Hospitals & Asylums

Pneumovax, Hawthorn, Saline Solution Alternative to Doxycycline for MRSA Heart Failure on the Colorado Trail of Federal Tobacco Tax Ethics HA-14-9-23

By Anthony J. Sanders

1. Standard MRSA Heart Attack Treatment

It is medically necessary to treat methicillin resistant *Staphylococcus aureus* (MRSA), in all persons, with injured or infected hearts, whether they are obese, or athletic, exhibiting chest pain that gets worse with exercise, congestive heart failure by definition, with a refillable prescription for doxycycline, the once a day antibiotic. However, tetracycline antibiotics cause permanent yellowing of developing child teeth and are contraindicated in pregnant women and children under the age of 8, who are prescribed the potentially placebo antibiotic Clindamycin (Cleocin). Medical professionals must not neglect to prescribe a refillable five day course for chest pain.

The alternative *S. aureus* self-treatment is a 30 minutes soak in a saline bath, ie. twenty laps in a chlorinated pool or Epsom salt bath, followed by Hawthorn, the supreme herb for the heart, to immediately absorb the unwashed, but osmotically sterilized lesion(s), deep in the thoracic cavity; to be sure of success the endocarditis patient should be immunized with Pneumovax to prevent rheumatic heart disease by *S. pyogenes*.

The copper medal goes to Propolis, the substantive topic of this autobiographical drug trial to cure MRSA heart infection, as advised by peer-reviewed medical literature for over-the-counter treatment of the most wanted nosocomial infections of today: *Staphylococcus* and *Candida* spp. in humans (Bouchelaghem '22) and White Nose Syndrome (WNS) in hibernating bat supportive water pools with escape ladders (Ghosh et al '18, Magnino et al '20), for which the result is disappointingly palliative, rather than curative.

2. Differential Diagnosis of MRSA Heart Attack, Presumed in Congestive Heart Failure

The constellation of symptoms of congestive heart failure progression of “chest pain that gets worse with exercise” are arrhythmia, dropsy, fatigue, hypercholesterolemia, high or low blood pressure. Congestive heart failure is best treated with Hawthown, the supreme herb for the heart, (Gladstar '12) to help prevent sudden cardiac death (SCD) (Lawless '11: 391), but is not antibiotic. Antibiotics, specifically doxycycline, the once a day antibiotic, are necessary to treat endocarditis, especially, including MRSA. The only cardiotoxic infection resistant to doxycycline is the uncommon gut flora proliferation by *Bactroides fragilis* or *Peptostreptococus* treated with metronidazole (Schoen ’94: 550-554) and rarely by *Candida spp.* in drug addicts (Samuelson & Von Lichtenberg '94: 354, 355).

The only other, less usual, but more cruel, heart attack threat is the unwashable cardiotoxin leak from the University of Cincinnati medical campus, that requires all contaminated fabric be immediately thrown away to prevent the cardiotoxin from spreading to the entire wash (Butler et al '07). Proliferation of the MRSA heart attack pen is highly associated with the election of Attorney General Merrick Garland. Unwashable cartiotoxin has been witnessed leaking only during the moral injury

caused by the morbid obesity of, Michael J. Astrue, Social Security Commissioner and Janet Yellen, Treasury Secretary.

The difference between these two attempted murder poisons is a twenty year sentence for biological weapons and death penalty for chemical weapons, not to mention the $250 property damage, about half the $500 limit on civil damages, per exposure to unwashable cardiotoxin. To limit economic damages, be sure to quarantine clothing and fabric exposed to, at the onset of a heart attack, for a complete recovery, best if instant, but in no longer than three to five days. Whether malicious or natural, a heart attack is much more likely to be MRSA, than unwashable cardiotoxin, even in front of the University of Cincinnati medical campus (Butler et al '07). If the cardiotoxin cure of swiftly quarantining fabrics is not immediately effective, it is very likely that the cardiotoxic injured heart would be, independently, subsequently, or concurrently, naturally or maliciously, infected with MRSA, and is probably not unwashable cardiotoxin and the fabrics can be spared, unless exposure to the fabric causes re-injury to the heart, when tried on again a week later, after the chest pain has subsided.

The prognosis for congestive heart failure (CHF) is two years. CHF is a common clinical entity affecting nearly 5 million people in the United States, approximately 1 million will be hospitalized this year. Of CHF cases 75% have antecedent hypertension. Pericardial lesions, eg. MRSA, are almost always associated with disease (Schoen ’94: 566-568). MRSA treatment with doxycycline cannot be overemphasized in congestive heart failure treatment. Failure of clinical recognition of infective endocarditis in 43 per cent of the forty-seven patients is a major factor in the relatively high mortality of this disease (Robinson et al '70).

