

## **BOARD OF COUNTY COMMISSIONERS BUSINESS MEETING MINUTES**

*A complete video copy and packet including staff reports of this meeting can be viewed at*

<https://www.clackamas.us/meetings/bcc/business>

**Thursday, August 12, 2021 – 6:00 PM**

**Virtual Meeting via Zoom and in Person**

**PRESENT:** Chair Tootie Smith  
Commissioner Mark Shull  
Commissioner Martha Schrader  
Commissioner Paul Savas

**EXCUSED:** Commissioner Sonya Fischer

### **CALL TO ORDER**

- Roll Call
- Pledge of Allegiance

~Board Discussion~

### **I. PUBLIC HEARING** <https://www.clackamas.us/meetings/bcc/business>

1. Approval of a Board Order Accepting a Request to Transfer Jurisdiction from Clackamas County to the City of Canby for a Portion of N. Locust Street (County Road 1782), N. Maple Street (County Road #2579) and S. Redwood Street (County Road #0277)

Opened Public Comment

N/A

Closed Public Comment

Commissioner Shull: I move we approve the Board Order accepting a request Transfer Jurisdiction from Clackamas County to the City of Canby for a Portion of N. Locust Street, N. Maple Street and S. Redwood Street

Commissioner Schrader: Second

Clerk called the Poll

Commissioner Savas: Aye

Commissioner Schrader: Aye

Commissioner Shull: Aye.

Chair Smith: Aye.–the motion carries 4-0

2. Second Reading of an Ordinance Amending Chapter 8.03 of the Clackamas County Code – Secondhand Dealers (Scott Ciecko, County Counsel)

Opened Public Comment

In Person

1. Steve Souza – Oregon City – 2nd Hand Dealers

Zoom

N/A

Closed Public Comment

Commissioner Shull: I move that the clerk read the ordinance by title only

Commissioner Savas: Second

Clerk called the Poll

Commissioner Schrader: Aye

Commissioner Savas: Aye

Commissioner Shull: Aye.

Chair Smith: Aye.–the motion carries 4-0

Commissioner Savas: I move we approve an ordinance

Commissioner Shull: Second

~Board Discussion~

Clerk called the Poll

Commissioner Savas: Aye

Commissioner Shull: Aye.

Commissioner Schrader: No

Chair Smith: Aye.–the motion carries 3-1

## **II. CONSENT AGENDA** <https://www.clackamas.us/meetings/bcc/business>

### **A. Health, Housing & Human Services**

1. Approval of Amendment #01 to a Subrecipient Agreement with ColumbiaCare Services, Inc. for Residential Treatment Services. Maximum valued of \$1,508,000 through the State of Oregon, Community Mental Health Program. No County General Funds are involved. – *Behavioral Health*
2. Approval of Amendment #21 to the Intergovernmental Agreement with the State of Oregon acting by and through its Oregon Health Authority for Operation as the Local Public Health Authority for Clackamas County. Amendment increases amount by \$169,959 through the State of Oregon. No County General Funds are involved. – *Public Health*
3. Approval of the Intergovernmental Agreement with the State of Oregon, acting by and through its Oregon Health Authority (OHA) for Public Health Medicaid Administrative Claiming (PH MAC). Maximum contract is \$1,900,000 and is a reimbursement mechanism through the state to cover time spent by Public Health staff on administrative activities not otherwise covered by Medicaid. No general funds are involved. – *Public Health*
4. Approval of Amendment #1 to an Intergovernmental Agreement with the State of Oregon, Housing and Community Services Department to change wording regarding the disclaimer of warranties with no other changes to the agreement dates or dollars allocated to the Oregon Emergency Rental Assistance Program. Not to exceed amount of \$10,192,438 through the US Treasury Consolidated Appropriations Act Federal Rental Assistance pass-through funding from the State of Oregon. No County General Funds are involved. – *Social Services*
5. Approval of an Intergovernmental Agreement with Tri-County Metropolitan District of Oregon for Special Transportation Formula Funds for Mt Hood Express Bus Service, Dedicated Dialysis Rides Program and match funding for Title 19 (Medicaid) non-medical Waivered Transportation. Maximum agreement is \$89,558. There is no financial impact to the County. – *Social Services*
6. Approval to renew an Intergovernmental Agreement with City of Sandy, Oregon, for Support for the Mt Hood Express Bus Service. Total agreement value is \$81,450, through Statewide Transportation Funds. No County General Funds are involved. – *Social Services*
7. Approval to Apply to Funding Opportunity HRSA-21-114 with Health Resources and Services Administration (HRSA) for American Rescue Plan (APR) – Health Center Construction and Capital Investment. Maximum agreement value is \$700,134 through Health Resources and Services Administration. No County General Funds are involved. – *Health Centers*
8. Approval to Apply to the 2021-2023 OSBHA ACTION grant with Oregon School-Based Health Alliance for School Based Health Center programs. Maximum agreement value is \$22,000 through Oregon School-Based Health Alliance. No County General Funds are involved. – *Health Centers*
9. Approval of a Local Subrecipient Grant Amendment #4 with Northwest Family Services for Student Resource Coordination. This amendment adds \$60,000 for a revised maximum of \$330,950, funded through Clackamas County Behavioral Health and Marijuana Tax Funds. No County General Funds are involved. – *CFCC*
10. Approval of Intergovernmental Agreement with Oregon Department of Transportation Rail and Public Transit Division for HB2017 State Transportation Improvement Fund Discretionary Program Funds for an Integrated Website for all Clackamas County Transit Providers. Maximum grant award is \$145,000, funded through the Oregon Department of Transportation. No County General Funds are involved. – *Social Services*

### **B. Transportation and Development**

1. Approval of an Intergovernmental Agreement with the City of Molalla to affirm maintenance responsibility of improvements as required by the Oregon Department of Transportation. No fiscal impact, the county is currently obligated to maintain these improvements regardless of the agreement using Road Fund funding.
2. A Board Order Setting a Hearing Date for the Withdrawal of Status of McIntyre Rd. There is no fiscal impact.
3. A Board Order Vacating a Portion of Dusty Lane, Public Road No. 5032. There is no fiscal impact.

**C. Elected Officials**

1. Approval of Previous Business Meeting Minutes – *BCC*
2. Approval of ORMAP (the Oregon Map) Intergovernmental Agreement Contract # DOR-318-21 between the Clackamas County Assessor's Office and the Oregon Department of Revenue for the Administration of the Ad Valorem Property Tax System. The semi-annual contract is valued at \$35,000 for this funding period. Assessment and Taxation dedicates an additional \$10,000 annually for the conversion of maps. Funded through the State of Oregon, Department of Revenue. No County General Funds are involved.

**D. Business and Community Services**

1. Approval of Modification No. 8 to Stewardship Agreement 13-SA-11060600-013 between Clackamas County and USDA, Forest Service Mt. Hood National Forest. Total funds are \$38,738.08, through USDA Forest Service, and Dump Stoppers program. No County General Funds are involved.

**E. Disaster Management**

1. Approval of Amendment #1 to FY19 Urban Area Security Initiative (UASI) Grant Agreement between the City of Portland and Clackamas County. Total increase of \$50,000 for a total of \$387,000, funded through the United States Department of Homeland Security. No County General Funds are involved.
2. Approval of Amendment #2 to FY19 Urban Area Security Initiative (UASI) Grant Agreement between the City of Portland and Clackamas County. There is no financial impact.
3. Approval of FY20 Urban Security Initiative (UASI) Grant Agreement between the City of Portland and Clackamas County. Total grant is \$375,833, funded through the United States Department of Homeland Security. No County General Funds are involved.

**F. Public and Government Affairs**

1. A Board Order Approving the Renewal of the Cable Television Franchise Agreement for the Use of the County's Rights-of-Way by Comcast of Tualatin Valley, Inc.; Comcast of Illinois/Ohio/Oregon, LLC; and Comcast of Oregon II, Inc. This agreement will bring 5% in Franchise Fees to the Public and Government Affairs Revenue Account. No County General Funds are involved.

Read Consent Agenda

Chair Smith moved to strike the WES item

Commissioner Shull 2<sup>nd</sup>

Commissioner Schrader: I move for approval of the content agenda

Commissioner Shull: Second

Clerk called the Poll

Commissioner Shull: Aye.

Commissioner Schrader: Aye

Commissioner Savas: Aye

Chair Smith: Aye.–the motion carries 4-0

**Recess as the Board of County Commissioners and Convene as the Water Environment Services for the consent agenda**

**G. Clackamas Water Environment Services**

1. Approval of a Purchase and Sale Agreement between Clackamas Water Environment Services (WES) and Certain Individuals pertaining to the purchase of a vacant parcel for Hoodland Sandy Lane Pump Station Relocation Project. The cost is \$95,000 plus a share of closing costs, funded through WES Wastewater Capital Fund. No County General Funds are involved.

Read Consent Agenda

Commissioner Shull: I move for approval of the Water Environment Services content agenda

Commissioner Schrader: Second

Clerk called the Poll

Commissioner Savas: Aye

Commissioner Schrader: Aye

Commissioner Shull: Aye.

Chair Smith: Aye.–the motion carries 4-0

Adjourn as the Water Environment Services Board and reconvene as the Board of County Commissioners for the remaining meeting

**IV. COUNTY ADMINISTRATOR UPDATE** <https://www.clackamas.us/meetings/bcc/business>

Commissioner Shull: I move to ratify this item  
Commissioner Schrader: Second  
Clerk called the Poll  
Commissioner Schrader: Aye  
Commissioner Savas: Aye  
Commissioner Shull: Aye.  
Chair Smith: Aye.–the motion carries 4-0

**III. PUBLIC COMMUNICATION** <https://www.clackamas.us/meetings/bcc/business>

Opened Public Hearing

**In Person**

1. Vickie Gafley – Mulino
2. Christa Shipman – Aurora – COVID
3. Jennifer Dale – Lake Oswego – COVID
4. Brett Duax – Happy Valley – Everything
5. Denise Damian – Milwaukie
6. Jennifer Edwards – Mulino – Oppose Mandates
7. Rob Mager – Damascus – Freedom
8. Lisa Abbott – Lake Oswego –
9. Alyssa Kennedy – Damascus –
10. Eric Post – Happy Valley – Mandates
11. Jonathan Vese – West Linn –
12. Magdalena McDowell – Gladstone – Mask/Vaccine
13. Gina Tallerino – Happy Valley
14. Lee Samatowie – Hubbard – Mask and Vaccine mandates
15. Lauri Tauscher – Clackamas – Mask/Vaccine/Shutdown
16. Brenda Ruble – Lake Oswego – Mask Vaccine Shutdown
17. Rick Coufal – Beavercreek – Vaccination Passport
18. Jo Haverkamp – Oregon City – Covid
19. Carol Sadick – West Linn – Anti Mask, vax, lockdown
20. Laurie Kimmell - Clackamas County – Vaccine Passport
21. Jim Weaver – Oregon City – Anti Tolling Support
22. Dana Leischner – Canby – Mask and Vaccine Mandates
23. Josef Leischner – Canby – Mask and Vaccine Mandates
24. Eric Garland – Milwaukie – Masks
25. Chelsea Wilson – Molalla – Mandated Vaccine
26. Tonya Striefel – Eagle Creek – Masking and vaccinations
27. Jennae LeVasseur – Eagle Creek – Maks K-12
28. Ashley Cruz – Gladstone – Mask and Vaccine Mandate
29. Lisa Pearse – Oregon City – Masks
30. Connie Iman – Oregon City – Covid 19/Masks
31. Rachel Deshirla – Estacada – Masking Children
32. Yvonne Lazarus – Milwaukie – CCC
33. Cheryl Wenzel – West Linn – Masks and Vacs
34. Troy Lundstrom – Mulino – Medical Tyranny

35. Tia Ballard – Lake Oswego – Mandates-Vaccine
36. Travis Kruger – Oregon City – Stupid Masks, stop vaccine passports
37. Jeff Miller – Sandy – Masking K-12
38. Allen Anderson – Sandy – Masking
39. Lorely Miller – Oregon City – Toll
40. Katie Jones – Molalla – Mandates
41. Barbara Andrus –Wilsonville – Mask Mandates
42. Mark Johnson –Molalla – Covid Restrictions
43. Sara Lambert – Oregon City – Choice for masks and vaccines
44. Lisa Obrien – Gladstone – Tolling
45. Jesse Hernandez – Local Control
46. Dr. Rob McDowell – Oregon City – Regulations
47. Kimberly Hutchinson – Oregon City – Government mandates
48. Nancy Hall – Happy Valley – COVID
49. Colin Mooney –Beavercreek - Masks and Vaccines
50. Barbara Castor – Oregon City – Lack of Accountability
51. Mary Sophia – Beavercreek – Masks and no vax mandate
52. Marissa Kishpaugh – Happy Valley –Mandates
53. Bruce Wilson – Wilsonville – Masking and Local Control
54. Janet Baily – Tualatin – Masking
55. Bernadette McKee – Lake Oswego – Medical Tyranny
56. Lisa Anderson – Oregon City – Masks
57. Dana Handman-Allen – Sandy - no lockdowns, mandates, or vaccine passports
58. Cory Streeter – Lake Oswego - Covid Lockdowns
59. Kat Newton Oregon – Gresham – Corruption
60. Terri Coleman – Hubbard – government overreach
61. Corinne Montgomery – Boring – Mask Mandate
62. Ivan Biletsigz – Happy Valley –Freedom
63. Ana Petras –West Linn – Stop Vaccine Mandates
64. Leila Blkely – Sandy - Passport Ban
65. Tiff Mumma – Oregon City – Vaccine Mandate
66. Todd Zabioudil –Eagle Creek - Shutdown-Vaccine Mandate
67. Chris Foster –Lake Oswego – Covid Mask Mandate
68. Daniel Boatright –Estacada – Mask mandate and lockdown
69. Jeff Orcutt – Oregon City– Covid

**General Public Comment Zoom:**

1. Jackson Calhoun – Gladstone - Free Oregon
2. Artie Fufkin – Agenda # 3
3. Debbie Otenburg – Oregon City- Covid Mitigation
4. Stacy Fletcher - West Linn - Learn more about Covid restrictions
5. Candie Camberg-Wilsonville-Masks
6. Cris Waller-Milwaukie-COVID
7. Jennifer Duncan-Lake Oswego-Mask mandate
8. Angela Nylund-Wildfire and safety
9. Andreea-Masking
10. Christine Kennedy-Lake Oswego-Covid mitigation strategies
11. Allisonk-Mask mandate
12. Gina Tallerino-Mask/Audit
13. Michael Weber-Milwaukie-COVID

14. David Katz-COVID-19
15. Bill Wehr-public policy
16. Gina Tallerino-Happy Valley-Vaxx, mask, audit
17. Jim Braun-Albany-Face mask.
18. Robert Gaudette-Oak Grove-Agenda Number 3
19. Patti Jarrett-Oregon City-public discussion before meeting
20. Beth Carr-West Linn-Tolls
21. Jenn Fraga -Oregon City-Mask mandate and other restrictions
22. Tina DeHut-Oregon City-Tolling on 205
23. Trisha-205 213 Toll
24. Connie Lee-Lake Oswego -Delta Variant
25. Brenda Seymour-Beavercreek-Mandate of Vaccine
26. Mary Perrault-Oregon City-Public Communication

Closed Public Hearing

**V. COMMISSIONERS COMMUNICATION** <https://www.clackamas.us/meetings/bcc/business>

***Adjourned 8:20 PM***

## Introduction

The judgment by the war crimes tribunal at Nuremberg laid down 10 standards to which physicians must conform when carrying out experiments on human subjects in a new code that is now accepted worldwide.

This judgment established a new standard of ethical medical behaviour for the post World War II human rights era. Amongst other requirements, this document enunciates the requirement of *voluntary informed consent* of the human subject. The principle of voluntary informed consent protects the right of the individual to control his own body.

This code also recognizes that the risk must be weighed against the expected benefit, and that unnecessary pain and suffering must be avoided.

This code recognizes that doctors should avoid actions that injure human patients.

The principles established by this code for medical practice now have been extended into general codes of medical ethics.

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## The Nuremberg Code (1947)

### Permissible Medical Experiments

The great weight of the evidence before us to effect that certain types of medical experiments on human beings, when kept within reasonably well-defined bounds, conform to the ethics of the medical profession generally. The protagonists of the practice of human experimentation justify their views on the basis that such experiments yield results for the good of society that are unprocurable by other methods or means of study. All agree, however, that certain basic principles must be observed in order to satisfy moral, ethical and legal concepts:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have 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. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is

a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
10. 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.

For more information see [Nuremberg Doctor's Trial](#), *BMJ* 1996;313(7070):1445-75.



that measured the aerosolized particles that were supposed to be coming out of the mask on the other side. At BEST could measure 5 nanometer sized particles, however the covid particle is .12 nanometers. More than 2x the size less than the machine is even able to measure. Yes, a mask can stop a droplet but that has nothing to do with the rest of the influenza particles that have been aerosolized coming out of the other side of the mask. A MASK, even a N-95 mask (which people are not wearing) Does not prevent the viral transmission of any influenza type viruses or Corona type viruses.

Between late december of 2020 and April 2021 ~~a~~ 3362 died in the US alone from the covid vaccine. That's an average of 30 people a day. But no one talks about it or acknowledges it. ... More people have died from

The covid vaccine then in 20 years  
of every vaccine given in America,  
Not to mention the side effects  
of the vaccin people are reporting.

- Blood clots that have potential to cause serious health problems and even death.
  - Seizures
  - paralysis.
  - Sudden Death
  - migraines
  - cancer
  - kidney disease.
  - microvascular injuries to the brain, liver + heart.
  - migraines --- + more.
- Now they want to give this to  
kids 5 and up. our children.

There is no proof that any child has  
spread covid ~~vaccine~~ or caused a death  
to any teacher in the world.

more importantly we should be concentrating  
on the fact that in 2020 suicide  
rates in children have increased 5 fold.

our children are slipping through  
the cracks, and paying the price  
for this sickening agenda - NE will not  
allow it.

It is time to draw the line + people  
~~will~~ ~~need~~ to wake up ~~now~~  
fight for freedom, and not comply! Because  
my family won't give into any of this.  
Thank you.

Hi. My name is Kristy I am a wife and mom of 4 <sup>amazing kids</sup> ~~to~~ a 13 year old 11 year old, 8, + 5. I stand here to fight for freedom for ourselves but even more so, for our children.

Children should never be forced to cover their face with a mask for 8 hours a day, 5 days a week! This past year I have watched my kids fight, cry, complain, have severe anxiety + depression because of these masks. They DO NOT work! Kids are passing out in PE, can't breathe on the playground and it is psychologically, mentally, physically and emotionally damaging. They do nothing but harm our children. With a 99.9% survival rate, and 0.02 death rate, why are we still forcing these masks on our children. The droplets research that was being pushed for the entire mask wearing narrative was false research! If you read the droplet mask study, it will tell you that the machine

Naomi Wolf warns, "Once this rolls out, **you don't have a choice about being part of the system.**" A liberal feminist, she says vaccine passports are the greatest threat to our freedom.

After people protested, Orange County, CA, in a 4-1 vote, backed down from its plan to require vaccine passports. A spokesperson said they "heard the noise" and could not get any work done, stating, "Orange County will stop moving ahead in establishing any kind of digital record, any QR code, anything involving vaccination ... "

We have seen this in China, Israel and now here in the U.S. The Pentagon has announced it is close to deploying a body implant that will monitor recipients' blood and report the results.

Coercion, whether by government or private industry, is designed to use freedom as a "carrot."

Biden's press secretary lied when she said there will be no federal vaccine passport. . We have the actual PowerPoint presentation given March 2, 2021, by the Biden administration to federal agencies to move forward with mandatory vaccine passports.

**Whether vaccine passports are mandated by government or private industry--the loss of freedom is the same!**

**We have the right to work, travel, assemble and worship without a digital health or vaccine passport!**

Naomi Wolf said, a vaccine passport **"has the power to turn off your life. Or turn on your life. To let you engage in civil society or be marginalized. It's catastrophic. It cannot be allowed to continue."**

This COVID injection is different than any vaccine up to this point. Much about it has become politicized, censored and distorted. Health care workers have told me they are pressured to list COVID as the cause of death for people who did not die of COVID--including murder victims.

A dear friend of mine died after the second COVID shot. Another had a heart attack. A husband and wife whom we have known for years are suffering from heart problems following the shot. Deaths and adverse reactions reported in VAERS are exploding. The reported adverse reactions more than tripled in one month from 50,000 to over 157,000. And historically VAERS reports less than 1% of actual.

The push for vaccine passports was developed long before COVID, is not limited to COVID and will continue after COVID. This is about control--forcing your medical decisions and using freedom as a carrot. The truth is you lose your freedom by submitting to a vaccine passport--which will include tracking and tracing your every move.

**NO ONE SHOULD BE FORCED TO TAKE THESE SHOTS!** Liberty Counsel is representing the doctors, nurses and medical personnel at one of the country's largest hospital systems with over 23,000 employees. We have direct knowledge that more than 80% of the staff do not want the shots, and of those, the vast majority are African American and Hispanic. The African American community has a history of suffering adverse reactions from prior vaccines.

We are defending their LEGAL RIGHT to REFUSE the SHOT. I will update you on that case's progress as soon as I am able.

**Doctors, nurses and health care workers have treated patients injured from the COVID shots. They worked through COVID without the shots. They must not be forced to take them against their will.**

In only four months, this whistleblower witnessed two spontaneous abortions, one stroke, two cases of complete body paralysis, partial paralysis, two spontaneous deaths and six cases of severe shedding of the uterine lining and tissue.

There is a common theme among all these patients—they all had the shot. These injuries match the now hundreds of thousands of adverse reactions that have been reported to the CDC VAERS (Vaccine Adverse Events Reporting system) website.

**As of July 30, 2021, a terrifying 545,337 COVID shot injuries, 46,036 hospitalizations and 12,366 deaths had been reported to VAERS—more than any other shot in history!**

Worse yet, according to the CDC, those numbers represent less than 1% of the total number of COVID shot victims!

"This is dangerous practice," this nurse said.

"There are a lot of patients being injured," another registered nurse shares. "I've never seen anything like this."

She personally witnessed the deaths of six people from the COVID shots. Post-injection patients are experiencing "urinating clots of blood, paresthesia (burning or prickling sensation), gastroparesis (stomach stops processing food), altered mental status, respiratory arrest, cardiac arrests, new onset seizures and new onset diabetes. I have patients who can't walk anymore."

All because of the very same shots Biden and other tyrants want to force on every other American, no matter the disastrous human collateral.

**Sources:**

"Real Medical Observations." n.d. C19 VAX REACTIONS. Accessed August 5, 2021. [c19vaxreactions.com/real-medical-observations.html](https://c19vaxreactions.com/real-medical-observations.html).

"Real Testimonials." n.d. C19 VAX REACTIONS. [c19vaxreactions.com/real-testimonials.html](https://c19vaxreactions.com/real-testimonials.html).

[LC.org/vaccine](https://LC.org/vaccine)

[WalkOutWednesday.net](https://WalkOutWednesday.net)

Forcing masking & shutting down our lives is wrong & not an effective way to deal with covid!! Staying in our homes locked down & having our freedoms ripped from us won't stop covid. If we don't stop this now it will never end.

We can see that people who have been vaccinated are still getting break through cases, which is fine and most are just dealing with cold symptoms. 99.09% of people who get covid had just cold symptoms. As annoying as having a cold is it is something that we will live with our whole lives. Thankfully if we take care of our bodies & do the recommended things to improve our immune systems we can fight most of these viruses!

We need to change our mindsets & decide as a country, state, city, & community that we all will come together & say NO to masks, realize that covid is a cold, help support others in need, be praying for anyone who might still be scared. The government is separating us and abusing our children by forcing them to breath carbon dioxide, all day in these pointless cloth masks. Bacteria thrive in warm moist conditions & WE do not accept this torture any longer

We should be focusing on things to strengthen and improve everyone's immune systems!! Small pox was the only virus eradicate and we can all see that Covid is going to be a virus that we will likely deal with every year just like the flu.

**We do not wear masks nor should we ever** for the seasonal flu, it is a never ending virus that we deal with every year. That has a greater mortality rate for all age groups that covid.

### **Lets start with teaching and offering ways to improve our immune systems.**

Our Bodies need the following to keep and maintain a healthy immune system:

1. Maintain a healthy diet. As with most things in your body, a healthy diet is key to a strong immune system. ...
2. Exercise regularly. ...
3. Hydrate, hydrate, hydrate. ...
4. Get plenty of sleep. ...
5. Minimize stress. ... Hanging out with friends, laughing.

The Majority of American's have either had covid, with or without a test, and recovered or have been vaccinated. We are at a point where we need to be moving on and using common sense instead of being driven by fear!

We should all have the choice for ourselves and children. We decide what is the right thing for our families.

1. mask or not
2. Vaccines or not

328.2 million population:

167 Million fully vaccinated people

There have been  
30,686,201 confirmed cases of covid  
30,050,933 (98%) recovered  
635,268 (2%) deaths  
from the cdc's website

Overall, 78.2% of decedents were aged  $\geq 65$  years,

Covid chances of death by age group:

Ages 1-25 have 1 in a million chance of dying from covid.



What science says about masking is that it will offer some protection if someone sneezes or coughs directly into your face...even if that we're to happen though and you're wearing a mask, we now know that the virus will enter through your eyes, so you'll need to blink for your mask to work. If you're wearing a mask and sneeze or cough directly on someone, it will also offer them some protection but as you continue to stand and talk with that person the protection will fade. If you've been wearing your mask for some time and the fibers have become permeable, the mask offers almost no protection at all.

The good news is that even though the vaccines proved to be ineffective against the virus (by science, not the news) and masks don't work, the delta strain of virus is still not very deadly to most folks.

I feel a responsibility as a scientist (who is on my 2nd covid pregnancy), to tell people that the vaccine or mask won't protect your loved ones who are vulnerable to catching covid. It's best to meet and dine outside as distancing is a proven mitigation technique.

I've said from the beginning that I'm not going to wear a mask, not because of a political agenda. It's because it's not good for my health. Wearing the same wet piece of cloth on your face collecting bacteria isn't smart, especially for someone who is pregnant.

There's a good chance that vaccination drove mutation (not because of anything that is wrong with them, that's just how this war works), the Pfizer vaccine isn't working against delta and manufacturers have quoted the government 100 days for a new vaccine fix. Even if it's just "100 more days", the problem with that is that it may speed another mutation and we have no idea what will happen if it does. We may be much worse off than we are now!

The virus is endemic, just like the flu (this virus is comparable, no matter how many times the media wants to say it isn't) except that the flu was far more deadly when it emerged. We now know that the CDC recorded inflated numbers using admin data instead of medical data and we have no way of knowing our actual death count, but we do know it's much less than we were led to believe. The same is true for cases, since quite a few of these were presumed or unconfirmed.

When you have a viral infection like this that is mostly non-lethal, the safest and best thing is to let the healthy get infected. I for one hope that Delta can speed this process before the virus mutates again. Masks won't mitigate transmission, but another quarantine will, and we need to avoid that at all costs.

Because Covid is endemic, I must ask the how long are you prepared to mask? How long should kids be kept from smiles and hugs? Is 3 years enough, 5?



Should people who know better allow a political organization (CDC) to lie to the public to get them to participate in useless behaviors out of fear?

What kind of person would that make me if I said nothing?

What kind of mother does it make me if I mask my kids knowing the increase in respiratory issues it puts them at risk for?

How do you think I feel having to choose between my children's social and emotional connections at school and weakening their respiratory health during the emergence of a respiratory virus?

If you won't do the right thing because it's the right thing to do, I am asking you to at least consider yourselves. For the rest of all time how you handled this situation will be a click away. Your grandchildren's grandchildren will be able to access your decisions today. Do you want them to see you as tyrants that kept your subjects locked down while you learned how to read simple scientific studies, or as rational, educated people?



What kind of person would not have the... (faint, mirrored text)

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What kind of person would not have the... (faint, mirrored text)

*I am a health care worker, an educator and a mother of 3-*

As health care workers we were asked to take care of patients when there was NEVER a vaccine. In fact, there was hardly any information or data even provided to us. Through this entire pandemic, we have not lost our skills, nor our intelligence, nor our titles or degrees...but now- we are being treated like OUTCASTS! All we have done is utilize our own knowledge and hands on experiences to CHOOSE not to be vaccinated. We are not criminals. As frontline/essential workers, we are being discriminated against because we have chosen to not be vaccinated. WE are NOT uneducated, unformed, ignorant, nor are we shut off from what is really happening...again we are on the front lines. My body does not belong to the government, nor Kate Brown. My body does not belong to my employer. My body BELONGS TO ME. PERIOD...if anything, I do not want to quit my job. I am dedicated to what I do. So, is my only option to tell my employer that I am refusing the vaccine- only to be discriminated against? I am not being defiant in any way, I am deferring the decision about vaccines until clinical trials are over in 2 years and safety data is actually analyzed and available so I can exercise my right to an informed consent. How is this looked at as being unreasonable or wrong? I may not be important to anyone here in this room, but I am to my patients!

