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de la Guerra, Sheila Public Comment- Group 2

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**From:** Tracy Schmidt <schmidttracy561@gmail.com>  
**Sent:** Monday, November 8, 2021 3:45 PM  
**To:** sbcob  
**Subject:** General Comment



**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 Supervisors,

I am a third generation Santa Barbara resident, a mom of 5 and grandma of 14, I am an advocate, educator and doula for maternal and child health. I am writing today to ask you to allow parents to decide whether or not their children receive any medical treatment and most certainly the covid vaccine.

The chance of a healthy child dying from covid is almost zero and yet the already reported rate of heart diseases alone in young men far outweighs any benefit. There are NO long term and no gold standard, short term studies with a saline placebo in place to even begin to know how this vaccine will affect the children or their own offspring.

Finally I implore you to take a look at the congressional hearing on Vaccine Safety. You owe it to the children and us your constituents. The children and adults harmed in the trial were dropped from the study. This is nothing but out and out fraud. One of the 14 on the panel to recommend the vaccine for children was quoted as having stated " we won't know the adverse effects on children until we use it on children...". Really? How can this be called science, informed consent or even legal since the virus poses no threat to healthy children.

History will remember this time in horror.

Please learn the risk, know the numbers and do not sacrifice our children and grandchildren for "the greater good" ( a quote originally from world war 2 propaganda).

Sincerely,

Tracy

Tracy Franklin Schmidt

\*Birth Matters\*

[santabarbarabirthmatters.com](http://santabarbarabirthmatters.com)

\*805 7053453\*

**de la Guerra, Sheila**

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**From:** Christy Lozano <clodiver@gmail.com>  
**Sent:** Monday, November 8, 2021 4:10 PM  
**To:** sbcob  
**Subject:** Public Comment  
**Attachments:** Evidence supporting Natural Immunity.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.

Public Comment: As this gene therapy is still under trial, there is much evidence coming forward supporting "Natural Immunity" and Natural Immunity is not being accepted as equal or better than the vaccine and that is very wrong. Please see attached studies supporting Natural Immunity.

Christy L.

## Evidence supporting Natural Immunity

There is mounting evidence that natural immunity is superior to vaccination:

- Washington University School of Medicine in St. Louis and published May 24, 2021, in the journal Nature, found that even a mild case of coronavirus could leave people with lifelong protection against the virus.<sup>23</sup>
- In a study in the United Kingdom published April 9, 2021, "the authors suggest that infection and the development of an antibody response provides protection similar to or even better than currently used SARS-CoV-2 vaccines."<sup>24</sup>
- A study conducted by the Cleveland Clinic was released June 8, 2021, finding that "individuals with previous SARS-CoV-2 infection do not get additional benefits from vaccination". They found that none of the 1,359 previously infected who remained unvaccinated contracted SARS-CoV-2 over the course of the research despite a high background rate of COVID-19 in the hospital.<sup>25</sup>
- A similarly conducted study led by a researcher at University of California Los Angeles found that there was no difference in the infection incidence between vaccinated individuals and individuals with previous infection.<sup>26</sup>
- A study from researchers at the La Jolla Institute for Immunology found that that the immune systems of those who recovered from COVID-19 had durable memories of the virus up to eight months after infection.<sup>27</sup>
- A study from researchers at Emory University and Fred Hutchinson Cancer Research Center which found that recovered COVID-19 patients, mount broad, durable immunity after infection, and that "[t]he durable antibody responses in the COVID-19 recovery period are further substantiated by the ongoing rise in both the spike and RBD memory B cell responses after over 3–5 months before entering a plateau phase over 6–8 months. Persistence of RBD memory B cells has been noted."<sup>28</sup>
- Aarhus University Hospital in Denmark studied the immune response following SARS-CoV-2 infections in 203 recovered patients. The patients' disease severity ranged from mild to serious cases that required hospitalization. The authors found that the vast majority of recovered individuals had detectable, functional SARS-CoV2 spike-specific adaptive immune responses, despite diverse disease severities, making vaccination post-COVID-19 for any of them redundant.<sup>29</sup>
- The most recent study of T-cell immunity six months after infection demonstrated that every single person tested showed "robust T cell responses to SARS-CoV-2 virus peptides [six months after primary infection] in all participants" which included those with "asymptomatic or mild/moderate COVID-19 infection."<sup>30</sup>
- A new Israeli study of over 6 million participants found that natural immunity from SARS-CoV-2 infection was better than vaccination immunity in reducing risk of COVID-19 reinfection, hospitalization, and severe illness. Vaccination was highly effective, with overall estimated efficacy for documented infection of 92.8%, hospitalization 94.2% and severe illness 94.4%. Similarly, the overall estimated level of protection from prior SARS-CoV-2 infection for documented infection was 94.8%, hospitalization 94.1%, and severe illness 96.4%.<sup>22</sup> As the study explains, "both the BNT162b2 vaccine and prior SARS-CoV-2 infection are effective against both subsequent SARS-CoV-2 infection and other COVID-19–related outcomes."<sup>31</sup>
- Another study from Israel found that the vaccinated had 6.72 times the rate of infection as compared to those that had had COVID-19: With a total of 835,792 Israelis known to have recovered from the virus, the 72 instances of reinfection amount to 0.0086% of people who were already infected with COVID. By contrast, Israelis who were vaccinated were 6.72 times more likely to get infected after the shot than after natural infection.<sup>32</sup>
- An outbreak of SARS-CoV-2 caused by the Gamma variant infected 24/44 (55%) employees of a gold mine in French Guiana. The attack rate was 15/25 (60.0%) in fully vaccinated miners, 6/15 (40.0%) in those partially vaccinated or with a history of COVID-19 (none of the partially vaccinated with a history of COVID-19 were positive), and 3/4 (75%) in those not vaccinated. The attack rate was 0/6 among persons with a previous history of COVID-19 versus 63.2% among those with no previous history.<sup>33</sup>
- Irish researchers recently published a review of eleven cohort studies with over 600,000 total recovered COVID patients, not all of whom were well defined and may have had suspected COVID-19 with positive serologies later on who were followed up with over ten months. They found the reinfection rate to be 0.27%