The 5-year mortality for CHF in general is about 50%. For severe class 4 CHF, there is 50% mortality in 1 year (Heger et al '04: 165). There was a fifty percent casualty rate in hospital admission for *Staph* heart attack, before routine emergency cardiac surgery took off in 1980s. *Staphylococcus aureus* accounts for about 20 to 30% of endocarditis cases, without control of Pneumovax inoculation statistics, it can infect normal valves and pericardium with Staph lesions, and is a leading cause of acute endocarditis, and can lead to death within days to weeks of more than 50% of heart failure patients, if a lesion occludes an artery, they are not promptly treated with doxycycline and instead admitted to a hospital (Elvin-Lewis ’77: 194).

Furthermore, there is a twenty-five percent chance of dying within ten years of contracting rheumatic heart disease (RHD) from *Streptococcus pyogenes,* that can be prevented with Pneumovax, or treated with doxycycline, to be sure to treat any co-occurring methicillin resistant *Staphylococcus aureus* (MRSA). *Staphylococcus* and *Streptococcus* spp. combine to cause excruciating toxic shock syndrome that is particularly painful and frightening when it strikes the heart, but is the most likely cause of fibromyalgia. In 1940, the mortality rate from RHD in the United States was 20.6 per 100,000 population, in 1982, it was 2.2. This decline in morbidity and mortality from RHD has been related to improved diet, ie. Relief of chest pain from vegan diet in *Strep* endocarditis, and better control of streptococcal infections with Pneumovax, penicillin, and other effective antibiotics (Schoen ’94: 549) particularly doxycycline. Propolis and other dietary supplements are not indicated to be able to cure *Streptococcus* spp. Pneumovax is so effective, health professionals, who are required to be vaccinated, often forget to Pneumovax their working age patients, who are only reminded under age 18 and over age 65. Although completely treatable with doxycycline, *Strep* is an even more common and contagious bacteria than *Staph*, and Pneumovax is advised for all.

Like Hawthorn, the supreme herb for the heart, statin drugs are not antibiotic and do not cure endocarditis. Unlike Hawthorn, that has no curative effect whatsoever, except once, to instantly absorb twice YMCA saline swimming pool sterilized MRSA lesions of the heart, when I completed my 2nd edition *Medicine* textbook, in Garland County Library, when Merrick Garland was confirmed Attorney General, Statin drugs temporarily neutralize chest pain caused by the permanent cardiotoxic dye, but the side-effect of shrinking the brain is too severe to justify prescribing statins or even tolerate their experimental use, unless the consumer is Pneumovaxed. Unlike pseudo-ephedrine shrunken brains, without Pneumovax, statin shrunken brains, become infected, with pneumococcal meningitis, within a day, and remain infected, and do not heal, until treated. Statin drugs are thought to be a leading treatable cause of Alzheimers, cured and prevented for up to 10 years with Pneumovax. The dramatically reduced death rates from heart disease reported to be enjoyed by Statin consumers by the famous Simvastin study must be taken with a grain of salt due the greatly increased risk of dying from Alzheimers and mental incompetence of statin consumer, whether or not infected.

Whereas the statin shrunken brain takes longer than a five-day course of antibiotics to heal, antibiotics do not permanently cure statin induced pneumococcal meningitis, and the shrunken brain is invariably reinfected. The delusions induced by pneumococcal meningitis are terrible. Hitler was a vegan, probably suffering from rheumatic heart disease (RHD), who maybe experimented with *Statins* or some other brain damaging toxin; it can be hypothesized, the Holocaust delusion, he acted out, was driven by the pneumococcal meningitis bacteria, the racist mislabeled Jew, and could not be convinced otherwise, with all the stubbornness of the unfounded vandalism accusation of a retired American attorney who later committed suicide. The expensive damages inflicted by the two barrel statin-cardiotoxin delayed heart attack projectile has been demonstrated by court security in an inferior Oregon divorce court, armed by their medical doctor plaintiff, to constitute terrorism by said court security officer and authorized judgeship, a crime of harbor and concealment by the Supreme Court. Pneumovax can be purchased from public health vaccination clinics for $20 and from pharmacies for less than $200 as of 2023, about the same price as a new outfit.

