

THESE ARE COPIES  
I CAN PROVIDE ORIGINALS

A. W. SIMPSON

LARGO FL

727 215 3279

Contact any mask manufacturer and they will tell you their product will not stop a virus. This includes the m95.

Several times in interviews, including one on in March last year, dr. Fauci said that masks will not stop a virus and in fact can increase the risk of infection for reasons such as touching the mask, your face, and instilling a sense of false bravado.

Do any of you know the permutation rate size and longevity of the mask that you are wearing? If you do not, then you do not have product knowledge to tell people to do something that may be contraindicated especially due to their health conditions.

Recently my wife was denied entry to a medical facility. She has severe asthma. A security guard would not let her enter without a mask so she puit one on. She became light-headed and we had to leave before we could see the doctor.

We made another appointment with a doctor in Polk County. We did not have to wear masks. And afterwards we had a lovely dinner. It does not make sense.

Today I had to have a friend drive my wife to Moffett for an infusion to treat one of her cancers. I could not be with her because I have to be here fighting for her.

## Petition

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Name	Place of Voter Registration
Bert Carrier	St. Petersburg, Pinellas County
JANE BEER	Treasure Island
Betsy Boyd	LARGO FL
Martelle Aspolito	Clearwater, FL
Tracy Rivera	LARGO FL
MARY D. Broff	Largo, FL
Steve Jenkins	CLEARWATER FL
Kene Teague	Largo, FL
Jude Zentmeyer	Dunedin FL
DAWN BOUSE	CLEARWATER, FL
Jacob Miller	Palm Harbor, FL
Kayla Hastu	PALM HARBOR, FL
Grant Spuff	CLEARWATER
Susan Hill	Palm Harbor, FL
MARK WALSH	St. PETERS, FL
Jeff Cain	Northdale, FL
Natalina Sanchez	Palm Harbor, FL
Matthew Sanchez	Palm Harbor, FL
Lara Allen	Palm Harbor, FL

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Bert Carrier	St. Petersburg, Pinellas County
Jason Wind	St. Petersburg, Pinellas
Gordon Olden Ron Ogden	St. Petersburg, Pinellas PALM HARBOR
Sherree Watkins	Largo
Gary Watkins	Largo
Michael Braustman	Seminole
Steven W. Silveus	Pinellas
Virginia Frizzle	County -
Linda Skempris	St. Petersburg FL
Janet Durant	Clearwater
Arthur Maxwell	St. Petersburg
Amber Roberts	Seminole
<del>Chloe</del>	"
David Colligan	New Boston, MI
Ken Higgins	St. Petersburg
Lana A. LaBonte	Clearwater FL
Mama Yanes	Clearwater FL
Evan Perseff	Seminole

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Name	Place of Voter Registration
Bert Carrier	St. Petersburg, Pinellas County
Melissa Shaw	Clearwater Pinellas County
Rebekah	clearwater Pinellas County
Anna Momburo	Palm Harbor, FL
Ronda Wessler	Clearwater
Billy Cant	Pinellas
St. Pete	Pinellas
St. Pete	CLEARWATER, PIN.
Glenn Posolun	Largo, FL
Jean Stair	St Pete, FL.
Victoria Hitchcock	St. Pete.
Layne Wray	St. Petersburg
Mary Mundy	St. Pete
Brynda K. Harlow	St Petersburg
Matt Venturini	St Petersburg
Katrina Whitney Wagon	St. Petersburg
Mandana	Dunedin
Jackie LeFleur	Largo
Darlene Madden	Largo



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Bert Carrier	St. Petersburg, Pinellas County
David Zitnik	ST PETERSBURG
GUY SCOTTO	SEMINOLE
FRANK BLAIR	CLEARWATER
Linda Hale	Pinellas Park
LIZ Toledo	Pinellas Park
Leasa Hackitt	Largo
Paul Foults	St Pete
Jackie & Gary LeFleur	Clearwater
Darlene Madden	Clearwater Pin City
Sonia Snyder	Seminole, FL
Rebecca Carter	Clearwater
BRAD BANTON	LARGO, FL
Mazie Middleton	Dunedin, FL
Marilyn Riddleberger	Largo, FL
Katrina Davis	Pinellas Park, FL
ROBERT DAVIS	PINELLAS PARK, FL
John Luman	Largo, FL
Joyce Thompson	Largo, Florida

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Name	Place of Voter Registration
Bert Carrier	St. Petersburg, Pinellas County
Tammy Blackburn	Seminole, " "
Gunt Blackburn	Seminole " "
Gary Bosch	Tarpon Springs " "
Bruce Feldman	Dunedin, Pinellas County
JOHN WEBER	Pinellas County
Dena Lowery	Pinellas County
Roxanne Smith	Pinellas County
<del>JK Hoch</del>	Largo, Pinellas County
THOMAS WESD	CLWVIL FL pinellas county
Kam Radford	Seminole / Pinellas
Richard Crain	Clearwater / Pinellas
JOHN LOCKE	PINELLAS PARK
Robert Uhlis	St. Petersburg, FL
Kay Lantz	Largo, FL
Elizabeth T. Shreero	Largo, FL
STEPHEN THOMAS	PINELLAS PARK, FL.
BEANY SIOPIANO	Safety Harbor FL
Ann Peterson	Gulfport FL

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Bert Carrier	St. Petersburg, Pinellas County
<del>Scott Bennett</del>	
Josh Walker	St Pete
Jeremy Davis	St Pete
Tim Spink	LARGO
Shawn Hirschmann	Largo
Danielle Henderson	Clearwater
Derek Henderson	Largo
William Zimmermann	TARPON SPRINGS
Christine Zimmermann	TARPON SPRINGS
Roberto DeJesus	Tarpon Springs
Crystal Gregg	Tarpon Springs
STEVE LUKAS	LARGO
Zachary Steger	St Pete
Jenny Steger	St. Pete
WILLIAM BRADDOCK	St. Pete
Mary Watkins	LARGO
Robert Reich	Clearwater
Hugh Forsythe	St. Pete



