

From: [Ronda](#)
To: [bdofsupervisors](#)
Subject: Covid Pandemic
Date: Tuesday, February 23, 2021 7:55:48 AM

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I would like to say thank you for all you are doing as our electorate. I appreciate the measures that are in place to help all of our county stay safe and healthy during the Covid pandemic.
Keep up the good work!

Thank you,
Ronda Trujillo

Many Blessings!

From: [Loraine Webb](#)
To: [bdofsupervisors](#)
Subject: 2/23/21 BOS public commentary
Date: Tuesday, February 23, 2021 2:00:07 AM
Attachments: [Feb 2021 Board of Supevisors public record .pdf](#)

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Hello there..

Can you please see to it that the following perspective is entered into the public record, and shared with the intended recipients?

Thanks so much.

Loraine Webb

Open letter/ public comment to Nevada County,

to be entered into the Board of Supervisors meeting record of 2/23/21.

To: Supervisors: Dan Miller, Sue Hoek, Heidi Hall, Ed Scofield, Hardy Bullock

Nevada City/ Grass Valley Chiefs of Police: Chad Ellis/ Alex Gammelgard

County Counsel: Kit Eliot/ Alison Lehman

County Sheriff: Shannon Moon

Public Health Directors Jill Blake/ Scott Kellerman, M.D.

Environmental Health: Amy Irani

From: Loraine Webb, District 1

As an "essential worker" in Nevada County, I'm writing in support of the abject necessity to reopen to life in this place we all call home. I'm observing that we, depending on our personal and cultural conditioning, have gravitated toward a particular line of propaganda (coming from either left or right) and, with the help of the 2-party "electoral" system, algorithmic censorship, and scripted corporate media, we're adhering to a set of reinforced perceived "facts" over essential relationships.. neighbors, friends, and families. I'm heartbroken to watch it, and hope that my unique set of experiences/ "conditioning" may help bring some balance to a much-needed discussion. To that end, I'm sharing the text of my KVMR Evening News Commentary that was aired January 17. The piece focuses on vaccine safety and accountability, but hopes to address blind spots in the current status-quo medical paradigm that warrant investigation and scrutiny. (Did you know, for example, that the U.S. and New Zealand are the **only** developed nations that allow direct-to-consumer marketing of pharmaceutical drugs?)

Here is the unedited text of my personal experience:

I watched, in heart-breaking horror, as the incandescent radiance drained from my son's eyes and limbs on administration of his first recommended vaccine. I watched, as my son was vaccine-injured at only a few months old. The doctors told me that what I witnessed was incorrect... that the vaccine was undisputedly safe. I KNOW what we've lived, my son and I, as a result of that irrefutable experience. And it is this kind of "gaslighting" to which we, as a culture, are often subjected, by a usually well-meaning, obviously-failing medical system.

As a life-long Progressive Democrat, I will not be dismissed as an "anti-vaxxer," as I intend to see incentives for vaccine safety restored. Since 1986, vaccine manufacturers cannot be sued, even if proved that a vaccine has caused harm, or even death! That was pushed through, onto a reluctant Ronald Reagan, at the insistence of kindly Dr. Fauci (who reminds me of Giuliani.. remember him? America's Hero Mayor?) The same petrochemical/ pharmaceutical cartels are profiting from these monetized market-driven manipulations and censorships. That RobertFKennedy JR. is being refused equal air access to refute **easily-disproved** slanderous lies on National Public Radio is redolent of the discrediting smear tactics that have been used against many good physicians who dare to so much as question the advisability of vaccinating children before their immune systems have sufficiently evolved. That he is being de-platformed from Instagram, and algorithmically-censored on FaceBook, is chilling evidence that he is beginning to be heard.

In 2016, vehemently-resisted California legislation ensured that there are no exemptions to the now-enormous mandatory one-size-fits-all vaccine schedule.. 72 shots of 17 vaccines which can be "legally" implemented against children as soon as public opinion is sufficiently swayed.

Even more divisive than abortion and gun control.. I'm warning that Democrats' continued aggression on medical mandates will be the single issue that will give the 2024 Presidential election to Republicans, who are motivated to find a more electable candidate with which to continue to plunder our beautiful, beleaguered planet.

The politicized testing of Covid19 is being manipulated to that end, and used to divide us as we navigate our grief and vulnerability through this unprecedented crisis. Accredited and censored medical professionals predicted the inevitable increase of "positive cases" as the self-fulfilling, conflated CoVid PCR testing has increased. I witnessed a talk by the Nobel-Prize-winning co-creator of the PCR test, wherein he adamantly stated that the test was not to be used as diagnosis, as deeper "cycling" of the test will reveal insignificant bits of RNA detritus as false positives! In this talk, Dr. Mullis also "called out" Anthony Fauci as a **fraud**. The unproven, and unprovable, notion that humans are "asymptomatic carriers" of this disease is the greatest publicity coup ever perpetuated on the planet, and constitutes an on-going crime against humanity. [The CDC has very recently directed that PCR testing facilities should now limit cycling of the test to 30 cycles, and will be able to claim that the resultant better numbers are proof that the national vaccine campaign has been effective.]

The paradigm of Western Medicine is inextricably linked with colonization and genocide, though a balance of "wholistic" indigenous knowledge AND allopathic Western medicine is still ours to realize, providing we don't continue the descent into misguided arrogance and destruction of our bodily defenses, and our beautiful Earth's biome.

As a medical transporter and caring human, I have always taken extra precautions with cleanliness and temporary distancing when dealing with **any immune-compromised individual**, and am currently following ALL State-SUGGESTED protocols, including mask-wearing. **I draw the line at imposed warfare on our personal and collective biome and bodies!**

I need my job in order to afford to keep our home but, given these conditions, neither I, nor my mother or son, will consent to contact-tracing tests, nor any "vaccine" that may be MANDATED. We are pleading that Nevada County follow Placer County's precedent, and refute these unsound "medical" overreaches!

May we, as a currently endangered species, see through this bottomlessly-funded Fear Campaign and rise to a new medical paradigm that is inclusive of more than reactionary symptom and disease suppression. And, as admonished by my beautiful 92-year-old mother, "Reclaim the Hug!"

Loraine Webb

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [Rick Baron](#)
To: [bdofsupervisors](#); [BOS Public Comment](#); [Heidi Hall](#); [Ed Scofield](#); [Dan Miller](#); [Sue Hoek](#); [Hardy Bullock](#)
Subject: We have your back. Stand with us!
Date: Wednesday, February 17, 2021 5:46:57 PM

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I know you think you are doing the right thing. We all want to. However our Governor who has filled more than 460 mandates was told in no uncertain terms by a Ca Judge that he has no authority to do so and his mandates are illegal.

Did you know they Printed 10 trillion dollars. Ten Trillion. Did you know the largest bank in the world Dutches bank filled bK November 2019.

There is a virus YES. Is it a pandemic. NO. Its does not meet the criteria or even close to be called that. Please do some alternative research like listening to the 100,000 Doctors who have signed a letter saying this is being blown way out of proportion. They have no intention of ever letting your grandchildren FREE. Do you really trust big Pharma, Dr Fauci. We all know he has patents for testing in his own name.

We know you are being forced and threatened with your job. We understand but this is a fight for.

The United States of america a corporation existing in a foreign country called the District of Columbia. Its no longer exist. Please do some research and let us support your move to reopening everything like La county, San Diego County, PlacerVille. Do you really want your children to be homeless without work???????

From: [BOS Public Comment](#)
To: [All BOS Board Members](#)
Cc: [Brian Foss](#); [Matt Kelley](#)
Subject: FW: STOP The Maryland-Idaho Mine Reopening
Date: Thursday, February 18, 2021 11:17:47 AM

Dist 4

From: Cheryl Zook [REDACTED]
Sent: Tuesday, February 9, 2021 3:24 PM
To: BOS Public Comment <BOS.PublicComment@co.nevada.ca.us>
Cc: [REDACTED]; Sue Hoek <Sue.Hoek@co.nevada.ca.us>; [REDACTED]
Subject: STOP The Maryland-Idaho Mine Reopening

CAUTION: This email originated from outside of County of Nevada email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To All Nevada County Supervisors,

I am writing today to voice concerns about the potential reopening of the Maryland-Idaho Mine.

Prior to moving to Penn Valley in 2016, I worked for an environmental firm in the San Francisco Bay Area. The firm Weiss Associates was involved in the review of mitigation options for The Empire Mine in the mid-2000s.

As I hope all of you elected officials are aware, while the Empire Mine closed in 1956 it is STILL a hazardous site. Why with the living history of this problematic site that took over 50 years to control the leaching of toxic mine tailings into Wolf Creek, would any of you, with good conscience consider reopening the Idaho Maryland Mine?

It will ruin our quality of life in Nevada County and damage the property values of not only those homeowners in the immediate area, but all of Nevada County. And the false promise of bringing good-paying jobs to our community is just that a false promise. The majority of the jobs that our community members would be eligible for are low-paying jobs, and the intrinsic costs of reopening far outweigh any economic gain in local employment.

The majority of the profits from this proposed reopening will go to the stockholders of the parent company, Rise Gold. A company with a history of failure with prior projects, both financially and more importantly to our community, environmentally. What we will get instead is another legacy of an environmental hazardous site and the ensuing damages that will

haunt our community for generations.

As there is clearly no benefit to our greater community I struggle to understand what your motivation might be to consider this project at all?

My husband Byron and I urge all of you to do your duty to protect the citizens of Nevada County that have elected you and entrusted you to protect our beloved community. For us and the generations to follow by ceasing all negotiations currently underway with Rise Gold.

Sincerely,

Cheryl & Byron Zook
Penn Valley, CA

From: [BOS Public Comment](#)
To: [All BOS Board Members](#)
Subject: FW: Covid 19 - A Historical Perspective - IPAK
Date: Thursday, February 18, 2021 11:19:09 AM
Attachments: [IPAK Covid a Historical Perspective.pdf](#)

Dist 2

From: Alana [REDACTED]
Sent: Saturday, February 6, 2021 9:47 AM
To: BOS Public Comment <BOS.PublicComment@co.nevada.ca.us>
Subject: Covid 19 - A Historical Perspective - IPAK

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Board of Supervisors,

This document is worth your time in investigating legal concerns over what we are now seeing play out.

In your mission to curb “misinformation”, I’d like to see the county public health officials respond to claims such as these. Citizens are simply seeking truth and are not blindly accepting what is be told to them.

Seeking truth among deception

Sent from [Mail](#) for Windows 10



COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective

Henry Ealy ^{*,†}, Michael McEvoy ^{‡§}, Daniel Chong [,], John Nowicki [,], Monica Sava [¶], Sandeep Gupta ^{||}, David White ^{*,*}, James Jordan [,], Daniel Simon ^{††}, Paul Anderson ^{‡‡}

Abstract

According to the Centers for Disease Control and Prevention (CDC) on August 23, 2020, "For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death." [1] For a nation tormented by restrictive public health policies mandated for healthy individuals and small businesses, this is the most important statistical revelation of this crisis. This revelation significantly impacts the published fatalities count due to COVID-19. More importantly, it exposes major problems with the process by which the CDC was able to generate inaccurate data during a crisis. The CDC has advocated for social isolation, social distancing, and personal protective equipment use as primary mitigation strategies in response to the COVID-19 crisis, while simultaneously refusing to acknowledge the promise of inexpensive pharmaceutical and natural treatments. These mitigation strategies were promoted largely in response to projection model fatality forecasts that have proven to be substantially inaccurate. Further investigation into the legality of the methods used to create these strategies raised additional concerns and questions. Why would the CDC decide against using a system of data collection & reporting they authored, and which has been in use nationwide for 17 years without incident, in favor of an untested & unproven system exclusively for COVID-19 without discussion and peer-review? Did the CDC's decision to abandon a known and proven effective system also breach several federal laws that ensure data accuracy and integrity? Did the CDC knowingly alter rules for reporting cause of death in the presence of comorbidity exclusively for COVID-19? If so, why?

continued on next page

Keywords

COVID-19, SARS-COV-2, comorbidity, fatality, impact, regulation

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Abstract (Continued from page 1)

This historical retrospective will provide a timeline summary of events to help the reader orient themselves to many aspects of the crisis previously unknown and will discuss the significance of the March 24, 2020 **COVID-19 Alert No. 2** that had a dramatic impact upon cause of death reporting numbers. Supportive data comparisons suggest the existing **COVID-19** fatality data, which has been so influential upon public policy, may be substantially compromised regarding accuracy and integrity, and illegal under existing federal laws. If the fatality data being presented by the CDC is illegally inflated, then all public health policies based upon them would be immediately null and void.

1. Introduction

All federal agencies, including the Centers for Disease Control and Prevention (CDC), are lawfully required to comply with the Paperwork Reduction Act (PRA) and the Information Quality Act (IQA). Data being collected, analyzed, and published by any federal agency is required to meet the highest standards for accuracy, quality, objectivity, utility, and integrity as defined by the PRA, IQA, as well as additional guidelines issued by the Office of Management and Budget (OMB).[2][3][4][5][6]

The key to initiating legal regulatory oversight of all proposed changes to data collection, publication, and analysis is the Federal Register. Each Federal agency is required to submit a formal change proposal to the Federal Register before enacting their proposed changes. By submitting a change proposal to the Federal Register, federal agencies open the minimum 60-day public comment and peer-review process. Additionally, it is the “change proposal submission” to the Federal Register that alerts the OMB that legal oversight of the process has been initiated. Federal agencies that make changes to how they collect, publish, and analyze data without alerting the Federal Register and OMB as a result, are in violation of federal law.

