Public Comment #29

County of El Dorado Clerk of the Board <edc.cob@edcgov.us>

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1 message

Melody Lane <melody.lane@reagan.com> Tue, Mar 9, 2021 at 10:09 AM
To: edc.cob@edcgov.us, nancy.williams@edcgov.us
Cc: lori.parlin@edcgov.us, sue.novasel@edcgov.us, george.turnboo@edcgov.us, wendy.thomas@edcgov.us, john.hidahl@edcgov.us, bosfive@edcgov.us, bosfour <bosfour@edcgov.us>, bosone@edcgov.us, bosthree@edcgov.us, bostwo@edcgov.us

Governors across the United States have either ended their states' COVID-19 mask mandate or are considering ending it soon—and have ordered rollbacks on capacity limits and restrictions on businesses.

https://www.theepochtimes.com/multiple-governors-announce-significant-rollbacks-of-ccp-virus-restrictions_3723783.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-03-07-4

https://newswithviews.com/americas-medical-guinea-pigs-depopulation-and-eugenics-part-one/

Out of dozens of drug makers, Pfizer, Moderna, Astra Zeneca, and Johnson and Johnson are the leading vaccine producers. Most Americans are not aware that all vaccine makers worldwide have been given a free pass from any legal prosecution regarding any deaths or injuries caused by the new vaccines. Pfizer is still engaging in phase 3 trials for two more years, which means their covid-19 vaccine is still very much in experimental stages, even though it is widely offered to the public.

Many scientists and physicians have stated there is no real necessity for a vaccine, that the numbers of deaths from Covid, along with their skewed PCR false positive tests, are inflated to promote fear in the public allowing lockdowns, masks and the destruction and elimination of middle class small businesses. Overall COVID-19 recovery rate is between 97% and 99.75%. So why the vaccine?

So to summarize, the Covid19 "vaccine"... Does not provide immunity Does not eliminate the virus Does not prevent death Does not guarantee you won't get it Does not stop you from passing it on to others Does not eliminate the need for travel bans Does not eliminate the need for business closures Does not eliminate the need for lockdowns Does not eliminate the need for masking

https://www.theepochtimes.com/adverse-incident-reports-show-966-deaths-following-vaccination-for-covid-19_3723384.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-03-06-4

Adverse Incident Reports Show 966 Deaths Following Vaccination for COVID-19

According to adverse incident reports collected by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) 966 individuals have died after having received an mRNA vaccine for COVID-19.

Between Dec. 14 and Feb. 19, 19,769 reports were made to the Vaccine Adverse Events Reporting System (VAERS) following immunizations with either the Moderna or Pfizer BioNTech mRNA vaccines (the only two vaccines given during the time period assessed). At this time, VAERS data is not available after Feb. 19.

The 966 deaths represent 5 percent of the total number of adverse events reports. Of those who died, 86, (8.9 percent) died on the same day they got the shot. An additional 129, (13.4 percent) died within one day. An additional 97 died within 2 days, and 61 within 3 days.

A total of 514 (53.2 percent) died within a week. 173 died within 7-13 days. 106 within 14-20 days.

85 percent of deaths occurred in individuals over 60; below 60 there were five deaths among those aged 20-29; 8 aged 30-39; 20 aged 40-49; and 57 aged 50-59.

For detailed information drawn from the VAERS reports, see charts provided at the link at the end of this article.

SUMMARY (* Data contains VAERS reports processed as of 2/19/2021)

Outcome	Reports	Percent
Death	966	5%
No Death	18,803	95%
TOTAL	**19,769**	**100%**

Gender	Reports	Percent
Male	527	55%
Female	420	43%
Unknown	19	2%
TOTAL	**966**	**100%**

deaths only

Manufacturer	Reports	Percent
Moderna	472	49%
Pfizer	489	51%
Unknown	5	1%
TOTAL	**966**	**100%**

deaths only

Age	Reports	Percent
20-29	5	1%
30-39	8	1%
40-49	20	2%
50-59	57	6%
60-69	133	14%
70-79	226	23%
80-89	281	29%
90-99	170	18%
100-109	13	1%
Unknown	53	5%
TOTAL	**966**	**100%**