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Bert Carrier	St. Petersburg, Pinellas County
Claudia Jo Slabough	Clearwater, Pinellas Co.
Michael Slabough	Clearwater, Pinellas Co.
JOHN MONGOVEN	INDIAN SHORES PINELLAS CO.
Kadonna Scaggis	Americana Cove
Anastasia Scaggis	Americana Cove
WILLIAM A BUKUSIAK	PINELLAS PARK
FRED FERRI	TRB
ROBERT MARVENKO	CLEARWATER PINELLAS CITY
LASZLO KULCSAR	CLEARWATER BEACH
DANIEL FARBER	ST PETERSBURG
ANGELA FARBER	ST. PETERSBURG
Tyler McCoy	St Petersburg
Jordan Haslem	St. Petersburg
Daniel Bergstrom	St. Petersburg
Joshua Phillippi	St. Pete, Pinellas County
<del>Joshua</del> Danielle Phillippi	St. Pete, Pinellas County
Sharon Carroll	Seminole, Pinellas Co
Yvonne Reilly	St Pete

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Bert Carrier	St. Petersburg, Pinellas County
Linda Hale	Pinellas Park Pinellas County
Leasa Hackett	LARCO
Thomas Campbell	Downtown St. Pete
NIGEL DIGGS	Clearwater
HOWARD HAYES	St. Petersburg, FL.
Aida Hayes	St. Pete, FL
Renny Lee Todd	Palm Harbor FL
Dea Kotthaus	Clearwater, FL
Damara Jones	Clearwater, FL
Ada Ottinger	Pinellas Park FL
Amanda Capes	Pinellas County
MARK A. WASH	ST. PETERSBURG
Stacy Lynn	LARCO
Greg Lynn	LARCO, FL
Craig S Ball	Pinellas Park, FL
Patricia Ball	Pinellas Park, FL
K. Von Gietzen	
Ayela Demahy	PINELLAS FL

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Bert Carrier	St. Petersburg, Pinellas County
<i>Celeste Smith</i>	<i>Clearwater, FL</i>
<i>Scott B Smith</i>	<i>Clearwater, FL</i>
<i>Christine Turpin</i>	<i>IRB, FL</i>
<i>Donald Semeniuk</i>	<i>IRB, FL</i>
<i>Will PAUL</i>	<i>Clearwater FL</i>
<i>JIM MAAG</i>	<i>CLEARWATER FL</i>
<i>STEVE CARTER</i>	<i>Clearwater FL</i>
<i>[Signature]</i>	<i>P, P FL</i>
<i>[Signature]</i>	<i>[Signature]</i>
<i>[Signature]</i>	<i>Seaside, FL</i>
<i>[Signature]</i>	<i>Largo, FL</i>
<i>JOYCE YARLAN</i>	<i>SAFETY HARBOR, FL</i>
<i>Danielle Badany-Lapresa</i>	<i>Clearwater, FL 33760</i>
<i>Alaine Behrens</i>	<i>Childsden, Georgia</i>
<i>ANJU GALER</i>	<i>Clearwater</i>
<i>William Galer</i>	<i>clearwater</i>
<i>Cathy HARRIS</i>	<i>Clearwater</i>
<i>Owen Lower</i>	<i>St Petersburg, FL</i>

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Name	Place of Voter Registration
Bert Carrier	St. Petersburg, Pinellas County
Chris Fox	Largo
Troy Thiridgill	Palm Harbor
Megan Carr	St. Petersburg
John D Robert	Clearwater
Juanita Bellows	Clearwater
Cheryl King	St Pete
Jean Hill	ST Petersburg FL
PHOEBE GARRETT	LARGO FL
Jeff Coffin	St Pete FL
Palmeria Dempsey	PINNACOLA
Fredrick Dent	HOLLY HAY
Brenda Berase	Largo
Dawn Smith	Largo FL
Bill Conremo	St Pete
Brad Wessler	Clearwater
Ronda Wessler	Clearwater
Bozema Chunga	LARGO
Robert D. Holt	LARGO



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Bert Carrier	St. Petersburg, Pinellas County
Cristina Brand	Treasure Island, FL
Alvin Brand	Treasure Island, FL
Iammie King	Largo, FL
Mike King	Largo, FL
Nolan Etheridge	Clearwater FL
Mary Etheridge	Clearwater, FL
STEVE STROTHER	LARGO, FL.
DIANE POLKREBN	LARGO, FL
Jeff Sears	Pinellas Park, FL
Janet Genaro	Seminole, FL
Dennis Genaro	Seminole FL.
Tribitha Seaber	Pinellas County, Largo
JoAnne Marshall	Pinellas Park
Shelly Ann Ferguson	Largo Fla
Cheryl Klein	Largo FL.
Lauren Forsythe	St. Pete., FL
John Swenfurth	Palm Harbor, FL

ROY PATE

LARGO, FL



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Bert Carrier	St. Petersburg, Pinellas County
<del>Trace Pate</del>	<del>Largo, FL, Pinellas County</del>
Steven Pate	Largo FL Pinellas
Steven Pate	LARGO FL PINELLAS
Carol Johnson	LARGO, FL Pinellas
Carol Doan	Largo, FL
Lois Hankin	Largo, FL
Elaine Fowler	LARGO, FL
JAMES GABEL	PALM HARBOR, FL
Laura Singer	ST. PETERS Bch, FL
Michelle Miller	ST. PETE Bch, FL
John Miller	ST. PETE Bch, FL
Sally Bendreau	ST. PETE Bch, FL
Bob	ST. PETE, FL
Sherry Veneziano	Clearwater
Carl Veneziano	Clearwater
Maureen St. Glasser	St. Pete, FL
Katia Eundersen	St. Pete Bch. FL.
Lori Flynn	Seminole FL

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Bert Carrier	St. Petersburg, Pinellas County
Susan Kramer	Clearwater, Pinellas County
Laura Cobel	Palm Harbor, PINELLAS
Yvette Gough	St Pete Beach
Dee Maugh	ST PETE BEACH
Christy Thomas	Largo Pinellas
ADAM LEMANS	Largo Pinellas
LINDA SMART	CLEARWATER PINELLAS
Maria Hamel	St Petersburg Pinellas
JACK REEVES	ST. PETE
Ruth Isaacson	Largo, Pinellas
GISELA LAUBITZ	SO. PALMDENA
Eileen M. Stullo	St. Petersburg, Pinellas Co
Jeanne Coffin	St. Pete FL
Gynda Skempis	ST. PETE FL 33707
Cheryl Giffith	Clearwater, Pinellas County
Tiana Krah	Clearwater, Pinellas
Ryan Carney	Pinellas, Largo
KEITH B. WINSLOW	St Petersburg, PINELLAS



