

de la Guerra, Sheila **Public Comment - Group 2**

---

#11

**From:** Dionne Husted <dionnesong@gmail.com>  
**Sent:** Monday, October 4, 2021 4:16 PM  
**To:** sbcob  
**Subject:** For Consideration for October 5th Board of Supervisors Meeting  
**Attachments:** Letter for SB BOS 10-5-21.docx



**Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.**

Please see attached.  
Thank you,  
Dionne Husted

Tuesday, October 5, 2021

The Honorable Board of Supervisors  
County of Santa Barbara  
Board Hearing Room, Fourth Floor  
105 E. Anapamu Street  
Santa Barbara, CA 9310\_

Re: Enforcement of Federal and State Covid-19 Vaccine “Mandates”  
or “Guidance”

Dear Supervisors:

My name is Dionne Husted, and I am a resident of Santa Barbara County in the City of Santa Maria, where I have lived for the past 1½ years. I am extremely concerned about what actions our County Supervisors may intend to take to prevent the hundreds of layoffs, firings and suspensions—without pay—of our beloved front line doctors, nurses and other health care workers, fire prevention and safety personnel, and law enforcement officers. This also includes our children’s teachers, coaches and day care workers as well as the other vital workers of our private community businesses, all of whom have exercised their right under the Constitutions of the State of California and United States of America, as well as statutory law,<sup>i</sup> to exercise control over their own bodily integrity, religious freedoms, and forego an experimental injection meant for the prevention of contracting and/or spreading Sars-CoV2, the virus that purportedly causes COVID-19. The professional contributions of each and every one of these individuals are absolutely vital to the harmony, success, safety, and the very health of our local community. Without all of our able-bodied citizens, both vaccinated and unvaccinated, working together, our community cannot thrive.

Roughly fifty percent of Santa Barbara County’s total population remains unvaccinated.<sup>ii</sup> Assuming that a vast majority of adults among those unvaccinated are able-bodied and ready to work, how do you each propose that we fill all of

those vacant positions with qualified workers? These layoffs, firings and suspensions will create a vacuum – an enormous gap in vital services – that will have a debilitating effect on us all and will predictably render us incapable of ensuring the health and welfare of our most vulnerable in the community.

Have you, Honorable Supervisors, taken into account the detrimental effect these layoffs, firings and suspensions will have on our local economy? Have you attempted to predict how many of those freshly unemployed masses will end up having to resort to public resources - financial assistance, food stamps, CalWorks, housing, and more? Have you considered the impact on our already burgeoning homeless community and how many of these newly unemployed citizens will end up without places to live due to nonpayment of rent or mortgages? Have you given much thought to how your newly unemployed constituents' lack of disposable income, as well as our soaring unemployment rates, will gut our normally industrious small businesses? How much more do you believe our business owners can endure, after being repeatedly shut down & restricted? Do you believe they will be able to survive the reduction in force that will ultimately harm their efforts? What are you doing to prevent the financial ruination of our people and the shuttering of our businesses? Might I implore you to be genuinely concerned? Why aren't your constituents hearing you talk about this? Why isn't this an item on your agenda? WHY?

I have heard so many people saying that “this is a pandemic of the unvaccinated,” and that the unvaccinated should not be allowed to participate in society because they supposedly pose such a health risk that they must be sequestered, barred from public and private buildings and from the vaccinated population. Since I haven't heard anything from any of you about what you propose to do about this dire and potentially catastrophic situation looming over the heads of our soon-to-be unemployed citizens, I do wonder if you, my Board of Supervisors, collectively believe that this is true. Are you aware that the rest of us, who DO NOT believe this, have suffered immensely, both mentally and physically, over the course of the past year and a half due to the isolation, lockdown, masking, quarantines and other completely nonsensical acts of healthcare theater that have done ABSOLUTELY NOTHING to protect the health or wellbeing of our public from the ongoing so-called “COVID-19 pandemic?” Do you have any idea how traumatizing

it is to watch our friends and family members inject this so-called “vaccination” poison into themselves? It’s like watching them step over a cliff.

There are myriad reasons why someone would choose against taking a COVID shot. I will list a few of them for you:

1. All of the current COVID shots carry the risk of death. Are you really going to allow our unvaccinated citizens to be fired and then take the risk that the workers who remain may die from the shot? Thousands of people have already died as a direct result of taking a COVID shot. From the period beginning December of 2020, through August 31, 2021, 13,811 life-threatening events associated with a COVID vaccination have been reported to the Vaccine Adverse Event Reporting System (VAERS). Of those events, the VAERS database as of August 31, 2021, shows 13,068 actual deaths. The total number of deaths associated with the COVID-19 vaccines is greater than the number of deaths associated with all other vaccines combined since the year 1990! <sup>iii</sup>
2. Thousands of people who have taken the Covid-19 shots have developed blood clots, myocarditis, Guillain-Barre Syndrome, Bell’s Palsy, and multiple sclerosis flares, shortly after receiving the shots, indicating that the vaccine promotes autoimmune reactions against healthy tissue. What is your degree of acceptance that our vaccinated workers may become permanently severely injured or disabled because you sat idly by while our local government agencies and local businesses required them to vaccinate or lose their livelihoods? These people, if so injured, will be severely ill for the rest of their lives. <sup>iv</sup>
3. The shots could also lead to Parkinson’s Lewy Body Dementia, premature Alzheimer’s or various other neurodegenerative diseases, injury of the blood-brain barrier, and then the brain itself! Risking a brain injury to keep jobs is okay now? <sup>v</sup>
4. Covid-19 vaccines designed to elicit neutralizing antibodies may sensitize vaccine recipients to more severe disease than if they were not vaccinated! In layman’s’ terms, this means that the vaccine doesn’t actually protect against COVID and that a vaccinated person could actually become more severely ill if they contract COVID than an unvaccinated person. If our workers are more likely to suffer more severe disease after vaccination

than before vaccination, what is the point, exactly, of mandating them? Why then would you fire workers that are less likely to suffer more severe illness than their vaccinated counterparts? <sup>vi</sup>

5. Vaccinated people are still becoming infected with COVID. In spite of what you have heard from the media, there are more vaccinated people being treated for COVID in hospitals than there are unvaccinated people. <sup>vii</sup>
6. Even after getting a COVID shot, one can spread COVID because the vaccinated are “perfect carriers of the virus.” Have you considered that all of our vaccinated workers are capable of infecting each other? <sup>viii</sup>
7. All of the COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. Basically, we have NO IDEA how these shots will affect our workers in the future. <sup>ix</sup>
8. The authorities have denied the usefulness of natural immunity against COVID-19, which confers the most superior protection against the virus, as compared to any of the three vaccines currently available to us. <sup>x</sup>
9. The vast majority of COVID-19 cases are mild and do not cause significant disease. <sup>xi</sup>
10. There are alternatives to the vaccines for prevention and early treatment of COVID. India, for example, went against the instructions of the W.H.O. and mandated the prophylactic usage of Ivermectin. They have almost completely eradicated COVID-19. <sup>xii</sup>
11. Some or all of the shots available have been developed using cell lines from aborted fetuses. I, for one, find this to be absolutely unconscionable, and it goes against what I believe to be morally acceptable. I believe that it is against God. Is it acceptable now to offend every religious person who is against this type of vaccine? Is it acceptable to violate their First Amendment right to freely exercise their religion so long as they want a job? Are we still in AMERICA? <sup>xiii</sup>

Why would you, as a local governmental body representing the residents of the County of Santa Barbara, want to work in lockstep with State officials when clearly you must know, as we citizens do, what a danger the vaccinations pose to us and our beloved family members, health care providers, teachers, and friends? Surely, you all understand that, where there are significant health risks to taking

an experimental course of medical treatment, there must be choice. Surely you are aware that under both the federal and state Constitutions, and statutory law, our citizens are protected against forced experimental medical treatment and must be afforded the right to informed consent and the right to refuse the treatment. Obviously, the right to informed consent and the option to refuse are meaningless when refusal means the loss of one's livelihood, and acceptance means the risk of severe injury or death!!!

Dear Honorable Supervisors, I firmly believe that, were you to PUSH BACK AND REFUSE to enforce these so-called "mandates" issued by non-elected government officials foisting the illegal policies of our Governor and the President of the United States of America upon us all, that you would be protected under these same laws.

On the other hand, if you, as our most proximate local governing body, sit idly by and allow these egregious violations of the Constitutional rights of our citizens, and the consequent result that our citizens become injured or die, what will you say then? Will you say it was all beyond your control? Will you say that you were just following orders or that you were just doing your jobs?

I implore you to stand up. Protect our citizens and their jobs. Please speak and speak loudly. Let these governmental bodies know that *We the People* will not comply, and that you will not allow this harm to be perpetrated upon us against our will. You must fight for us before it is too late.

I most sincerely thank you for your serious consideration of this matter,

Dionne Husted

## Endnotes:

- <sup>i</sup> U.S. Const. amend. I, 4, and XIV, § 1; Cal. Const. art. I § 1 and 13; 21 U.S.C.S. § 360BBB-3; <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>;
- <sup>ii</sup> This number is constantly changing as more people become vaccinated. For up-to-date vaccination progress data, navigate on the Internet to: [covid19.ca.gov/](https://covid19.ca.gov/).
- <sup>iii</sup> <http://vaersanalysis.info/2021/08/20/vaers-summary-for-covid-19-vaccines-through-8-13-2021/>

<sup>iv</sup> <https://drrichswier.com/2021/09/18/summary-covid-19-vaccine-concerns/>; <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-july-13-2021>;  
[https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl\\_mpt\\_DHE\\_2021-0817](https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl_mpt_DHE_2021-0817)

<sup>v</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7988450/>; <https://www.nature.com/articles/s41593-020-00771-8>; <https://www.nature.com/articles/s41392-021-00719-9>; <https://pubmed.ncbi.nlm.nih.gov/33053430/>

<sup>vi</sup> Int J Clin Pract. 2021 Mar; 75(3); e13795; doi: 10.1111/ijcp.13795; PMID: 33113270

vii

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthimpactnews.com%2F2021%2Fbreaking-ai-powered-dod-data-analysis-program-named-project-salus-shatters-official-vaccine-narrative-shows-a-d-e-accelerating-in-the-fully-vaccinated-with-each-passing-week%2F&data=04%7C01%7Ctkalata%40sbcourts.org%7C6c7fd5ab105f473640a608d986aba4f2%7C4a1d091552d847db8133b686194f77c7%7C0%7C1%7C637688894060856483%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C1000&data=5IYQhorZpt8BGJEGcZffAGjdzKTCUK3imx9hBc5Zx5U%3D&reserved=0>

<sup>viii</sup> <https://www.healthline.com/health-news/leaky-vaccines-can-produce-stronger-versions-of-viruses072715>;  
[https://www.realclearscience.com/articles/2021/08/23/lets\\_stop\\_pretending\\_about\\_the\\_covid19\\_vaccines\\_791050.html](https://www.realclearscience.com/articles/2021/08/23/lets_stop_pretending_about_the_covid19_vaccines_791050.html); <https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>;  
[https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-20217?utm\\_source=yahoo.com&utm\\_medium=referral](https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-20217?utm_source=yahoo.com&utm_medium=referral)

<sup>ix</sup> <https://www.jdsupra.com/legalnews/accelerated-covid-19-vaccine-clinical-95853/>;  
<https://www.nebraskamed.com/COVID/were-the-covid-19-vaccines-rushed>  
\* America's Frontline Doctors v. Xavier Becerra, No. CV-00702-clm (N.D. Al. filed June 10, 2021); <https://haltturnerradioshow.com/index.php/en/news-page/world/covid-19-the-spartacus-letter>

<sup>xi</sup> <https://healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>;  
<https://www.webmd.com/lung/covid-recovery-overview#1>;  
<https://academic.oup.com/ofid/article/7/9/ofaa286/5875595>; <https://pubmed.ncbi.nlm.nih.gov/33289900/>

<sup>xii</sup> [HTTPS://WENTWORTHREPORT.COM/2021/09/11/IVERMECTIV-WINS-IN-INDIA/](https://wentworthreport.com/2021/09/11/IVERMECTIV-WINS-IN-INDIA/)

xiii

[https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19\\_Vaccine\\_Fetal\\_Cell\\_Handout.pdf](https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19_Vaccine_Fetal_Cell_Handout.pdf); <https://cmda.org/the-ethics-of-the-sars-cov-2-vaccines-revisited/>

**de la Guerra, Sheila**

---

**From:** Scott & Dionne Husted <scottndionnehusted@gmail.com>  
**Sent:** Monday, October 4, 2021 4:23 PM  
**To:** sbcob  
**Subject:** For Consideration by the Board of Supervisors 10/5/21  
**Attachments:** Letter for SB BOS 10-5-21.docx

**Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.**

Dear Sirs and Madams,

Please find attached to this email my letter of submission for the Santa Barbara County Board of Supervisors meeting for this Tuesday, October 5th, 2021.