The CDC published guidelines on March 24, 2020 that substantially altered how cause of death is recorded exclusively for **COVID-19**. This change was enacted apparently without public opportunity for comment or peer-review. As a result, a capricious alteration to data collection has compromised the accuracy, quality, objectivity, utility, and integrity of their published data, leading to a significant increase in **COVID-19** fatalities. This decision by the CDC may have subverted the legal oversight of the OMB as Congressionally authorized by the PRA & IQA as well.[7][8]

2. COVID-19 Data Historical Timeline

A historical timeline of events is presented relative to the PRA, IQA, cause of death reporting, and how the **COVID-19** crisis has unfolded as a result. Please note that all data, including statistical pro-

jections produced by any entity outside of federal regulatory law, must go through strict federal procedures for OMB oversight before being used by any federal agency for any purpose. These regulatory laws apply to the use of data being published at the university level, such as the **COVID-19** projection models developed by the Institute for Health Metrics Evaluation (IHME) at the University of Washington. All federal agencies must abide by the laws in place before they can use external data from any source to inform the public or develop legislation or policy.

- **December 11, 1980** – Paperwork Reduction Act (PRA) becomes law (44 U.S.C. §§ 3501–3521, Public Law 96-511, 94 Stat. 2812). PRA establishes the Office of Information and Regulatory Affairs (OIRA) under the Office of Management and Budget (OMB). PRA authorizes OIRA to establish information collection policies for all federal agencies, including the CDC.[2]
- **May 22, 1995** – PRA is amended (44 U.S.C. §§ 3501–3521, Public Law 104-13, 109 Stat. 182). PRA amendment confirms that the OIRA has authority over all data collected by and shared between federal agencies, including the CDC. PRA amendment also affirms that OIRA has authority over all data provided to the public.[3][4]
- **October 1, 2002** – Information Quality Act (IQA) takes effect (Section 515 of the Congressional Consolidated Appropriations Act, 2001 Public Law 106-554). All federal agencies, including the CDC, are required to be in full compliance with guidelines issued by the Office of Management and Budget (OMB), which has been authorized by Congress to have its OIRA branch enact executive oversight for all data collected, analyzed, and published by federal agencies.[5][6]
- **2003** – CDC publishes Medical Examiners’ and Coroners’ Handbook on Death Registration and Fetal Death Reporting and Physicians’ Handbook on Medical Certification of Death. These handbooks would immediately become the nationwide standard illustrating exactly how cause of death should be recorded in cases of comorbidity for all death certificates. These handbooks have been used successfully for 17 years without need of update. They remain in use today for all causes of death except where involvement of **COVID-19** is suspected or confirmed. When involvement of **COVID-19** is suspected or confirmed, the March 24th, 2020 **COVID-19 Alert No. 2** guidelines are used instead. [7][8]
- **August 22, 2005** – The Virology Journal publishes research demonstrating that hydroxychloroquine, “has strong antiviral effects on **SARS-COV-2** primate cells. These inhibitory effects are observed when the cells are treated with the drug either before or after exposure to the virus, suggesting both prophylactic and therapeutic advantage.” The research is acknowledged and lauded by Dr. Anthony Fauci.[9]
- **2014** – Dr. Anthony Fauci authorizes \$3.7 million of scientific funding to the Wuhan Institute of Virology via the National Institute for Allergy and Infectious Disease (NIAID) and National Institutes of Health (NIH) “for work on gain-of-function research on bat coronaviruses.”[10]
- **2019** – Dr. Anthony Fauci authorizes an additional \$3.7 million of scientific funding to the EcoHealth Alliance via the NIAID and NIH for “a second phase of the project” that included gain-of-function research on bat coronaviruses.[10]
- **October 18, 2019** – Johns Hopkins Center for Health Security hosts Event 201, a high-level pandemic exercise in New York, NY. [11]

Date	CDC Test Based Strategy			CDC Symptom Based Strategy		
	June 13th	July 16th	Net Change	July 17th	August 20th	Net Change
Current Hospitalizations	27,902	57,369	29,467	57,705	41,988	-15,717
Total Hospitalizations	224,420	271,758	47,338	274,436	355,276	80,840
Infection Rate	8.5%	7.8%	-0.7%	7.8%	7.6%	-0.2%
Positive Tests	2,063,542	3,499,185	1,435,643	3,576,418	5,464,854	1,888,436
Total Tests	24,262,973	44,750,039	20,487,066	45,601,827	71,942,869	26,341,042
Fatality Rate	5.3%	3.7%	-1.6%	3.7%	3.0%	-0.6%
Total Fatalities	109,249	130,572	21,323	131,523	166,139	34,616
Recovery Rate	27.0%	35.3%	8.3%	35.0%	89.8%	54.8%
Total Recoveries	556,606	1,235,326	678,720	1,251,525	4,908,347	3,656,822

Data Sourced From All 56 US State & Territory Health Departments & CDC

Figure 1. Test Based Strategy vs. Symptom Based Strategy. The impact of using a previously untested and unproven test-based strategy (Jun 13 to Jul 17) vs the more traditional globally-accepted symptom-based strategy (Jul 17 – Aug 20). For statistical comparison, 34-day periods of time are used to equivocate the analysis. Using a symptom-based strategy, hospitalization counts dropped. As of July 17, 2020, symptoms are required along with a positive test to confirm the **COVID-19** diagnosis for hospitalization, but probable **COVID-19** cases can still be added. Using a symptom-based strategy confirmed safe by the CDC provides a more accurate count of total recoveries for Americans who did not require medical care. If accuracy in data collection and reporting was a goal, a symptom-based strategy would be best.[26][27][State & Territory Health Departments]

- **November 17, 2019** – China records 1st known case of **COVID-19**. [12]
- **November 30, 2019** – Deadline passes for any federal agency to submit 60-day notice to Federal Register for ‘Proposed Data Collection Submitted For Public Comment and Recommendations’ that would enable the use of IHME projection data to inform the public and enact federal policy. [13]
- **January 21, 2020** – CDC confirms 1st known case of **COVID-19** in US. [14]
- **January 24, 2020** – Deadline passes for CDC and/or National Vital Statistics System (NVSS) to submit 60-day notice to Federal Register for ‘Proposed Data Collection Submitted For Public Comment and Recommendations’ that would become known as the March 24th **COVID-19 Alert No. 2**. [13][15]
- **January 29, 2020** – Whitehouse Coronavirus Task Force is established and included Dr. Anthony Fauci (NIAID), Dr. Robert Redfield (CDC), and Derek Kan (OMB). Primary data being used to forecast the situation and brief the President is sourced from the IHME in potential violation of the PRA & IQA. [16]
- **February 14, 2020** – Deadline passes for CDC to submit 60-day notice to Federal Register for ‘Proposed Data Collection Submitted For Public Comment and Recommendations’ that would become known as their April 14th adoption of the Council of State and Territorial Epidemiologists (CSTE) **COVID-19 Position Paper**. The CSTE is an independent, privately funded, non-governmental organization and has no legal approval to provide data for policy development without adhering to strict regulatory laws governing the use of non-governmental data. [13][16]
- **March 9, 2020** – CDC alerts American citizens over the age of 60 and with comorbidities (pre-existing conditions) that they are likely at a higher risk for fatality if **SARS-COV-2** virus is contracted. [17]
- **March 24, 2020** – In potential violation of the PRA & IQA, the CDC issues **COVID-19 Alert No. 2**, significantly altering cause of death reporting exclusively for **COVID-**

19. In doing so, the CDC bypasses federal oversight by the OIRA.[15][18]

- **March 26, 2020 (March 7, 2020 Initial Pre-Publish Date)** – Imperial College of London research team, led by Dr. Neil Ferguson, publishes **COVID-19** predictive model incorrectly asserting 2.2 million Americans will die due to **SARS-COV-2** virus in 2020 if no mitigation strategies are employed. Dr. Neil Ferguson is on record confirming that his research team had shared their wildly inaccurate projections with the White House **COVID-19** Task Force approximately 1 week prior to publication. The data projections shared were neither peer-reviewed, nor submitted to the Federal Register to initiate a 60-day public comment period as required by law. As a result, the OMB was not able to approve the use of these projections, which makes their use by any federal agency, for any reason, illegal. Dr. Neil Ferguson had previously and severely overestimated fatality data in earlier predictive models for Bird Flu, Mad Cow Disease, and Swine Flu.[19][20][21]
- **April 13, 2020** – US Surgeon General Jerome Adams confirms that the Whitehouse **COVID-19** Task Force has terminated the use of IHME Predictive Contagion Models in favor of actual data collected from each US State Health Department. [22]
- **April 14, 2020** – Dr. John Ioannidis of Stanford publishes **COVID-19** antibody seroprevalence research confirming **SARS-COV-2** virus had spread much wider than initially realized and most people infected developed natural, adaptive immunity. This study questions the necessity of continued use of IHME Predictive Contagion Models. [23]
- **April 14, 2020** – In potential violation of the PRA & IQA, the CDC adopts the CSTE **COVID-19** Position Paper, significantly altering standard established medical criteria for diagnosis, exclusively for **COVID-19**. In doing so, the CDC bypasses federal oversight by the OIRA once again.[16][18]
- **April 24, 2020** – National Institutes of Health (NIH) cancels funding on previously supported gain-of-function research for bat coronaviruses. [10]
- **June 13, 2020** – CDC initiates PCR test-based strategy requiring all patients that need hospitalization for any reason be tested at time of entry regardless of symptoms. A patient testing positive is categorized as a new **COVID-19** case and hospitalization. Patients testing positive are required to be PCR tested every 24 hours until they have 2 consecutive negative PCR tests at least 24 hours apart. There are no data collection guidelines within the CSTE Position Paper adopted by the CDC on April 14, 2020 to prevent the same patient being counted multiple times. Additionally, there are no data collection guidelines published separately by the CDC to explicitly prevent the same hospitalized patient from being inaccurately counted as a new case and hospitalization each time they are tested while hospitalized.[24]
- **June 13 thru July 16, 2020** – Over this 34-day time period using the CDC test-based strategy nationwide, current hospitalizations more than doubled while 678,720 Americans recovered, and 21,323 Americans passed away. [State & Territory Health Departments]
- **July 15, 2020** – Health and Human Services (HHS) assumes control of **COVID-19** data collection from the CDC. [25]
- **July 17, 2020** – After being unable to clinically prove the existence of one definitive case of asymptomatic transmission, one

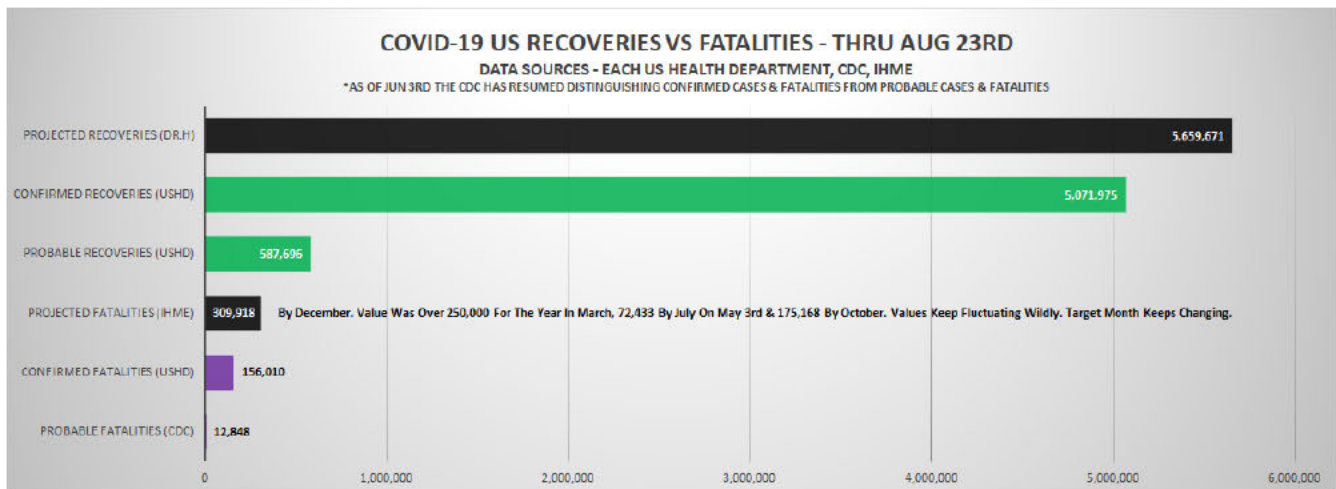


Figure 2. Confirmed Recoveries vs. Confirmed Fatalities. Based upon data collected from each US state health department, confirmed recoveries = 5,071,975 while confirmed fatalities = 156,010. Americans are now 32.5 times more likely to recover from **COVID-19** (as of 8.23.2020). [30][State & Territory Health Departments]

case of definitive reinfection, or a person being contagious with the **SARS-COV-2** virus for longer than 10 days following initial symptom presentation, the CDC no longer recommends daily testing for hospitalized patients. The CDC has also reduced the amount of quarantine time recommended for definitive or suspected exposure from 14 days to 10 days. Patients can now be released from the hospital once symptoms abate. The CDC officially moves from a PCR test-based strategy to a more traditional symptom-based strategy of differential diagnosis that incorporates corroborative PCR testing when appropriate.[24][26][27]

- **July 17, 2020** – Dr. Sin Hang Lee publishes *Testing for SARS-COV-2 in cellular components by routine nested RT-PCR followed by DNA sequencing* confirming concerns that demonstrate **SARS-COV-2** PCR testing is 50% reliable at best. CDC confirms that, ‘Although replication-competent virus was not isolated 3 weeks after symptom onset, recovered patients can continue to have **SARS-COV-2** RNA detected in their upper respiratory specimens for up to 12 weeks.’[26][28]
- **July 17 thru August 20, 2020** – Over this

34-day time period using the CDC symptom-based strategy nationwide, current hospitalizations declined by 15,717 Americans. While more Americans passed away during this time period than during the previous 34-day time period, many of these fatalities can be attributed to Americans being hospitalized from June 13th to July 16th and miscategorized as a **COVID-19** case without having **COVID-19** symptoms. Between July 17 and August 20, 3,656,822 Americans recovered, and 34,616 Americans passed away. Infection rate, fatality rate, and recovery rate improved significantly during both time periods.[State & Territory Health Departments]

- **August 23, 2020** – The CDC reports 32,582 total fatalities for New York state. The New York State Department of Health reports 25,282 for the same day. This is an inflated discrepancy by the CDC of 7,300 fatalities that they cannot justify, and another example of how the data they are publishing is compromised.[30][81]

3. Did the CDC Violate Federal Law?

3.1 Basis for Allegations That the CDC Violated the Law

The CDC's rules for data collection, published data, and statistical analyses are legally required to comply with the laws established by the Information Quality Act (IQA), enacted by Congress in December 2000 as Section 515 of Public Law 106-554, which required the Office of Management and Budget (OMB) to **"provide policy and procedural guidance to Federal agencies for ensuring and maximizing the quality, objectivity, utility, and integrity of information (including statistical information) disseminates by Federal agencies,"** and the Paperwork Reduction Act (PRA) which is codified at 44 USC 3501 et seq.[33][34]

The Office of Information and Regulatory Affairs (OIRA) within the Office of Management and Budget (OMB) is responsible for ensuring each federal agency is in compliance with the IQA & PRA. [35][36][37][38]

The process by which any federal agency can propose changes in data collection, data publishing, and data analysis to ensure compliance is governed by 44 USC 3506 (c)(2)(A) which states,

"except as provided under subparagraph (B) or section 3507(j), provide 60-day notice in the Federal Register, and otherwise consult with members of the public and affected agencies concerning each proposed collection of information, to solicit comment to—" and 44 USC 3506 (d)(3),

" provide adequate notice when initiating, substantially modifying, or terminating significant information dissemination products. . . ;"

Neither of the exceptions is applicable in this case.

