

Ramirez, Angelica

Public Comment - Group 1

#4

**From:** Gretchen Murray <mur47@yahoo.com>  
**Sent:** Friday, August 27, 2021 4:14 PM  
**To:** sbcob  
**Subject:** Follow-up to August 24 meeting  
**Attachments:** COMINRATY information.pdf



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Thank you for hearing so many people at the meeting. I recognize a number of your concerns, and wish to highlight some information that is different from what Drs. Ansorg and Do-Renoysa. I have attached 2 items--

- 1) Page 6 from the COMIRNATY FDA approved package insert, highlighting the Myocarditis and Pericarditis Warnings
- 2) excerpt from an Orange County newspaper story this week, which highlights the effects of myocarditis to a young teenager, and has updated statistics from the VAERS database as of AUGUST 13, 2021

594,620 domestic and non-domestic adverse events

4861 reports of myocarditis/pericarditis

5882 reports of heart attacks

13,068 deaths

Supervisor Hartmann, I commend your concern for the children. Yes, they will probably get infected at some time. COVID-19 is going to be with us from now on. The children have almost no incidence of death from the virus. Natural immunity is being considered sufficient for the children. I am more concerned about permanent heart damage in so many young men. Long term effects of overall health may be debilitating.

Please pass on this information to Drs. Ansorg and Do-Reynoso.

Kind regards,

Gretchen Murray, Ph.D., Pharmacology (retired)  
Former Director of Regulatory Affairs  
Baxter Healthcare

## 5 WARNINGS AND PRECAUTIONS

### 5.1 Management of Acute Allergic Reactions

Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of COMIRNATY.

### 5.2 Myocarditis and Pericarditis

Postmarketing data demonstrate increased risks of myocarditis and pericarditis, particularly within 7 days following the second dose. The observed risk is higher among males under 40 years of age than among females and older males. The observed risk is highest in males 12 through 17 years of age. Although some cases required intensive care support, available data from short-term follow-up suggest that most individuals have had resolution of symptoms with conservative management. Information is not yet available about potential long-term sequelae. The CDC has published considerations related to myocarditis and pericarditis after vaccination, including for vaccination of individuals with a history of myocarditis or pericarditis (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>).

### 5.3 Syncope

Syncope (fainting) may occur in association with administration of injectable vaccines, including COMIRNATY. Procedures should be in place to avoid injury from fainting.

### 5.4 Altered Immunocompetence

Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the COMIRNATY.

### 5.5 Limitation of Effectiveness

COMIRNATY may not protect all vaccine recipients.

## 6 ADVERSE REACTIONS

In clinical studies, the most commonly reported ( $\geq 10\%$ ) adverse reactions in participants 16 through 55 years of age following any dose were pain at the injection site (88.6%), fatigue (70.1%), headache (64.9%), muscle pain (45.5%), chills (41.5%), joint pain (27.5%), fever (17.8%), and injection site swelling (10.6%).

In clinical studies, the most commonly reported ( $\geq 10\%$ ) adverse reactions in participants 56 years of age and older following any dose were pain at the injection site (78.2%), fatigue (56.9%), headache (45.9%), muscle pain (32.5%), chills (24.8%), joint pain (21.5%), injection site swelling (11.8%), fever (11.5%), and injection site redness (10.4%).

### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in practice.

cine-induced myocarditis. He stayed in the hospital for four days, until his troponin levels stabilized.

"He can't do physical activity," Jo said. "He's a freshman at a new school, and he has to sit on the sidelines."

"She thought he was getting better, but more than a month after his ordeal, Aidan is still exhausted. Recently, the family went to the lake, and just floating in the water on a noodle and being paddled around by his cousins was too much."

"People are led to believe with myocarditis that you're better in a few days. That's not the case," Jo says. "There's no mild in myocarditis."

### Heart Inflammation Post mRNA Vaccination

According to the CDC, since April, there has been an increase in reports of both myocarditis (heart inflammation) and pericarditis (inflammation of the tissue surrounding the heart) after COVID-19 vaccination with the Pfizer-BioNTech and Moderna vaccines, particularly in adolescents and young adults, but not after the Johnson & Johnson vaccine.