Since 1960, cardiac surgery became a separate subspecialty with an emphasis on coronary bypass surgery, valve surgery and congenital heart surgery. In 2009 there were 7.3 million cardiovascular system surgeries performed. Traditional open heart surgery, is done by opening the chest wall to operate on the heart. Almost always, the chest is opened by cutting through a patient's breastbone. Once the heart is exposed, the patient is connected to a heart-lung bypass machine. The machine takes over the pumping action of the heart. This allows surgeons to operate on a still heart. Heart surgery is done to correct problems with the heart. More than half a million heart surgeries are done each year in the United States for a variety of heart problems. For very ill people with severe heart problems, heart surgery can reduce symptoms, improve quality of life, and increase lifespan. The most common type of heart surgery for adults is coronary artery bypass grafting (CABG) microsurgery. More than 500,000 operations were completed in 2000. It has been recognized for many years that the left internal mammary is the optimum coronary artery bypass conduit, with a patency rate of more than 90% at 10-year follow-up (Heger et al '04: 263). Electrical pacemaker machines are set into the pleural cavity to govern the constant stimulation or regulation of arrhythmic hearts (Venzmer ’71: 341, 342). Heart surgery, whether open heart surgery or microsurgery is likely to cost more than $50,000. Yet there is however a 25 to 50 percent likelihood that within six months their blood vessels will again be blocked, and their chest pain will recur, assuming they continue to eat a meat-based diet (Robbins ’01: 23).

3. Propolis Trial

This controlled trial of propolis to treat MRSA heart infection was conducted while yoyoing the Continental Divide Trail, where it converges with the Colorado Trail. The heart attack began as retaliatory expression of morbid obesity against “calculus of the arteries” by the now extortionist Treasury Secretary Janet Yellen, to the moral injury of youth environmental activists under the corrupting influence of *Held v. Montana* (2023) incidental to a postal casualty of identified goods case Sec. 2-613 Uniform Commercial Code. Unwashable cardiotoxin was suspected due to transient medial collateral ligament pain, also experienced in Cincinnati, and a new outfit purchased for $250. With fifty miles to the outfitter, MRSA infection set in the ostensibly cardiotoxin induced chest pain. Although the relief from cardiotoxin was substantial, with a new outfit, the cure was not complete, the damaged heart became infected with environmental MRSA, if the heart attack was not entirely staged with the AG Garland MRSA heart attack pen, from the biological and chemical get go.

Daily miles, par 20 for pioneers, sank to 15, with mild to moderate chest pain from exertion on ascents after 10 miles. National calculus became impossible to perform, but I was being punished for doing that good deed, better than had ever been done before. The Speaker of the House temporarily suspended the deadline for continuing resolutions, and it is likely Congress also requires MRSA heart attack treatment to do their job defending the United States against the fraudulently elected and extortionist executive branch. I am certain of my MRSA heart attack diagnosis because I ran out of doxycycline, also essential for the treatment of neurological and paralytic, ie. MS and ALS, rickettsial, tic borne, diseases, after three days. By day two, doxycycline had nearly eliminated all chest pain and 22 miles a day was sustained for two days. One day after running out of doxycycline, however, reinfection occurred due to eating spoiled rice stored in an experimentally large peanut butter jar, on a hot day, and the chest pain soon became as bad as ever. Postal delivery, is particularly noted by social media to be compromised by operational delay and incorrect address in Montana and Colorado, and it did not seem feasible to order more doxycycline, although in similar propolis trying circumstances a person would first order doxycycline online. Mineral springs and swimming pools were a hundred miles away and Epsom salt baths a hundred dollars, so after considerable auto-immune heart disease, I thought it would be a good idea to host a consumer trial of the effectiveness of propolis for the treatment of MRSA, as advertised in peer reviewed literature (Bouchelaghem '22).

I first purchased a small jar of double propolis honey for $16 from Björn honey store in Breckenridge, Colorado, from a happily obese woman. A normal sized jar of double propolis honey cost $36. She gave me a teaspoon and prescribed three teaspoons of double propolis honey three times a day to treat MRSA. In retrospect, it would probably take two large $36 jars of double propolis honey to completely cure a MRSA heart infection and reinfection(s) while the scars healed. With two half days of only 10 miles, the double propolis honey treatment was both delicious and nearly completely effective at eliminating chest pain, but it was doubtful that I had completely cured the MRSA or chest pain that gets worse with exercise symptom, the congestive heart failure prognosis. The next day, I caught a free bus to Frisco, Colorado Whole Food Store where I purchased a bottle of Propolis 1000, 90 veggie capsules, for nearly $12, hoping to cure MRSA heart attack in five days for Propolis to be completely competitive with doxycycline.