We are concerned that the CDC has violated federal IQA & PRA law and, in doing so, bypassed essential oversight by the OMB/OIRA, who are legally empowered by Congress with ensuring information compliance for all federal agencies.

Following review of the Federal Register for proof of the 60-day notice for 'Proposed Data Col-

lection Submitted For Public Comment and Recommendations', zero evidence was found demonstrating that the CDC abided by the laws established by the IQA & PRA.[39]

All federal agencies are required to submit notification for data collection, publication, or analysis to the Federal Register BEFORE gaining approval from the OMB/OIRA to ensure they are in compliance with the IQA & PRA and therefore, approved to implement the proposed changes.

Based upon the complete absence of Federal Register records for 'Proposed Data Collection Submitted For Public Comment,' at no point, did the CDC inform the OMB/OIRA or allow for 60 days of public comment in the following unilateral decisions that attempted to bypass Federal oversight.

We allege that the complete absence of the appropriate Federal Register records is evidence that the CDC knowingly and willingly violated the IQA & PRA. As a direct consequence of implementing the two documents below without OMB approval, there was significant inflation of **COVID-19** case and fatality data.

1. **On March 24th, the National Vital Statistics System (NVSS),** under the direction of the CDC, issued '**COVID-19 Alert No. 2**' to all physicians, medical examiners and coroners as guidelines for making significant changes as to how cause of death was to be reported on death certificates exclusively for **COVID-19**. [15]

This decision was made despite pre-existing rules, approved by the OMB, issued by the CDC, and in use nationwide for at least 17 years without incident. These rules are published as, *2003 CDC's Medical Examiners' & Coroners' Handbook on Death Registration and Fetal Death Reporting* and the *CDC's Physicians' Handbook on Medical Certification of Death*.

Considering these handbooks have been approved by the OMB and in use without incident for 17 years, there was no justifiable reason for the CDC to implement these changes, bypass the oversight of the OMB, and fail to provide 60-days for public comment, as they are legally obligated to do.

COVID-19 Recovery Rates By Age - Thru August 23rd

Date	August 23rd	August 16th	August 9th	August 2nd
Age 0 to 19	99.982%	99.981%	99.980%	99.978%
Age 20 to 49	99.72%	99.72%	99.72%	99.71%
Age 50 to 69	97.31%	97.31%	97.28%	97.29%
Age 70+	82.43%	82.43%	82.15%	80.95%

Data Source - All US State & Territory Health Departments

Figure 3. Recovery Rates By Age Compared To Preceding Weeks. Recovery rates and fatality rates are reciprocal ways of looking at the data available. If a fatality rate is 0.018%, as is the case for the age 0 to 19 demographic on Aug 23, then the reciprocal recovery rate is 99.982%. Based upon this information, Americans in the age 0 to 19, 20 to 49, and 50 to 69 demographics are at extremely low risk of fatality due to **COVID-19**. Recovery rates rise even higher if the methods for recording cause of death reporting based upon the March 24, 2020 **COVID-19 Alert No. 2** guidelines are proven to have violated the PRA & IQA.[33][34][State & Territory Health Departments]

By failing to act in accordance with Congress’ clear intent as to how an agency may propose changes to data collection as codified in 44 USC 3506 (c)(2)(A), there is no record of information the CDC relied upon to make its decision to change how deaths are reported.

Previous reports detailed the substantial changes on how causes of death were forcibly modified by the CDC through the NVSS, and how together, both federal agencies inflated the actual number of **COVID-19** fatalities by approximately 90.2% through July 12th, 2020.[18]

We believe this deliberate decision by the CDC and NVSS to deemphasize pre-existing comorbidities, in favor of emphasizing **COVID-19** as a cause of death, is in violation of 44 U.S. Code 3504 (e)(1)(b), which states the activities of the Federal statistical system shall ensure **“the integrity, objectivity, impartiality, utility, and confidentiality of information collected for statistical purposes.”** In doing so, the CDC and NVSS have compromised the quality, objectivity, utility, and integrity of data, and concomitantly usurped the oversight of the “Authority and Functions of the Director of the OMB/OIRA”.[40]

2. On April 14th, the CDC adopted a position paper authored by the Council of State and Territorial Epidemiologists (CSTE), a 501c (6) non-profit organiza-

tion, with the assistance of 4 CDC-employed subject matter experts (Dr. Susan Gerber, Dr. Aron J. Hall, Sandra Roush, & Dr. Tom Shimabukuro). This document was sanctioned by Dr. Robert R. Redfield, Director of the CDC.[16]

Not only does this appear to be a potential conflict of interest, it also bypasses the OMB oversight for the IQA & PRA, as directed by Congress and is rife with *ex parte* communications. *Ex parte* communications in general violate ethical standards.

By employing a non-governmental organization (CSTE), free from the oversight of the OMB and the laws detailed by Congress via the IQA & PRA, the CDC bypassed the oversight of the OMB Director’s Information Resources Management policies, plans, rules, regulations, procedures, and guidelines for public comment. We allege this is a violation of 44 U.S. Code 3517(a), which requires an agency to provide interested persons an **“early and meaningful opportunity to comment.”**[41]

This violation has inevitably resulted in **COVID-19** data for cases, hospitalizations, and fatalities being artificially elevated, and definitively compromises prudent decision making at federal and state executive levels. This includes policy enforcement for a public health crisis that may not have existed had the CDC abided by the laws that ensure the accuracy of data collection.

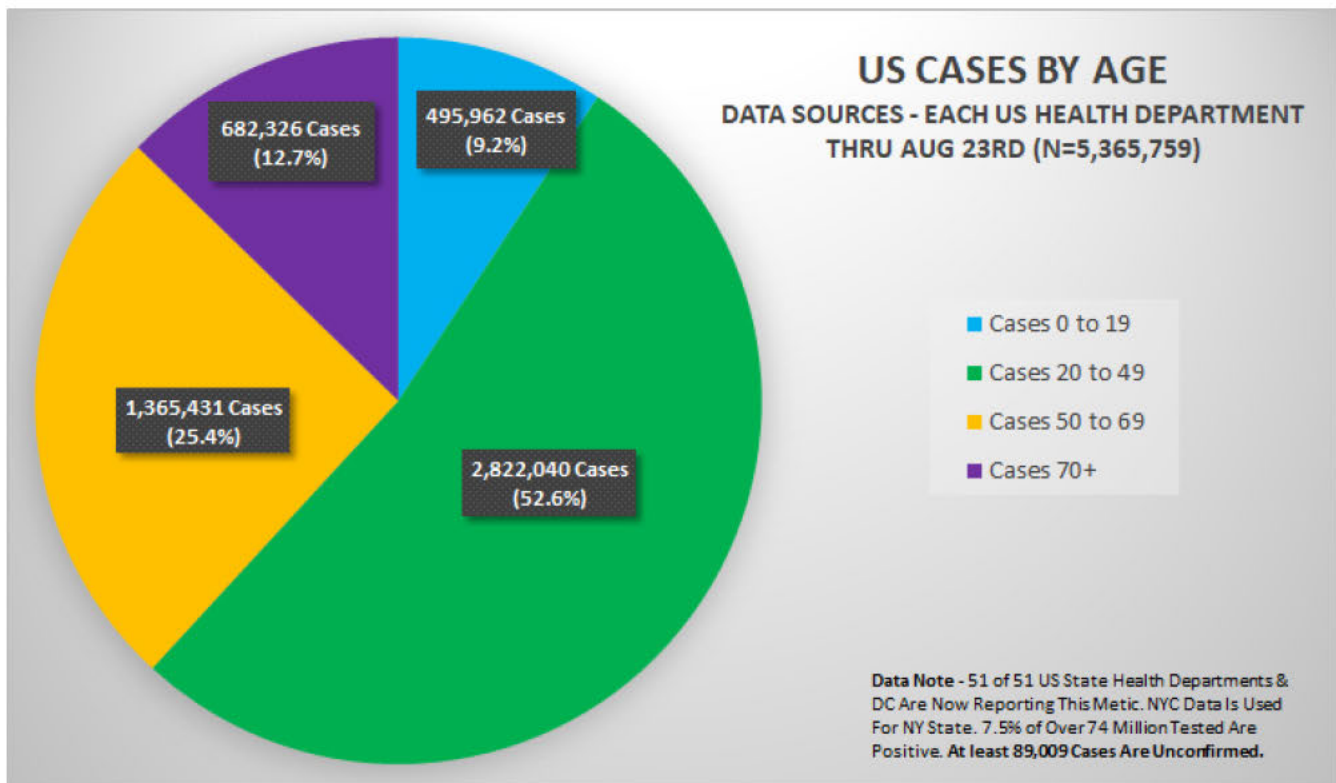


Figure 4. US Cases By Age Note: Although the age 70+ demographic makes up a small percentage of cases (12.7%), the age 70+ demographic makes up a disproportionate percentage of hospitalizations and fatalities. Additionally, roughly 92.5% of the more than 74 million Americans tested have tested negative for the SARS-COV-2 virus, and at least 89,009 reported cases are unconfirmed because of inaccuracies of contact tracing.[30][State & Territory Health Departments]

For example:

- The CSTE position paper in Section VII established rules for COVID-19 data classification and collection that allowed for probable diagnoses unconfirmed by lab testing, a test-based strategy for lab testing, and set the stage for people with no medical licensure to contact trace and illegally diagnose American citizens they have never seen.

The latter is a clear violation of nationally recognized state laws prohibiting the practice of medicine without a license.

- In Section VII.B, the CSTE position paper specifically declined to define a method for ensuring that rules for data collection prevented the same person from being counted multiple times as new COVID-19 cases.

As a result, people hospitalized with a positive PCR test could be tested every 24 hours and each time counted as new COVID-19 to the complete absence of basic rules to ensure that this could not happen.

Upon Investigation:

- The CDC did not submit a proposal to the Federal Register for public consideration and comment regarding their desire to adopt these unnecessary changes.
- The CDC did not submit a proposal to the Federal Register for public consideration and comment regarding their desire to forgo existing rules for infectious disease data collection that has been in use, without incident, for at least 17 years.

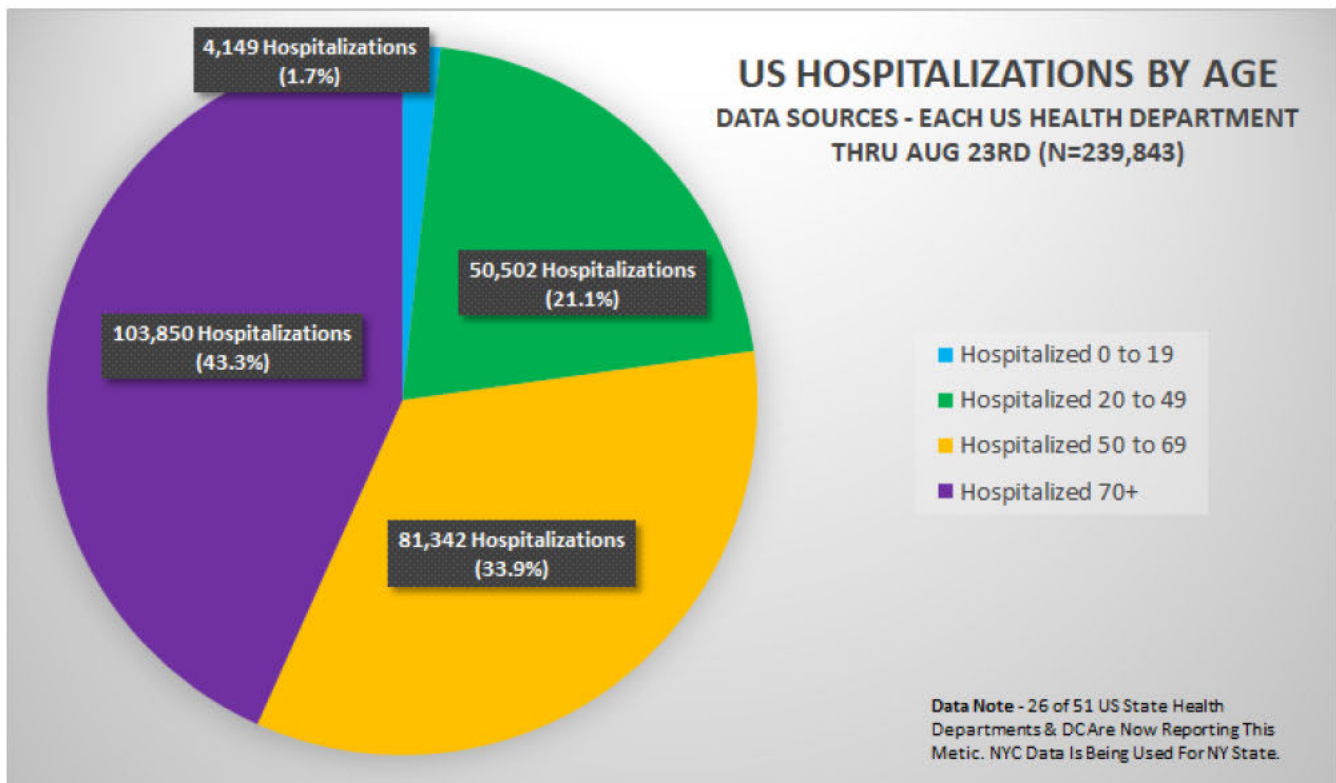


Figure 5. US Hospitalizations By Age. Note: The age 70+ demographic makes up the largest percentage of hospitalizations (43.3%) yet makes up a small percentage of cases (12.7%).[30][State & Territory Health Departments]

In adopting the CSTE position paper, the CDC violated the clear intent of Congress with respect to rule making and data collection, failed to create a record of their decision making, engaged in *ex parte* communications with CSTE personnel, and disenfranchised the public from meaningful participation in the decision making process. This compromised the accuracy and integrity of the data collected.