The CDC has stated that these cases are occurring mostly in young men, ages 16 and older, with a typical onset of several days post-vaccination. Like with Aidan, cases are more common following the second dose of the mRNA vaccines. On their website, the CDC recommends that health care providers report any cases of myocarditis to the Vaccine Adverse Events Reporting System, and that doctors consider myocarditis and pericarditis in teens and young adults complaining of chest pain, shortness of breath, or heart palpitations.

The signal was strong enough that, on June 25, the FDA announced a change to Fact Sheet for Healthcare Providers Administering Vaccine, as well as a change to information given to patients. The new fact sheets now include a warning about myocarditis and pericarditis.

However, after reviewing the risk of heart inflammation post-vaccination, the World Health Organization's Global Advisory Committee on Vaccine Safety (GACVS) announced on July 9 that, despite a strong signal of myocarditis/pericarditis, the benefits of vaccination outweigh the risks. The WHO doesn't recommend vaccination for children under 18 at this time.

"Children and adolescents tend to have milder disease compared to adults," the WHO's website reads. "More evidence is needed on the use of the different COVID-19 vaccines in children to be able to make general recommendations."

At the same time, the CDC continues to recommend vaccination for every child older than 12 years of age.

The Vaccine Adverse Events Re-

## VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS)

• For all domestic and non-domestic reports of adverse events following receipt of COVID-19 vaccines as of 11/12/21

• Reports of myocarditis/pericarditis

• Reports of heart attacks

• Deaths

VAERS is the passive system used to register reports of adverse events, but few people, including doctors, know it exists.

Emily Fox, founder of *Myocarditis Myocarditis*, said that COVID was linked to WHO's outbreak.



Aidan on May 5th, 2021, showing his vaccine card.

porting System (VAERS) is a passive surveillance system open to the public. The CDC has pointed out that

VAERS is not designed to determine if a vaccine caused a health problem, but is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a problem with a vaccine.

VAERS has seen an unprecedented number of reported injuries post-COVID-19 vaccination. The Epoch Times interviewed one emergency room doctor in Arizona, speaking on background, who said he's seeing two to three patients coming into the emergency room with vaccine-related injuries, but has never filed a single report, and prior to March 2020 he had never heard of VAERS.

Health care professionals aren't paid to file such reports, the system is often down, and it can take up to an hour to file a report. Despite this, as of Aug. 6, there have been 595,620 domestic and non-domestic reports.

of adverse events following receipt of COVID-19 vaccines as of Aug. 13. This includes 1,867 reports of myocarditis/pericarditis, 3,882 reports of heart attacks, and 13,068 deaths.

But despite those unusually high numbers, Dr. Bose Ravenel, a retired integrative medical doctor based in North Carolina with 49 years of experience practicing pediatrics, believes that the real number of adverse events in tweens and teens, particularly of myocarditis and pericarditis, is grossly underreported.

"The number of young people having heart events is much higher than what's being reported, and the severity and duration of these events is being downplayed," Ravenel said.

Luke Yamaguchi, a functional nutritionist based in Albany, Oregon, has been following the weekly VAERS COVID-19 updates and posting them on Facebook.

"Deaths following COVID vaccination reported to VAERS now exceed the total number of deaths reported for all other vaccines combined over the past 80 years," Yamaguchi said. "People will say VAERS can't prove causation, and that's true. But this is one of the biggest safety signals we've ever seen."

According to researchers at the University of London, 50 percent of these reports occurred within 48 hours of the vaccination, and 80 percent within one week. This strongly suggests a causal relationship, according to Ravenel.

That's what happened to Jacob Clynick, age 13, a student at Zilwaukee Elementary School in Saginaw, Michigan. Clynick was vaccinated with the first dose of the Pfizer vaccine in May and received his second dose at Walgreens on June 12. Clynick died just four days later, on June 16.

