

Ramirez, Angelica

Public Comment - Group 3

From: Maria K <dutchessmariasb@hotmail.com>  
Sent: Monday, August 16, 2021 4:24 PM  
To: sbcob  
Subject: Fw: Statement County Board of Supervisors



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From: Maria K <dutchessmariasb@hotmail.com>  
Sent: Monday, August 16, 2021 4:21 PM  
To: Maria K <dutchessmariasb@hotmail.com>  
Subject: Statement County Board of Supervisors

Dear Board of Supervisors,

**My comment today is directed at unlawful actions by both State and Local Governments and deceptive measures in order to create a 'pandemic' . The following is a summarization of fact which includes all official sources to those facts:**

**1) Governor Newsom declared a State of Emergency and is refusing to end it which contradicts CA State law!**

(b) The orders and regulations shall be in writing and take effect immediately on issuance. The temporary suspension of any statute, ordinance, regulation, or rule shall remain in effect until the order or regulation is rescinded by the Governor, the Governor proclaims the termination of the state of emergency, or for a period of 60 days, whichever occurs first.

Source: [California Code, Government Code - GOV § 8627.5 | FindLaw](#)

**2)According to the California Emergency Services Act ( ESA) Section 8558-b: a State of Emergency can only be called if the threat overwhelms the current resources of the State.**

Gavin Newsom declared a State of Emergency in March 2020 yet hospitals around the State were laying off workers at the time. He continues to cling to the Emergency Powers Act and somehow believes that a State of Emergency can be indefinite in duration 'in case' we have future outbreaks of Covid 19' which is contradictory to California Emergency Services Act !

Governor Newsom signed an executive order on June 18, 2021, while dropping mask

mandates enabling OSHA revisions to take effect **without the normal 10- day review period** by the Office of Administrative Law.

**Sources:**

[California Government Code Section 8558 - California Attorney Resources - California Laws \(onecle.com\)](#)

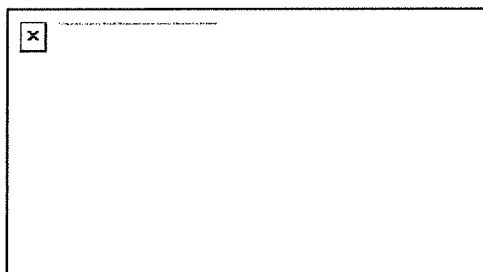
California Government Code Section 8558 - California Attorney Resources - California Laws - OneCLE

CA Govt Code § 8558 (2017) Three conditions or degrees of emergency are established by this chapter: (a) "State of war emergency" means the condition which exists immediately, with or without a proclamation thereof by the Governor, whenever this state or nation is attacked by an enemy of the United States, or upon receipt by the state of a warning from the federal government indicating ...

[law.onecle.com](http://law.onecle.com)



[California hospitals laying off nurses, doctors and other staff | abc10.com](#)



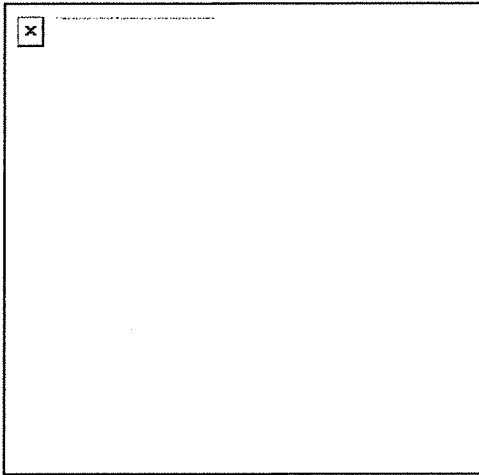
California hospitals laying off nurses, doctors and other staff | abc10.com - KXTV

SACRAMENTO, Calif. — In a time when medical professionals have been called to the frontlines and are being deemed as heroes, many are also being laid off.

[www.abc10.com](http://www.abc10.com)



[Governor Newsom Signs Executive Order Expediting Cal/OSHA's Revised COVID-19 Regulations to Ensure Consistency with Public Health Guidance | California Governor](#)



## Governor Newsom Signs Executive Order Expediting Cal/OSHA's Revised COVID-19 Regulations to Ensure Consistency with Public Health Guidance - California Governor

SACRAMENTO – Following the vote by the Occupational Safety and Health Standards Board to adopt revised COVID-19 Prevention Emergency Temporary Standards that reflect the state's latest COVID-19 public health order, Governor Gavin Newsom today signed an executive order enabling the revisions to take effect without the normal 10-day review period by the Office of Administrative Law ...

