

12/28/2020

Edcgov.us Mail - Vacation Rental Issues



Public Comment

20-0526

EDC COB <edc.cob@edcgov.us>

BOB RCVD 12/28/2020

Vacation Rental Issues

Wed, Dec 23, 2020 at 9:36 PM

To: bostive@edcgov.us
Cc: EDC.cob@edcgov.us

To: Members of Placer County and El Dorado County Board of Supervisors
C/O Cindy Gustafson and Sue Novasel

I would like to bring to your attention an issue with a local vacation rental business, Lake Tahoe Accommodations (LTA) and their refusal to adhere to Governor Newsom's State Order of a "lock down " within the Sacramento region, which includes Placer and El Dorado Counties.

Since December 8, (after the order was in place), I have attempted to cancel our family's cabin reservations for the upcoming Christmas holiday. I was successful and appreciative of the willingness the VRBO business extended to us, providing a full refund, however, LTA has been unwilling to work with us and provide refunds for our reservations because in their words "local law-enforcement is not enforcing the Governor's stay at home order, so we are not acknowledging it and will not cancel any reservations."

I have discussed this matter with them on several occasions noting they are actively defying a government directive, as well as placing their community at risk by allowing nonessential travel.

I have informed LTA, as I am retired law-enforcement and other members of my traveling party are directly working with both Governor Newsom and the President-Elect, LTA's decision was appalling, dangerous and seemingly greed-based.

At this time, I seek your assistance in this matter. If LTA is unwilling to accommodate a request for a refund based on the current California State Order, I respectfully request this company be investigated and/or penalized. Members of your Board have the ability to sanction and make an example of businesses such as this, that refuse to be a part of the solution relative to this pandemic and assist local healthcare systems in lowering the number of preventable Covid cases.

Thank you for your time and assistance in addressing this matter. I look forward to hearing from a member of your team and will offer any further assistance needed on my end.

Respectfully,

Coleen Kincheloe



Sent from my iPhone



EDC COB <edc.cob@edcgov.us>

VHRs putting residents at risk

1 message

Leona Allen <allen.leona12@gmail.com>

Sun, Dec 27, 2020 at 2:20 PM

To: bosone@edcgov.us, bostwo@edcgov.us, bosthree@edcgov.us, bosfour@edcgov.us, bosfive@edcgov.us, edc.cob@edcgov.us

Cc: Leona Allen <allen.leona12@gmail.com>

Honorable El Dorado County Board of Supervisors:

I realize that the majority of you do not live in an area surrounded by vacation house rentals (VHRs) so you cannot empathize with what our Tahoe residents are having to endure. The majority of these motels in our neighborhoods are packed to capacity with visitors, going against the current travel ban/stay-at-home order from the State of California. They are putting at significant risk our residents, our retail workers (especially grocery stores and gas stations), and the rental cleaning staff members. The increase in COVID cases (and deaths) should be an indicator.

The Town of Truckee (Placer County) has voted to adopt an urgency ordinance to allow for the revocation or suspension of any VHR permit for those that are in use during the state's stay-at-home order (see link to article below). Why isn't El Dorado County following suit?

<http://southtahoenow.com/story/12/23/2020/town-truckee-votes-adopt-urgency-ordinance-lodging-keep-community-safe>