Propolis 1000 is manufactured by Y.S. Eco Bee Farms. It is advertised to be Ultra Mega Strength, Super Premium Quality. Propolis is a resinous substance gathered by the bees from certain trees and used to line the hive keep the hive sterile and bee colony healthy. Bee propolis is one of nature's richest sources of bioflavonoids. Propolis honey is delicious and provides more instant pain relief from

MRSA, that dried granules of medical grade propolis, that gives off a pungent odor, similar to the nocturnal house food at the zoo, palatable by the teaspoon. The suggested use of Propolis 1000: As a dietary supplement, take one capsule twice a day. Mileage increased from 15 the first day to 17 the second, to 20, with painful effort, the third. After two days of taking propolis capsules, the intensity of chest pain from exertion went down. It felt as though the MRSA lesions had been obliterated, leaving a light overeating related coating over the heart – pericarditis, an almost constant discomfort, with mild pain during exertion. By the fourth day the dose was increased to one capsule three times a day, to treat the onset of afternoon, exertion related, chest pain, increasingly mild, but not entirely cured. On the fifth day moderate chest pain was constant, until stopping early, at about 15 miles, due to an extremely long traverse above 12,000 feet. I took the time to drain the pus from the lesion in the shoulder region. Sterilized the wound with propolis, hydrocortisone and antibiotic ointment. On the sixth day the shoulder lesion was gone and the first ten miles were free, followed by mild chest pain, before stopping early, at about 15 miles, due to a long traverse ahead. After one week of taking propolis capsules, on the seventh day, there was very little discomfort, and walked 18 miles, a full day, taking into consideration the amount of elevation gain of the traverse. I did not defecate on this day. Draining the pus and completely treating *Staphylococcus epidermidis* is essential.

Typical of death spirals, on the same seventh day, when there was no chest pain, although the walking was as difficult as it gets, I fainted after blowing on a cooking fire at 13,000 feet, leaving me with a fat lip on the right side, from falling onto a rock. On the eighth day, I had a solid stool and had to digest the MRSA right, chest discomfort escalated to moderate pain in the afternoon, and a new left-side neck stiffness, probably whiplash from the fall of the previous day flared up. After the left shoulder lesion infected my heart, with just a little physical and chemical insult, any lesions or discomfort in that region, on the left side of the thorax, is presumed to be dangerously septic, so close to my susceptible heart. I decided to walk to Monarch Pass resort to take a $10 shower and soak in their hot tub. A half hour soak might cure the heart and neck infections and leave my fat lip sterile. After five days, propolis had not completely worked, and the rare opportunity to take a saline bath presented itself, on the Colorado Trail. It remains to be seen if a saline bath and Hawthorn will again, instantly and completely, cure MRSA heart disease.

On the ninth day, it was morning mush as usual. Due to extensive mining and algae in any but some of the highest water sources, Colorado water is pretty bad, but if you swap out the low water with clean and clear high elevation sources, water can be potable on the Colorado Trail, for as long as twenty-four hours. There is nothing that can be done to restore water that has been permanently contaminated by forever chemicals released into the environment from mining operations. On the entire CDT, Glacier National Park is the only place with reliably potable water. Glacier's protection, however, goes a little too far to prohibit bathing, while telling people to keep their biodegradable soap, on dry land, away from the water source. Nitrogen from soap, even biodegradable soap, causes algae to flourish. Algae produces toxins that contaminate the drinking water, so that it cannot be filtered to perfection. Some species are more toxic and/or infectious than others, but any algae is a sign of bad water. Humans need to bathe and wash their clothes, ideally daily. To protect the wilderness water supply against human caused algal proliferation, hikers should not use soap at all, nor contaminate water sources with dirt, in excess of its capacity to cleanse itself. Hikers should wring out their clothes and toss their dish water and dingleberries, on dry land, where it is well-received by plants as fertilizer, to minimize non-toxic, but possibly bacterial proliferating, human waste water pollution, to an invisible and filterable level.

4. Saline Solution

It remains to be seen if the 30 minute swim and soak in a hot tub, at Monarch Pass Resort, sterilizes MRSA heart lesions, to the point where a Hawthorn capsule can immediately absorb the lesion(s) entirely, preventing reinfection and definitively curing the disease, that would otherwise merely be disinfected by a saline bath, to a low level of physical discomfort, only to be reinfected again, before the scars heal. Bathing in saline, such as the ocean, a chlorinated swimming pool, or Epsom salt bath, is highly effective at eliminating external *S. epidermidis* lesions. With an extended half hour soak it is possible for the saline to penetrate to the internal organs, ie. heart, and musculoskeletal system, eg. spine, and sterilize most viral, bacterial and fungal infections, especially *Staph*, but not *Strep*. Swimming twenty laps is the best practice for coping with occupational MRSA exposure.

