

THE CONNECTICUT MEMORANDA SERIES

**NOTICE OF
HOSPITAL HOMICIDE
&
ACUTE RENAL FAILURE DEATHS
Vol. I**

**JOHN PAUL BEAUDOIN, SR.
Summa Logica LLC**

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John Paul Beaudoin, Sr.
THE CONNECTICUT MEMORANDA SERIES: NOTICE OF HOSPITAL HOMICIDE &
ACUTE RENAL FAILURE DEATHS
Vol. I

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*Dedicated to the fallen and injured, their families and friends.
May those affected have the strength to righteously fight the good fight
to protect humanity from inhumanity.*

ABOUT THE AUTHOR



John Paul Beaudoin, Sr. is a Christian and father of three sons. He spent his first 18 years in Windsor, Connecticut, obtained a BS in Systems Engineering, worked 30 years in the semiconductor research and design industry, and obtained an MBA in Management. In July 2018, John's eldest son died in a motorcycle accident at the age of 20. The fraudulent Covid narrative gave John a purpose again, which is to save children from harm. He enrolled in law school at 56-years-old, attended for two semesters, and was unenrolled due to his Covid "vaccination status." John now uses engineering, economics, morality, law, and philosophy to find evidence and bring TRUTH to The People.

COVER LETTER TO *THE CONNECTICUT MEMORANDA SERIES*

June 27, 2024

To: Connecticut state officials

From: John Paul Beaudoin, Sr.

Please seek personal legal counsel to verify the statements in *THE CONNECTICUT MEMORANDA SERIES*. Do not rely upon state attorneys for personal criminal defense counsel. They are conflicted in duties between protecting the State and protecting you as an individual in criminal matters. These memoranda are meant to inform, not threaten. If you dutifully act on this information, then you have no concern over this.

I was born in Hartford and raised 18 years in Windsor. Even after more than a third of a century in Massachusetts, I will never be "from" Massachusetts. I am from Connecticut. And with a heavy heart I offer this set of briefs to you as agents of the State of Connecticut. For your health and the health of your children and The People of Connecticut, read this letter and the memoranda series.

You are now served with information and belief that The People of Connecticut are in imminent danger of harm from government-recommended health protocols. Express written evidence derived from official state records is elucidated in the memoranda and exhibits. *Id est*, these memoranda constitute legal NOTICE, which razes any future defense of IGNORANCE OF FACT that you may proffer at a criminal trial. If someone dies as a result of your refusal to investigate the factual allegations provided in the memoranda, and if a reasonable time has passed after receipt of NOTICE, then you may be criminally liable for manslaughter or murder.

SOVEREIGN and QUALIFIED IMMUNITY do not apply to state actors engaged in criminal behavior. These immunities are meant to protect state agents from being sued while acting in their official capacities.

STATUTES OF LIMITATIONS do not generally apply to homicide crimes.

As state agents in the capacity of health care service to The People of Connecticut you have a LEGAL DUTY TO ACT on the facts provided in the memoranda. A LEGAL DUTY TO ACT means that your inaction and KNOWING state of mind, having been given this NOTICE, constitute the requisite *actus reus* and *mens rea*, respectively, to convict you for unnatural deaths resulting from your inaction.

In other words, if you do not act to investigate the factual allegations of injury and death to The People of Connecticut as a result of government-recommended protocols and medicaments, and if someone subsequently dies from those protocols and medicaments, and a reasonable time has

passed from receipt of NOTICE, then you may be liable for murder, manslaughter, and other felony crimes.

Evidence specific to Connecticut is detailed in this memoranda series. An earlier version of this memoranda series, *THE CDC MEMORANDUM*, detailing specific evidence from Massachusetts, Minnesota, Vermont, New York, and Washington, was served to the directors of the CDC, FDA, and NIH and to several of their deputy directors in March 2024. A copy can be purchased at TheRealCdC.com.

It's over. We know. We know you know. Now do the right thing. Every legal means will be pursued to ensure justice is meted and truth prevails. You have a rare opportunity to remediate your conduct and seek forgiveness. You should take it. A list of investigatory steps is offered in each brief in the series.