Leona Allen
1897 Toppewetah Street
Meyers



EDC COB <edc.cob@edcgov.us>

Fwd: COVID ALERT (2) The Fast-Growing Firestorm (Addendum 2)* f/ TERRY KAYES

1 message

Kim Dawson <kim.dawson@edcgov.us>
 To: EDC COB <edc.cob@edcgov.us>

Thu, Dec 24, 2020 at 10:32 AM

Please include with the COVID item thanks

----- Forwarded message -----

From: Terry Kayes <kayes.gov@gmail.com>

Date: Thu, Dec 24, 2020 at 9:20 AM

Subject: COVID ALERT (2) The Fast-Growing Firestorm (Addendum 2)* f/ TERRY KAYES

To: John Hidahl <bosone@edcgov.us>, Shiva Frentzen <bostwo@edcgov.us>, Brian Veerkamp <bosthree@edcgov.us>, Lori Parlin <bosfour@edcgov.us>, Sue Novasel <bosfive@edcgov.us>, Wendy Thomas <wendythomas@sonic.net>, Kim Dawson <kim.dawson@edcgov.us>, Don Ashton <don.ashton@edcgov.us>, David Livingston <david.livingston@edcgov.us>, Don Semon <don.semon@edcgov.us>, Karen Feathers <karen.feathers@edcgov.us>, <michael.ungeheuer@edcgov.us>, <lynnan.svensson@edcgov.us>, Kathryn Jeanfreau <kathryn.jeanfreau@edcgov.us>, Greg Stanton <greg.stanton@edcgov.us>, Dave Johnston <dave.johnston@edcgov.us>, Tiffany Schmid <tiffany.schmid@edcgov.us>, Rafael Martinez <rafael.martinez@edcgov.us>, Tameka Usher <tameka.usher@edcgov.us>
 CC: Scott Oneto <sroneto@ucdavis.edu>, Nadarajah Sutha Suthahar <nadarajah.suthahar@dot.ca.gov>, Clark Peri <clark.peri@dot.ca.gov>, Suzanne Melim <Suzanne.melim@dot.ca.gov>, Joshua Elder (edcdems) <joshuawelder@gmail.com>, Laurel Brent-Bumb <chamber@eldoradocounty.org>

(*Corrected copy.)

Some additional new information about the SARS-CoV-2 mutant variations follows. Since before December 2019 there have been a large number of studies done on known and possible variants of the SARS-CoV-2 virus. Except for the two recent ones linked to the UK and South Africa, few of them are thought to have any serious clinical implications (yet). That said, all pathogenic viruses are thought to mutate fairly frequently at rates that can usually be determined by established genomic (RNA-sequencing) methods. Occasionally, depending on an array of factors, a disease-causing virus can mutate in a way that has significant effects on the transmission, modes of infection, virulence and antigenicity of such a virus, and thus the effectiveness of various clinical treatments for it (including the efficacy of specific vaccines). So mutations are an extremely important consideration when dealing with serious (potentially-lethal) viral pandemics.

Online articles:

> National Geographic (12/23/2020) "Why new coronavirus variants 'suddenly arose' in the U.K. and South Africa"

<https://www.nationalgeographic.com/science/2020/12/why-new-coronavirus-variants-suddenly-arose-in-uk-and-south-africa/>

> Science Magazine (12/23/2020) "U.K. variant puts spotlight on immunocompromised patients' role in the COVID-19 pandemic"

<https://www.sciencemag.org/news/2020/12/uk-variant-puts-spotlight-immunocompromised-patients-role-covid-19-pandemic>

> medRxiv [THE PREPRINT SERVER FOR HEALTH SCIENCES] (12/19/2020) "Neutralising antibodies drive Spike mediated SARS-CoV-2 evasion"

<https://www.medrxiv.org/content/10.1101/2020.12.05.20241927v2.full-text>

> The New England Journal of Medicine [CORRESPONDENCE] (12/3/2020) "Persistence and Evolution of SARS-CoV-2 in an Immunocompromised Host"

<https://www.nejm.org/doi/full/10.1056/NEJMc2031364>

> bioRxiv [THE PREPRINT SERVER FOR BIOLOGY] (11/24/2020) "Mutations in SARS-CoV-2 spike protein and RNA polymerase complex are associated with COVID-19 mortality risk"

<https://www.biorxiv.org/content/10.1101/2020.11.17.386714v1.full>

12/28/2020

Edcgov.us Mail - Fwd: COVID ALERT (2) The Fast-Growing Firestorm (Addendum 2)* f/ TERRY KAYES

Terry Kayes
Placerville, California
Home: 530-644-1406

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Kim Dawson
Clerk of the Board of Supervisors
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EDC COB <edc.cob@edcgov.us>

Please pass this on to the Supervisors ASAP

1 message

Gordon Ainsleigh <drgordonmv@gmail.com>

Sun, Dec 27, 2020 at 2:54 PM

To: edc.cob@edcgov.us

The attached letter is self explanatory. If the solid science contained within is acted upon, it will dramatically slow COVID-19 El Dorado County and get the State to quit trying to shut us down.



