Are We Going in the Wrong Direction with Covid-19 Guidelines and Directives for County Employees?

Initial Statement:
I ask you, dear reader, to keep an open mind when taking in this material. It is possible that you have not encountered the research, analysis and data presented herein. I also request that you suspend judgment or the impulse to draw early conclusions until you reach the end of this document. Remember that judgment cannot survive in an open mind. And judgment certainly pulls the plug on the ability to keep an open mind. As with any good investigator, the first pieces of evidence do not cause one to solve a case. So, be that good investigator with a curious mind, even if it causes cognitive dissonance (the state of discomfort felt when two or more modes of thought or belief systems clash with each other). Thank you.

Fear has griped our nation, our state, our county and our communities. Fear prompts us to give up our Constitutional rights and ignore the Nuremberg Code of 1947. The Nuremberg Code lays down 10 standards or principles to which physicians and scientists must conform. These principles established a new standard for ethical medical behavior. Here are two of them.

- Chief principle #1 states that: the voluntary consent of the human subject is absolutely essential. This means that the person involved should have the legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

- The last principle, #10 states that: during the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

In recent US history, fear has made us do strange things like put Japanese Americans in internment camps from 1942-1945 “for their safety and ours.” More recently, just 45 days after September 11, 2001, the Patriot Act was passed which capitalized on American’s fears about terrorists and made it easier for the government to spy on ordinary US citizens, “to keep us safe.” Now, we find ourselves again, willingly giving up our inalienable rights in the name of being “safe” from Covid-19.

Contrary to prevailing media hype and the current established medical protocol, my research finds that we are not going to be able to vaccinate our way out of the disease known as Covid-19. According to physicians across the globe: AAPS (Association of American Physicians and Surgeons), BIRD (British Ivermectin Recommendation Development), Covid Medical Network, PANDA - Pandemics Data and Analytics, and Terapia Domiciliare Covid 19, this disease is treatable. The way out is through early treatment at home, and through various medically proven treatments for those
who need extra care and are admitted to the hospital. It is unfathomable to me, bordering on criminal, why there is such resistance from our government and conventional medical providers to use these treatment methods which can certainly reduce the surge in hospitalizations and death locally and worldwide.

Moderna’s, Pfizer’s, and J & J’s fact sheets warn that the “vaccine may not protect all recipients.” The Moderna and Pfizer fact sheets give special mention to myocarditis (inflammation of the heart muscle which can affect the heart muscle and the heart’s electrical system, reducing the heart’s ability to pump, causing rapid or abnormal heart rhythms-arrhythmias) and pericarditis (inflammation of the membrane that surrounds the heart) reported “during mass vaccination outside of clinical trials.” J&J specifically notes the large vein blood clots. Additionally, all the fact sheets note that “additional adverse reactions, some of which may be serious, may become apparent with more widespread use of the Moderna [Pfizer, J&J] COVID-19 Vaccine.”

Given that no one knows the risks, how does anyone give their “informed consent” when there are still so many unknowns? How is anyone really sure if the vaccine is “worth the risk” for their particular body and/or circumstance?

The research and studies I cite below, offer other ways to effectively deal with Covid-19 rather than mandating vaccinations for everyone, or creating an us/them mentality that severely limits or eliminates free choice. Just the idea of vaccine requirements pit one community member against another, one employee group against another. When we fight each other over who is “right” and who is “wrong” we all lose! Together, we must find a way out of this struggle, reduce unnecessary fear and recognize the sovereignty of the individual as guaranteed by our Constitution.

Here are the main points of my research that I’d like to highlight:

1) Immune System Health. There is no doubt that step #1 in dealing with Covid-19 involves keeping the immune system healthy and robust. There is no one cure-all that will prevent any disease. However, there are things most everyone can do to build their immune system. Making healthy lifestyle choices, eating nutritious foods and getting enough exercise and sleep are all components of bolstering the immune system. There are also certain supplements one can take to improve immune response. For a more in depth look into what this might entail, please review this article written by Jillian Kubala, MD, RD which was medically reviewed and updated in April 2021: https://www.healthline.com/nutrition/immune-boosting-supplements or consult your doctor.