Thank you,

J. Scott Husted PhD



Tuesday, October 5, 2021

The Honorable Board of Supervisors  
County of Santa Barbara  
Board Hearing Room, Fourth Floor  
105 E. Anapamu Street  
Santa Barbara, CA 9310\_

Re: Enforcement of Federal and State Covid-19 Vaccine “Mandates”  
or “Guidance”

Dear Supervisors:

My name is Scott Husted. I hold a PhD in Education Leadership and I am a resident of Santa Barbara County in the City of Santa Maria, where I have lived for the past 1½ years. I am extremely concerned about what actions our County Supervisors may intend to take to prevent the hundreds of layoffs, firings and suspensions—without pay—of our beloved front line doctors, nurses and other health care workers, fire prevention and safety personnel, and law enforcement officers. This also includes our children’s teachers, coaches and day care workers as well as the other vital workers of our private community businesses, all of whom have exercised their right under the Constitutions of the State of California and United States of America, as well as statutory law,<sup>i</sup> to exercise control over their own bodily integrity, religious freedoms, and forego an experimental injection meant for the prevention of contracting and/or spreading Sars-CoV2, the virus that purportedly causes COVID-19. The professional contributions of each and every one of these individuals are absolutely vital to the harmony, success, safety, and the very health of our local community. Without all of our able-bodied citizens, both vaccinated and unvaccinated, working together, our community cannot thrive.

Roughly fifty percent of Santa Barbara County’s total population remains unvaccinated.<sup>ii</sup> Assuming that a vast majority of adults among those unvaccinated

are able-bodied and ready to work, how do you each propose that we fill all of those vacant positions with qualified workers? These layoffs, firings and suspensions will create a vacuum – an enormous gap in vital services – that will have a debilitating effect on us all and will predictably render us incapable of ensuring the health and welfare of our most vulnerable in the community.

Have you, Honorable Supervisors, taken into account the detrimental effect these layoffs, firings and suspensions will have on our local economy? Have you attempted to predict how many of those freshly unemployed masses will end up having to resort to public resources - financial assistance, food stamps, CalWorks, housing, and more? Have you considered the impact on our already burgeoning homeless community and how many of these newly unemployed citizens will end up without places to live due to nonpayment of rent or mortgages? Have you given much thought to how your newly unemployed constituents' lack of disposable income, as well as our soaring unemployment rates, will gut our normally industrious small businesses? How much more do you believe our business owners can endure, after being repeatedly shut down & restricted? Do you believe they will be able to survive the reduction in force that will ultimately harm their efforts? What are you doing to prevent the financial ruination of our people and the shuttering of our businesses? Might I implore you to be genuinely concerned? Why aren't your constituents hearing you talk about this? Why isn't this an item on your agenda? WHY?

I have heard so many people saying that "this is a pandemic of the unvaccinated," and that the unvaccinated should not be allowed to participate in society because they supposedly pose such a health risk that they must be sequestered, barred from public and private buildings and from the vaccinated population. Since I haven't heard anything from any of you about what you propose to do about this dire and potentially catastrophic situation looming over the heads of our soon-to-be unemployed citizens, I do wonder if you, my Board of Supervisors, collectively believe that this is true. Are you aware that the rest of us, who DO NOT believe this, have suffered immensely, both mentally and physically, over the course of the past year and a half due to the isolation, lockdown, masking, quarantines and other completely nonsensical acts of healthcare theater that have done ABSOLUTELY NOTHING to protect the health or wellbeing of our public from the ongoing so-called "COVID-19 pandemic?" Do you have any idea how traumatizing

it is to watch our friends and family members inject this so-called “vaccination” poison into themselves? It’s like watching them step over a cliff.

There are myriad reasons why someone would choose against taking a COVID shot. I will list a few of them for you:

1. All of the current COVID shots carry the risk of death. Are you really going to allow our unvaccinated citizens to be fired and then take the risk that the workers who remain may die from the shot? Thousands of people have already died as a direct result of taking a COVID shot. From the period beginning December of 2020, through August 31, 2021, 13,811 life-threatening events associated with a COVID vaccination have been reported to the Vaccine Adverse Event Reporting System (VAERS). Of those events, the VAERS database as of August 31, 2021, shows 13,068 actual deaths. The total number of deaths associated with the COVID-19 vaccines is greater than the number of deaths associated with all other vaccines combined since the year 1990! <sup>iii</sup>
2. Thousands of people who have taken the Covid-19 shots have developed blood clots, myocarditis, Guillain-Barre Syndrome, Bell’s Palsy, and multiple sclerosis flares, shortly after receiving the shots, indicating that the vaccine promotes autoimmune reactions against healthy tissue. What is your degree of acceptance that our vaccinated workers may become permanently severely injured or disabled because you sat idly by while our local government agencies and local businesses required them to vaccinate or lose their livelihoods? These people, if so injured, will be severely ill for the rest of their lives. <sup>iv</sup>
3. The shots could also lead to Parkinson’s Lewy Body Dementia, premature Alzheimer’s or various other neurodegenerative diseases, injury of the blood-brain barrier, and then the brain itself! Risking a brain injury to keep jobs is okay now? <sup>v</sup>
4. Covid-19 vaccines designed to elicit neutralizing antibodies may sensitize vaccine recipients to more severe disease than if they were not vaccinated! In layman’s terms, this means that the vaccine doesn’t actually protect against COVID and that a vaccinated person could actually become more severely ill if they contract COVID than an unvaccinated person. If our workers are more likely to suffer more severe disease after vaccination

than before vaccination, what is the point, exactly, of mandating them? Why then would you fire workers that are less likely to suffer more severe illness than their vaccinated counterparts? <sup>vi</sup>

5. Vaccinated people are still becoming infected with COVID. In spite of what you have heard from the media, there are more vaccinated people being treated for COVID in hospitals than there are unvaccinated people. <sup>vii</sup>
6. Even after getting a COVID shot, one can spread COVID because the vaccinated are “perfect carriers of the virus.” Have you considered that all of our vaccinated workers are capable of infecting each other? <sup>viii</sup>
7. All of the COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. Basically, we have NO IDEA how these shots will affect our workers in the future. <sup>ix</sup>
8. The authorities have denied the usefulness of natural immunity against COVID-19, which confers the most superior protection against the virus, as compared to any of the three vaccines currently available to us. <sup>x</sup>
9. The vast majority of COVID-19 cases are mild and do not cause significant disease. <sup>xi</sup>
10. There are alternatives to the vaccines for prevention and early treatment of COVID. India, for example, went against the instructions of the W.H.O. and mandated the prophylactic usage of Ivermectin. They have almost completely eradicated COVID-19. <sup>xii</sup>
11. Some or all of the shots available have been developed using cell lines from aborted fetuses. I, for one, find this to be absolutely unconscionable, and it goes against what I believe to be morally acceptable. I believe that it is against God. Is it acceptable now to offend every religious person who is against this type of vaccine? Is it acceptable to violate their First Amendment right to freely exercise their religion so long as they want a job? Are we still in AMERICA? <sup>xiii</sup>

Why would you, as a local governmental body representing the residents of the County of Santa Barbara, want to work in lockstep with State officials when clearly you must know, as we citizens do, what a danger the vaccinations pose to us and our beloved family members, health care providers, teachers, and friends? Surely, you all understand that, where there are significant health risks to taking

an experimental course of medical treatment, there must be choice. Surely you are aware that under both the federal and state Constitutions, and statutory law, our citizens are protected against forced experimental medical treatment and must be afforded the right to informed consent and the right to refuse the treatment. Obviously, the right to informed consent and the option to refuse are meaningless when refusal means the loss of one's livelihood, and acceptance means the risk of severe injury or death!!!

Dear Honorable Supervisors, I firmly believe that, were you to PUSH BACK AND REFUSE to enforce these so-called "mandates" issued by non-elected government officials foisting the illegal policies of our Governor and the President of the United States of America upon us all, that you would be protected under these same laws.

On the other hand, if you, as our most proximate local governing body, sit idly by and allow these egregious violations of the Constitutional rights of our citizens, and the consequent result that our citizens become injured or die, what will you say then? Will you say it was all beyond your control? Will you say that you were just following orders or that you were just doing your jobs?

I implore you to stand up. Protect our citizens and their jobs. Please speak and speak loudly. Let these governmental bodies know that *We the People* will not comply, and that you will not allow this harm to be perpetrated upon us against our will. You must fight for us before it is too late.

I most sincerely thank you for your serious consideration of this matter,

J. Scott Husted PhD

## Endnotes:

<sup>i</sup> U.S. Const. amend. I, 4, and XIV, § 1; Cal. Const. art. I § 1 and 13; 21 U.S.C.S. § 360BBB-3;

<https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>;

<sup>ii</sup> This number is constantly changing as more people become vaccinated. For up-to-date vaccination progress data, navigate on the Internet to: [covid19.ca.gov/](https://covid19.ca.gov/).

<sup>iii</sup> <http://vaersanalysis.info/2021/08/20/vaers-summary-for-covid-19-vaccines-through-8-13-2021/>

<sup>iv</sup> <https://drrichswier.com/2021/09/18/summary-covid-19-vaccine-concerns/>; <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-july-13-2021>;  
[https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl\\_mpt\\_DHE\\_2021-0817](https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl_mpt_DHE_2021-0817)

<sup>v</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7988450/>; <https://www.nature.com/articles/s41593-020-00771-8>;  
<https://www.nature.com/articles/s41392-021-00719-9>; <https://pubmed.ncbi.nlm.nih.gov/33053430/>

<sup>vi</sup> Int J Clin Pract. 2021 Mar; 75(3); e13795; doi: 10.1111/ijcp.13795; PMID: 33113270

<sup>vii</sup>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthimpactnews.com%2F2021%2Fbreaking-ai-powered-dod-data-analysis-program-named-project-salus-shatters-official-vaccine-narrative-shows-a-d-e-accelerating-in-the-fully-vaccinated-with-each-passing-week%2F&data=04%7C01%7Ctkalata%40sbcourts.org%7C6c7fd5ab105f473640a608d986aba4f2%7C4a1d091552d847db8133b686194f77c7%7C0%7C1%7C637688894060856483%7CUknown%7CTWFpbGZsb3d8eyJWljojoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikh1haWwILCjXVCI6Mn0%3D%7C1000&data=5IYQhorZpt8BGJEGcZffAGjdzKTCUK3imx9hBc5Zx5U%3D&reserved=0>

<sup>viii</sup> <https://www.healthline.com/health-news/leaky-vaccines-can-produce-stronger-versions-of-viruses072715>;  
[https://www.realclearscience.com/articles/2021/08/23/lets\\_stop\\_pretending\\_about\\_the\\_covid19\\_vaccines\\_791050.html](https://www.realclearscience.com/articles/2021/08/23/lets_stop_pretending_about_the_covid19_vaccines_791050.html);  
<https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>;  
[https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-2021?utm\\_source=yahoo.com&utm\\_medium=referral](https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-2021?utm_source=yahoo.com&utm_medium=referral)

<sup>ix</sup> <https://www.jdsupra.com/legalnews/accelerated-covid-19-vaccine-clinical-95853/>;  
<https://www.nebraskamed.com/COVID/were-the-covid-19-vaccines-rushed>