The result of four laps and fifteen minute soak were highly successful, about 90 percent effective at eliminating chest pain, the mild septic discomfort might have completely avoidable if I had timed myself to ensure a full thirty minute soak, alternating between cool swimming pool and hot tub. For a poor swimmer, who recently fainted blowing on a campfire above 12,000 feet, the Australian crawl was too breathless, to sustain for the prescribed 20 laps. The saline solution remains to be tested with a full day of hiking in the mountains. The first day there was sporadic mild discomfort in the chest, related to exertion, much improved. The second day, it was initially thought to terminate oral Hawthorn and Propolis capsules, whereas there was no chest pain, while hitching to town in the first half of the day, except for a fear of fainting in the heat, redressed with an umbrella. I decided to continue Hawthorne and Propolis, maybe twice a day, in response to any chest pain, and was pretty much discontinued. The miles improved to 24 miles on a flat road on the third day, to an entire 19 miles uphill culminating in steep grades before a mile or two descending on the fourth. 90 percent cured of chest pain is however not sufficient; this study continues to seek a complete cure for congestive heart failure, from either a timed 30 minute soak in a natural hot-spring in Colorado or doxycycline delivery address in New Mexico.

5. High Elevation Hiking

As long as I inhale, when hyperventilating, without bursting a lung, all is well. The fainting problem with high elevation is forgetting to breathe, breathing out, such as blowing on a fire, or giving pulmonary respiration, or failing to adequately hyperventilate to compensate for a period of low respiration due to distraction, going to sleep or inadequate respiration due to increasing exertion. At high elevation there is no oxygen to spare. High rates of respiration are essential to avoid a fear of fainting at high elevation. Cheyne-Stokes respiration is an independent marker of poor prognosis and may participate in a vicious cycle, further stressing the failing heart (Naughton '12) and stroke risk. Cheyne – Stokes apnea or respiration (CSA–CSR) is characterized by a crescendo decrescendo pattern of 20–30 hyperventilation followed by 10–40 hypopnoeas or apnoeas during exercise, wakefulness or stages 1 and 2 non-rapid eye movement sleep. Several factors have been implicated in the genesis of Cheyne-Stokes respiration, including low cardiac output and recurrent hypoxia (Lorenzi-Filho et al '05). In Obstructive sleep apnea (OSA) patients sleeping near sea level, the apneas/hypopneas associated with intermittent hypoxemia are predominantly due to upper airway collapse. When OSA patients stay at altitudes above 1600 m, corresponding to that of many tourist destinations, hypobaric hypoxia promotes frequent central apneas in addition to obstructive events, resulting in combined intermittent and sustained hypoxia. It seems advisable for OSA patients to use continuous positive airway pressure treatment with computer controlled mask pressure adjustment (autoCPAP) in combination with acetazolamide during an altitude sojourn. If CPAP therapy is not feasible,

acetazolamide is better than no treatment (Block et al '15).

The discovery of central sleep apnea (CSA) at high altitude is usually attributed to Angelo Mosso who published in 1898. It can occur in susceptible individuals at altitude above 2000 m, but at very high altitude, say above 5000 m, it will occur in most subjects. Severity is correlated with ventilatory responsiveness, particularly to hypoxia. Theoretically, it should spontaneously improve with time and acclimatization (Burgess et al '16).

Due to high altitude and lower oxygen concentrations, Colorado has one of the highest incidences of central sleep apnea in the country, and must repeal and/or reparate for a recent extortionate tax increase, to prevent exacerbation of Decmocratic hyperinflationary gentrification driving a decline in population growth for the past two years after two decades of high population growth. Some hypotheses suggest that smokers would suffer more from Acute Mountain Sickness (AMS) than non-smokers because of carboxyhaemoglobin reducing the capacity for oxygen transport, worsening of their hypoxaemia and diminished oxygen uptake from the effect of the smoke on the respiratory system, while others report a reduction in AMS for smokers. Apart from its general health risks, smoking may influence altitude hypoxia tolerance. According to some it aggravates hypoxaemia and hence increases the risk for acute mountain sickness (AMS), but mountaineers find that smoking decreases AMS risk. A study found 11-24 percent lower incidence of AMS for smokers (Wu et al '12). In another study incidence of AMS was significantly higher in non-smokers 24.9 percent than in smokers 14.9 percent (Sánchez-Mascuñano et al '17). Life at moderately high altitude (3000 m) involves physiological adaptations to chronic hypoxemic conditions. Higher red blood cell counts, hemoglobin and hematocrit, and lower mean corpuscular volumes were found in high altitude dwellers ($p < 0.05$). Smoking at high altitude was associated with a further increase in hemoglobin and hematocrit and a higher mean corpuscular volume and mean corpuscular hemoglobin concentration than in non-smoking high altitude subjects. Spirometric results were similar in age matched nonsmoking subjects at high altitude and sea level. Smoking was associated with a reduction in the predicted forced expiratory flow at sea level but not at high altitude (Ramirez et al '91).