“with no study reporting an increase in the risk of reinfection over time.” Based on this data, the researchers were able to assert that “naturally acquired SARS-CoV-2 immunity does not wane for at least 10 months post-infection.” The study also did not identify any case of reinfection of SARS-CoV-2 that resulted in further transmission of the virus.<sup>34</sup>

- A study by researchers at Rockefeller University, which hasn't been peer-reviewed, found that natural infection can create B cells, a type of white blood cell, that produce more potent antibodies for fighting COVID-19 and its variants than the B cells created after vaccination. The study, published August 30, 2021, found that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection produces B-cell responses that continue to evolve for at least one year. During that time, memory B cells express increasingly broad and potent antibodies that are resistant to mutations found in variants of concern.<sup>35</sup>

23 Immunity to the Coronavirus May Persist for Years, Scientists Find, The New York Times, May 26, 2021.

24 “Correlates of protection from SARS-CoV-2 infection”, by Florian Krammer, The Lancet, April 9, 2021

25 <https://doi.org/10.1101/2021.06.01.21258176>.

26 <https://www.medrxiv.org/content/10.1101/2021.07.03.21259976v2.full-text>.

27 <https://www.nih.gov/news-events/nih-research-matters/lasting-immunity-found-afterrecovery-Covid-19>.

28 <https://doi.org/10.1016/j.xcrm.2021.100354>.

29 [https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964\(21\)00203-6/fulltext](https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964(21)00203-6/fulltext).

30 <https://www.uk-cic.org/news/cellular-immunity-sars-cov-2-found-six-months-nonhospitalised-individuals>.

31 <https://www.medrxiv.org/content/10.1101/2021.04.20.21255670v1>.

32

<https://www.theblaze.com/op-ed/horowitz-israeli-government-data-shows-natural-immunity-from-infection-much-stronger-than-vaccine-induced-immunity#toggle-gdpr>.

33 [https://wwwnc.cdc.gov/eid/article/27/10/21-1427\\_article](https://wwwnc.cdc.gov/eid/article/27/10/21-1427_article).

34 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8209951/pdf/RMV-9999-e2260.pdf>.

35 <https://www.biorxiv.org/content/10.1101/2021.07.29.454333v2.full.pdf>

**de la Guerra, Sheila**

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**From:** Sandra Priebe <805splove@gmail.com>  
**Sent:** Monday, November 8, 2021 4:36 PM  
**To:** sbcob  
**Subject:** GENERAL COMMENT

**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,

I am a concerned parent about the continued impositions on mask mandates and vaccines. It has come to the point where my teenager has developed a rash around the mouth due to the mask mandate. These mandates have to stop. Please make yourselves familiar with the evidence that masks do more harm than good. If my teenager already has trouble with the constant mask wear, I cannot even imagine how the little children struggle every day. Do YOU have children? Do you know what I'm talking about? The health of our children is at risk here! Please pay close attention to what the people in the community have to say and stop ignoring the evidence.