<sup>x</sup> America's Frontline Doctors v. Xavier Becerra, No. CV-00702-clm (N.D. Al. filed June 10, 2021);  
<https://haltturnerradioshow.com/index.php/en/news-page/world/covid-19-the-spartacus-letter>

<sup>xi</sup> <https://healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>;  
<https://www.webmd.com/lung/covid-recovery-overview#1>;  
<https://academic.oup.com/ofid/article/7/9/ofaa286/5875595>; <https://pubmed.ncbi.nlm.nih.gov/33289900/>

<sup>xii</sup> [HTTPS://WENTWORTHREPORT.COM/2021/09/11/IVERMECTIV-WINS-IN-INDIA/](https://wentworthreport.com/2021/09/11/IVERMECTIV-WINS-IN-INDIA/)

<sup>xiii</sup>

[https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19\\_Vaccine\\_Fetal\\_Cell\\_Handout.pdf](https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19_Vaccine_Fetal_Cell_Handout.pdf); <https://cmda.org/the-ethics-of-the-sars-cov-2-vaccines-revisited/>

## de la Guerra, Sheila

---

**From:** Aimee Smith <aimee.l.smith@att.net>  
**Sent:** Monday, October 4, 2021 4:30 PM  
**To:** sbcob  
**Subject:** COVID-19 Update: definition of vaccinated and unvaccinated

**Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.**

Dear County Supervisors,

The Health Officer Dr. Ansorg is claiming that we are facing a pandemic of the unvaccinated. Despite the number of cases continuing to drop, and the fact that the COVID mRNA injections (Pfizer and Moderna products) and GMO adenovirus DNA injections (J&J product) Emergency Use Authorization requests never claimed that these injections prevented the spread of COVID-19, that of those who contract the illness, there is evidence that those who have had the injections are more contagious asymptomatic carriers than those who have refrained from taking them,<sup>1</sup> despite evidence that the efficacy of these treatments to reduce severe COVID is degrading as the Delta variant over takes the Alpha variant in prevalence and that COVID injection induced immunity is inferior to natural immunity.<sup>2</sup>

These are just some of the reasons that Dr. Ansorg's claim that the current spread is to be blamed on the unvaccinated, those who have refrained from the COVID gene therapy interventions, is not based on solid evidence. I suppose you can allow Dr. Ansorg to make unsubstantiated claims sound as if they are proven facts and a firm foundation on which to make policy, but the supervisors and other elected officials must not take away the rights of citizens based on speculative assertions. That is completely unjust and a violation of the oath to uphold the constitution which protects inalienable individual rights including the rights to privacy and free exercise of religion.

How many of the current 80 or so "cases" in our county are false positives? Is the current epidemic more dangerous than the worst flu at any point in the last 100 years? If not, on what basis can you justify taking away the right to privacy and to make personal medical decisions from county workers? On what basis can you justify allowing your health officer to continue with these speculative pronouncements that are then used to infringe on the rights of school workers and college students? Natural immunity is proven superior to injection induced immunity, yet that is not seen as a reason to be free from being required to have this injection. That makes no sense. That indicates this is about something other than stopping the spread of this almost vanished treatable disease.

An important concern over the data presented by Dr. Ansorg and the County Health Department is the breakdown of cases into two categories, vaccinated and unvaccinated. Since many people are coming down with COVID shortly after getting the COVID injection, but before the 2 week time window has closed after the last shot, those in the partially vaccinated case are being put into the unvaccinated basket. But what if the COVID shot is affecting the immune system in a way that is making people more susceptible to illness, either COVID or another pathogen that can trigger a positive on the PCR test? There needs to be a third category, "partially vaccinated" that is separated out from the unvaccinated data set. Since these injections are all experimental, the public has the right to see what impact beginning vaccinated has on your likelihood of contracting COVID as opposed to taking no genetic engineered intervention.

Another important concern is policies that require pcr or other testing of the unvaccinated and partially vaccinated. How are you controlling for this biased sampling? I see no indication that you are.

Dr. Ansorg is entitled to his opinions, but he should be cautious about making declarations in a situation that he himself admits is constantly changing. The wiser course would to be to admit we do not know the efficacy and risk of these

novel gene therapy COVID injections and thus we have no right to coerce anyone into taking them - not to keep their job, to be able to attend classes at SBCC and not for a crisp \$100 bill that came out of our tax dollars.

I would also like to remind you that the only FDA licensed product being called a COVID vaccine is not available, so current COVID vaccine mandates are coercing people into a product with liability shielding and emergency use authorization only.

Thank you for considering my concerns.

Sincerely,

Aimee Smith, PhD MIT

[1] <https://childrenshealthdefense.org/defender/vaccinated-healthcare-workers-threat-unvaccinated-patients-co-workers/>

[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3897733](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733)

[2] <https://link.springer.com/article/10.1007/s10654-021-00808-7#Fig1>

*We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.*

~ U.S. Declaration of Independence



**de la Guerra, Sheila**

---

**From:** Zoë Guess <zoerguess@gmail.com>  
**Sent:** Monday, October 4, 2021 4:32 PM  
**To:** sbcob  
**Subject:** covid-19 update  
**Attachments:** 1\_5100372422478004846.pdf

**Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.**

Hello board of supervisors,  
Please add me to the roster for public comment.  
I've added a few important articles and an affidavit for you to review as well.  
Thank you for your consideration.  
Sincerely,  
Zoë Guess

<https://rumble.com/vm8h7j-dr.-julie-ponesse.-a-lesson-in-courage-and-integrity..html>

A lesson in ethics from Canada...

<http://vigiaccess.org/> \*be sure to insert "covid-19 vaccine"

<https://dailysceptic.org/2021/10/01/deaths-among-teenagers-up-56-since-vaccine-rollout-began/>

## **AFFIDAVIT OF LTC. THERESA LONG M.D. IN SUPPORT OF A MOTION FOR A PRELIMINARY INJUNCTION ORDER**

I, Lieutenant Colonel **Theresa Long**, MD, MPH, FS being duly sworn, depose and state as follows:

1. I make this affidavit, as a whistle blower under the Military Whistleblower Protection Act, Title 10 U.S.C. § 1034, in support of the above referenced MOTION as expert testimony in support thereof.
2. The expert opinions expressed here are my own and arrived at from my persons, professional and educational experiences taken in context, where appropriate, by scientific data, publications, treatises, opinions, documents, reports and other information relevant to the subject matter and are not necessarily those of the Army or Department of Defense.

### **Experience & Credentials**

3. I am competent to testify to the facts and matters set forth herein. A true and accurate copy of my *curriculum vitae* is attached hereto as **Exhibit A**.
4. After receiving a bachelor's degree from the University of Texas Austin, completed my medical degree from the University of Texas Health Science Center at Houston Medical School in 2008. I served as a Field Surgeon for ten years and went on to complete a residency in Aerospace and Occupational Medicine at the United States Army School of Aviation Medicine, Fort Rucker, AL. I hold a Master's in Public Health, and I have been trained by the Combat Readiness Center at Ft. Rucker as an Aviation Safety Officer. Additionally, I have trained in the Medical Management of Chemical and Biological Casualties at Fort Detrick and USAMIIRD.
5. I am board certified in flight Aerospace Medicine and board eligible in Occupational Medicine.
6. I am currently serving as the Brigade Surgeon for the 1<sup>st</sup> Aviation Brigade Ft. Rucker, Alabama and am responsible for certifying the health, mental and physical ability, and readiness for all nearly 4,000 individuals on flight status on this post.
7. My appended *curriculum vitae* further demonstrates my academic and scientific achievements by me over the past thirteen years.
8. Prior to the outset of the pandemic, I received specialized military training from Infectious Disease doctors from the Army, Navy and Air Force on emerging infectious disease threats, FEMA training, Emergency preparedness training, Medical effects of Ionizing Radiation, OSHA, Aerospace Toxicology, Epidemiology, Biostatistics, medical research and disaster planning. More recently I have functioned as a medical and scientific advisor to an Aviation training Brigade seeking to identify risk mitigation strategies, and bio statistical analysis of SARS- Cov-2 ("Covid 19") infections in both vaccinated and unvaccinated Soldiers. In so doing, I have identified, diagnosed and treated Covid 19 pathogenic infections. I have observed vaccine

adverse events following the administration of EUA vaccines, and followed the success of Soldiers who obtained various Covid 19 therapies outside the military. The majority of the service members within the DOD population are young and in good physical condition. Military aviators are a subset of the military population that has to meet the most stringent medical standards to be on flight status. The population of student pilots I take care of are primarily in their 20s-30s, males and in excellent physical condition. The risk of serious illness or death in this population from SARs-CoV-2 is minimal, with a survival rate of 99.997%.

9. In observing, studying and analyzing all the available data, information, samples, experiences, histories and results of these treatments and inoculations provided, I have formulated a professional opinion, which requires me to report those findings to superiors in the chain of command and colleagues in the military. I have done so with mixed results in terms of acceptance, rejection and threats of punishment for so sharing.

10. The application of risk management is critical to the safety and success in both medicine and aviation. Aerospace Medicine is a specialty devoted to safety of flight by the aeromedical dispositioning and treatment of flight crew members, as accomplished by the consistent and careful application of risk mitigation and management strategies. ATP 5-19, 1-3. Risk Management (RM)<sup>1</sup> outlines a disciplined approach to express a risk level in terms readily understood at all echelons.

<sup>1</sup> adminpubs.tradoc.army.mil/regulations/TR385-2withChange1.docx 4

Case 1:21-cv-02228-RM-STV Document 17 Filed 09/24/21 USDC Colorado Page 7 of 269

11. 1-6. States, “A risk decision is a commander, leader, or individual’s determination to accept or not accept. The risk(s) associated with an action he or she will take or will direct others to take. RM is only effective when specific information about hazards and risks is passed to the appropriate level of command for a risk decision. Subordinates must pass specific risk information up the chain of command.”

12. “When the specific information about hazards and risks is passed to the appropriate level of command for a risk decision. Subordinates must pass specific risk information up the chain of command. Conversely, the higher command must provide subordinates making risk decisions or implementing controls with the established risk tolerance—the level of risk the responsible commander is willing to accept. RM application must be inclusive; those executing an operation and those directing it participate in an integrated process”.

13. 1-7. States, “In the context of RM, a control is an action taken to eliminate a hazard or to reduce its risk. Commanders establish local policies and regulations if appropriate”.

14. The five steps of Risk management include; 1. Identify the hazards, 2. Assess the hazards, 3. Develop controls and make risk decisions, 4. Implement controls, 5. Supervise and evaluate.

15. It is therefore my responsibility and that of every leaders to apply the steps of risk management to the current pandemic and countermeasures used. **The CDC and the FDA are**

**civilian agencies that do not have the mission of National Defense that the DOD has.**

Guidance and recommendations made by these civilian agencies must be filtered through strategic perspective of national defense and the potential risks recommendations may have on the health of the entire fighting force. Ensuring that the health of the fighting force is not compromised is a strategic imperative, for which **every** military physician is responsible to of the entire fighting force. Ensuring that the health of the fighting force is not compromised is a strategic imperative, for which **every** military physician is responsible to ensure.

**16. Step 1: Identify the hazards:** As defined by FM 1-02.1 Operational Terms, pg. 1- 48, hazard is a condition with the potential to cause injury, illness, or death of personnel; damage to or loss of equipment or property; or mission degradation.

**17. Step 2: Assess the Hazards:** There are numerous therapeutic agents that have been proven to significantly reduce infection and therefore provide protection from the harmful effects of SARs-CoV-2.

18. Literature has demonstrated that natural immunity is durable, completed, and superior to vaccination immunity to SARs-CoV-2. mRNA vaccines produced by Pfizer and Moderna both have been linked to myocarditis, especially in young males between 16-24 years old,<sup>2</sup> The majority of young new Army aviators are in their early twenties. We know there is a risk of myocarditis with **each** mRNA vaccination. We additionally now know that vaccination does not necessarily prevent infection or transmission of SARs-CoV-2Therefore individuals fully vaccinated with mRNA vaccines have at least two independent risk factors for myocarditis after vaccination. Additional booster shots add more risk. It is impossible to perform a risk/benefit analysis on the use of mRNA as counter measures to SARs-CoV-2 without further data... Use of mRNA vaccines in our fighting force, presents a risk of undetermined magnitude, in a population in which **less than 20 active-duty personnel out of 1.4 million, died of the underlying SARs-CoV-2.**

19. Aircrew Training Program (ATP) 5-19, 1-8. **Accept No Unnecessary Risk**, states, “An unnecessary risk is any risk that, if taken, **will not contribute meaningfully to mission accomplishment or will needlessly endanger lives or resources.** Army leaders accept only a level of risk in which the potential benefit outweighs the potential loss.