2) Emergency Use Authorization (EUA). Covid-19 has taken the world by storm. It has caused adverse effects, including death for millions of people, worldwide. In response to the state of emergency, researchers and scientists rushed to create a vaccine. The Lancet reports that on average, it takes 10 years to develop a new vaccine. Got that? 10 years. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31252-6/fulltext

Top medical experts have expressed major concerns about Covid vaccines, including the very short period of time taken to develop them and the very limited testing, which has not assessed the long-term effects of these vaccines. In addition to this, alternative treatments have been suppressed. These are treatments that have been clinically proven to reduce hospitalizations and mortality rates
Please note that emergency use authorization (EUA) of these vaccines is only permitted if there are no effective treatments available. [https://www.ncbi.nlm.nih.gov/books/NBK53122/](https://www.ncbi.nlm.nih.gov/books/NBK53122/)

EUA must meet the following four statutory criteria to be considered, from 21 U.S. Code Section 360bbb-3. The goal of these criteria is to ensure that even in an emergency, the public is receiving the best, safest, most appropriate care possible. Conditions of authorization are:

1. There must be a serious or life-threatening illness caused by a specified chemical, biological, radiological, or nuclear agent.

2. It must be reasonable to believe that the product covered by the EUA is going to be effective for the intended use—diagnosing, treating, or preventing either an illness or condition caused by a specific agent, or an illness or condition caused by an approved or authorized medical countermeasure deployed against the agent.

3. The known and potential benefits need to outweigh the known and potential risks.

4. **There must be no adequate approved, alternative medical countermeasures available for the situation.**

So, could it be that the “other” treatments you will see cited (later on in this paper) for Covid-19 cannot be ‘officially recognized’ due to the EUA authorizations, which brought us these vaccines?

**3) Covid-19, is Treatable.** Especially if caught in the early stages, Covid-19 is very “treatable.” Early treatment is crucial to keep people out of hospitals. And there have been successful treatments when the SARS-CoV-2 infection is acute, for those hospitalized. So, one must ask, why are these treatments not currently being exercised? Please refer to the above EUA status for your answer.

**Dr Peter McCullough**, MD, MPH, FACP, FACC, FCCP, FAHA, FNKF, FNLA, FCRSA, Internist, Cardiologist, and Epidemiologist, and President of the Cardiorenal Society of America along with dozens of other practicing physicians, developed a successful protocol to treat Covid patients at home. To download a copy of his Guide to Home Based Covid Treatment, follow this link: [https://aapsonline.org/covidpatientguide](https://aapsonline.org/covidpatientguide) I also have copies for anyone who wants one.

Then watch this compelling video of Dr. Peter McCullough, testifying to the Texas Senate that, to date, has been viewed almost 3 million times: [https://www.youtube.com/watch?v=QAHi3I3oGM](https://www.youtube.com/watch?v=QAHi3I3oGM)

As you just learned in the above Covid Guide and in Senate testimony, one of the most successful treatments for Covid-19 worldwide is Ivermectin. This is NOT the form of Ivermectin given to farm animals. Here is an American Journal of Therapeutics study published in May/June 2021 entitled: Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of Covid-19. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8088823/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8088823/)

- **Conclusion from this study (quoted):** Meta-analyses based on 18 randomized controlled treatment trials of ivermectin in COVID-19 have found large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results from numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID-19 with the regular use of ivermectin. Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity...
and mortality indicate that an oral agent effective in all phases of COVID-19 has been identified.

Other studies have shown Ivermectin to be a valuable prophylaxis tool. Here is one, published on August 5, 2021 in Cureus Journal of Medical Science: The Prophylactic Role of Ivermectin in Severe Acute Respiratory Syndrome Coronavirus 2 Infection Among Healthcare Workers.


- Conclusion (quoted): Two doses of oral ivermectin (300 μg/kg/dose given 72 hours apart) as chemoprophylaxis among HCWs reduced the risk of COVID-19 infection by 83% in the following month. Safe, effective, and low-cost chemoprophylaxis has relevance in the containment of pandemic alongside vaccine.

Here is a peer-reviewed study of 3406 participants from the July/August 2021 American Journal of Therapeutics, which concluded that moderate-certainty evidence finds that large reductions in COVID-19 deaths are possible using Ivermectin. Using Ivermectin early in the clinical course may reduce numbers progressing to severe disease. The apparent safety and low cost suggest that Ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally.