Connecticut disallows religious exemptions, yet Connecticut attempts to mandate vaccines that you should KNOW kill people as evinced in the data available on state servers, which will be the subject matter of a later brief in this memoranda series.

Hubris is the cause of moral hazard in which those who promote lethal injections and hospital protocols to the public cannot admit their folly and, thus, engage in murder despite knowing facts and TRUTH that The People are in imminent danger. The TRUTH will not be hidden. Cut your losses now, else be forever known as murderers and pursued by justice for the rest of your lives and forever after.

May God judge you justly for your decisions and actions,
John Paul Beaudoin, Sr.

CONCERNED CITIZEN OF
THE UNITED STATES OF AMERICA

From:
JOHN PAUL BEAUDOIN, SR.

To:
NED LAMONT, Governor of Connecticut,
SUSAN BYSIEWICZ, Lieutenant Governor of
Connecticut,
ERICK RUSSELL, Connecticut Treasurer,
SEAN SCANLON, Connecticut Comptroller,
WILLIAM TONG, Attorney General of Connecticut,
MANISHA JUTHANI, Commissioner, Connecticut
Department of Public Health,
A. OREFICE, Chief of Staff, Connecticut Department
of Public Health,
H. SALTON, Special Counsel, Connecticut Department
of Public Health.

**MEMORANDUM:
NOTICE OF REQUIRED
ACTION TO THWART
HOSPITAL HOMICIDES &
ACUTE RENAL FAILURE
DEATHS**

EVIDENCE COMPELS
IMMEDIATE INVESTIGATION
AND CORRECTION OF
INJURIOUS FEDERAL AND
STATE HEALTH PROTOCOLS
AND MANDATES

Date: June 27, 2024

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ABBREVIATIONS

- AKI “Acute kidney injury”
- ARF “Acute renal failure”
- CDC “Centers for Disease Control and Prevention”
- CDPH “Connecticut Department of Public Health”
- CHBMP “Covid Humanity Betrayal Memory Project”
- DNR “Do Not Resuscitate”
- FDA “Food and Drug Administration”
- ICD-10 “International Statistical Classification of Diseases & Related Health Problems v.10”
 - N17 “Acute renal failure”
 - U07.1 “COVID-19”
- NIH “National Institutes of Health”

DEFINITIONS

excess

- quantity more than *expected* or more than normal during a period

(In this document, PERIOD = one year. *excess* = actual total each year - *expected* total for that year. *expected* is derived using linear least squares approximation from the totals of years 2015 through 2019, if the slope is positive. Else, the 5-year average is used. The SLOPE and INTERCEPT functions in most spreadsheet programs facilitate this method. For example, *expected* value for 2020 = INTERCEPT (2015, 2016, 2017, 2018, 2019) + 5 * SLOPE (2015, 2016, 2017, 2018, 2019); *expected* value for 2023 = INTERCEPT(...) + 8 * SLOPE(...)

INTRODUCTION

John Paul Beaudoin, Sr., a citizen of the Commonwealth of Massachusetts, obtained the Connecticut vital records database of death records from 2015 through 2023 for the purpose of studying the seasonal effects of temperature and humidity on heart disease. While evaluating the seasonality of heart disease deaths, Beaudoin's public health auditing system uncovered the same extreme anomalies in Connecticut as it did in Massachusetts and Minnesota records. Defense of others, necessity, and moral obligation compel Beaudoin to provide this brief to Connecticut state officials.

The purpose of this memorandum is to NOTIFY the named recipients of the factual information gleaned from the state's official vital records. The state officials herein named have a LEGAL DUTY to immediately investigate the **epidemic** of acute kidney injury deaths (AKI).

The truth cannot be hidden. The world now sees this **epidemic**. Do your job to immediately investigate publicly else be forever known by your names as the officials who shirked their LEGAL DUTIES as people preventably died in the thousands in Connecticut.