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Bert Carrier	St. Petersburg, Pinellas County
Donna Pobbias	St. Petersburg, Pinellas
Barry Robbins	Saint Petersburg, Pinellas Ct.
John D. Bolle	Dunedin - Pinellas County
LOUISE SPANG	LARGO PINELLAS
Daniel Duggan	LARGO, Pinellas
Honor Duggan	Largo, Pinellas
Samantha Burke	Seminole, Pinellas
Russ Burke Ronald Burke	Seminole, Pinellas
Kyle Trudell	Clearwater,
Vincent DeLarduffi	Largo, FL
Diana O'Hara	St. Petersburg, FL
Renie McCanney	Largo FL
Michael Adkinson Jr	Largo FL
DOUG MASEIC	LARGO FL.
Beatriz Ojeda	LARGO
Theresa Zeitz	Largo, FL
Michael O'Hara	SAFETY HARBOR, FL
Dawn Peters	Redington Beach, FL
DAVID WILL	Redington Beach, FL

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Bert Carrier	St. Petersburg, Pinellas County
Fay Ingogneri	Pinellas County
Anthony Ingogneri	Pinellas County
David Trotman	Pinellas Co. ↵

## April 13, 2021 BOCC meeting

### STATE OF EMERGENCY

I just wanted to open with a couple of comments.

*at the risk  
of the  
obvious*

- April 13, 2021 is markedly different than one year ago when there was deep concerns and the nation and state were shut down, markedly different than 9 months ago when we had a large spike in deaths and positive testing but before a vast assortment of treatments were made available and markedly different than four months ago when we had a second spike but without a vaccine in play.
- In over a year our residents have been amazingly resilient and are still being careful while for the most part being respectful and caring for each other
- Businesses are recovering, people are going back to work and our children more and more are going back to their schools.
- All that said we are in a pretty good place. Today we will be having a discussion regarding our current ordinance and what plans we may have going forward. First we will hear from staff and our medical folks, have some commission questions and discussion and then listen to our residents. Finally



we will have some additional policy discussion and then some direction for our staff.

- Finally, I wanted to encourage all of our commission dialogue to practice what we preach about civility with each other and with our residents that you are looking for in return. As to our residents I am asking that you please remain civil as well....I will be looking to hear from residents this morning

OPTIONS THIS MORNING

DEVELOPMENT OF ORDINANCE VS ORDER



Greetings Pinellas County Commissioners, Administrator Burton, Counselor White, and FDOH D.O Choe,

**(I) 3% Case Positivity Metric Unrealistic (Pages 1-2)**

The threshold metric for ending the mask mandate , the three % or less on a rolling seven-day average for four consecutive weeks (“ $\leq 3\%$ ”, herein) is based on a testing procedure mostly prone to generating misleading positives via “over-amplified” PCR cycle thresholds (Ct) which register results as positive those who are not contagious with Sars-Cov-2, or even false positives altogether via rapid antigen tests. Remedies to this would be to stop testing asymptomatic people; and also require a second test, preferably of a different type of manufacturer, to confirm positive tests.

**(II) Case Hospitalization and Case Fatality Ratios Dive While Cases Rise (Pages 3-4)**

The impracticality of the  $\leq 3\%$  metric using such testing procedures can be observed by looking at the three events of the case testing positivity metrics, coupled with both the case hospitalization and fatality ratios over the four month period of September 2020 through January 2021. In the alternative, if the PCR Ct amplifications will not be lowered to levels which reflect those who are truly contagious and a danger to public health, then a Case Hospitalization Ratio (CHR) would be a more reliable metric to measure whether or not a public health emergency truly exists.

**(III) Manatee County With No Mask Policy Having Better Results Than Pinellas (Pages 4-6)**

Pinellas is without cause to continue the mask mandate based on the fact that such policy has proven ineffective in light of indisputable empirical data from the neighboring county of Manatee being without such policy with either close positivity percentages, similar epidemic curves, and with Manatee having even lower hospitalizations.

**(IV) No Cause For Health Emergency In Pinellas Considering Hospital Rates (Pages 6-10)**

The routine capabilities of hospitals are not overwhelmed or indicating an overwhelming with bonafide statistics, so there is no reason to continue the State of Emergency.

**(V) Pinellas Fails at All Necessary Criteria for Current Public Health Emergency (Pages 10-12)**

The harms and ineffectiveness of mask use , based on all of the empirical county wide epidemiological data presented , outweigh the perceived benefits, and fail at the five known criteria for what constitutes a bonafide “public health emergency”.

**(VI) CONCLUSION (Pages 12-15)**

**(VII) References and Attachments (16-22)**

**(VIII) Addendum: Mask Policy and COVID Metrics: Correlation Is Not Causation**

(1) Regarding issue (l), the  $\leq 3\%$  case positivity metrics resulting from PCR Ct scans greater than or equal to 34 cycle thresholds ( $\geq 34$  Ct, herein) or rapid antigen tests should NOT be used for shaping clinical diagnostics, public health and policy decision-making within Pinellas County.

(a) In August , the New York Times reported that up to 90 percent of people testing positive across three states carried barely any virus, and PCR Tests at 37-40 Cycle thresholds are such high amplifications that they generate up to 90% misleading positive results, and may detect not just live virus but also just dead genetic fragments of a “non-viable” virus. They went further in that the PCR test is limited to just plus or minus results and is not good enough for huge impacting actions such as clinical diagnostics for public health or for policy decision-making. <sup>1</sup>

(i) For more understanding of cycle thresholds (Ct) and how Ct scans at  $\geq 34$  are “over amplified”, refer to endnote. <sup>2</sup>

(ii) As far back as the beginning of the pandemic, in late April, 2020, it was discovered that patients with Ct scan values  $\geq 34$  were no longer contagious and could be considered suitable for discharge. <sup>3</sup>

(b) The FDA has warned about antigen tests being prone to giving false positives and Medscape confirmed the FDA directive and reported the high false positive rates from antigen tests. Since the FDA warned about the potential of rapid antigen tests having the potential of giving false positives, and since at least two states were reported as getting false positives with the antigen kits, it stands to reason that this method of testing is not accurate. <sup>4,5</sup>