Thank you,  
A Concerned Parent

## de la Guerra, Sheila

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**From:** Claudia Henrie <claudiahenrie@gmail.com>  
**Sent:** Monday, November 8, 2021 4:38 PM  
**To:** sbcob  
**Subject:** Covid-19 Update comments  
**Attachments:** cidA8E9EA2D-DACF-4FF6-820E-915A6EDFCC1F.pdf; ZweigDavidTestimony092921.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.**

Dear Board of Supervisors,

I am concerned that the long-term effects of mask-wearing, especially among our children, are detrimental. Your position of influence has you in a unique situation to show leadership on this front.

The World Health Organization has explicitly stated that masks are not recommended for children. Many countries abroad have stopped this practice since the benefits still seem unknown.

While adults can step out of work and take masks off and dine without masks, young children suffer under much more severe restrictions. Their masks are not always clean, they get wet, they leave pimples; children cannot see mouths for phonetic formation (so important in elementary school), and the psychological detriment is significant.

Please come to the defense of children and consider how a Board of Supervisor's adjustment to its mask policy would *benefit* the overall health of our local children. Ask the Health Department, perhaps, if they could provide information that would aid in this and thereby aid the schools, who might follow suit after a County directive.

The younger ones among us seem to have little voice, so I ask you specifically to look to help them.

Below I provide a snippet from a more expert opinion on this topic (Testimony of David Zweig, Journalist, Westchester County, New York, United States House of Representatives Early Childhood, Elementary, and Secondary Education Subcommittee Hearing "Back to School: Highlighting Best Practices For Safely Reopening School" Wednesday, September 29, 2021):

"The World Health Organization and UNICEF have repeatedly advised against masking children under age 6, and recommend masks on kids aged 6 to 11 only under certain circumstances. The European Centre for Disease Prevention and Control does not recommend masks for primary students. Some European countries have limited mask requirements for older students as well. Yet the CDC recommends that all American children aged 2 and up wear masks in school.

To be clear: millions of children in Europe are not wearing masks in schools. Yet there is no evidence that kids in Europe are at greater risk of severe illness or bad outcomes, or that their surrounding communities are at greater risk than their counterparts in the U.S.

We should ask ourselves why so many nations in Europe and elsewhere have already settled this issue from a policy perspective: They don't make kids wear masks. So why do we?

Masks are not a benign intervention. They interfere with language acquisition, reading comprehension, and socioemotional development. Quite simply, seeing faces is a fundamental part of how humans, and especially children, connect and communicate with each other. Children are now entering their third year of interrupted schooling. A child who was in kindergarten in 2020 is now in second grade, and has yet to experience a normal

full year of school. None of us know what the impact will be nor what it is like as a child to wear a mask all day every day for years on end.”

Thank you for considering a new plan to respond to the health needs of our local children.

Sincerely,  
Claudia Henrie  
Goleta, CA

\*Attached is the full testimony of David Zweig before the House subcommittee.

\*\*Please also find attached detailed information from Title 21 USC of the Federal Food, Drug, and Cosmetic Act.

<https://childrenshealthdefense.org/wp-content/uploads/chd-notice-for-eua-masks.pdf>



**NOTICE FOR EMPLOYERS, UNIVERSITIES AND OTHER INSTITUTIONS  
MANDATING COVID-19 MASKS**

*April 26, 2021*

This serves as notice that the mandate for any individual to wear a mask against COVID-19 for employment or attendance at a university or other institution violates federal law. All COVID-19 masks, whether surgical, N95 or other respirators, are authorized, not approved or licensed, by the federal government; they are Emergency Use Authorization (EUA) only. They merely “may be effective.” Federal law states:

Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) states:

**individuals to whom the product is administered are informed—**

- (I)** that the Secretary has authorized the emergency use of the product;
- (II)** of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
- (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.

EUA products are by definition experimental and thus require the right to refuse. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is “absolutely essential.” A federal court held that even the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003).

