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## **LEGAL NOTICE AND AFFIDAVIT**

To:

Director of the State of Hawai'i Department of Health, Elizabeth A. Char  
Chairperson of the State of Hawai'i Board of Education, Catherine Payne  
Interim Superintendent of the Hawaii State Department of Education, Keith Hayashi  
Governor of the State of Hawai'i, David Y. Ige  
Lieutenant Governor of the State of Hawai'i, Josh Green

Respondents Ige and Green have maintained that forced mask wearing will continue for all indoor settings in the state of Hawai'i under the fraudulent pretense that a public health emergency exists in the state. The Emergency Declaration upon which all mandates are based have been unjustified.

There is not now, and there never has been, a bona fide "public health emergency" due to the SARS-Cov-2 virus or the disease COVID-19. Virtually all of the PCR tests were calibrated to produce false positive results, which has enabled the respondents and their counterparts in state governments to publish daily reports containing seriously inflated COVID-19 "case" and "death" counts that grossly exaggerate the public health threat.

Even assuming the accuracy of these counts, we now know that COVID-19 has a fatality rate far below that originally anticipated - 0.2% globally, and 0.03% for persons under the age of 70. According to the CDC, 95% of "COVID-19" deaths involve at least four additional comorbidities.

Overall deaths from COVID-19 throughout the state of Hawai'i have never exceeded that which is normally seen from influenza in any given year. This is hardly an "emergency".

The Hawai'i State Department of Education has indicated that they will defer to the Hawai'i State Department of Health concerning COVID-19 related safety measures in our public schools for the 2021-22 school year, including the use of face masks and the determination to mandate use, regardless of the mounting scientific data that the risk factors outweigh any perceived benefit.

This letter is lawful notification to you, pursuant to The Bill of Rights of the National Constitution, in particular, the First, Ninth and Fourteenth Amendments, and The Bill of Rights of the Hawai'i State Constitution, in particular, Article I, Sections 1, 2, 3, 4, 5 and 8, and pursuant to your oath, and requires your written response to me specific to the subject matter.

Your failure to respond, within 30 days, as stipulated, and rebut, with particularity, everything in this letter with which you disagree is your lawful, legal and binding agreement with and admission to the fact that everything in this letter is true, correct, legal, lawful and binding upon you, in any court, anywhere in America, without your protest or objection or that of those who represent you.

Your silence is your acquiescence. See: *Connally v. General Construction Co.*, 269 U.S. 385, 391. Notification of legal responsibility is “the first essential of due process of law.” Also, see: *U.S. v. Tweel*, 550 F. 2d. 297. “Silence can only be equated with fraud where there is a legal or moral duty to speak or where an inquiry left unanswered would be intentionally misleading.”

The mandate for any child to wear a mask against COVID-19 for attendance at any school, university or other institution violates federal law. All COVID-19 masks, whether surgical, N95 or other respirators, are authorized, not approved or licensed, by the federal government; they are Emergency Use Authorization (EUA) only. They merely “may be effective.” Federal law states:

Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) states:

individuals to whom the product is administered are informed—

- (I) that the Secretary has authorized the emergency use of the product;
- (II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
- (III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

EUA products are by definition experimental and thus require the **right to refuse**. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is “absolutely essential.” A federal court held that even the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003).

In a letter dated April 24, 2020, the Food and Drug Administration stated that authorized face masks must be labelled accurately and may not be labeled in a way that misrepresents

the product's intended use as "source control to help prevent the spread of SARS-CoV-2." The letter specifies that the labeling "may not state or imply that the product is intended for antimicrobial or antiviral protection or related uses or is for use such as infection prevention or reduction."

Any EUA mandate requiring individuals to wear face masks conflicts with Section 360bbb-3(e)(1)(A)(ii)(I-III), which provides that the person must be informed of the option to refuse to wear the device.

It has become known that the regular use of any EUA face mask by healthy individuals carries significant risk of harm to the wearer not just physically, but emotionally and psychologically as well. To deprive a child of oxygen, or to restrict it in any way, is not only dangerous to their health, it is absolutely criminal.

Oxygen deficiency inhibits brain development and the damage that has taken place as a result CANNOT be reversed. Children need the brain to learn, and the brain needs oxygen to function. We don't need a clinical study for that. This is simple, indisputable physiology.

We also know that exposure to high levels of carbon dioxide is a dangerous situation that can lead to serious health risks, putting our children in danger, while also limiting their ability to perform their best in school.