[www.gov.ca.gov](http://www.gov.ca.gov)



3) PCR test creates many false positives and was not intended as a diagnostic tool for Covid 19

source FDA:

**“Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/ $\mu$ L) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen.”**

<https://www.fda.gov/media/134922/download>

4)  
**CDC grouped Pneumonia, Influenza and Covid deaths together called the PIC deaths.**

[PNEUMONIA AND INFLUENZA MORTALITY \(cdc.gov\)](https://www.cdc.gov/pneumonia-and-influenza/mortality/)

## Key Updates for Week 42, ending October 17, 2020

2 COVIDView Week 42, ending October 17, 2020 times that of non American Indian or Alaska Native persons and non Key Points o Nationally, several surveillance indicators of COVID-19 related activity are showing increases in SARS-

[www.cdc.gov](http://www.cdc.gov)

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5)

**Federal Law : Biden's DOJ came out with a legal 'opinion' that the Government can force vaccine mandates on Federal government agencies for products that are on Emergency Use Authorization status which directly contradict the wording in 21 U.S. Code, created by Congress, the Authorization for medical products for use in emergencies, which clearly states t**

**(III)**

**of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.**

**21 U.S. Code § 360bbb-3 - Authorization for medical products for use in emergencies | U.S. Code | US Law | LII / Legal Information Institute (cornell.edu)**

6)

Definition of a Covid case: the term 'cases' means anyone who tests positive rather than those who actually display symptoms.

[WHO-2019-nCoV-Surveillance Case Definition-2020.2-eng.pdf](#)

Our kids are now exposed to tons of chemicals for disinfection on a daily basis basically destroying the natural flora on their hands and compromising regular acquired immunity!

Low Risk populations are now forced mask , vaccine and test mandates rather than creating herd immunity for those High Risk groups and we are told that natural immunity only lasts a few months and vaccines supersede natural immunity. This is preposterous in light of the past criminal record of Pfizer and Johnson and Johnson! We are witnessing the biggest crime ever perpetrated against our future generations and we cannot stand for a Government that violates every single safeguard put in place to protect our Individual freedoms. It is time every parent rises up to defend those who cannot fend for themselves, our children.

Thank you,  
Maria Kaestner  
805-729192  
Santa Barbara

## Ramirez, Angelica

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**From:** Cheryl Trosky <ctrosky@gmail.com>  
**Sent:** Monday, August 16, 2021 5:00 PM  
**To:** sbcob  
**Subject:** Opposed to Vaccine Mandate as unlawful coercion

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 Board of Supervisors,

Please end the coercion and unlawful vaccine mandates. This is a matter between a client and healthcare practitioner. The Mayo Clinic based biotech company released data this past week proving the Pfizer vaccine is only 46% effective AND there is treatment for this disease.

Only one side of the debate is being heard and debated. This is mandate you are considering is unreasonable and unneccesarily oppressive. None of the doctors recommending the mandate have ever treated a COVID patient. There are doctors across our nation that have successfully treated and cured patients with COVID-19 without a vaccine.

Do the right thing and let us be in control of our bodies not a government entity. We have been through enough!!!

Sincerely,  
Cheryl Trosky

## Ramirez, Angelica

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**From:** Aimee Smith <aimee.l.smith@att.net>  
**Sent:** Monday, August 16, 2021 5:00 PM  
**To:** sbcob  
**Subject:** questions about COVID data and policies

**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 SB County Board of Supervisors,

Why are masks, an unlicensed and thus experimental intervention, being required when it is known they are not effective at stopping viral transmission and they are harmful for the wearer?

The county is presenting COVID case number per 100k people data in two categories , vaccinated and unvaccinated.

Unfortunately, the PCR test has a very large false positive rate. That means if you sample sample the unvaccinated population much more heavily, you will turn up more "cases" in that community and give a false sense of risk of remaining in that community.

All of the policies to require regular testing of the unvaccinated will serve this purpose. The vaccine industry could not ask for more biased conditions to give a false impression of the effectiveness of their gene therapy products which were never even claimed to prevent transmission by the companies producing them, let alone shown to do so by any scientific evidence.

The SBUSD is using a rapid antigen test that is even less accurate than the higher quality, yet high rate of false positive and confounding with other pathogens PCR tests.

The County Health Office is reporting "cases", but that includes people who are not sick. To properly assess if we are facing a threat worse the flu, we need to see the data of people who are hospitalized and suffered death, not those happening to generate a positive pcr test result.