In a letter dated April 24, 2020, the Food and Drug Administration stated that authorized face masks must be labelled accurately and may not be labeled in a way that misrepresents the product’s intended use as “source control to help prevent the spread of SARS-CoV-2.” The letter specifies that the labeling “may not state or imply that the product is intended for antimicrobial or antiviral protection or related uses or is for use such as infection prevention or reduction.” Any EUA mandate requiring individuals to wear face masks conflicts with Section 360bbb-3(e)(1)(A)(ii)(I-III), which provides that the person must be informed of the option to refuse to wear the device.

Liability for forced participation in a medical experiment, including possible injury, may be incalculable. Children’s Health Defense urges U.S. employers, universities and other institutions to respect and uphold the rights of individuals to refuse to wear EUA masks.



**Testimony of David Zweig, Journalist, Westchester County, New York, United States  
House of Representatives Early Childhood, Elementary, and Secondary Education  
Subcommittee Hearing “Back to School: Highlighting Best Practices For Safely  
Reopening School” Wednesday, September 29, 2021**

Good morning, and thank you Chairman Sablan, Ranking Member Owens and Members of the Subcommittee for inviting me to testify today. As an American citizen, I feel honored to be able to speak at a Congressional Hearing.

Since the spring of 2020, I have been researching and writing about the nexus of kids and schools and COVID. From the beginning of the pandemic I’ve looked not only at the circumstances in our country but, critically, contrasted them with the circumstances surrounding and the policies affecting children and schools in other countries.

In late April of 2020, schools began reopening in much of Europe. Roughly a month later, the education ministers from 22 EU countries that had reopened or planned to reopen schools convened for a conference, and they said that reopening schools had not led to an increase in cases. Yet, in America, schools stayed closed for the duration of the academic year.

That spring set the tone for much of America’s approach to children and schooling for the rest of the pandemic. Today, we are seeing similar patterns play out in many of our schools with excessive mitigation measures, where, once again, the US differs greatly from most of our peer nations across the Atlantic.

Since, at least right now, there is general agreement that schools should be open, the relevant discussion is *how* they should remain open.

One issue is quarantine protocols that repeatedly send great numbers of healthy children home for days or for more than a week at a time. Instead, schools should consider employing Test to Stay. In this program, if a student is exposed at school, they get tested, and if negative they continue to attend school. A large study of more than 200 schools in England found that quarantining students offered no benefit over Test to Stay<sup>1</sup>. This program is also preferable to routine surveillance testing, considering the latter’s onerous costs, logistics, and potential for high rates of false positives.<sup>2</sup> Some countries are not employing either practice, and are simply following the classic advice “if you’re sick, stay home,” recognizing that asymptomatic people are believed to account for a minority of transmissions.

The most charged topic, and one that I have researched extensively and written about, is mask mandates in much of America for schoolchildren, regardless of age, developmental appropriateness, or community rates. Recently, the CDC released two studies which concluded that school mask mandates correlated with lower case rates.<sup>34</sup> The studies, however, have major limitations, among them variously not accounting for vaccination rates among staff and eligible students nor changes in community case rates over time. Carl Bergstrom, a widely cited biologist during the pandemic, wrote that one of the studies

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<sup>1</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01908-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01908-5/fulltext)

<sup>2</sup> <https://www.washingtonpost.com/outlook/2021/04/19/schools-covid-testing-cost/>

<sup>3</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e1.htm>

<sup>4</sup> [https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e3.htm?s\\_cid=mm7039e3\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e3.htm?s_cid=mm7039e3_w)

was “embarrassing,” noting that, despite the authors’ initial assumption, the study could not infer causality.<sup>5</sup> This doesn’t mean the findings are incorrect, only that the conclusions drawn from those findings should be far more understated.

Conversely, the CDC published a large comparative study earlier this year, of more than 90,000 students, that found no statistically significant benefit of student masking mandates.<sup>6</sup> It also found no statistically significant benefit of HEPA filters, distancing, hybrid models, or barriers. I know this can be hard to believe, considering many of these interventions have been pillars of our pandemic response in schools, but those are the results.

But debating the merits of conflicting studies on mask mandates distracts from and undermines confidence in the tools that we know work, such as fresh air, and vaccinating the adults around children. Moreover, the highly politicized domestic arguments around student masking often fail to acknowledge the markedly different approach to this issue beyond our borders.

The World Health Organization and UNICEF have repeatedly advised against masking children under age 6, and recommend masks on kids aged 6 to 11 only under certain circumstances. The European Centre for Disease Prevention and Control does not recommend masks for primary students.<sup>7</sup> Some European countries have limited mask requirements for older students as well. Yet the CDC recommends that all American children aged 2 and up wear masks in school.

