age group 45-54yo to be {45, 34, 42, 59, 55, 73, 90, 120}. Year 2021 ARF involved deaths are 39% more than expected amounting to twenty-five (25) Minnesotan souls. Year 2022 ARF involved deaths are 73% more than expected amounting to fifty-one (51) Minnesotan souls. These lost Minnesotans were family providers and loved by many. The losses are multiplied across family members.
3. Minnesota reported deaths involving ARF “N17” from 2015-2022 in the age group 25-44yo to be {16, 22, 20, 18, 29, 33, 66, 59}. Year 2021 ARF involved deaths were 122% more than expected amounting to thirty-six (36) Minnesotan souls. Year 2022 ARF involved deaths were 84% more than expected amounting to twenty-seven (27) Minnesotan souls. These were family providers and young adult progeny of middle-aged parents and loved by many. The losses are again multiplied across family members.

4. The average ages of a covid involved deaths in Minnesota in years 2020-2022 are {80.8, 74.0, 76.8}.
5. The average ages of all-cause death in Minnesota in years 2015-2022 are {75.7, 75.5, 75.6, 75.6, 75.6, 74.2, 74.5}. Given the ages of covid and the ages of all-cause. Covid cannot be responsible for the incredible deviation of all-cause average age of death below mean in years 2021 and 2022. Something else must be killing much younger people in excess. The agents are duty bound to investigate the root cause, whether Remdesivir, C19 vaccination, falling off ladders, or car accidents.
6. The average ages of death involving N17 ARF in Minnesota in years 2015-2022 are {76.4, 71.5, 71.9, 72.3, 72.1, 72.2, 71.6, 72.0}. There does not appear to be significant deviation in years 2020-2022.
7. The percentages of covid involved deaths that also involved ARF in years 2020-2022 were {2.8%, 4.6%, and 5.6%}, doubling in two (2) years. This is very significant.
8. The percentages of ARF involved deaths that also involved covid in years 2020-2022 were {6.4%, 8.5%, 6.7%}. This is also significant, and for different reasons. The correlation seems broken compared to ¶ 7 above.
9. Every graph in EXHIBIT A constitutes reasonable suspicion of past and impending maim and death to Minnesotans by ARF. Each and every graph alone triggers a legal duty of the agents to investigate these deaths and the root causes. Together, the graphs constitute an epidemic of ARF deaths beyond reasonable doubt. Inaction is criminal conduct.

## **RECOMMENDATIONS - RELIEF**

11. Immediately verify the information and legal theories within this Memorandum and EXHIBIT A.
12. Immediately correlate Minnesota Death Certificates involving N17 ARF with Minnesota Immunization Information Connection (“MIIC”) records to determine covid vaccination dates versus death dates.
13. For any deaths within six (6) months of covid vaccination, inspect the health records of the individuals to determine ONSET\_OF-SYMPTOMS date and determine proximity to covid vaccination date and Veklury Remdesivir and Baricitinib administration dates.
14. Immediately inspect all treatment and health files of decedents who died involving both causes U07.1 COVID-19 and N17 ARF. Look for a common medicament that may have caused or contributed to have caused ARF or sepsis. These medicaments include Veklury Remdesivir, Baricitinib, or other treatments for covid or other respiratory viruses.
15. Immediately draft and execute a plan to quickly determine the root cause of ARF involved deaths. The paces of government and science are too slow and would be a breach of a legal duty to act. You must act in haste. Many of The People already know two (2) root causes, both of which likely combine for the entire excess.

## **CONCLUSIONS**

- A. The agents herein named have legal duties to act for the health and safety of all Minnesotans.
- B. This Memorandum and the EXHIBIT A serve as legal notice, providing knowledge of epidemic proportions of deaths involving N17 ARF and requires immediate investigation.