20. Research shows that most individuals with myocarditis do not have any symptoms. Complications of myocarditis include dilated cardiomyopathy, arrhythmias, sudden cardiac death and carries a mortality rate of 20% at one year and 50% at 5 years. According to the National Center for Biotechnology Information, U.S. National Library of Medicine, “despite optimal medical management, overall mortality has not changed in the last 30 years”.

**21. Step 3: Develop controls and make risk decisions:** Because vaccination with mRNA increase the risk of myocarditis, a comprehensive screening program should be implemented immediately to identify individuals who have been affected and attempt to mitigate immediate risks and long-term disability.

22. **Step 4: Implement Controls:** Send out clear guidance to all DOD healthcare professionals on risks of-vaccination myocarditis. Compulsory SARs-CoV-2 mRNA vaccination program should be immediately suspended until research can be done to determine the true magnitude of risk of myocarditis in individuals who have been vaccinated. We must evaluate and immediately implement alternatives to mRNA vaccines, to include Ivermectin (FDA approved 1996), Remdesivir (FDA approved 2020), Hydroxychloroquine (FDA approved 1955), Regeneron (FDA EU approved 2020). Review VAERS data for deaths from COVID for age-matched data and data from active duty COVID deaths within the DOD to perform a risk/benefit analysis.

23. **Step 5: Supervise and evaluate:** We must establish a screening program to identify those at increased risk of myocarditis, i.e. those that have, received mRNA vaccinations with Comirnaty, BioNTech or Moderna, or have any of the following symptoms chest pain, shortness of breath or palpitations They should have screening tested performed in accordance with the CDC recommendations prior to return to flight duties. Per the CDC guidelines the initial evaluation of individuals identified according to the above criteria include; ECG, troponion level, inflammatory markers such as the C-reactive protein and erythrocyte sedimentation rate. It should be noted that the gold standard for diagnosis of myocarditis is end myocardial biopsy (EMB).

24. Given that the labels for Comirnaty and BioNtech clearly state that the vaccination should not be given to individuals that are allergic to ingredients. I have noted that one of the primary ingredients of the Lipid Nanoparticle delivery system is “ALC 1035” (two attachments, parts highlighted) in the Pfizer shots. The forth attachment is the toxicity report on ALC-1035, which comprises between 30-50% of the total ingredients.<sup>3</sup> The Safety Data Sheet, (attached as Exhibit B) for this primary ingredient states that it is Category 2 under the OSHA HCS regulations (21 CFR 1910) and includes several concerning warnings, including but not limited to:

1. Seek medical attention if it comes into contact with your skin;
2. If inhaled and If breathing is difficult, give cardiopulmonary resuscitation
3. Evacuate if there is an environmental spill
4. the chemical, physical, and toxicological properties have not been completely investigated
5. Caution: Product has not been fully validated for medical applications. For research use only

25. Other journals and scientific papers also denote that this particular ingredient has never been used in humans before.<sup>4</sup> To be abundantly clear, one of the listed primary ingredients of these injectables is Polyethylene glycol (“PEG”) which is a derivative of ethylene oxide. Polyethylene Glycol is the active ingredient in antifreeze. While it is hard to believe this is a key ingredient in these vaccines, it would explain the increased cardiovascular risk to users of the BioNTech or Comirnaty shots. I cannot discern what form of alchemy Pfizer and the FDA have discovered that would make antifreeze into a healthful cure to the human body. Others seem to agree my point per recent scientific studies that caused a group of 57 doctors and scientists to call for an immediate halt to the vaccination program.<sup>5</sup> In short, this antifreeze ingredient is being studied for the first time in human injectables. According to the VAERS data, which admittedly underreports by as much as 100 times the actual SAE’s, there are well more than 600,000

documented Serious Adverse Events (ones requiring medical attention) alone and more than 13,000 fatalities directly linked to this particular vaccine. I cannot understand how this vaccine remains on the list of available options to treat Covid, when there are so many other non-deadly or injurious options available.

26. As such, I believe it is reasonable to conclude that many humans are allergic to these dangerous and deadly toxins and therefore should not take vaccinations with either Comirnaty or BioNtech. Again, I have identified an agent that possess a significant hazard to Soldiers, which would fall under DA Pam 385-61 Toxic Safety Standards cited in 2-11.

27. My assessment is that ALC 0315 is a known toxin with little study, specifically restricted to “research only“ and effectively has no prior use history, with the SDS designation of (GHS02), listed as H315 and H319, in other words, hazardous if inhaled, ingested or in contact with skin and a health hazard with the designation (P313). A review of the SDS outlines that it is not for human or veterinary use,

28. I have not taken significant time to delineate the risks of other Covid 19 Vaccines other than the Safety Data Sheet of Moderna’s key ingredient, SM-102 (attached as Exhibit C). Suffice it to say that SM-102 is significantly more dangerous than the Pfizer ALC 3015 and it appears that the DOD is not actively acquiring or distributing this IND/EUA. If the DOD were to undertake use of the Moderna vaccine, one can expect a much higher Serious Adverse Event and fatality rate given that SM-102 carries an express warning “Skull and Crossbones” characterized under the GHS06 and GHS08. In other words, this Moderna ingredient is deadly.

29. Given that these Covid 19 Vaccines were both Investigational New Drugs and Emergency Use Authorization vaccines, I have taken considerable time to understand potential risks, hazards and dangers these and any new drug or Investigational New Drug will may have on the health, safety and operational readiness or ability of pilots under my care and at this post. I have sought to research military records and track systems for recording events and Serious Adverse Events and fatalities associated with vaccines, new vaccines and Emergency Use, investigational vaccines in computer data systems recommended by the General Accounting Office in 2002 and ordered to be developed and implemented by the Secretary of Defense in 2003.

30. A weekly MEDSITREP report fails to report the CDC data from VAERS or internal data regarding vaccine adverse events. Despite recommendation made by the Government Accountability Office in the GAO’s survey of Guard and Reserve Pilots and Aircrew GAO-02-445, published Sep 20,2002, in which it was recommended that the Secretary of Defense should direct the establishment of an active surveillance program (unlike the passive VAERS) to identify and monitor adverse events, was not implemented. I have been unable to locate, access or asses any data, data base or internal system to track, store, evaluate or research the effects of vaccines on our military members or pilots.

31. I have also reviewed scientific data and peer reviewed studies that discuss, analyze results and conclude that natural immunity is at least as good if not far superior to any Covid Vaccine available at this time. I have also reviewed Dr. Peter McCullough’s sworn affidavit in support of and in relation to the Complaint filed in this case and have reviewed its supporting data. An

additional peer-reviewed study not referenced in Dr. McCullough's materials also supports the same conclusions drawn and reports that natural immunity provides a 13 fold better protection against Covid 19 infections than any currently available Covid 19 Vaccine<sup>6</sup>. More recently, in a meeting of the FDA Advisory Committee on September 17 of this year, fourteen of seventeen members voted against the authorization of any Covid booster vaccines in the juvenile age group having noted that the vaccine program has breached the defining test under the EUA statute as to whether the experimental treatment benefits outweigh the risks; in fact, they found the shots are far more dangerous than helpful in this age group and some voiced concerns that this would apply generally to all age groups.<sup>7</sup>

32. I am also aware of the Secretary of Defense Austin's order in relation to Covid Vaccine mandates made this week. In an information paper, it was stated that, "Unit personnel should use only as much force as necessary to assist medical personnel with immunizations." The use of force to administer a medical treatment or therapy against the will of a mentally competent individual constitutes medical battery and universally violates medical ethics. Currently, I am not aware of the Comirnaty available within the DOD. Emergency Use Authorized vaccines, despite the attempt to characterize some of them as approved despite such approved versions not being available and regardless of a military member's prior immunity to Covid 19; even where it may be demonstrated with a recent antibody test.

33. Finally, I have reviewed a recent study *entitled "US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, All Cause Severe Morbidity,"* by J. Bart Classen, MD and published in *Trends in Internal Medicine; August 25, 2021*. Attached as Exhibit D.

34. I have also seen policies, memoranda and guidance as it relates to exemptions for vaccinations as fully detailed in Army Regulation 40-562, which purport to eliminate any exemption for prior immunity by our military personnel.

## **Opinion**

35. I have reviewed the Motion for a Preliminary Injunction which discusses the issue of prior immunity benefits outweighing the risks of using experimental Covid 19

Vaccines, together with proposed exhibits and materials cited therein. In opinion on this subject matter, I am also drawing my own conclusions that will be put into practice in my current role as an Army flight surgeon knowing full well the horrific repercussions this decision may befall me in terms of my career, my relationships and life as an Army doctor.

36. I personally observed the most physically fit female Soldier I have seen in over 20 years in the Army, go from Colligate level athlete training for Ranger School, to being physically debilitated with cardiac problems, newly diagnosed pituitary brain tumor, thyroid dysfunction within weeks of getting vaccinated. Several military physicians have shared with me their firsthand experience with a significant increase in the number of young Soldiers with migraines, menstrual irregularities, cancer, suspected myocarditis and reporting cardiac symptoms after

vaccination. Numerous Soldiers and DOD civilians have told me of how they were sick, bed-ridden, debilitated, and unable to work for days to weeks after vaccination. I have also recently reviewed three flight crew members' medical records, all of which presented with both significant and aggressive systemic health issues. Today I received word of one fatality and two ICU cases on Fort Hood; the deceased was an Army pilot who could have been flying at the time. All three pulmonary embolism events happened within 48 hours of their vaccination. I cannot attribute this result to anything other than the Covid 19 vaccines as the source of these events. Each person was in top physical condition before the inoculation and each suffered the event within 2 days post vaccination. Correlation by itself does not equal causation, however, significant causal patterns do exist that raise correlation into a probable cause; and the burden to prove otherwise falls on the authorities such as the CDC, FDA, and pharmaceutical manufacturers. I find the illnesses, injuries and fatalities observed to be the proximate and causal effect of the Covid 19 vaccinations.

38. I can report of knowing over fifteen military physicians and healthcare providers who have shared experiences of having their safety concerns ignored and being ostracized for expressing or reporting safety concerns as they relate to COVID vaccinations. The politicization of SARS-CoV-2, treatments and vaccination strategies have completely compromised long-standing safety mechanisms, open and honest dialogue, and the trust of our service members in their health system and healthcare providers.

39. The subject matter of this Motion for a Preliminary Injunction and its devastating effects on members of the military compel me to conclude and conduct accordingly as follows:

1. a) None of the ordered Emergency Use Covid 19 vaccines can or will provide better immunity than an infection-recovered person;
2. b) All three of the EUA Covid 19 vaccines (Comirnaty is not available), in the age group and fitness level of my patients, are more risky, harmful and dangerous than having no vaccine at all, whether a person is Covid recovered or facing a Covid 19 infection;
3. c) Direct evidence exists and suggests that all persons who have received a Covid 19 Vaccine are damaged in their cardiovascular system in an irreparable and irrevocable manner;
4. d) Due to the Spike protein production that is engineered into the user's genome, each such recipient of the Covid 19 Vaccines already has micro clots in their cardiovascular system that present a danger to their health and safety;
5. e) That such micro clots over time will become bigger clots by the very nature of the shape and composition of the Spike proteins being produced and said proteins are found throughout the user's body, including the brain;
5. f) That at the initial stage of this damage the micro clots can only be discovered by a biopsy or Magnetic Resonance Image ("MRI") scan;
6. g) That due to the fact that there is no functional myocardial screening currently being conducted, it is my professional opinion that substantial foreseen risks currently exist, which require proper screening of all flight crews.