QUESTION

Whether a Connecticut state official, KNOWING that thousands died in a kidney failure **epidemic** since 2020, is criminally negligent if he does not immediately and earnestly investigate to determine the cause and prevent additional deaths?

FACTS

1. **Table 1** expresses that 1721 *excess* AKI deaths occurred in Connecticut in the years 2020 through 2023, making it possibly the most lethal single cause of death **epidemic** in a century in Connecticut. Connecticut is not alone. This AKI **epidemic** happened nationwide despite neither call to action nor investigation by the CDC, FDA, or NIH.

Excess Death Totals of Years 2020 thru 2023 by Cause and State

N17 Excess Calculation Minnesota	
Intercept	823.6
Slope	23.9
Average 5 yrs	871.4
2020 Expected	943.1
2021 Expected	967.0
2022 Expected	990.9
2023 Expected	1,014.8
2020 Excess	102.9
2021 Excess	613.0
2022 Excess	967.1
2023 Excess	729.2
Total	2,412.2

Source: Minnesota Department of Health, Office of Vital Records; Mar 2024
Compiled by: John Paul Beaudoin, Sr. for Summa Logica LLC

N17 Excess Calculation Massachusetts	
Intercept	1,392.8
Slope	(45.9)
Average 5 yrs	1,301.0
2020 Expected	1,163.3
2021 Expected	1,117.4
2022 Expected	1,071.5
2023 Expected	1,025.6
2020 Excess	392.0
2021 Excess	698.0
2022 Excess	1,247.0
2023 Excess	1,156.0
Total	3,493.0

Source: Massachusetts Department of Public Health, Office of Vital Records; Mar 2024
Compiled by: John Paul Beaudoin, Sr. for Summa Logica LLC

N17 Excess Calculation Connecticut	
Intercept	516.0
Slope	(5.7)
Average 5 yrs	504.6
2020 Expected	487.5
2021 Expected	481.8
2022 Expected	476.1
2023 Expected	470.4
2020 Excess	120.4
2021 Excess	296.4
2022 Excess	779.4
2023 Excess	524.4
Total	1,720.6

Source: Connecticut Department of Public Health, Vital Records Office; May 2024
Compiled by: John Paul Beaudoin, Sr. for Summa Logica LLC

Table 1

2. **Figure 2a** clearly shows a wildly out-of-control **epidemic** of AKI, which increased to 200% of normal in 2021, while covid was decreasing as shown in **Figure 2b**.