- C. Inaction, post-receipt of this Memorandum and the EXHIBIT A, constitutes the requisite *mens rea* for criminal prosecution under federal felony statutes and Minnesota felony statutes and common law. Receipt of these facts of ARF involved deaths places the agents in a knowing or reckless state of mind.
- D. After the knowing or reckless state of mind and the inaction, all that is left for a crime to be prosecutable is causation and injury. If one more person dies or is injured in the future, and the death is causally related to the C19 vaccines or Veklury Remdesivir, and the agents have not investigated or informed Minnesotans of the ARF epidemic and its possible causes, then the agents will be criminally liable for felonies through and including homicide.
- E. Homicide felonies generally have no statutes of limitations. Department of Justice U.S. Attorneys follow orders from the U.S. Attorney General's office and should act in accord with *The U.S. Constitution*. In the event that an administration comes to power seeking truth and justice regarding the C19 vaccines and Veklury Remdesivir, and inaction of the agents causes more Minnesotans' maim or death by ARF, and Minnesotans are not informed of the true facts of C19 vaccine and Veklury Remdesivir maim and death, it is then likely that the agents herein named will face federal felony charges related to gross reckless murder or criminally negligent homicide. The simple solution is, "Do your job."
- F. There are at least tens of thousands of readers and followers of the author of this Memorandum and EXHIBIT A. Many Minnesotans and other U.S. citizens promised to pursue justice for the C19 vaccine and Veklury Remdesivir dead and maimed, however long it takes. Federal, state, and county grand jury investigations are being sought throughout the



United States. The truth will prevail. Curing your failings is much easier than facing justice for failure to fulfill a legal duty to act.

G. The agents should take the opportunity to simply investigate and publish the results for the health and safety of Minnesotans. Failure to act is criminal negligence.

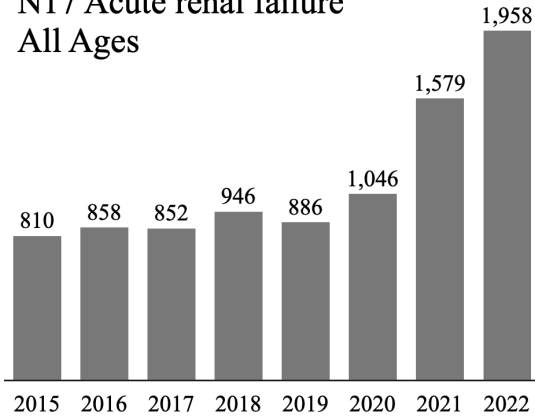
Date: June 22, 2023

Submitted with support from tens of thousands of Americans including Minnesotans, and in the interest of the way and the truth and the life,

John Paul Beaudoin, Sr.

# EXHIBIT A

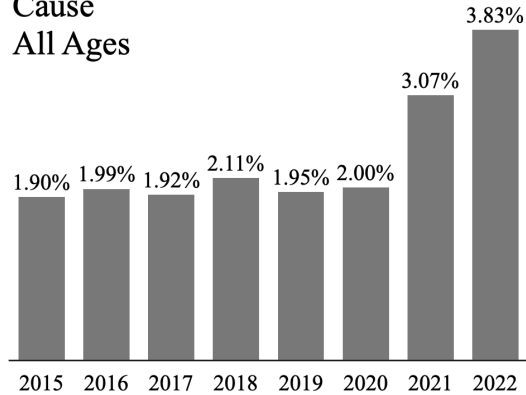
Minnesota Annual Deaths Involving N17 Acute renal failure All Ages



Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

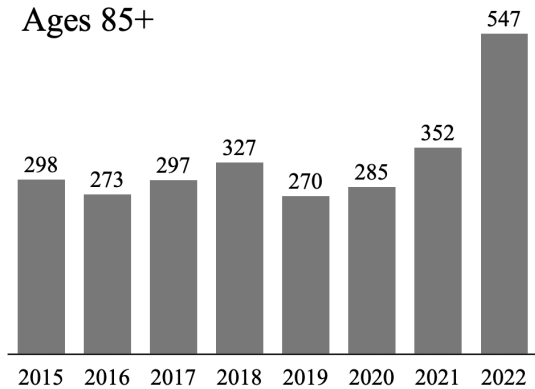
Year	Excess	Excess % over Expected
2020	104	11.0%
2021	613	63.4%
2022	968	97.7%

Minnesota Annual Deaths Involving N17 Acute renal failure as % of All-Cause All Ages



Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

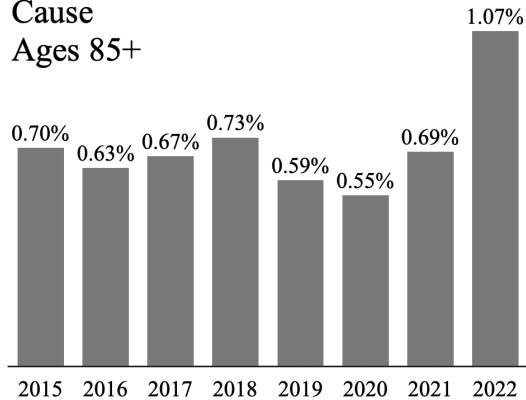
Minnesota Annual Deaths Involving N17 Acute renal failure Ages 85+



Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

Year	Excess	Excess % over Expected
2020	-8	-2.7%
2021	59	20.1%
2022	254	86.7%

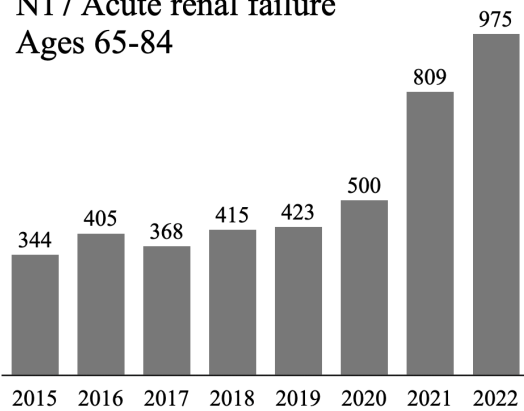
Minnesota Annual Deaths Involving N17 Acute renal failure as % of All-Cause Ages 85+



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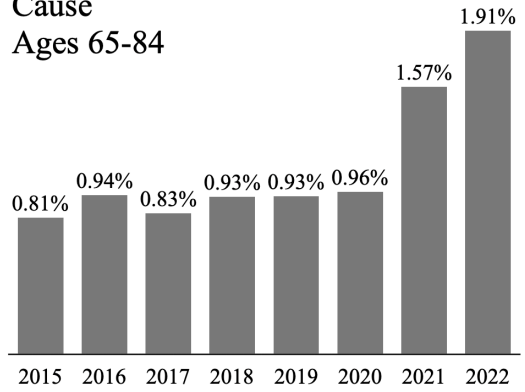
Minnesota Annual Deaths Involving  
N17 Acute renal failure  
Ages 65-84



Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

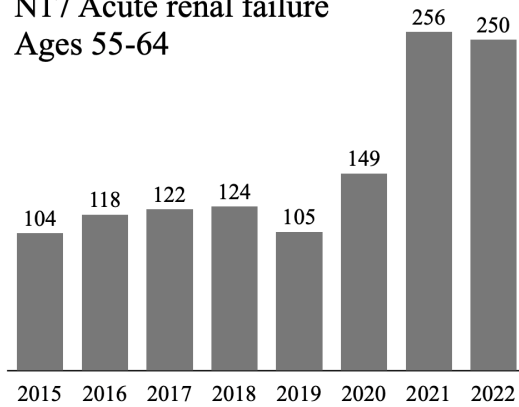
Year	Excess	Excess % over Expected
2020	59	13.3%
2021	351	76.6%
2022	500	105.3%

Minnesota Annual Deaths Involving  
N17 Acute renal failure as % of All-Cause  
Ages 65-84



Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

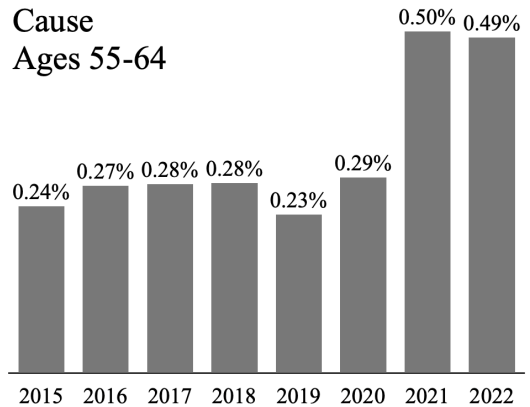
Minnesota Annual Deaths Involving  
N17 Acute renal failure  
Ages 55-64



Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

Year	Excess	Excess % over Expected
2020	32	27.4%
2021	138	117.3%
2022	131	110.8%

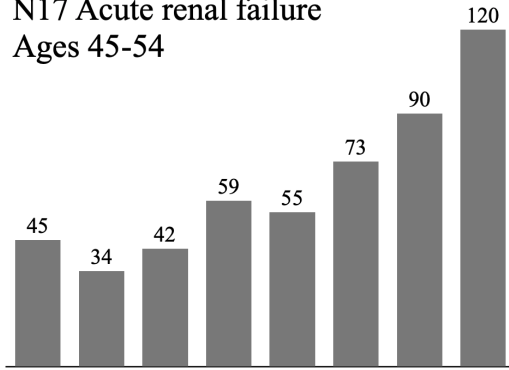
Minnesota Annual Deaths Involving  
N17 Acute renal failure as % of All-Cause  
Ages 55-64



Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

# EXHIBIT A

Minnesota Annual Deaths Involving N17 Acute renal failure Ages 45-54

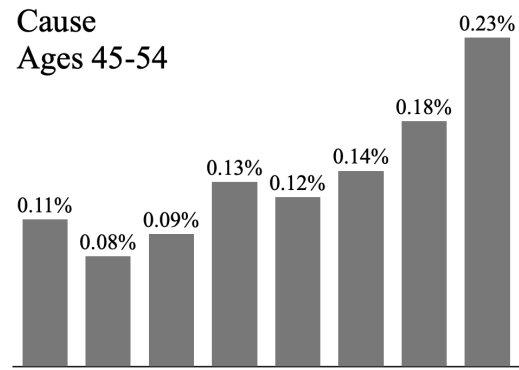


2015 2016 2017 2018 2019 2020 2021 2022

Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

Year	Excess	Excess % over Expected
2020	13	20.7%
2021	25	38.5%
2022	51	72.7%

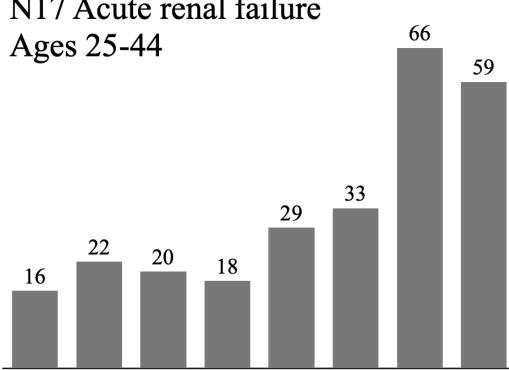
Minnesota Annual Deaths Involving N17 Acute renal failure as % of All-Cause Ages 45-54