7. h) That, by virtue of their occupations, said flight crews present extraordinary risks to themselves and others given the equipment they operate, munitions carried thereon and areas of operation in close proximity to populated areas.
8. i) That, without any current screening procedures in place, including any Aero Message (flight surgeon notice) relating to this demonstrable and identifiable risk, I must and will therefore ground all active flight personnel who received the vaccinations until such time as the causation of these serious systemic health risks can be more fully and adequately assessed.
9. j) That, based on the DOD's own protocols and studies, the only two valuable methodologies to adequately assess this risk are through MRI imaging or cardio biopsy which must be carried-out.
10. k) That, in accordance with the foregoing, I hereby recommend to the Secretary of Defense that all pilots, crew and flight personnel in the military service who required hospitalization from injection or received any Covid 19 vaccination be grounded similarly for further dispositive assessment.
11. l) That this Court should grant an immediate injunction to stop the further harm to all military personnel to protect the health and safety of our active duty, reservists and National Guard troops.

40. I am competent to opine on the medical and flight readiness aspects of these allegations based upon my above-referenced education and professional medical, aviation and military experience and the basis of my opinions are formed as a result of my education, practice, training and experience.

41 As an Aerospace Medicine Specialist, and flight surgeon responsible for the lives of our Army pilots, I confirm and attest to the accuracy and truthfulness of my foregoing statements, analysis and attachments or references hereto:

\_\_\_\_\_/S/\_\_\_\_\_  
LTC Theresa Long, MD, MPH, FS

I, Lieutenant Colonel Theresa Long, MD, MPH, FS, declare under the penalty of perjury of the laws of the United States of America, and state upon personal knowledge that:

**THERESA MARIE LONG, MD, MPH, FS LTC, MEDICAL CORPS, U.S. Army**

**Medical Education**

United States Army School of Aviation Medicine Aerospace/Occupational Medicine Residency University of West Florida

Graduate Student -MPH

06/2019-6/2021

Carl R. Darnall Army Medical Center, Fort Hood, Texas Family Medicine Internship

06/2008-11/2010

Unrestricted Medical License, IN

09/2003 - 06/2008

University of Texas Medical School at Houston, Houston, Texas 06/2008 M.D.

08/2001 - 08/2004

Undergraduate - University of Texas at Austin, Austin, TX 05/2004 B.S. Neurobiology

**Research Experience**

08/2018 – 5/2020

School of Aviation Medicine

University of West Florida MPH program

<https://tml526.wixsite.com/website>

Performed a cross-sectional study on Intervertebral Disc Disease Among Army Aviators and Air Crew

**08/2002 - 05/2003**

University of Texas at Austin, Texas

Research Assistant, Dr. Dee Silverthorn

Performed academic research in effort to update medical facts and the latest research information for the publication of the fourth edition of Human Physiology

**09/2000 - 11/2000**

Neuropharmacology Research, Texas

Lab Tech, Dr. Silverthorn

Acquisition of rat cerebellums for research in gene sequencing. The focus of the project was to determine the DNA sequence of the receptor in the developing fetal brain that binds to ethanol and induces apoptosis leading to fetal alcohol syndrome.

**Publications/Presentations/Poster Sessions Presentations/Posters**

Poster: Intervertebral Disc Disease Among Army Aviators and Air Crew, presented during the 2021 American Occupational Healthcare Conference.

Long, Theresa M., Sorensen, Christian, Victoria Zumberge. (2003, May). Sodium dependent transport of Chlorophenol red uptake by Malpighian tubules of acheta domesticus. Poster presented at: University of Texas at Houston; Austin, TX.

**Volunteer Experience**

08/ 2005 - 09/2005

University of Texas - Houston, Health Science Ctr, Texas

Medical Student -Provided medical aid and support for Acute Care and triage of Hurricane Katrina evacuees.

**Work Experience**

**06/2021- Present****1<sup>st</sup> Aviation Brigade TOMS Surgeon**

Serve as the Medical Advisor to the 1<sup>st</sup> Aviation Brigade Commander regarding health and fitness of over 3600 officers, warrant officers and Soldiers. The Brigade is comprised of three aviation training battalions, responsible for initial entry rotary wing/ fixed wing flight training, advanced aircraft training. as well as Specific duties include ensuring safety of flight in Army Aviation operations by functioning as Flight Surgeon, while ensuring the health and fitness of military police, firefighters and military working dogs that support Ft. Rucker. Tasked with conducting epidemiological and biostatistical analysis of injuries and illnesses (SARs CoV-2) and medical trends that occur during training and identify and implement strategies to mitigate delays or lost training time.

**05/2018-06/2021****Aerospace and Occupational Medicine Resident**

Graduate Medical Education training in Aerospace and Occupational Medicine while obtaining a Master's in Public Health. Specialty training included the Flight surgeon course, The Instructor/Trainer course, Space Cadre Course, Medical Effects of Ionizing Radiation, Medical Management of Chemical and Biological Casualties course at USAMIIRD, Ft. Detrick, NASA, 7<sup>th</sup> Special Forces, Aviation Safety Officer Course, Global Medicine Symposium, OSHA, Dept of Transportation, Textron Bell Helicopters, Brigade Healthcare Course, Preventative Medicine Senior Leaders Course, Joint Enroute Critical Care Course, Army Aeromedical Activity, research on Intervertebral Disc Disease.

05/2015-05/2018

**Department of Rehabilitation Services****General Medical Officer**

Assigned to Carl R. Darnall Army Medical Center Physical Medicine clinic with special duties Function as General Medical Officer, to mitigate the number of high risk patients get referred off-post to Pain management and PM&R clinics. Functioned as the Performance Improvement officer for PM&R, the Chiropractic Clinic OIC, and the MEB/IDES Subject Matter Expert to IPMC multi-disciplinary team. Significantly increased access to care to the Physical Medicine clinic. Was instrumental in leading the hospital transition for the Chiropractic clinic, contributing to the subsequent successful Joint Commission inspection. Increased access to care in the Chiropractic clinic by 500%.

9/2013- 5/2015

**Department of Pediatrics/ Department of Deployment & Operational Medicine****General Medical Officer**

Assigned to the Carl R. Darnall Army Medical center Pediatric Clinic with special duties within the Department of Deployment & Operational Medicine. Provided acute and routine medical care for newborn to age 18 and collaborated with Lactation Team Leader to develop research matrix to ensure effective use of resources to meet Perinatal Core Measures PC-05 for Joint Commission Accreditation. Demonstrated initiative by providing emergency medical care to one of the victims of the April 2, 2014 FT Hood shooting.

10/2012-9/2013

**Department of Deployment Medicine/ Emergency Medicine****General Medical Officer**

Assigned to the Department of Deployment & Operational Medicine at Carl R Darnall Army Medical Center (CRDAMC) with specific duties directed by the CRDAMC DCCS. Supported soldier deployment/redeployment from combat, while also performing clinical rotations within the Emergency and Internal Medicine Departments to increase access to care for acutely ill patients. Improved productivity of the SMRC by conducting ETS, Chapter, Special Forces, Airborne, Ranger, SERE, and OCS/WOCS physicals. Ensured DODM success with 90% CRDAMC staff compliance of their annual PHA's. Selected to become an ACLS instructor.

06/2012-10/01/2012

**Department of the Army Inspector General Agency****Disability Medicine Subject Matter Expert (SME) - Temporary Dept of the Army Inspector General**

Assistant Inspector General on Medical Disability (Subject Matter Expert)

Selected above my peers, from across the Army AMEDD as one of three medical NARSUM Subject Matter Experts to function as a temporary assistant Inspector General, in a SECARMY directed inspection of the MEB/IDES system. Planned, coordinated, and conducted inspections of agencies/commands and to gather required data and

perspectives relevant to the inspection topic. Developed inspection concepts, objectives, methodologies while coordinating inspection site requirements with major Army Commands ASCC, DRUs, Installations and Components. Identified trends, analyzed root causes to systemic problems and proposed solutions to the IG, Army Chief of Staff and Secretary of the Army for service-wide implementation.

06/2011-06/2012

**Carl R. Darnall Army Medical Center  
Integrated Disability Evaluation System**

Increased patient access to care by conducting 203 acute care appointments in four months. Increased productivity by 25% by completing 202 NARSUMs, 12 TDRLs, 42 Psychiatric addendums in nine months with only a single case returned from the PEB. Performed duties of MEB chief and QA physician in their absence by performing QA on seven NARSUMs, and reviewing 13 cases for initial intake. Functioned as IDES Physician Training officer, applying PDA training to develop a comprehensive training program for new MEB/IDES NARSUM physicians.

11/2010-05/2011

**Carl R. Darnall Army Medical Center, Hospital Operations, Clinical Plans and Medical Operations Officer**

Served as Clinical Plans and Medical Operations Officer for Hospital Operation (HOD), responsible for the synchronization of external and internal MEDCEN operations supporting over 3,000 MEDCEN employee as well as the DoD's largest military installation and surrounding civilian population; assisted in development and execution of medical plans supporting Installation, Garrison, MEDCEN and Civilian AT/FP and MASCAL events

06/2005 - 07/2005

**United States Army, Texas, Officer Basic Course - Class 1st Sergeant**

Supervised 306 medical, dental, and veterinarian HPSP scholarship recipients for Officer Basic training. 10/2002 - 08/2003

**United States Army - Texas National Guard, Texas Flight Medic -EMT/BCLS Instructor Training**

10/2001 - 10/2002

**United States Army Reserve, Texas, Instructor/Trainer**

**de la Guerra, Sheila**

---

**From:** dcloud07@comcast.net  
**Sent:** Monday, October 4, 2021 4:47 PM  
**To:** sbcob  
**Subject:** Re: Enforcement of Federal and State Covid-19 Vaccine "Mandates" or "Guidance"  
**Attachments:** BOS Covid Letter.pdf

**Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.**

Tuesday, October 5, 2021

The Honorable Board of Supervisors  
County of Santa Barbara  
Board Hearing Room, Fourth Floor  
105 E. Anapamu Street  
Santa Barbara, CA 93101

Re: Enforcement of Federal and State Covid-19 Vaccine "Mandates" or  
"Guidance"

Dear Supervisors:

My name Debi Cloud, and I am a resident of Santa Barbara County in the City of Santa Maria, where I have lived for the past 45 years. I am extremely concerned about what actions our County Supervisors intend to take to prevent the hundreds of layoffs, firings and suspensions without pay of our beloved front line doctors, nurses and other health care workers, fire prevention and safety personnel, and law enforcement officers; our children's teachers, coaches and day care workers; and other vital workers of our private community businesses; all of whom have exercised their right under the Constitutions of the State of California and United States of America, as well as statutory law,<sup>[i]</sup> to exercise control over their own bodily integrity, religious freedoms, and forego an experimental injection meant for the prevention of contracting and/or spreading Sars-CoV2, the virus that purportedly causes COVID-19. The professional contributions of each and every one of these individuals are absolutely vital to the harmony, success, safety, and the very health of our local community. Without all of our able-bodied citizens, both vaccinated and unvaccinated, working together, our community cannot thrive.

Roughly fifty percent of Santa Barbara County's total population remain unvaccinated.<sup>[ii]</sup> Assuming that a vast majority of adults among those unvaccinated are able-

this means that the vaccine doesn't actually protect against COVID and that a vaccinated person could actually become more severely ill if they contract COVID than an unvaccinated person. If our workers are more likely to suffer more severe disease after vaccination than before vaccination, what is the point, exactly, of mandating it? Why then would you fire workers that are less likely to suffer more severe illness than their vaccinated counterparts? <sup>[vi]</sup>

5. Vaccinated people are still becoming infected with COVID. In spite of what you have heard from the media, there are more vaccinated people being treated for COVID in hospitals than there are unvaccinated people. <sup>[vii]</sup>
6. Even after getting a COVID shot, one can spread COVID because the vaccinated are "perfect carriers of the virus." Have you considered that all of our vaccinated workers are capable of infecting each other? <sup>[viii]</sup>
7. All of the COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. (Spartacus) Basically, we have NO IDEA how these shots will affect our workers in the future. <sup>[ix]</sup>
8. The authorities have denied the usefulness of natural immunity against COVID-19, which confers the most superior protection against the virus, as compared to any of the three vaccines currently available to us. <sup>[x]</sup>
9. The vast majority of COVID-19 cases are mild and do not cause significant disease. <sup>[xi]</sup>
10. There are alternatives to the vaccines for prevention and early treatment of COVID. India, for example, went against the instructions of the W.H.O. and mandated the prophylactic usage of Ivermectin. They have almost completely eradicated COVID-19. <sup>[xii]</sup>
11. Some or all of the shots available have been developed using cell lines from aborted fetuses. I, for one, find this to be absolutely unconscionable, and it goes against what I believe to be morally acceptable. I believe that it is against God. It's perfectly acceptable now to offend every religious person who is against this type of vaccine and to violate their First Amendment right to freely exercise their religion so long as they want a job? Are we still in AMERICA? <sup>[xiii]</sup>

Why would you, as a local governmental body representing the residents of the County of Santa Barbara, want to work in lockstep with State officials when clearly you must know, as we citizens do, what a danger the vaccinations pose to us and our beloved family members, health care providers, teachers, and friends?