It would be much more useful to see the graphs for the percent who test positive in each group, vaccinated and unvaccinated, as a percentage of the total number tested in each group, vaccinated and unvaccinated. But considering the rate of false positives in even the best pcr tests, it would be much wiser to measure hospitalizations and deaths to make sure we are facing a situation that is more dangerous that other epidemics we routinely face.

The SBUSD is using a rapid antigen test that is even less accurate than the higher quality, yet high rate of false positive PCR tests. It will test all vaccinated teachers and all students. How many "cases" in people who may not even be sick will be generated by having this new large pool to test regularly.

PCR tests, when too high of a cycle threshold is used (too many amplifications) increase the false positive rate. The COVID PCR tests are known to confound positive results from other pathogens that are not SARS-CoV-2. Thus, even from a sick person, a positive PCR test is not necessarily a person infected with SARS-Cov-2. Is this why there has suddenly been a massive drop in flu cases in the past year.

Many of the PCR-tests on the market have been withdrawn. These tests were never licensed, only given emergency use authorization. Requiring well unvaccinated people to subject themselves to routine testing is asking them to help create fraudulent data for the vaccine industry. Even the CDC has admitted that the vaccinated can contact and

transmit Sars-Cov-2. There have been outbreaks among highly and even fully vaccinated populations. The fact that they are not required to be subjected to regular testing exposes that this is not about protecting health, but instead about generating a fraudulent data picture to promote the unproven claim that the COVID shots are effective.

Since these tests are not licensed, they continue to be experimental. Coercing people to subject themselves to this testing is a violation of CA health and safety code 24172 against coercing people into an experimental medical intervention.

I tried to get information from our county health officers about the tests being used and what cycle threshold was considered acceptable. Dr. Ansorg claimed that the PCR test had a false positive rate of around 16% but provide the source for that estimate. I wonder if he could re-examine this question now that so many of the tests are being recalled. But even if this is the rate of false positives, you can see how hyper-testing one population with that rate of error will create the false impression of high case rates in that group.

Is the testing really simply to help protect people from a dangerous disease or was this faulty test permitted to remain in use to promote fear and a demand for a brand new medical intervention called gene therapy?

There have been high case rates in heavily vaccinated populations. The CDC admits that these COVID shots do not protect from contracting or from transmitting the disease. Given that is the case, why is there so much effort to promote these shots. It is appalling that community colleges have voted to mandate staff and students to undergo this experimental gene therapy medical intervention despite evidence that it is not working and there being no long term testing results.

It is only a hypothesis that it is the unvaccinated that have caused the delta variant case rate to rise.

There is an equally or possibly even more reasonable hypothesis that it is the vaccine that has allowed the delta variant to evolve and proliferate.

But objective science will not be able to arrive at an answer quickly if ever.

You should also make yourselves aware of something called Antibody Dependent Enhancement (ADE). The vaccinated may end up being more vulnerable instead of less to future variants and other corona viruses.

No one can tell you what the likelihood of these novel gene therapies promoting infertility, autoimmune disease or cancer might be. No one knows. The research has yet to be done. Researchers who found concerning problems with genetic engineered food plants were slandered or fired. So that research was never properly pursued either despite GMO food technologies having been introduced into the environment decades ago.

At least one SBCC Board of Trustee was misinformed to think that the Johnson & Johnson vaccine is a traditional vaccine. It is not. It is a genetic engineered adenovirus that inserts genetic material into our cells to hijack the protein production system to create a portion of the pathogen of interest. A traditional vaccine injects the pathogenic material directly. This is untested technology that has no track record. The short term safety profile is concerning with over 10,000 deaths and many more reactions reported to The Vaccine Adverse Event Reporting System (VAERS) for the three COVID vaccines given emergency use authorization in the US.

<https://www.openvaers.com/covid-data>

VAERS is the reporting system put in place with the 1986 vaccine law that gave the vaccine industry immunity from product liability and set up a no fault court system to award damages from a small fee or tax charged to every vaccine purchase. Studies on VAERS show that it may only capture as low as 1% of actual adverse events. Billions have been paid out to compensate victims or their families from injury or death that the court found was linked to a vaccine. No



vaccine since the system was launched in 1990 has racked up anywhere close to the number of adverse events as the COVID vaccines.