As a SPED educational assistant, I am responsible for supporting teachers instruction, guiding and teaching students through math and reading programs- as well as being a positive and supportive role model for students who sometimes or most times, do not have any support at home. School is a safe space. They know that everyone at school is there to help them. Between their mental health and intellectual health, this all becomes incredibly difficult behind barriers, such as masks. They cannot see our smiles and have a difficult time making connections. Students are severely struggling with mental health, emotional health and academics. They are depressed, frustrated and getting mixed signals continuously. Suicide rates are rising for our youth. My job is not to be the mask police and there is so much controversy around masks even being effective.



CoVid has not been impacting our youth population in a manner that they should be masked all day. There is absolutely NO CLEAR evidence or data to support this decision.

As a parent I am responsible for my children's well being. Physical, emotional, spiritual, etc. I have not required any assistance in this aspect of their entire lives. Now, I am being told what to put in their bodies and being given conditions about their ability to attend school- a right that they are legally entitled to under the FAPE (free access to public education) Why am I all of a sudden being forced to co-parent with the government? Why does the government feel like it's in their right to make choices for children they have never met or know anything about? Why do you feel qualified to make these types of decisions? I WILL NOT co-parent with you- I don't even recognize where we live anymore. It certainly doesn't feel like the United States of America, land of the free. I understand the fear of the unknown certainties from CoVid. I feel a loss for those that have been severely affected by it. But I have the right to choose what I believe is best for myself and my family. In my life experiences- FEAR doesn't stop death, it stops life. Thank you for your time.





## **1. U.S. Constitution, 1st Amendment, Right to Assemble, Right to Freedom of Speech, Right to Religious Expression.**

Requiring someone to wear a mask as a condition to assemble in a place of public accommodation is an infringement of this right protected under the U.S.

Constitution, the Highest Law of the Land. This means that when a Federal Law conflicts with a state or local law or Kate Brown mandates, the Federal Law will supersede the other laws or mandates.

## **2. U.S. Constitution, 4th Amendment, Right to Privacy**

Forcing a person to wear a mask without their consent is a violation of the 4th Amendment.

Further, gathering vital statistics such as taking one's temperature or requiring someone to take a medical experimental test is a violation of a person's right to privacy.

As I previously stated, No law is valid or lawful that violates the Constitution. No health order, emergency order, state of emergency, municipal ordinance, store policy, business policy may suspend or violate the Constitution, period.

Today I experienced discrimination for the first time in my life. I moved to America **Legally** from Mexico 17 years ago and never once was I discriminated against.

My employer required me to participate in a medical experiment without my consent. I made it very clear that wearing a facemask goes against my sincerely held ethical, moral, and religious beliefs. I **Want** to work. I have the Right to Earn a Living. My employer denied me today my right to work unless I wear a facemask. I applied for a constitutionally sound religious exemption; They did not honor it. Do I need to lay out how this is discrimination?. It should be obvious. In addition, I was coerced into quitting my job. This is not acceptable.



The burden of proof to refuse to accommodate my sincerely held religious belief is set at a very strict standard. According to law, stereotypes and generalizations are not valid evidence. To say that I am a threat to the health and safety of others simply due to my bare face is akin to saying all Muslims are threats to the health and safety of others because they might be terrorists.

The laws under the Constitution of the United States are the *only* laws that apply to American Business Owners.

No emergency, pandemic, health orders, executive orders, employment or business policies, rules, recommendations, regulations, guidelines, directives, or measures suspend Constitutional rights. No statute of law has been passed by the U.S. Congress that gives an exemption to this facility to allow for my rights to be violated.

None of these entities has authority to violate my constitutionally protected rights: government agencies, privately-held businesses, medical settings, and private or public schools.

The burden of proof should NOT be laid on Healthy people. As We the People are fully immunized by our Creator, our Creator who used our Founding Fathers as vessels to write God's Law into our Constitution and Bill of Rights.

We are a Nation Run by Law and Order. We do things by the Book.

**Thank you very much for your time and service.**

**God Bless America.**





HM Government

NHS

CORONAVIRUS

# ACT LIKE YOU'VE GOT IT

The new COVID-19 variant is spreading fast.  
We all need to play our part to stop the spread.

STAY HOME ▶ PROTECT THE NHS ▶ SAVE LIVES

**'Act like you have the virus': US surgeon general says 15-day lockdown won't be enough as coronavirus cases rise**

**'If we can get America to pitch in for the next 15 days, we can flatten the curve,' Dr Jerome Adams says**

Clackamas County needs to have a public health policy based on facts, sound medical and scientifically proven health measures. And not a policy based on intimidation, coercion, pseudo science and propaganda.

For the first time in human history you are asked to act like you've got a virus because you can spread and infect those around you from a virus that you are acting like you've got.

---

In order to find out if you've got the virus that you've acted like you've got, you will need to be tested using a RT-PCR technique which is scientifically useless because RT-PCR technique is not designed to, and cannot detect viral infection or diagnose a disease. Even if it is for a virus you are acting like you've got!

According to The Science™ in order to go about your daily life and not threaten the health of those around you, by spreading a virus that you are acting like you've got. You will need to be 'vaccinated' in order to get a 'health pass' as proof that you were 'vaccinated' from a virus that you are acting like you've got. Although it is stated on all COVID-19 VACCINE FACT SHEETS: *COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.* These 'vaccines' do not meet the legal or the clinical standard of a vaccine, nor will they immunize you from any virus, including a virus that you are acting like you've got! Therefor they are not a vaccine.

You are now being pressured, persuaded, lied to, incentivized, paid, coerced, bribed, intimidated, socially shamed, guilt tripped, threatened, punished and criminalized to take an injection that is deliberately mislabeled a 'vaccine'. When all of this is being promoted to gain your compliance you can be absolutely certain it is not in your best interest. To take an industrial chemical intervention, in the form of an injection of synthetic genetically engineered lipid nanoparticle pathogenic toxins in order for you to navigate through life. You have to ask yourself "will you be a fully functioning human being after that transaction?" This is the devil's bargain.

LET THIS SINK IN: FOR THE FIRST TIME IN HUMAN HISTORY, WE ARE TOLD WE CAN TRANSMIT A VIRUS WE ARE ACTING LIKE WE HAVE AND PASS IT TO THOSE WHO ARE VACCINATED AGAINST IT AND GET THEM SICK.

It is beyond time to question all of this, and quit participating in any of this nonsense. Even if you are called an anti-vaxxer or labeled as a public health threat.

**Because we all need to play our part! ... and wake up!**

**FACT SHEET FOR RECIPIENTS AND CAREGIVERS  
EMERGENCY USE AUTHORIZATION (EUA) OF  
THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019  
(COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER**

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Moderna COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

Read this Fact Sheet for information about the Moderna COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Moderna COVID-19 Vaccine.

The Moderna COVID-19 Vaccine is administered as a 2-dose series, 1 month apart, into the muscle.

The Moderna COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit [www.modernatx.com/covid19vaccine-eua](http://www.modernatx.com/covid19vaccine-eua).

**WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

**WHAT IS COVID-19?**

COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

**WHAT IS THE MODERNA COVID-19 VACCINE?**

The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “What is an Emergency Use Authorization (EUA)?” section at the end of this Fact Sheet.

## **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE MODERNA COVID-19 VACCINE?**

Tell your vaccination provider about all of your medical conditions, including if you:

- have any allergies
- have had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

## **WHO SHOULD GET THE MODERNA COVID-19 VACCINE?**

FDA has authorized the emergency use of the Moderna COVID-19 Vaccine in individuals 18 years of age and older.

## **WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE?**

You should not get the Moderna COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine

## **WHAT ARE THE INGREDIENTS IN THE MODERNA COVID-19 VACCINE?**

The Moderna COVID-19 Vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

## **HOW IS THE MODERNA COVID-19 VACCINE GIVEN?**

The Moderna COVID-19 Vaccine will be given to you as an injection into the muscle.

The Moderna COVID-19 Vaccine vaccination series is 2 doses given 1 month apart.

If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series.

## **HAS THE MODERNA COVID-19 VACCINE BEEN USED BEFORE?**

The Moderna COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 15,400 individuals 18 years of age and older have received at least 1 dose of the Moderna COVID-19 Vaccine.

## **WHAT ARE THE BENEFITS OF THE MODERNA COVID-19 VACCINE?**

In an ongoing clinical trial, the Moderna COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 1 month apart. The duration of protection against COVID-19 is currently unknown.



## **WHAT ARE THE RISKS OF THE MODERNA COVID-19 VACCINE?**

There is a remote chance that the Moderna COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Moderna COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the Moderna COVID-19 Vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of the Moderna COVID-19 Vaccine. The chance of having this occur is very low. You should seek medical attention right away if you have any of the following symptoms after receiving the Moderna COVID-19 Vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported in a clinical trial with the Moderna COVID-19 Vaccine include:

- Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness
- General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever

Side effects that have been reported during post-authorization use of the Moderna COVID-19 Vaccine include:

- Severe allergic reactions
- Myocarditis (inflammation of the heart muscle)
- Pericarditis (inflammation of the lining outside the heart)

These may not be all the possible side effects of the Moderna COVID-19 Vaccine. Serious and unexpected side effects may occur. The Moderna COVID-19 Vaccine is still being studied in clinical trials.

## **WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to **FDA/CDC Vaccine Adverse Event Reporting System (VAERS)**. The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include “Moderna COVID-19 Vaccine EUA” in the first line of box #18 of the report form.

In addition, you can report side effects to ModernaTX, Inc. at 1-866-MODERNA (1-866-663-3762).

You may also be given an option to enroll in **v-safe**. **V-safe** is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. **V-safe** asks questions that help CDC monitor the safety of COVID-19 vaccines. **V-safe** also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

**WHAT IF I DECIDE NOT TO GET THE MODERNA COVID-19 VACCINE?**

It is your choice to receive or not receive the Moderna COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

**ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES MODERNA COVID-19 VACCINE?**

Currently, there is no FDA-approved alternative vaccine available for prevention of COVID-19. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

**CAN I RECEIVE THE MODERNA COVID-19 VACCINE WITH OTHER VACCINES?**

There is no information on the use of the Moderna COVID-19 Vaccine with other vaccines.

**WHAT IF I AM PREGNANT OR BREASTFEEDING?**

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

**WILL THE MODERNA COVID-19 VACCINE GIVE ME COVID-19?**

No. The Moderna COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.


**KEEP YOUR VACCINATION CARD**

When you receive your first dose, you will get a vaccination card to show you when to return for your second dose of the Moderna COVID-19 Vaccine. Remember to bring your card when you return.

**ADDITIONAL INFORMATION**

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

<b>Moderna COVID-19 Vaccine website</b>	<b>Telephone number</b>
<a href="http://www.modernatx.com/covid19vaccine-eua">www.modernatx.com/covid19vaccine-eua</a> 	1-866-MODERNA (1-866-663-3762)

**HOW CAN I LEARN MORE?**

- Ask the vaccination provider
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>
- Contact your state or local public health department

**WHERE WILL MY VACCINATION INFORMATION BE RECORDED?**

The vaccination provider may include your vaccination information in your state/local jurisdiction’s Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs, visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

**CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?**

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, HRSA COVID-19 Uninsured Program for non-insured recipients).

**WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?**

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or TIPS.HHS.GOV.

**WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?**

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp/](http://www.hrsa.gov/cicp/) or call 1-855-266-2427.

**WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?**

The United States FDA has made the Moderna COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of

drugs and biological products during the COVID-19 pandemic.

The Moderna COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of the scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic.

The EUA for the Moderna COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).

Moderna US, Inc.  
Cambridge, MA 02139

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Patent(s): [www.modernatx.com/patents](http://www.modernatx.com/patents)  
Revised: Jun/24/2021



Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

Barcode Date: 04/2021

**Safety Data Sheet**  
acc. to OSHA HCS

Printing date 05/26/2021

Revision date 05/26/2021

**1 Identification****Product identifier****Trade name:** SM-102 in Chloroform**Synonym** 8-[(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino]-octanoic acid, 1-octylonyl ester**Article number:** 33474**Application of the substance / the mixture**This product is for research use. Not for human or veterinary diagnostic or therapeutic use. It is the responsibility of the purchaser to determine suitability for other applications.**Details of the supplier of the safety data sheet****Manufacturer/Supplier:**Cayman Chemical Co.  
1180 E. Ellsworth Rd.  
Ann Arbor, MI 48108  
USA**Information department:** Product safety department**Emergency telephone number:**During normal opening times: +1 (734) 971-3335  
US/CANADA: 800-424-9300  
Outside US/CANADA: 703-741-5970**2 Hazard(s) identification****Classification of the substance or mixture**

GHS06 Skull and crossbones

Acute Tox. 3 H331 Toxic if inhaled.



GHS08 Health hazard

Carc. 2 H351 Suspected of causing cancer.

Repr. 2 H361 Suspected of damaging fertility or the unborn child.

STOT RE 1 H372 Causes damage to the central nervous system, the kidneys, the liver and the respiratory system through prolonged or repeated exposure.



GHS07

Acute Tox. 4 H302 Harmful if swallowed.

Skin Irrit. 2 H315 Causes skin irritation.

Eye Irrit. 2A H319 Causes serious eye irritation.

**Label elements****GHS label elements**

The product is classified and labeled according to the Globally Harmonized System (GHS).

(Contd. on page 2)

US



Delivery time

6 - 10 business days\*

Quantity

0

Price

1,232.00€

### Product information "SM-102"

SM-102 is an ionizable amino lipid that has been used in combination with other lipids in the formation of lipid nanoparticles. Administration of luciferase mRNA in SM-102-containing lipid nanoparticles induces hepatic luciferase expression in mice. Formulations containing SM-102 have been used in the development of lipid nanoparticles for delivery of mRNA-based vaccines. Read our statement on SM-102 for research use only. Formal Name: 8-[(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino]-octanoic acid, 1-octylnonyl ester. CAS Number: 2089251-47-6. Molecular Formula: C<sub>44</sub>H<sub>87</sub>NO<sub>5</sub>. Formula Weight: 710.2. Purity: >98%. Formulation: A solution in chloroform. Solubility: Chloroform: 100 mg/ml. SMILES:

OCCN(CCCCCC(OC(CCCCCC)CCCCC)=O)CCCCC(OCCCCCCCCC)=O. InChi Code:

InChI=1S/C<sub>44</sub>H<sub>87</sub>NO<sub>5</sub>/c1-4-7-10-13-16-17-18-24-32-41-49-43(47)35-29-25-31-38-45(39-40-46)37-30-23-19-22-28-36-44(48)50-42(33-26-20-14-11-8-5-2)34-27-21-15-12-9-6-3/h42,46H,4-41H2,1-3H3. InChi Key: BGNVBNJYBVCBJH-UHFFFAOYSA-N.

**Keywords:**

8-[(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino]-octanoic acid, 1-octylnonyl ester

**Supplier:**

Cayman Chemical

**Supplier-Nr:**

33474

### Properties

**Application:**

Ionizable amino lipid

**MW:**

710.2 D

**Formula:**C<sub>44</sub>H<sub>87</sub>NO<sub>5</sub>**Purity:**

&gt;98%

**Format:**

Solution

### Database Information

**CAS :**2089251-47-6 |  Find alternatives

### Handling & Safety

**Storage:**

-20°C

**Shipping:**

-20°C (International: -20°C)

**Caution**

Our products are for laboratory research use only. Not for administration to humans!

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[More information](#)

DECLINE

ACCEPT ALL




CONFIGURE



SM-102



 COVID-19 Research

Item number	Cay33474-25
Size	25 mg
Datasheet	
Manual	-
SDS	-
Delivery time	6 - 10 business days*
Quantity	<input type="text" value="0"/>
Price	<b>224.00€</b>
Item number	Cay33474-50
Size	50 mg
Datasheet	
Manual	-
SDS	-
Delivery time	6 - 10 business days*
Quantity	<input type="text" value="0"/>
Price	<b>403.00€</b>
Item number	Cay33474-100
Size	100 mg
Datasheet	
Manual	-
SDS	-
Delivery time	6 - 10 business days*
Quantity	<input type="text" value="0"/>
Price	<b>672.00€</b>
Item number	Cay33474-250

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[More information](#)

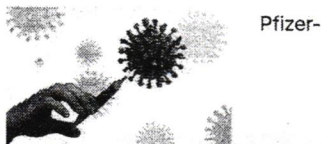
DECLINE

ACCEPT ALL

CONFIGURE



## Pfizer-BioNTech Moderna and Janssen Vaccines



BioNTech Moderna and Janssen Vaccines Pfizer-BioNTech and Moderna COVID-19 Vaccines Technology The active ingredients in both the Pfizer-BioNTech and Moderna COVID-19 vaccines consist of messenger RNA molecules (mRNA) that encode the spike protein of SARS-CoV-2 (the coronavirus that causes COVID-19). Once injected into a patient the

In stock

1 ADD TO CART

SKU: B2010146

Category: [Chemicals](#)

[\(https://moleculardepot.com/product-category/chemicals/\)](https://moleculardepot.com/product-category/chemicals/)

[Online Enquiry](#)

### DESCRIPTION ORDERING INFORMATION

#### Description

4.4 / 5 ( 20 votes )

**Polyethylene glycol 2000**

**Catalog number:** B2010146

**Lot number:** Batch Dependent

**Expiration Date:** Batch dependent

**Volume/Weight:** 50 g

**CAS Number:** 25322-68-3

**EC Number:** 500-038-2

**Average MW:** 1900 – 2200 g/mol

**Hydroxyl Index:** 51 – 63

**Appearance:** White Powder

**Applications:** Multipurpose polymer of ethylene glycol for various research applications including biochemistry and molecular biology. This product is NOT for human or animal use.

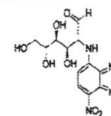
**Storage:** Room temperature



[Rheumatoid  
Factor Solution](#)  
\$195.00



[Ubiquitin  
Aldehyde](#)  
\$199.00



[2-NBDG](#)  
\$199.00



[NativeFolder  
Bacterial Culture  
Medium](#)  
From:  
~~\$595.00~~ \$350.00



[Rheumatoid  
Factor Diluent  
Plasma](#)  
\$195.00



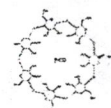
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\(Salmonella\)](#)  
\$49.99



[NativeLyser  
Soluble Protein  
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\(Human 17-33\)](#)  
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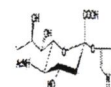
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Cyclodextrins Kit  
for Screening](#)  
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\(Automated\)](#)  
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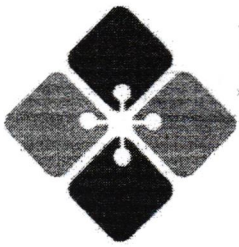
[Triglyceride Mix  
for Interference  
Testing](#)  
~~\$495.00~~ \$295.00



[X-Neu5Ac \(X-  
Sialic acid, X-  
NANA\)](#)  
\$199.00



[EGF \(Human\)](#)  
\$299.99



# MOLECULAR DEPOT

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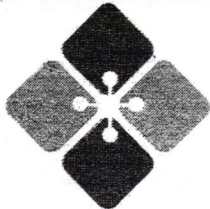
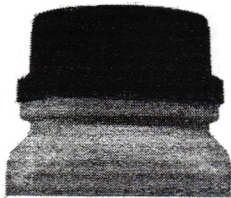
[Email Us \(mailto:info@moleculardepot.com\)](mailto:info@moleculardepot.com)   [1-858-900-3210 \(tel:18589003210\)](tel:18589003210)   [My account \(https://moleculardepot.com/my-account/\)](https://moleculardepot.com/my-account/)



## Polyethylene glycol 2000 (PEG 2000)

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~~\$350.00~~ \$195.00

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Live Enquiry about this product via email ([info@moleculardepot.com](mailto:info@moleculardepot.com)) or Text/SMS: 1-858-900-3210 (6 am – 8 pm PST)

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\$199.00



[HAMA Blocking Reagent \(Affinity purified\)](#)  
\$395.00



[Rheumatoid Factor Interference Kit](#)  
~~\$575.00~~ \$450.00

## FACT SHEET FOR RECIPIENTS AND CAREGIVERS

### EMERGENCY USE AUTHORIZATION (EUA) OF THE JANSSEN COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER

You are being offered the Janssen COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of receiving the Janssen COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Janssen COVID-19 Vaccine may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

Read this Fact Sheet for information about the Janssen COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Janssen COVID-19 Vaccine.

The Janssen COVID-19 Vaccine is administered as a **single dose**, into the muscle.

The Janssen COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit [www.janssencovid19vaccine.com](http://www.janssencovid19vaccine.com).

#### WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE

##### WHAT IS COVID-19?

COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Common symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

##### WHAT IS THE JANSSEN COVID-19 VACCINE?

The Janssen COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

The FDA has authorized the emergency use of the Janssen COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

## **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE JANSSEN COVID-19 VACCINE?**

Tell the vaccination provider about all of your medical conditions, including if you:

- have any allergies,
- have a fever,
- have a bleeding disorder or are on a blood thinner,
- are immunocompromised or are on a medicine that affects your immune system,
- are pregnant or plan to become pregnant,
- are breastfeeding,
- have received another COVID-19 vaccine,

## **WHO SHOULD GET THE JANSSEN COVID-19 VACCINE?**

FDA has authorized the emergency use of the Janssen COVID-19 Vaccine in individuals 18 years of age and older.

## **WHO SHOULD NOT GET THE JANSSEN COVID-19 VACCINE?**

You should not get the Janssen COVID-19 Vaccine if you:

- had a severe allergic reaction to any ingredient of this vaccine.

## **WHAT ARE THE INGREDIENTS IN THE JANSSEN COVID-19 VACCINE?**

The Janssen COVID-19 Vaccine includes the following ingredients: recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl- $\beta$ -cyclodextrin (HBCD), polysorbate-80, sodium chloride.

## **HOW IS THE JANSSEN COVID -19 VACCINE GIVEN?**

The Janssen COVID-19 Vaccine will be given to you as an injection into the muscle.

The Janssen COVID-19 Vaccine vaccination schedule is a **single dose**.

## **HAS THE JANSSEN COVID-19 VACCINE BEEN USED BEFORE?**

The Janssen COVID-19 Vaccine is an unapproved vaccine. In an ongoing clinical trial, 21,895 individuals 18 years of age and older have received the Janssen COVID-19 Vaccine.

## **WHAT ARE THE BENEFITS OF THE JANSSEN COVID-19 VACCINE?**

In an ongoing clinical trial, the Janssen COVID-19 Vaccine has been shown to prevent COVID-19 following a single dose. The duration of protection against COVID-19 is currently unknown.

## **WHAT ARE THE RISKS OF THE JANSSEN COVID-19 VACCINE?**

Side effects that have been reported with the Janssen COVID-19 Vaccine include:

- Injection site reactions: pain, redness of the skin and swelling.
- General side effects: headache, feeling very tired, muscle aches, nausea, and fever.

There is a remote chance that the Janssen COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Janssen COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing,
- Swelling of your face and throat,
- A fast heartbeat,
- A bad rash all over your body,
- Dizziness and weakness.

These may not be all the possible side effects of the Janssen COVID-19 Vaccine. Serious and unexpected effects may occur. The Janssen COVID-19 Vaccine is still being studied in clinical trials.

## **WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to **FDA/CDC Vaccine Adverse Event Reporting System (VAERS)**. The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include "Janssen COVID-19 Vaccine EUA" in the first line of box #18 of the report form.

In addition, you can report side effects to Janssen Biotech, Inc. at the contact information provided below.

<b>e-mail</b>	<b>Fax number</b>	<b>Telephone numbers</b>
JNJvaccineAE@its.jnj.com	215-293-9955	US Toll Free: 1-800-565-4008 US Toll: (908) 455-9922

You may also be given an option to enroll in **v-safe**. **V-safe** is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. **V-safe** asks questions that help CDC monitor the safety of COVID-19 vaccines. **V-safe** also provides live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

#### **WHAT IF I DECIDE NOT TO GET THE JANSSEN COVID-19 VACCINE?**

It is your choice to receive or not receive the Janssen COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

#### **ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES JANSSEN COVID-19 VACCINE?**

Currently, there is no FDA approved alternative vaccine available for prevention of COVID-19. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

#### **CAN I RECEIVE THE JANSSEN COVID-19 VACCINE WITH OTHER VACCINES?**

There is no information on the use of the Janssen COVID-19 Vaccine with other vaccines.

#### **WHAT IF I AM PREGNANT OR BREASTFEEDING?**

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

#### **WILL THE JANSSEN COVID-19 VACCINE GIVE ME COVID-19?**


No. The Janssen COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

#### **KEEP YOUR VACCINATION CARD**

When you receive the Janssen COVID-19 Vaccine, you will get a vaccination card to document the name of the vaccine and date of when you received the vaccine.

#### **ADDITIONAL INFORMATION**

If you have questions or to access the most recent Janssen COVID-19 Vaccine Fact Sheets, scan the QR code using your device, visit the website or call the telephone numbers provided below.

QR Code	Fact Sheets Website	Telephone numbers
	<a href="http://www.janssencovid19vaccine.com">www.janssencovid19vaccine.com</a>	US Toll Free: 1-800-565-4008 US Toll: (908) 455-9922

**HOW CAN I LEARN MORE?**

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

Contact your local or state public health department.

**WHERE WILL MY VACCINATION INFORMATION BE RECORDED?**

The vaccination provider may include your vaccination information in your state/local jurisdiction’s Immunization Information System (IIS) or other designated system. For more information about IISs visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

**CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?**

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, HRSA COVID-19 Uninsured Program for non-insured recipients).

**WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?**

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or [TIPS.HHS.GOV](http://TIPS.HHS.GOV).

**WHAT IS THE COUNTERMEASURE INJURY COMPENSATION PROGRAM?**

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses for certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must

be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp](http://www.hrsa.gov/cicp) or call 1-855-266-2427.

### WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?

The United States FDA has made the Janssen COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Janssen COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic.

The EUA for the Janssen COVID-19 Vaccine is in effect for the duration of the COVID-19 declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).

Manufactured by:  
Janssen Biotech, Inc.  
a Janssen Pharmaceutical Company of Johnson & Johnson  
Horsham, PA 19044, USA



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For more information, call US Toll Free: 1-800-565-4008, US Toll: (908) 455-9922 or go to [www.janssencovid19vaccine.com](http://www.janssencovid19vaccine.com)

Revised: Mar/19/2021



Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

Barcode Date: 02/2021



## **FACT SHEET FOR RECIPIENTS AND CAREGIVERS**

### **EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 16 YEARS OF AGE AND OLDER**

You are being offered the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Pfizer-BioNTech COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

Read this Fact Sheet for information about the Pfizer-BioNTech COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Pfizer-BioNTech COVID-19 Vaccine.

The Pfizer-BioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see [www.cvdvaccine.com](http://www.cvdvaccine.com).

## **WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

### **WHAT IS COVID-19?**

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

### **WHAT IS THE PFIZER-BIONTECH COVID-19 VACCINE?**

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

The FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals 16 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “**What is an Emergency Use Authorization (EUA)?**” section at the end of this Fact Sheet.

### **WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE PFIZER-BIONTECH COVID-19 VACCINE?**

**Tell the vaccination provider about all of your medical conditions, including if you:**

- have any allergies
- have a fever
- have a bleeding disorder or are on a blood thinner
- are immunocompromised or are on a medicine that affects your immune system
- are pregnant or plan to become pregnant
- are breastfeeding
- have received another COVID-19 vaccine

### **WHO SHOULD GET THE PFIZER-BIONTECH COVID-19 VACCINE?**

FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine in individuals 16 years of age and older.

### **WHO SHOULD NOT GET THE PFIZER-BIONTECH COVID-19 VACCINE?**

You should not get the Pfizer-BioNTech COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

### **WHAT ARE THE INGREDIENTS IN THE PFIZER-BIONTECH COVID-19 VACCINE?**

The Pfizer-BioNTech COVID-19 Vaccine includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

### **HOW IS THE PFIZER-BIONTECH COVID-19 VACCINE GIVEN?**

The Pfizer-BioNTech COVID-19 Vaccine will be given to you as an injection into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine vaccination series is 2 doses given 3 weeks apart.

If you receive one dose of the Pfizer-BioNTech COVID-19 Vaccine, you should receive a second dose of this same vaccine 3 weeks later to complete the vaccination series.

### **HAS THE PFIZER-BIONTECH COVID-19 VACCINE BEEN USED BEFORE?**

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 20,000 individuals 16 years of age and older have received at least 1 dose of the Pfizer-BioNTech COVID-19 Vaccine.

### **WHAT ARE THE BENEFITS OF THE PFIZER-BIONTECH COVID-19 VACCINE?**

In an ongoing clinical trial, the Pfizer-BioNTech COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 3 weeks apart. The duration of protection against COVID-19 is currently unknown.

### **WHAT ARE THE RISKS OF THE PFIZER-BIONTECH COVID-19 VACCINE?**

There is a remote chance that the Pfizer-BioNTech COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of your face and throat
- A fast heartbeat
- A bad rash all over your body
- Dizziness and weakness

Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- 
- diarrhea
- vomiting
- arm pain

These may not be all the possible side effects of the Pfizer-BioNTech COVID-19 Vaccine. Serious and unexpected side effects may occur. Pfizer-BioNTech COVID-19 Vaccine is still being studied in clinical trials.

**WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away.

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include "Pfizer-BioNTech COVID-19 Vaccine EUA" in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

Website	Fax number	Telephone number
<a href="http://www.pfizersafetyreporting.com">www.pfizersafetyreporting.com</a>	1-866-635-8337	1-800-438-1985

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).

**WHAT IF I DECIDE NOT TO GET THE PFIZER-BIONTECH COVID-19 VACCINE?**

It is your choice to receive or not receive the Pfizer-BioNTech COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

**ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES PFIZER-BIONTECH COVID-19 VACCINE?**

Currently, there is no approved alternative vaccine available for prevention of COVID-19. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

**CAN I RECEIVE THE PFIZER-BIONTECH COVID-19 VACCINE WITH OTHER VACCINES?**

There is no information on the use of the Pfizer-BioNTech COVID-19 Vaccine with other vaccines.

### **WHAT IF I AM PREGNANT OR BREASTFEEDING?**

If you are pregnant or breastfeeding, discuss your options with your healthcare provider.

### **WILL THE PFIZER-BIONTECH COVID-19 VACCINE GIVE ME COVID-19?**

No. The Pfizer-BioNTech COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.


### **KEEP YOUR VACCINATION CARD**

When you get your first dose, you will get a vaccination card to show you when to return for your second dose of Pfizer-BioNTech COVID-19 Vaccine. Remember to bring your card when you return.

### **ADDITIONAL INFORMATION**

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

<b>Global website</b>	<b>Telephone number</b>
<p data-bbox="321 894 626 926"><a href="http://www.cvdvaccine.com">www.cvdvaccine.com</a></p> 	<p data-bbox="954 947 1227 1016">1-877-829-2619 (1-877-VAX-CO19)</p>

### **HOW CAN I LEARN MORE?**

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.
- Contact your local or state public health department.

### **WHERE WILL MY VACCINATION INFORMATION BE RECORDED?**

The vaccination provider may include your vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs visit: <https://www.cdc.gov/vaccines/programs/iis/about.html>.

### **CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?**

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, Health Resources

& Services Administration [HRSA] COVID-19 Uninsured Program for non-insured recipients).

### **WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?**

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or <https://TIPS.HHS.GOV>.

### **WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?**

The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/cicp/](http://www.hrsa.gov/cicp/) or call 1-855-266-2427.

### **WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?**

The United States FDA has made the Pfizer-BioNTech COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The Pfizer-BioNTech COVID-19 Vaccine has not undergone the same type of review as an FDA-approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

The EUA for the Pfizer-BioNTech COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used).



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## WHAT ARE THE RISKS OF THE COVID-19 VACCINE?

These may not be all the possible side effects of the COVID-19 Vaccine. Serious and unexpected side effects may occur. The COVID-19 Vaccine is still being studied in clinical trials.

The preliminary list of possible serious and unexpected side effects includes: Emergence of novel variants of SARS-CoV-2, death, adverse pregnancy outcomes, Guillain-Barré syndrome, acute disseminated encephalomyelitis (a brief and widespread inflammation of the brain and spinal cord that damages myelin—the protective nerve fiber cover), transverse myelitis, encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy, convulsions/seizures, stroke, narcolepsy and cataplexy, anaphylaxis, acute myocardial infarction, myocarditis/pericarditis, autoimmune disease, other acute demyelinating diseases, non-anaphylactic allergic reactions, thrombocytopenia, disseminated intravascular coagulation, venous thromboembolism, arthritis and arthralgia/joint pain, Kawasaki disease, vaccine enhanced disease, Multiple sclerosis, optic neuritis, chronic inflammatory demyelinating polyneuropathy, ataxia, pericarditis, thrombosis, Pathogenic priming, multi-system inflammatory disease, activation of latent viral infections, Neurodegeneration and prion diseases, Integration of the spike protein gene into the human DNA, immune suppression and Antibody Dependent Enhancement (ADE).

The list above was shown at an October 22, 2020 public meeting of the FDA's Product Advisory Committee on the safety and efficacy of COVID-19 vaccines, a FDA's initial list of "possible adverse event outcomes" under the working title, "FDA Safety Surveillance of COVID-19 Vaccines: DRAFT Working list of possible adverse event outcomes \*\*\*Subject to change\*\*\*."

Despite the lengthy list of potential side effects FDA still granted Pfizer emergency use authorization just two months after the meeting, on Dec. 11, 2020.

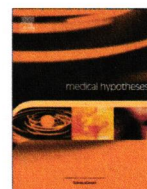
These toxic injections are only able to be administered under **Emergency Use Authorization (EUA)**. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify emergency use drugs and biological products during the COVID-19 pandemic.

The DNA template for (SARS-CoV-2, Gen Bank: MN9089473) was generated via a combination of gene synthesis and recombinant DNA technology. it did not come directly from an isolated virus from an infected person. The reason it did not come from an isolated virus from an infected person? Because there was no SARS-CoV-2 virus, other than a digital theoretical abstraction made on a computer from a genomic database. The virus has never been isolated, verified, sequenced or been proven to exist. The FDA and CDC both admit this.

**These injections do not meet the legal or clinical standard of a vaccine. Therefore they are not vaccines.**

Both Moderna and Pfizer-NBioTech injections are instructions for your cells to create a synthetic genetically engineered nanoparticle toxic pathogen, and your body is supposed to build an immune response to the cells in your body that are creating a pathogen. In the clinical trials they did not measure immune response, infection response or transmission response.

We are now being pressured, persuaded, lied to, incentivized, paid, coerced, bribed, intimidated, socially shamed, guilt tripped, threatened, punished and criminalized to take an injection that is deliberately mislabeled a 'vaccine'. When all of this is being promoted to gain our compliance we can be absolutely certain it is not in our best interest. To take an industrial chemical intervention, in the form of an injection of synthetic genetically engineered lipid nanoparticle pathogenic toxins in order for us to navigate through life.



## Facemasks in the COVID-19 era: A health hypothesis

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### ABSTRACT

Many countries across the globe utilized medical and non-medical facemasks as non-pharmaceutical intervention for reducing the transmission and infectivity of coronavirus disease-2019 (COVID-19). Although, scientific evidence supporting facemasks' efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have compromised safety and efficacy profile and should be avoided from use. The current article comprehensively summarizes scientific evidences with respect to wearing facemasks in the COVID-19 era, providing prosper information for public health and decisions making.

### Introduction

Facemasks are part of non-pharmaceutical interventions providing some breathing barrier to the mouth and nose that have been utilized for reducing the transmission of respiratory pathogens [1]. Facemasks can be medical and non-medical, where two types of the medical masks primarily used by healthcare workers [1,2]. The first type is National Institute for Occupational Safety and Health (NIOSH)-certified N95 mask, a filtering face-piece respirator, and the second type is a surgical mask [1]. The designed and intended uses of N95 and surgical masks are different in the type of protection they potentially provide. The N95s are typically composed of electret filter media and seal tightly to the face of the wearer, whereas surgical masks are generally loose fitting and may or may not contain electret-filtering media. The N95s are designed to reduce the wearer's inhalation exposure to infectious and harmful particles from the environment such as during extermination of insects. In contrast, surgical masks are designed to provide a barrier protection against splash, spittle and other body fluids to spray from the wearer (such as surgeon) to the sterile environment (patient during operation) for reducing the risk of contamination [1].

The third type of facemasks are the non-medical cloth or fabric masks. The non-medical facemasks are made from a variety of woven and non-woven materials such as Polypropylene, Cotton, Polyester, Cellulose, Gauze and Silk. Although non-medical cloth or fabric facemasks are neither a medical device nor personal protective equipment, some standards have been developed by the French Standardization Association (AFNOR Group) to define a minimum performance for filtration and breathability capacity [2]. The current article reviews the

scientific evidences with respect to safety and efficacy of wearing facemasks, describing the physiological and psychological effects and the potential long-term consequences on health.

### Hypothesis

On January 30, 2020, the World Health Organization (WHO) announced a global public health emergency of severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) causing illness of coronavirus disease-2019 (COVID-19) [3]. As of October 1, 2020, worldwide 34,166,633 cases were reported and 1,018,876 have died with virus diagnosis. Interestingly, 99% of the detected cases with SARS-CoV-2 are asymptomatic or have mild condition, which contradicts with the virus name (*severe* acute respiratory syndrome-coronavirus-2) [4]. Although infection fatality rate (number of death cases divided by number of reported cases) initially seems quite high 0.029 (2.9%) [4], this over-estimation related to limited number of COVID-19 tests performed which biases towards higher rates. Given the fact that asymptomatic or minimally symptomatic cases is several times higher than the number of reported cases, the case fatality rate is considerably less than 1% [5]. This was confirmed by the head of National Institute of Allergy and Infectious Diseases from US stating, "the overall clinical consequences of COVID-19 are similar to those of severe seasonal influenza" [5], having a case fatality rate of approximately 0.1% [5–8]. In addition, data from hospitalized patients with COVID-19 and general public indicate that the majority of deaths were among older and chronically ill individuals, supporting the possibility that the virus may exacerbates existing conditions but rarely causes death by itself [9,10]. SARS-CoV-2 primarily

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affects respiratory system and can cause complications such as acute respiratory distress syndrome (ARDS), respiratory failure and death [3,9]. It is not clear however, what the scientific and clinical basis for wearing facemasks as protective strategy, given the fact that facemasks restrict breathing, causing hypoxemia and hypercapnia and increase the risk for respiratory complications, self-contamination and exacerbation of existing chronic conditions [2,11–14].

Of note, hyperoxia or oxygen supplementation (breathing air with high partial O<sub>2</sub> pressures that above the sea levels) has been well established as therapeutic and curative practice for variety acute and chronic conditions including respiratory complications [11,15]. It fact, the current standard of care practice for treating hospitalized patients with COVID-19 is breathing 100% oxygen [16–18]. Although several countries mandated wearing facemask in health care settings and public areas, scientific evidences are lacking supporting their efficacy for reducing morbidity or mortality associated with infectious or viral diseases [2,14,19]. Therefore, it has been hypothesized: 1) the practice of wearing facemasks has compromised safety and efficacy profile, 2) Both medical and non-medical facemasks are ineffective to reduce human-to-human transmission and infectivity of SARS-CoV-2 and COVID-19, 3) Wearing facemasks has adverse physiological and psychological effects, 4) Long-term consequences of wearing facemasks on health are detrimental.

## Evolution of hypothesis

### Breathing Physiology

Breathing is one of the most important physiological functions to sustain life and health. Human body requires a continuous and adequate oxygen (O<sub>2</sub>) supply to all organs and cells for normal function and survival. Breathing is also an essential process for removing metabolic byproducts [carbon dioxide (CO<sub>2</sub>)] occurring during cell respiration [12,13]. It is well established that acute significant deficit in O<sub>2</sub> (hypoxemia) and increased levels of CO<sub>2</sub> (hypercapnia) even for few minutes can be severely harmful and lethal, while chronic hypoxemia and hypercapnia cause health deterioration, exacerbation of existing conditions, morbidity and ultimately mortality [11,20–22]. Emergency medicine demonstrates that 5–6 min of severe hypoxemia during cardiac arrest will cause brain death with extremely poor survival rates [20–23]. On the other hand, chronic mild or moderate hypoxemia and hypercapnia such as from wearing facemasks resulting in shifting to higher contribution of anaerobic energy metabolism, decrease in pH levels and increase in cells and blood acidity, toxicity, oxidative stress, chronic inflammation, immunosuppression and health deterioration [11–13,24].

### Efficacy of facemasks

The physical properties of medical and non-medical facemasks suggest that facemasks are ineffective to block viral particles due to their difference in scales [16,17,25]. According to the current knowledge, the virus SARS-CoV-2 has a diameter of 60 nm to 140 nm [nanometers (billionth of a meter)] [16,17], while medical and non-medical facemasks' thread diameter ranges from 55 μm to 440 μm [micrometers (one millionth of a meter), which is more than 1000 times larger [25]. Due to the difference in sizes between SARS-CoV-2 diameter and facemasks thread diameter (the virus is 1000 times smaller), SARS-CoV-2 can easily pass through any facemask [25]. In addition, the efficiency filtration rate of facemasks is poor, ranging from 0.7% in non-surgical, cotton-gauze woven mask to 26% in cotton sweeter material [2]. With respect to surgical and N95 medical facemasks, the efficiency filtration rate falls to 15% and 58%, respectively when even small gap between the mask and the face exists [25].

Clinical scientific evidence challenges further the efficacy of facemasks to block human-to-human transmission or infectivity. A

randomized controlled trial (RCT) of 246 participants [123 (50%) symptomatic] who were allocated to either wearing or not wearing surgical facemask, assessing viruses transmission including coronavirus [26]. The results of this study showed that among symptomatic individuals (those with fever, cough, sore throat, runny nose ect...) there was no difference between wearing and not wearing facemask for coronavirus droplets transmission of particles of >5 μm. Among asymptomatic individuals, there was no droplets or aerosols coronavirus detected from any participant with or without the mask, suggesting that asymptomatic individuals do not transmit or infect other people [26]. This was further supported by a study on infectivity where 445 asymptomatic individuals were exposed to asymptomatic SARS-CoV-2 carrier (been positive for SARS-CoV-2) using close contact (shared quarantine space) for a median of 4 to 5 days. The study found that none of the 445 individuals was infected with SARS-CoV-2 confirmed by real-time reverse transcription polymerase [27].

A meta-analysis among health care workers found that compared to no masks, surgical mask and N95 respirators were not effective against transmission of viral infections or influenza-like illness based on six RCTs [28]. Using separate analysis of 23 observational studies, this meta-analysis found no protective effect of medical mask or N95 respirators against SARS virus [28]. A recent systematic review of 39 studies including 33,867 participants in community settings (self-report illness), found no difference between N95 respirators versus surgical masks and surgical mask versus no masks in the risk for developing influenza or influenza-like illness, suggesting their ineffectiveness of blocking viral transmissions in community settings [29].

Another meta-analysis of 44 non-RCT studies (n = 25,697 participants) examining the potential risk reduction of facemasks against SARS, middle east respiratory syndrome (MERS) and COVID-19 transmissions [30]. The meta-analysis included four specific studies on COVID-19 transmission (5,929 participants, primarily health-care workers used N95 masks). Although the overall findings showed reduced risk of virus transmission with facemasks, the analysis had severe limitations to draw conclusions. One of the four COVID-19 studies had zero infected cases in both arms, and was excluded from meta-analytic calculation. Other two COVID-19 studies had unadjusted models, and were also excluded from the overall analysis. The meta-analytic results were based on only one COVID-19, one MERS and 8 SARS studies, resulting in high selection bias of the studies and contamination of the results between different viruses. Based on four COVID-19 studies, the meta-analysis failed to demonstrate risk reduction of facemasks for COVID-19 transmission, where the authors reported that the results of meta-analysis have low certainty and are inconclusive [30].

In early publication the WHO stated that "facemasks are not required, as no evidence is available on its usefulness to protect non-sick persons" [14]. In the same publication, the WHO declared that "cloth (e.g. cotton or gauze) masks are not recommended under any circumstance" [14]. Conversely, in later publication the WHO stated that the usage of fabric-made facemasks (Polypropylene, Cotton, Polyester, Cellulose, Gauze and Silk) is a general community practice for "preventing the infected wearer transmitting the virus to others and/or to offer protection to the healthy wearer against infection (prevention)" [2]. The same publication further conflicted itself by stating that due to the lower filtration, breathability and overall performance of fabric facemasks, the usage of woven fabric mask such as cloth, and/or non-woven fabrics, should only be considered for infected persons and not for prevention practice in asymptomatic individuals [2]. The Central for Disease Control and Prevention (CDC) made similar recommendation, stating that only symptomatic persons should consider wearing facemask, while for asymptomatic individuals this practice is not recommended [31]. Consistent with the CDC, clinical scientists from Departments of Infectious Diseases and Microbiology in Australia counsel against facemasks usage for health-care workers, arguing that there is no justification for such practice while normal caring relationship between patients and medical staff could be compromised [32].



Moreover, the WHO repeatedly announced that “at present, there is no direct evidence (from studies on COVID-19) on the effectiveness face masking of healthy people in the community to prevent infection of respiratory viruses, including COVID-19” [2]. Despite these controversies, the potential harms and risks of wearing facemasks were clearly acknowledged. These including self-contamination due to hand practice or non-replaced when the mask is wet, soiled or damaged, development of facial skin lesions, irritant dermatitis or worsening acne and psychological discomfort. Vulnerable populations such as people with mental health disorders, developmental disabilities, hearing problems, those living in hot and humid environments, children and patients with respiratory conditions are at significant health risk for complications and harm [2].

### Physiological effects of wearing facemasks

Wearing facemask mechanically restricts breathing by increasing the resistance of air movement during both inhalation and exhalation process [12,13]. Although, intermittent (several times a week) and repetitive (10–15 breaths for 2–4 sets) increase in respiration resistance may be adaptive for strengthening respiratory muscles [33,34], prolonged and continues effect of wearing facemask is maladaptive and could be detrimental for health [11–13]. In normal conditions at the sea level, air contains 20.93% O<sub>2</sub> and 0.03% CO<sub>2</sub>, providing partial pressures of 100 mmHg and 40 mmHg for these gases in the arterial blood, respectively. These gas concentrations significantly altered when breathing occurs through facemask. A trapped air remaining between the mouth, nose and the facemask is rebreathed repeatedly in and out of the body, containing low O<sub>2</sub> and high CO<sub>2</sub> concentrations, causing hypoxemia and hypercapnia [11–13,35,36]. Severe hypoxemia may also provoke cardiopulmonary and neurological complications and is considered an important clinical sign in cardiopulmonary medicine [37–42]. Low oxygen content in the arterial blood can cause myocardial ischemia, serious arrhythmias, right or left ventricular dysfunction, dizziness, hypotension, syncope and pulmonary hypertension [43]. Chronic low-grade hypoxemia and hypercapnia as result of using facemask can cause exacerbation of existing cardiopulmonary, metabolic, vascular and neurological conditions [37–42]. Table 1 summarizes the physiological, psychological effects of wearing facemask and their potential long-term consequences for health.

In addition to hypoxia and hypercapnia, breathing through facemask residues bacterial and germs components on the inner and outside layer of the facemask. These toxic components are repeatedly rebreathed back

**Table 1**  
Physiological and Psychological Effects of Wearing Facemask and Their Potential Health Consequences.

Physiological Effects	Psychological Effect	Health Consequences
<ul style="list-style-type: none"> <li>• Hypoxemia</li> <li>• Hypercapnia</li> <li>• Shortness of breath</li> <li>• Increase lactate concentration</li> <li>• Decline in pH levels</li> <li>• Acidosis</li> <li>• Toxicity</li> <li>• Inflammation</li> <li>• Self-contamination</li> <li>• Increase in stress hormones level (adrenaline, noradrenaline and cortisol)</li> <li>• Increased muscle tension</li> <li>• Immunosuppression</li> </ul>	<ul style="list-style-type: none"> <li>• Activation of “fight or flight” stress response</li> <li>• Chronic stress condition</li> <li>• Fear</li> <li>• Mood disturbances</li> <li>• Insomnia</li> <li>• Fatigue</li> <li>• Compromised cognitive performance</li> </ul>	<ul style="list-style-type: none"> <li>• Increased predisposition for viral and infection illnesses</li> <li>• Headaches</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Hypertension</li> <li>• Cardiovascular disease</li> <li>• Cancer</li> <li>• Diabetes</li> <li>• Alzheimer disease</li> <li>• Exacerbation of existing conditions and diseases</li> <li>• Accelerated aging process</li> <li>• Health deterioration</li> <li>• Premature mortality</li> </ul>

into the body, causing self-contamination. Breathing through facemasks also increases temperature and humidity in the space between the mouth and the mask, resulting a release of toxic particles from the mask’s materials [1,2,19,26,35,36]. A systematic literature review estimated that aerosol contamination levels of facemasks including 13 to 202,549 different viruses [1]. Rebreathing contaminated air with high bacterial and toxic particle concentrations along with low O<sub>2</sub> and high CO<sub>2</sub> levels continuously challenge the body homeostasis, causing self-toxicity and immunosuppression [1,2,19,26,35,36].

A study on 39 patients with renal disease found that wearing N95 facemask during hemodialysis significantly reduced arterial partial oxygen pressure (from PaO<sub>2</sub> 101.7 to 92.7 mm Hg), increased respiratory rate (from 16.8 to 18.8 breaths/min), and increased the occurrence of chest discomfort and respiratory distress [35]. Respiratory Protection Standards from Occupational Safety and Health Administration, US Department of Labor states that breathing air with O<sub>2</sub> concentration below 19.5% is considered oxygen-deficiency, causing physiological and health adverse effects. These include increased breathing frequency, accelerated heartrate and cognitive impairments related to thinking and coordination [36]. A chronic state of mild hypoxia and hypercapnia has been shown as primarily mechanism for developing cognitive dysfunction based on animal studies and studies in patients with chronic obstructive pulmonary disease [44].

The adverse physiological effects were confirmed in a study of 53 surgeons where surgical facemask were used during a major operation. After 60 min of facemask wearing the oxygen saturation dropped by more than 1% and heart rate increased by approximately five beats/min [45]. Another study among 158 health-care workers using protective personal equipment primarily N95 facemasks reported that 81% (128 workers) developed new headaches during their work shifts as these become mandatory due to COVID-19 outbreak. For those who used the N95 facemask greater than 4 h per day, the likelihood for developing a headache during the work shift was approximately four times higher [Odds ratio = 3.91, 95% CI (1.35–11.31) p = 0.012], while 82.2% of the N95 wearers developed the headache already within ≤10 to 50 min [46].

With respect to cloth facemask, a RCT using four weeks follow up compared the effect of cloth facemask to medical masks and to no masks on the incidence of clinical respiratory illness, influenza-like illness and laboratory-confirmed respiratory virus infections among 1607 participants from 14 hospitals [19]. The results showed that there were no difference between wearing cloth masks, medical masks and no masks for incidence of clinical respiratory illness and laboratory-confirmed respiratory virus infections. However, a large harmful effect with more than 13 times higher risk [Relative Risk = 13.25 95% CI (1.74 to 100.97)] was observed for influenza-like illness among those who were wearing cloth masks [19]. The study concluded that cloth masks have significant health and safety issues including moisture retention, reuse, poor filtration and increased risk for infection, providing recommendation against the use of cloth masks [19].

### Psychological effects of wearing facemasks

Psychologically, wearing facemask fundamentally has negative effects on the wearer and the nearby person. Basic human-to-human connectivity through face expression is compromised and self-identity is somewhat eliminated [47–49]. These dehumanizing movements partially delete the uniqueness and individuality of person who wearing the facemask as well as the connected person [49]. Social connections and relationships are basic human needs, which innately inherited in all people, whereas reduced human-to-human connections are associated with poor mental and physical health [50,51]. Despite escalation in technology and globalization that would presumably foster social connections, scientific findings show that people are becoming increasingly more socially isolated, and the prevalence of loneliness is increasing in last few decades [50,52]. Poor social connections are closely related to





isolation and loneliness, considered significant health related risk factors [50–53].

A meta-analysis of 91 studies of about 400,000 people showed a 13% increased mortality risk among people with low compared to high contact frequency [53]. Another meta-analysis of 148 prospective studies (308,849 participants) found that poor social relationships was associated with 50% increased mortality risk. People who were socially isolated or felt lonely had 45% and 40% increased mortality risk, respectively. These findings were consistent across ages, sex, initial health status, cause of death and follow-up periods [52]. Importantly, the increased risk for mortality was found comparable to smoking and exceeding well-established risk factors such as obesity and physical inactivity [52]. An umbrella review of 40 systematic reviews including 10 meta-analyses demonstrated that compromised social relationships were associated with increased risk of all-cause mortality, depression, anxiety suicide, cancer and overall physical illness [51].

As described earlier, wearing facemasks causing hypoxic and hypercapnic state that constantly challenges the normal homeostasis, and activates “fight or flight” stress response, an important survival mechanism in the human body [11–13]. The acute stress response includes activation of nervous, endocrine, cardiovascular, and the immune systems [47,54–56]. These include activation of the limbic part of the brain, release stress hormones (adrenalin, neuro-adrenalin and cortisol), changes in blood flow distribution (vasodilation of peripheral blood vessels and vasoconstriction of visceral blood vessels) and activation of the immune system response (secretion of macrophages and natural killer cells) [47,48]. Encountering people who wearing facemasks activates innate stress-fear emotion, which is fundamental to all humans in danger or life threatening situations, such as death or unknown, unpredictable outcome. While acute stress response (seconds to minutes) is adaptive reaction to challenges and part of the survival mechanism, chronic and prolonged state of stress-fear is maladaptive and has detrimental effects on physical and mental health. The repeatedly or continuously activated stress-fear response causes the body to operate on survival mode, having sustain increase in blood pressure, pro-inflammatory state and immunosuppression [47,48].

#### Long-Term health consequences of wearing facemasks

Long-term practice of wearing facemasks has strong potential for devastating health consequences. Prolonged hypoxic-hypercapnic state compromises normal physiological and psychological balance, deteriorating health and promotes the developing and progression of existing chronic diseases [11–13,23,38,39,43,47,48,57]. For instance, ischemic heart disease caused by hypoxic damage to the myocardium is the most common form of cardiovascular disease and is a number one cause of death worldwide (44% of all non-communicable diseases) with 17.9 million deaths occurred in 2016 [57]. Hypoxia also playing an important role in cancer burden [58]. Cellular hypoxia has strong mechanistic feature in promoting cancer initiation, progression, metastasis, predicting clinical outcomes and usually presents a poorer survival in patients with cancer. Most solid tumors present some degree of hypoxia, which is independent predictor of more aggressive disease, resistance to cancer therapies and poorer clinical outcomes [59,60]. Worth note, cancer is one of the leading causes of death worldwide, with an estimate of more than 18 million new diagnosed cases and 9.6 million cancer-related deaths occurred in 2018 [61].

With respect to mental health, global estimates showing that COVID-19 will cause a catastrophe due to collateral psychological damage such as quarantine, lockdowns, unemployment, economic collapse, social isolation, violence and suicides [62–64]. Chronic stress along with hypoxic and hypercapnic conditions knocks the body out of balance, and can cause headaches, fatigue, stomach issues, muscle tension, mood disturbances, insomnia and accelerated aging [47,48,65–67]. This state suppressing the immune system to protect the body from viruses and bacteria, decreasing cognitive function, promoting the developing and

exacerbating the major health issues including hypertension, cardiovascular disease, diabetes, cancer, Alzheimer disease, rising anxiety and depression states, causes social isolation and loneliness and increasing the risk for prematurely mortality [47,48,51,56,66].

#### Conclusion

The existing scientific evidences challenge the safety and efficacy of wearing facemask as preventive intervention for COVID-19. The data suggest that both medical and non-medical facemasks are ineffective to block human-to-human transmission of viral and infectious disease such SARS-CoV-2 and COVID-19, supporting against the usage of facemasks. Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression. Long-term consequences of wearing facemask can cause health deterioration, developing and progression of chronic diseases and premature death. Governments, policy makers and health organizations should utilize proper and scientific evidence-based approach with respect to wearing facemasks, when the latter is considered as preventive intervention for public health.