To be clear: millions of children in Europe are not wearing masks in schools. Yet there is no evidence that kids in Europe are at greater risk of severe illness or bad outcomes, or that their surrounding communities are at greater risk than their counterparts in the U.S.

We should ask ourselves why so many nations in Europe and elsewhere have already settled this issue from a policy perspective: They don’t make kids wear masks. So why do we?

Masks are not a benign intervention. They interfere with language acquisition, reading comprehension, and socioemotional development. Quite simply, seeing faces is a fundamental part of how humans, and especially children, connect and communicate with each other. Children are now entering their third year of interrupted schooling. A child who was in kindergarten in 2020 is now in second grade, and has yet to experience a normal full year of school. None of us know what the impact will be nor what it is like as a child to wear a mask all day every day for years on end.

The claim that some kids “don’t mind” wearing masks may be true insofar as children have been repeatedly told that masks are needed for their safety and that wearing them is a virtuous act. There is a reason adults remove their masks when they need to communicate clearly, such as at press conferences or in interviews, and we don’t wear masks at home. Whether masks are a necessary intervention on children is a separate topic from whether they impose a burden. Let’s not pretend about the latter.

More broadly, to what end are we implementing these interventions in schools? COVID, as has been known since the very beginning, thankfully poses very limited risk of severe disease to almost all children. The CDC has estimated that up to fifty percent of pediatric COVID cases are asymptomatic.

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<sup>5</sup> [https://twitter.com/CT\\_Bergstrom/status/1441582851678523393](https://twitter.com/CT_Bergstrom/status/1441582851678523393)

<sup>6</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e1.htm?>

<sup>7</sup> <https://www.ecdc.europa.eu/en/covid-19/questions-answers/questions-answers-school-transmission>

More children die of the flu in many seasons than have died of COVID over a much longer time frame. Two separate peer reviewed studies, published by the American Academy of Pediatrics, found that 40% or more of pediatric COVID hospitalizations are for incidental cases, where a child was in the hospital *with* COVID but not *from* COVID.<sup>89</sup> While concerns about pediatric long COVID are real, multiple studies with control arms have shown that the prevalence of symptoms of long COVID, many of which are vague and common, such as headache and fatigue, are similar in children with and without a history of COVID<sup>1011</sup>. This isn't to say that COVID poses no risk to children, only that much of the public's perception of its risk to kids is considerably misaligned with its actual risk to them. Data from the UK shows that an unvaccinated child is at lower risk than a vaccinated adult.<sup>12</sup>

Risk averse does not mean doing everything conceivable to mitigate the spread of a virus to kids. Rather, we are trading the risk of one harm for the amplification of risks from other harms. Keeping kids home, alone in their bedrooms, glassy eyed in front of screens all day is not "playing it safe." Nor is preventing them from seeing their friends' smiles and their teachers' faces. For a few weeks this was no big deal. But now in academic year number 3 of the pandemic, we need to demand very specific metrics for when these interventions on children can end. Europeans, once again, are way ahead of us. And it is not because they have "beaten the virus"; among European countries, the case rates, vaccination rates, and mortality rates cover a wide range, above and below those rates here in the U.S. It is because all of these other nations recognize the harms these burdens impose on kids. And although the risk of COVID is of course not zero, relative to so many other dangers that children face, from drowning to suicide to car accidents to other respiratory viruses, COVID is below all of them. This is not my opinion. This is what the data clearly shows. We've never made kids throughout the country wear masks for the flu, nor do we send entire classes home if a child tests positive for influenza.

It is important to mention that questioning guidelines is not only okay, but an act that should be encouraged. Robust debate, including that within the scientific community and the media, is a cornerstone of a healthy democracy. The CDC's guidance for summer camps, released in late April, called for children to wear masks in nearly all circumstances and at all times, including outdoors. I published an article a little more than a week after the guidance was posted, featuring quotes from esteemed experts, including the editor in chief of *JAMA Pediatrics*, who called the recommendations "draconian" and "ridiculous."<sup>13</sup> Shortly after much of the media amplified my article the CDC changed its recommendation, even though none of the underlying data had changed. More recently, there has been vehement pushback against the CDC's decision to overrule the guidance of its advisory committee and open eligibility for vaccine boosters to anyone aged 18 or older deemed at increased risk. "It is worrisome to me that anybody less than 30 is going to be getting a third dose without any clear evidence that that's beneficial to them and with more than theoretical evidence that it could be harmful to them,"