6. Proposition EE (Easy Extortion)

More than two-thirds of voters supported Proposition EE. The measure, which was placed on the statewide ballot by the Colorado General Assembly, needed only a majority of votes to pass. Proposition EE raises taxes on cigarettes and tobacco products, and establishes a new tax on nicotine products, including vaping products. The new taxes will increase incrementally until they are fully phased in by 2027. Until the tax increase goes into effect, Colorado’s tax on cigarettes is relatively low compared to other states, ranking 39th, according to the Campaign for Tobacco Free Kids. Colorado was one of 26 states without a tax on nicotine vaping products. When the new taxes went into effect on Jan. 1, Colorado's rank changed to 24th nationally in terms of its tobacco tax, but it is not known if local tobacco taxes are taken into consideration. Higher prices of tobacco products are proven to help reduce tobacco consumption, eg. Forces low-income tobacco consumers to leave the statistical state.

The new law also establishes a minimum tax for moist snuff products at $1.48 per 1.2 ounce container, increasing to $2.26 by 2027-28. Moist snuff is smokeless tobacco that can be loose or pouched and is intended to be placed in the mouth. It also sets the minimum after-tax price of cigarettes for consumers at $7 per pack beginning in January 2021, and $7.50 per pack beginning in July 2024. Proposition EE is expected to generate up to $175.6 million in cigarette, tobacco, and nicotine tax revenue in budget

year 2021-22, the first full year the measure will be in effect, and up to $275.9 million when the new tax rates are fully phased in. The tax revenue will go to pay for preschool, rural schools, K-12 education, affordable housing, legal assistance for people facing eviction, and general state spending. Also receiving funding is Medicaid, primary care, tobacco education programs, children's health and a variety of other health care programs that currently receive cigarette and tobacco tax revenue.

The Colorado Department of Revenues reports products other than cigarettes that contain tobacco and are prepared in a manner suitable for consumption by chewing or for smoking in a pipe or otherwise, are subject to the tobacco products excise tax. Anyone in possession of tobacco products for which the excise tax is not paid by a Colorado licensed distributor must pay the Colorado tobacco products tax within 30 days of receiving the product. This includes tobacco products such as cigars and pipe tobacco ordered on the Internet, by mail or by telephone. Products other than cigarettes that contain tobacco and are prepared in a manner suitable for consumption by chewing or for smoking in a pipe or otherwise, are subject to the tobacco products excise tax.

Tax rates for Tobacco Products prior to December 31, 2020 was 40 percent. Between January 1, 2021 through June 30, 2024 it rose to 50%. July 1, 2024 through June 30, 2027 56 percent and after July 1, 2027 62 percent. Tax rates for modified risk tobacco products, such as vape pens, decreased from 40 percent in 2020 to 35 percent 2021 through 2024, before increasing to 38 percent 2024-2027, and 41 percent after 2027. While Denver does not allow the imposition of any municipal tax on cigarettes, Summit County tobacco retailers reported a 70 percent new tax, where the county sales tax rate, in addition to state and federal tobacco taxes, is $4.00/pack of cigarettes and 60% on all other tobacco and nicotine products including e-cigarettes and vaping devices.

Colorado's increased tobacco taxes are generating more money than expected. State lawmakers want to keep the surplus. House Bill 1290 would refer a question to the November ballot requesting that the extra money collected through Proposition EE be transferred to Colorado's new universal preschool program and the legislature's general fund. If voters say "no," the money would be refunded to tobacco and nicotine distributors and wholesalers, and the tax rate on those products would be reduced by 11.53%. The Taxpayer's Bill of Rights requires that money collected in excess of a tax's projected revenue be refunded unless voters approve letting the government entity that collects the tax keep the surplus. Republicans, who are fierce defenders of TABOR, are likely to fight the measure, but Democrats have large majorities in the House and Senate and are expected to easily pass the bill (Paul '23). According to the state demographer's office, Colorado added more than 26,000 people in 2021 and more than 27,000 in 2022. It's the lowest growth rate Colorado has seen since 1990, when there were just 13,000 new residents. Colorado saw an average of 70,000 new residents each year from 2010 to 2020. State Demographer Elizabeth Garner said the slowdown is due in part to a slower birth rate, as well as an increase in deaths over the past two years due to COVID-19 (Wu '23), not to mention smokers on fixed incomes internally displaced by hyperinflation in tobacco prices, due to the Proposition EE tax, including menthol cigarettes, whose smoke is one of the most effective socio-environmental cures for COVID.