#### CRedit authorship contribution statement

**Baruch Vainshelboim:** Conceptualization, Data curation, Writing - original draft.

#### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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I'm going to start this testimony off with two questions. When you took office, did you swear an oath to defend our Constitution against all enemies, foreign and domestic? Do you believe in our bill of rights? Governor Kate Brown has announced that she will be mandating masks inside public accommodations again, locking down our state again, and requiring proof of vaccination for all executive branch state employees. This is wrong on so many levels. Let's talk about the first amendment of our US constitution, something every one of us here should be familiar with. The first amendment grants every citizen the right to freedom of religious expression. For Christians in this county, state, and country, this right is being trampled. We were told in 2020 that we were no longer allowed to worship in churches, all in the name of "safety". We were told to wear masks. In the Bible, it says that only prostitutes and those who are ashamed to face God veil their faces. What is a mask but a way to veil our face? What was I mandated to do to pick up my prescriptions from Walmart? To buy food from Fred Meyer? To get a ride to my medical appointments? Veil my face. Just this morning, I was personally attacked by a Ride-to-Care driver. When I attempted to exercise my first amendment right to not wear a mask, he told me that if I continued, he would not drive me. Do I need to point out that this violates the constitution? However, I chose to comply to get me to my critical medical appointment. When I attempted again to exercise my first amendment rights, by reading an excerpt from the Oregon constitution aloud to myself he began to verbally assault me. I'm going to quote him here. He told me "Fuck you." And that I was causing him to drive dangerously. So again I complied. I decided before I got out of the car I was going to read Article 1 section 2 and 3. When we arrived and I did, he demanded I get out of the car. I kept



reading. He then reached over and opened my door and said "get out of my car you narrow minded cow". I never thought I'd see what I'm seeing right now. That a document as sacrosanct as our US Constitution would be thrown out in the name of "safety." Our country has been under an authoritarian, tyrannical coup since March of 2020 and I demand that you, our elected officials begin to fight back against the tyranny, that you begin to take your Oath to protect the Constitution seriously. Mandating proof of vaccination? Our founding fathers must be rolling over in their graves. First, state employees. Next it will be we the people. We the People who elected you to represent us. And's there are enough of We the People here in this room today to tell you that this cannot and will not stand. We are here fighting for our country and we demand you have courage to do the same. Thank you for your time and God Bless America.

o





# Oregon Health Authority

## Public Health Division - Chapter 333

### Division 19

#### INVESTIGATION AND CONTROL OF DISEASES: GENERAL POWERS AND RESPONSIBILITIES

##### 333-019-1010

##### COVID-19 Vaccination or Testing Requirements for Healthcare Providers and Healthcare Staff in Healthcare Settings

(1) It is vital to this state that healthcare providers and healthcare staff be vaccinated against COVID-19. COVID-19 undergoes frequent mutations as it replicates, which over time has resulted in variants that are more transmissible or cause more severe disease. As of the time this rule was adopted, Delta was the variant making up more than 80 percent of sequenced specimens in Oregon. The Delta variant is approximately two to three times more infectious than early wild-type COVID-19 variants. There is emerging evidence that people infected with the Delta variant have similar viral loads regardless of vaccination status suggesting that even vaccine breakthrough cases may transmit this variant effectively. Being vaccinated, is therefore critical to prevent spread of Delta. Healthcare providers and healthcare staff have contact with multiple patients over the course of a typical day and week, including providers that provide care for people in their homes. Individuals cared for in these settings are more likely than the general public to have conditions that put them at risk for complications due to COVID-19. COVID-19 variants are running through the state's unvaccinated population and causing an increase in breakthrough cases for those who are fully vaccinated. This rule is necessary to help control COVID-19, protect patients, and to protect the state's healthcare workforce.

(2) For purposes of this rule, the following definitions apply:



## Terwilliger, Christina

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**From:** Barb Raines <clubfit@canby.com>  
**Sent:** Friday, August 13, 2021 5:59 AM  
**To:** BCCMail  
**Subject:** testimony

**Categories:** Testimony for Business Meetings

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**Warning: External email. Be cautious opening attachments and links.**

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Good Morning,

Please accept this along with other testimony for the meeting of Thursday August 12th.

I am a business owner in Canby, I own a fitness center. My business has been persecuted by Governor Brown and her illegal mandates during this past 18 months.

I will not comply with this mandate that does not have any law to back it. I will not break the law or the constitution for a mandate that makes no sense. I will not participate in verifying vaccine cards.

This is America where we are FREE to make our own decisions and take our own risks.

I have a friend who's job is to underwrite health insurance claims, she tells me the fraud at the hospital level with invalid Covid diagnosis and with testing is rampant because of the money. Big Pharma is our enemy and has been harming Americans for years. Big Pharma has nor liability due to the protections they've been provided.

I am asking you our county commissioners to band together with other county commissioners and take back the power for each county.

I am asking you our county commissioners to band together with other county commissioners to perform a forensic audit of Oregon's elections

I am asking you our county commissioners to band together with other county commissioners to perform a forensic audit of every Covid death

I am asking you our county commissioners to band together with other county commissioners to press charges against Governor Brown's crimes with the Sherriff and DOA

The death rate is .0005% of our population.

Masking is nothing more than taking away our freedom of speech and expression

Osha is nothing more than taking away our right to be secure in our properties

It is my understanding the the duly elected SHERIFF & DOA for each county has the power to bring charges against Governor Brown for her crimes. You do have the power. Take it.

Thank you,  
Barb Raines  
Canby

## Terwilliger, Christina

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**From:** Candie Camberg <candiecamborg@gmail.com>  
**Sent:** Thursday, August 12, 2021 5:30 PM  
**To:** BCCMail  
**Subject:** Public comment

**Categories:** Testimony for Business Meetings

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To whom it may concern,

I want my voice to be heard at tonight's meeting. I specifically want Tootie Smith to know that I do not support her effort to go against mask, vaccination, and lockdowns mandates set by the state/education systems/federal government/ or scientific community. We have some so far scientifically there's no reason for people to continue dying when there are things we can do to prevent it. Please do the right thing.

Candie Camberg

## Terwilliger, Christina

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**From:** Cassie Wilson <wilsonxcassie@gmail.com>  
**Sent:** Thursday, August 12, 2021 11:35 PM  
**To:** BCCMail  
**Subject:** Public Comment

**Categories:** Testimony for Business Meetings

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**Warning: External email. Be cautious opening attachments and links.**

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Hi - I planned to give public comment tonight but when I saw what was really going on at this meeting I realized it wasn't the time or place to give it, and it was written for the regular time limit, so it wouldn't have worked anyway, but I wanted to share it as it was written in the context of today's weather.

Additionally, I just wanted to say that I fully support mask wearing, vaccination, and all other COVID-19 precautions. It's really upsetting that the BCC meetings have become a platform for misinformation and white supremacy to thrive. It makes viewers and county residents feel unsafe and unseen when people are talking about being against teaching critical race theory and accusing immigrants of causing the current COVID-19 spike. We need to bring back regular updates from the public health department. and continue to squash misinformation. I really appreciate Commissioner Schrader's comments tonight.

My original testimony:

Good evening commissioners,

My name is Cassie Wilson and I live in Boring.

It's 100 degrees today. Again. Our skies are full of smoke. Again. A little over a month ago I gave public comment after the deadly heatwave at the end of June, asking you to move up the goal for carbon neutrality. I'm here again, but this time I'm begging.

Last time I quoted the IPCC's 2018 special report which stated that it's crucial emissions be dramatically reduced by 2030 to avoid irreversible destruction caused by climate change. On Monday the IPCC released their most recent report on the current impacts of climate change and what's to come in the following decades and centuries and it's horrifying, but we already knew that didn't we? We're a county that has experienced wildfires, ice storms, heatwaves, and drought, all worsened by climate change. You can look outside and see, smell, and feel its effects right now. The past year wasn't a fluke. It was the result of every decision that's been made up until this point. To continue burning fossil fuels, to continue dragging our feet on climate action both locally and federally - pushing it off to another generation.

You knew climate change was happening long before I was ever born. We've known about 2030 for a few years now. The new IPCC report is a wake up call that half measures are not nearly enough to end this crisis. We've already done irreversible damage.

This was all avoidable and we can still avoid it getting much worse. We have to move up the carbon neutrality

goal as soon as possible and start seriously investing in climate action in this county.

Along with action comes resilience. First I'd like to thank everyone who's currently working hard to keep people cool and safe today.

Unfortunately, I was in disbelief a couple weeks ago when we had another heatwave and Commissioner Fischer asked if there was transportation available to cooling centers and the answer was no because there's no resources for it. Later in the meeting, Chair Smith said, "We've had 14 deaths in Clackamas County due to the extreme heat we had several weeks ago." Then questioned if it's the government's fault that people died in their homes from the extreme heat. I know it was a rhetorical question, but the answer, Chair Smith, is yes. Nobody should be dying completely preventable deaths, especially if there's more we could be doing to help people. 14 people died and all you can think is "it's not our fault"? And what happens when people have heat strokes and our hospitals are at capacity with covid patients? Were those 14 heat related deaths at the end of June not enough to be a wake up call? How many deaths does it take? How much hotter does it have to get? Science says these heat waves will only become more frequent and severe.

The climate crisis is an emergency and we need to start acting like it. Please move up the carbon neutrality goal and take further actions on resilience.

Thank you.

Cassie Wilson (she/her)

Cheryl W.

West Linn

Mom of Lego Twins

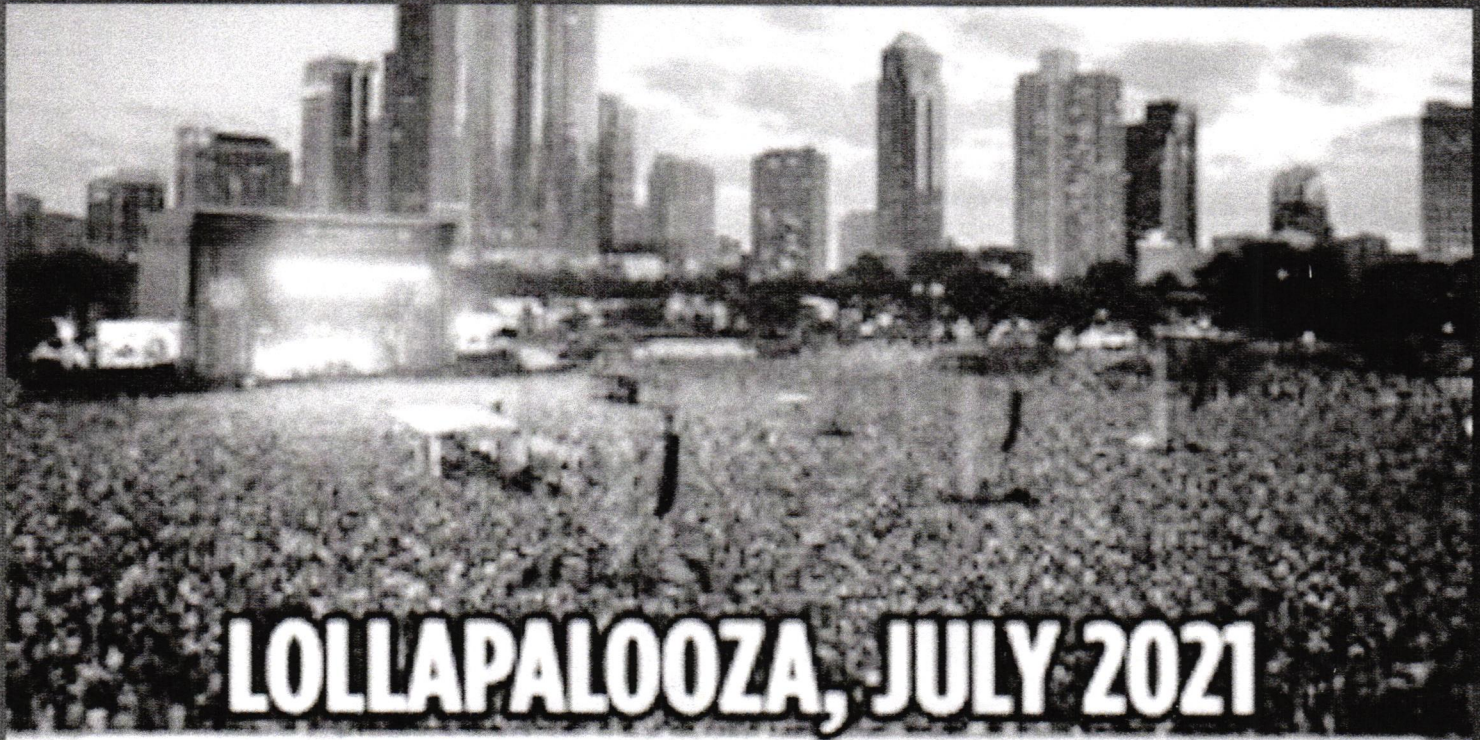
Therapist in L.O.





MASKS





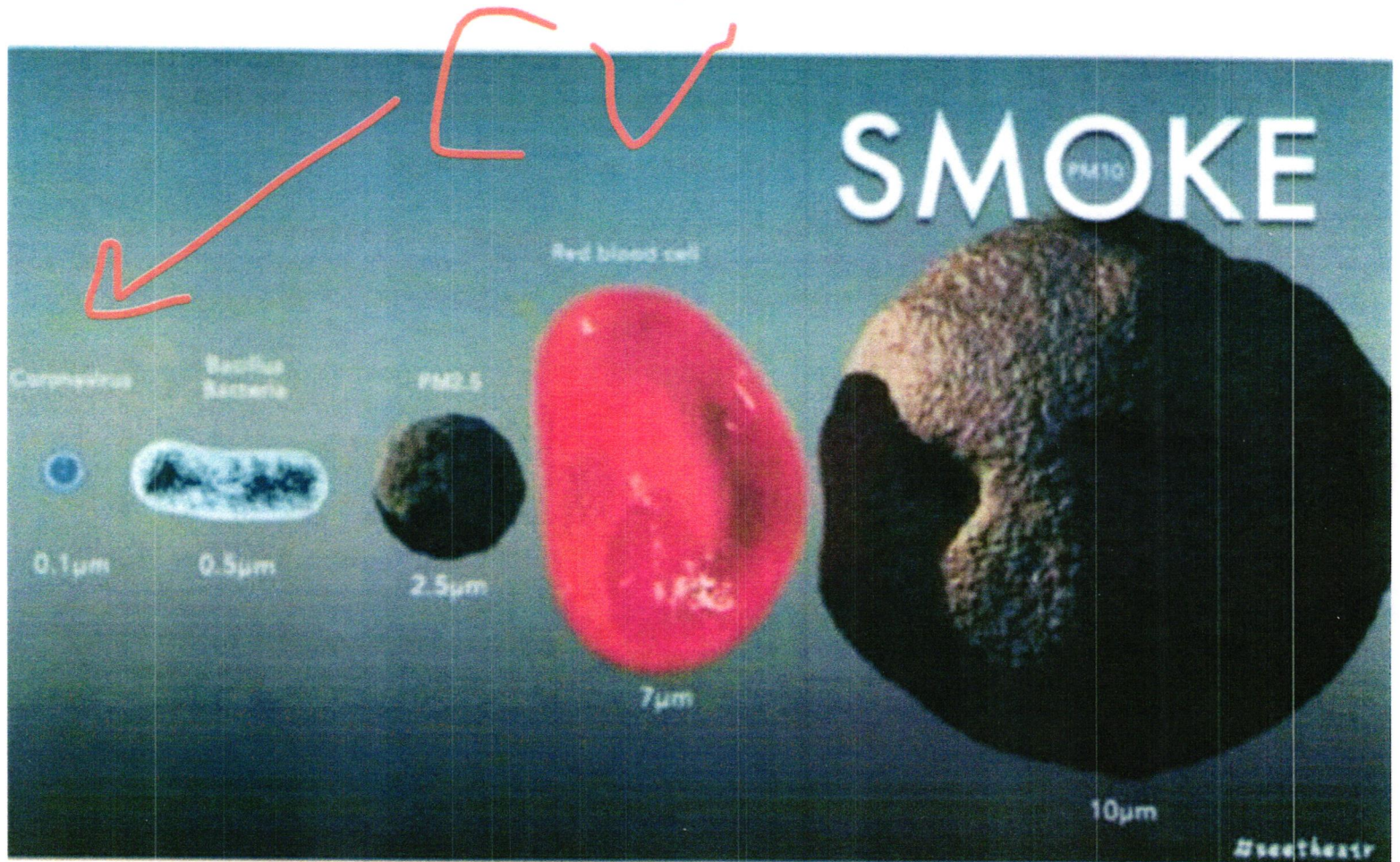
**LOLLAPALOOZA, JULY 2021**



**PUBLIC SCHOOLS, AUGUST 2021**



# CDC accidentally ADMITS mask are totally USELESS



CDC

Cloth masks that are used to slow the spread of COVID-19 offer little protection against wildfire smoke. They do not catch small particles found in wildfire smoke that can harm your health. Limit your time outside when it's smoky. Learn how you can protect yourself from wildfire smoke: <https://bit.ly/3kSMjI9>.



## Review of the Medical Literature on the Efficacy of Masks for Viruses

By [Denis G. Rancourt, PhD](#) Denis G. Rancourt is a researcher at the Ontario Civil Liberties Association (OCLA.ca) and is formerly a tenured professor at the University of Ottawa, Canada. (<https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>)

Here are key anchor points to the extensive scientific literature that establishes that wearing surgical masks and respirators (e.g., “N95”) does not reduce the risk of contracting a verified illness:

**Jacobs, J. L. et al. (2009)** “Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial,” *American Journal of Infection Control*, Volume 37, Issue 5, 417 – 419. <https://www.ncbi.nlm.nih.gov/pubmed/19216002>

*N95-masked health-care workers (HCW) were significantly more likely to experience headaches. Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.*

**Cowling, B. et al. (2010)** “Face masks to prevent transmission of influenza virus: A systematic review,” *Epidemiology and Infection*, 138(4), 449-456. <https://www.cambridge.org/core/journals/epidemiology-and-infection/article/face-masks-to-prevent-transmission-of-influenza-virus-a-systematic-review/64D368496EBDE0AFCC6639CCC9D8BC05>

*None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community members in households (H). See summary Tables 1 and 2 therein.*

**Offeddu, V. et al. (2017)** “Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis,” *Clinical Infectious Diseases*, Volume 65, Issue 11, 1 December 2017, Pages 1934–1942, <https://academic.oup.com/cid/article/65/11/1934/4068747>

*“Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection (VRI) was not statistically significant”; as per Fig. 2c therein: \*

**Radonovich, L.J. et al. (2019)** “N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial,” *JAMA*. 2019; 322(9): 824–833. <https://jamanetwork.com/journals/jama/fullarticle/2749214>

*“Among 2862 randomized participants, 2371 completed the study and accounted for 5180 HCW-seasons. ... Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.”*

**Long, Y. et al. (2020)** “Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis,” *J Evid Based Med*. 2020; 1- 9. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jebm.12381>

*“A total of six RCTs involving 9,171 participants were included. There were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed respiratory viral infections, laboratory-confirmed respiratory infection, and influenza-like illness using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI 0.43-0.78). The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza.”*





11 Jun 2020

## [Masks Don't Work: A Review of Science Relevant to COVID-19 Social Policy](#)

By [Denis G. Rancourt, PhD](#) Denis G. Rancourt is a researcher at the Ontario Civil Liberties Association (OCLA.ca) and is formerly a tenured professor at the University of Ottawa, Canada. (<https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>)

### **Conclusion**

By making mask-wearing recommendations and policies for the general public, or by expressly condoning the practice, governments have both ignored the scientific evidence and done the opposite of following the precautionary principle.

In an absence of knowledge, governments should not make policies that have a hypothetical potential to cause harm. The government has an onus barrier before it instigates a broad social-engineering intervention, or allows corporations to exploit fear-based sentiments.

Furthermore, individuals should know that there is no known benefit arising from wearing a mask in a viral respiratory illness epidemic, and that scientific studies have shown that any benefit must be residually small, compared to other and determinative factors.

Otherwise, what is the point of publicly funded science?

The present paper about masks illustrates the degree to which governments, the mainstream media, and institutional propagandists can decide to operate in a science vacuum, or select only incomplete science that serves their interests. Such recklessness is also certainly the case with the current global lockdown of over 1 billion people, an unprecedented experiment in medical and political history.

*Denis G. Rancourt is a researcher at the Ontario Civil Liberties Association (OCLA.ca) and is formerly a tenured professor at the University of Ottawa, Canada. This paper was originally published at Rancourt's account on ResearchGate.net. As of June 5, 2020, this paper was removed from his profile by its administrators at [Researchgate.net/profile/D\\_Rancourt](https://www.researchgate.net/profile/D_Rancourt). At Rancourt's blog [ActivistTeacher.blogspot.com](https://activistteacher.blogspot.com), he recounts the notification and responses he received from ResearchGate.net and states, "This is censorship of my scientific work like I have never experienced before."*

*The original April 2020 white paper in .pdf format is available [here](#), complete with charts that have not been reprinted in the Reader print or web versions.*



[principia-scientific.com](http://principia-scientific.com)

# New Study Finds COVID Masks Harm Children's Physical & Mental Health | Principia Scientific Intl.

2-3 minutes

Published on February 15, 2021

Written by Reagan Hall

A new [study](#), involving over 25,000 school-aged children, shows that masks are harming schoolchildren physically, psychologically, and behaviorally, revealing 24 distinct health issues associated with wearing masks.

The health issues and impairments observed in this study were found to affect 68% of masked children who are forced to wear a face covering for an average of 4.5 hours per day. The study also includes 17,854 health complaints submitted by parents.

Some of the health issues found in the study include: increased headaches (53%), difficulty concentrating (50%), drowsiness or fatigue (37%), malaise (42%), and nearly a third of children experience more sleep issues than they had previously and a quarter of children developed new fears.

Though these results are concerning, the study also found that 29.7% of children experienced shortness of breath, 26.4% experienced dizziness, and hundreds of the participants experiencing accelerated respiration, tightness in chest, weakness, and short-term impairment of consciousness.

The study authors noted the lack of unbiased research on this topic:

**“There are no manufacturer-independent studies on the use of masks for children and adolescents that are certified as medical products for occupational safety in professional applications. In addition, due to the unknown materials used, there are no findings on the potential protective effects or side effects of the often home-made ‘everyday masks’ worn by the majority of children. In view of the ongoing measures to contain the COVID-19 pandemic, and in particular the varying obligations for children and adolescents to wear masks in school over a longer period of time, there is an urgent need for research.”**



### **Masks are neither effective nor safe: A summary of the science**

July 6, 2020.

Completed peer-review and revised, November 19, 2020

Colleen Huber, NMD\*

[https://pdmj.org/papers/masks\\_are\\_neither\\_effective\\_nor\\_safe/index.html](https://pdmj.org/papers/masks_are_neither_effective_nor_safe/index.html)

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#### **Abstract**

In 2020 there is a surge in use of facemasks in public places, including for extended periods of time, in the United States as well as in other countries. The public has been instructed by media and their governments that one's use of masks, even if not sick, may prevent others from being infected with SARS-CoV-2, the infectious agent of COVID-19.

A review of the peer-reviewed medical literature examines impacts of masks on human health, both immunological, as well as physiological. The purpose of this paper is to examine data regarding the effectiveness of facemasks, as well as safety data. The reason that both are examined in one paper is that for the general public as a whole, as well as for each individual, a risk-benefit analysis is necessary to guide decisions on if and when to wear a mask.

#### **Are masks effective at preventing transmission of respiratory pathogens?**

A 2020 meta-analysis found that face masks have no detectable effect against transmission of viral infections.<sup>1</sup> It found: "Compared to no masks, there was no reduction of influenza-like illness cases or influenza for masks in the general population, nor in healthcare workers."

Another 2020 meta-analysis, published by the US Centers for Disease Control (CDC), found that evidence from randomized controlled trials of face masks did not support a substantial effect on transmission of laboratory-confirmed influenza, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility.<sup>2</sup>

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\* Colleen Huber, NMD is a Naturopathic Medical Doctor and Naturopathic Oncologist (FNORI), writing on topics of masks, COVID-19, cancer and nutrition.

Yet another 2020 analysis, found that masks had no effect specifically against Covid-19, although facemask use seemed linked to, in 3 of 31 studies, “very slightly reduced” odds of developing influenza-like illness.<sup>3</sup> The remainder of the 31 studies did not verify that finding.

A 2019 study of 2862 participants showed that both N95 respirators and surgical masks “resulted in no significant difference in the incidence of laboratory confirmed influenza.”<sup>4</sup>

A 2016 meta-analysis found that both randomized controlled trials and observational studies of N95 respirators and surgical masks used by healthcare workers did not show benefit against transmission of acute respiratory infections. It was also found that acute respiratory infection transmission “may have occurred via contamination of provided respiratory protective equipment during storage and reuse of masks and respirators throughout the workday.”<sup>5</sup>

A 2011 meta-analysis of 17 studies regarding masks and effect on transmission of influenza found that “none of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”<sup>6</sup> However, authors speculated that effectiveness of masks may be linked to early, consistent and correct usage.

Face mask use was likewise found to be not protective against the common cold, compared to controls without face masks among healthcare workers.<sup>7</sup>

### **Airflow around masks**

Masks have been assumed to be effective in obstructing forward travel of viral particles. Considering those positioned next to or behind a mask wearer, there have been farther transmission of virus-laden fluid particles from masked individuals than from unmasked individuals, by means of “several leakage jets, including intense backward and downwards jets that may present major hazards,” and a “potentially dangerous leakage jet of up to several meters.”<sup>8</sup> All masks were thought to reduce forward airflow by 90% or more over wearing no mask. However, Schlieren imaging showed that both surgical masks and cloth masks had farther brow jets (upward airflow past eyebrows) than not wearing any mask at all, 182 mm and 203 mm respectively, vs none discernible with no mask. Backward airflow was found to be strong with all masks compared to not masking.

For both N95 and surgical masks, it was found that expelled particles from 0.03 to 1 micron were deflected around the edges of each mask, and that there was measurable penetration of particles through the filter of each mask.<sup>9</sup>

### **Penetration through masks**

A study of 44 mask brands found mean 35.6% penetration ( $\pm 34.7\%$ ). Most medical masks had over 20% penetration, while “general masks and handkerchiefs had no protective function in terms of the aerosol filtration efficiency.” The study found that “Medical masks, general masks, and handkerchiefs were found to provide little protection against respiratory aerosols.”<sup>10</sup>

It may be helpful to remember that an aerosol is a colloidal suspension of liquid or solid particles in a gas. In respiration, the relevant aerosol is the suspension of bacterial or viral particles in inhaled or exhaled breath.

In another study, penetration of cloth masks by particles was almost 97% and medical masks 44%.<sup>11</sup>

### **N95 respirators**

Honeywell is a manufacturer of N95 respirators. These are made with a 0.3 micron filter.<sup>12</sup> N95 respirators are so named, because 95% of particles having a diameter of 0.3 microns are filtered by the mask forward of the wearer, by use of an electrostatic mechanism. Coronaviruses are approximately 0.125 microns in diameter.

A meta-analysis found that N95 respirators did not provide superior protection to facemasks against viral infections or influenza-like infections.<sup>13</sup> Another study did find superior protection by N95 respirators when they were fit-tested compared to surgical masks.<sup>14</sup>

Another study found that 624 out of 714 people wearing N95 masks left visible gaps when putting on their own masks.<sup>15</sup>

### **Surgical masks**

A 2010 study found that surgical masks offered no protection at all against influenza.<sup>16</sup> Another study found that surgical masks had about 85% penetration ratio of aerosolized inactivated influenza particles and about 90% of *Staphylococcus aureus* bacteria, although *S aureus* particles were about 6 times the diameter of influenza particles.<sup>17</sup>

Use of masks in surgery were found to slightly *increase* incidence of infection over not masking in a study of 3,088 surgeries.<sup>18</sup> The surgeons' masks were found to give no protective effect to the patients.

Other studies found no difference in wound infection rates with and without surgical mask use during surgery.<sup>19 20</sup>



A 2015 study found that “there is a lack of substantial evidence to support claims that facemasks protect either patient or surgeon from infectious contamination.”<sup>21</sup>

A 2020 study found that medical masks have a wide range of filtration efficiency, with most showing a 30% to 50% efficiency.<sup>22</sup>

Specifically, are surgical masks effective in stopping human transmission of coronaviruses? Both experimental and control groups, masked and unmasked respectively, were found to “not shed detectable virus in respiratory droplets or aerosols.”<sup>23</sup> In that study, they “did not confirm the infectivity of coronavirus” as found in exhaled breath.

A study of aerosol penetration showed that two of the five surgical masks studied had 51% to 89% penetration of polydisperse aerosols.<sup>24</sup>

In another study, that observed subjects while coughing, “neither surgical nor cotton masks effectively filtered SARS-CoV-2 during coughs by infected patients.” And more viral particles were found on the outside than on the inside of masks tested.<sup>25</sup>

### **Cloth masks**

Cloth masks were found to have low efficiency for blocking particles of 0.3 microns and smaller. Aerosol penetration through a variety of cloth masks examined was found to be between 74 and 90%. The filtration efficiency of fabric materials was 3% to 33%<sup>26</sup>

Healthcare workers wearing cloth masks were found to have 13 times the risk of influenza-like illness than those wearing medical masks.<sup>27</sup>

This 1920 analysis of cloth mask use during the 1918 pandemic examines the failure of masks to impede or stop flu transmission at that time, and concluded that the number of layers of fabric required to prevent pathogen penetration would have required a suffocating number of layers, and could not be used for that reason, as well as the problem of leakage vents around the edges of cloth masks.<sup>28</sup>

A 2020 Duke University study found that a likely reason for the poor effect of cloth masks is that the mesh of the mask dispersed larger expired respiratory droplets “into a multitude of smaller droplets . . . which explains the apparent increase in droplet count relative to no mask in that case.” It was also noted that those smaller particles are likely to stay airborne longer than larger droplets, which resulted in “counterproductive” use of these cloth masks.<sup>29</sup>

## **Masks against Covid-19**

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

“We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.”<sup>30</sup>

### **Are masks safe?**

#### **During walking or other exercise**

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers.<sup>31</sup>

Researchers are concerned about possible burden of facemasks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis.<sup>32</sup>

#### **Risks of N95 respirators**

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was expired.<sup>33</sup> Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO<sub>2</sub>) decreased significantly compared to controls and increased respiratory adverse effects.<sup>34</sup> 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were considered as personal bioaerosol samplers, for collecting influenza virus.<sup>35</sup> And 25% of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season.<sup>36</sup>

### **Risks of surgical masks**

Healthcare workers' surgical masks were considered as "personal bioaerosol samplers" and were found to collect and to harbor influenza virus.<sup>37</sup>

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use.<sup>38</sup>

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment.<sup>39</sup> Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

### **Risks of cloth masks**

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls.<sup>40</sup>

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes.<sup>41</sup> Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). This in turn down-regulates CD4+ T-cells.<sup>42</sup> CD4+ T-cells, in turn, are necessary for viral immunity.<sup>43</sup>

### **Weighing risk versus benefit of mask use**

In 2020 the United States is seeing an unprecedented surge of mask use by the public. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination. Forward projection of exhaled material may be partly replaced by lateral, backward, downward and upward projection, and to greater distances, with longer time airborne, from a masked person than from an unmasked person.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen / carbon dioxide exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in

dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O<sub>2</sub> greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings. The clinical studies and meta-analyses that are referenced, cited and linked herein are presented in order to provide the best opportunity for informed decision-making, and for individuals to consider and compare the risks versus benefits of mask use.