According to a study published in JAMA Pediatrics in June of 2021 scientists determined that "there was ample evidence for adverse effects of wearing such masks" and that based on the findings of this study "children should not be forced to wear face masks." The study is entitled *Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children* and it reads:

"Many governments have made nose and mouth covering or face masks compulsory for schoolchildren. The evidence base for this is weak. The question whether nose and mouth covering increases carbon dioxide in inhaled air is crucial. A large-scale survey in Germany of adverse effects in parents and children using data of 25,930 children has shown that 68% of the participating children had problems when wearing nose and mouth coverings.

The normal content of carbon dioxide in the open is about 0.04% by volume (ie, 400 ppm). A level of 0.2% by volume or 2000 ppm is the limit for closed rooms according to the German Federal Environmental Office, and everything beyond this level is unacceptable."

“Most of the complaints reported by children can be understood as consequences of elevated carbon dioxide levels in inhaled air. This is because of the dead-space volume of the masks, which collects exhaled carbon dioxide quickly after a short time. This carbon dioxide mixes with fresh air and elevates the carbon dioxide content of inhaled air under the mask, and this was more pronounced in this study for younger children. This leads in turn to impairments attributable to hypercapnia.”<sup>1</sup>

An investigation into the possible risks associated with mask wearing was conducted by a team of doctors in Germany and their findings concluded that “the advocacy of an extended mask requirement remains predominantly theoretical” and they were “able to demonstrate a statistically significant correlation of the observed adverse effect of hypoxia and the symptom of fatigue with  $p < 0.05$  in the quantitative evaluation of the primary studies.” The article goes on to state:

“Extended mask-wearing would have the potential, according to the facts and correlations we have found, to cause a chronic sympathetic stress response induced by blood gas modifications and controlled by brain centers. This in turn induces and triggers immune suppression and metabolic syndrome with cardiovascular and neurological diseases.”<sup>2</sup>

There is no immediate threat of severe COVID-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from COVID-19.<sup>3</sup> It has also been scientifically confirmed that children are not significant vectors for transmission of COVID-19.<sup>4</sup>

It is quite clear that we are placing our children in great danger with continued mask mandates and it is the responsibility of those implementing such policies to conduct a risk/benefit analysis to ensure the health and safety of the public. If this has in fact been done I am requesting that you provide me all correlating documentation of your analysis.

Although scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have a compromised safety and efficacy profile and should be avoided from use.<sup>5</sup>

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<sup>1</sup> <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2781743>

<sup>2</sup> <https://www.mdpi.com/1660-4601/18/8/4344/htm#B2-ijerph-18-04344>

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

<sup>4</sup> <https://adc.bmj.com/content/105/7/618>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7680614/>

A group of parents in Gainesville, FL, concerned about potential harms from masks, submitted six face masks to a lab for analysis. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. No viruses were detected on the masks, although the test is capable of detecting viruses.

The analysis detected the following 11 alarmingly dangerous pathogens on the masks:

- *Streptococcus pneumoniae* (pneumonia)
- *Mycobacterium tuberculosis* (tuberculosis)
- *Neisseria meningitidis* (meningitis, sepsis)
- *Acanthamoeba polyphaga* (keratitis and granulomatous amebic encephalitis)
- *Acinetobacter baumannii* (pneumonia, bloodstream infections, meningitis, UTIs—resistant to antibiotics)
- *Escherichia coli* (food poisoning)
- *Borrelia burgdorferi* (causes Lyme disease)
- *Corynebacterium diphtheriae* (diphtheria)
- *Legionella pneumophila* (Legionnaires' disease)
- *Staphylococcus pyogenes* serotype M3 (severe infections—high morbidity rates)
- *Staphylococcus aureus* (meningitis, sepsis)

Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria. One-third were contaminated with one or more strains of meningitis-causing bacteria. One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens. In addition, less dangerous pathogens were identified, including pathogens that can cause fever, ulcers, acne, yeast infections, strep throat, periodontal disease, Rocky Mountain Spotted Fever, and more.<sup>6</sup>

It has been known for a number of years that surgical masks and cloth masks are incapable of preventing the escape of aerosols and that their use cannot be found to reduce the spread of any influenza like illness. There are numerous studies to support this claim.