(c) Almost a year ago on July 2020, Dr. Fauci himself states that 35 Ct is too high for detecting realistic positive cases. <sup>6</sup>

(c) Since rapid antigen tests are prone to false positive results, and since PCR testing results  $\geq 34$  Cycle Thresholds (Ct) are reflective of positive results in which 90% of those tested may have a high likelihood of a “non viable virus” which will not replicate or transmit, then rapid tests and also PCR positive results  $\geq 34$  Ct should NOT be used for shaping clinical diagnostics, nor public

health and policy decision-making within Pinellas County, because such results produce a misrepresentation of which cases could be a threat to public health. Even using hospitalization and death metrics to gauge the true impact to public health is not conclusive because it is impossible to determine whether those testing positive for Sars-Cov-2 are or were really sick and contagious to the public. Using case positivity as a primary metric leads to misplaced policy decisions by the PBCC regarding COVID, and also causes UNNECESSARY mass fear and panic in the population due to dramatic upturns, most of which are likely to be “over-amplified” positives. Therefore, the  $\leq 3\%$  case positivity metrics resulting from rapid antigen tests and PCR tests with Ct scans  $\geq 34$  should NOT be used for shaping clinical diagnostics or public health and policy decision-making within Pinellas County. Remedies to this would be to stop testing asymptomatic people; and also require a second test, preferably of a different type of manufacturer, to confirm positive tests.

- (2) Regarding issue 2, the data in the graph above sourced from the FAU Florida COVID Tracker as of April 11, 2021, and spreadsheets can be provided on request to check for veracity.

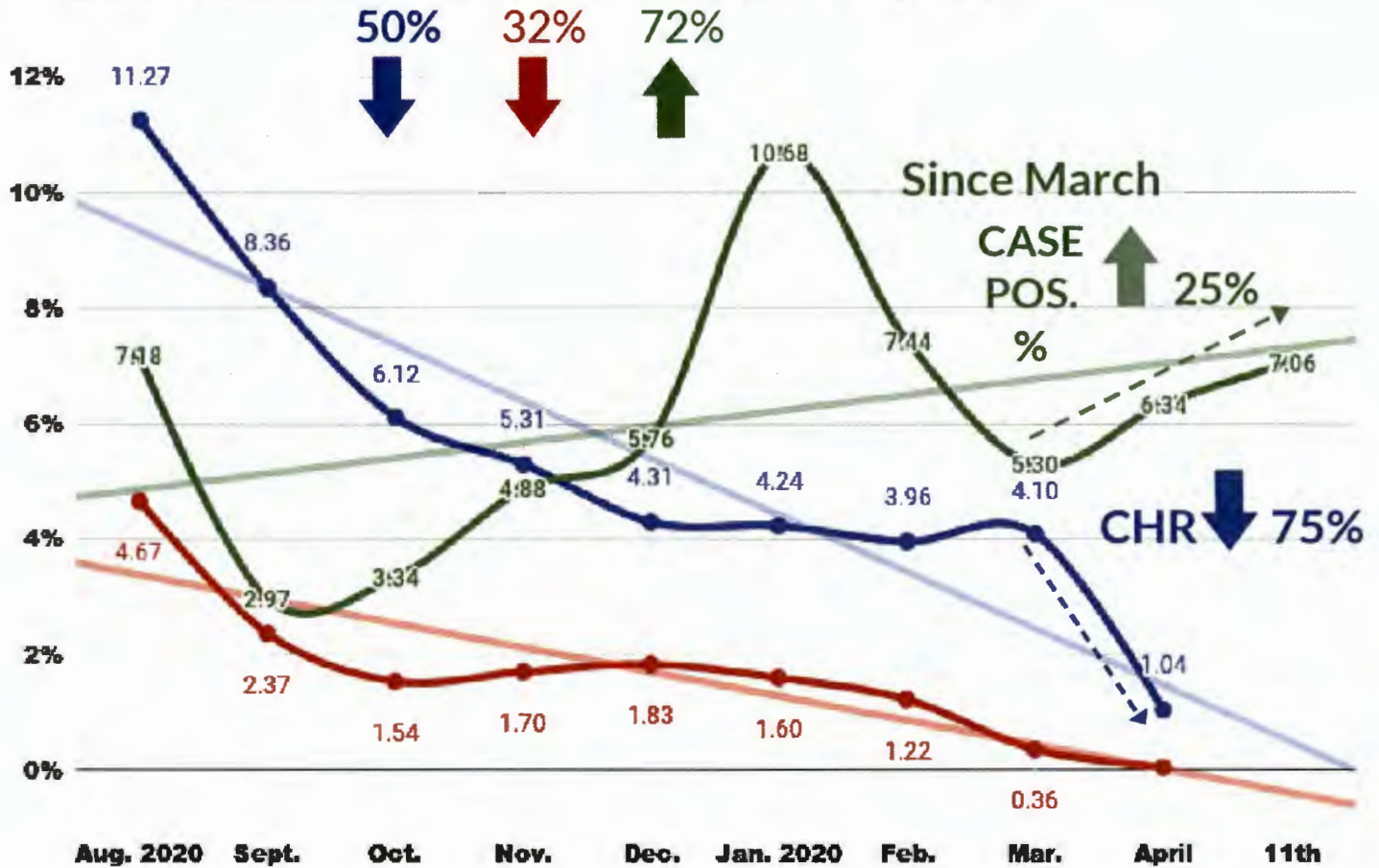
<https://business.fau.edu/covidtracker/data/pinellas-county/>

- (a) Prior to the January vaccine rollout, Case Hospitalization and Fatality Rates (CHR & CFR) were dropping significantly starting in August.
- (b) From September 2020 to January 2021, CHR dropped 50%, CFR dropped 32%, but case positivity percentage on a rolling seven-day average rose a staggering 72%. The significant drop in CHR and CFR cannot be attributed to vaccines since mass vaccinations were not occurring during this period. The fact that case positivity rose a whopping 72% while CHR and CFR dropped significantly validates the premise in (1), that a considerable majority of those testing positive were not contagious with the virus. It stands to reason that IF the 72% increase of a case positive rate reflected those truly contagious with Sars-Cov-2, then the CHR and CFR would increase proportionally, particularly over the course of four (4) months.

Figure 1

## Pinellas County Case Hospitalization & Fatality Rates with 7 Day Avg. Case Positivity Percentages

SEPT.-JAN: ● CHR ● CFR ● % pos. 7 day Avg.