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VACCINES





## COVID-19 SURVIVAL RATES

<b>0-19 YEARS</b>	<b>99.997%</b>
<b>20-49 YEARS</b>	<b>99.98%</b>
<b>50-69 YEARS</b>	<b>99.5%</b>
<b>70+ YEARS</b>	<b>94.6%</b>

SOURCE: [cdc.gov](https://www.cdc.gov)



**COVID Jab: They Skipped all Animal Trials Because all Animals Were Dying & Went Directly to People.**



@erin\_bsn

▶ 🔊 ————— Texas State Senate, May 2021 0:51 1x 📺 🗉



# The

## Nuremberg Code

Was put in place so ppl  
would NOT be

## FORCED or COERCED

into medical treatments  
ever again



Verizon

5:17 PM

100%



TikTok  
@jcrowley1005

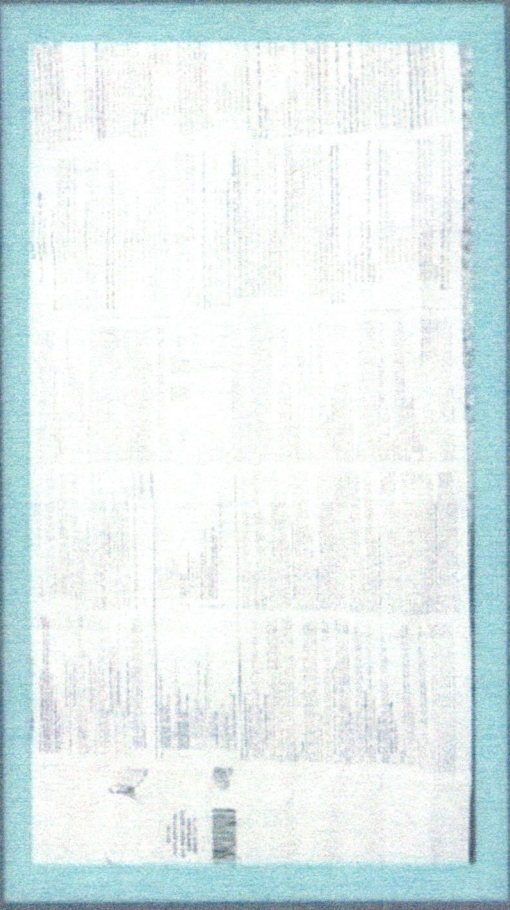




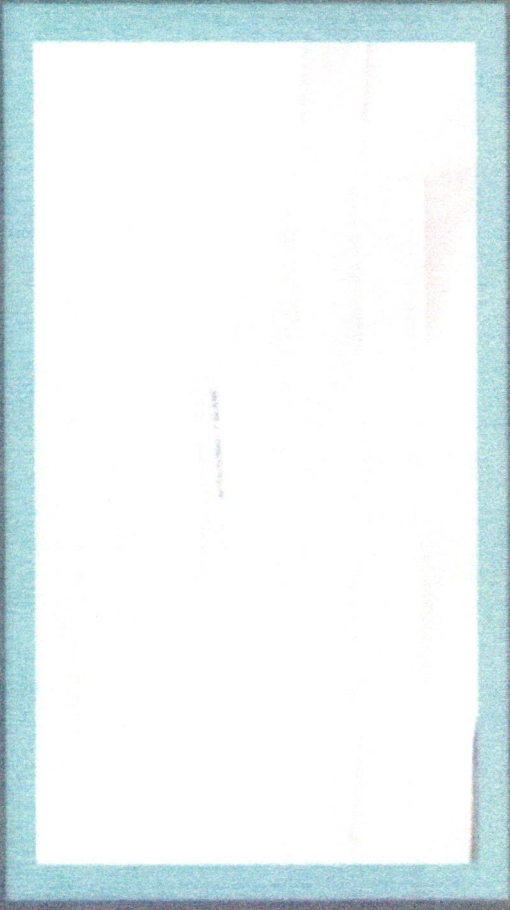
# Know The FACTS Before you VAX



This is what a **NORMAL** package insert looks like



This is what a Moderna **COVID "vaccine"** package insert looks like

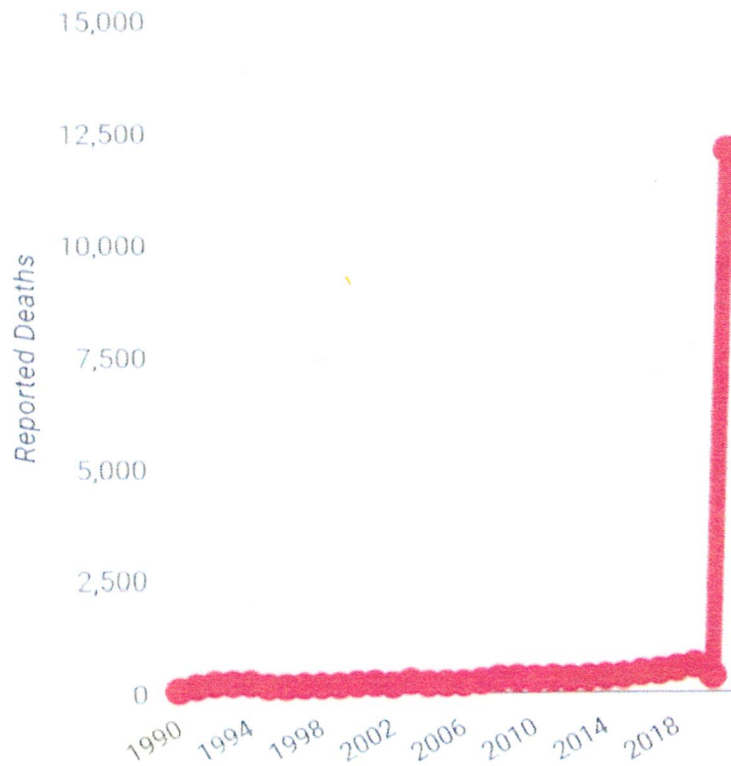




# COVID Vaccine Data

Through July 23, 2021

ALL Deaths Reported to VAERS by Year

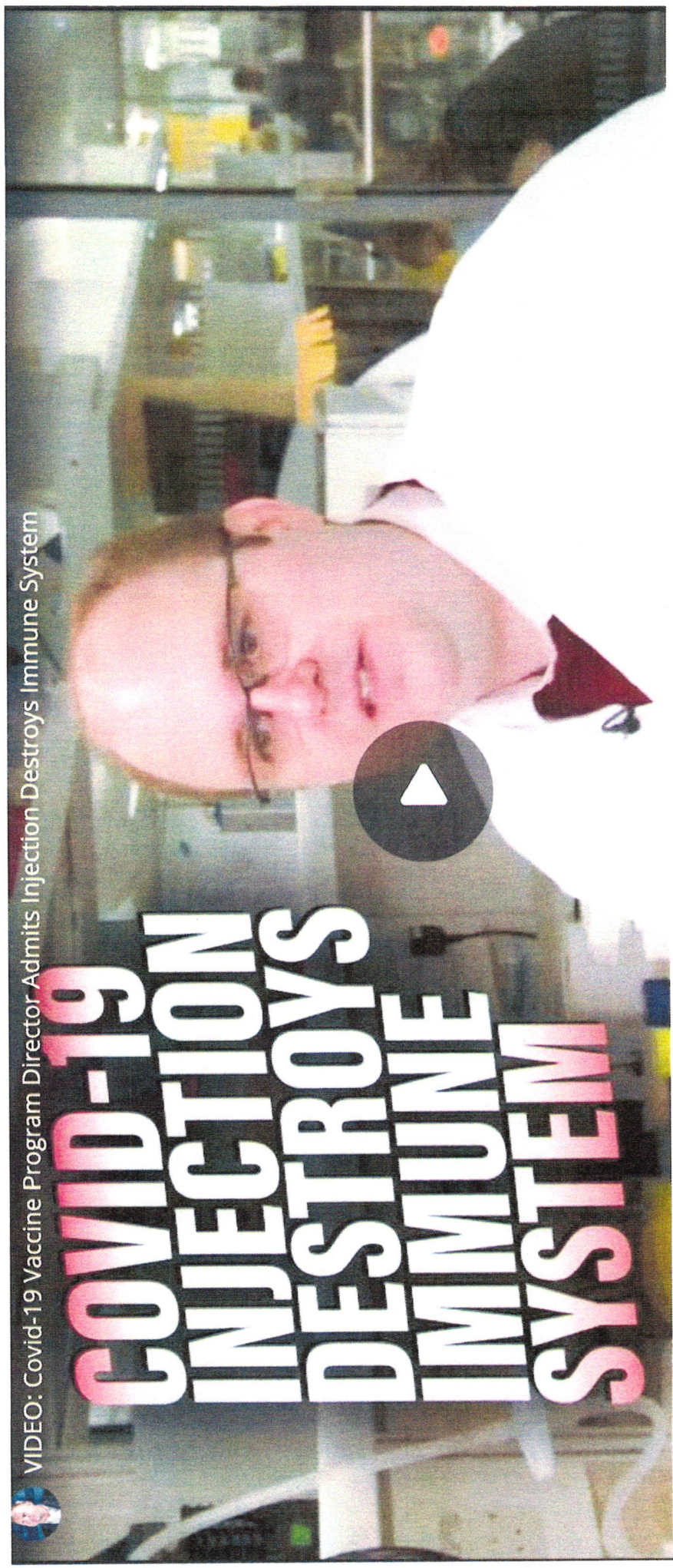
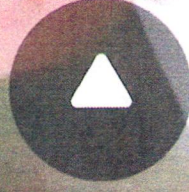






VIDEO: Covid-19 Vaccine Program Director Admits Injection Destroys Immune System

# COVID-19 INJECTIONS DESTROY IMMUNE SYSTEM





"We've found that recipients of the Pfizer vaccine have 5x-6x LOWER amounts of neutralizing antibodies...these are the gold standard antibodies of your immune system."

And we are not saying this, but a researcher named David Bauer







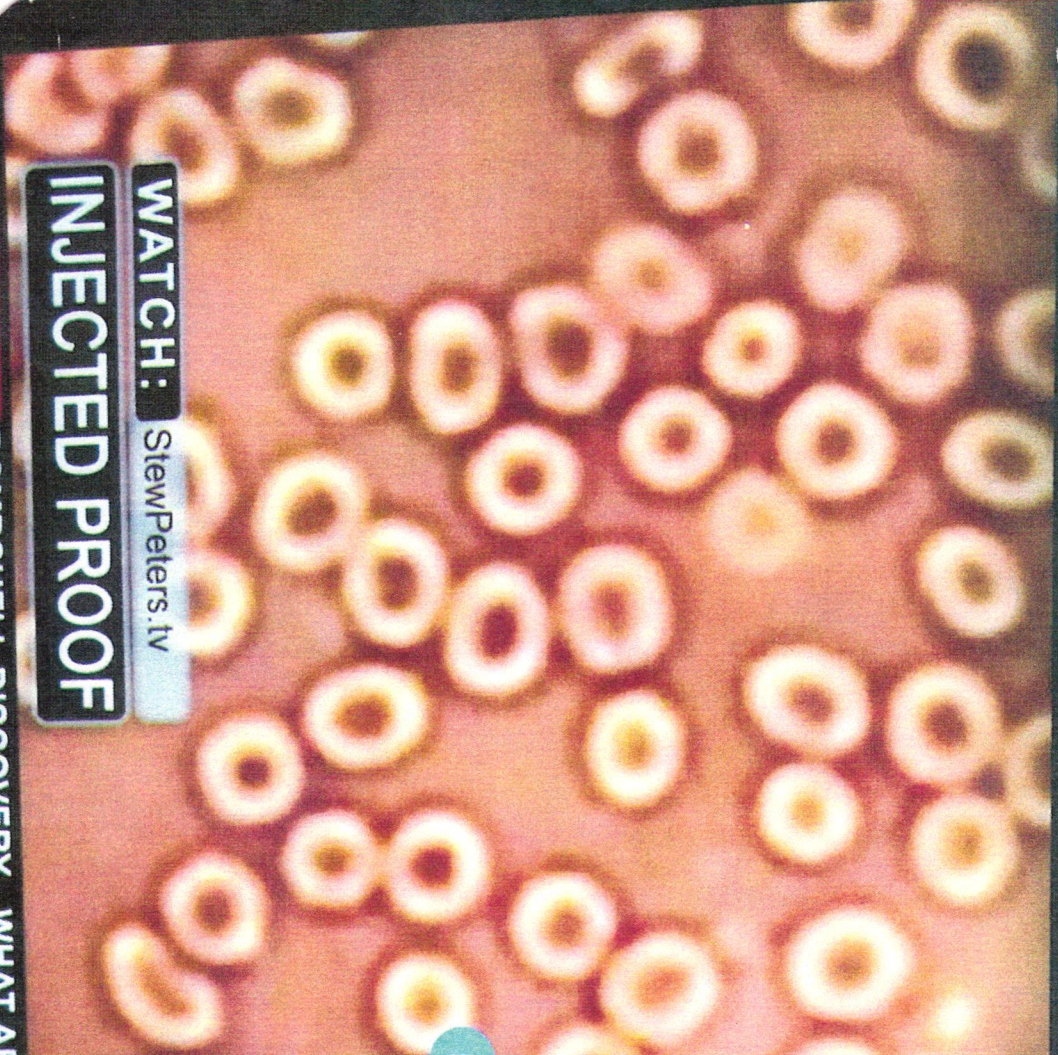
# Vaccine researcher admits 'big mistake,' says spike protein is dangerous 'toxin'

'Terrifying' new research finds vaccine spike protein unexpectedly in bloodstream. The protein is linked to blood clots, heart and brain damage, and potential risks to nursing babies and fertility.





BREAKING DISCOVERY! WHAT COVID INJECTIONS DO TO YOUR BLOOD! DOCTOR RELEASES HORRIFIC FINDINGS / 卐

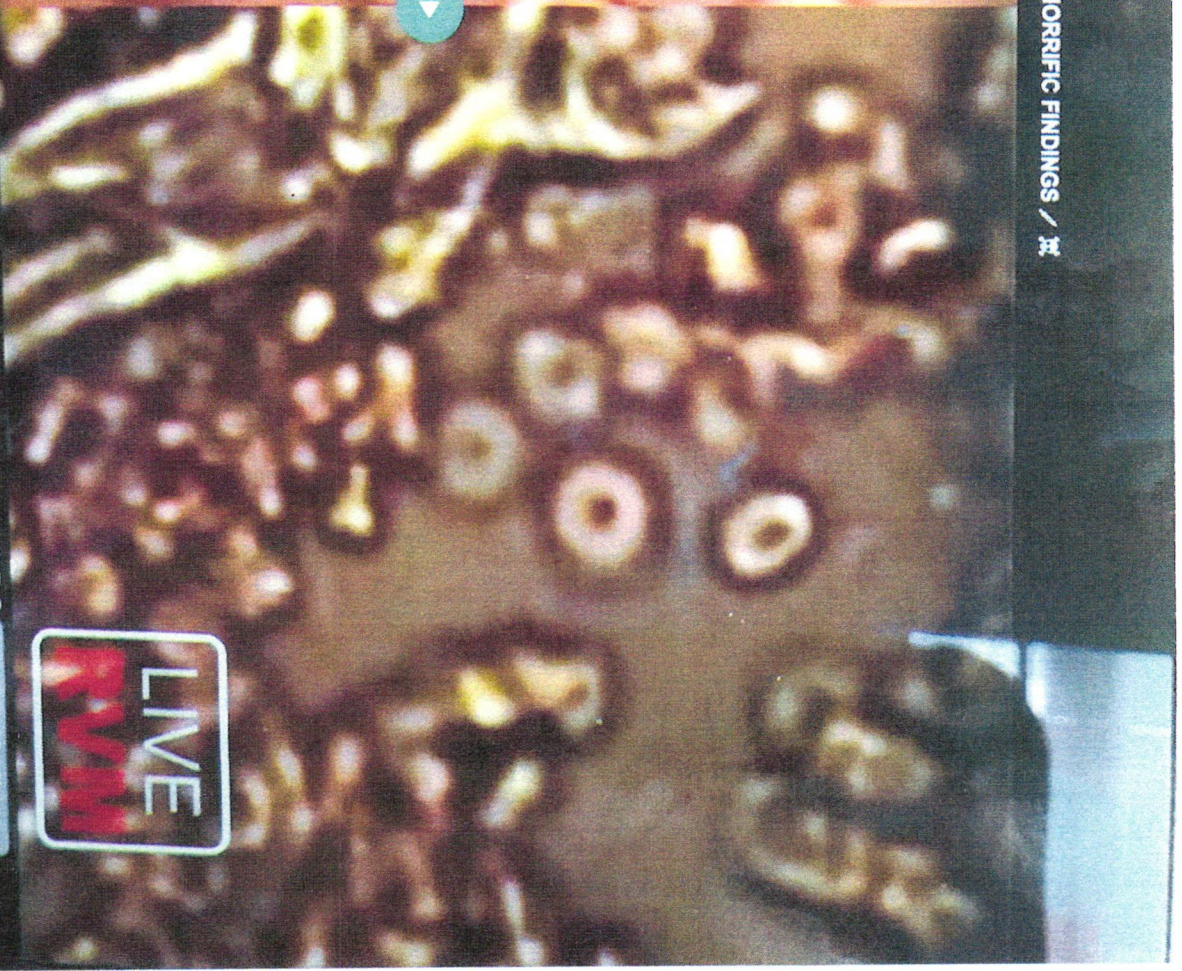


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**INJECTED PROOF**

**LIVE** BOMBHELL DISCOVERY - WHAT ARE SHOTS DOING TO YOUR BLOOD?

RedVoiceMedia.com

**LIVE**  
**RVM**





NZ Herald 11th of June



**Mainfreight fell \$1.80 to \$75.30 on a day**

ery ran out of puff after falling 18c or 2.93 per cent to \$5.97, impacted by a competitor's comments in China. Feihe, China's largest infant formula maker, said sales would drop sharply in the next one to two years since many women cannot bear children within six months of coronavirus vaccination – and thus delaying births.

**Synlait Milk**, which supplies a2 Milk, fell 9c or 2.5 per cent to \$351.

The broad rally seen over the previous three trading days also





FRANCE 2021

1941





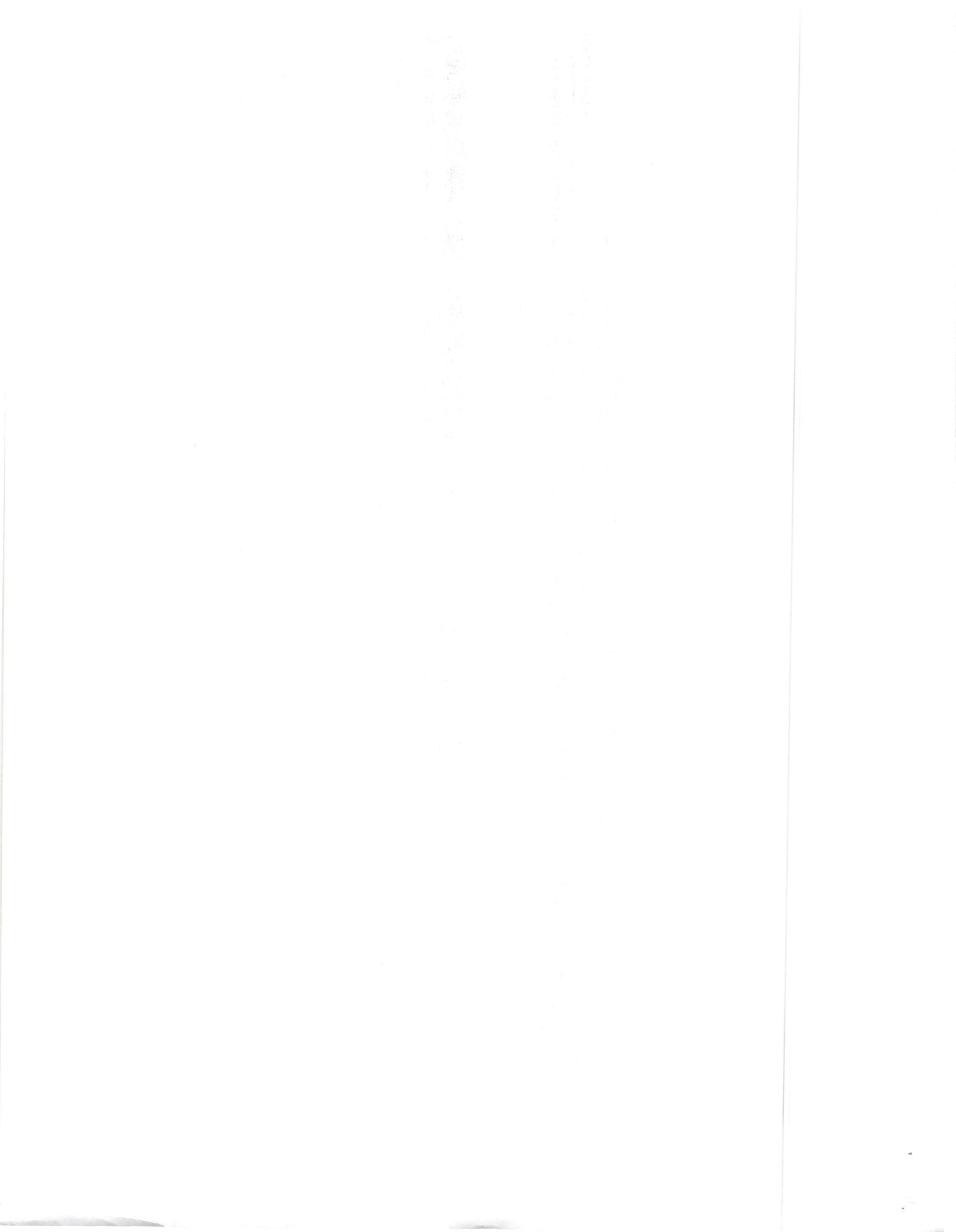
EFFICACY

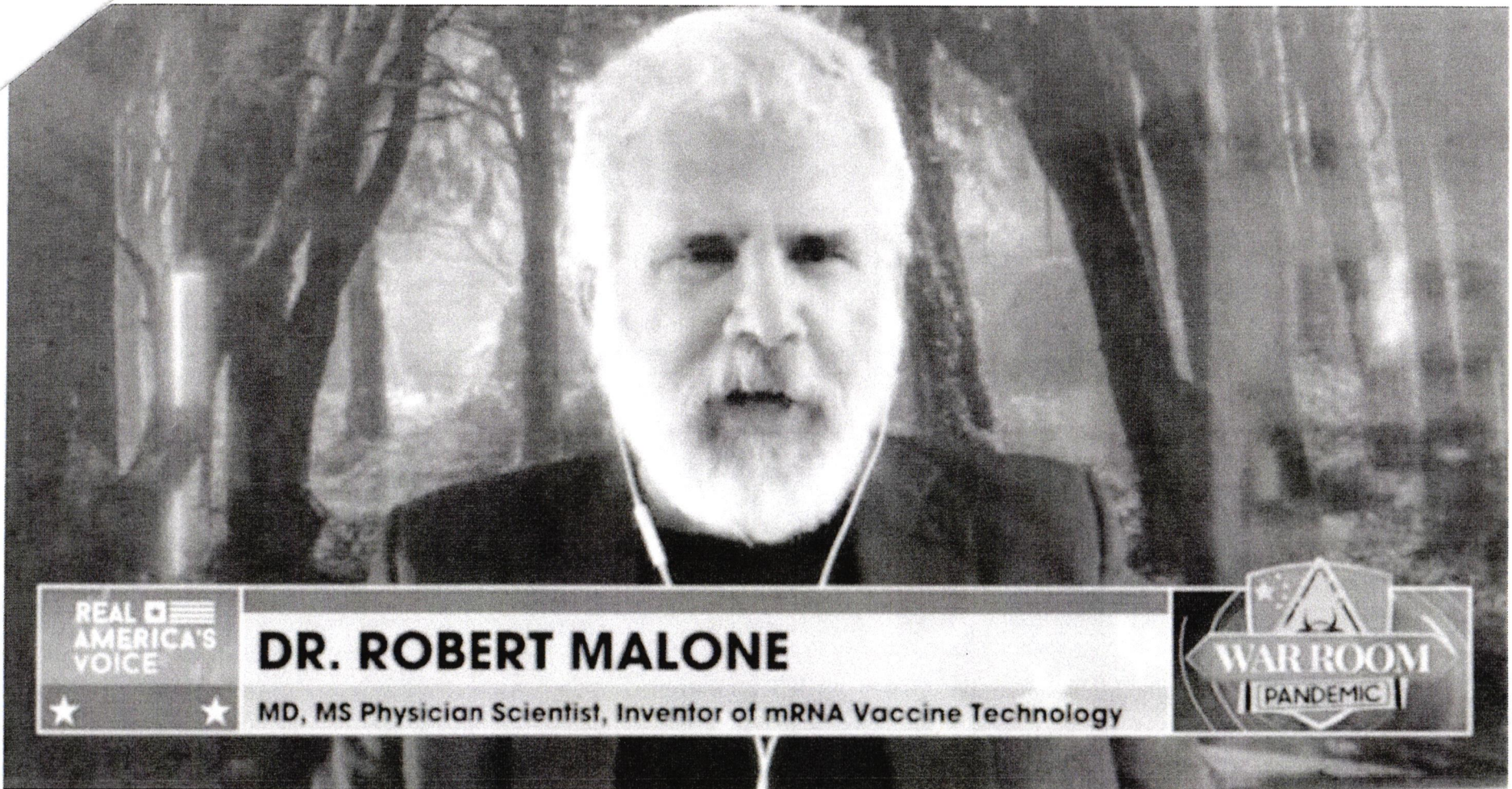


## CDC confesses: Vaccines are failing, and the vaxxed can be super-spreaders

Via the words of the CDC's own director Dr. Rochelle Walensky, vaccines are now failing, and vaccinated people may now carry higher viral loads than unvaccinated people, contributing to the spread of covid.

The vaccine hoax is now collapsing as vaccinated people are now catching the "delta" variant and spreading it to other vaccinated people. Even worse, the vaxxed are the "super-breeders" who are incubating yet more dangerous vaccine-immune covid mutations.