Covid Christmas 2020 letter to Boards of Supervisors.docx

25K

OPEN LETTER TO THE BOARDS OF SUPERVISORS OF PLACER AND EL DORADO COUNTIES.

It takes 2 weeks for the vaccine to take effect, so between now and 2 weeks after the majority get vaccinated, it's going to be a grim situation here in Placer and El Dorado Counties unless we figure a way to stop this virus without destroying our small businesses like the State is doing. Deaths will keep piling up, mostly among old, darker-skinned, indoor-confined, and overweight/obese people who are close to death, and that will bring in Newsom's minions to destroy the lives of anyone who doesn't work for government or big business. For the moment, we have the protection of our County Supervisors and Law Enforcement choosing to not enforce Governor Newsom's lockdown-destruction of our lives. But soon the State CHP cops will be arresting us for being on the road and coming to our communities to shut down businesses, cite owners with big fines, and destroy our lives... unless we stop this virus. And we can do just that. We can drastically cut death rates and un-crowd our ICUs in a few days and markedly decline COVID-19 diagnoses in 2 weeks, but we must act quickly before the State destroys our lives.

By way of introduction, I'm a mostly-retired chiropractor who spends a lot of his spare time on PubMed, the internet website of our US National Library of Medicine, which has all the peer-reviewed medical journal research articles in the world available on a search engine. (The article ID numbers below will work on that website.) And, since 1990, I have been following and contributing to the growing science into the health benefits of sun exposure and the vitamin D3 that is produced when ultraviolet B light hits the skin or hair/feather-oils of reptiles, birds, and mammals like us. I'm the person who gathered the facts and crunched the numbers to show that for every life we lose to skin cancer from increased sun exposure, we will save 30 lives from a miserable internal cancer death. And, because the sun-similar ultraviolet light offered by tanning salons has the same health effects as sun exposure, I got an all-expenses-paid trip to the National Institutes of Health Campus in Bethesda, Maryland to address a Workshop on Ultraviolet Light and Tanning.

What? You didn't know that the strong sun of spring and summer, and the vitamin D it produces, causes internal cancer to slow down or stop [PMID: 8475009]?? And causes flu, colds and COVID-19 to retreat [PMC2870688, PMC7376335]?? Well, just blame money. Money has such a pervasive effect on American medical education that effective treatments that don't make money for the medical industry get largely ignored or even ridiculed. Sunlight, vitamin D and tanning lights have been among the victims. Tanning salons cost \$5 a session, vitamin D is 5 cents a pill, and not only is the sun free, but money can be made on sunscreens by vilifying sun exposure. So we are told to always wear sunscreens or shade ourselves from the sun to avoid skin damage. And we're told we need 600 IUs of vitamin D per day when in fact we need 6,000. In the age of COVID-19, this bad, counter-science advice has caused the death of hundreds of thousands of Americans. And if that weren't bad enough, and the tactics used by governments to resist this virus are specifically targeting small businesses for destruction.

Throughout last spring and summer, many studies were published showing that people with low levels of vitamin D in their blood were more likely to get sick and die of COVID-19 in Israel [PMC7404739], India [PMC7489890], Germany [PMC7551780], Spain [PMC7456194], African Americans [PMID:

32659175], England [PMC7361912], Iran [PMC7518605], and wherever else studies have been done. The only study that claimed negative results compared COVID-19 patients to others with similar respiratory symptoms caused by different viruses, and found no significant difference. Why? Because vitamin D3 inhibits all other respiratory viruses, in addition to COVID-19 [PMC2870688, PMC2870528].

“All correlations. No proof”, said an MD friend who has received statewide awards for his excellence in primary care. So his people kept getting sick. Dr Fauci was more open: “If you want to take vitamin C and D, that’s fine. They can’t hurt you and they might help.”