In conclusion, while Democratic Colorado Governor Jarid Polis deals with being charged with making extortion of tobacco consumers easy in Proposition EE by Colorado Republicans; for the edification of the soon to be released third draft of the Echinacea Recount Agenda of 2024, it is ethically necessary for the state of Colorado's tobacco license agency to advertise to rural vendors to sell big bags of Class L pipe tobacco, federally taxed $2.8311 per pound, costing consumers about $7 for 6 oz of Gambler at

the Dollar Store, not including rolling papers or pipe, lasting more than a week. To heighten oversight of tobacco vice tax ethics, the service of the Alcohol and Tobacco Tax and Trade Bureau (TTB) is sought to enlighten Colorado of the hyperinflationary consequences of their original sin regarding failing to require marijuana dispensaries to sell affordable black hash - one gram lasts a week smoked in a bowl – and consider both advertising Class L pipe tobacco and rolling back the federal tax on environmentally friendly roll-your-own cigarettes, to reduce consumer prices. Colorado is highly obligated to review the equity, legality and internal displacement imposed by the double and triple jeopardy of extortionate increases in state and county tobacco taxes, while tobacco vendors throughout the state are encouraged to sell Class L pipe tobacco, that will still be reasonably affordable despite the unresolved extortion posed by the state and county tax increases. Proposition EE is unethical because the tax ratio is anticipated to increase over time, much faster than consumer price inflation, until 2027, and since the beginning of the excise tax, Colorado population growth has declined, although it remains slightly positive about the legal marijuana and home equity growth despite the extortionate rents. Republicans are encouraged to take Governor Propolis up on his proposal to vote down House Bill 1290 and reduce the tax rate on tobacco products by 11.53 percent, overturning the entire tax inflation regime until 2027 established by Proposition EE. Furthermore, Colorado cannot be satisfied until all counties follow the lead of Denver and are prohibited by from imposing any kind of extortionate tobacco tax whatsoever, under the V and VIII Amendments to the US Constitution.

8. Class J and L Federal Tobacco Tax of $2.8311 per Pound and Appropriation of Inspection Fees

President Barack Obama is believed to have meant well (welfare not warfare?), but his intelligence as a smoker of Class A cigarettes was insulted by his signature of the (1) Affordable Care Act of 2010 P.L. 111-148, (2) Children's Health Insurance Program Reauthorization Act of 2009 P.L. 111-3, that on April 1, 2009, imposed the most extortionate federal cigarette excise tax increase in history, and (3) Family Smoking Prevention and Tobacco Control Act of 2009 P.L. 111-31, that created the Food and Drug Administration (FDA) Center for Tobacco Products (CTP), that popularized the vape pen, but engaged in antismoking propaganda and biological experimentation, ostensibly to produce safer tobacco products, but actually adulterating many crops of retail tobacco products, while using every penny of the FDA's most lucrative revenue source to finance corrupt CPT programs, and it is medically necessary to draft federal legislation to enable TTB to appropriate +/- $700 million in CPT tobacco inspection fee revenues, while the General Fund sustains +/-$50 million for the FDA to continue to employ tobacco field inspectors.

First, the murderous propensity of the Democratic Congress and Administration must be held responsible for the clear and convincing increase in the working age death rate since the passage of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, 124 Stat. 119 (2010), known as the Affordable Care Act (ACA). The United States has the highest level of health spending in the world, between 16-18% of GDP. The ACA cost more than the ignored American Health Insurance Program (AHIP) proposal, did not provide Medicare for All, nor Medicaid Prices for All. Hyperinflation in the unacceptably high cost of the Affordable Care Act is not affordable to either Treasury or consumer and seems highly detrimental to the conduct of the tortiously negligent health professions especially in regards to exposed working age people who are either victimized or engaged in bio-terrorist violence, that must be treated under the Hobbes Act under 18USC§1951 *et seq*. COVID-19 pandemic aside, whereas its death toll has not yet been counted, over age 65 death rates have continued to steadily decline. Health outcomes and death rate for covered working age adults have gotten worse every year since the passage of the ACA. The Trump Administration launched

numerous lawsuits attempting to repeal the law, while Obama and Biden Administrations have sought to force it through. The best solution, that should enable the Democrats to realize their lofty domestic social agenda, seems to be to require that Democrats repeal the ACA pursuant to prohibition against any federal interference under Sec. 1801 of the Social Security Act under 42USC§1395.