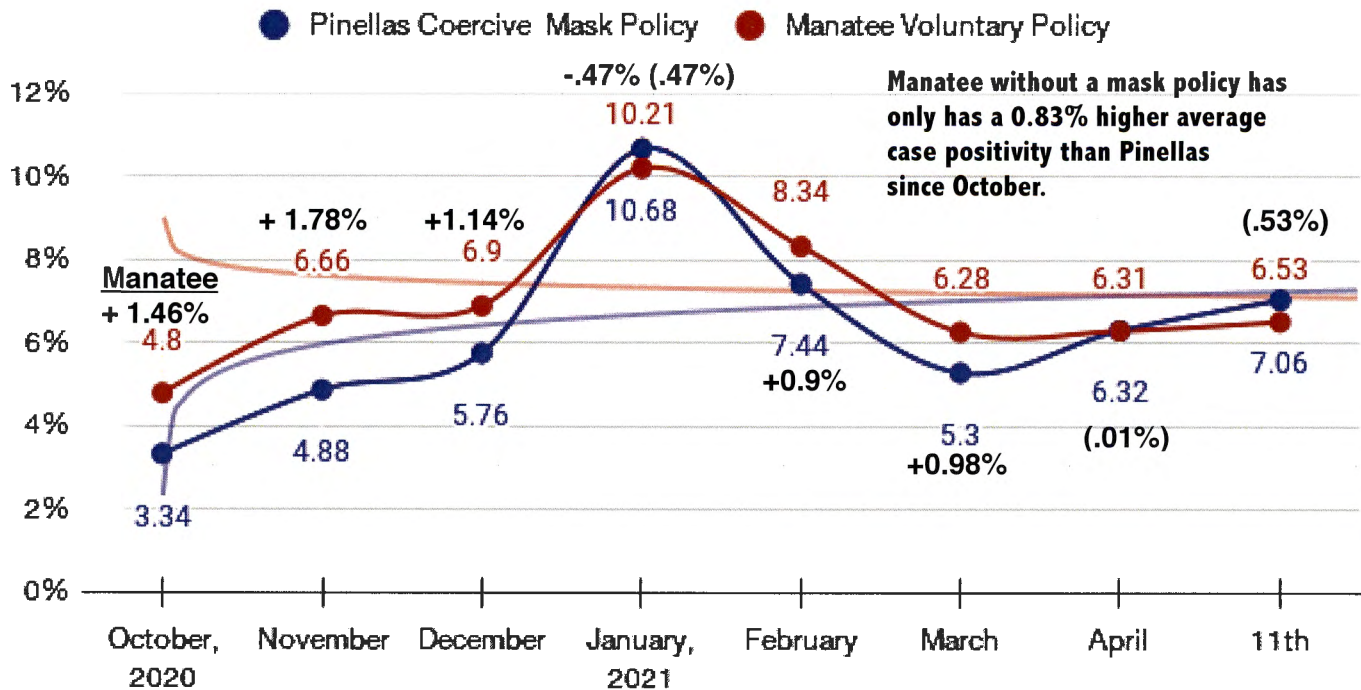
However, the CHR and CFR instead decreased significantly, rather than insignificantly without the aid of a mass vaccination program.

(c) The data as of April 11, 2021 reflects that , since March, 7 day average case positivity has increased 25%, but the Case Hospitalization Rate has dropped 75% since March. While the vaccination aspect may be attributed to such, the issue is that since hospitalizations have significantly decreased rather than increase, then the 3% metric for ending the mask mandate is not a realistic metric due to no correlation between a 25% 7 day average case positivity and a 75% hospitalization rate decrease

(4) At the expense of redundancy, some of the following was communicated earlier, but is relevant, but with more updated charts, and much more condensed format, with additional points not previously introduced. When comparing the strong mask policy of Pinellas with that of the



# Case Positivity Based on a Rolling 7 Day Avg.



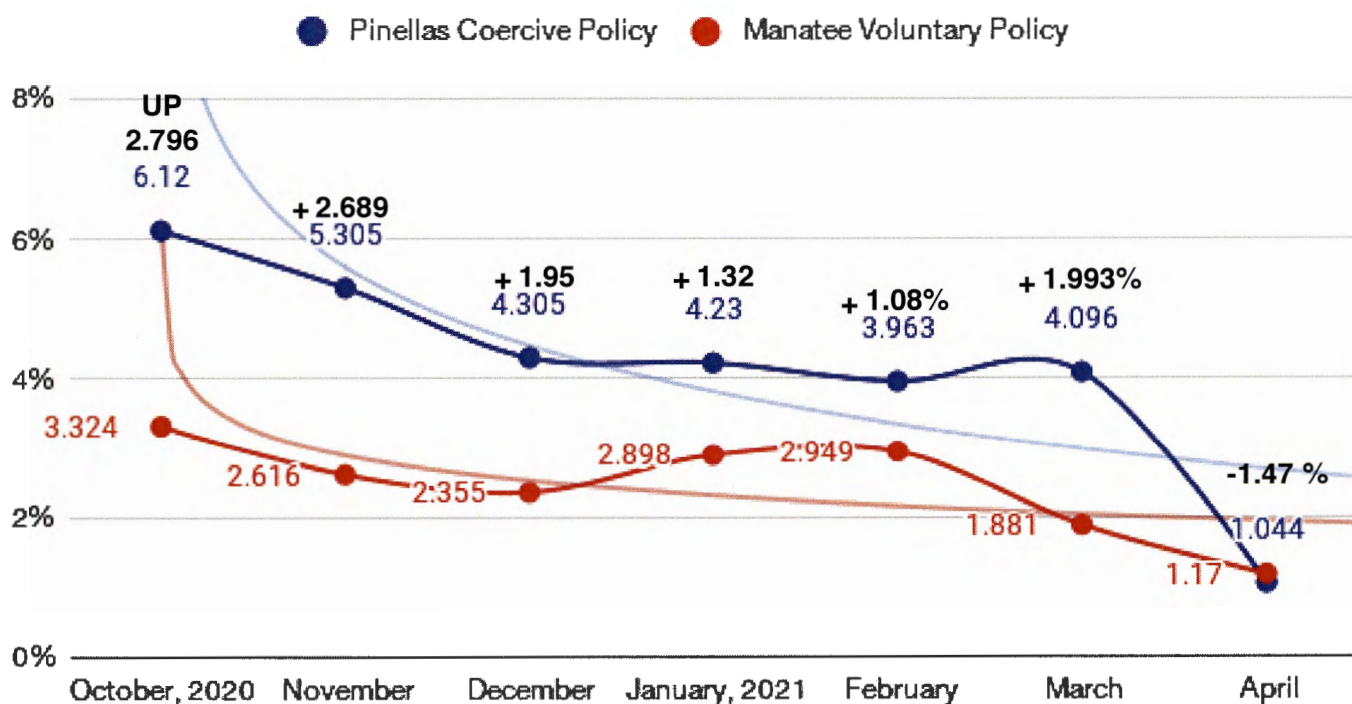
Manatee no mask policy starting in October, there is little empirical difference in case positivity percentage.