2015 2016 2017 2018 2019 2020 2021 2022

Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

Minnesota Annual Deaths Involving N17 Acute renal failure Ages 25-44

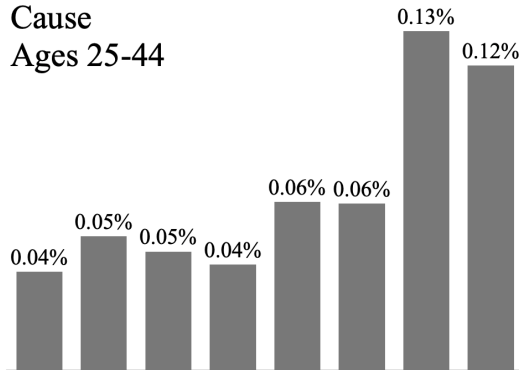


2015 2016 2017 2018 2019 2020 2021 2022

Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

Year	Excess	Excess % over Expected
2020	5	19.6%
2021	36	121.5%
2022	27	84.4%

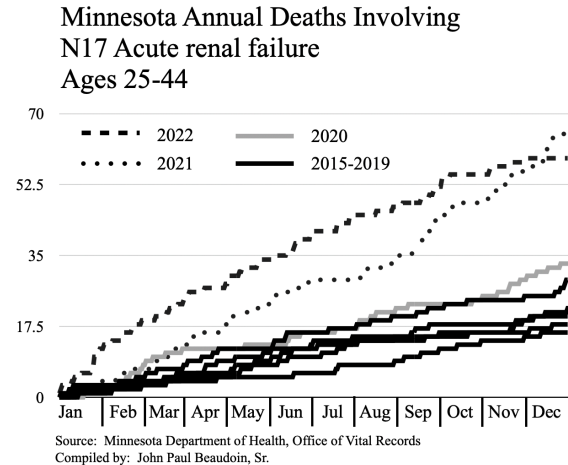
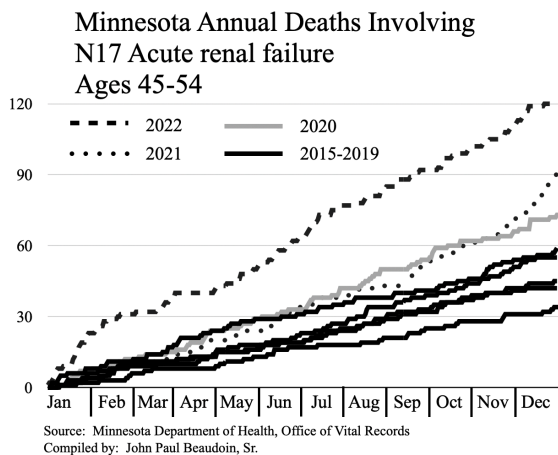
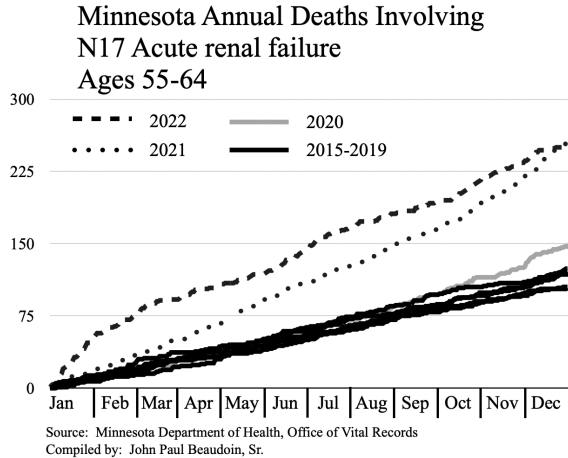
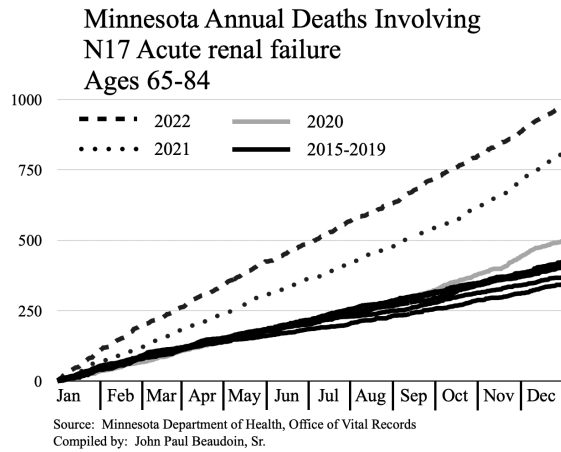
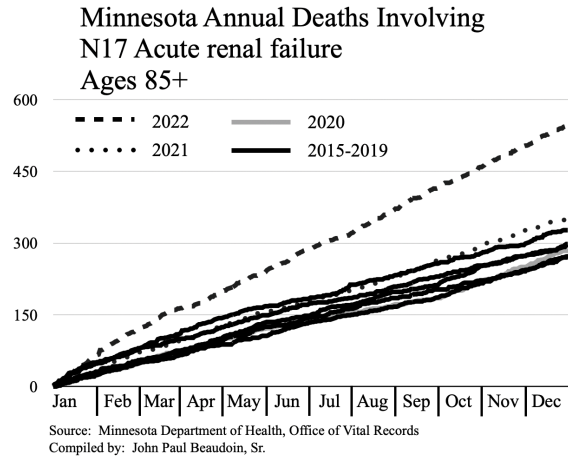
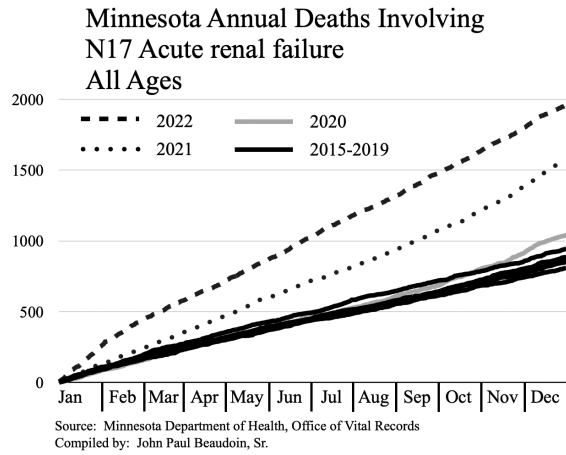
Minnesota Annual Deaths Involving N17 Acute renal failure as % of All-Cause Ages 25-44