Dear Honorable Supervisors, I firmly believe that, were you to PUSH BACK AND REFUSE to enforce these so-called "mandates" issued by non-elected government officials foisting the illegal policies of our Governor and the President of the United States of America upon us all, that you would be protected under these same laws.

## Endnotes:

---

[i] U.S. Const. amend. I, 4, and XIV, § 1; Cal. Const. art. I § 1 and 13; 21 U.S.C.S. § 360BBB-3; <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>;

[ii] This number is constantly changing as more people become vaccinated. For up-to-date vaccination progress data, navigate on the Internet to: [covid19.ca.gov/](https://covid19.ca.gov/).

[iii] <http://vaersanalysis.info/2021/08/20/vaers-summary-for-covid-19-vaccines-through-8-13-2021/>

[iv] <https://drrichswier.com/2021/09/18/summary-covid-19-vaccine-concerns/>; <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-july-13-2021>;  
[https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl\\_mpt\\_DHE\\_2021-0817](https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl_mpt_DHE_2021-0817)

[v] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7988450/>; <https://www.nature.com/articles/s41593-020-00771-8>;  
<https://www.nature.com/articles/s41392-021-00719-9>; <https://pubmed.ncbi.nlm.nih.gov/33053430/>

[vi] Int J Clin Pract. 2021 Mar; 75(3); e13795; doi: 10.1111/ijcp.13795; PMID: 33113270

[vii] <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthimpactnews.com%2F2021%2Fbreaking-ai-powered-dod-data-analysis-program-named-project-salus-shatters-official-vaccine-narrative-shows-a-d-e-accelerating-in-the-fully-vaccinated-with-each-passing-week%2F&data=04%7C01%7Ctkalata%40sbcourts.org%7C6c7fd5ab105f473640a608d986aba4f2%7C4a1d091552d847db8133b686194f77c7%7C0%7C1%7C637688894060856483%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6IjkihaWwLjCjXVCI6Mn0%3D%7C1000&data=5lYQhorZpt8BGiEGcZffAGidzKTCUK3imx9hBc5Zx5U%3D&reserved=0>

[viii] <https://www.healthline.com/health-news/leaky-vaccines-can-produce-stronger-versions-of-viruses072715>;  
[https://www.realclearscience.com/articles/2021/08/23/lets\\_stop\\_pretending\\_about\\_the\\_covid19\\_vaccines\\_791050.html](https://www.realclearscience.com/articles/2021/08/23/lets_stop_pretending_about_the_covid19_vaccines_791050.html);  
<https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>; [https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-20217?utm\\_source=yahoo.com&utm\\_medium=referral](https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-20217?utm_source=yahoo.com&utm_medium=referral)

[ix] <https://www.jdsupra.com/legalnews/accelerated-covid-19-vaccine-clinical-95853/>; <https://www.nebraskamed.com/COVID/were-the-covid-19-vaccines-rushed>

[x] America's Frontline Doctors v. Xavier Becerra, No. CV-00702-clm (N.D. Al. filed June 10, 2021); <https://haltturnerradioshow.com/index.php/en/news-page/world/covid-19-the-spartacus-letter>

[xi] <https://healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>; <https://www.webmd.com/lung/covid-recovery-overview#1>; <https://academic.oup.com/ofid/article/7/9/ofaa286/5875595>; <https://pubmed.ncbi.nlm.nih.gov/33289900/>

[xii] [HTTPS://WENTWORTHREPORT.COM/2021/09/11/IVERMECTIV-WINS-IN-INDIA/](https://WENTWORTHREPORT.COM/2021/09/11/IVERMECTIV-WINS-IN-INDIA/)

[xiii] [https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19\\_Vaccine\\_Fetal\\_Cell\\_Handout.pdf](https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19_Vaccine_Fetal_Cell_Handout.pdf);  
<https://cmda.org/the-ethics-of-the-sars-cov-2-vaccines-revisited/>

Tuesday, October 5, 2021

The Honorable Board of Supervisors  
County of Santa Barbara  
Board Hearing Room, Fourth Floor  
105 E. Anapamu Street  
Santa Barbara, CA 93101

Re: Enforcement of Federal and State Covid-19 Vaccine “Mandates”  
or “Guidance”

Dear Supervisors:

My name Debi Cloud, and I am a resident of Santa Barbara County in the City of Santa Maria, where I have lived for the past 45 years. I am extremely concerned about what actions our County Supervisors intend to take to prevent the hundreds of layoffs, firings and suspensions without pay of our beloved front line doctors, nurses and other health care workers, fire prevention and safety personnel, and law enforcement officers; our children’s teachers, coaches and day care workers; and other vital workers of our private community businesses; all of whom have exercised their right under the Constitutions of the State of California and United States of America, as well as statutory law,<sup>i</sup> to exercise control over their own bodily integrity, religious freedoms, and forego an experimental injection meant for the prevention of contracting and/or spreading Sars-CoV2, the virus that purportedly causes COVID-19. The professional contributions of each and every one of these individuals are absolutely vital to the harmony, success, safety, and the very health of our local community. Without all of our able-bodied citizens, both vaccinated and unvaccinated, working together, our community cannot thrive.

Roughly fifty percent of Santa Barbara County’s total population remain unvaccinated.<sup>ii</sup> Assuming that a vast majority of adults among those unvaccinated are able-bodied and ready to work, how do you all propose that we fill all of those vacant positions with qualified workers? These layoffs, firings and suspensions will create a vacuum – an enormous gap in vital services – that will



have a debilitating effect on us all and will predictably render us incapable of ensuring the health and welfare of our most vulnerable in the community.

I have several friends who have had Covid and took hydroxychloroquine, ivermectin and vitamins and how have recovered quickly on these medications. Sadly this protocol has been banned by our own government because it WORKS and they are not making the big money from Pharma, so they choose to let the people die...

Did you know there are some health insurances that are not even covering the side affects taken by the vax, leaving the patient not only super sick and now responsible for the total cost of their medical treatment? What is going to happen to these people who took the jab 1 month, 3 months, 1 year from now?

There are lots of reasons why someone would choose against taking a COVID shot. I will list a few of them for you:

1. All of the current COVID shots carry the risk of death. Are you really going to allow our unvaccinated citizens to be fired and then risk that the workers who remain may die from the shot? Thousands of people have already died as a direct result of taking a COVID shot. From the period beginning December of 2020, through August 31, 2021, 13,811 life-threatening events associated with a COVID vaccination have been reported to the Vaccine Adverse Event Reporting System (VAERS). Of those events, the VAERS database as of August 31, 2021, shows 13,068 \*actual deaths\*. The total number of deaths associated with the COVID-19 vaccines is greater than the number of deaths associated with all other vaccines combined since the year 1990! <sup>iii</sup>
2. Thousands of people who have been “immunized” with Covid-19 shots have developed blood clots, myocarditis, Guillain-Barre Syndrome, Bell’s Palsy, and multiple sclerosis flares, shortly after receiving the shots, indicating that the vaccine promotes autoimmune reactions against healthy tissue. What is your degree of acceptance that our vaccinated workers may become permanently severely injured or disabled because you sat idly by while our local government agencies and local businesses required them to vaccinate or lose their livelihoods? These people, if so injured, will be severely ill FOREVER. <sup>iv</sup>

3. The shots could also lead to Parkinson's Lewy Body Dementia, premature Alzheimer's or various other neurodegenerative diseases, injury of the blood-brain barrier, and then the brain itself! Risking a brain injury to keep jobs is okay now? <sup>v</sup>
4. Covid-19 vaccines designed to elicit neutralizing antibodies may sensitize vaccine recipients to more severe disease than if they were not vaccinated! In layman's' terms, this means that the vaccine doesn't actually protect against COVID and that a vaccinated person could actually become more severely ill if they contract COVID than an unvaccinated person. If our workers are more likely to suffer more severe disease after vaccination than before vaccination, what is the point, exactly, of mandating it? Why then would you fire workers that are less likely to suffer more severe illness than their vaccinated counterparts? <sup>vi</sup>
5. Vaccinated people are still becoming infected with COVID. In spite of what you have heard from the media, there are more vaccinated people being treated for COVID in hospitals than there are unvaccinated people. <sup>vii</sup>
6. Even after getting a COVID shot, one can spread COVID because the vaccinated are "perfect carriers of the virus." Have you considered that all of our vaccinated workers are capable of infecting each other? <sup>viii</sup>
7. All of the COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. (Spartacus) Basically, we have NO IDEA how these shots will affect our workers in the future. <sup>ix</sup>
8. The authorities have denied the usefulness of natural immunity against COVID-19, which confers the most superior protection against the virus, as compared to any of the three vaccines currently available to us. <sup>x</sup>
9. The vast majority of COVID-19 cases are mild and do not cause significant disease. <sup>xi</sup>
10. There are alternatives to the vaccines for prevention and early treatment of COVID. India, for example, went against the instructions of the W.H.O. and mandated the prophylactic usage of Ivermectin. They have almost completely eradicated COVID-19. <sup>xii</sup>
11. Some or all of the shots available have been developed using cell lines from aborted fetuses. I, for one, find this to be absolutely unconscionable, and it goes against what I believe to be morally acceptable. I believe that it is against God. It's perfectly acceptable now to offend every religious person

who is against this type of vaccine and to violate their First Amendment right to freely exercise their religion so long as they want a job? Are we still in AMERICA? <sup>xiii</sup>

Why would you, as a local governmental body representing the residents of the County of Santa Barbara, want to work in lockstep with State officials when clearly you must know, as we citizens do, what a danger the vaccinations pose to us and our beloved family members, health care providers, teachers, and friends?

Dear Honorable Supervisors, I firmly believe that, were you to PUSH BACK AND REFUSE to enforce these so-called "mandates" issued by non-elected government officials foisting the illegal policies of our Governor and the President of the United States of America upon us all, that you would be protected under these same laws.

On the other hand, if you, as our most proximate local governing body, sit idly by and allow these egregious violations of the Constitutional rights of our citizens, and the result is that our citizens become injured or die, what will you say then? Will you say it was all beyond your control? Will you say that you were just following orders or that you were just doing your jobs?

I implore you to stand up. Protect our citizens and their jobs. Please speak and speak loudly. Let these governmental bodies know that We the People will not comply, and that you will not allow this harm to be perpetrated upon us against our will. You must fight for us before it is too late.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debi Cloud".

Debi Cloud  
Santa Barbara County Resident

## Endnotes:

---

<sup>i</sup> U.S. Const. amend. I, 4, and XIV, § 1; Cal. Const. art. I § 1 and 13; 21 U.S.C.S. § 360BBB-3; <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>;

<sup>ii</sup> This number is constantly changing as more people become vaccinated. For up-to-date vaccination progress data, navigate on the Internet to: [covid19.ca.gov/](https://covid19.ca.gov/).