- (a) It is important to note that John Hopkins University (JHU) has demonstrated that higher population density is NOT linked with higher COVID numbers. <sup>7</sup>
- (b) Manatee lifted their mask mandate ~October 1, 2020 and the 7 day average case positivity over the past 7 months has been an average of only 0.83% higher than that of Pinellas with the strict mask policy.
  - (i) Looking back at figure 1, both Pinellas and Manatee follow the same peaks and valleys in their epidemic curves.
  - (ii) With Manatee having no mask policy, and Pinellas having a strict mask policy, both within an ~0.83% average variance, and following the same curves, with Pinellas even surpassing Manatee when they were at their January peaks, and then catching up to Manatee numbers in April, then this empirical data makes it evident that the Pinellas mask policy is of no effect when comparing case positivity averages with that of Manatee in that

the results are virtually identical. This is further reason which validates that case positivity percentage is an inferior metric for ending the mask or emergency orders. Pinellas residents' quality of life is being infringed upon with an ineffective intervention.

(c) In regards to hospitalizations, and knowing that JHU proves that population density is not a factor, the Pinellas County hospitalization rate has been an average of 1.5% higher, and even more than double than that at certain times of Manatee since the lifting of their mask mandate the past seven months since October. It has taken Pinellas 7 months to finally “catch down to” and get to a lower rate than Manatee. Considering that hospitalizations are a more serious metric than case positivity, this is empirical evidence that the Pinellas mask policy has made no difference in lower case hospitalization rates than a neighboring county with no mask mandate.

**Figure 3**  
**Case Hospitalization Rates**



(d) Therefore, Pinellas is without cause to continue the mask mandate based on the fact that such policy has proven ineffective in light of indisputable empirical data from the neighboring

county of Manatee being without such policy with either close positivity percentages, similar epidemic curves, with Manatee having even lower hospitalizations.

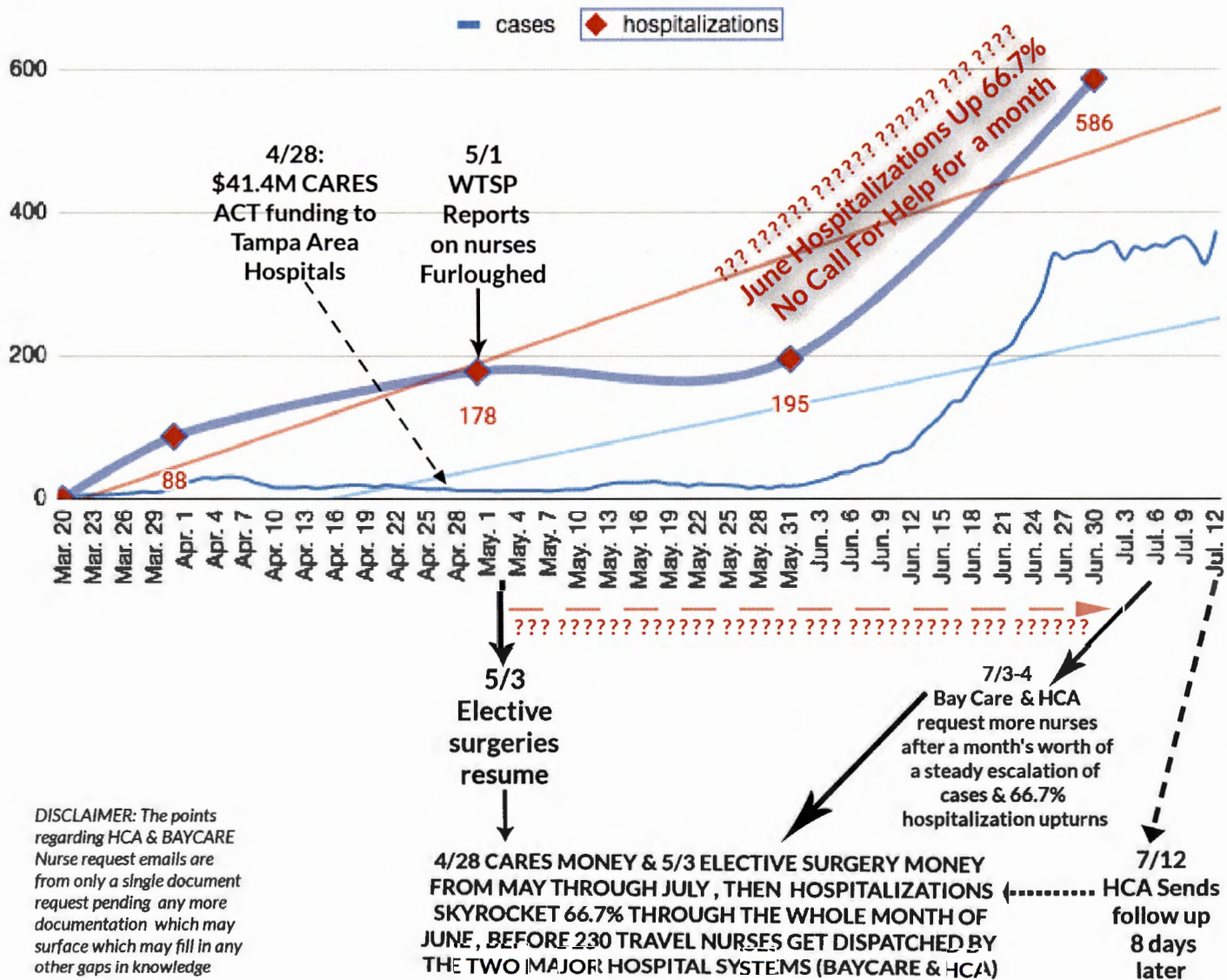
- (4) Pinellas area hospitals are not trending toward the exceeding of hospital capacities which would warrant a state of emergency.
- (a) It is commonly known in public health administration that the cause for a public health emergency is for situations “whose scale, timing, or unpredictability threatens to overwhelm routine capabilities.”<sup>8</sup>
- (b) Routine capabilities for hospitals is ~67% average occupancy, with a target a utilization of ~80%- 85% on average, and ICU national average from 57.4% to 82.1%.<sup>9, 10, 11, 12</sup>
- (c) Even at peak of 481 Pinellas County COVID hospitalizations, the occupancies were at 82% for regular facilities, and ICU at 83%.<sup>13</sup>
- (d) The need for hiring the 287 nurses for the July 20, 2020 peak was due to staffing shortages due to the furloughing of nurses in May due to elective surgeries being cancelled, more so than large numbers of COVID patients overwhelming normal and expected capacities beyond generally accepted and known parameters so stated in (b).<sup>14, 15</sup>
- (e) However, Governor Ron Desantis permitted the profitable elective surgeries to resume the first week of May, 2020 and Tampa hospitals received \$41.4M in CARES funding.<sup>16, 17</sup>
- (f) At the beginning of June, around the time of the Phase 2 reopening, COVID hospitalizations skyrocketed nearly 67% into July, most likely due to a lockdown being lifted due to no natural or acquired immunity to Sars-Cov-2 in the population, and also due to the fact that coronaviruses are known to spread in sub tropical climates during the rainy seasons.<sup>18, 19</sup>
- (g) Pursuant to July 3 through July 4th, 2020 communications from HCA and BayCare, which were gathered from a public document request from Pinellas County Emergency Management, Baycare requested 60 RNs under the direction of Lisa Johnson, and HCA requested 120 RPNs and 50 LPNs under the direction of Larry Feinman, thus 230 of the 287