And here is a pre-print study of 52,238 employees of the Cleveland Clinic Health System which revealed that no previously SARS-CoV-2 infected employee who remained unvaccinated was reinfected: https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v2 Interesting.


- Quoted from this review: Hydroxychloroquine (HCQ) is an antimalarial/anti-inflammatory drug that impairs endosomal transfer of virions within human cells. HCQ is also a zinc ionophore that conveys zinc intracellularly to block the SARS-CoV-2 RNA-dependent RNA polymerase, which is the core enzyme of the virus replication. The currently completed retrospective studies and randomized trials have generally shown these findings: 1) when started late in the hospital course and for short durations of time, antimalarials appear to be ineffective, 2) when started earlier in the hospital course, for progressively longer durations and in outpatients, antimalarials may reduce the progression of disease, prevent hospitalization, and are associated with reduced mortality. In a retrospective inpatient study of 2541 patients hospitalized with COVID-19, therapy associated with an adjusted reduction in mortality was HCQ alone (hazard ratio [HR] = 0.34, 95% confidence interval [CI]
0.25-0.46, \( P < 0.001 \) and HCQ with azithromycin (HR = 0.29, 95% CI 0.22-0.40, \( P < 0.001 \)). HCQ was approved by the US Food and Drug Administration in 1955, has been used by hundreds of millions of people worldwide since then, is sold over the counter in many countries, and has a well-characterized safety profile that should not raise undue alarm.

For medical practitioners - Medical Protocol for Hospitals and Physicians Treating Covid-19 (from an August 2021 medical conference on Covid-19 Project ECHO) [https://aapsonline.us1.list-manage.com/track/click?u=30a32513ae04f5445c95f3239&id=94fa3cb948&e=5832663906]

Slide deck from the above conference (for medical professionals): [https://mcusercontent.com/30a32513ae04f5445c95f3239/files/05a2792a-bc7c-8d46-1c16-e127ba0f76a1/20210824_COVIDECHO__McCullough_Presentation_Pathophysiologic_Rationale_for_Early_Treatment_of_COVID_c.pdf]

4) Experts Express Strong Objections to the Covid-19 Vaccines*.

Dr. Sucharit Bhakdi, a Thai-German microbiologist, post-doctoral researcher at the Max Planck Institute of Immunobiology and Epigenetics in Freiburg and at The Protein Laboratory in Copenhagen. Dr. Bhakdi joined the Institute of Medical Microbiology at Giessen University and named chair of Medical Microbiology at the University of Mainz. Dr. Bhakdi has published over three hundred articles in the fields of immunology, bacteriology, virology, and parasitology, for which he has received numerous awards and the Order of Merit of Rhineland-Palatinate.

Here is a video where he explains his research: [https://www.bitchute.com/channel/qbNW497UERg5/]

- From his analysis: Positive outcomes are natural immunity (true herd immunity) which protects against variants. Negative outcomes indicate that vaccinations contain danger: genes enter the cell vessel wall, become spikes and protrude into the bloodstream. Killer lymphocytes attack the spikes and eat the vessel wall cells, among other things.
- These are the links to the papers summarized in Dr. Bhakdi’s video:
  [https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0249499]
  [https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075]
  [https://doi.org/10.1016/j.cell.2021.06.005]
  [https://www.sciencedirect.com/science/article/pii/S2352396421002036]

Dr. Ryan Cole, CEO/Medical Director of Cole Diagnostics, an independent pathologist since 2004

Owns the largest independent laboratory in Idaho, is licensed in 12 states

Mayo Clinic, expert in immunology and virology, conducts full lab medicine

Dr. Cole: “Step back and look at the data and forget the politics. A quick analysis of the situation without fear and media hype.” View his video here: [https://youtu.be/tUE5EBPt-IU]

And a summary of Geert’s conclusions based on his analysis, in a video:
https://www.youtube.com/watch?v=w3xq4cEHT0s

*These experts have put their reputations on the line and have been met with massive criticism (smear jobs) from the media, pharmaceutical companies, other institutions, and have often been censored by both big tech and social media outlets. If you are like me, you have to ask yourself, why would these experts do this?