**Dr. Robert Malone, M.D., M.S., a distinguished physician who discovered RNA transfection and invented mRNA vaccines, was on Steve Bannon's War Room Wednesday with some alarming news-new data indicates that people who have taken the Pfizer and Moderna vaccines are at greater risk of getting Covid than someone who is not vaccinated.**



# Two More Fully Vaccinated Texas Democrat Lawmakers Test Positive For Covid-19 Since Fleei to DC - 5 Cases Total

By Cristina Laila  
Published July 18, 2021 at 9:05pm  
1657 Comments

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## Tell Schools/Universities No Vaccine Mandates for Children

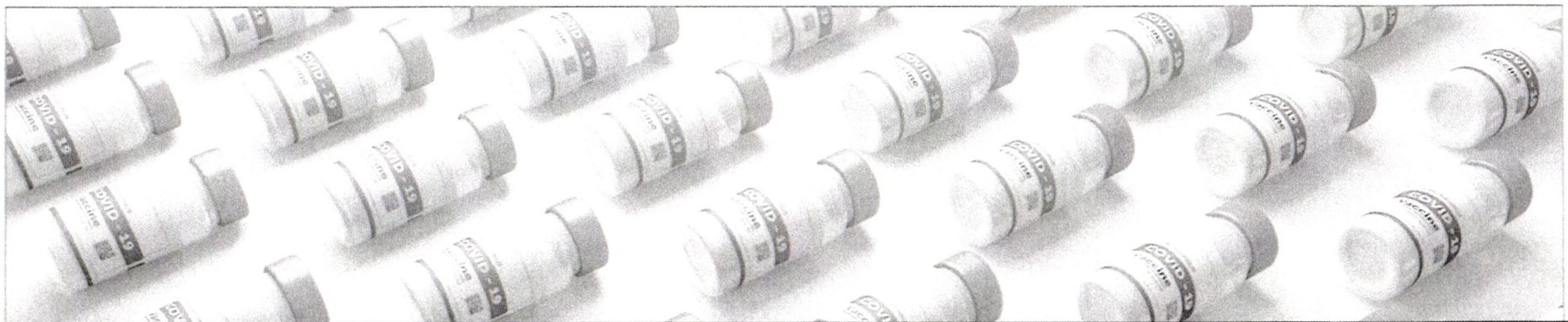
UPDATED 07/02/21 • BIG PHARMA > NEWS

# Latest CDC VAERS Data Show Reported Injuries Surpass 400,000 Following COVID Vaccines

*VAERS data released today by the CDC showed a total of 411,931 reports of adverse events from all age groups following COVID vaccines, including 6,985 deaths and 34,065 serious injuries between Dec. 14, 2020 and June 25, 2021.*

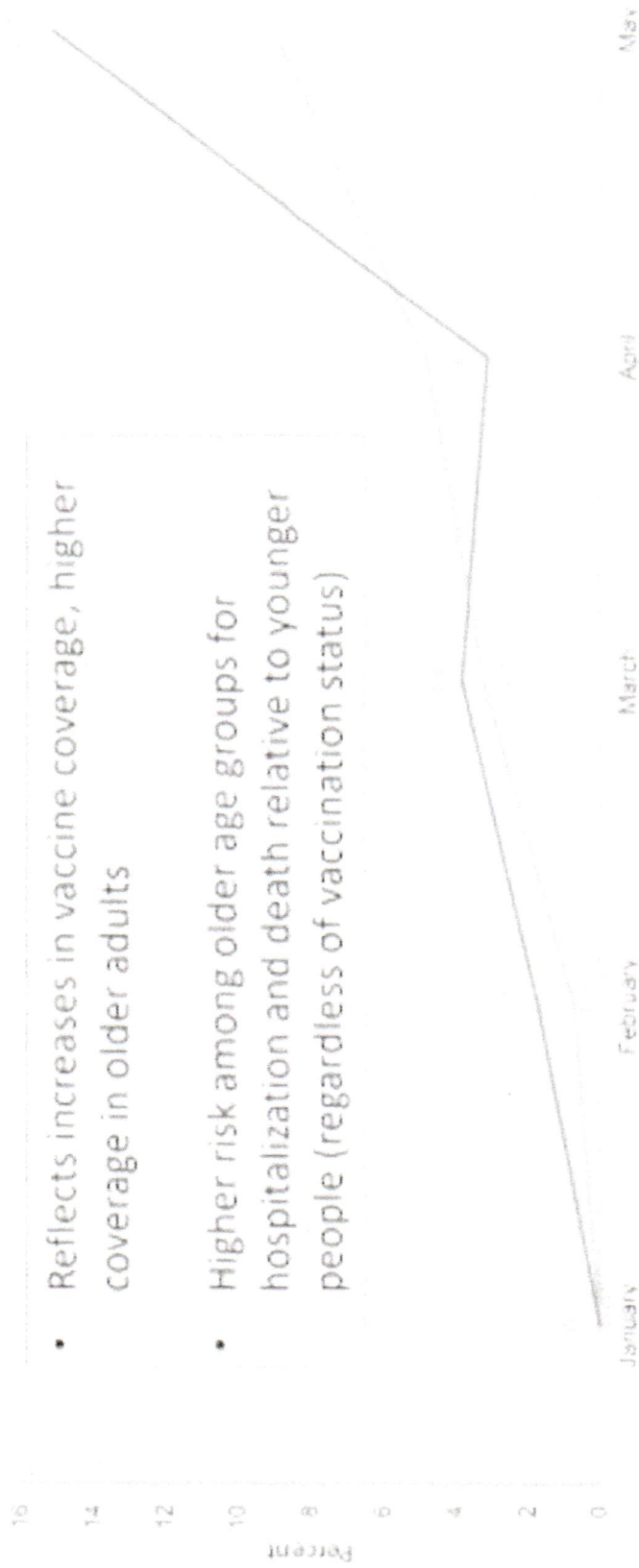
By Megan Redshaw

165     





# Increasing percentage of vaccinated persons among those hospitalized in COVID-NET



(CONFIDENTIAL – preliminary data, subject to change)



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## Fully vaccinated people are 65% more likely to be hospitalised & 1540% more likely to die due to Covid-19 than people who are unvaccinated according to latest Public Health England data

Fri 5:08 pm +00:00 23 Jul 2021

posted by Weaver

Public Health England have released the 19th technical briefing on Covid-19 variants of concern and it shows that people who've received at least one dose of a Covid-19 vaccine make up over 65% of all alleged Covid-19 deaths from February 1st 2021 through to July 19th 2021.



NBC News, citing unnamed officials aware of the decision, reported it comes after new data suggests vaccinated individuals could have higher levels of virus and infect others amid the surge of cases driven by the delta variant of the coronavirus.





Gibraltar fully vaccinated every eligible citizen by April. Now 2.5 months later, they have the 3rd highest per capita rate of infection on Earth, with 80% of cases in the past two days being vaccinated.



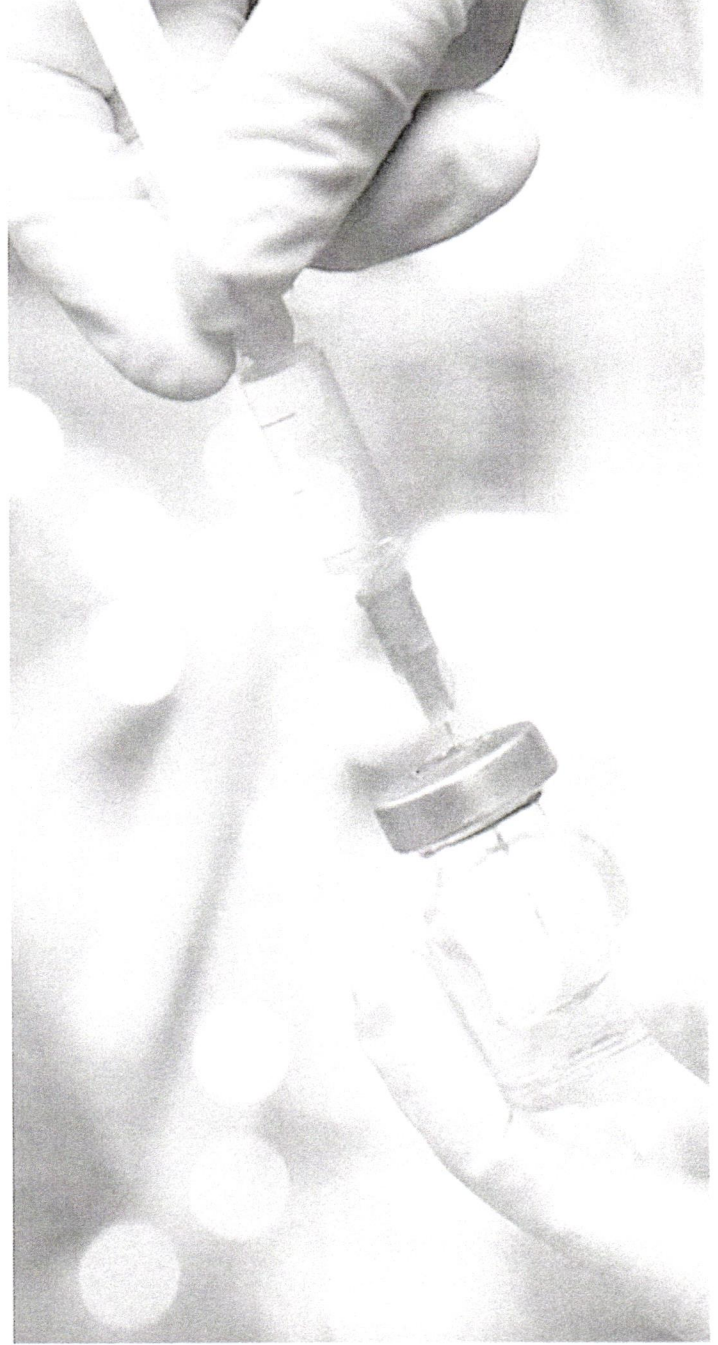
# GATEWAY PUNDIT

We report the truth — and leave the Russia-Collusion fairy tale to the Conspiracy media

## 74% of Covid-19 Cases in “Cape Cod Cluster Outbreak” Were Fully Vaccinated

By Cristina Laila  
Published August 2, 2021 at 5:17pm  
751 Comments

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UNITED KINGDOM Published July 14

# COVID-19 infects about 100 vaccinated crewmembers on HMS Queen Elizabeth: report

Cases were discovered during routine testing

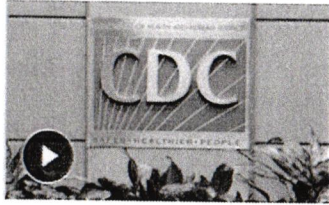
*No symptoms*

By Edward R. Morell, Fox News

1 2 3 4 5 6 7 8 9 10 11 12



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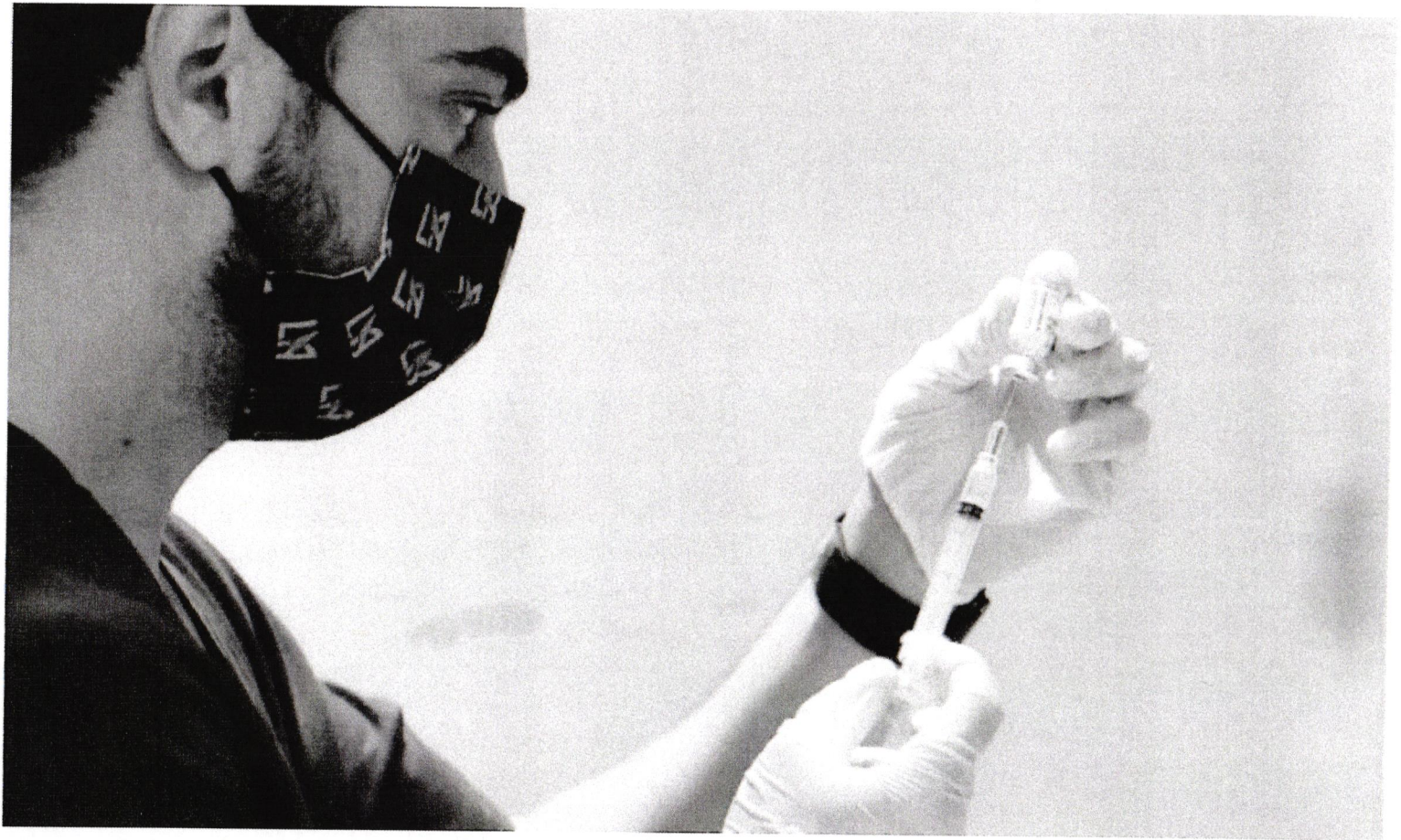


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822



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A pharmacy student prepares a Johnson & Johnson COVID-19 vaccine in Los Angeles, Calif., on May 7, 2021. (Frederic J. Brown/AFP via Getty Images)

VACCINES & SAFETY PREMIUM

# 4,115 Vaccinated People Have Been Hospitalized With COVID-19 'Breakthrough' Infections: CDC

750 have died





REACTIONS





**BREAKING NEWS**

**VACCINE RELATED DEATHS SKYROCKET ACCORDING TO CDC**



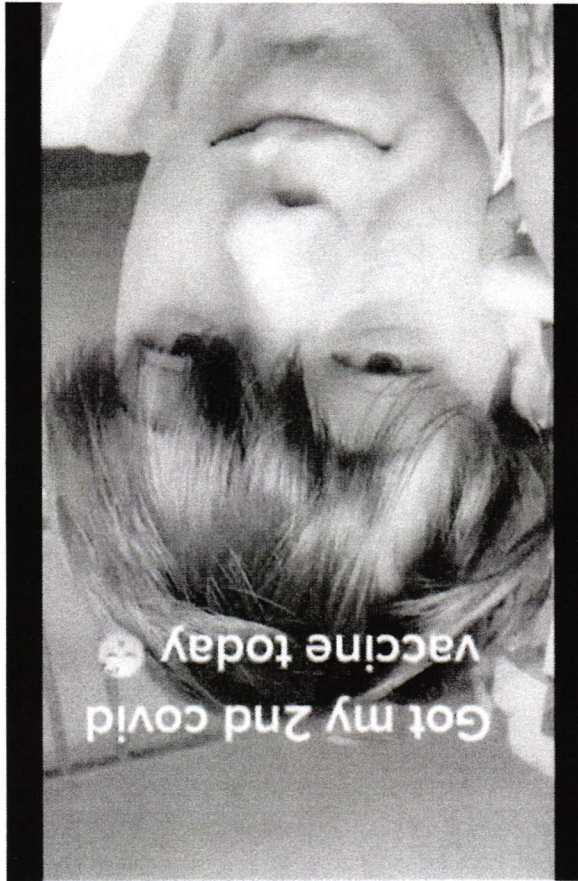
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**Stefanie Daubert** 🇺🇸 @Stefild · 8h ...

This is Robin Spring Saunders. She did not want the Covid vaccine, but had to get it as part of being hired at Johns Hopkins University. After her 1st shot, she developed severe brain swelling and heart issues. She died in the ICU 6 days later. Share her story.







Got my 2nd covid vaccine today 🧑





Tue, Aug 03, 2021

# Newsweek

U.S. World Business Tech & Science Culture Newsgeek Sports Health Opinion Expe

U.S.

## 13-Year-Old Dies in Sleep After Receiving Pfizer COVID Vaccine; CDC Investigating

BY MATTHEW IMPELLI ON 7/2/21 AT 1:41 PM EDT



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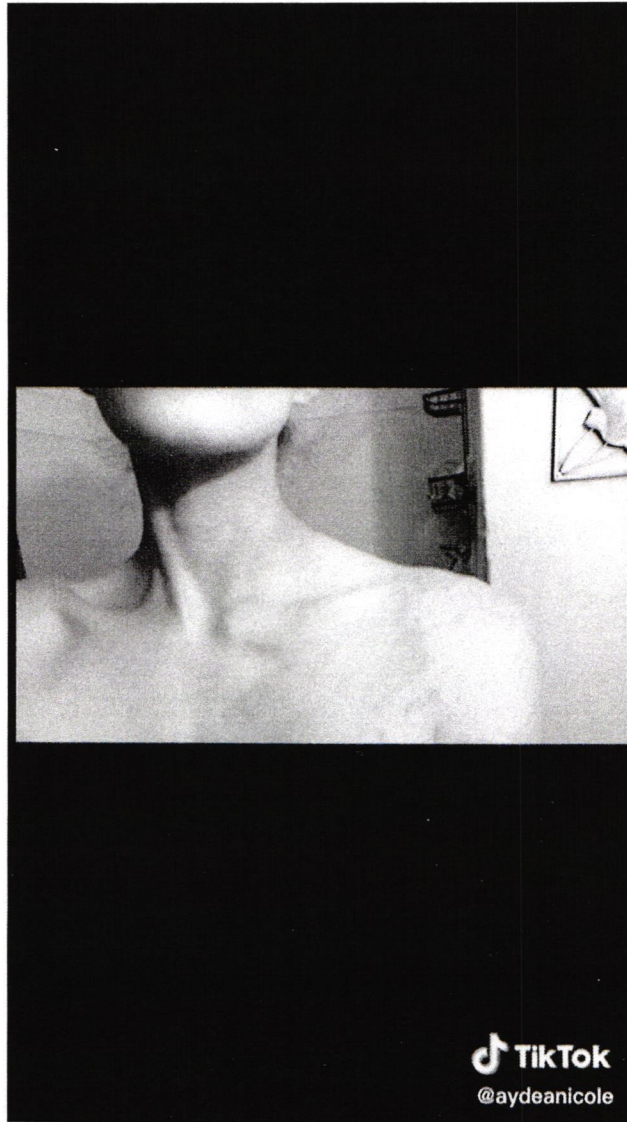
The most recent reported deaths include a 15-year-old boy (VAERS I.D. 1498080) who previously had COVID, was diagnosed with cardiomyopathy in May 2021 and died four days after receiving his second dose of Pfizer's vaccine on June 18, when he collapsed on the soccer field and went into ventricular tachycardia; and a 13-year-old girl (VAERS I.D. 1505250) who died after suffering a heart condition after receiving her first dose of Pfizer.

- Other deaths include two 13-year-old boys (VAERS I.D. 1406840 and 1431289) who died two days after receiving a Pfizer vaccine, a 13-year-old boy who died after receiving Moderna (VAERS I.D. 1463061), three 15-year-olds (VAERS I.D. 1187918, 1382906 and 1242573), five 16-year-olds (VAERS I.D. 1420630, 1466009, 1225942, 1475434, and 1386841) and three 17-year-olds (VAERS I.D. 1199455, 1388042 and 1420762).
- 2,323 reports of anaphylaxis among 12- to 17-year-olds with 99% of cases attributed to Pfizer's vaccine.
- 406 reports of myocarditis and pericarditis (heart inflammation) with 402 cases attributed to Pfizer's vaccine.
- 77 reports of blood clotting disorders, with all cases attributed to Pfizer.



▲ IMG\_5013.PNG

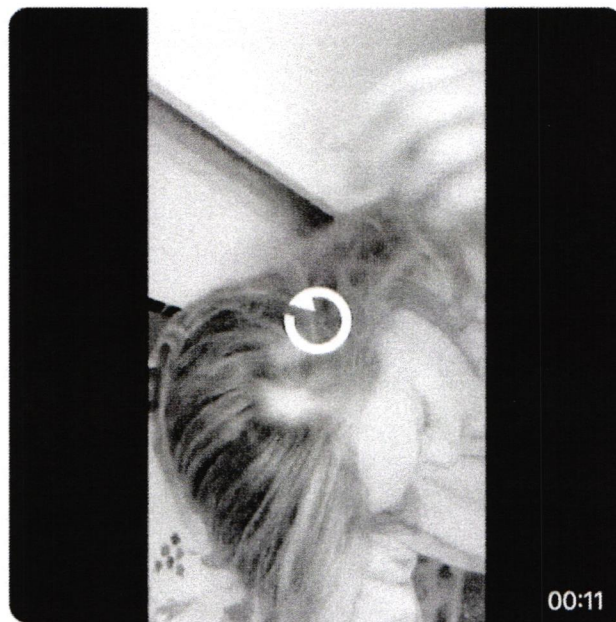
< 4 of 5 >



- 25% +



Woman losing her hair after getting the covid vaccine. Your kid could be next so saying oh these people deserve it, is not the right attitude. What we can do is to spread awareness and share these videos to warn the others, potentially your kid ...







IMG\_5912.PNG

< 2 of 3 >

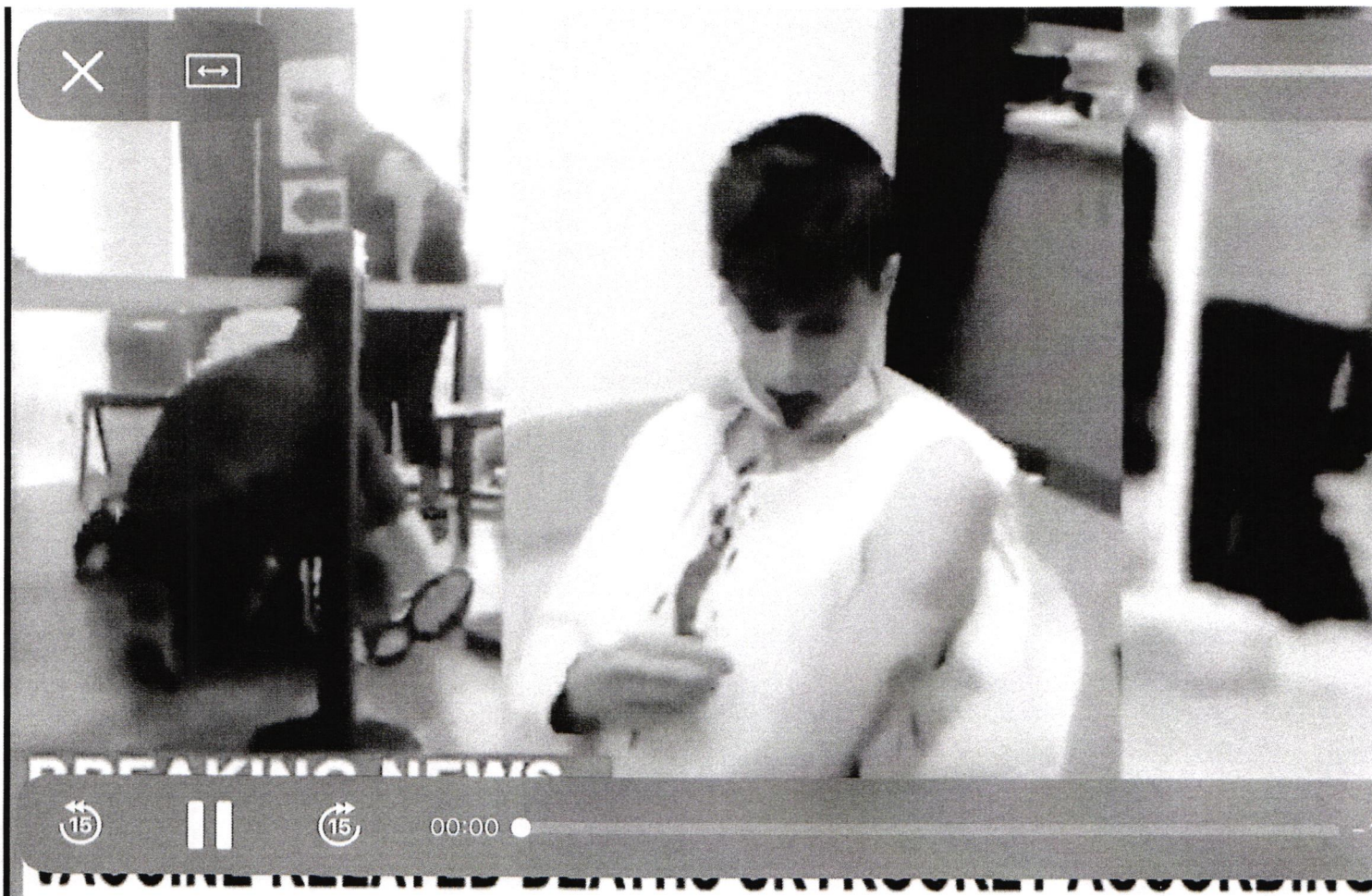


- 39% +



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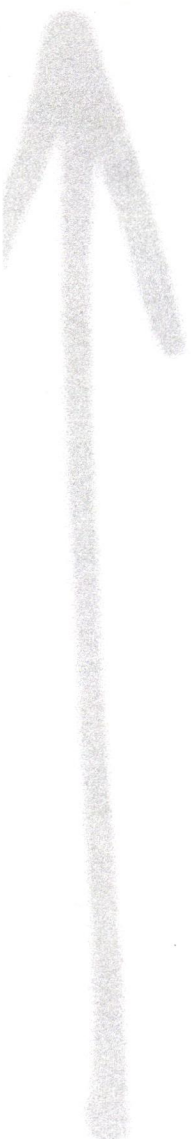
- 39% +



# Lab experiments show anti-parasitic drug, Ivermectin, eliminates SARS-CoV-2 in cells in 48 hours



03 April 2020





August 12, 2021

Clackamas County  
Commissioner's Meeting

My name<sup>is</sup> Christa Shipman  
and I am a resident of  
Aurora. I currently work  
as a counselor and  
lifeguard at Canyonview  
Horse camp.

Yesterday I held a 12-yr  
old girl weeping in my arms  
as she told me that her  
father, who does not wish  
to take the vaccine for  
personal reasons, will



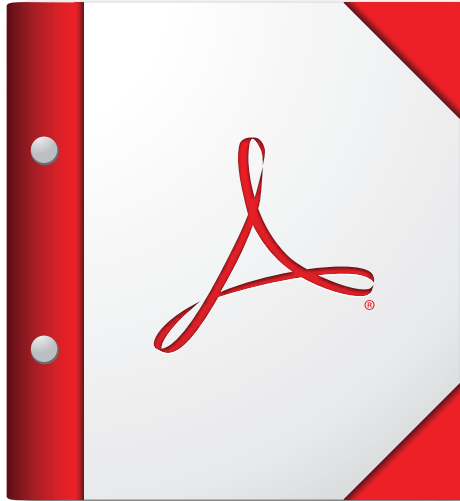
soon lose his dream job as a state trooper and her family then plans to move out of state.

This is not right. This is NOT the Oregon I used to know. This is NOT the Oregon I grew up in.

⇒ My question is, "Why are Oregon citizens, and particularly state employees, being forced to make a personal medical decision?"

Thank you.

- Christa Shepman



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## Terwilliger, Christina

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**From:** Danielle Lohmann <danielle860@gmail.com>  
**Sent:** Thursday, August 12, 2021 8:43 PM  
**To:** BCCMail  
**Subject:** Thursday August 12 business meeting

**Categories:** Testimony for Business Meetings

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**Warning: External email. Be cautious opening attachments and links.**

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Commissioners,

The public comment section of tonight's meeting was not handled appropriately. This is not what I expect to see at the county level.

- 1) People who were registered to speak on Zoom were not called to speak. There were at least two of us with this issue. We had no way to notify anyone of the oversight.
- 2) As soon as the members in the room realized they could register late and speak ahead of the Zoom callers, they registered in droves. The Zoom callers had a registration cutoff time, while those in the room did not. Why were people in the room allowed to register late and speak ahead of those who had no choice to follow the stated rules and register by 6:05?
- 3) Tootie's threat to end the meeting if the people in the room kept jeering at the Zoom callers was a thinly veiled signal to the room: keep making noise, and we'll silence the (mostly opposed) Zoom callers. I expect better from my commissioners. Even Tootie.

Danielle

## Terwilliger, Christina

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**From:** David Katz <david.a.katz@me.com>  
**Sent:** Thursday, August 12, 2021 7:53 PM  
**To:** BCCMail  
**Subject:** meeting testimony  
**Attachments:** Clackamas 12 Aug 21 3 min.docx; Clackamas 12 Aug 21 1 min.docx

**Categories:** Testimony for Business Meetings

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Enclosed are the remarks I shared during the meeting as well as slightly longer remarks I would have delivered had the usual 3 minutes been possible. Please enter both into the public record.

I appreciate Chairwoman Smith's admonition for those in the room to recognize the free speech rights of those of us who disagree, just as we recognize theirs. It's sad that they seek to abridge not only our free speech rights but also our fundamental right to Life.

I'm Dr. David Katz.

I trained at Yale in viral biology and epidemiology.

Have been a medical researcher for 37 years.

And have advised OHSU faculty on COVID testing and therapy development efforts.

A drunk driver is 7 times more likely than a sober driver to cause an accident, which could be deadly.

We criminalize drunk driving because it's dangerous.

An unvaccinated and unmasked audience member is 25 times more likely than one vaccinated and masked to infect others, which could be deadly.

The analogy is imperfect.

A drunk driver can harm several people.

But the victims don't go on to harm others.

Someone who infects neighbors during this meeting can start a continuing spread of virus that harms hundreds or more.

Think about how many people have been harmed by whomever first passed along the delta variant.

Many speakers tonight seek "freedom", or "choice", not to vaccinate or mask.

What they request is license to take away the rights of other Oregonians. Like a drunk driver.

I'm Dr. David Katz.

I trained at Yale in viral biology and epidemiology.

Have been a medical researcher and biotech R&D executive for 37 years.