staff as reported earlier. HCA followed up with their request eight days on July 12, 2020.

(attached, also refer to figure 4 for a graphic summary of (d)-(g)...)

**Figure 4**

**Pinellas: Cases, Moving Average & Hospitalizations, Actual Counts (2020)**



*DISCLAIMER: The points regarding HCA & BAYCARE Nurse request emails are from only a single document request pending any more documentation which may surface which may fill in any other gaps in knowledge*

(h) With only the publicly available information gathered for now, it appears that the 66.7% spike in COVID hospitalizations through entire month of June , and before the two biggest hospital chains made the decision in early July to request nearly 250 travel nurses to keep up with the demand; that only skeleton crews of nurses were pushed to their limits for a full month with

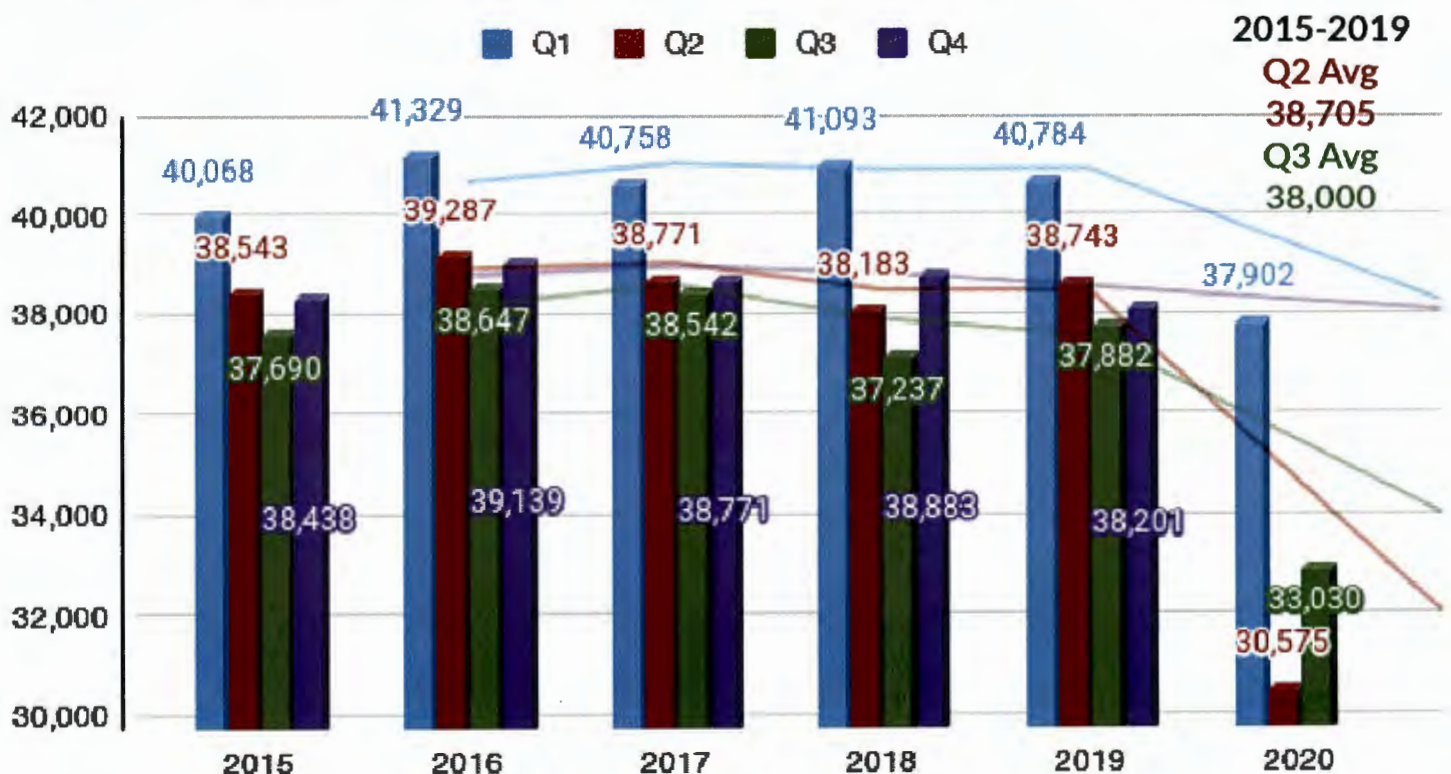


backed up elective surgeries occurring simultaneously with an influx of Covid cases which multiplied before HCA and Baycare finally asked for help.