- The CDC has yet to publish its own unique Information Quality Statement as mandated by the IQA and OMB Guidelines. The referenced CDC webpage for Information Quality is also filled with "404 – Page Error" links, which places them further out of compliance with the OMB/OIRA.[42]

4. The CDC Actions Violated Data Quality, Objectivity, Utility, and Integrity Requirements

The Information Quality Act became law through the U.S. Congress, in Section 515 of the Consolidation Appropriations Act of 2001, which empowered the OMB to ensure all federal agencies are in compliance with the IQA & PRA. [34]

Section 515 of this act reads:

(a) In General. – The Director of the Office of Management and Budget shall, by not later than September 30, 2001, and with public and Federal agency involvement, **issue guidelines under sections 3504(d)(1) and 3516 of title 44, United States Code, that provide policy and procedural guidance to Federal agencies for ensuring and maximizing the quality, objectivity, utility, and integrity of**

information (including statistical information) disseminated by Federal agencies in fulfillment of the purposes and provisions of chapter 35 of title 44, United States Code, commonly referred to as the Paperwork Reduction Act.

(b) Content of Guidelines. – **The guidelines under subsection (a) shall** – (1) apply to the sharing by Federal agencies of, and access to, information disseminated by Federal agencies; and (2) **require that each Federal agency** to which the guidelines apply –

(A) **issue guidelines ensuring and maximizing the quality, objectivity, utility, and integrity of information (including statistical information) disseminated by the agency**, by not later than 1 year after the date of issuance of the guidelines under subsection (a)...

The IQA & PRA are intended to function as a ‘checks and balances’ system for federal agencies, including the CDC, that disseminate data and statistics. The enforcement of the IQA & PRA falls directly under the administrative regulation of the Executive Branch of Government, specifically the Office of Management and Budget (OMB), and its sub-agency Office of Information and Regulatory Affairs (OIRA).[33][34][35][36][37][38]

From the OMB Guidelines Published October 1, 2001[36]

I. Procedures for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Prior to Dissemination In Government-wide Guidelines, “quality” is defined as an encompassing term comprising utility, objectivity, and integrity.

A. Objectivity and Quality of Information

1. As defined in Section IV, below, **“objectivity” is a measure of**

whether disseminated information is accurate, reliable, and unbiased and whether that information is presented in an accurate, clear, complete, and unbiased manner.

“Utility” refers to the usefulness of the information for the intended audience’s anticipated purposes. OMB is committed to disseminating reliable and useful information. **Before disseminating information, OMB staff and officials should subject such draft information to an extensive review process including open public comment.** It is the primary responsibility of the Division or Office (hereafter collectively referred to as “Division”) drafting information intended for dissemination to pursue the most knowledgeable and reliable sources reasonably available to confirm the objectivity and utility such information.

Based upon our investigation of Federal Register Records for 2020, there was no formal, transparent, public review process initiated by the NVSS or CDC prior to or following the issuance of the March 24th NVSS **COVID-19 Alert No. 2** that dramatically altered cause of death reporting exclusively for **COVID-19**. In this regard, we allege that the CDC and NVSS’s alterations to cause of death reporting guidelines exclusively for **COVID-19**, violated the IQA & PRA by compromising data quality, objectivity, and utility.

Additionally, our investigation into Federal Register Records for 2020 revealed that there was no formal, transparent, public review process initiated by the CDC prior to or following the adoption of the April 14th CSTE position paper that dramatically altered what defines a new case exclusively for **COVID-19**. In this regard, we allege that the CDC changes to cause of death reporting exclusively for **COVID-19** violated the IQA & PRA by compromising data quality, objectivity, and utility.

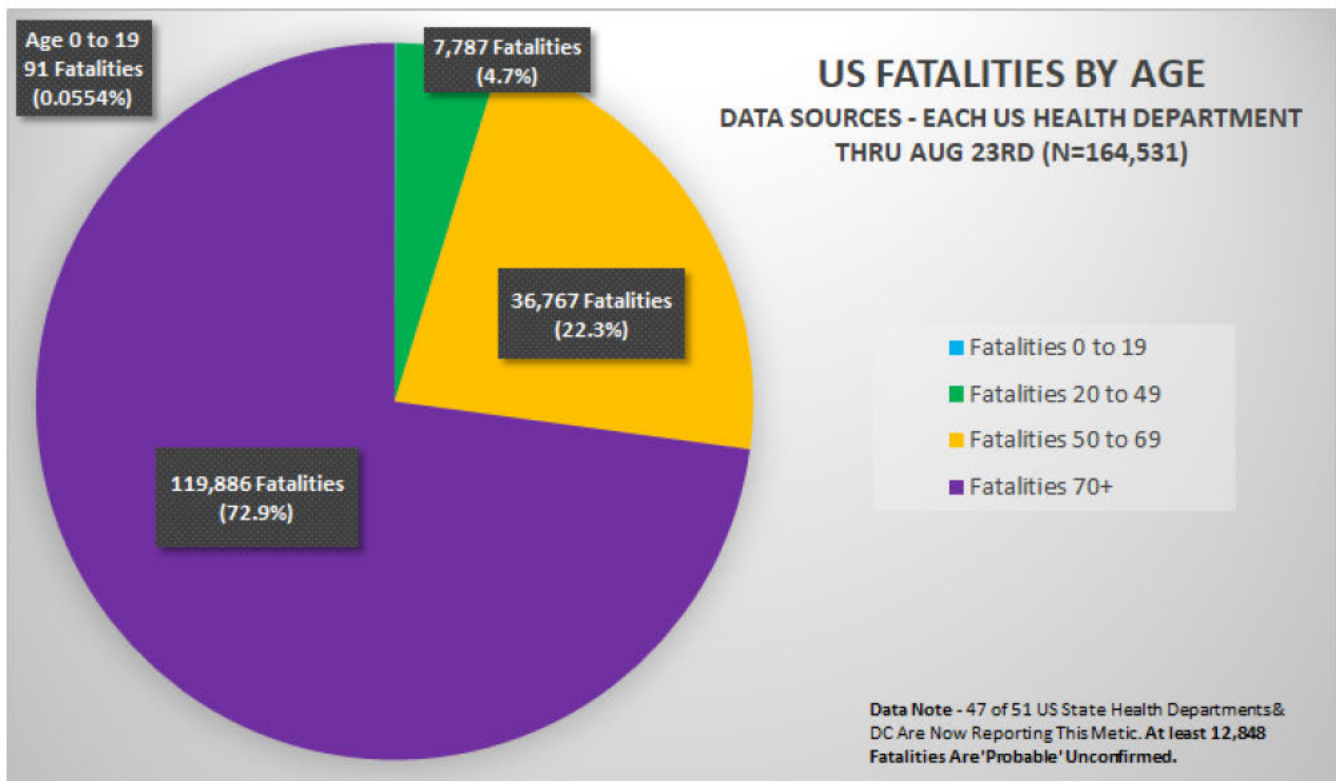


Figure 6. US Fatalities By Age. Note: The age 70+ demographic makes up the largest percentage of fatalities (72.9%). This is alarmingly disproportionate to their relatively small percentage of cases (12.7%), and thus defines them as a high-risk population. The opposite is true for the age 0 to 19 demographic which makes up a small percentage of fatalities (0.0554%).[30][State & Territory Health Departments]

By implementing new rules exclusively for COVID-19, while denying the public an opportunity for meaningful participation in the decision making process and failing to create a record in which the agency clearly set forth the reasons for its action, we allege the CDC violated the express intent of Congress and acted in an arbitrary and capricious manner.

As a result of these changes, we allege the CDC compromised the quality, objectivity and integrity of all COVID-19 data collected to date.

(OMB Guidelines for IQA & PRA Enforcement – Continued)[36]

Sections 6 & 8 are purposefully omitted.

- The Lead Division should consider the uses of the information both the perspective of and the public. **When it is determined that the transparency of information is relevant**

for assessing the information’s usefulness from the public’s perspective, the Lead Division should ensure that transparency is appropriately addressed.

5. When the Lead Division determines that the information it will disseminate is influential scientific, financial, or statistical information, extra care should be taken to include a high degree of transparency about data and methods to meet the Government-wide Guidelines’ requirement for the reproducibility of such information. In determining the appropriate level of transparency, the Lead Division should consider the types of data that can practically be subjected to a reproducibility

requirement given ethical, feasibility, and confidentiality constraints. In making this determination, the Lead Division should hold analytical results to a higher standard than original data.

7. The Division responsible for the dissemination of information should generally take the following basic steps to assure the “objectivity” and “utility” of the information to be disseminated:

a. Preparing a draft of the document after consulting the necessary parties, including government and non-government sources, as appropriate;

b. Determining/assuring accuracy and completeness of source data;

c. Determining the expected uses by the government and public;

d. Determining necessary clearance points;

e. Determining where the final decision shall be made;

f. Determining whether peer review would be appropriate and, if necessary, coordinating such review;

g. Obtaining clearances, and

h. Overcoming delays and, if necessary, presenting the matter to higher authority.

9. The quality control procedures followed by OMB should be determined by the nature of the information and the manner of its distribution. **Any information collected by OMB and subject to the Paperwork Reduction Act should be collected, maintained, and used in a manner consistent with Paperwork Reduction Act and the OMB information quality standards. The OMB clearance package should demonstrate that the proposed collection of information will result in infor-**

mation that will be collected, maintained, and used in a way consistent with the Government-wide Guidelines and OMB guidelines.

COVID-19 was declared a pandemic on March 11, 2020 by the World Health Organization. As such, any data gathering related to this illness must be done with the utmost transparency to ensure the public and public officials have sound data upon which to make vitally important decisions.

Yet, the CDC failed to follow the OMB Guidelines as required by Congress and, in doing so, violated the law and also violated the public trust.

(OMB Guidelines for IQA & PRA Enforcement – Continued)[36]

B. Integrity of Information

1. **”Integrity” refers to the security of information -protection of the information from unauthorized unanticipated, or unintentional modification -to prevent information from being compromised through corruption or falsification.**

The CDC compromised data integrity by altering how cause of death records are reported, and did so exclusively for **COVID-19**, in the March 24, 2020 NVSS **COVID-19 Alert No. 2**.

On April 14, 2020, the CDC again compromised data integrity when it adopted the CSTE position paper and created categories for ‘probable’ cases that eliminated the medical standards of proof of infection through positive lab testing. From April 14th to July 16th, the CDC actively promoted a test-based strategy for diagnosis, meaning everyone should be tested regardless of the presence or absence of symptoms. Additionally, the CSTE position paper paved the way for unlicensed and medically untrained contact tracers to illegally diagnose patients without any medical examination or confirmatory lab testing. In fact, they could do so without even seeing or talking to the patient in question.

Comorbidities

Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death. The number of deaths with each condition or cause is shown for all deaths and by age groups. For data on comorbidities,

[Click here to download](#)

▼ Table 3. Conditions contributing to deaths involving coronavirus disease 2019 (COVID-19), by age group, United States. Week ending 2/1/2020 to 8/22/2020.*

Updated August 26, 2020

Conditions Contributing to Deaths where COVID-19 was listed on the death certificate ¹	ICD-10 codes	Number of Conditions								
		Age Group								
		All ages	0-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85 years and over
Total COVID-19 deaths ² , as of 8/22/2020	U071	161,392	330	1,241	3,228	8,501	20,295	34,334	42,587	50,867
Respiratory diseases		-	-	-	-	-	-	-	-	-
Influenza and pneumonia	J09-J18	68,004	111	564	1,428	3,967	9,438	15,389	18,116	18,989

Figure 7. CDC Conditions Contributing to Deaths involving Coronavirus Disease (COVID-19)
 Data from the CDC shows that only 6% of 161,392 COVID fatalities had no mention of any comorbidity. This calculates to approximately 9,684 total fatalities in the US directly due to COVID-19 .[1]

While the rationale for doing so is speculative at this point, the reality is that **COVID-19** became emphasized as a cause of death as frequently as possible, while comorbidity was simultaneously deemphasized as causes of death. We reported this in a previous research article.[18]

By adopting both the March 24, 2020 NVSS **COVID-19 Alert No. 2** and the April 14, 2020 CSTE position paper, the CDC knowingly and willfully compromised the integrity of data they collected, published, and analyzed. We allege the CDC intentionally violated federal law with respect to integrity of information.

5. How Aware Was the CDC of Their Responsibility to Be In Full Compliance With IQA & PRA?

As of August 16, 2020, the Federal Register returns the following results from their database of federal documents dating back to 1994, for the following search terms:

NVSS – Eighteen documents resulted from the Federal Register. (Most Recent Dated 2.18.2020) The Federal Register shows zero federal filings from the NVSS for ‘Proposed Data Collection Submitted For Public Comment and Recommendations’ in 2020.