5) Those who have contracted SARS-CoV-2 show durable, broad and long-lasting natural immunity.

I have shared this with the Board of Supervisors in a meeting just recently, but it is worth repeating. Longitudinal Analysis Shows Durable & Broad Immune Memory (Cell Reports Medicine)
https://doi.org/10.1016/j.xcrm.2021.100354

In the British Medical Journal, the bmj, there is an editorial that speaks to the politicization, corruption and suppression of science, written by Eshani M King dated 11/17/2020 with citations. In this editorial, the author addresses the most consequential suppression of science which relates to the narrative that people do develop immunity following a Covid infection.
https://www.bmj.com/content/371/bmj.m4425/rr-31

6) Vaccine efficacy and durability
Mass vaccinations during a pandemic create a “runaway train”. But the unvaccinated are blamed.
https://thehighwire.com/videos/about-half-the-cases-are-vaccine-failures

In the above video, Dr. Peter McCullough was interviewed regarding the surge in hospitalizations. Here are the noted points from the video:

- Israel was among the first countries to receive the Pfizer vaccine. They are a month or two ahead of the United States. 80% of Israel’s adult population over the age of 20 has received the Pfizer vaccine. 80% of Covid-19 cases are among those who have been vaccinated. 60% of those with Covid have been hospitalized who are fully vaccinated.
- In the UK where several vaccines were administered, not just Pfizer, 40% of those hospitalized have been fully vaccinated.
- Vaccines started failing in May 2021, before the Delta variant arrived. The Delta variant has undergone immune escape, avoiding antibodies. Vaccinations make a more compressed environment with fewer mutant strains, allowing one mutation to become more dominant. The original (alpha) wild strain is extinct now. Current mutation is able to escape all vaccinations.
- Vaccines are far inferior to natural immunity. In Delta cases that get early treatment, mortality should be negligible. The current sets of vaccines don’t work anymore.
- There is a concern for higher hospitalization rates right now. Anticipated. Happening in UK and Japan, too. There is a huge need to make the monoclonal antibodies available for early treatment.
- “Carriage” – those vaccinated are carriers. This is a big concern.
- Ivermectin, Hydroxychloroquine, and Budesonide are effective treatments while the virus is active. There is still resistance by hospitals to provide these and other early treatment protocols. Hospitals are much slower to adopt early treatment protocols. Primary care doctors are starting to seek these treatments.
• Approximately 50% of Americans don’t want the Covid-19 vaccine. Americans need to speak up, even though they are afraid.

The paper cited in the above video came from: Michiel JM Niesen (pre-print) study July 2021: Covid-19 vaccines dampen genomic diversity of SARS-CoV-2: Unvaccinated patients exhibit more antigenic mutational variance https://www.medrxiv.org/content/10.1101/2021.07.01.21259833v1


• (Quoted) Findings: For fully vaccinated individuals, effectiveness against SARS-CoV-2 infections was 73% (95%CI: 72–74) and against COVID-19-related hospitalizations was 90% (89–92). Effectiveness against infections declined from 88% (86–89) during the first month after full vaccination to 47% (43–51) after ≥5 months. Among sequenced infections, VE against Delta was lower compared to VE against other variants (75% [71–78] vs 91% [88–92]). VE against Delta infections was high during the first month after full vaccination (93% [85–97]) but declined to 53% [39–65] at ≥4 months. VE against hospitalization for Delta for all ages was high overall (93%). (I believe VE stands for Vaccine Effectiveness.)

Vaccine durability is noted to be waning in its effectiveness to both protect against contracting Covid-19 and in the ability to pass it on to others.

• A statement made by the Director of the CDC Director Rochelle P. Walensky on July 27, 2021 notes: The CDC updated its guidance for fully vaccinated people, recommending that everyone wear a mask in indoor public settings in areas of substantial and high transmission, regardless of vaccination status. This decision was made with the data and science available to CDC at the time, including a valuable public health partnership resulting in rapid receipt and review of unpublished data.