# of Days	Reports	Percent
< 1 week	514	53.2%
7-13 days	173	17.9%
14-20 days	106	11.0%
21-27 days	50	5.2%
28-34 days	16	1.7%
35-41 days	10	1.0%
42-48 days	2	0.2%
49-55 days	1	0.1%
Unknown	94	9.7%
TOTAL	**966**	**100%**

Information drawn from VAERS reports on mRNA vaccinations for COVID-19. (source: CDC)

Comparison With Influenza Vaccines

Neither of the mRNA vaccines are FDA approved, rather, they have Emergency Use Approval (EUA). They represent a departure from traditional vaccines in that they do not use any part of the suspected pathogen to stimulate the immune system, but rather, nucleoside messenger RNA.

Dr. Christian Perrone, head of Infectious Disease at Hopital de Garches in France, stated in a complaint filed in Europe:

"The first vaccines they are offering us are not vaccines. They are gene therapy products. They…inject nucleic acids that will cause our own cells to produce elements of the virus."

The death rate following COVID mRNA vaccination is much higher than that following influenza vaccination.

The CDC's data allows only a ballpark estimation of the rate of deaths following flu vaccination.

In the 2019-2020 influenza season the CDC reports that 51.8 percent of the U.S. population received a vaccine, which is approximately 170 million people.

VAERS reports that in the calendar year 2019 (not the 2019-2020 influenza season) there were 45 deaths following vaccination. To provide context, in 2018 VAERS reports 46 deaths, and in 2017 it reports 20 deaths.

The 45 deaths in 2019 are occurring at a rate of 0.0000265 percent, when calculated using the number of vaccines given in the 2019-2020 influenza season.

As of Feb. 19, 41,977,401 COVID vaccinations had been given with 966 deaths reported following vaccination, which is approximately a rate of .0023 percent.

The VAERS System

VAERS was put in place in 1990, to capture unforeseen reactions from vaccines.

VAERS is criticized both for the fact that anybody can submit a report, and for the fact that it catches only a fraction of the adverse incidents.

The VAERS website describes the system in this way:

"Established in 1990, the Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS accepts and analyzes reports of adverse events (possible side effects) after a person has received a vaccination. Anyone can report an adverse event to VAERS. Healthcare professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.

"VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. VAERS is not designed to determine if a vaccine caused a health problem, but is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine. This way, VAERS can provide CDC and FDA with valuable information that additional work and evaluation is necessary to further assess a possible safety concern."

Without a medical diagnosis or autopsy, the report of an adverse incident following a vaccination is not proof that the vaccination caused any particular symptoms.

In a reply to The Epoch Times, about the VAERS death report, Steven Danehy, Director of Global Media Relations for Pfizer, wrote:

"To date, millions of people have been vaccinated with our vaccine. Serious adverse events, including deaths that are unrelated to the vaccine, are unfortunately likely to occur at a similar rate as they would in the general population."

Moderna has not responded to requests for comment.

The VAERS database is dense with information and can be difficult for some users to follow. The Epoch Times has extracted its data as clearly as possible in charts provided in the link below.

At the link below are charts containing: on the tab "All Deaths Readable" descriptions of what happened to the patients—effects they experienced as reported by health care workers and/or relatives, or other witnesses; VAERS ID numbers (used to look up a complete file on the VAERS database); vaccination type; manufacturer; vaccination name; date received; age, gender and state of each recipient; as well as medical history; and other medications patients were taking.

Summary_of_VAERS_deaths_through_Feb_19th

Sent: Thursday, March 4, 2021 7:01 PM
Subject: Freedom-loving Red States

They all have something in common.....

Melody Lane

Founder – **Compass2Truth**

Morpheus to Neo: *"This is your last chance. After this, there is no turning back. You take the **blue pill**—the story ends, you wake up in your bed and believe whatever you want to believe. You take the **red pill**—you stay in Wonderland, and I show you how deep the rabbit hole goes. Remember: all I'm offering is the **truth**. Nothing more." ~ The Matrix ~*

Fact check: Post distorts WHO's COVID-19 PCR testing guidelines

Miriam Fauzia
USA TODAY

The claim: WHO changed COVID-19 testing guidelines; one PCR test is not enough to diagnose COVID-19

Since its global emergence over a year ago, the PCR test – a molecular test that diagnoses infection by detecting genetic material – has been used to distinguish the COVID-19 positives from the negatives. But according to one Facebook post, the PCR test may not be enough.