N17 Involved Deaths Connecticut
Ages: All ages

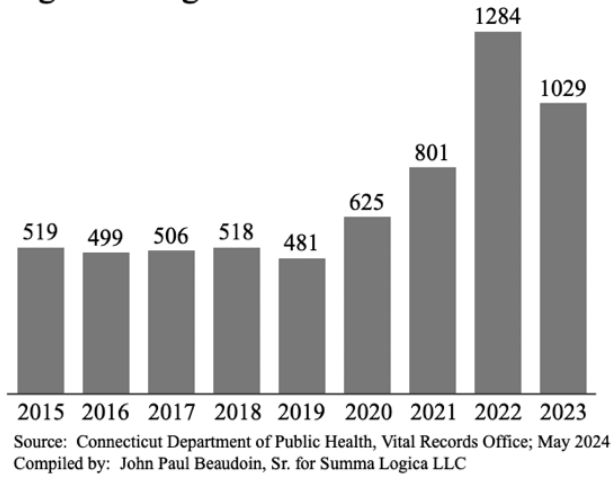


Figure 2a

U071 Involved Deaths Connecticut
Ages: 0 to 120

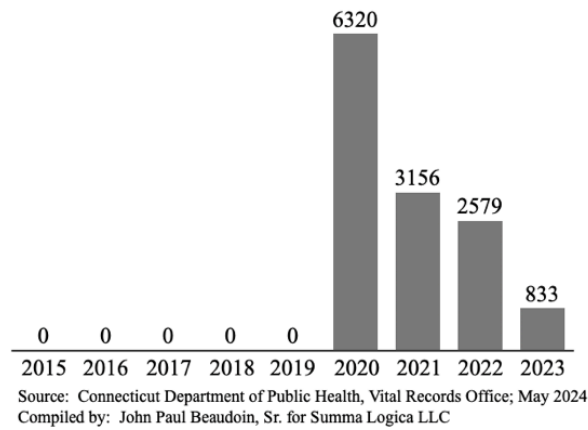


Figure 2b

3. CDPH makes no mention of the AKI **epidemic** on its homepage indicating that they may not know about this mass casualty, century level event.
4. CDPH’s mission is to monitor public health. Ignorance of the AKI **epidemic** is a massive, inexcusable failure of state officials’ LEGAL DUTY to The People of Connecticut. Early investigation and remediation of the cause likely would have saved thousands of Connecticut lives including many whose ages were as young as 25 years old. (See **Figure 4**)

N17 Involved Deaths Connecticut
Ages: 25 to 44

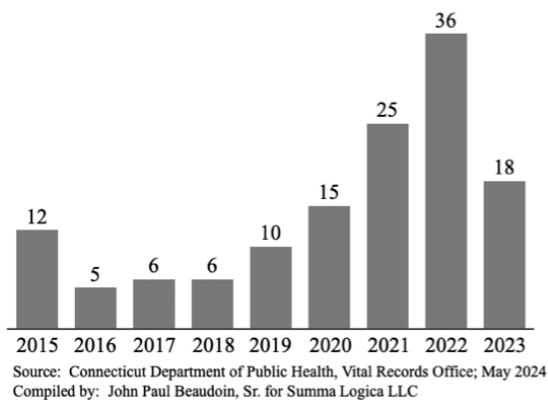
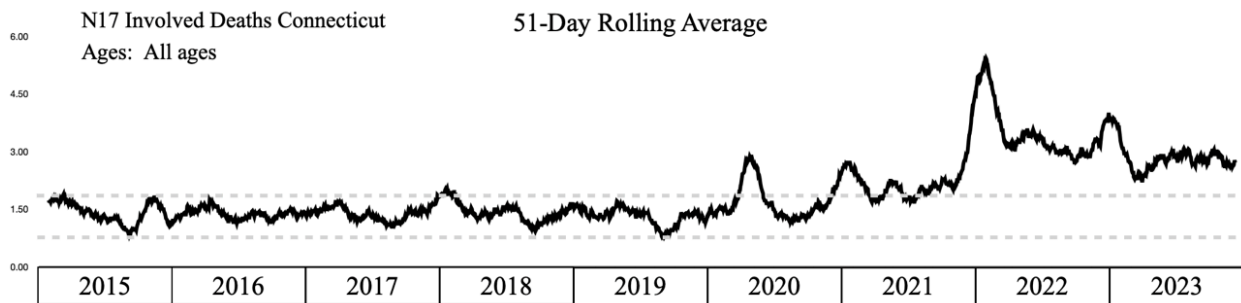