Currently advise OHSU faculty on topics such as COVID testing and new COVID therapies.

And am here as an expert to provide several COVID facts.

One. You can't get COVID disease from vaccines.

Vaccines include only small portions that can't create a whole virus.

Two. There's no evidence that vaccines affect fertility, pregnancy, or breastfeeding.

In contrast, 1 in 500 Americans are infertile after COVID disease. Because they're dead.

Tens of thousands of women have become pregnant, and have given birth to healthy infants, after receiving a vaccine.

Pregnant women are at increased risk for COVID disease which can cause preterm birth, preeclampsia, and stillbirth.

Vaccines are not passed through breast milk.

Three. Vaccines are highly effective and safe, against the delta variant, in COVID survivors, and in immunocompromised people.

Serious vaccine side effects are quite uncommon.

Some that have been publicized are much more frequent in COVID disease. Others are disinformation.

Medical reasons not to get vaccinated are exceedingly rare.

Four. The probability of a new strain that can evade current vaccines - and a return to lockdowns - is related directly to how much the virus spreads.

Compared to a vaccinated and masked audience member, one unvaccinated and unmasked is 25 times more likely to infect a Commissioner or others, which could be deadly.

A drunk driver is 7 times more likely than a sober driver to get into an accident, which could be deadly.

We criminalize drunk driving because it's dangerous.

The analogy is imperfect.

A drunk driver might harm several people in a bad accident.

But they don't go on to harm others.

Someone who infects others during this meeting could start a continuing spread of virus that harms hundreds or more.

Think about how many people have been harmed by whomever first passed along the delta variant.

To conclude, others who speak tonight might seek "freedom" from vaccination or masking.

Recognize that for what it is - a request to put us all at unnecessary risk.

The Board has the power to benefit every Clackamas resident, through clear and consistent communication - both official and personal - that vaccination and masking are safe, effective, and essential.

I will e-mail this to the Board and welcome questions from them.

## Terwilliger, Christina

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**From:** Hal <drymartini2@yahoo.com>  
**Sent:** Thursday, August 12, 2021 7:56 PM  
**To:** BCCMail  
**Subject:** Second Hand Dealers Revisions

**Categories:** Testimony for Business Meetings

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Hello Commissioners,

My name is Hal Hallmark, and I am the owner of STUFF at 9770 SE 82nd Avenue in Happy Valley. I attended this evenings meeting and I am glad that you have chosen to approve these changes. Commissioner Schrader voted against this ordinance, and her reasoning was sound. But I thought it might be helpful to the board to know a few things that perhaps she was unaware of with her no vote.

Commissioner Schrader voted no because she did not think it fair that some dealers in the unincorporated parts of the county would have the new requirements, while other shops that lie within the jurisdiction of a city, like Gladstone, would not have to deal with this requirement. She is not wrong in this. When she spoke about this, I believe she shared that a broader, perhaps state wide regulation would be superior and inherently more fair.

While this would be true, there is no state wide regulation of second hand dealers, and pawnbrokers are only regulated by the banking commission and are concerned only with the money lending aspects of the pawnbrokers' business. It seems that the law enforcement related aspects of policing second hand dealers and pawn shops regarding record keeping of their transactions lies within the jurisdiction of county and city government.

When changes in regulations have come in the past, they have always started in one jurisdiction (typically the City of Portland), and then they have slowly been adopted by neighboring jurisdictions. I would encourage the board to reach out to the cities within Clackamas County, and have them adopt similar language to that approved this evening.

This change, if utilized by law enforcement, can help to curtail the trading in stolen jewelry items. It's really a no brainer.

Thank you so much,

Hal W. Hallmark



8-12-21

**MASKS**

*Public Comments*

*Janet Bailey janetsbailey@yahoo.com*

Anxiety and trouble breathing are huge concerns to qualify for a child not wearing a mask. In addition, the filth that accumulates on a child's mask is germ infested and very dangerous and unhealthy.

COVID is spread by aerosol particles which are small enough to go right through a mask.

ORS 339.288 Flat out prohibits anything that puts pressure on a child's mouth.

ORS 339.288 also prohibits the use of mechanical restraints on a child's mouth that make it hard for them to breath.

Governor Kate Brown's mask mandate is needless & very unhealthy for children. *+ we have a 99.999 recovery ratio*

Parents are fed up with Kate Brown and her arrogant mandates on our children.

Oregon ranks 5<sup>th</sup> from the bottom Nationally in academics.  
That's disgraceful!

When a child has a hard time breathing, it does cause anxiety & makes it hard for children to concentrate & learn. *+ Causes trauma!*

Parents say, let's get back to basics...  
reading...writing...math...true history & science!

Yes, we do want our children back in school- 5 days a week- full time...

But we want them in school without masks. *or vaccines*



## Terwilliger, Christina

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**From:** faizhealing@aol.com  
**Sent:** Saturday, August 14, 2021 10:15 PM  
**To:** BCCMail  
**Subject:** Testimony for 8/12/21 Community Input Meeting  
**Attachments:** MandateTestimony.pdf

**Categories:** Testimony for Business Meetings

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**Warning: External email. Be cautious opening attachments and links.**

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Please see the testimony attached.

Thank you for your time and being willing to listen to those you represent during these challenging times for our society.

In Harmony,  
Julie Hightman LAc, LMT



Designs LLC

**Acupuncture & Massage**

38706 Pioneer Blvd

Sandy OR 97055

Julie Hightman LAc, LMT

P: 503-936-0036 F: 503-668-1902

Testimony on Mandate for Vaccination Concerns

To the Office of Tootie Smith,

The following brief points are my testimony since I was unable to attend the meeting 8/12/21. I am a local healthcare provider in Sandy, OR. I have lived in Sandy OR for 15 years and have practiced holistic medicine for 17 years. I come from a family of medical practitioners in the holistic and allopathic fields of study.

1) As a HCP in OR, who has to be liable for all treatments given to patients or have liability insurance to help discern liability when malpractice is questioned, it is absolutely unacceptable that the government, pharmaceutical companies, and Other health organizations that site a mandate for vaccination have no liability for any adverse effects of that vaccine. This is a new virus and a new vaccine relevant to the behavior of that virus when the immune system responds. There should be a choice AND there should be liability.

2) Informed consent for any treatment, especially preventative treatment is a law to abide by no matter the health risks considered. Please consider a waiver of liability for the risk taken for all individuals involved that choose not to comply with vaccination.

3) Many HCP in private practice screen patients from entering a building with any flu like symptoms and are not emergency or urgent care. These practitioners should definitely not be subject to any mandate requirement for vaccine or weekly testing when they are acting to protect themselves and others to the best of their ability with masks and symptom screening tools until the pandemic has waned.

4) The current vaccine has not demonstrated that it can stop transmissions of the virus to others especially the delta variant or any other variant to come because this is a highly mutational double strand mRNA virus and therefore there are no grounds for a mandate if asymptomatic carriers are the highest probability for contagion and vaccinated individuals are in fact found to be viral carriers.

5) Because this is an mRNA virus similar to the influenza virus in behavior, mandating a vaccine for HCP every year would consistently require them to undergo non-consensual preventative care with ongoing experimental vaccinations that have not been clearly vetted for each new mutation all in the premise of time constraints-

6) Time is a part of the argument isn't it? Has anyone been willing to look at the history of mRNA influenza based epidemics all resolving within 2-3 years WITHOUT a vaccine? Is it still true that the CDC states being infected with this virus is a 98% chance of living?

This rule and any further mandate will only create greater distrust in the American people and the first responders giving their time and devoting their life purpose to caring for others and may create further reduction in the industry already facing a shortage of practitioners to meet the current populations needs.

Thank you for your time,

Julie Hightman LAc, LMT

Hi. My name is Kris Tønning. I recently became a US citizen after living here for about a decade. I was born and raised in the Country of Norway. When I married my American wife, we decided to live in this country in part because it has a unique Constitution and because this country values individual rights and personal freedom. We wanted to live in a county that respected our rights to make the best decisions for ourselves and our family. Don't get me wrong, Norway is a great country too, but it is well known for government involvement in people's lives and restricting their choices. For example, it is a country where homeschooling is illegal because they believe the government is best suited to educate children.

This last year and a half, it feels like all of this has been turned on its head. I have been closely monitoring the response to COVID-19 in Norway, a country with a size and population similar to the State of Oregon. Early on, the infection and death rates due to this virus were very similar, and it appeared the virus was behaving the same way. The response from the Norwegian government was familiar – 15 days to slow the spread. The difference was, after 15 days the country reopened their businesses and schools. When it looked like another spike was coming, they would lock down again for a short period - 1 to 2 weeks. It gave restaurants and other businesses a fighting chance to survive.

Masks were determined to be ineffective – and the focus was purely on social distancing and proper hygiene, which is proven to be much more effective. It was determined, and there are many international studies that back this up, that wearing masks can do more harm than good. Most people do not know how to properly wear a mask or replace them when needed. This leads to a false sense of security, where the masks do not block the particles that people think they do and generate conditions for growth of bacteria and mold that can be far more harmful than COVID-19, especially for children. Due to this, and other social factors, the government in Norway made it illegal to place masks on children. They consider it child abuse, and CPS will get involved if violated.

In Norway, children were in school all of last year with no COVID restrictions, no masks, no distancing – and no outbreaks. Because this virus does not affect children. They were able to have a familiar and normal educational setting. I believe this Pandemic had little or no impact on their academic or social development. In America, quite the opposite is true. I have personally seen kids completely fall behind. Some children have not learned anything in school this last year. The quality of education and individual follow up has been abysmal. An entire generation of American youth has been betrayed, while the rest of the world has moved on.

The US government has gone back and forth so much when it comes to masks that people no longer know what to think. It's clear that people are losing trust in public health officials and politicians. This spills over to vaccine hesitance. In Norway, the people have trust in their government, so vaccine hesitance is not even a topic of conversation. The US government mandating vaccines will do nothing to rebuild trust or alleviate hesitancy.

It is time to listen to the American public: In a recent poll, 64% of Americans believe parents should be making their own decisions about vaccinating their children, 63% of Americans said that government should take no action to address new COVID variants. 72% of Americans reject vaccine mandates.

Thousands of Americans have died in war to protect these basic freedoms. *It's time we do better.*

Thank you.



## Terwilliger, Christina

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**From:** Laura Blanke <laurablanke@gmail.com>  
**Sent:** Thursday, August 12, 2021 4:04 PM  
**To:** BCCMail  
**Subject:** Written public communication on county health and safety

**Categories:** Testimony for Business Meetings

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Dear Clackamas County Commissioners –

I moved to Clackamas County in September of 2020. My husband, my six year old daughter, and I were fleeing Texas. You see, as a public health professional, it was clear to me that the economic and political self-interests of state lawmakers in Texas outweighed the health and safety of the people they were elected to protect. As cases surge out of control and COVID admissions to hospitals have once again reached record highs, children in Texas return to school this week – and are unprotected, as their state leadership seems intent on ignoring science, data, and pleading from local health officials who see firsthand the impact of this virus on a daily basis. It is unconscionable to me that elected officials would be so callous and careless with the health and safety of our children. Luckily, we are now Oregonians. We live in a state where our governor has our collective best interests in mind. Let's get vaccinated and wear masks so that we can get back to school, back to work, and back to normal. It really should be quite simple.

Unfortunately, where good decisions are made at the state level in Oregon, Clackamas County objectives are still questionable to me. I have not been impressed with messaging from leaders of this Board, and am disappointed to see the impact of that poor example reverberating through our community. I recently pulled my daughter out of camps at the North Clackamas Parks and Recreation Department – masks were optional, and my child was the only one wearing one (despite ALL of the children being too young to be vaccinated). Thankfully I was able to enroll her in a Multnomah County camp, where everyone wears a mask. I'd love to spend my money in our county, but the lack of leadership here is making it increasingly difficult to do. Prior to Governor Brown's mask mandate for schools, I couldn't sleep worrying about how I was going to tell my child there would be no in-person school again this year for her, and was constantly stressed about how I would approach quitting my job so I could stay home to help her manage another year of online learning. I am beyond grateful for leadership at the state level that allows us to return to the classroom setting with some assurance of safety.

I have not and will not attend a meeting of the Clackamas County Commissioners in person – as I have seen plenty of correspondence, unfortunately even from members of this Board, encouraging people who are likely unvaccinated and refuse to wear masks to show up and make their voices heard...potentially bringing along with them a deadly virus they may transmit to others. They are a vocal minority, and a threat to our community. The blatant disregard for effective (and easy!) safety measures is beyond disappointing – it is negligent and inhumane, as it is literally killing people all across our country. I will not subject myself, my daughter, or my family to that risk. I did want to enter into the official public record my support for statewide mask mandates in schools, the mask mandate for all indoor settings which goes into effect 8/13/21, and all efforts to get eligible adults and teens vaccinated. I hope that the Board will be vocal in support of these extremely reasonable safety measures, as well as enforcement of the statewide mandates. We have a responsibility to our children and our neighbors to take these simple precautions – it requires very little, and is really the least we can do to save lives.



I am very much looking forward to the day where my child can be vaccinated, but until then I will have to rely upon scientific evidence and good decisions from leaders and adults in my community to keep her safe. I sincerely hope that each and every member of this Board will choose to be part of the solution as opposed to part of the problem.

Thank you,  
Laura Blanke, MPH  
Happy Valley, OR

**Submitted by: Lauri Tauscher, BSME**

**14007 SE 119<sup>th</sup> Dr. Clackamas, OR**

**August 12, 2021**

**Evidence to support the Clackamas County  
Commissioners protecting the citizens of Clackamas  
County by protecting our constitutional rights  
against an over-zealous government that claims to  
be protecting us while instituting unconstitutional  
mandates that actually harm us.**



From State Representative Bill Post:

Many have asked “what are House and Senate Republicans doing about the mandates?” The answer is: not a whole lot.

1- We aren't in session

2- We aren't in any position of power

You know who is? Your County Commissioners.

They have FAR more power to fight this than any legislator.

They can determine enforcement in the county.....they can determine the real numbers.....they can help cities.

There's so much more county commissioners have the power to do in this state.

..... I strongly recommend contacting your commissioners.

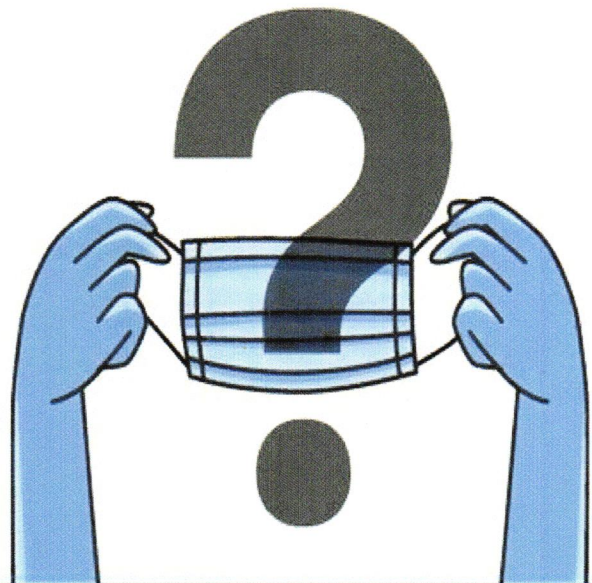
....“Brown’s shift away from local control and management of the pandemic drew ire at Wednesday’s meeting of the Marion County Board of Commissioners.

After listening to nearly an hour of public testimony, mostly from people opposed to mask restrictions, commissioners unanimously approved a resolution calling on Brown to cede decisions over mask requirements to local school boards and jurisdictions.

The resolution also said Marion County would not spend any resources enforcing mask mandates, like sending police to cite people for going maskless.



# Do mask mandates work?



**May 1 to  
Dec 15**

We looked at all 50 states for mask mandates.

**With &  
Without**

We calculated how many cases per day by population with and without mask mandates

**No mask  
mandate: 17**

The number of cases per day per 100K people for states with NO mask mandates in place.

**With mask  
mandate: 27**

The number of cases per day per 100K people for states with mask mandates in place.

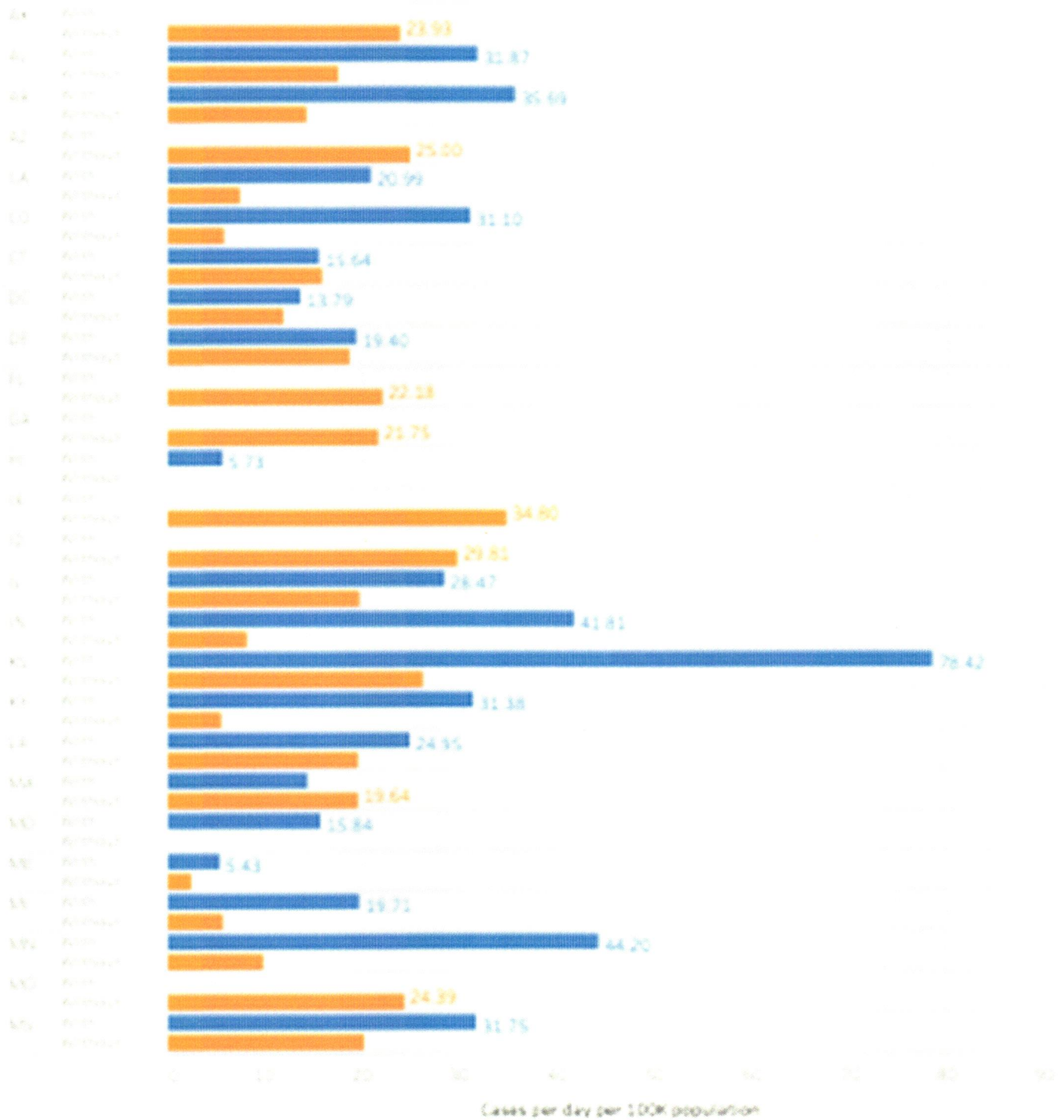
**41,959 cases / day no mandate**

**62,450 cases / day with mandate**

**RationalGround.com**



# COVID-19 Cases per 100K during days WITH and WITHOUT a state mask mandate









CDC

# Centers for Disease Control

Effectiveness of Personal Protective Measures,  
Including Face Masks,  
for Infectious Virus Transmission Control

This study was  
supported by the  
World Health  
Organization



SCAN TO LINK

“In pooled analysis, we found  
**no significant reduction**”

“We **did not find evidence** to support a  
protective effect of personal protective measures”

“Our systematic review found  
**no significant effect of face masks on transmission**”

[https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article)







# DEATHS IN US BY YEAR

Year	Deaths	Population	Deaths per 100,000	Rate
2010	2,468,435	309,346,863	798	0.8%
2011	2,515,458	311,718,847	807	0.8%
2012	2,543,279	314,102,623	810	0.8%
2013	2,596,993	316,427,395	821	0.8%
2014	2,626,418	318,907,401	824	0.8%
2015	2,712,630	321,418,820	844	0.8%
2016	2,744,248	323,071,342	849	0.8%
2017	2,813,503	325,147,121	865	0.9%
2018	2,839,205	327,167,439	868	0.9%
2019	2,855,000	328,239,523	870	0.9%
2020	2,902,664	330,767,888	878	0.9%

**CDC - Census (as of 12/30/2020)**

<https://www.cdc.gov/nchs/nvss/vsrr/provisional-tables.htm>

<https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm>

(Numbers reflect all deaths, including Covid-19)

Average age at death in US: 78.93

Average age at death with Covid: 82.4



## **CDC Director: Covid Vaccines DO NOT Prevent Transmission Of Virus**

*CDC Director Rochelle Walensky ...made the admission to CNN's Wolf Blitzer that the COVID vaccines, which are still under Emergency Use Authorization, don't perform as well as advertised.*

*"Our vaccines are working exceptionally well," Walensky claimed. "They continue to work well for Delta with regard to severe illness and death, they prevent it. But what they can't do anymore is prevent transmission."*





## **Inventor of mRNA vaccine: Americans don't have enough information to decide whether or not the benefits of getting the shots outweigh the risks.**

By [Art Moore](#)

Published June 24, 2021 at 4:41pm

The inventor of the mRNA technology behind the COVID-19 vaccines is warning that Americans don't have enough information to decide whether or not the benefits of getting the shots outweigh the risks.

Dr. Robert Malone – after [YouTube deleted a video interview of him discussing the risks of COVID-19 shots](#) – told Fox News' Tucker Carlson he's concerned that the government is not being transparent.

"I am of the opinion that people have the right to decide whether to accept vaccines or not, especially since these are experimental vaccines," Malone said Wednesday night.

He pointed out that the vaccines are not formally approved by the FDA and instead are being administered under Emergency Use Authorization. The trials for the Pfizer-BioNTech coronavirus vaccine, for example, are scheduled to run for another year and a half. The estimated completion date is Jan. 31, 2023.

"This is a fundamental right having to do with clinical research ethics," said Malone. "And so, my concern is that I know that there are risks. But we don't have access to the data, and the data haven't been captured rigorously enough so that we can accurately assess those risks.

"And therefore ... we don't really have the information that we need to make a reasonable decision."

...

He emphasized that there is no substantive risk-benefit analysis being applied to the vaccines.

"That is one of my other objections, that we talk about these words risk-benefit analysis casually as if it is very deep science. It's not. Normally at this stage, the CDC would have performed those risk-benefit analyses and they would be database and science-based. They are not right now," said Malone.

...

On Wednesday, the FDA said it will add a warning to Pfizer and Moderna vaccines after a CDC advisory panel pointed to data showing a "likely association" between the vaccines and rare cases of heart inflammation in adolescents and young adults, [CBS News reported](#).

The CDC tracked more than 1,200 cases of myocarditis, which is inflammation of the heart muscle, and pericarditis, which is inflammation of the outer lining of the heart.

Israeli researchers said Monday that the Pfizer coronavirus vaccine has been linked to an increased chance of developing thrombotic thrombocytopenic purpura, a rare blood disorder, [the Jerusalem Post reported](#).



# **Motion for Temporary Restraining Order Against Use of COVID Vaccine in Children**

A credible whistle blower has come forward alleging deaths occurring within 72 hours of a COVID 19 injection are significantly under reported in the publicly available VAERS database maintained by the FDA. This is shocking and informed consent, which is required under the law, is impossible when safety data is so misleading.

As of July 9<sup>th</sup>, reported deaths in VAERS totaled 10,991

Of those 4,593 were within 72 hours of vaccination

The CMS whistleblower has made a sworn statement that the actual number of deaths are conservatively five times higher, meaning as of this date we are approaching 55,000 vaccine related deaths.

<https://americasfrontlinedoctors.org/frontlinenews/americas-frontline-doctors-files-motion-for-temporary-restraining-order-against-use-of-covid-vaccine-in-children/>



## **Indian Study Showing 68% Have Covid Antibodies Shatters Global Pro-Vaccine Push**

by [Adan Salazar](#)

July 23rd 2021, 1:04 pm

**Two-thirds of Indian population have Covid antibodies, despite only 6 to 13 percent fully vaccinated. Survey findings blow holes in global pro-vaccine narrative.**

**A recent survey which found 68 percent of India's scarcely-vaccinated population have Covid-19 antibodies blows holes in the pro-vaccination narrative being pushed around the globe.**

On Wednesday, [The Guardian](#) covered the results of the Indian Council of Medical Research's national seroprevalence survey:

*India's fourth national sero-survey, which examines the prevalence of Covid-19 antibodies either through infection or vaccination, found that 67.6% of the population of more than 1.3 billion has coronavirus antibodies.*

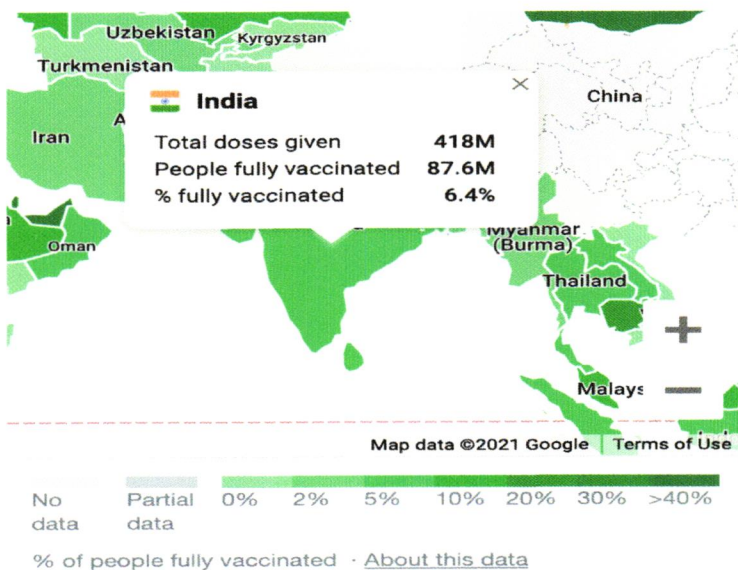
The *Guardian* noted that "Of those surveyed, 62.2% had not been vaccinated, 24.8% had taken one dose and 13% were fully vaccinated."

*The Economic Times of India* **noted** the survey included children six years of age and up.

According to Google stats, last updated Tuesday, only 6.4% of the country's been fully vaccinated.

### Map of vaccinations

From [Our World in Data](#) · Last updated: 2 days ago



The survey's findings prompted social media speculation that India has reached herd immunity, even as 87 to 93 percent have not been fully vaccinated.

India has herd immunity. <https://t.co/MbevC411jx>

If the new finding is right that 67.6% Indians surveyed have Covid antibodies, India may be close to herd immunity. Why vaccinate those previously infected? An Israeli study shows immunity via natural infection is a bit stronger than vaccinated immunity. <https://t.co/QxV9BLxpWY>

Graphs charting new Indian Covid-19 cases into July 2021 show a sharp decline in cases in recent weeks even as the Delta variant looms and vaccination rates remain low.

India was a house on fire in May. Now, the curve is almost all the way down (Farr's law). .....

---

The survey's results blast holes in the hard-sell vaccine push being seen in the West, .....

The new data absolutely casts doubt on the efficacy and even the necessity of a vaccine, and adds fuel to the notion the vaccines aren't the only way to get out from under the Covid crisis.



# Gibraltar, Iceland See MASSIVE Covid Spike Despite Over 90% of Population Vaccinated

by Adan Salazar

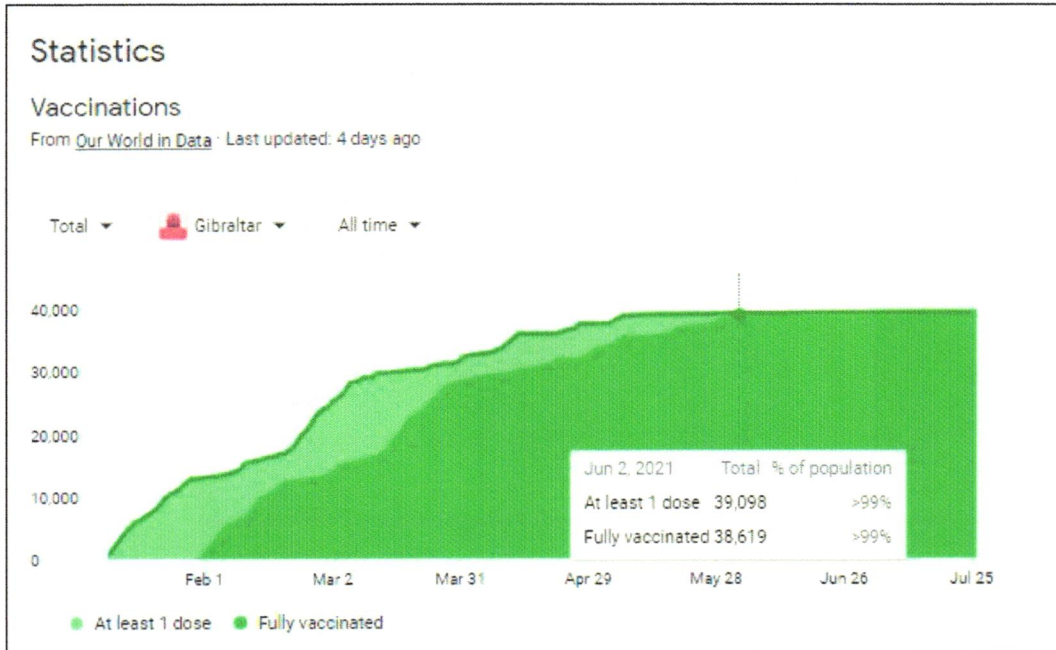
July 30th 2021, 8:40 am

Countries across globe see similar phenomenon where the vaccinated are being reinfected with Covid.