"Anyone catch the WHO website? Yesterday, on the day of inauguration, the recommendations for PCR testing changed," writes Facebook user Maria Dawn Tyler on Jan. 21.

"Now, a positive PCR test is NOT enough to confirm a positive case. You need a second test AND a clinical correlation, which means be symptomatic, and have a doctor tell you that you have covid based on your symptoms, for it to count as a positive case."

Tyler goes on to claim this means asymptomatic individuals – those not showing or experiencing coronavirus symptoms – will not be considered positive cases nor will people who only underwent one test.

"So hundreds of thousands of cases that have been documented now suddenly were not, in fact, positives and now will not count. It is amazing how low the numbers are going to be now," she concludes.

That a single positive COVID-19 PCR test will no longer count toward new cases has been echoed elsewhere on social media. Some of the posts also cite a

now-deleted Jan. 21 tweet by Newsmax contributor and urologist Dr. David Samadi discussing the World Health Organization's information notice.

"The World Health Organization has now released guidance to laboratories around the world to reduce the cycle count in PCR tests to get a more accurate representation of COVID cases," writes Samadi, claiming that the current PCR cycle being used "was much too high and resulting in any particle being declared a positive case."

USA TODAY reached out to the Facebook users for further comment.

PCR: Its origins and how it works

PCR, or polymerase chain reaction, was conceived by biochemist Kary Mullis, an employee of the now defunct Cetus Corp., in April 1983 as an answer to a problem facing scientists: How can DNA, particularly specific genes or sections, be copied quickly and in vast amounts?

To do that, Mullis exploited the remarkable, and natural, function of enzymes called DNA polymerases, discovered by biochemist Arthur Kornberg and colleagues at Stanford University in the mid-1950s. DNA polymerases were like miniature Xerox copy machines, able to assemble DNA when given a template strand and nucleotides, the essential building blocks of DNA.

During PCR, the DNA polymerase copies the unfurled helical structure, its two strands separated from each other by heat, with the help of molecules called DNA primers, short genetic sequences that bind to sites of interest providing a replication starting point for the enzyme.

Unwinding and separating the DNA, binding of DNA primers and copying by DNA polymerase – also called denaturation, annealing and extension – occurs in a single cycle repeated on average 40 times, generating a tremendous 100 billion copies of the sought after DNA segment.

However, because COVID-19's genome is made of RNA, there is one prerequisite step: rewriting its genetic material into DNA using another enzyme called reverse transcriptase, commonly used to convert RNA-based viruses, like hepatitis C or influenza A, since its discovery in the 1970s.

PCR tests highly accurate, but false negatives and positives can happen

While its specificity and sensitivity make PCR a useful, and widely used, diagnostic tool, incorrect use can lead to misdiagnosis – the chief reason behind WHO's information notice.

"Since the beginning of 2020, WHO has received 10 reports of problems related to PCR tests for the detection of SARS-CoV-2, including some products listed for emergency use by WHO. The reports were for misdiagnosis, both false positive and negative results," said the organization in an email to Reuters.

WHO's investigation into these reports revealed the tests were not being used appropriately in compliance with the manufacturer's instructions. Laboratories especially ran into problems "when they did not apply the recommended positivity threshold," or the number of PCR cycles needed to amplify the DNA enough to see a positive signal.

"This can result in either false negative results (if the threshold applied is lower) or false positives (if threshold is higher)," WHO explained in a statement to FactCheck.org.

In a January blog post discussing WHO's information notice, Dr. Ian M. Mackay, a virologist and adjunct associate professor at the University of Queensland in Australia, explained the notice was "written because some of you, perhaps some doing high-throughput testing of human specimens for the first time ever – need to take some time to learn about what it is you're trying to achieve here."

https://www.usatoday.com/story/news/factcheck/2021/02/11/fact-check-post-distorts-whos-covid-19-pcr-testing-guidelines/4340677001/

"If a lab uses a commercial RT-PCR kit, then they must follow the manufacturer's instructions," Mackay emphasized to Reuters, "Otherwise, the results produced may not be the best, most accurate results that the kit can deliver."