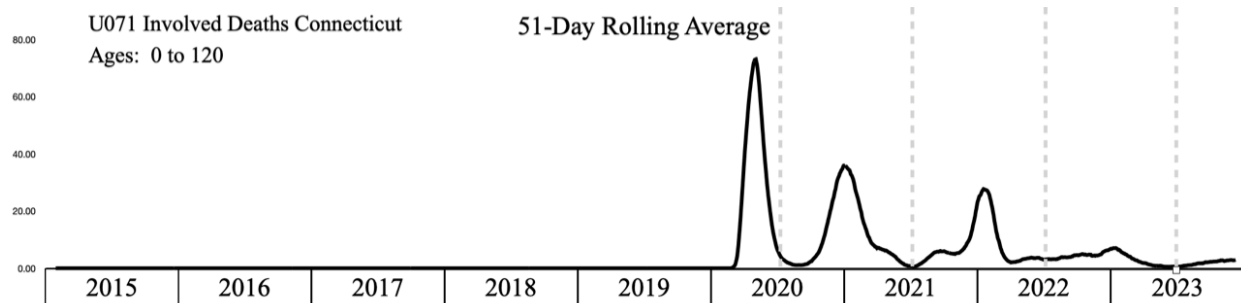
Figure 4

5. **Figure 5a** (AKI) and **Figure 5b** (COVID-19) are time series of raw death counts curve-smoothed. They further depict that the **epidemic** of AKI involved deaths do not correlate to COVID-19 involved deaths. Diseases do not change the organs they attack year over year. The pattern of AKI seems man-caused, likely from policy changes resulting from solicitation of hospital administrators by the [CMS.gov](https://www.cms.gov) NCTAP payout program and coercion of doctors by hospital administrators and medical certification boards to use the deadly NIH COVID-19 treatment protocols. **Figures 5a & 5b** depict coincidence of AKI and COVID-19 only in peaks. Noticeably, beginning December 2020, an **epidemic** of *excess* AKI deaths increased to 300% of normal in 2022, while COVID-19 inversely decreased to negligible incidence rates.



Source: Connecticut Department of Public Health, Vital Records Office; May 2024
Compiled by: John Paul Beaudoin, Sr. for Summa Logica LLC

Figure 5a



Source: Connecticut Department of Public Health, Vital Records Office; May 2024
Compiled by: John Paul Beaudoin, Sr. for Summa Logica LLC

Figure 5b

6. **Figure 6** depicts the percentage of COVID-19 involved deaths that also have AKI co-resident on the same death record. The waveform looks like someone threw a switch after early 2022. This is extremely concerning. In the first three (3) waves of covid, AKI reached around 50% of covid involved deaths that also involved AKI on the same death record. The waveform only reaches around 13% in the winter of 2022/2023. Yet 2022 and 2023 had the greatest number of AKI involved deaths as seen in **Figures 2a & 5a**.

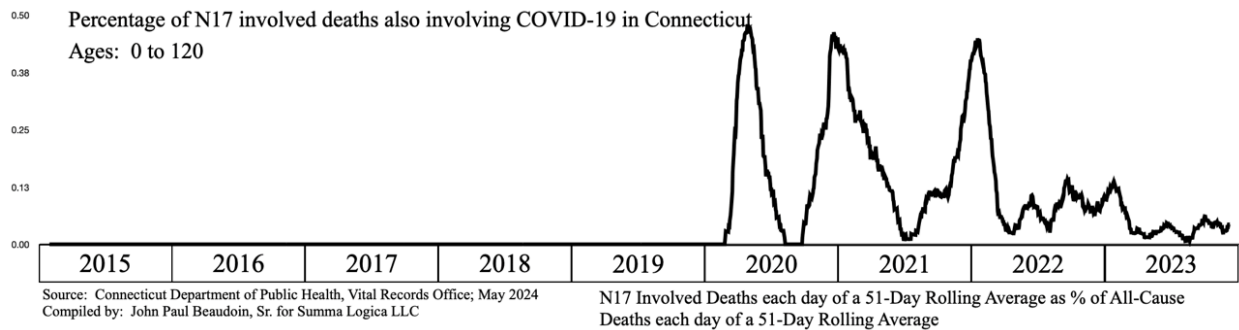


Figure 6

Again, the overall correlation between AKI and covid is inverted. AKI in **Figure 2a** increased from 2020 through 2022, maintaining significant *excess* in 2023. Covid ebbed every year. Yet there is strong seasonal correlation only in the first three waves of covid. These must be at least two (2) separate signals. The seasonal signal seems very likely to be hospital protocol-caused AKI involved death up until early-2022. When someone tested positive in-hospital, he was immediately administered remdesivir, then prepped for mechanical ventilation by administration of a protocol that included an immunomodulator, an anti-anxiety medication, an opioid pain medication, a general anesthetic, a sedative, and many other drugs, the combination of which suppresses breathing. There are also research

papers that relate remdesivir, baricitinib, and vancomycin to impaired kidney function. After mid-2022, despite a continuing and significant *excess* AKI (see **Figure 5a**), very few of those AKI involved deaths also involved COVID-19. There must be a reason why the correlation practically stopped. Multi-organ failure often includes AKI; and multi-organ failure is a known effect of covid “vaccination” gene drug injections. The two signals are likely from 1) hospital protocols and 2) gene drug “vaccine” adverse events. Theories, however, are not evidence. The issue cannot move to “what is causing this massive **epidemic** of AKI?” until the state officials dutifully recognize the **epidemic** and begin an immediate investigation.