1. A May 2020 meta-study on pandemic influenza published by the CDC found that face masks had no effect, neither as personal protective equipment nor as a source control.<sup>7</sup>

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<sup>6</sup><https://townhall.com/tipsheet/scottmorefield/2021/06/15/a-group-of-parents-sent-their-kids-face-masks-to-a-lab-for-analysis-heres-what-they-found-n2591047>

<sup>7</sup> [https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article)

2. A Danish randomized controlled trial with 6000 participants, published in the *Annals of Internal Medicine* in November 2020, found no statistically significant effect of high-quality medical face masks against SARS-CoV-2 infection in a community setting.<sup>8</sup>
3. A large randomized controlled trial with close to 8000 participants, published in October 2020 in *PLOS One*, found that face masks “did not seem to be effective against laboratory-confirmed viral respiratory infections nor against clinical respiratory infection.”<sup>9</sup>
4. A February 2021 review by the European CDC found no high-quality evidence supporting the effectiveness of non-medical and medical face masks in the community. Furthermore, the European CDC advised against the use of FFP2/N95 masks by the general public.<sup>10</sup>
5. A July 2020 review by the Oxford Centre for Evidence-Based Medicine found that there is no evidence for the effectiveness of face masks against virus infection or transmission.<sup>11</sup>
6. A November 2020 Cochrane review found that face masks did not reduce influenza-like illness (ILI) cases, neither in the general population nor in health care workers.<sup>12</sup>
7. An April 2020 review by two US professors in respiratory and infectious disease from the University of Illinois concluded that face masks have no effect in everyday life, neither as self-protection nor to protect third parties (so-called source control).<sup>13</sup>
8. An article in the *New England Journal of Medicine* from May 2020 came to the conclusion that face masks offer little to no protection in everyday life.<sup>14</sup>
9. A 2015 study in the *British Medical Journal BMJ Open* found that cloth masks were penetrated by 97% of particles and may increase infection risk by retaining moisture or repeated use.<sup>15</sup>
10. An August 2020 review by a German professor in virology, epidemiology and hygiene found that there is no evidence for the effectiveness of face masks and that the improper daily use of masks by the public may in fact lead to an increase in infections.<sup>16</sup>

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<sup>8</sup> <https://www.acpjournals.org/doi/10.7326/M20-6817>

<sup>9</sup> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0240287>

<sup>10</sup> <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-face-masks-community-first-update.pdf>

<sup>11</sup> <https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>

<sup>12</sup>

[https://www.cochrane.org/CD006207/ARI\\_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses](https://www.cochrane.org/CD006207/ARI_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses)

<sup>13</sup> <https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

<sup>14</sup> <https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

<sup>15</sup> <https://bmjopen.bmj.com/content/5/4/e006577>

<sup>16</sup> <https://www.thieme-connect.com/products/ejournals/html/10.1055/a-1174-6591>

Any attempt to mandate a medical device that is not licensed by the FDA while that device is known to carry significant risks is a criminal act and constitutes willful misconduct and negligence as well as malfeasance.

Forced masking is not only detrimental to the health and safety of my child, it also violates her first amendment rights by infringing upon free speech and expression while also violating religious rights in that it forces the adoption of a cult-like ritual. Removing a child's ability to interact with other children and teachers through facial expression while also violating their rights to bodily integrity are unconstitutional acts that are prohibited under the First, Ninth and Fourteenth Amendments of the United States Constitution.

As a concerned parent it is my duty to protect the health and safety of my daughter. If you do not immediately cease and desist in continued implementation of policies which bind the Department of Health, Board of Education and Department of Education to commit these acts of child abuse, all respondents will be held accountable to the fullest extent of the law.

If you disagree with anything in this letter, then rebut that with which you disagree, in writing, with particularity, to me, within 30 days of this letter's date, and support your disagreement with evidence, fact and law. Your failure to respond, as stipulated, is your agreement with and admission to the fact that everything in this letter is true, correct, legal, lawful, and is your irrevocable agreement attesting to this, fully binding upon you, in any court in America, without your protest or objection or that of those who represent you.

This is an honorable attempt to resolve this issue outside of a court setting. Failure to respond will result in civil and criminal complaint filings.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on this the \_\_\_\_ day, of the \_\_\_\_ month, in the year of our Lord and Savior, two thousand twenty-one.

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Levana Lomma, Affiant

Notary used without prejudice to my rights:

BE IT REMEMBERED, That on this \_\_\_\_ day of \_\_\_\_\_  
in the year of our LORD, two thousand and twenty-one, personally appeared  
before me, the Subscriber, a Notary Public for the State of Hawai'i,  
Levana Lomma, party to this Document, known to me  
personally to be such, and she acknowledged this Document to be her act  
and deed. Given under my hand and seal of office, the day and year

aforesaid.

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Notary Public Sitting in, and for, The State of Hawai'i