It is worth noting, PCR tests are overall highly accurate and the chance of false positives "should be close to zero," wrote Dr. Robert Shmerling in an August article explaining different types of COVID-19 testing for Harvard Health.

"Most false-positive results are thought to be due to lab contamination or other problems with how the lab has performed the test, not limitations of the test itself," said Schmerling.

False negatives typically happen when a person is tested very early and the coronavirus has not replicated enough to be detectable, The Washington Post reported.

Are too many cycles a concern?

Samadi's claim that WHO's information notice included changes to the number of PCR cycles – because "the current cycles was much too high" and resulting in false positives – is not mentioned anywhere in the notice.

"I have no idea how that was misinterpreted into becoming about changing the number of cycles used," said Mackay in the same blog post regarding Samadi's tweet.

Even if the number of cycles were to decrease by 10, "the majority of positives would still be uncontroversially (sic) positive," he writes, looking at COVID-19 testing data in the United Kingdom.

The number of cycles run may be important for another reason: to determine how infectious someone with coronavirus is.

In September, Science reported some early studies found patients in the early days of infection had cycle threshold, or CT, values "below 30, and often below 20, indicating a high level of virus." How this works is because of the inverse relationship between CT and viral load: The more viral genetic material a person has to start with, the fewer cycles of PCR needed for a positive result.

Looking at CT values in conjunction with PCR results could help epidemiologists track outbreaks, said Dr. Michael Mina, an epidemiologist at Harvard University's T.H. Chan School of Public Health, in an interview with Science. It could also help health care professionals identify patients at risk for severe disease and death, as one Brazilian study and another out of Weill Cornell Medicine found.

But including CT values is not entirely clear cut. Dr. Matthew Binnicker, a professor of laboratory medicine and pathology at the Mayo Clinic, told FactCheck.org that taking high PCR cycle values, or low-positive PCR results, as indicating someone is no longer infectious may miss someone who has "only recently became infected and has yet to hit peak infectiousness."

He also clarified "the quality and type of sample can also affect how many cycles are needed to detect the virus, so it's not always the case that a high-cycle result means a person is harboring remnants or only small amounts of the virus," FactCheck.org reported.

WHO guidelines and asymptomatic people

The Facebook post's claim that asymptomatic individuals will no longer count toward positive cases is not mentioned anywhere in WHO's information notice.

Tracking down asymptomatic cases, responsible for 59% of COVID-19 spread according to one recent study, has proven difficult since many infections go undetected. Some research has also suggested testing asymptomatic individuals with the standard nasopharyngeal or throat swabs

may produce false-negative results, leading instead to an undercount of COVID-19 cases in the U.S.

Two tests are not required

That a single positive COVID-19 test will no longer count as a positive case is also not suggested anywhere in WHO's information notice.

Neither the Centers for Disease Control and Prevention nor WHO has released any new case definitions since Jan. 21. The CDC's COVID-19 case definitions – either suspected, probable or confirmed – dating back to April and August both cite "confirmatory laboratory evidence" as the only proof needed to classify a case "confirmed."

WHO changes, inauguration are not linked

The claim correlating WHO's new guidance with President Joe Biden's inauguration on Jan. 20 also appears unfounded as it is a second iteration of information first appearing on Dec. 7, 2020.

Our ruling: False

The claim that WHO changed its COVID-19 testing guidelines is FALSE. WHO's information notice, first appearing on Dec. 7, 2020, urged laboratories new to COVID-19 PCR testing to follow manufacturer instructions to reduce inaccuracy issues. Claims that WHO would be reducing the number of cycles, or the number of times PCR is run in order to amplify DNA contained within a sample, are mentioned nowhere in WHO's information notice and are unfounded. Similarly, so are claims alleging a single positive COVID-19 test will, by itself, no longer count as a positive case. There is no evidence to suggest asymptomatic individuals will no longer count toward positive COVID-19 cases. Correlating the new recommendation with President Joe Biden's inauguration also appears unfounded.

https://www.usatoday.com/story/news/factcheck/2021/02/11/fact-check-post-distorts-whos-covid-19-pcr-testing-guidelines/4340677001/

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