COVID – A total of 2,006 documents resulted from the Federal Register. The Federal Register shows 31 federal filings from the CDC for COVID and **8 filings from the CDC for ‘Proposed Data Collection Submitted For Public Comment and Recommendations’ in 2020. Of these 8 federal filings, zero reference the March 24th, 2020 NVSS COVID-19 Alert No. 2 or the April 14th, 2020 CDC adoption of the CSTE position paper.**

CDC – A total of 13,124 documents resulted from the Federal Register. (Most Recent Dated 8.21.2020) The Federal Register shows that 1,429 of these filings were for ‘Notices of Closed Meetings’. 3,904 of the federal filings were for ‘Proposed Data Collection Submitted For Public Comment and Recommendations’. **Of the 3,904 fil-**

ings, 120 were made this year. Of the 120 that were made this year, zero reference the March 24, 2020 NVSS COVID-19 Alert No. 2 or the April 14, 2020 CDC adoption of the CSTE position paper.

CSTE – 1 document resulted from the Federal Register unrelated to the CSTE position paper adopted by the CDC on April 14, 2020. (Most Recent Dated 2/10/2020) **The document was filed by the CDC in acknowledgement of their organization being in review by the Office of Management and Budget for compliance with the Paperwork Reduction Act.[42]**

IHME – Zero documents resulted from the Federal Register. **This demonstrates that the wildly inaccurate Institute for Health Metrics and Evaluation (IHME) projection data, used by the COVID Task Force to influence and justify executive responses to this crisis, was done so in violation of the IQA & PRA.**

As evidenced by the 120 filings in 2020 alone, our investigation of the Federal Register confirms that the CDC was well aware of their legal obligations to file all intended changes for data collection, publishing, and analysis with the Federal Register for oversight by the OMB.

Further, our investigation of the Federal Register confirms that, while the CDC has routinely filed to be in compliance with the IQA & PRA for the vast majority of their activities, they violated the law in failing to do so for the March 24th NVSS **COVID-19 Alert No. 2** and the April 14th adoption of the CSTE Position Paper.

Additionally, according to an April 24, 2019 memorandum issued by acting director of the Office of Management and Budget, Russell T. Vought, the agency reminded all federal agencies that the OMB bears the responsibility for the enforcement of the IQA & PRA which ensure the accuracy of data by protecting the quality, objectivity, utility, and integrity of all data collected, published and analyzed by all federal agencies.[44]

Prudent decision making depends on reliable, high-quality information. Congress has long recognized

that federal agencies should make decisions using the best data reasonably available, and Congress has entrusted OMB with the statutory role of ensuring that federal agencies collect, use, and disseminate information that is fit for its intended purpose. Within OMB, the Office of Information and Regulatory Affairs (OIRA) works with agencies to maintain information quality standards.

Implementing statutory requirements in the IQA, the Guidelines provide a framework for oversight of the quality of information disseminated by the federal government throughout its lifecycle, which includes creation, collection, pre-dissemination review, transparent and reproducible use, and ultimately correction and disposition.

All federal agencies, including the CDC, are required to comply with the IQA & PRA and are required by law (IQA: Section 515 2(a) of the Consolidated Appropriations Act of 2001) to issue their own unique guidelines in order to transparently demonstrate how their agency is in compliance with the IQA and the OMB published guidelines for IQA enforcement. In order to facilitate this, the OMB Guidelines require each agency to have at least one webpage dedicated to their own unique Information Quality Statement (IQS).[36]

Despite the April 24, 2019 OMB Memorandum issued by Director Vought that gave all federal agencies 90 days to get into full compliance, the CDC has failed to publish its IQS.[41] The CDC webpage for this is filled with "404 – Page Error" links and redirects to the Health & Human Services (HHS) Information Quality Guidelines rather than their own unique guidelines, further placing them out of compliance with the express intent of Congress and the OMB/OIRA.[42]

Moreover, our research team has found that the CDC may be in violation of several additional IQA & PRA laws and the OMB guidelines established to ensure compliance.

According to the April 24, 2019 memorandum issued by the OMB Director these may include:[44][45]

- **Incompetent pre-dissemination review of information:** Fitness for Purpose and Pre-Dissemination Review the IQA requires agencies conduct pre-dissemination review of their information products. During this review, each agency should consider the appropriate level of quality for each of the products that it disseminates based on the likely use of that information.
- **Incompetent attention to standards of quality:** OMB guidelines recognize that "information quality comes at a cost," and "that some government information may need to meet higher or more specific quality standards than those that would apply to other types of government information, depending on the information's expected use."
- **Under Executive Order 12866, federal agencies that peer review complex models underlying economically significant regulations are required to obtain inter alia peer review.** The March 24th NVSS COVID-19 Alert No. 2 and the April 14th adoption of the CSTE Position Paper that shaped all data collection for COVID-19 were **not independently peer reviewed as required by this Executive Order.** [46]
- **Lack of reproducibility of influential information** - The guidelines include a "reproducibility standard" for influential information. The purpose of the reproducibility standard is to increase the credibility of federal decisions. The standard requires that influential analyses must be disseminated with sufficient descriptions of data and methods to allow them to be reproduced by qualified third parties who may want to test the sensitivity of agency analyses. This is a higher standard than simply documenting the char-

acteristics of the underlying data, which is required for all information.

We allege the CDC violated the IQA, PRA, OMB compliance guidelines, and Executive Order 12866. In doing so, the CDC has fatally compromised all **COVID-19** data and adversely impacted federal, state, and local public health policies regarding **COVID-19**. **As a result of these far-reaching and adverse impacts, the CDC as a federal agency MUST be held to the highest of standards for the assurance of flawless data quality.**

6. The Impact of Potential PRA & IQA Violations Upon the Current COVID-19 Data

Data provided for all figures is collected directly from each US Health Department through August 23, 2020. The data collected is based upon the CDC's March 24, 2020 **COVID-19 Alert No. 2** guidelines and the CDC's adoption of the CSTE's **Position Paper** on April 14, 2020.

7. COVID-19 Fatality Data Using 2003 CDC Published Guidelines

Of all the data collected at state health department levels, comorbidity data are the most statistically significant in light of the March 24, 2020 **COVID-19 Alert No. 2** guidelines published by the CDC and the revelation presented at the beginning of this historical retrospective, "For 6% of the deaths, **COVID-19** was the only cause mentioned. For deaths with conditions or causes in addition to **COVID-19**, on average, there were 2.6 additional conditions or causes per death." [1][15]

To understand the significant implications of these guidelines and how they substantially emphasized **COVID-19** as a cause of death, while simultaneously deemphasizing comorbidity (pre-existing conditions) in cause of death records, we encourage readers to review our previously published reference [18]; *If COVID Fatalities Were 90.2% Lower, How Would You Feel About Schools Reopening?*.

Despite the CDC's March 9, 2020 admission that the highest risk group of Americans would be over 60 years of age and have pre-existing conditions, only 7 state health departments are reporting comorbidity in a manner that can be statistically analyzed (New York Pennsylvania, Massachusetts, Georgia, Utah, Oklahoma, Iowa).[17]

Would the 94% of fatalities with at least 1 comorbidity have been counted as COVID-19 fatalities if the CDC had used the guidelines for reporting that the nation has been using for 17 years instead of the COVID-19 guidelines issued on March 24, 2020?

To properly answer this question, it is necessary to compare the unproven March 24 **COVID-19 Alert No. 2** cause of death reporting guidelines against the *2003 CDC Medical Examiner's and Coroner's Handbook on Death Registration* that has been the proven national standard for 17 years without incident.

March 24th, 2020 – NVSS COVID-19 Alert No. 2 [15]

Will **COVID-19** be the underlying cause? The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in **COVID-19** underlying cause more often than not.

Should **COVID-19** be reported on the death certificate only with a confirmed test? **COVID-19** should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached

Guidance for Certifying COVID-19 Deaths)

Recall from the historical timeline presented earlier that the CDC understood the high-risk demographic would be over 60 years of age with comorbidities.[18] Emphasizing that **COVID-19** be specifically placed in part 1 of the death certificate while any comorbidities be listed in part 2 is genuinely concerning.

Changing reporting rules exclusively for **COVID-19** cause of death reporting without notifying the Federal Register, OMB, OIRA, or the public, and therefore potentially breaching the PRA & IQA, is even more concerning.

It's worth noting that Part I of a death certificate is the immediate cause of death listed in sequential order from the official cause on line item (a) to the underlying causes that contributed to death in descending order of importance on line item (d), while Part II is/are the significant conditions NOT relating to the underlying cause(s) in Part I.

Comorbid conditions have been listed on Part I of death certificates as causes of death per the CDC Handbook since 2003 to ensure accurate reporting can be developed. Comorbidities are seldom placed in Part II. Part II is typically the section where coroners and medical examiners can list recent infections as underlying, initiating factors.

Prior to the CDC's March 24th decision, any comorbidities would have been listed in Part I rather than Part II and initiating factors such as infections including the **SARS-COV-2** virus, would have been listed on the last line in Part I or more commonly in Part II.

The 2003 CDC Medical Examiner's and Coroner's Handbook on Death Registration [7][8]:

Because statistical data derived from death certificates can be no more accurate than the information provided on the certificate, it is very important

that all persons concerned with the registration of deaths strive not only for complete registration, but also for accuracy and promptness in reporting these events."

The principal responsibility of the medical examiner or coroner in death registration is to complete the medical part of the death certificate. The cause-of-death section consists of two parts. Part I is for reporting a chain of events leading directly to death, with the immediate cause of death (the final disease, injury, or complication directly causing death) online

(a) and the underlying cause of death (the disease or injury that initiated the chain of events [**SARS-COV-2** in this case] that led directly and inevitably to death) on the lowest used line. Part II is for reporting all other significant diseases, conditions, or injuries that contributed to death, but which did not result in the underlying cause of death given in Part I.

Under these 2003 guidelines, the highest **COVID-19** could be listed in the presence of an established comorbidity would be on the lowest used line at the bottom of Part I as an initiating factor or, more correctly, in Part II as an infection that contributed to death.

However, on March 24, 2020 the CDC elected to forgo this trusted method of cause of death recording in favor of recording comorbidities in Part 2, so **COVID-19** could be listed exclusively in Part 1.

This has had a significant impact on data collection accuracy and integrity. It has resulted in the potential false inflation of **COVID-19** fatality data and is a potential breach of federal laws governing information quality.

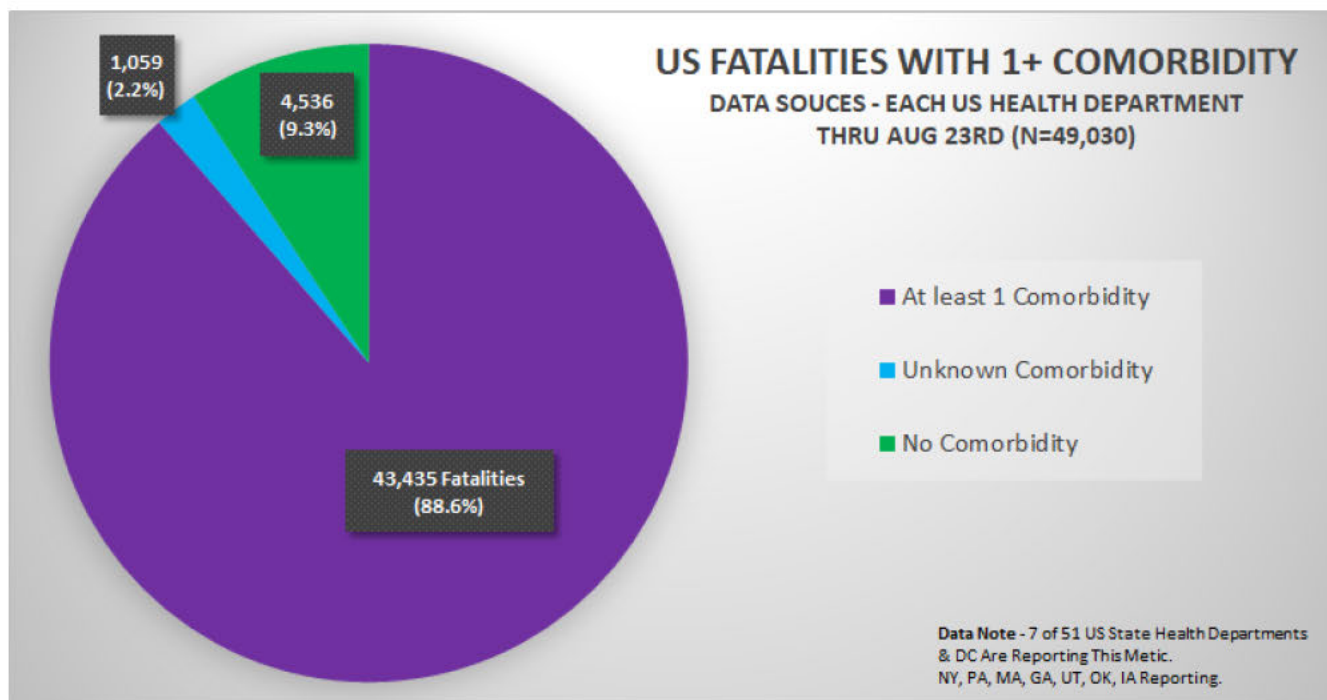


Figure 8. US Fatalities With At Least 1 Comorbidity. Note: 88.6% of fatalities had at least 1 comorbidity, which is below the more official 94% reported by the CDC on Aug 22, 2020.[30][State & Territory Health Departments]

8. Implications for Public Health Policy

As a result of state policies based on potentially compromised data published and promoted by the CDC, Americans have lost jobs and businesses in historically unprecedented numbers.