7. Since remdesivir was recommended by NIH on April 21, 2020, there appears to be very little change to the recommended COVID-19 treatment program. Nor does there appear to be any studies of these treatment protocols in more than four (4) years.¹

AKI EXTRAPOLATION TO UNITED STATES (~155,000 fatalities in AKI **epidemic**)

8. **Table 1** expresses total *excess* AKI involved deaths in Minnesota, Massachusetts, and Connecticut to be 7626 victims. The 2020 US Census expresses the total population of the three states as 16.3 million and the United States population as 331.4 million. Extrapolating these three states to estimate the number of U.S. *excess* AKI involved deaths in the years 2020 through 2023 yields ~155,000 AKI involved deaths.²
9. **Figure 9** depicts fiscal year accumulating totals for N17 AKI involved deaths for all three (3) states Minnesota, Massachusetts, and Connecticut. Important to note is when the dashed black line departs the gray lines. The gray lines are fiscal years before covid, mid-2015 through mid-2019. The dashed black line clearly depicts that the AKI **epidemic** began in December 2020 in Massachusetts and Connecticut, and in November 2020 in Minnesota.

Fiscal Years Cumulative

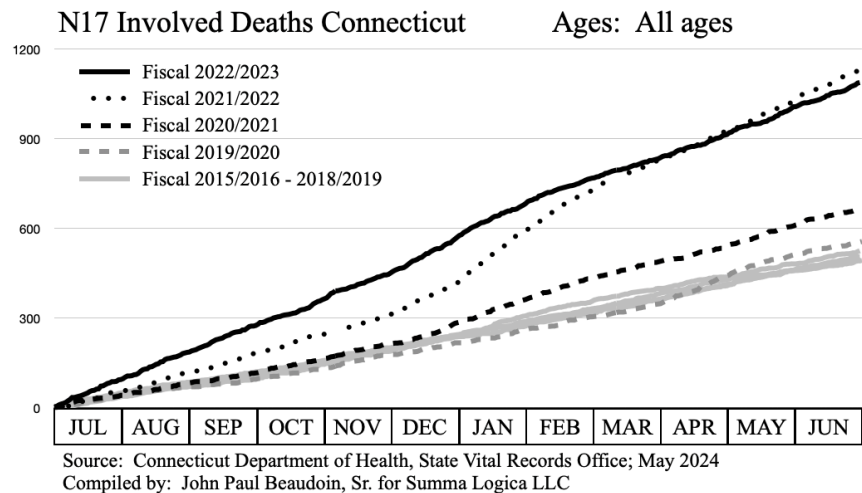
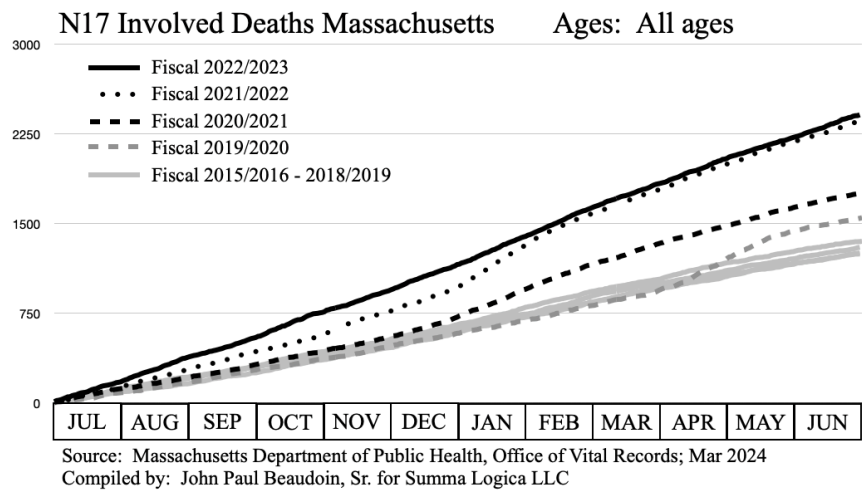
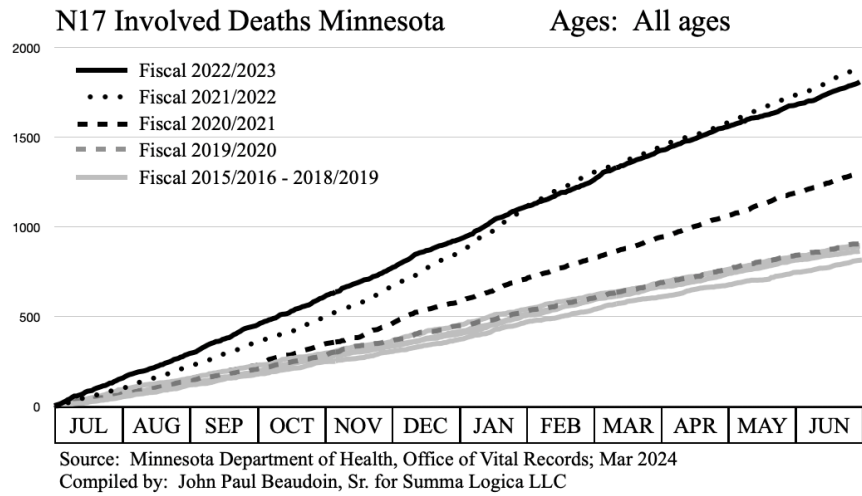