<sup>iii</sup> <http://vaersanalysis.info/2021/08/20/vaers-summary-for-covid-19-vaccines-through-8-13-2021/>

<sup>iv</sup> <https://drrichswier.com/2021/09/18/summary-covid-19-vaccine-concerns/>; <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-july-13-2021>;  
[https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl\\_mpt\\_DHE\\_2021-0817](https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl_mpt_DHE_2021-0817)

<sup>v</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7988450/>; <https://www.nature.com/articles/s41593-020-00771-8>;  
<https://www.nature.com/articles/s41392-021-00719-9>; <https://pubmed.ncbi.nlm.nih.gov/33053430/>

<sup>vi</sup> Int J Clin Pract. 2021 Mar; 75(3); e13795; doi: 10.1111/ijcp.13795; PMID: 33113270

<sup>vii</sup>

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthimpactnews.com%2F2021%2Fbreaking-ai-powered-dod-data-analysis-program-named-project-salus-shatters-official-vaccine-narrative-shows-a-d-e-accelerating-in-the-fully-vaccinated-with-each-passing-week%2F&data=04%7C01%7Ctkalata%40sbcourts.org%7C6c7fd5ab105f473640a608d986aba4f2%7C4a1d091552d847db8133b686194f77c7%7C0%7C1%7C637688894060856483%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLjBTRiI6IjEhaWwiLCJXVC16Mn0%3D%7C1000&data=5IYQhorZpt8BGjEGcZffAGidzKTCUK3imx9h8c5Zx5U%3D&reserved=0>

<sup>viii</sup> <https://www.healthline.com/health-news/leaky-vaccines-can-produce-stronger-versions-of-viruses072715>;  
[https://www.realclearscience.com/articles/2021/08/23/lets\\_stop\\_pretending\\_about\\_the\\_covid19\\_vaccines\\_791050.html](https://www.realclearscience.com/articles/2021/08/23/lets_stop_pretending_about_the_covid19_vaccines_791050.html); <https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>;  
[https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-20217?utm\\_source=yahoo.com&utm\\_medium=referral](https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-20217?utm_source=yahoo.com&utm_medium=referral)

<sup>ix</sup> <https://www.jdsupra.com/legalnews/accelerated-covid-19-vaccine-clinical-95853/> ;  
<https://www.nebraskamed.com/COVID/were-the-covid-19-vaccines-rushed>

<sup>x</sup> America's Frontline Doctors v. Xavier Becerra, No. CV-00702-clm (N.D. Al. filed June 10, 2021); <https://haltturnerradioshow.com/index.php/en/news-page/world/covid-19-the-spartacus-letter>

<sup>xi</sup> <https://healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>;  
<https://www.webmd.com/lung/covid-recovery-overview#1>;  
<https://academic.oup.com/ofid/article/7/9/ofaa286/5875595>; <https://pubmed.ncbi.nlm.nih.gov/33289900/>

<sup>xii</sup> [HTTPS://WENTWORTHREPORT.COM/2021/09/11/IVERMECTIV-WINS-IN-INDIA/](https://WENTWORTHREPORT.COM/2021/09/11/IVERMECTIV-WINS-IN-INDIA/)

<sup>xiii</sup>

[https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19\\_Vaccine\\_Fetal\\_Cell\\_Handout.pdf](https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19_Vaccine_Fetal_Cell_Handout.pdf); <https://cmda.org/the-ethics-of-the-sars-cov-2-vaccines-revisited/>

## de la Guerra, Sheila

---

**From:** Karen M <kmurph805@yahoo.com>  
**Sent:** Monday, October 4, 2021 4:46 PM  
**To:** sbcob  
**Subject:** Comment submission for Covid-19 Update, 21-00891

**Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.**

Dear Santa Barbara Board of Supervisors,

I am writing to you today to ask you to reconsider and reverse the Covid-19 vaccine mandates and testing requirements for County employees and oppose any future vaccine mandates for any other Santa Barbara County citizens. I am addressing this to the Board and Dr. Ansorg, MD, with the exception of Chair Bob Nelson. Mr Nelson, I would like to thank you for being the sole dissenting voice on these vaccine mandates and for asking the tough questions, even when they are often not answered, you have more support out here than you know.

The most common argument for Covid-19 vaccination mandates is to stop the transmission of Covid-19 virus. This is used to mandate government employees, first responders and healthcare workers to get vaccinated or lose their jobs. Biden has told us he intends to have these mandates extend to the majority of the rest of us employees soon. The idea is that if you are vaccinated you will not contract or transmit the Covid-19 virus to others. We know this is the case so this is not a valid argument for mandates. All it does is lose vital employees when we need them the most.

We have known this for a few months[1], this information was available when you voted to require County workers to be vaccinated or submit to regular testing. And what is this testing if not punitive against the unvaccinated when we know the vaccinated could also be transmitting the virus yet we do not test them? CDC Director Dr. Rochelle Walensky recently said about Covid-19 vaccines "what they can't do anymore is prevent transmission." [2] So if virus containment is not why you voted to require vaccines for employment, why did you vote to mandate them?

Another argument for vaccine mandates is to cease mask requirements and lockdowns. We have plenty of evidence from states (e.g. Vermont, New Hampshire) and countries (eg. Israel, Iceland) with high vaccination rates that are still effected by outbreaks, masking and lockdowns. Some may argue their vaccination rate is just not high enough. But we also have college campuses with very high vaccination rates, 95%, that are also having outbreaks and masking and lockdowns or threats of lockdowns (eg. Cornell, Harvard Business School). In fact many Universities that have a vaccine mandate and exceptionally high vaccination rates also have masking requirements.[3] If 95% is not a high enough vaccination rate to lift restrictions, how can we expect even 100% to make a difference? I would request you to ask this question of Dr. Ansorg, MD on my behalf. If lifting of restrictions is not a realistic outcome of vaccine mandates, why did you vote to mandate them?

"Vaccines save lives" is a common argument for forcing vaccines on the public but it is often presented without a vital piece of information. What is the likelihood of dying from Covid19? In COVID Infection Fatality Rates By Sex And Age by Alex Berezow, PhD[4] reports the Covid Infection-Fatality Rate for each age group as: 0-4 0.003%, 5-9 0.001%, 10-14 0.001%, 15-19 0.003%, 20-24 0.006%, 25-29 0.013, 30-34 0.024%, 35-39 0.040%, 40-44 0.074%, 45-49 0.121%,

50-54 0.207%, 55-59 0.323%, 60-64 0.456%, 65-69 1.075%, 70-74 1.674%, 75-79 3.203%, 80+ 8.292%. Yes, we have lost too many people in this pandemic, but for the majority of people this vaccine is not needed to prevent mortality from Covid-19. The risk of death or any serious consequence from Covid-19 is very small in the general population. In fact, 50% of people that contract Covid-19 are asymptomatic[5]. This means that it is so mild they are not even aware they have the virus. If Covid-19 vaccines are not needed to prevent death or serious health consequences in most people, why did you vote to mandate the vaccine?

We know from our first responders and healthcare workers that a vaccine mandate that initially allows for testing, such as the county one you voted for, can then become a vaccinate or lose your job requirement. Which brings me to another common argument for vaccines, they keep people from using hospital resources. This argument is quickly shown to be inconsistent since for many people losing their job means losing their health insurance. Covid was not the leading cause of death in the USA last year, it came in 3<sup>rd</sup> in these provisional 2020 death rates[6]: Number 1 was Heart Disease at 690, 882, Number 2 Cancer 598,932, and Covid-19 345, 323. We will not know the full extent of the Covid restrictions on medical, dental, psychological, etc, care and surveillance that was missed last year but we can expect the top two causes of death to be higher in the next few years. And adding to this the missed healthcare from lost employee insurance, and these Covid restrictions and mandates are likely to have a higher impact on the health our country than Covid itself. If keeping people healthy is not a guarantee with Covid-19 vaccines, why did you vote to mandate them?

One of the most compelling arguments against vaccine mandates is the robust response in reaction to a natural infection. In fact all the vaccine mandates I have seen suggested or enacted in the US have completely disregarded the high portion of the population who have a longer lasting and more robust protection against hospitalisation or death than those who are vaccinated.[7] Ignoring the protection a large portion of the population already has and demanding they unnecessarily risk a medical procedure that has unknown long-term risk and several serious short-term risks is not ethical nor scientifically sound. Why did you vote to mandate the vaccine to those with natural immunity?

What often gets lost in these arguments about coercing a medical procedure is that you are doing this to real people, not just numbers. You are asking people to choose between their livelihoods and their health. Our concerns about short-term and long-term risks are valid. We are able to make other decisions regarding our health about even more deadly medical risks, based on risk-benefit analysis and personal beliefs, why are you not respecting our decision to make those personal choices about this invasive, new technology with limited information available on all the risks? Even someone that has all the risk factors for death or hospitalisation deserves the right and dignity to make their own decision on their healthcare. If we take away our right to say what is put into our bodies, what will the next requirement be?

I have been astounded by a large portion of the medical community being so judgmental to those weighing up the risks and benefits of the Covid-19 vaccines and deciding not to risk it. This kind of vilification, blame and scorn heaped on a group of people is reminiscent of the early days of HIV, particularly misinformation about transmission that segregates the community. It is no surprise then who is leading the charge on this stance, what is surprising and so disappointing is those of you who have embraced this position so heartily and callously.

To all those who feel alone in this fight, you are not alone.

Thank you for your consideration,  
Karen Murphy

[1] <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v1>

[2] <https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

[3] <https://universitybusiness.com/state-by-state-mask-tracker-colleges-impose-new-covid-19-mandates/>

[4] <https://www.acsh.org/news/2020/11/18/covid-infection-fatality-rates-sex-and-age-15163>

[5] <https://www.acc.org/latest-in-cardiology/journal-scans/2021/05/24/14/42/the-proportion-of-sarscov2>

**[6]** The Leading Causes of Death in the US for 2020

Farida B. Ahmad, MPH<sup>1</sup>; Robert N. Anderson, PhD<sup>2</sup>

<https://jamanetwork.com/journals/jama/fullarticle/2778234>

[7] <https://www.westernjournal.com/massive-israeli-study-comes-bombshell-conclusion-natural-covid-immunity/>

**de la Guerra, Sheila**

---

**From:** CMO <csmain77@protonmail.com>  
**Sent:** Monday, October 4, 2021 4:51 PM  
**To:** sbcob  
**Subject:** Public Comments for Tomorrow's BOS Meeting  
**Attachments:** BOS Covid Resource and Call to Action Letter.docx

**Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.**

Hello,

Thank you for taking the time to read my concerns regarding proposed mandates surrounding COVID 19 vaccinations to my community.

Thank you kindly,

Ciara Main

Sent from ProtonMail mobile



Tuesday, October 5, 2021

The Honorable Board of Supervisors  
County of Santa Barbara  
Board Hearing Room, Fourth Floor  
105 E. Anapamu Street  
Santa Barbara, CA 9310\_

Re: Enforcement of Federal and State Covid-19 Vaccine “Mandates”  
or “Guidance

Dear Supervisors:

My name is Ciara Main, and I am a resident of Santa Barbara County in the City of Santa Maria, where I have lived for the past 30 years. I am very concerned about what actions our County Supervisors intend to take to prevent the hundreds of layoffs, firings and suspensions without pay of our beloved front line doctors, nurses and other health care workers, fire prevention and safety personnel, and law enforcement officers; our children’s teachers, coaches and day care workers; and the vital workers of our private community businesses; all of whom have exercised their right under the Constitutions of the State of California and United States of America, as well as statutory law,<sup>1</sup> to exercise control over their own bodily integrity, religious freedoms, and forego an experimental injection meant for the prevention of contracting and/or spreading Sars-CoV2, the virus that purportedly causes COVID-19. The professional contributions of each and every one of these individuals are absolutely vital to the harmony, success, safety, and the very health of our local community. Without all of our able-bodied citizens, both vaccinated and unvaccinated, working together, our community cannot thrive.

---

<sup>1</sup> U.S. Const. amend. I, 4, and XIV, § 1; Cal. Const. art. I § 1 and 13; 21 U.S.C.S. § 360BBB-3;  
<https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>;

Roughly fifty percent of Santa Barbara County's total population remain unvaccinated.<sup>2</sup> Assuming that a vast majority of adults among those unvaccinated are able-bodied and ready to work, how do you all propose that we possibly fill all of those vacant positions with qualified workers? All of these layoffs, firings and suspensions are going to create a vacuum – an enormous gap in vital services – that will have a debilitating effect on all of us and may render us incapable of ensuring the health and welfare of our most vulnerable in the community.