At the peak of the crisis, an estimated 20.5 to 42 million Americans had lost their jobs without having any voice in the decision-making process due to shelter in place mandates issued by every state with the exceptions of Arkansas, Iowa, Nebraska, South Dakota, Utah & Wyoming.[30][31]

Anxiety, depression, suicide rates, domestic violence, and alcoholism have all reportedly risen significantly due to the economic hardships brought on by how state governors decided to exercise their authority in response to the potentially compromised data published by the CDC.[32]

Tens of thousands of Americans have died without access to potentially life-saving medications like hydroxychloroquine or nutrient therapies like intravenous Vitamin C. Couple this with the tragic reality that so many Americans

passed away alone, without the comfort of their family members, and the collateral damage of our one-size fits all policies becomes even more unpalatable.[47]

All non-COVID related healthcare priorities have also suffered including elective surgeries, proper monitoring of medications, and checkups for the elderly and our children. De-prioritizing all non-COVID cases created collateral damage that far outweighs the infective damage of the SARS-COV-2 virus. Public health policies that create more collateral damage while attempting to avoid an infection with a 99.05% rate of recovery in the vast majority of citizens must be objectively investigated and critically questioned if the goal of living in a healthy society is to be realized.

9. Conclusions

Arguing over what the most accurate COVID fatality count may be is an exercise in futility without intimate knowledge of case history and accompanying certificates of death, and it is the exact reason we entrust these determinations to the skill of our

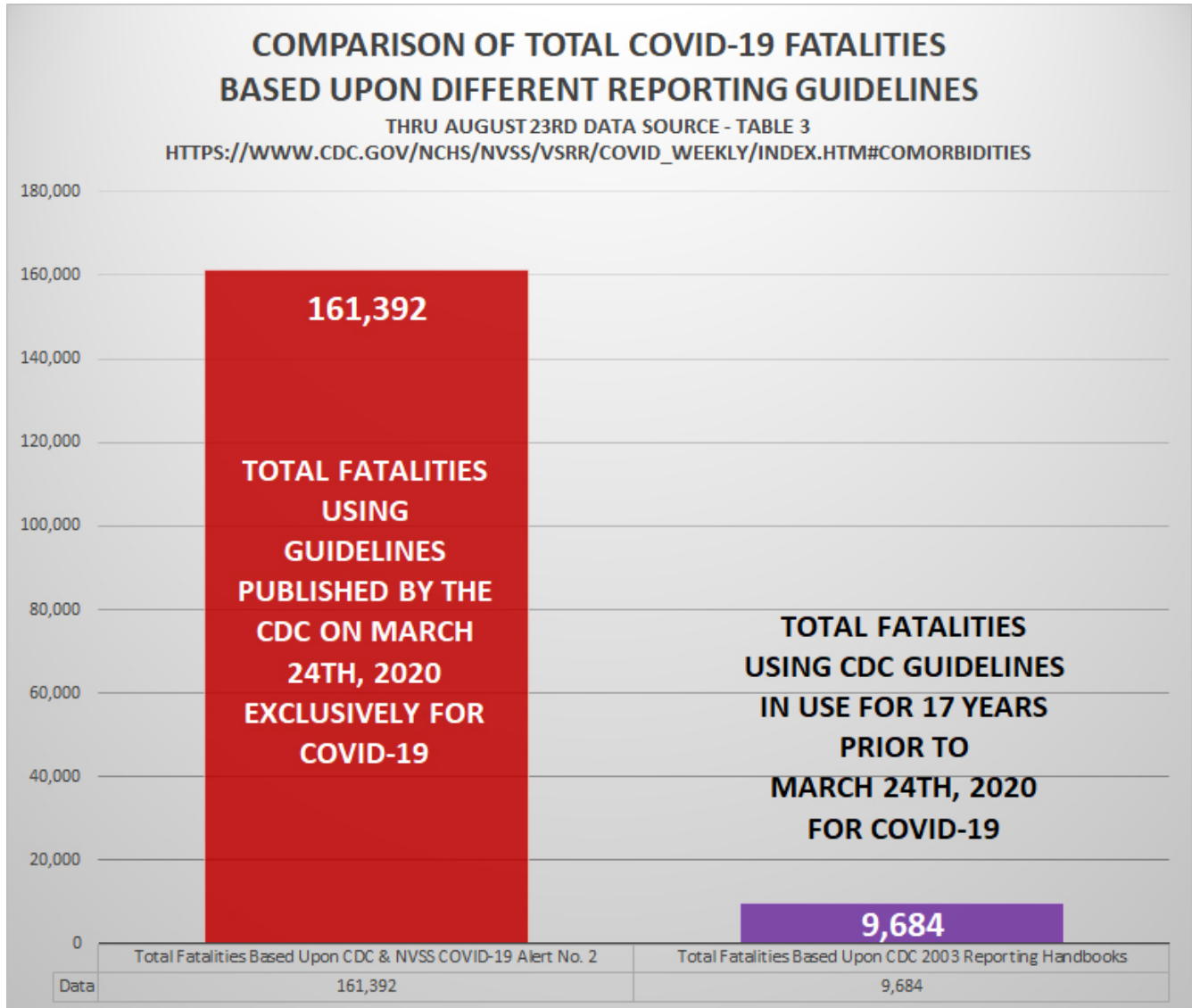


Figure 9. COVID-19 Using the March 24 Exclusive Guidelines vs Using the 2003 Guidelines. Had the CDC used the 2003 guidelines, the total **COVID-19** be approximately 16.7 times lower than is currently being reported. [1][30][State & Territory Health Departments]

licensed professionals. With the inclusion of probable fatalities and significant changes made to how certificates of death are recorded exclusively for COVID-19, scientific objectivity demands that we acknowledge the data presented is inaccurate.

Federal agencies have a legal obligation to provide the most accurate data to the public, fellow agencies, and policy makers they are advising, and they have a responsibility to abide by every federal law. This responsibility to collect, analyze, and publish data accurately, transparently, and with unquestionable integrity increases exponentially during a national crisis.

It is concerning that the CDC may have willfully failed to collect, analyze, and publish accurate data used by elected officials to develop public health policy for a nation in crisis.

Further federal investigation is justified by the magnitude of the crisis and the collateral damage generated by policies based upon projection data that was unproven and never peer reviewed. If the data being reported was indeed compromised by the CDC's perplexing decision to abandon proven data collection and reporting practices in favor of untested methods, then all public health policies based upon these inaccurate data must be reexamined.

10. Author Statements

All authors have contributed and are in full agreement with the facts and positions presented in this publication. None have declared any conflicts of interest.

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[HERE](#)

From: [Denise Bellas](#)
To: [BOS Public Comment](#)
Subject: Comment on Idaho Maryland traffic for tomorrow event
Date: Monday, February 22, 2021 12:23:43 PM

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Living on Allison Ranch Road, a residential area, the sound that comes from Highway 49 in what I would call high volume commute hours is currently an issue. When we have roads closed in the winter for snow, with truck traffic coming to a halt, it makes me realize what we live with most of the year. It is loud already. They built a sound wall at Hwy 49 and Allison Ranch Rd which might need to be reevaluated, as I think they did not realize that the sound travels across Wolf Creek and bounces off of the hill behind us. I live one mile from Highway 49 and during commute times I need to close all my windows currently. I do not want to think how more trucks going up and down Highway 49 are going to increase noise at all hours of the day and night.

I am a resident who moved away from San Francisco to enjoy less traffic and noise. I certainly hope they will do their due diligence and come up with appropriate solutions for our community. I guess the bigger question for everyone is....What is Grass Valley to us? Why did our residents select this town and county to live in?

Denise Bellas, LEED AP BD&C
Architectural Consultant
Royal Plywood

[REDACTED]
[REDACTED]

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From: noreply@granicusideas.com
To: [BOS Public Comment](#)
Subject: New eComment for Nevada County Board of Supervisors February 23, 2021, Meeting
Date: Monday, February 22, 2021 1:54:06 PM

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[SpeakUp](#)

New eComment for Nevada County Board of Supervisors February 23, 2021, Meeting

Joy Brann submitted a new eComment.

Meeting: Nevada County Board of Supervisors February 23, 2021, Meeting

Item: PUBLIC COMMENT:

eComment: STOP harassing & intimidating local business & individuals w/o just cause. Suspend all current & future emergency orders; demand: 1) thorough investigation of reported Covid cases & all deaths by all causes & ages, 2) Independent audit of all death certificates, 3) Needs assessment of public health impacts on all lives. Healthy public interaction shares herd immunity, asymptomatic transmission is unfounded. STOP fraudulent terrorizing of public. Isolate ONLY sick & vulnerable. Truth stand alone.

[View and Analyze eComments](#)

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From: [Ken Paige](#)
To: [Ken Paige](#)
Cc: [bdofsupervisors](#); [Heidi Hall](#); [Ed Scofield](#); [Dan Miller](#); [Sue Hoek](#); [Hardy Bullock](#)
Subject: Re: video for the record 2/23/21 BOS Meeting
Date: Monday, February 22, 2021 7:08:17 PM

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Please watch this and hear our heart

<https://youtu.be/NiZxVLMv9wM>

Ken Paige
Friar Tuck's Restaurant & Bar



Eat your food with gladness &
drink your wine with a joyful heart

On Feb 19, 2021, at 4:59 PM, Ken Paige <ken@friartucks.com> wrote:

To our Elected Officials,
Respectfully I have sent you many emails requesting and suggesting some solutions that you take the lead on a new strategy regarding the pandemic. Most recently I sent you one on 1/21 and another on 2/9 without any response. I spoke at your last board meeting requesting you **Turn your hearts back to your people!** Regain the respect honor of your community. Become virtuous leaders and that we can once again respect and honor.

Because of your lack of concern and leadership- today we make the following declaration:

We the people are moving forward **doing the job you were elected to do**

Finding ways to Re-Open Nevada safely and respectfully:

- Restaurant Owners are putting in Proven Ionic Air cleansers proven to kill 99.4% of all viruses. Now installed the White House, Google, Amelia Arena, the Phoenix airport, the Mayo Clinic, Ramstein Air Force Base, Harvard University, dozens of hospitals, and many other notable locations.”
- Restaurant owners are consulting with Industrial health hygienists for ways to improve already High standards
- We are meeting individually with business owners who have closed and educating them on how to reopen safely
- We are bringing in speakers to educate our community
Doctors on early treatment, vaccinations, masks, deaths of despair
Constitutional Lawyers to learn our rights
Educational leaders regarding Children and Schools
Sheriffs, supervisors, mayors and city council members -doing their job
Senators and Assemblymen – who are standing with their communities
- We formed a Recall Committee investigating who and when!
- We can no longer accept your failed government COVID strategy that has only caused division and despair. We are moving forward with what you should have done from the start. Meeting with key stakeholders across all fields in our community: Business, medical, mental health, spiritual, dietary, educational, senior living, social, non-profits, and legal
- We are unifying our community by finding cross-cutting new ways to think and lead us forward out of failing COVID-19 shutdowns. Our effort will more powerful than your single broad-based government mandates
- We are commissioning folks to get complete accurate data and

full science regarding our local data and circumstances that will enable us to educate and guide our community to make informed responsible decisions. Something we asked for and you never provided

- We are working on a compassionate approach that balances the risks and benefits to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. Your one solution approach has failed
- We are seeking out evidence-based treatment options that reduce hospital/ICU Utilization. Something never even brought up by you
- We are developing a strategy that will bring hope, for our workers, businesses, schools, the arts and places of worship, for all ages. We will put to rest your eleven-month government strategy that has only caused division and declension in our community
- We are determining how to safely open, gather together and unite our community. We have to put an end to rampant unemployment, isolation with an uncertain future causing drug or alcohol abuse, suicide and other mental health issues; We must put an end to the wave of "deaths of despair" that will only continue to grow if we don't do this
- At the center of all we do we are upholding the Bill of Rights, freedom of commerce, family rights, religious freedom, and basic freedom of association and assembly.

On Tue, Feb 9, 2021 at 7:42 PM Ken Paige [REDACTED] > wrote:

Dan, Heidi, Sue, Ed, Hardy,

Two days ago, I sent out a request to our community recommending they stop complaining amongst themselves about their concerns and tell you face to face what was on their hearts. What you heard today at the meeting was the

heartbeat of the majority of your constituents. Yes the majority. Come see my hundred and hundreds of emails begging me to stay open because they want life abundantly.

What we are experiencing today is bigger than covid-19 and Individually each one of us are being impacted. This is your opportunity to regain a trusted role in this crisis. This crisis has turned into a battle for our freedom and life. Dan, Heidi, Sue, Ed and Hardy you are included in this righteous fight. Yes you! We want you to be free from the oppressive overarching power on your heads so that you can take back this community and make clear trustworthy decisions that will restore the hearts of this community. The time is now. We need you to step up.

I have already gathered 300+ names of community members who want to move into a winning strategy. One where we can focus on the issue at hand, find solutions and bring life back.

I'm on your side to regain the respect and honor of your people. Become a virtuous leader that everyone can respect and honor. Become a friend to your community. These are tough times and we need strong trusted leadership to have our backs. We need fearless leaders to look at the big picture and make tough decisions for the benefit of all.

I believe we can do this. I am believing in you. We can reopen safely, respectfully with an intelligent compassionate approach. Let me know what I can do to come alongside and help.

On Thu, Jan 21, 2021 at 12:42 PM Ken Paige <[REDACTED]> wrote:

To Our County Officials,

The Nevada County Restaurant Coalition believes there is hope ahead if our community will open their hearts and minds and carefully consider a fresh approach to the COVID-19 issues as we enter 2021; a path of a much-needed restoration for our community. We cannot wait another day to formulate a new strategy. The community must take action now.

The **"Healthy Communities Resolution"** sponsored by Assemblyman Kevin Kiley that is on your desk is a good start. We do hope you will sign-it. **We have good news! We couldn't wait given the urgency at hand. We kicked started the process by gathering 250 community members signatures via email in favor of the "Healthy Community Resolution". Here is our welcoming video where they responded.**

<https://youtu.be/flQb-kZ78EI>

<https://youtu.be/ynvmFcBAycl>

We are also reaching out to our community leaders from all walks of life to find alternative ways of approaching the COVID-19 situation, while still preserving people's livelihood and protecting our most fundamental liberties. Please join us in a positive approach to bring our community together again. We can and must re-open safely.