Because the vaccine court is "no fault", it does not allow for discovery of internal industry documents and it allows for plausible deniability despite billions paid out for damages. Thus in some legalistic sense industry lobbyists and advocates can claim that vaccines are "safe", but that is not an honest capturing of the reality of the situation for the traditional vaccines and certainly not these data free gene therapy based COVID shots.

As pointed out above, the PCR tests are not accurate. Instead, people should be asked to stay home when they have symptoms.

These inaccurate PCR tests has even been acknowledged even by some of you as a hassle and thus a means to coerce people into the experimental gene therapy that will not be finished with stage 3 trials until the end of 2022. Since the vaccines do not prevent infection or transmission, the vaccinated should be subjected to the same protocols as the unvaccinated if the purpose of the testing is other than coercion into the experimental shot. I will remind you that it is against the Nuremberg Code, US law and CA law to coerce people into an experimental treatment.

We are not being given access to all of the information about the best ways to prevent serious consequences of or even prevention of contracting COVID, such as with hydroxychloroquine or Ivermectin. Are these protocols being promoted in our hospitals and health care facilities to prevent and treat COVID before hospitalization is required? If not, why not?

You perhaps are not aware of the bias in counting cases by the CDC and the fact that some areas, despite this scientific dishonesty, are having the majority of their cases in the vaccinated. There has been reports of the very questionable practices about determining whether a death was due to COVID being employed including financial incentive to determine a death a COVID death. Conflicts of interest cloud objective data collection and thus the science based on that data. No one should feel certain about the claim that 600,000 Americans died of COVID.

Cloth and paper masks are also not licensed and have been shown not only to not be able to stop exposure to a virus, they have also been shown to be harmful. They are yet another experimental medical intervention that CA law does not allow you to coerce people to adopt.

I am a concerned mom with a training in materials science who started out being nervous about the paint on kids toys and the endocrine disruptors in plastic toys, shower curtains and so forth. Some people are very cautious about germs, I am very cautious about limiting exposure to toxic substances. My own father died from what could be argued as regulatory failure, due to injury resulting from asbestos exposure in his workplace. I have spent the last 15 years researching vaccine ingredients, history, regulation, and industry influence. I was well prepared to have a clear eye to examine claims versus provable fact with regards to these gene therapy treatments sold as vaccines. I have also spent some time researching the introduction and proliferation of genetic engineering technology as it relates to food crops and patent monopolies. Monsanto became a household word for its abusive treatment of farmers over it GMO seed patents and for the astronomical payouts courts demanded of them for their cancer causing weed killer containing glyphosate, that they genetically engineer crop varieties to withstand. While Monsanto claimed the purpose of GMO foods was to better feed the world, the result has been to better position Monsanto's near monopoly stake in the world seed supply and allow for the massive use of toxic glyphosate. If you could benefit from my knowledge in these areas, I will make myself available to discuss the knowns and unknowns in these important areas.

I appreciate that this is a very complicated issue and a very dishonest period in our country's history, but without vigorous debate, we cannot arrive at the truth. The pharmaceutical industry has undue influence on the medical field - both the practice of medicine and medical research, news media, and legislative and regulatory bodies. They managed to lobby for themselves product liability immunity! However, there are many many doctors and researchers who have dared to speak out despite the extreme pressure to remain silent. This is no time to be naive about corporate influence on media narratives and even science reporting. To truly protect ourselves, our families and each other, we need the objective science, not the science driven by profit motives of the multi-billion dollar pharmaceutical industry.

Thank you for considering.

Sincerely,

Dr. Aimee Smith

PhD in Materials Science, MIT

Below is a podcast from a frontline doctor Pierre Kory who is troubled about why successful use of Ivermectin to prevent and treat COVID is suppressed.

<https://podcasts.apple.com/us/podcast/covid-ivermectin-crime-century-darkhorse-podcast-pierre/id1471581521?i=1000523859023>

Robert F Kennedy Jr is an environmental lawyer and seems to have done a comprehensive review of traditional vaccine safety concerns:

<https://www.bitchute.com/video/oHHV5Mfp9Fd6/>

Some reading I recommend for everyone making choices around vaccine use or policy:

[Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients](#) by Ben Goldacre (in our library)

<https://www.blackgold.org/polaris/search/title.aspx?ctx=5.1033.0.0.1&pos=1&cn=674367>

[The Virus and the Vaccine: Contaminated Vaccine, Deadly Cancers and Government Neglect](#) by Debbie Bookchin and Jim Schumaker

<https://www.barnesandnoble.com/w/the-virus-and-the-vaccine-debbie-bookchin/1113991782>