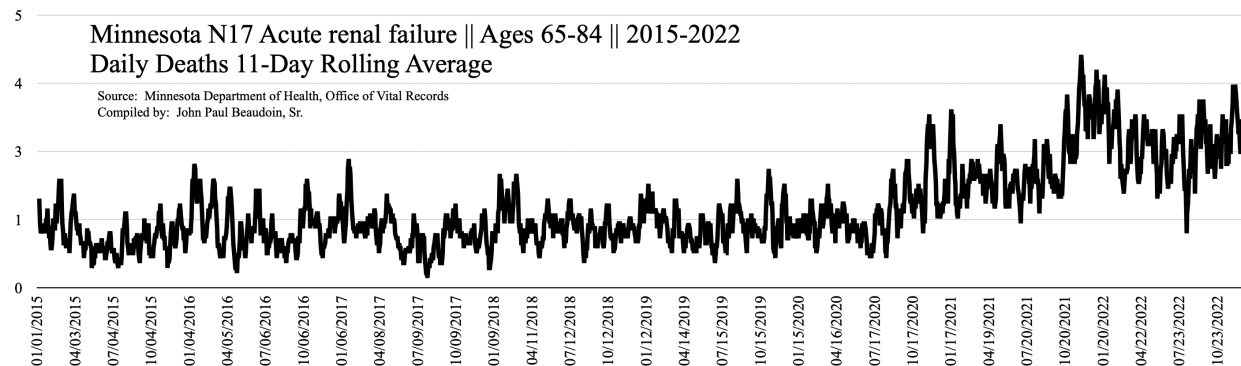
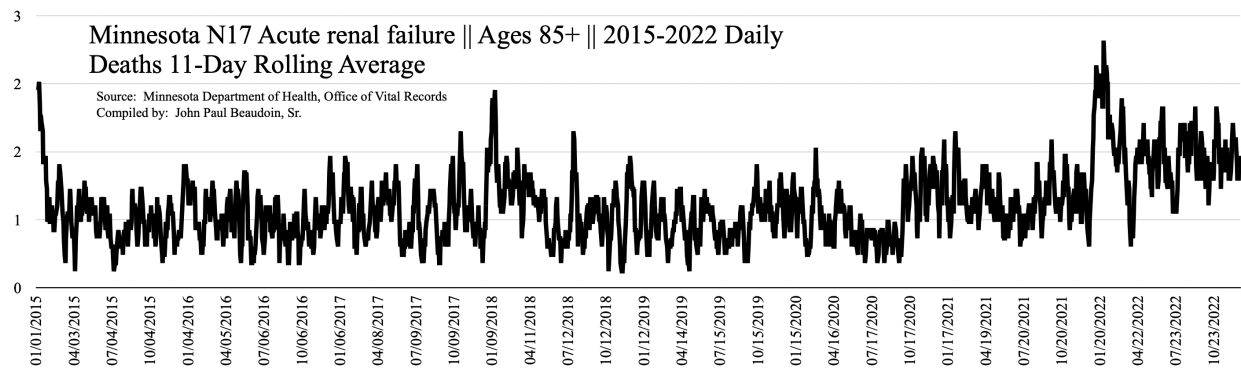
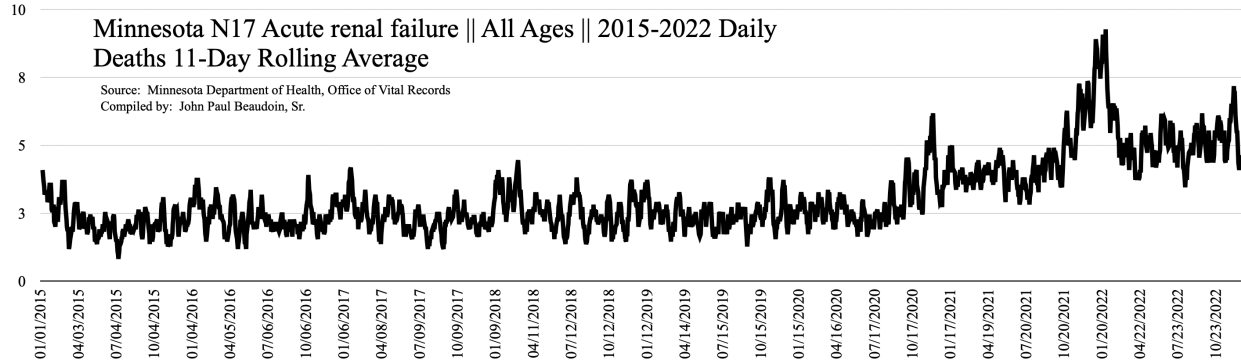
2015 2016 2017 2018 2019 2020 2021 2022

Source: Minnesota Department of Health, Office of Vital Records  
Compiled by: John Paul Beaudoin, Sr.

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