Our goals that we hope are the same as yours:

- We are seeking key members of our community to join together and find solutions regarding the failed government COVID strategy. We are inviting individuals from the below sectors of our community life to work together to find cross-cutting reforms and new ways to think and lead us forward, out of COVID-19 shutdowns. Together we are more powerful than any single broad-based government mandate.
- We seek to get the complete accurate data and full science regarding our local data and circumstances that will enable our COVID-19 response to our community's unique circumstances and allow us to make informed decisions.
- We seek to discover evidence-based treatment options that reduce hospital/ICU Utilization.
- We seek a strategy that brings hope, for our workers, businesses, schools, the arts and places of worship, for all ages. To put to rest a nine-month government strategy that has only caused division and dissension.
- We seek to find a way to safely open, gather together and unite our community. The rampant unemployment, and, isolation, together with an uncertain future has caused drug or alcohol abuse, suicide and other mental health issues; We must put an end to the wave of "deaths of despair" that will only continue to grow if we don't do this.
- We seek to make certain the upholding of the Bill of Rights, freedom of commerce, family rights, religious freedom, and basic freedoms of association and assembly.

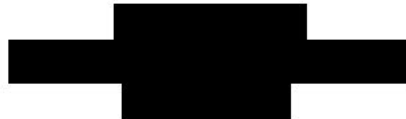
Thank you for considering this and please contact me if you need any support in moving this forward.

--

Ken R Paige

Eat your food with gladness & drink your wine with a joyful heart (Ecclesiastes 9:7)

Proprietor Friar Tuck's Restaurant & Bar



--

Ken R Paige

Eat your food with gladness & drink your wine with a joyful heart (Ecclesiastes 9:7)

Proprietor Friar Tuck's Restaurant & Bar



--

Ken R Paige

Eat your food with gladness & drink your wine with a joyful heart (Ecclesiastes 9:7)

Proprietor Friar Tuck's Restaurant & Bar



From: [Clarita Nolan](#)
To: [bdofsupervisors](#)
Subject: Open up Nevada County
Date: Monday, February 22, 2021 8:14:28 PM

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Of those who actually contract Covid-19, the chance of dying is approximately 0.003% for 0-19 year olds, 0.02% for 20-49 years old, 0.5% for 50-69 years old, and 3.4% for 70 + years. (The odds may actually be much lower). Those raw statistics include everyone, including those with co-morbidities and already on death's door. And that is if they receive no proper treatment (with such proven drugs as HCQ and zinc, Ivermectin, vitamins C, D or other known treatments) prior to getting so sick as to need hospitalization.

Do these numbers justify a shut down of the economy or suspension of constitutional rights?

American citizens are guaranteed the right to life, liberty and the pursuit of happiness. Authoritarian measures that destroy small businesses, restrict movement, close schools, require the useless and harmful wearing of face masks, and result in mass poverty, homelessness, depression, substance abuse, suicide, and domestic abuse go against basic human rights and everything that the USA stands for.

Safety measures and restrictions were originally based on what have turned out to be flawed projections. We were told that they would last for three weeks. The intention was to prevent emergency rooms from being overrun by the anticipated surge of C-19 patients. But few emergency rooms in the country ever did see a surge, particularly not in Nevada County.

Yet, for political reasons that have nothing to do with real science, the California governor and officials in Nevada County have persisted in imposing draconian "mandates" for nearly a year. They justify their actions by pointing at the number of C-19 cases. But "cases" are a result of completely fraudulent PCR test results.

Preventing emergency rooms from becoming overwhelmed has evolved into an effort to prevent anyone from getting sick. That is not government's job! And the idea is particularly horrendous in light of the fact that the "safety measures" have caused far, far more harm to human life than would the virus. The "safety measures" have severely damaged the economy and our community, torn apart the fabric of society, and dehumanized individuals. They are a crime against humanity.

Who benefits from these mandates? Vaccine companies and their investors, banks, as well as financial elites who eliminate competition from small business and buy up real estate at fire sale prices. America is being plundered.

Those who continue to impose these measures, in opposition to every concept of human rights, are criminals. It's time for them to set aside their egos, admit their error, and get out of the business of medicine. Guidelines are welcome, but mandates are criminal. Those who continue to impose them will be held responsible.

Clarita Nolan

From: noreply@granicusideas.com
To: [BOS Public Comment](#)
Subject: New eComment for Nevada County Board of Supervisors February 23, 2021, Meeting
Date: Monday, February 22, 2021 8:45:10 PM

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[SpeakUp](#)

New eComment for Nevada County Board of Supervisors February 23, 2021, Meeting

Breana Neade submitted a new eComment.

Meeting: Nevada County Board of Supervisors February 23, 2021, Meeting

Item: CONSENT CALENDAR:

eComment: The lie you participate in today becomes the future you live in tomorrow. We do not comply! Unmask! Stop these unlawful mandates!

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From: [Nicole Florez](#)
To: [bdofsupervisors](#); [Heidi Hall](#); [Ed Scofield](#); [Dan Miller](#); [Sue Hoek](#); [Hardy Bullock](#)
Subject: Covid-19 Response
Date: Monday, February 22, 2021 9:20:37 PM

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Hello, my name is Nicole Florez and I am Nevada County resident. I thank you for your attention and willingness to listen to some grave concerns I have regarding our response to Covid-19 .

For background purposes, I want all of you to know I have been in the Public Health field for over ten years as a health practitioner for Kaiser Permanente.

I will not beat around bush. Simply put, public health 101 has not only gone out the window, but the whole process of science has actually now been corrupted (by political and pharmaceutical agendas) such that we literally now have one side of the COVID debate (held by thousands of well-respected experts) who are literally being censored and gaslighted. We have a mass medicalization of society that is being justified by a myopic focus on one aspect of public health, to the exclusion of all other aspects of public health -- with little consideration paid to the 2nd and 3rd order consequences of these actions.

Julius Ruschel writes, "In December of 1948, in the aftermath of the human rights violations committed during the Second World War, the member states of the United Nations formally adopted the [Universal Declaration of Human Rights](#). It explicitly forbids government from treating some people as worth less than others. It forbids government from sacrificing some people for the benefit of others. It forbids government from knowingly imposing harm on some individuals in order to serve an alleged greater good. And it forbids government from imposing a hierarchy of rights on their citizens.

Lockdowns during COVID pose the exact same question as the Bystander at the Switch. But it's not a game; once again there are real lives at stake. Yet in direct violation of the principles of universal human rights, governments around the world are choosing to pull the switch by imposing lockdowns "for our safety."

In doing so they have given themselves the authority to play God with our lives. Are you essential or non-essential? Each category now has different rights and freedoms and different levels of individual autonomy. Some have the right to earn a living. Others do not. Some have the right to choose how to balance the risks and priorities in their lives. Others do not. How can any job that feeds a family not be essential?

What about the collateral damage caused by lockdowns? Mandatory lockdowns are leading to the deaths of countless individuals through cancelled/delayed medical operations, suicides, drug overdoses, loneliness and isolation in nursing homes, and more. None of these deaths would happen without lockdowns. Government is throwing one group of people onto the tracks with the goal of saving another.

How much misery and suffering is allowed to impose on other people "for your safety"? How many jobs is the must be destroy "for your safety"? How many people will lose their homes "for your safety"? How many people will lose their life savings, have their marriages broken, suffer bankruptcy, lose their careers, have their children's education irreparably damaged, or have their mental health destroyed because of actions taken by the government "for your safety"? "These are all examples of social determinants of health and they are disgracefully being ignored by Nevada County Public health and our elected officials of Nevada County.

The jig is up. I believe in the far recesses of your minds and hearts you KNOW what is right. This is a time to be BRAVE. Stand up or get out of the way as we have a world to build NOW for our children where they can share tender smiles with strangers, hug their friends without fear, and avoid having to inject a liability free product into their bodies in order to participate in society.

We are building that world right now—with or without you. Thank you for taking the time to read.

From: [Joy Brann](#)
To: [bdofsupervisors](#); [BOS Public Comment](#); [Heidi Hall](#); [Ed Scofield](#); [Dan Miller](#)
Cc: [County Counsel](#); [CEO](#); [Sheriff](#); [Chad Ellis](#); "jill.blake@co.nevada.ca.us"; [Kit Elliott](#); [Env.Health](#); [Alex Gammelgard](#); [Public Health](#)
Subject: Pubic comment, Nevada County board of supervisors meeting, February 23. 2021
Date: Monday, February 22, 2021 10:25:19 PM
Attachments: [Brann.J.2_23_21.NC.BoS.mtg.Public.Comment.pdf](#)

CAUTION: This email originated from outside of County of Nevada email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Greetings,

Please see my public comments, attached, to be entered into the public record for Nevada County board of supervisors meeting, February 23, 2021

Thank you,

Joy Brann, MPH, District 1

[REDACTED]
[REDACTED]

From: jenlobell@gmail.com
To: bdofsupervisors
Subject: Rise gold
Date: Monday, February 22, 2021 10:53:09 PM

CAUTION: This email originated from outside of County of Nevada email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Supervisors,

I have repeatedly written of my opposition to the re-opening of the Idaho Maryland Mine.

Benjamin Mossman's previous history of mine oversight is enough to dissuade Nevada County from engaging with this new venture: Rise Gold

Here is a short list of why I am adamantly against this proposed mining operation:

Erosion of our tourist economy

Noise pollution

Real estate being devalued

*Potential of taxpayer liability for any clean-up causing by mining operations

Industrial traffic near homes and the City of Grass Valley

Sincerely,

Jennifer Long

Nevada City resident and homeowner for over forty years, and retired county employee.



Sent from my iPhone

From: [Sergio Martignago](#)
To: [bdofsupervisors](#); [Heidi Hall](#); [Ed Scofield](#); [Dan Miller](#); [Sue Hoek](#); [Hardy Bullock](#)
Subject: Terminate Local Declaration of Emergency in Nevada County
Date: Monday, February 22, 2021 11:44:50 PM

CAUTION: This email originated from outside of County of Nevada email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

My friend Susan Kay McGuire wrote this letter and I second it:

Dear Supervisors Hall, Scofield, Miller, Hoek and Bullock:

The purpose of this letter is to encourage you to terminate your previous March 2020 declaration of emergency in Nevada County. The science does not support the continuation of the declaration and is causing undeserved economic harm to your constituents as well as psychological harm to children and various at risk residents. I cannot comprehend why you remain silent.

I again encourage you to each personally seek out valid science and to personally review the cause of death records for Nevada County. Neither will support these continuing ridiculous measures that are destructive in so many ways to the grassroots of Nevada County.


I ask each member of the Board to step out of your sit back and wait comfort zone and instead seek out the truth of what is going on in this County and State and speak out. Fully open your meetings. Seek out Assemblymen Kiley and Gallagher and learn about and support the Healthy Communities Resolution that was submitted to you. Your community elected you to secure their rights, not to accept what bad actors are trying to shove down our throats. You have a duty, along with the Sheriff, to interpose between these bad actors providing skewed information and the citizens of Nevada County. Please, find a way!

Sincerely,

Susan Kay McGuire

Attorney and Counselor at Law

Lena Martignago,
owner of Sergio's Caffè



From: [Sergio Martignago](#)
To: [bdofsupervisors](#); [Heidi Hall](#); [Ed Scofield](#); [Dan Miller](#); [Sue Hoek](#); [Hardy Bullock](#)
Subject: Please educate yourselves and terminate your previous March 2020 declaration of emergency
Date: Tuesday, February 23, 2021 12:03:23 AM

CAUTION: This email originated from outside of County of Nevada email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Supervisors Hall, Scofield, Miller, Hoek and Bullock.

We urge you to watch 3 CRITICAL COVID VIDEOS.

We recommend that the following 3 videos be watched in the order that they appear. The first video explains that the Covid test is not valid.

The second video describes the profound ramifications of the proposed Covid injection.

The third video provides a legal remedy for the crimes against humanity caused by the fabricated Covid pandemic.

http://stateofthenation.co/?page_id=31131

[You are being redirected...](#)

You are being redirected...

We also want to second letter our friend Susan Kay McGuire sent to you:

Dear Supervisors Hall, Scofield, Miller, Hoek and Bullock:

The purpose of this letter is to encourage you to terminate your previous March 2020 declaration of emergency in Nevada County. The science does not support the continuation of the declaration and is causing undeserved economic harm to your constituents as well as psychological harm to children and various at risk residents. I cannot comprehend why you remain silent.

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Sincerely, Susan Kay McGuire

Lena Martignago



Open letter/ public comment to Nevada County,

to be entered into the Board of Supervisors meeting record of 2/23/21.

To: Supervisors: Dan Miller, Sue Hoek, Heidi Hall, Ed Scofield, Hardy Bullock

Nevada City/ Grass Valley Chiefs of Police: Chad Ellis/ Alex Gammelgard

County Counsel: Kit Eliot/ Alison Lehman

County Sheriff: Shannon Moon

Public Health Directors Jill Blake/ Scott Kellerman, M.D.

Environmental Health: Amy Irani

From: Loraine Webb, District 1

As an "essential worker" in Nevada County, I'm writing in support of the abject necessity to reopen to life in this place we all call home. I'm observing that we, depending on our personal and cultural conditioning, have gravitated toward a particular line of propaganda (coming from either left or right) and, with the help of the 2-party "electoral" system, algorithmic censorship, and scripted corporate media, we're adhering to a set of reinforced perceived "facts" over essential relationships.. neighbors, friends, and families. I'm heartbroken to watch it, and hope that my unique set of experiences/ "conditioning" may help bring some balance to a much-needed discussion. To that end, I'm sharing the text of my KVMR Evening News Commentary that was aired January 17. The piece focuses on vaccine safety and accountability, but hopes to address blind spots in the current status-quo medical paradigm that warrant investigation and scrutiny. (Did you know, for example, that the U.S. and New Zealand are the **only** developed nations that allow direct-to-consumer marketing of pharmaceutical drugs?)