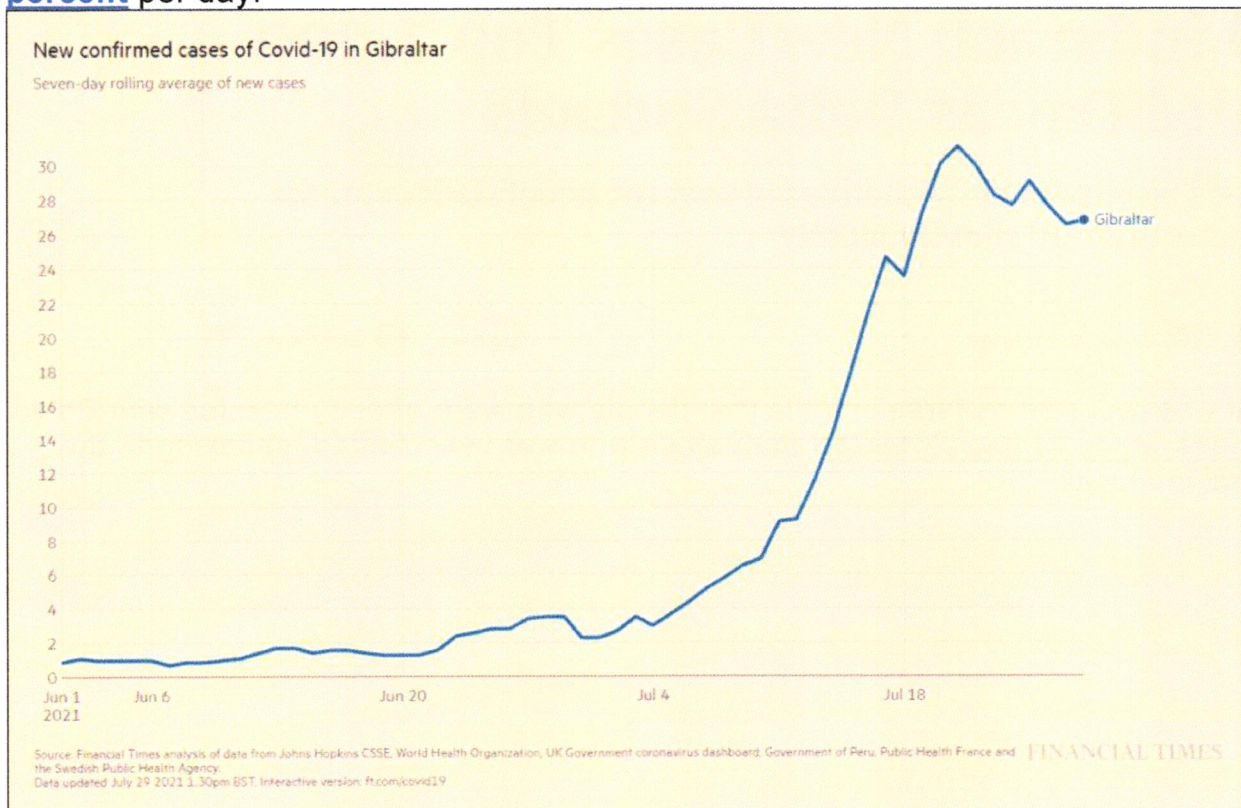
Stats prove vaccine actually spreading disease!

**Stats coming out of several countries show vaccinated people are spreading Covid-19, as evidence mounts the vaccine is actually causing viral variants and infections as experts predicted.**

In Gibraltar, a peninsula in Spain, almost 99% of the population is fully vaccinated – that’s according to info provided by Google.

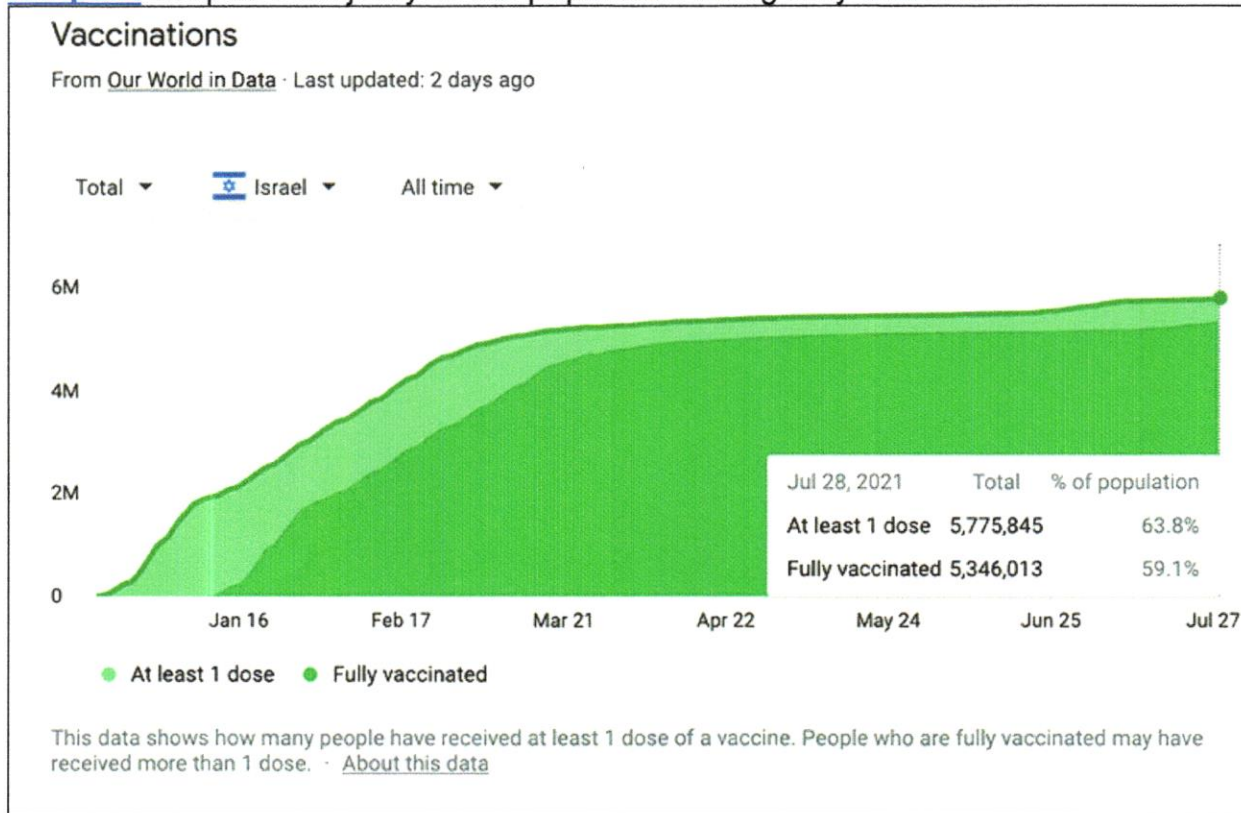


Despite the high vaccination rate, Covid cases appear to be on the rise, increasing by **2,500 percent** per day.





The data is consistent with stats seen in Israel which show the [delta variant running rampant](#) despite a majority of the population being fully vaccinated.



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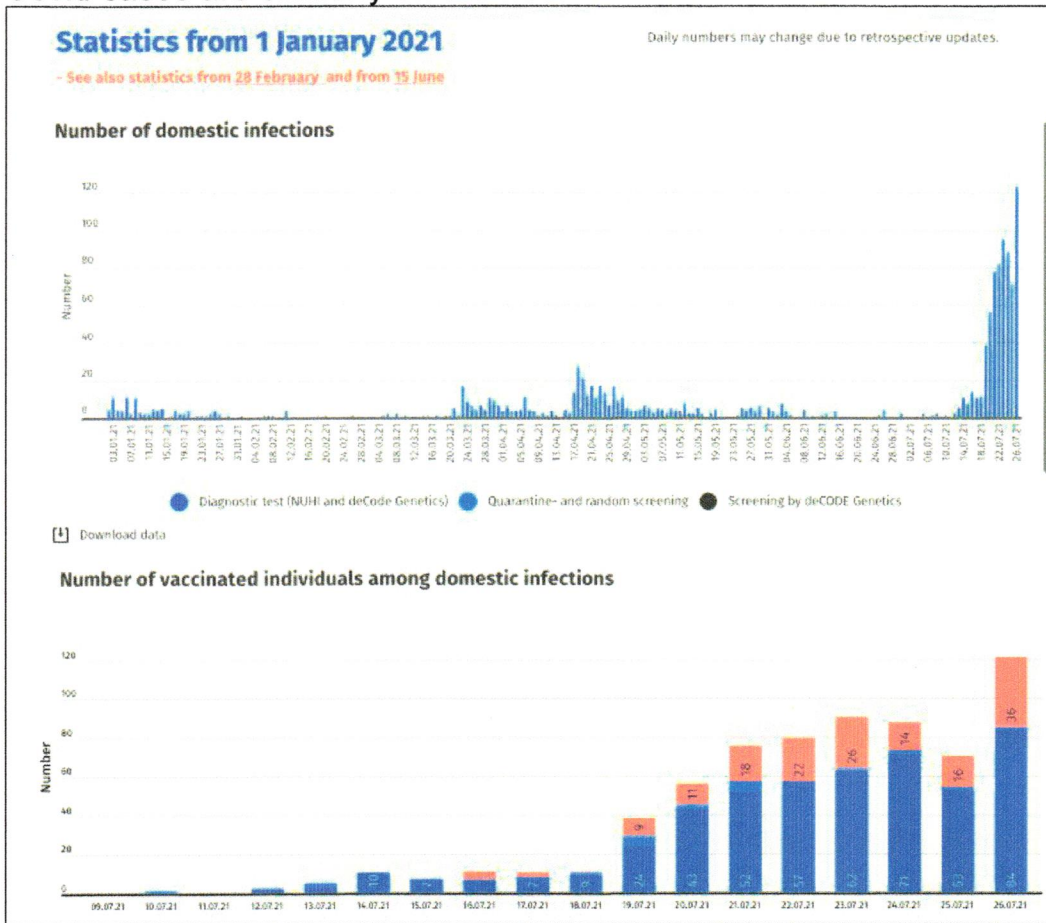
# COVID in Israel: New Cases Top 2,000 for Third Day as Delta Spreads

## Green Pass will be required in gatherings of over 100 people Delta spreads steadily, experts urge 3rd shot for elderly

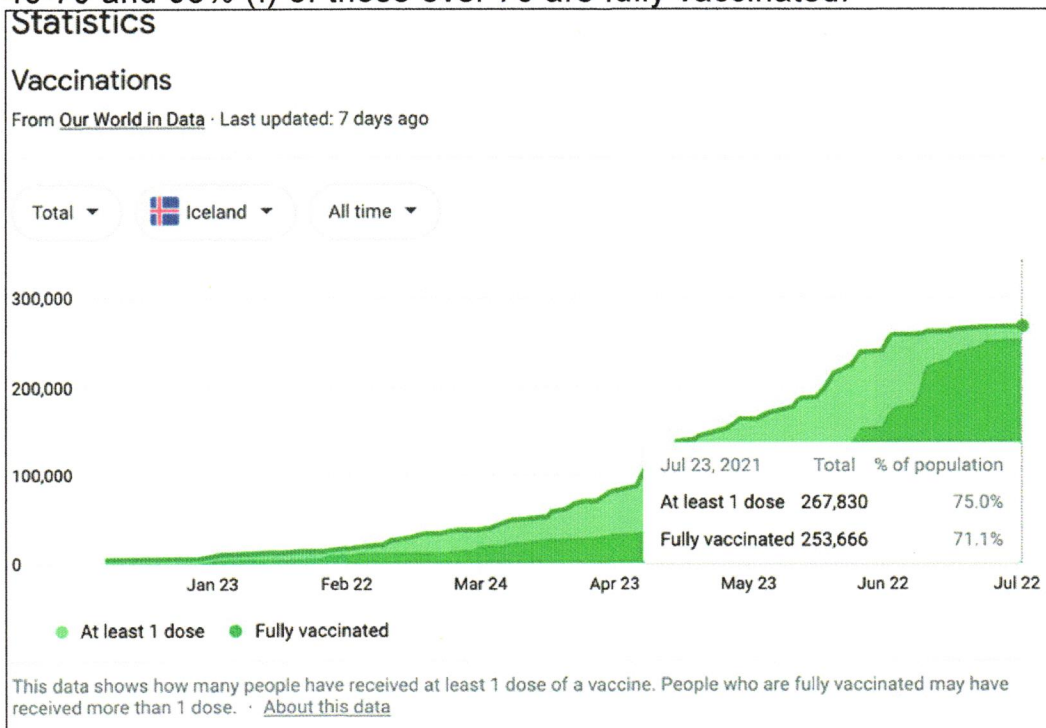
[f](#) [t](#) [r](#) [e](#) Jul. 29, 2021 10:57 AM [Save](#) [Zen Read](#) [Print](#)

On Tuesday, it was reported by Israeli media that people who were already infected with Covid were [7 times less likely to be reinfected](#) than those who were vaccinated, speaking to the power of natural immunity.

Likewise, in Iceland, an island where [nearly the entire adult population is vaccinated](#), Covid cases are similarly on the rise.



“The country is a vaccinators’ paradise,” [reported](#) journalist Alex Berensen. “90% of people 40-70 and 98% (!) of those over 70 are fully vaccinated.”



On Tuesday, Iceland’s chief epidemiologist even suggested some COVID-19 [lockdown restrictions could remain in place for up to 15 years](#).

Also on Thursday, Singapore emerged as yet another country where the vaccinated appear to be spreading Covid, with the government revealing that about [three-quarters of new Covid-19 infections stemmed from vaccinated people](#).



The image is a screenshot of a Reuters news article. At the top left is the Reuters logo. A navigation bar at the top lists categories: World, Business, Legal, Markets, Breakingviews, Technology, Investigations, and Sport. The article is dated July 23, 2021, at 7:47 AM CDT, and was last updated 7 days ago. The main headline is 'Vaccinated people make up 75% of recent COVID-19 cases in Singapore, but few fall ill', with 'Asia Pacific' as a sub-headline. The author is Aradhana Aravindan, Chen Lin. Below the headline are social media sharing icons for Facebook, Twitter, a link icon, and an email icon. At the bottom of the article preview is a photograph showing a close-up of a person's hand, possibly receiving a vaccine.

Meanwhile, in [Sweden](#), where the vaccination rate is hovering at a low 39 percent and the government is not enforcing face masks, [there have been zero Covid deaths](#).

The evidence suggests the vaccine is actually spreading disease in more countries than just the [United States](#).

With stats like these, it's easy to see why so many would be hesitant, or outright refuse to take the experimental jab.

[Gibraltar, Iceland See MASSIVE Covid Spike Despite Over 90% of Population Vaccinated](#)

## Terwilliger, Christina

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**From:** Nicole Gardner-Austin <nicolegardner-austin@hotmail.com>  
**Sent:** Thursday, August 12, 2021 5:18 PM  
**To:** BCCMail  
**Subject:** August 12th council meeting

**Categories:** Testimony for Business Meetings

Warning: External email. Be cautious opening attachments and links.

Good evening council,

I am a life long rural Clackamas County resident and I would like to say that I find it appalling Tootie Smith is spreading a “call to action” for folks to crowd into a room together, undoubtedly unmasked, to say they don’t support mask mandates in the midst of a global pandemic. Tootie, you are an embarrassment. You are telling people to buck public health & safety measures and that is exactly why we’re still dealing with all this crap. Sandy, Estacada and Molalla have fallen victim to disinformation regarding vaccines and masks and we are now facing the highest rate of new covid cases in the county. The delta variant doesn’t give two sh\*ts what political party you bow down to, and speaking of which, aren’t all your council positions non partisan? Because it sure looks like you’ve been taking advice from the likes of Tucker Carlson instead of doctors and scientists. Stop pandering Tootie and start working for ALL of your constituents. Freedom comes with great responsibility. It’s time we all started acting like it. Refusing to do the bare minimum to protect yourself and your fellow man is not patriotic, it’s idiotic.

Thank you for your time,  
Nicole G.

Sent from my iPhone

**From:** [BCCMail](#)  
**To:** [Clerk to the Board](#)  
**Subject:** FW: Public Comment  
**Date:** Thursday, August 12, 2021 10:38:49 AM

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fyi

**From:** Paul Collins <pfc1018@gmail.com>  
**Sent:** Thursday, August 12, 2021 10:26 AM  
**To:** BCCMail <bcc@clackamas.us>  
**Subject:** Public Comment

**Warning: External email. Be cautious opening attachments and links.**

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For tonight's public meeting (8/12/21) I would like to attend and speak in person but feel it is prudent to give my input electronically, in light of our current pandemic situation.

I have been a teacher for three decades. I applaud the recent directive of our governor to implement the use of masks for all indoor activities and would like our County to be supportive of this decision and respect the guidance coming from medical professionals and organizations (like the CDC).

I am especially concerned that mask mandates in schools be vigorously supported by our County Commission. Statistics show that the Delta variant of the Coronavirus is especially hard on children, as details from Florida and other locations demonstrate.

Thank you for your consideration.

Paul Collins  
149 Canemah Way  
Oregon City, OR 97045  
503-704-6096

## **Statement from Paul O. Edgar of Oregon City to the Clackamas County Commission**

This proposed Tolling/Congestion Pricing is like a COVID Virus and it will infect a lot of people and it will mutate and become more dangerous unless it is stopped. This will create a massive diversion of traffic, ODOT calls it re-routing of traffic, and it will flow to all of the side streets, roads, highways, and bridges that do not have the capacity and design necessary to safely handle this traffic. It will result in a loss of life, and the cost of jobs and investments.

When this I-205 Interstate Highway is widened and the Biden Infrastructure Bill has an earmark to fund this project and with this funding it will eliminate this I-205 Corridor bottleneck and make the seismic improvement to the Abernathy Bridge. There will not be any additional need for the Tolling except to gouge more money to continue to pay for more non-essential projects, with limited benefits. This Tolling is just bad and it is indiscriminate in how it hurt the middle and lower-income families and solve nothing, except the feeding of the bureaucracy.

What ODOT, the Oregon Legislature, Metro-Portland, and the Oregon Transportation Commission are doing is the reason why we have formed a committee to have an Initiative Referendum prepared, **"To Stop the Tolling of our Roads, Highways, and Bridges without a Vote of the People"**. We will fight this money grab, that continues the funding of all of these non-essential projects and priorities that have little or NO Justification and/or Benefits.

This Initiative will happen and we know we will receive the support, with money and signatures necessary to get this on the ballot with a plan for the fall of 2022, election if conditions allow. I am part of this effort, so everyone keeps watching, and join us in our efforts to stop the madness of the Tolling Virus and help us prevent it from mutating across the good State of Oregon.

We can do this with your help.

***Paul O. Edgar, Oregon City***



## Terwilliger, Christina

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**From:** Ramey Wells <rameynwells@gmail.com>  
**Sent:** Thursday, August 12, 2021 5:15 PM  
**To:** BCCMail  
**Subject:** Written Testimony for August 12, 2021

**Categories:** Testimony for Business Meetings

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**Warning: External email. Be cautious opening attachments and links.**

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Board,

(Due to the current rise in Covid cases, in person meetings with anti mask anti vaccinated people from outside the County is unsafe. I am providing my written testimony here instead. Oregon set new Covid records today.)

My name is Ramey Wells. I am a former middle school teacher. I currently live in West Linn and I have a student in that school district.

On July 31st, I emailed this board to inquire about their Delta case mitigation plan. I received many emails, but only one from a board member, and nothing containing any mitigation plans for Delta. After appealing to Kate Brown to take back control over local mitigation strategies in April, and having that power granted, why was nothing done to prepare for what is happening now?

This County, like others, failed. In fact, this Chair ignored Delta case counts altogether, data that is readily available to the public via Oregon Health Authority daily emailed updates. I'm shocked this Chair is not up to speed with at least what is available to the public!

This board has held one Delta case briefing with one expert, the County Health Director, who clearly presented alarming information about cases and projections. This Chair took no action.

Contrast this to Multnomah County, who at the same time this Chair held her first Delta briefing, was announcing Delta mitigation plans with the County Public Health Director, the Chief Medical Officer of OHSU Health, the Associate Medical Director for NW Permanente, and Portland Public Schools Superintendent.

Cases are rising at rates this board has no grasp on whatsoever. It has left the board members to scramble and compile their own information, then hope Tootie allows it for discussion. It is one thing to streamline systems, it's quite another to block information and data and not answer questions or address real world concerns in a global pandemic.

Brown said this week, "local elected officials were not willing to make the tough decisions – and I needed to make the decision to preserve our hospital bed capacity and ensure that we have adequate staffing to take care of people who need emergent care."

This Chair did nothing to mitigate the rise in Delta cases. This Chair does not have license to neglect public health in an emergency. As a former teacher it was my job every single year to run Active Threat drills with our students. Every year I had to attend a training that was led by the Santa Clara County Sheriff's department. And every year we watched footage from Columbine, we watched surveillance videos, heard 911 calls,



reviewed video diagrams showing students represented by little green dots on a screen, hiding in corners and behind self made barricades, in an effort to mitigate a threat.

We taught students how to create lock failsafes with 2x4s. We taught children how to hide from bullets and to stay out of “the cone of death.” My students learned how to build door barricades using desks and backpacks. We had to discuss how to break a window and whether it was safe to run off campus and hide during a threat. I was trained that when I locked my internal barricade, I was to open it under no circumstances unless directed by law enforcement. That meant possibly listening to the pleas of children and my colleagues, in order to save the lives in my classroom.

I did not have a choice about whether or not I taught active threat drills to my students. No one asked me about my feelings or what it felt like to tell kids what a “cone of death” was and how to stay out of it. Or how to run in a zig zag with your hands on your head. There were no “mom union groups” showing up to protest active threat drills. We taught children using one of the only mitigation strategies recommended by the Dept of Homeland Security, in order to save lives and to mitigate risk.

Because, like with low vaccination rates, our community was not working fast enough to protect us. We had to react with active threat drills. As in the case with masks, after vaccinations, this is our only other mitigation strategy besides social distancing, mass rapid contact tracing and testing, and mandated quarantines, that our unvaccinated have right now, to stay out of the hospital. Which, frankly, is the goal.

This County Chair failed to lead this board in any mitigation steps, she did not reach out to hospitals, strategize with County Health Directors. Nothing. And now the state is taking over. I have no confidence in this Chair’s ability to lead this County through any emergency now.

I encourage this board to vote to formally hand over Health Authority to the State. Oregon Health Authority will actually work with our County Health to mitigate Delta spread even further.

“We are looking at a giant wave that is all taking place over the next four weeks,” said Peter Graven, a top data scientist at Oregon Health & Science University. Graven presented a forecast Tuesday, Aug. 10, showing about 1,100 people with COVID-19 will need hospitalization by the time the current wave of infections peaks around Sept. 7. Oregon could be as many as 500 staffed hospital beds short of what will be needed to treat patients hospitalized for any reason.”

This Chair failed, but thankfully Oregon Health Authority and our County Health Department can cooperate to help slow this rise in new variant cases, if you let them.

Thank you,  
Ramey Wells

Source:

<https://www.oregonlive.com/news/2021/08/oregons-indoor-mask-mandate-will-take-effect-friday-gov-kate-brown-says.html>

[https://pamplinmedia.com/sp/68-news/518410-414088-covid-19-spike-could-leave-state-500-hospital-beds-short-of-needs?wallit\\_nosession=1](https://pamplinmedia.com/sp/68-news/518410-414088-covid-19-spike-could-leave-state-500-hospital-beds-short-of-needs?wallit_nosession=1)

## Terwilliger, Christina

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**From:** Lambert <sara\_colelambert@comcast.net>  
**Sent:** Thursday, August 12, 2021 7:24 PM  
**To:** BCCMail  
**Subject:** Resident of clack co./Vaccine choice

**Categories:** Testimony for Business Meetings

Warning: External email. Be cautious opening attachments and links.

Hello my name is Sara Lambert. I spoke briefly at the meeting on 8/12/21. I understand limiting us to 1min so everyone could be heard but I didn't get to speak about everything. I'm a business owner of a long term care facility for adults with developmental disabilities. On Aug 6th we got a letter stating that myself and all of our employees are required to be vaccinated by Sept 30, 2021. As an employer I don't feel I have the right to force my employees to make personal health choices. We shouldn't have to choose between feeding our families or getting a vaccine. How is it that Gov. Brown and the OHA can force my family and my employees to put an experimental drug in their bodies? I urge you to stand against the mandate. We need a CHOICE! Vaccinations and masking should always be a CHOICE, our health should be our own personal and private CHOICE. PLEASE STAND UP FOR OUR FREEDOM TO HAVE CHOICE.

Thank you so much!

~Sara Lambert

## Terwilliger, Christina

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**From:** Sherri James <sherri\_james@ncchristianschool.com>  
**Sent:** Friday, August 13, 2021 7:55 AM  
**To:** BCCMail  
**Subject:** Local Control for Schools

**Categories:** Testimony for Business Meetings

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**Warning: External email. Be cautious opening attachments and links.**

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August 13, 2021

Dear Board of Clackamas County Commissioners,

My name is Sherri James, resident of Multnomah County, Superintendent of North Clackamas Christian School in Oregon City. I attended last night's board meeting and want to follow up with a comment to have entered into record, as unfortunately I did not get an opportunity to complete a card to submit in person.

I have great concerns for schools in general in our state who have had to endure the everchanging mandates from Governor Brown, and her state agencies (ODE, OSHA, OHA). Most recently on July 22, schools were given new guidance, the "[Resiliency Framework](#)" for Ready Schools, Safe Learners. We were told with what seemed like solid assurance, schools would have local control for making decisions on implementation of the ADVISORY guidance. That only lasted a week. On July 29 Brown announced that masks would be required inside schools. This had just been given as an advisory and now it was mandated. We had already communicated to our school community our plan for opening school for 2021-22, and then found ourselves having to make what will be (I am most certain) one of many revisions due to the nonsense handed down from every gut punch from Brown to schools. The framework has already been revised, less than two weeks after release. I am anticipating having to make daily revisions to our plan, given the track record of her whims. Additionally, the framework is full of holes and guidance that is not well developed, making it very difficult to create plans for the operation of our schools in the coming year. The ever changing mandates and guidance creates incredible stress for school leaders, teachers, parents, and most importantly our students.

Another concerning factor I want to bring to your attention, is that as a PRIVATE school, we find ourselves during COVID-19 under the mandates of government control. As I am sure you know, this is not common practice, as private schools do not fall under the control of ODE and the state. We have experienced a great shift in this basic right and understanding. This is not acceptable and has begun to cross over into violation of our Constitutional rights. The overreach is impacting our mission and rights to a private education, partnering with parents as they have choice for their child's education and freedom of religion. The Clackamas County parents that CHOOSE our school, pay for their child's education, it is not required state education. We should be free from their control.

My ask to you is for action to allow our private school (a nonprofit business and religious organization), and all schools in Clackamas County, LOCAL DECISION MAKING. Value your

community and stand up for them! Keep the guidance advisory for schools, not mandates. Treat us as professionals and give our community the control back.

As schools in this state, we all have been given the guidance from ODE. I can speak only for my school, when I say that we have been managing with a high level of success throughout these last 18 months of the pandemic. We have protocols in place for health and safety, including installing all new HVAC for high quality ventilation, as well as HEPA filters in every room. We have exceptional cleaning throughout the day, distancing measures in place, an exclusion policy for individuals who become ill, a remote learning plan for those in quarantine, and many other highly effective practices (including face coverings). We did not have one outbreak last year, we remained open and served our school community through it all.

Please take action to allow us to continue our mission, giving students the best education and opportunity to develop academically, socially, physically and spiritually, under our care, with local control and decision making. I ask you to protect our Constitutional rights and freedom.

Thank you for reading my testimony and considering it as you make decisions for our county.

Respectfully,

Sherri James

Sent from [Mail](#) for Windows

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