

Rebecca Messinger

9/24/20 CC'd: BOH; Dr. Alan Melnick

From: webmaster@clark.wa.gov on behalf of Clark County <webmaster@clark.wa.gov>
Sent: Wednesday, September 23, 2020 9:04 AM
To: publiccomment
Subject: Council Hearing Public Comment

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Clark County

Submitted on Wed, 09/23/2020 - 9:03 AM

Name

Margaret

Subject

PCR testing article

Date of Hearing

Wed, 09/23/2020

Comment

Please read entire article.

CoVID-19 Testing PCR – A Critical Appraisal

Guest Commentary by Bose Ravenel, M.D., F.A.A.P., Retired

Postulate:

The standard testing for CoVID-19 utilizes a technology that its discoverer warned should never be used for diagnosis. This technique, known as PCR, has led to massively inaccurate and misleading conclusions. Public health authorities currently are basing societal mitigation policies and recommendations almost exclusively upon this technology by tracking putative numbers of “cases” instead of deaths and hospitalizations, and the result is an unprecedented negative impact upon society that is futile and unnecessary. It is futile in the naïve assumption that SARS CoV-2 can be contained in the population and unnecessary since deaths and hospitalizations and attendant consequences therefrom are back to pre-pandemic levels. It is imperative that tracking data upon which ongoing mitigation practices rest revert back to accurate figures for deaths and hospitalizations from CoVID-19.

Personal Disclosure:

I am a recently retired pediatrician after 33 years in private pediatric practice, 11 years as a faculty member of a major University Department of Pediatrics serving in a community Pediatric Residency training program, and have been practicing pediatric Integrative Medicine for 6 ½ years. During this Integrative Medicine time, my patients were predominantly those with autoimmune diseases, chronic Lyme disease, and autism spectrum disorders. I have no experience with diagnosing or treating CoVID-19 in patients. My training and experience have, however, provided me a vast experience sorting out often conflicting and equally credible appearing narratives about chronic diseases and the immune system. By virtue of the foundational role of the immune system in children with the kinds of complex, chronic

health aforementioned conditions, I have studied the immune system and its role in recovery or otherwise from these chronic and disabling conditions intensively over the past seven years or so.

Being a resident of a retirement community myself and a member of a high-risk group for CoVID-19, along with a suddenly accelerated time frame for my planned retirement due to a shut-down from outside exposure in the retirement community, I have invested hundreds of hours into researching everything CoVID since March 16, 2020.

Background

CoVID-19 became a household word in the United States in March, 2020 when the pandemic became manifest. Needless to say, it has affected every person living, as well as all our institutions, businesses, activities, and the overall economy in ways that were unimaginable.

During the initial few weeks of the pandemic in our country, the scope and apparent seriousness of what was unfolding was unprecedented and with reports of over-running of hospitals and large numbers of deaths in select high-density urban populations (Wuhan, China, New York City, etc) the initial response that included widespread shutdowns and the other well-known mitigation measures were justified.

Following a massive shifting of resources, extreme mitigation in the form of shutting down businesses, physical distancing, mask wearing, and other measures, the anticipated and feared massive over-running of hospitals' ability to manage the CoVID-19 case load became manageable, and after the first six weeks or so, in most of the smaller communities across the country, shutting down hospital and medical office usual procedures and medical care led to both unexpectedly low medical utilization overall, personnel layoffs, and widespread adverse impact upon normal usual healthcare, thus over time adding to "collateral damage" in the form of missed medical treatment for non-CoVID health conditions, etc. ...

Initially the primary driver of public health recommendations and policies were data for hospitalizations and deaths from CoVID-19. During this initial phase, before the ultimate magnitude of the problem could be determined, the difficult and painful measures of shutting-down businesses, schools, and restrictions of personal liberties for the greater good of public health and safety were justified as being of finite duration, expected to be a matter of up to six weeks or so in order to "flatten the curve" of the rapid acceleration of the virus and its effects – not to be followed indefinitely. He warned against this technique ever being used for diagnosis ...

As diagnostic testing became available, tracking with all three of these measures was followed. After the first six weeks or so, high density urban areas that were hit hard in the beginning did experience "flattening the curve" and most other communities were spared the once-feared massive over-run of their ability to deal with the caseload of sick CoVID-19 patients.

Testing that was adopted and became the basic form of diagnostic lab test was that based upon Polymerase Chain Reaction (PCR), a technology discovered by Kary Mullis, who was awarded the Nobel Prize in 1993 for this discovery. Although Mullis died in 2019 before the beginning of the CoVID-19 pandemic, he had much to say about PCR. He warned against this technique ever being used for diagnosis due to the complexity of the process and because of a relatively high rate of false positive results if performed on asymptomatic individuals, as well as with false negative results. He pointed out, among other things, that PCR required selecting a particular number of "amplifications" or multiplications of the original tiny string of genetic material (DNA), and that the cutoff between "positive" and "negative" was arbitrary and could vary from place to place or over time.

Now, six months into the pandemic, the most accurate measure of deaths, IFR (Infection Fatality Ratio) has declined to a range that is within the bounds of deaths attributed to seasonal influenza in moderate to severe years. Physicians for Informed Consent (PIC) published in June 2020 an article "CoVID-19 Assessing Infection Severity" data from the CDC published in May 2020 showing the following:

Mortality of SARS-CoV-2 based on symptomatic cases was 0.4%. Since 35% of cases were estimated by the CDC at the

time to be asymptomatic, the overall CFR (case fatality rate) was 0.26%

Comparison with CFR reports from seasonal influenza and influenza pandemics range from 0.1% to 2.25%. The latter figure was for the 1918-1920 pandemic, but the CFR for seasonal influenza in 1957-1960 was 0.28%, higher than the 0.26% for CoVID-19 reported by the CDC in May 2020.

This decrease in IFR was predictable to a certain degree, as initial figures for mortality were simple calculations based upon the number of deaths from CoVID divided by the number of cases diagnosed, with the latter number determined from testing among sick individuals only, and including those believed clinically to have CoVID-19 despite a negative PCR test. Once widespread testing became adopted, the denominator – total number believed to be infected – became rapidly larger. full article <https://childrenshealthdefense.org/news/covid-19-testing-pcr-a-critical-appraisal/>

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Tina Redline

9/23/2020 cc'd: Council

From: webmaster@clark.wa.gov on behalf of Clark County <webmaster@clark.wa.gov>
Sent: Monday, September 21, 2020 5:26 PM
To: publiccomment
Subject: Council Hearing Public Comment

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Clark County

Submitted on Mon, 09/21/2020 - 5:25 PM

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Subject

Coronavirus and being safe

Date of Hearing

Wed, 09/23/2020

Comment

Will the 2 council members who attended a crowded gathering without social distancing and without masks recuse themselves from future Board of Health meetings, given that they have seriously defied Board of Health recommendations and are no longer qualified to sit on this board?

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