Today, some of those data were published in CDC’s Morbidity and Mortality Weekly Report (MMWR), demonstrating that Delta infection resulted in similarly high SARS-CoV-2 viral loads in vaccinated and unvaccinated people. High viral loads suggest an increased risk of transmission and raised concern that, unlike with other variants, vaccinated people infected with Delta can transmit the virus. This finding is concerning and was a pivotal discovery leading to CDC’s updated mask recommendation. The masking recommendation was updated to ensure the vaccinated public would not unknowingly transmit virus to others, including their unvaccinated or immunocompromised loved ones. https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html

7) VAERS Report (Public Health Vaccine Adverse Event Reporting System)
Here is a recent VAERS chart. It shows the number of VAERS-reported vaccine deaths every year since 1990. Now look at the huge surge in reported deaths from 2020. Deaths attributable to vaccines are generally thought to be under reported. This screen shot is from a month or more ago.
The most recent graph shows the VAERS total deaths at over 13,000. All vaccines before 2020 amounted to about 158 total deaths per year.

A 2021 report showed that “86% of the deaths reported to VAERS had no other explanation than the vaccine (for Covid-19),” according to McLachlan, Scott & Osman, Magda & Dube, Kudakwashe & Chiketero, Patience & Choi, Yvonne & Fenton, Norman. (2021) in their Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim Results and Analysis. 10.13140/RG.2.2.26987.26402.

https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis

The CDC manages the VAERS system. From their website: VAERS is an early warning system used to monitor adverse events that happen after vaccination. VAERS is the frontline system of a comprehensive vaccine safety monitoring program in the United States.


Here are the statistics for all adverse effects (including deaths) from the Covid-19 vaccinations from December 2020 until August 20, 2021. http://vaersanalysis.info/2021/08/27/vaers-summary-for-covid-19-vaccines-through-8-20-2021/ If the powers that be at the CDC and the FDA are truly concerned with vaccine safety, why hasn't something been done before now to stop these appalling numbers?

8) Pandemic over, SARS-CoV-2 enters the Endemic Stage?
Covid-19 risks shift from older adults to younger children as the SARS-CoV-2 virus becomes endemic, according to new modeling results. What are we seeing locally? More children coming down with SARS-CoV-2. Are we now entering the endemic stage? Does this mean we are entering the stage of this disease where we will have to learn to live with Covid-19?


9) FDA Approvals Begin.
The FDA has approved one version of the Pfizer vaccine. (Yes, there are 2 versions which are legally distinct from one another.) Why specify that identical versions of the product will be legally different? [https://www.rwmalonemd.com/news/7ea84jm9hlt36rnk4g5ex5l5zwbtxt](https://www.rwmalonemd.com/news/7ea84jm9hlt36rnk4g5ex5l5zwbtxt)

- A statement released by the Association of American Physicians and Surgeons (AAPS) noted that the FDA’s “approval letter” actually approves a biologics license application (BLA) from BioNTech Manufacturing GmbH in Mainz, Germany, for its product COMIRNATY. The FDA has extended the EUA for the Pfizer-BioNTech COVID-19 vaccine, which is legally distinct from, though in most other respects, the same as Comirnaty. The EUA version is what’s on available in stockpiles locally and across the nation.

> “Full approval does not actually apply to vials not labeled ‘Comirnaty,’” AAPS states.

In any event, AAPS notes that “bureaucratic approval does not abrogate the right of individuals to give or withhold informed consent to medical interventions.” AAPS points out that the approval bypassed the normal advisory committee and public comment requirements. Neither of these events were held.

The FDA-approved package insert for Comirnaty contains a warning about the risk of myocarditis, and post-marketing studies are required. There is no mention, however, of blood clotting or neurologic complications, or the unprecedented number of lethal and disabling complications reported to the Vaccine Adverse Events Reporting System (VAERS), states AAPS.

> “AAPS opposes vaccine mandates, supports the need for fully informed consent, and affirms the right of patients to refuse medical treatment even if it is recommended by their physician(s).”