I do assume that you, respected Supervisors, taken into account the detrimental effect that all of these layoffs, firings and suspensions will have on our local economy?

If you have not already anticipated or predicted how many of those freshly unemployed masses will end up having to resort to public resources - financial assistance, such as food stamps, CalWorks, housing, and more, I respectfully ask that you do so?

Have you considered the impact on our already burgeoning homeless community and how many of these newly unemployed citizens will end up without places to live due to nonpayment of rent or of their mortgages?

Have you all given much thought to how your newly unemployed constituents' lack of disposable income as well as our soaring unemployment rates will gut the heart of our normally industrious small businesses?

And all these questions surround one thing. Will the district supervisors force amongst it's people the vaccine mandates that are unlawfully being placed on our hard working community members?

Is it or will it be worth it to oppose such policies onto the already financially suffering people just in the name of "community safety."

How much more do you all really believe that our business owners can endure, after being repeatedly shut down, restricted, and then having to suffer such a reduction in force that they can't possibly survive? What are you doing to prevent

---

<sup>2</sup> This number is constantly changing as more people become vaccinated. For up-to-date vaccination progress data, navigate on the Internet to: [covid19.ca.gov/](https://covid19.ca.gov/).

the financial ruination of all of our beloved people and the shuttering of our businesses? I know you all hold such a burden. And I respect the good that you have put into our community. But I ask are you concerned for each person our community or will you only push for what the state "tells you to do"? Why don't I hear you talking about this? Why isn't this an item on your agenda?

WHY?

Since I haven't heard anything from any of you about what you propose to do about the dire situation looming over the heads of our soon-to-be unemployed citizens, I do wonder if you, my Board of Supervisors, collectively believe that this is true. Are you aware that the many of us, who DO NOT believe this, have suffered immensely, both mentally and physically, over the course of the past year and a half due to the isolation, lockdown, masking, quarantines and other completely nonsensical acts of healthcare theater that have done ABSOLUTELY NOTHING to protect the health or wellbeing of our public from the ongoing pandemic?

Do you have any idea how traumatizing it is to watch our friends and family members inject this vaccination into themselves because of fear for being judge, bullied by their peers and supervisors, without taking the time to research before making a decision or not being given the full unbiased info on the risks and cons by taking it?

There are many reasons why someone would choose against taking a COVID shot. I will list a few of them for you if you have not been given the full information:

1. All of the COVID shots carry the risk of death. Are you really going to allow our unvaccinated citizens to be fired and then risk that the workers who remain may die from the shot? Thousands of people have already died as a direct result of taking a COVID shot. From the period beginning December of 2020, through August 31, 2021, 13,811 life-threatening events associated with a COVID vaccination have been reported to the Vaccine Adverse Event Reporting System (VAERS). Of those events, the VAERS database as of August 31, 2021, shows 13,068 actual deaths. The total number of deaths associated with the COVID-19 vaccines is greater than

the number of deaths associated with all other vaccines combined since the year 1990! <sup>3</sup>

2. Thousands of people who have been “immunized” with Covid-19 shots have developed blood clots, myocarditis, Guillain-Barre Syndrome, Bell’s Palsy, and multiple sclerosis flares, within very close proximity in time to receiving the shots, indicating that the vaccine promotes autoimmune reactions against healthy tissue. What is your degree of acceptance that our vaccinated workers may become permanently severely injured or disabled because you sat idly by while our local government agencies and local businesses required them to vaccinate or lose their livelihoods? These people, if so injured, will be severely ill FOREVER. <sup>4</sup>
3. The shots could also lead to Parkinson’s Lewy Body Dementia, premature Alzheimer’s or various other neurodegenerative diseases, injury of the blood-brain barrier, and then the brain itself! (Spartacus letter citation) Risking a brain injury to keep jobs is okay now? <sup>5</sup>
4. Covid-19 vaccines designed to elicit neutralizing antibodies may sensitise vaccine recipients to more severe disease than if they were not vaccinated! In layman’s’ terms, this means that the vaccine doesn’t actually protect against COVID and that a vaccinated person could actually become more severely ill if they contract COVID than an unvaccinated person. If our workers are more likely to suffer more severe disease after vaccination than before vaccination, what is the point, exactly of mandating it? Why then would you fire workers that are less likely to suffer more severe illness than their vaccinated counterparts? <sup>6</sup>

---

<sup>3</sup> <http://vaersanalysis.info/2021/08/20/vaers-summary-for-covid-19-vaccines-through-8-13-2021/>

<sup>4</sup> <https://drrichswier.com/2021/09/18/summary-covid-19-vaccine-concerns/>; <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-july-13-2021>;  
[https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl\\_mpt\\_DHE\\_2021-0817](https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl_mpt_DHE_2021-0817)

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7988450/>; <https://www.nature.com/articles/s41593-020-00771-8>; <https://www.nature.com/articles/s41392-021-00719-9>; <https://pubmed.ncbi.nlm.nih.gov/33053430/>

<sup>6</sup> Int J Clin Pract. 2021 Mar; 75(3); e13795; doi: 10.1111/ijcp.13795; PMID: 33113270

5. Vaccinated people are still becoming infected with COVID. In spite of what you have heard from the media, there are more vaccinated people being treated for COVID in hospitals than there are unvaccinated people.<sup>7</sup>
6. Even after getting a COVID shot, one can spread COVID because the vaccinated are “perfect carriers of the virus.” Have you considered that all of our vaccinated workers are capable of infecting each other?<sup>8</sup>
7. All of the COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. (Spartacus) Basically, we have NO IDEA how these shots will affect our workers in the future.<sup>9</sup>
8. The authorities have denied the usefulness of natural immunity against COVID-19, which confers the most superior protection against the virus, as compared to any of the three vaccines currently available to us.<sup>10</sup>
9. The vast majority of COVID-19 cases are mild and do not cause significant disease.<sup>11</sup>
10. There are alternatives to the vaccines for prevention and early treatment of COVID. India, for example, went against the instructions of the W.H.O. and

---

7

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthimpactnews.com%2F2021%2Fbreaking-ai-powered-dod-data-analysis-program-named-project-salus-shatters-official-vaccine-narrative-shows-a-d-e-accelerating-in-the-fully-vaccinated-with-each-passing-week%2F&data=04%7C01%7Ctkalata%40sbcourts.org%7C6c7fd5ab105f473640a608d986aba4f2%7C4a1d091552d847db8133b686194f77c7%7C0%7C1%7C637688894060856483%7CUnknown%7CTWFpbGZsb3d8eyJWljoIMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C1000&data=5lYQhorZpt8BGjEGcZffAGjdzKTCUK3imx9hBc5Zx5U%3D&reserved=0>

<sup>8</sup> <https://www.healthline.com/health-news/leaky-vaccines-can-produce-stronger-versions-of-viruses072715>;  
[https://www.realclearscience.com/articles/2021/08/23/lets\\_stop\\_pretending\\_about\\_the\\_covid19\\_vaccines\\_791050.html](https://www.realclearscience.com/articles/2021/08/23/lets_stop_pretending_about_the_covid19_vaccines_791050.html); <https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>;  
[https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-2021?utm\\_source=yahoo.com&utm\\_medium=referral](https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-2021?utm_source=yahoo.com&utm_medium=referral)

<sup>9</sup> <https://www.jdsupra.com/legalnews/accelerated-covid-19-vaccine-clinical-95853/> ;  
<https://www.nebraskamed.com/COVID/were-the-covid-19-vaccines-rushed>

<sup>10</sup> America’s Frontline Doctors v. Xavier Becerra, No. CV-00702-clm (N.D. Al. filed June 10, 2021);  
<https://haltturnerradioshow.com/index.php/en/news-page/world/covid-19-the-spartacus-letter>

<sup>11</sup> <https://healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>;  
<https://www.webmd.com/lung/covid-recovery-overview#1>;  
<https://academic.oup.com/ofid/article/7/9/ofaa286/5875595>; <https://pubmed.ncbi.nlm.nih.gov/33289900/>

mandated the prophylactic usage of Ivermectin. They have almost completely eradicated COVID-19.<sup>12</sup>

11. Some or all of the shots available have been developed using cell lines from aborted fetuses. I, for one, find this to be absolutely unconscionable, and it goes against what I believe to be morally acceptable. I believe that it is against God. It's perfectly acceptable now to offend every religious person who is against this type of vaccine and to violate their First Amendment right to freely exercise their religion so long as they want a job? Are we still in AMERICA?<sup>13</sup>

Why would you, as a local governmental body representing the residents of the County of Santa Barbara, want to work in lockstep with State officials when clearly you must know, as we citizens do, what a danger the vaccinations pose to us and our beloved family members, health care providers, teachers, and friends? Surely, you all understand that, where there are significant health risks to taking an experimental course of medical treatment, there must be choice. Surely you are aware that under both the federal and state Constitutions, and statutory law (citations), our citizens are protected against forced experimental medical treatment and must be afforded the right to informed consent and the right to refuse the treatment. Obviously, the right to informed consent and the option to refuse are meaningless when refusal means the loss of one's livelihood, and acceptance means the risk of severe injury or death!!!

Dear Honorable Supervisors, I firmly believe that, were you to PUSH BACK AND REFUSE to enforce these so-called "mandates" issued by non-elected government officials foisting the illegal policies of our Governor and the President of the United States of America upon us all, that you would be protected under these same laws.

And we the people will support you!

---

<sup>12</sup> [HTTPS://WENTWORTHREPORT.COM/2021/09/11/IVERMECTIV-WINS-IN-INDIA/](https://wentworthreport.com/2021/09/11/IVERMECTIV-WINS-IN-INDIA/)

<sup>13</sup>

[https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19\\_Vaccine\\_Fetal\\_Cell\\_Handout.pdf](https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID19_Vaccine_Fetal_Cell_Handout.pdf); <https://cmda.org/the-ethics-of-the-sars-cov-2-vaccines-revisited/>

On the other hand, if you, as our most proximate local governing body, sit idly by and allow these egregious violations of the Constitutional rights of our citizens, and the result is that our citizens become injured or die, what will you say then? Will you say it was all beyond your control? Will you say that you were just following orders or that you were just doing your jobs?

I implore you to stand up. Protect our citizens and their jobs. Please speak and speak loudly. Let these governmental bodies know that We The People will not comply and that you will not allow this harm to be perpetrated upon us. You must fight for us before it is too late.

Endnotes:



## de la Guerra, Sheila

---

**From:** Zoë Guess <zoerguess@gmail.com>  
**Sent:** Monday, October 4, 2021 5:00 PM  
**To:** sbcob  
**Subject:** Re: covid-19 update

**Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.**

On Mon, Oct 4, 2021, 4:32 PM Zoë Guess <[zoerguess@gmail.com](mailto:zoerguess@gmail.com)> wrote:

Hello board of supervisors,

Please add me to the roster for public comment.

I've added a few important articles and an affidavit for you to review as well.

Thank you for your consideration.

Sincerely,

Zoë Guess

<https://rumble.com/vm8h7j-dr.-julie-ponesse.-a-lesson-in-courage-and-integrity..html>

A lesson in ethics from Canada...

<http://vigiaccess.org/> \*be sure to insert "covid-19 vaccine"

<https://dailysceptic.org/2021/10/01/deaths-among-teenagers-up-56-since-vaccine-rollout-began/>

## de la Guerra, Sheila

---

**From:** CiCi Parsons <ciciparsons@gmail.com>  
**Sent:** Monday, October 4, 2021 7:48 PM  
**To:** sbcob  
**Subject:** Dept item 1

Caution: This email originated from a source outside of the County of Santa Barbara. Do not click links or open attachments unless you verify the sender and know the content is safe.

To whom it may concern,

My name is CiCi Parsons. As a lifelong resident of Santa Barbara, I attended kindergarten thru high school here in our fair city.

I understand the challenges we are facing, and I must insist on protesting these mandates, and would like to provide a comment.

Thank you.  
CiCi Parsons  
Sent from my iPhone