Figure 9

Please now note that data is not just numbers. Every pixel on a graph represents human beings — real people — taken from their families too soon.

COVID-19 HUMANITY BETRAYAL MEMORY PROJECT

10. Approximately 1200 hospital homicide cases are documented at the website “COVID-19 HUMANITY BETRAYAL MEMORY PROJECT” (CHBMP) <https://chbmp.org/cases/3>, categorized by the following:

- Murdered By FDA Death Protocol
- Murdered by Mandates
- Vaccine-Injured
- Murdered by COVID Vaccines
- Suffered Hospital Mistreatment
- Harmed by Mandates
- FDA Death Protocol Survivors

The CHBMP site contains true accounts of criminal conduct that flows from the covid treatment recommendations published by the NIH. The treatment “protocols” and “vaccines” administered are documented as having killed these people. Omission of investigation by the named agents in receipt of this memorandum constitutes criminal DELIBERATE INDIFFERENCE to life; and the deaths that subsequently flow from any omission of investigation and omission of remedial action constitutes murder by the named agents. Such an investigation is the primary mission of CDPH agents. Omission of such investigation is willful in light of a LEGAL DUTY TO ACT. **Do your job!**

ARGUMENTS & ANALYSES

This analysis is cursory and colloquial. Legal terms are CAPITALIZED.

The Connecticut state agents named at the beginning of this brief have a LEGAL DUTY TO ACT on the factual information provided herein. To be clear, you are like lifeguards. You took the job. People are drowning in front of your eyes. If you do nothing, then you are criminally liable for their unnatural deaths. The public relies on you to investigate and alert them of **epidemics** of death and maim. That is your contract with the public. Yet breach of this social contract is not only civil, it is criminal.

Given the sheer numbers of *excess* deaths involving acute kidney injury (AKI), any reasonable person would believe that an investigation is immediately required for the safety of the public. The paragraphs of facts derived from Connecticut's own vital records were compiled, graphed, and served to you in a concise manner. This means you have been NOTIFIED of the **epidemic** of AKI. Once you are NOTIFIED, you are in a KNOWING state of mind.