Published in the Washington Times, Aug 5, 2021: Covid-19 Strategy Questioned by Dr. Robert Malone and Peter Navarro

FDA Pfizer Authorization: Key Points to Discuss, August 23, 2021
[https://static1.squarespace.com/static/550b0ac4e4b0c16cdea1b084/t/6124fdd27da16f3e2c51aecb/1629814226387/Key+points+to+consider+FDA+letters+and+press+release.pdf](https://static1.squarespace.com/static/550b0ac4e4b0c16cdea1b084/t/6124fdd27da16f3e2c51aecb/1629814226387/Key+points+to+consider+FDA+letters+and+press+release.pdf)

And now, Booster Shots. From the August 2021 STAT:
U.S. officials’ decision on Covid-19 booster shots baffles — and upsets — some scientists

- From the article: To many experts... the sequencing of the decisions being made is also out of whack. While U.S. health officials said booster shots could start being offered the week of Sept. 20, the FDA has not even ruled yet on Pfizer’s application for approval of a third shot; it was filed only Monday. Moderna hasn’t yet asked the agency to authorize a third shot.
In an August 31, 2021 Endpoints News article entitled: *In a major blow to vaccine efforts, senior FDA leaders stepping down*, reasons were given as to why these longtime FDA leaders are stepping down. [https://endpts.com/breaking-in-a-major-blow-to-vaccine-efforts-senior-fda-leaders-stepping-down-report](https://endpts.com/breaking-in-a-major-blow-to-vaccine-efforts-senior-fda-leaders-stepping-down-report)

**My Conclusions**

Everyone needs to do the research to arrive at *their own* conclusions. My point in providing this information is for educational purposes, because most people are only hearing one side of the Covid-19 story. And even if they are interested, they may not have an inkling of where to look. This position paper is provided to those who need and want a place to start.

With all the research I have conducted since March of 2020, I have come to the conclusion that we cannot vaccinate our way out of this disease known as Covid-19. As noted in some of the above studies, the immune escape from those who are vaccinated appears to be the cause of the variant strains. Not what the newspapers say, the nightly news reports, or from numerous other outlets that carry the message that every unvaccinated person is the problem. The current vaccines do not protect against getting Covid-19 nor from transmitting it. Their effectiveness in providing immunity wanes within months. And boosters to protect against the variants are said to be on their way this September without the FDA’s ruling or approval. And, without tests or trials with the new mutant strains. Do you see anything wrong with this picture?

These days, fear permeates the air. It is persistent and has big institutional promoters to ensure it continues to saturate humanity’s psyche. That keeps our society in check and ready to give up whatever the experts say we need to give up as a means by which to remain safe. Granted, we did not elect these so-called experts. But we have willingly given them free reign over our lives. I implore you to look at your choices and reassess. There is so much more research out there in peer reviewed journals, pre-prints, expert testimony, and the like, than I have shared with you in this paper. So much more! This information is available for anyone who has eyes to see (read) and ears to hear (podcasts, videos, etc.)

So how can we (the federal, state or local government) mandate vaccines *for anyone*? It is beyond comprehension. In good conscience, I cannot agree to the County of Tuolumne following the current State of California guidelines for its employees.

We should be doing more to promote healthy lifestyles, instructing what it takes to build our immune systems, and promoting early treatment for Covid-19 to reduce hospital surge...in homes, in doctor’s offices and in our prompt care facilities. Those who contract Covid-19 should seek early treatment from their healthcare professional so as to minimize ill effects. In most cases, those who contract Covid-19 and recover should develop broad, durable and long-lasting immunity. This is how we find our way out of this mess. Through natural immunity. Through early effective treatment. Through alternate methods that have been proven but are shunned by many currently in our healthcare system. This HAS to change!!

Let’s take a step back. Testing only those who have chosen not to get the vaccine is disturbing and frankly, discriminatory. Those vaccinated are also passing Covid-19 on to others. We will see the increase of this trend where more and more vaccinated people will fall ill and be hospitalized under our current system. We have only to observe what is taking place in the countries who vaccinated
(broadly) a month or two ahead of us (Israel and the UK) to understand what is in store for us. This increase in contracting Covid-19 and passing it on to others is due to the waning effectiveness of the vaccines. Just about the only group who isn’t passing the disease on to others are those who have had a documented Covid-19 case and have recovered.

If we move forward in following the State’s guidelines imposing the same Covid-19 regulations and disciplinary actions for those who don’t comply, our County will find itself further in the hole as far as vacancies go. Services to the public will be further diminished and we will find ourselves in a downward spiral on every level: mentally, emotionally, financially, and collectively.

I believe the role of government should be one of leadership in providing fact-based information so that the public, including government staff, can make an informed decision about their own health.