Clynick's aunt, Tami Burages, posted a photograph of her nephew's COVID-19 Vaccination Record Card on Twitter.

"The initial autopsy results (done Friday) were that his heart was enlarged and there was some fluid surrounding it," Burages wrote on Twitter.

Her tweet, which has since been removed, was screen captured by The Defender.

#### For Teens, Risk Outweighs Benefit, Doctors Say

Ravenel is so concerned about heart damage and other potential adverse effects post-vaccination that he argues adolescents shouldn't receive the vaccine.

"The risk of some vaccine injury for children is substantially higher than any benefit," Ravenel said. "In the case of the mRNA vaccines, the risk is unknown. Period. That's not debatable. The data on which the EUA [Emergency Use Authorization]

was granted was obtained over only sixty days. We don't know the long-term risks."

Dr. Jane Orient, executive director of the Association of American Physicians and Surgeons, agrees.

"The risk of a bad outcome with COVID [in teens and young adults] is very low, so risk of vaccination is likely greater," Orient wrote in an email. "We do not and cannot know about the long-term effects: autoimmune diseases, infertility, heart failure, cancer, antibody-mediated disease."

Like Ravenel, Orient is particularly concerned about the long-term outcomes for young people who experience post-vaccination heart inflammation, including fibrosis (scarring of the heart tissue), heart failure, and the need for a heart transplant.

"It may be impossible to prove causality. ... Some reactions may be too mild to produce symptoms yet lead to long-term damage," Orient said.

Dr. Charles Perick, an integrative family physician based in Los Angeles, also argues that the vaccine may not be necessary for tweens and teens and may even end up doing more harm than good for adults as well.

"My concern is that instead of reducing the number of coronavirus cases, the COVID vaccine may end up making things worse," Perick said.

Emily Jo said her husband and she had no complications from the Pfizer vaccine and are both grateful that they got it. But, despite having insurance, her family has thousands of dollars in medical bills, her son is unable to do strenuous physical activity, and she's worried about the possible long-term consequences of myocarditis. At the same time, her niece and nephew, as well as her neighbors' children, who are all around the same age as Aidan, got such mild cases of COVID-19 that all they had were the sniffles.

"What I know is that my kid got sick from this vaccine," Jo says. "I don't know how sick he would've gotten from the virus, but I know this gave him myocarditis. I feel like I should've done more due diligence, not be one of the first to sign him up. The gull is eating me alive."

*Jennifer Margulis, Ph.D., is an award-winning science journalist and book author based in southern Oregon. She has appeared live on prime-time TV in Paris, France; worked on a child survival campaign in Niger, West Africa; and taught post-colonial literature to non-traditional students in inner city Atlanta, Georgia. She is the author of "Your Baby, Your Way: Taking Charge of Your Pregnancy, Childbirth, and Parenting Decisions for a Happier, Healthier Family" (Scribner) and co-author, with Dr. Paul Thomas, of "The Vaccine-Friendly Plan" (Ballantine). Learn more at [www.JenniferMargulis.net](http://www.JenniferMargulis.net)*

## Ramirez, Angelica

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**From:** Deek Segovia <rsegov11b@gmail.com>  
**Sent:** Monday, August 30, 2021 11:14 AM  
**To:** sbcob  
**Subject:** Santa Maria Elks event

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A matter of consideration. We in the community have been disappointed but understand the need to cancel or postpone public events due to the rising number of covid cases in our county. The cancellation of events such as the Guadalupe 75th anniversary Festival, the Chumash Pow Wow, and the Harvest Day Parade in Arroyo Grande to name a few . The call for public safety is paramount, this being said I question the board as to why it has not ( to my knowledge) addressed the large gatherings for upcoming Santa Maria Elks Lodge events. Which include The Elks Rodeo parade ( outdoors) and the Sept 11th event (indoors). These events are no more important to the community than those cancelled. Are we to assume that all will be vaccinated by then or that all will be practicing social distancing or wearing masks, I think not. The members of the board have a responsibility of public safety. How will you respond?  
Thank you