Then in September, the proof came. In a Spanish university hospital, researchers a peer-reviewed double-blind randomized controlled trial, the gold standard in experimental science. They randomized their new COVID-19 patients and gave 2/3 of them 100,000 IU of D3 upon diagnosis, followed by 50,000 IU at 3-day, 4-day and weekly intervals thereafter. Neither the researchers nor the patients knew who was getting the D3 and who was getting the look-alike vegetable oil pill. Compared to the unsupplemented group, vitamin D supplementation lowered ICU admissions from 50% to 2%, and deaths from 8% to zero [PMC7456194]. The only fault with this study was that they didn’t adjust the dosage upward for people who were unusually heavy and/or obese, which probably accounted for their 2% ICU admission. The Spanish university’s treatment protocol is available to any hospital that wants to drastically lower its ICU population and its death rate, and to any individual who wants to stop disease progression.

“That’s only one study,” said my MD friend. “You can’t treat patients based on one study.” Dr Fauci obviously believes in science more than my friend, because thereafter, when a talk-show host asked him if he takes any supplements, he said he takes vitamin D because it makes a person less likely to get COVID-19, and he takes vitamin C because it helps the immune system. But you’ll note Fauci didn’t start a massive PR campaign to get everyone taking large doses of vitamin D. That might have put a dent in Big Pharma’s multibillion dollar vaccine payday

Then, in November, came two more studies showing vitamin D supplements putting the brakes on COVID-19.

In Rhone, France, COVID-19 got into a nursing home where residents were being given 80,000 IU of D3 every 2-3 months. Researchers went back after the fact and separated the records of COVID-19 patients who had received their 80,000 IU D3 dose within the month prior to getting sick, or a week after getting sick, and compared them to COVID-19 patients who got sick more than a month past their last D3 dose. That group who had their last 80,000 IUs of vitamin D more than a month ago were more than 3 times more likely to die than the patients who got their 80,000 IU of D in closer proximity to falling ill. [PMC7553119]

In another French study of a nursing home COVID-19 outbreak, it was shown that patients taking 50,000 IU of vitamin D3 monthly or 80,000-100,000 IU every 2-3 months for more than a year, suffered dramatically lower death rates than similar geriatric patients who had refused to take supplements.

Upon COVID-19 diagnosis, the researchers offered the previously unsupplemented patients 100,000 IU, and those who accepted this dose experienced a 5-day delay before they started dying, whereas the unsupplemented patients who refused the 100,000 IU started dying within one day. In view of those results, it's a bit puzzling that the researchers didn't again offer the ones who finally said "yes" another 100,000 IU D3 dose at day 4-5 when they worsened and began dying, but they didn't [PMC7693938].

At that point, faced with 3 studies proving the cause-effect relationship of vitamin D suppressing COVID-19, but in the context of the very prompt post-election announcements of two vaccines coming in December, my MD friend's response was, "Everyone knows that only vaccines stop epidemics." And the fact that his patients started dying as the darkest days of the year lowered their vitamin D more and more, did not persuade him to change. He continued practicing the best medicine he was taught.

All the health benefits of vitamin D3 are dependent on blood levels of 25-hydroxyvitamin D3, abbreviated 25(OH)D3, a water-soluble form of vitamin D3 produced by the liver from the fat-soluble vitamin we get from diet, from supplements or from ultraviolet B light exposure during strong unscreened sunlight or tanning salons. COVID-19 sickness and death are prevalent below 30 ng/ml of 25(OH)D3 in patients' blood, but people continue to die, albeit at a progressively lower frequency, up to 25(OH)D3 blood levels of about 55 ng/ml, and sicken up to about 65 ng/ml [PMC7518605]. Therefore, the goal of supplementation should be 25(OH)D3 levels above 65 ng/ml. Note that 65 ng/ml is exactly in the middle of the "sufficient" D3 range put forth by the diagnostic laboratories.