Here is the unedited text of my personal experience:

I watched, in heart-breaking horror, as the incandescent radiance drained from my son's eyes and limbs on administration of his first recommended vaccine. I watched, as my son was vaccine-injured at only a few months old. The doctors told me that what I witnessed was incorrect... that the vaccine was undisputedly safe. I KNOW what we've lived, my son and I, as a result of that irrefutable experience. And it is this kind of "gaslighting" to which we, as a culture, are often subjected, by a usually well-meaning, obviously-failing medical system.

As a life-long Progressive Democrat, I will not be dismissed as an "anti-vaxxer," as I intend to see incentives for vaccine safety restored. Since 1986, vaccine manufacturers cannot be sued, even if proved that a vaccine has caused harm, or even death! That was pushed through, onto a reluctant Ronald Reagan, at the insistence of kindly Dr. Fauci (who reminds me of Giuliani.. remember him? America's Hero Mayor?) The same petrochemical/ pharmaceutical cartels are profiting from these monetized market-driven manipulations and censorships. That RobertFKennedy JR. is being refused equal air access to refute **easily-disproved** slanderous lies on National Public Radio is redolent of the discrediting smear tactics that have been used against many good physicians who dare to so much as question the advisability of vaccinating children before their immune systems have sufficiently evolved. That he is being de-platformed from Instagram, and algorithmically-censored on FaceBook, is chilling evidence that he is beginning to be heard.

In 2016, vehemently-resisted California legislation ensured that there are no exemptions to the now-enormous mandatory one-size-fits-all vaccine schedule.. 72 shots of 17 vaccines which can be "legally" implemented against children as soon as public opinion is sufficiently swayed.

Even more divisive than abortion and gun control.. I'm warning that Democrats' continued aggression on medical mandates will be the single issue that will give the 2024 Presidential election to Republicans, who are motivated to find a more electable candidate with which to continue to plunder our beautiful, beleaguered planet.

The politicized testing of Covid19 is being manipulated to that end, and used to divide us as we navigate our grief and vulnerability through this unprecedented crisis. Accredited and censored medical professionals predicted the inevitable increase of "positive cases" as the self-fulfilling, conflated CoVid PCR testing has increased. I witnessed a talk by the Nobel-Prize-winning co-creator of the PCR test, wherein he adamantly stated that the test was not to be used as diagnosis, as deeper "cycling" of the test will reveal insignificant bits of RNA detritus as false positives! In this talk, Dr. Mullis also "called out" Anthony Fauci as a **fraud**. The unproven, and unprovable, notion that humans are "asymptomatic carriers" of this disease is the greatest publicity coup ever perpetuated on the planet, and constitutes an on-going crime against humanity. [The CDC has very recently directed that PCR testing facilities should now limit cycling of the test to 30 cycles, and will be able to claim that the resultant better numbers are proof that the national vaccine campaign has been effective.]

The paradigm of Western Medicine is inextricably linked with colonization and genocide, though a balance of "wholistic" indigenous knowledge AND allopathic Western medicine is still ours to realize, providing we don't continue the descent into misguided arrogance and destruction of our bodily defenses, and our beautiful Earth's biome.

As a medical transporter and caring human, I have always taken extra precautions with cleanliness and temporary distancing when dealing with **any immune-compromised individual**, and am currently following ALL State-SUGGESTED protocols, including mask-wearing. **I draw the line at imposed warfare on our personal and collective biome and bodies!**

I need my job in order to afford to keep our home but, given these conditions, neither I, nor my mother or son, will consent to contact-tracing tests, nor any "vaccine" that may be MANDATED. We are pleading that Nevada County follow Placer County's precedent, and refute these unsound "medical" overreaches!

May we, as a currently endangered species, see through this bottomlessly-funded Fear Campaign and rise to a new medical paradigm that is inclusive of more than reactionary symptom and disease suppression. And, as admonished by my beautiful 92-year-old mother, "Reclaim the Hug!"

Loraine Webb

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [Dora Cividino](#)
To: [bdofsupervisors](#)
Cc: [Heidi Hall](#); [Ed Scofield](#); [Dan Miller](#); [Sue Hoek](#); hardy.bullock@co.nevada.da.us
Subject: Board meeting 2/23/21
Date: Tuesday, February 23, 2021 7:37:55 AM

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Voicing concern against the continued lockdown of our county, children not attending school - a real tragedy - constant changing of the goalpost re Covid19, and masks. It appears you are "studying the science" but the science is inconsistent, in that those in charge are continually changing their minds and it's become more political than scientific.

You are charged, as elected representatives, to use common sense - you've been told the children are not the carriers that previously had been suggested. Our granddaughter had one day of not feeling well, she's tested now as having antibodies against the virus. You have a huge burden of responsibility re the decisions you make. We understand that. Given all the hype that is being spewed via media, there will be a generation of failed individuals, children growing up masked who will have no clue how to read faces, filled with fear, unable to properly interact with others. PLEASE, our county is not the brew pot for this virus. People are being responsible.

FURTHER, we need to be able to interact with our fellows in the community, restaurants, diners, meeting places were we can connect in person, share a meal and have a conversation.

We ask: Are you following the edicts you've imposed on all of us. If you are, and I don't doubt it, it's not fun, right? If you know someone who has come down with the virus, have they died, been successfully treated, able to get on with their lives. Please ask yourselves these questions. We say this with all respect. Families who haven't seen their loved ones since 2019 - grandchildren who have moved, some married, etc. Is that going to be our future? And, is that going to be on the shoulders of our elected officials making personal decisions just because they can?

Thank you. Submitted respectfully with sheer exhaustion.

Dora and Frank Cividino

Penn Valley, CA 95946

From: [Breana Neade](#)
To: [bdofsupervisors](#)
Subject: WE DO NOT COMPLY
Date: Tuesday, February 23, 2021 7:38:01 AM

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To whom it may concern, this is Breana again. Writing to you on the behalf of my personal duty to stand up for my rights. These unlawful mandates need to STOP, they are violating the Civil Rights Act of 1964. We the people who aren't controlled by the media or fear are fed up with this scamdemic. We want to be able to breath through our nose and mouth while supporting local businesses and or completing day to day essentials. We want our life back. Things aren't going to go "back to normal" unless you help us do something about it.

Don't you see where this is going? If we don't stop this it's going to be mandatory vaccinations. WE DO NOT COMPLY! Save the children and future generations, we must not enslave the precious youth. This is breaking my heart. Covid doesn't even exist, where did the flu go? They are classifying every sickness to be covid. Hello, open your eyes, please help us. Save humanity. We also ask you to support the Healthy Communities Resolution that Kevin Kiley has proposed. It's on your desk and we have over 300 signatures and I believe that the government works best when citizens come together to solve problems at the local level. Make a change before it's too late!

Farewell,

Breana Neade

From: [BOS Public Comment](#)
To: [All BOS Board Members](#)
Subject: FW: New eComment for Nevada County Board of Supervisors February 23, 2021, Meeting
Date: Tuesday, February 23, 2021 7:46:00 AM

Unable to identify District

From: noreply@granicusideas.com <noreply@granicusideas.com>
Sent: Monday, February 22, 2021 8:45 PM
To: BOS Public Comment <BOS.PublicComment@co.nevada.ca.us>
Subject: New eComment for Nevada County Board of Supervisors February 23, 2021, Meeting

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New eComment for Nevada County Board of Supervisors February 23, 2021, Meeting

Breana Neade submitted a new eComment.

Meeting: Nevada County Board of Supervisors February 23, 2021, Meeting

Item: CONSENT CALENDAR:

eComment: The lie you participate in today becomes the future you live in tomorrow. We do not comply! Unmask! Stop these unlawful mandates!

[View and Analyze eComments](#)

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|

JOY BRANN, MPH
HEALTH MANAGEMENT SERVICES

February 23, 2021

To: Public Officials of Nevada County

Board of Supervisors: Dan Miller, Heidi Hall, Ed Scofield, Sue Hoek, Hardy Bullock

Public Health Director: Jill Blake, Public Health Officer: Scott Kellerman, M.D.

Environmental Health: Amy Irani

County Executive: Alison Lehman, County Counsel: Kit Elliott

Chiefs of Police, Nevada City and Grass Valley: Chad Ellis, Alex Gammelgard

Sheriff: Shannon Moon

From: Joy Brann, MPH

Subject: Suspend and investigate emergency procedures, open Nevada County now

Recommendations: 1) Suspend all current and future emergency orders immediately; 2) demand thorough investigation of all deaths by all causes and ages; 3) demand an independent audit of death certificates and reporting procedures, including financial compensation for reported Covid cases, medical procedures and deaths, and; 4) demand a county wide needs assessment of public health impacts on all lives since imposing restrictions last March, 2020.

Public Comment, February 23, 2021, District 1, Heidi Hall

Greetings,

I am a public health professional with over twenty five years' experience in environmental health, community health education and policy advocacy.

Heidi Hall, why have County supervisors endorsed unsubstantiated and harmful health department restrictions for nearly a year without just cause? Where is the legitimate data that justifies health department claims of low herd immunity or restrictions?

Masks disrupt oxygen / carbon dioxide balance. Hypoxia is the condition of insufficient blood oxygen supply to vital organs. Hypercapnia is excess carbon dioxide poisoning. Threatening healthy individuals to submit to oxygen deprivation is a criminal assault and violates human and patients' rights.

No business, employer or enforcement agent has authority to harass, threaten or coerce anyone to participate in an experimental medical intervention without fully informed consent, as instructed by a qualified medical professional. They have no lawful authority to deny access to public life or disregard personal authority over one's safety.

Everyone -the healthy, vulnerable or sick- has the right to protect themselves from risk of infection, harm and assault. Healthy individuals strengthen the natural protective herd immunity for our entire community. True public health practice recommends sick or vulnerable individuals quarantine or take **voluntary** precautions, such as masking, to prevent risk.

STOP harassing and intimidating local businesses and individuals without just cause. Suspend all current and future emergency orders. Demand: 1) thorough investigation of reported Covid cases & all deaths by all causes & ages, 2) require an independent audit of all death certificates, and 3) Conduct a county wide needs assessment of public health impacts on all lives.

THERE IS NO EMERGENCY; all orders emanating from it are INVALID AND UNLAWFUL. Perpetrating this lie is engaging in FRAUD, a FELONY, and deserves a PRISON SENTENCE. STOP terrorizing the public with false claims, STOP threatening and harassing local businesses. Open Nevada County now.

Sincerely,

Joy Brann, MPH

From: [Luke Richter](#)
To: [BOS Public Comment](#)
Subject: Public Comment - I oppose the reopening of the Idaho-Maryland Mine
Date: Tuesday, February 23, 2021 7:48:49 AM

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My name is Luke Richter. I live in District 1. I am a small agriculture business owner and oppose the reopening of the Idaho-Maryland Mine.

Historically, mining has been destructive at multiple levels:

- Federal - The 1976 Federal Land Policy Management Act (FLPMA) - halted and restricted unnecessary or undue degradation of lands.
- State - California's First Environmental Law was a result of Marysville destruction due to mining.
- County - The Lava Cap Mine - Now a Superfund Site due to high levels of toxicity from mining with currently no remediation plans

Historically, mining has negatively impacted the water supply:

- My well will be harmed, reducing the ability to grow healthy and sustainable agriculture.
- My business will be harmed, removing the jobs available to the surrounding Nevada County community.
- My life will be harmed, a fundamental right we are all given due to the Declaration of Independence and food and water are the essentials to live.

My name is Luke Richter. I live in District 1. I am a small agriculture business owner and oppose the reopening of the Idaho-Maryland Mine.

From: [Alice Rose Thatch](#)
To: [bdofsupervisors](#); [Heidi Hall](#); [Ed Scofield](#); [Dan Miller](#); [Sue Hoek](#); [Hardy Bullock](#)
Cc: alicerose@att.net
Subject: Board Of Supervisor Meeting on Tuesday February 23rd at 9am.
Date: Tuesday, February 23, 2021 7:50:57 AM

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Board Of Supervisor Meeting on Tuesday February 23rd at 9am.

You must stop playing politics with the lives of hard working business owners. By shutting down restaurants, and other businesses, you destroy the livelihoods of business owners and the staff employed to provide much needed services for the public. You are complicit in destroying an important industry in Nevada County, tourism as well as reducing property and sales taxes.

We encourage you to follow the science. Nevada County has an extremely low death rate. There is no data showing restaurants are a major source of infection. Case in point: Governor Newsom and The French Laundry.

You receive a paycheck; you don't suffer. Protect the people who elected you. End the shutdown of small businesses. Again, follow the science, not the politics.

Alice Rose Thatch

Nicholas Surjan

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From: [BOS Public Comment](#)
To: [All BOS Board Members](#)
Cc: [Matt Kelley](#); [Brian Foss](#)
Subject: FW: Comment on Idaho Maryland traffic for tomorrow event
Date: Tuesday, February 23, 2021 8:01:13 AM

Dist 3

From: Denise Bellas [REDACTED]
Sent: Monday, February 22, 2021 12:24 PM
To: BOS Public Comment <BOS.PublicComment@co.nevada.ca.us>
Subject: Comment on Idaho Maryland traffic for tomorrow event

CAUTION: This email originated from outside of County of Nevada email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Living on Allison Ranch Road, a residential area, the sound that comes from Highway 49 in what I would call high volume commute hours is currently an issue. When we have roads closed in the winter for snow, with truck traffic coming to a halt, it makes me realize what we live with most of the year. It is loud already. They built a sound wall at Hwy 49 and Allison Ranch Rd which might need to be reevaluated, as I think they did not realize that the sound travels across Wolf Creek and bounces off of the hill behind us. I live one mile from Highway 49 and during commute times I need to close all my windows currently. I do not want to think how more trucks going up and down Highway 49 are going to increase noise at all hours of the day and night.

I am a resident who moved away from San Francisco to enjoy less traffic and noise. I certainly hope they will do their due diligence and come up with appropriate solutions for our community. I guess the bigger question for everyone is....What is Grass Valley to us? Why did our residents select this town and county to live in?

Denise Bellas, LEED AP BD&C
Architectural Consultant

[REDACTED]
[REDACTED]
[REDACTED]

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