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<sup>8</sup> <https://hosppeds.aappublications.org/content/early/2021/05/18/hpeds.2021-005919>

<sup>9</sup> <https://hosppeds.aappublications.org/content/early/2021/05/18/hpeds.2021-006001>

<sup>10</sup> Technical article: Updated estimates of the prevalence of post-acute symptoms among people with coronavirus (COVID-19) in the UK: 26 April 2020 to 1 August 2021  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/technicalarticleupdatedestimatesoftheprevalenceofpostacutesymptomsamongpeoplewithcoronaviruscovid19intheuk/26april2020to1august2021>

<sup>11</sup> [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00198-X/fulltext#%20](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00198-X/fulltext#%20)

<sup>12</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1016465/Vaccine\\_surveillance\\_report\\_-\\_week\\_36.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016465/Vaccine_surveillance_report_-_week_36.pdf)

<sup>13</sup> <https://nymag.com/intelligencer/2021/05/experts-cdcs-summer-camp-rules-are-cruel-irrational.html>

said Paul Offit, a member of the FDA's advisory committee and a pediatric infectious disease specialist.<sup>14</sup> Science is a verb, science is a process, and science does not equal policy.

I urge the members of this committee to ask the CDC to provide specific, evidence-based reasons why its masking guidance differs so dramatically from that of the WHO, UNICEF, and the ECDC, and why our nation's schoolchildren have dramatically different burdens imposed upon them relative to their European peers.

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<sup>14</sup> <https://www.statnews.com/2021/09/24/biden-covid-19-boosters-pitting-white-house-against-scientific-advisers/>

de la Guerra, Sheila

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**From:** LeAnne Woolever <hjsmcd@gmail.com>  
**Sent:** Monday, November 8, 2021 4:46 PM  
**To:** sbcob  
**Subject:** Health Director Van Do-Reynoso & Officer Dr. Henning Ansorg concerning the covid mandates.

**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.**

**You are on record for over 18 months of recommending experimental medical interventions be mandated, Businesses and schools be closed and with no evidence that COVID 19 could be isolated or even an unusual flu virus threat or that a pandemic existed. You have continued to recommend experimental vaccinations that have had detrimental immediate side effects including death, be funded by our County rather than recommend the use of Ivermectin and Hydrochloroquine prophylactic medications that studies found were effective within days and no death.**

**Studies are now revealing that contracting the COVID-19 virus has a recovery rate of over 99.7% in adults and 99.999% in children. However instead of school being an environment of learning, parents have to wonder if it will be a place of safety for all children. Even ones that are unvaccinated. Will it be a place of bullying, snide remarks and treating them with less respect from staff? I hope not. I think it is time to end the emergency mandate so all families can concentrate on learning .**

**LeAnne Woolever**

**de la Guerra, Sheila**

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**From:** Priya <priyanana@protonmail.com>  
**Sent:** Monday, November 8, 2021 4:58 PM  
**To:** sbcob  
**Subject:** General Comment

**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 this may concern,

I am writing in to express my strong opposition to mandatory Covid 19 vaccination policies for students, teachers, and any school employees. Vaccine mandates violate bodily autonomy, hence the freedom to choose what medical treatments to partake of in conjunction with our doctor.

I really hope that you all do the right thing and drop the mandate hereby honoring freedom of choice, a cornerstone of America.

Thank you,  
Priya Alvarez

**de la Guerra, Sheila**

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**From:** Kara Rhodes <kara@rhodestribes.com>  
**Sent:** Monday, November 8, 2021 5:02 PM  
**To:** sbcob  
**Subject:** And these masks and vaccine mandates now!

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.

I live in Santa Barbara County and raise my children here for the past 24 years... We have refused the mask and vaccine mandates and we will continue! This is a grand experiment of which we are the control group and we will not submit to the absolute loss of our rights as American citizens! We want you to know that we have done our homework we have looked at the ridiculous ways in which big Pharma has used the FDA has their own marketing platform with minimal testing and now they wanna go after our young children or even the infants in the next months... Hell no! We wish for you to wake up and realize the true leadership is honoring our federal laws and what our forefathers based this country on... Freedoms that are being taken away at every turn.

Thank you for listening to concerned community members!

Kara and Adam Rhodes and family

Sent from my iPhone