Since the goal of supplementation is to get everyone free of disease, and since this can obviously be accomplished by supplementing with enough vitamin D sufficient to raise 25(OH)D3 above 65 ng/ml in the blood of most everybody, the big question is: "What dosage will get everyone there safely." A Seattle university-&-government research group [PMID: 33184642] found that, on average, 4,000 IU/day of D3 raised 25(OH)D3 by 20 ng/ml in 3 months, suggesting that a dose of 8,000 IU/day of D3 will raise 25(OH)D3 from 25 ng/ml (a common winter level) to 65 ng/ml in 3 months in an average size 150-pound human. However, since we don't have 3 months in which to shut down COVID-19 and avert State action against our County and businesses, the advice of veteran nutritional doctor/researchers to double dosage for the first month should be heeded [PMC7692080]. The safety of such a double dose was demonstrated by a group of eminent scientists from Boston, Alberta Canada and the UK [PMC4220998] who found that progressively higher doses of vitamin D raise blood 25(OH)D3 proportionally less and less, so that even a routine, long-term D3 dose of 20,000 IU/day is unlikely to even raise vitamin D beyond 100 ng/ml, which is only halfway to the lowest toxicity at 200 ng/ml. These eminent scientists also addressed the need for the Guidelines put forth by the Endocrine Society [PMID: 21646368] to be adjusted for body weight and obesity. A simple formula of 1,000 IU of D3 for every 20 pounds of body weight will address weight differentials and result in 5,000 IU for 100-pound person, 7,500 IU for a 150 pounder, 10,000 IU for a 200-pounder, and 15,000 IU for a 300-pound person, and any fraction in between, with these doses doubled for 3-4 weeks in people new to this level of D3 dose. These eminent Anglo-American researchers [PMC4220998] demonstrated that fat-soluble vitamin D has a high affinity for body fat, and is sequestered out of the blood and into body fat storage rather quickly,

so it takes much more D3 to get blood levels of 25(OH)D3 to change in overweight and obese people. So if a person is substantially overweight they should take a 50% higher dosage.

I should add that I go to California Tan in Auburn for my vitamin D because ultraviolet light has several more beneficial effects other than vitamin D [PMC3427189], and I have the Veterans Health Care dermatology folks check me for skin cancer every year or two.

Our small-business community has the most to lose from State-enforced lockdowns in response to the current surge of COVID-19 cases and deaths, and our small-business community can make a major contribution to shutting down COVID-19 in our County. A conspicuous vitamin-D-supplement message on the door of every business will do the trick. I am happy to take full responsibility for the dosage, and am therefore fine with: "Dr Gordon Ainsleigh DC recommends that you take 1,000 IU/day of vitamin D3 for every 20 pounds of body weight (5,000 IU for 100 pounds, 7,500 IU for 150 pounds, 10,000 IU for 200 pounds, etc.) and that these dosages be doubled if you aren't already taking more than 1,500 IU/day of D3. Seriously overweight/obese people should increase the above doses by 50%. Anyone who comes down with a respiratory illness should take 100,000 IU of D3 immediately, and 50,000 every 3 days thereafter until recovered, with doses increased by 50% for those who are substantially overweight." Or leave my name out and put in: "Current medical science research indicates that we can create COVID-19 immunity by taking 1,000..."

Then it's up to the County Supervisors to get their County Health Officer, who serves at their pleasure, to compel all institutions that provide food and lodging to residents (senior/geriatric care homes, jails, halfway houses, etc.) to supplement their residents according to the 1,000 IU/day for every 20 pounds of body weight, that this dose be doubled for the first month, and that 100,000 IU be given immediately to any resident who shows signs of a respiratory infection, followed by 50,000 IU every 3 days until recovered, dosage to be raised by 50% for overweight individuals.

Further, the County Supervisors and their County Health Officer must lean on the hospitals in our Counties to add the Vitamin D protocol used so successfully at the Universidad de Cordoba hospital in Spain to the treatment of every COVID-19 patient, in addition to all their other state-of-the-art treatments they use for their COVID-19 patients. Compulsory reporting on the nutritional care of each COVID-19 patient must be required to assess compliance, as there will be immense resistance by some doctors. Press releases should be made on any doctor or hospital that resists the above doses of this harmless vitamin, and then it is up to our local media to make hay with that information.

This really is our only hope of keeping our small businesses alive until the vaccines are widely available and have time to take effect. The business community, the Boards of Supervisors, the care homes, and the hospitals must move on this information immediately.

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