It is time for the working age people to be heard. The hyperinflation in premiums is unacceptable. The Treasury cannot afford the subsidies. Price gouging consumers and subsidizing the most extortionate health care system can only be construed as domestic terrorism or Hobbes Act under the Commerce Clause. The 2020 Annual Report of the Federal Old Age Survivor Insurance Trust Fund and Federal Disability Insurance Trust Fund at pg. 87 reports that the under age 65 death rate after steadily declined from 750 per 100,00 in 1940 to 248.5 per 100,000 in 2010 when the ACA was passed. Subsequently, although the sky-high over age 65 death rate continued to steadily decline to an estimated 4,432 per 100,000 in 2018, the under age 65 death rate began to increase. In 2011 the under age 65 death rate increased to 249.2 per 100,000. In 2012 it decreased to 248.8 per 100,000, still more than in 2010, before the ACA. Subsequently, the under age 65 death rate increased to 249.6 per 100,000 in 2013, 251.7 in 2014, 255.2 in 2015, 260.8 in 2016, 261.5 in 2017. In 2018, after the tax penalty was reduced to zero, the death rate declined to 255.8 and in 2019 to 255.3. The estimated reduction to 254.3 in 2020 is overruled pending release of COVID-19 fatalities. The under age 65 death rate of 255.3 per 100,000 in 2019 is 2.7 percent higher than 2010. This is an unacceptable outcome for the ACA. The increase in working age death rate under the ACA justifies the the exercise of the grave power of annulling an Act of Congress pursuant to *United States v. Gainey*, 380 U.S. 63, 65 (1965), although the Court held otherwise in the *State of Texas et al v. United States of America et al US 5th Cir.* No. 19-10011 (2019), without informing the public of the anomalous increase in working age deaths since the ACA passed, as requested by part IX of the Hydrocortisone, Eucalyptus, Lavender or Peppermint (HELP) Act of 2021 v. Pfizer-BioNTech COVID-19, Moderna COVID-19 and J&J Single Shot Vaccines HA-6-3-21.

Second, to redress the extortionate Democratic propensity to hyperinflate, that has become a post-COVID emergency, Children's Health Insurance Program Reauthorization Act of 2009 P.L. 111-3, must be charged with excessive vice taxation under the Eighth Amendment to the US Constitution ban on the infliction of excessive fines and cruel and unusual punishment or treatment and double and triple jeopardy posed by state and federal taxation in violation of the Fifth Amendment to the US Constitution. On April 1, 2009, TTB imposed the most extortionate federal cigarette excise tax increase in history, bringing the the federal excise tax to $1.01 on each pack of 20 Class A cigarettes from 39 cents per pack in 2009 per pack from 24 cents back in 1995, while the average state excise tax increased from 32.7 cents per pack to $1.20 per pack during the same period. Combined state and federal excise taxes on Class A cigarettes increased from 71.2 cents to $2.21 per pack. These increases represent a 159 percent increase in the federal excise tax, 263 percent increase in the average state excise tax and 210 percent increase in combined federal and state excise tax since 1995. Consumer price inflation should not exceed 2 percent annually, and sales taxes are usually judged by the six percent limit, although many excise taxes have deviated sharply over the past several decades, and it is necessary for TTB to review the ethics of the unfair tax on Class J roll-your-own cigarette tobacco unfairly federally taxed $24.78 per pound, while equally environmentally friendly Class L pipe tobacco is federally taxed only $2,8311 per pound.

Class A cigarettes are federally taxed at a rate of $50.33 per 1,000, $1.01 per pack of 20. Class B large cigarettes are more than double that at $105.69 per 1,000. Class C chewing tobacco is federally taxed 50.33 cents per pound. Class J roll-your-own cigarette tobacco is unfairly taxed $24.78 per pound,

although the biodegradable and field-strippable butts of roll-your-own tobacco do not pollute the environment like those of Class A pre-rolled cigarettes. Class L pipe tobacco, federally taxed $2.8311 per pound, cost consumers about $7 for 6 oz of Gambler at the Dollar Store, not including rolling papers or pipe, lasting more than a week. The federal feeling is that Class J and Class L require equal federal excise tax treatment at $2.8311 per pound from April 1, 2024 to be amended into 27CFR§40.25a(a) and 26USC§5701(g).

Third, and finally the Family Smoking Prevention and Tobacco Control Act of 2009 P.L. 111-31, that created the Food and Drug Administration (FDA) Center for Tobacco Products (CTP), that popularized the vape pen, but engaged in antismoking propaganda and biological experimentation, ostensibly to produce safer tobacco products, but actually adulterating many crops of retail tobacco products, for the past decade. CPT used every penny of the FDA's most lucrative revenue source to finance corrupt CPT biological experimentation programs, and it is medically necessary to draft federal legislation to enable TTB to appropriate +/- $700 million in CPT tobacco inspection fee revenues (b)(1)(K), while the General Fund sustains +/-$50 million for the FDA to continue to employ tobacco field inspectors, pursuant to the termination of experiment under paragraph 10 of the Nuremberg Code (1948). To do this all that Congress needs to do is insert after 'Fees appropriated under paragraph (3) are available only for the purpose of paying' - 'the tobacco excise taxes of the Alcohol and Tobacco Tax and Trade Bureau.' and striking the rest of and after 21USC§387s(c)(2)(A).

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