In order to be convicted of murder, you must have a requisite mental state at the time of the action or inaction that caused an unnatural loss of life. The mental states that rise to second degree murder are KNOWING and RECKLESS. There are different jurisdictional variations of terms such as CRIMINAL NEGLIGENCE and DELIBERATE INDIFFERENCE.

The difference between the average person and you as public officials is that the average person does not have a LEGAL DUTY to investigate an **epidemic** of deaths. In order to be convicted of second degree murder, you, as public officials, need not have to KNOW exactly what is killing people. Your mere inaction to investigate, while in a KNOWING state of mind that people are dying at **epidemic** rates from AKI, for example, is enough for conviction. If you do not immediately and earnestly investigate these AKI deaths, it is equivalent to a boy

drowning, while you, as a lifeguard, make some popcorn and sit in the lifeguard chair watching him go under and die.

If you do nothing, then you are betting that NIH hospital protocols and covid gene drug “vaccines” are not causal in the deaths of a million people in the United States, or you are betting that there will never be an administration that comes into power at the federal or state level that will investigate and prosecute such crimes of deliberate indifference murder with a depraved heart.

Lastly, for conviction to be attained, there must be some action that you can take that would save some of the lives that otherwise are taken by AKI. To KNOW those actions is again required. The RECOMMENDATIONS section below provides a simple investigation procedure as a start. However, CDPH and local hospitals should provide such an investigation plan with details. Again, **do your job!**

INVESTIGATION PLAN & RECOMMENDATIONS

A. Immediately verify the Connecticut All-Cause, COVID-19, and AKI data herein provided.

You will learn that there is indeed a century-level **epidemic** of AKI death in Connecticut.

B. Begin investigating the younger groups first in order to narrow the population to a more feasible investigational pool. Younger people have fewer confounding health issues and pre-existing conditions. It will be easier and faster to find anomalies in younger age groups.

There are 94 deaths in Connecticut from 2020 through 2023 involving AKI in ages 25 to 44.

There are 184 AKI involved deaths in the period and in the 45 to 54 age group.

C. For the AKI involved decedents, obtain their entire hospital file without notice so that it cannot be tampered with.

1. Build a timeline of events
 - Times and dates of vital signs
 - Times and dates of diagnoses and orders
 - Times, dates, and results of blood labs (liver, kidney, etc)
 - Times, dates, and results of imaging
 - Times, date, and results of administration of medicaments and procedures
 2. Was the decedent “vaccinated” for covid? Was there a notation in the file? How many times was it written in the file?
 3. Was there a different course of treatment for the “vaccinated” versus the “unvaccinated?”
- D. Interview the family members to determine what was said, what was heard, and what they thought they were signing. Was there a DNR? Who requested it? Was it coerced?
- E. Publish the results. Inform The People. Then The People will individually decide whether to consent, under Natural Law and individual liberties, to radical and experimental gene therapy drugs and NIH recommended COVID-19 protocols.

CONCLUSIONS

There is an **epidemic** of acute kidney injury (AKI) in Connecticut.

The AKI **epidemic** claimed more life-years and affected more families than did the disease named “COVID-19”.

There is not a STATUTE OF LIMITATIONS for murder.

QUALIFIED and SOVEREIGN IMMUNITIES exist to protect, from civil litigation, state agents acting in their official capacities. These immunities do not avail to criminal charges.

The herein named officials have a LEGAL DUTY to immediately investigate the AKI **epidemic** deaths in Connecticut, determine the cause, and prevent further injury and death to The

People. Inaction and failure to investigate are criminal negative acts and could possibly lead to murder charges.

There are many in the health freedom movement who, for the rest of their lives, will pursue criminal prosecution of government officials who knowingly refused to investigate AKI injury and death likely brought about as a result of NIH and FDA and CDC treatment recommendations.

The righteous WAY to proceed is to uncover TRUTH in order to protect LIFE and liberty.

Date: June 27, 2024

Submitted with support from tens of thousands of Americans, and in the interest of the way and the **TRUTH** and the life,

John Paul Beaudoin, Sr.

REFERENCES

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