- (i) Since elective surgeries were permitted in May, and since federal relief money for furloughed nurses may have been received by hospitals at or around such time, then the publicly available information demonstrates for now that hospitals could still have run at a profit May through July with some regular staffing without as many furloughs which caused the staffing shortages prompting the last minute requests for 230 nurses in early July after the 66.7% increase in hospitalizations was realized throughout the entire month of June prior.
- (j) The conclusions reached from Figure 5 in the table below are from a custom data order obtained by the undersigned from the AHCA. This data can be authenticated by the undersigned via a chain of custody in the email exchange if requested.
- (k) Figure 5 demonstrates that, for the years 2015-2019, Pinellas hospitals were accustomed to an average of 38,705 discharges for Quarter 2, and an average of 38,000 discharges for Quarter 3. For 2020, Pinellas county hospitals realized 30,575 discharges for Quarter 2, and 33,030 discharges for Quarter 3.

**Figure 5**

**Pinellas County Total Hospital Discharges 2015-2020 (Q4 Pending)**





- (l) Since Quarter 2 through Quarter 3 cover the months of June through September, 2020 hospitalizations were nearly 8,000 discharges lower in Quarter 2, and nearly 5,000 discharges lower than the previous five year average of discharges.
- (m) The next COVID hospitalization peak occurred on January 14, 2121 at a 396 census, so COVID occupied beds Pinellas County wide represented 14.4% occupancy of hospitalizations (396/2755). Total facility occupancy was at 80.4% (2755/3427), and ICU occupancy was at 91.5%. <https://business.fau.edu/covidtracker/data/pinellas-county/>
- (n) October through April “Snowbird” season which causes hospital capacity spikes have been known and proven for nearly 20 years, and Flu Season in Florida Typically occurs between the same months, peaking in January through February. Also, since the Late September Phase 3 reopening came out of the Phase 2 lockdown, (f) still applies in that insufficient acquired immunity in the population was likely not reached. <sup>20, 21</sup>
- (o) The information herein demonstrates that hospitals in Pinellas County were never overwhelmed in either the July or January peaks to the point of a definitive “public health emergency” from COVID patients ostensibly exceeding the known, expected, and/or routine facility capacities. Hospitals experienced capacity problems due to the decision making of hospital business administrators. The furloughs happened in May, yet hospitals were permitted to resume their profitable elective surgeries through the beginning of July, while likely receiving CARES act funding. The 66.7% upward hospitalization trend in June towards the July peak was not acted upon by HCA and Baycare , who instead hired travel nurses in July after an entire month of rising cases and hospitalizations.
- (p) Therefore, the eleventh hour decisions on the part of HCA and Baycare should not constitute an emergency on the part of Pinellas County residents, and the Pinellas Board of County Commissioners should cease the State of Emergency due to the routine capabilities of the area’s hospitals not under any imminent threat of being overrun with COVID patients.

- (5) The harms and ineffectiveness of mask use , based on all of the empirical county wide epidemiological data presented , outweigh the perceived benefits, and fail at the five known criteria for what constitutes a bonafide “public health emergency”.
- (a) Consistent cloth mask use puts people at increased risk of respiratory illness and viral infections and their global use should be discouraged, according to a UNSW study. <sup>22</sup>
- (b) The same study found that cloth masks were only 3% effective, and that medical masks were only 56% effective. **IBID**
- (c) A Randomized Control Trial (*RCT - the gold standard of effectiveness research*) in the American Journal of Infection control stated that masking caused headaches and did nothing to prevent colds. <sup>23</sup>
- (d) The Clinical Research in Cardiology Journal stated that that the wearing of surgical masks and N95 at work or during physical exercise both significantly reduce pulmonary parameters at rest and at maximum load with reduced ventilation, and reduced quality of life. The researchers went further to state that their quantitative data could be relied on to inform medical recommendations and policy makers. <sup>24</sup>
- (e) French researches in 2018 proved that Surgical mask wearers had significantly increased dyspnea (shortness of breath) after a 6-minute walk than non-mask wearers. <sup>25</sup>
- (f) Even more harms associated with mask wearing are confirmed by the WHO in December, 2020 such as headache and/or breathing difficulties, development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours, difficulty with communicating clearly, especially for persons who are deaf or have poor hearing or use lip reading, discomfort, disadvantages for or difficulty wearing masks, especially for children, developmentally challenged persons, those with mental illness, persons with cognitive impairment, those with asthma or chronic respiratory or breathing problems, those who have

had facial trauma or recent oral maxillofacial surgery and those living in hot and humid environments. <sup>26</sup>

(g) Since the wearing of face masks have now been proven to impair pulmonary and ventilation capabilities, particularly in occupations and exercise, and that this data was suggested by researchers for informing medical professionals and policy makers, and since the mere walking for 6 minutes with a surgical mask causes shortness of breath, then such is an apparent oversight on part of both the PBCC and the Director for mandating masks on employees at businesses who are working, or on students in sports activities, in light of such inevitable impairments and disruptions in the quality of life as demonstrated in this randomized cross over study.

(h) The mandatory masking of school students pose a significant detriment to their neurodevelopment, and also their development of basic psychosocial skills , by having the likelihood to impair or damage the faculty of Facial Emotional Recognition. Damages or impairments to such faculty are a precursor to mental and/or behavioral disorders. <sup>27-31</sup>

(i) All of what has been discussed in this issue should be of grave concern to the PBCC, Pinellas Public Health Officials, School Boards, Mayors, City Commissioners, and any other government official due to the impacts on mental health on youth which can have devastating effects on the future of this county. On top of this, the costs of extra mental health care could be much higher than average, particularly due to the need for voluminous diagnoses. Since Dr. Choe is known to have accelerated behavioral health programs in the county, it is shocking that this aspect of FER impairment and damage has not been considered.

(j) Masks also impair major life activities and and major bodily functions as described in The American Disabilities Act in 42 U.S. Code § 1210 , some of which may include , “eating, walking, lifting, speaking, breathing, learning, reading, concentrating, thinking,

communicating, working, functions of the immune system, neurological, brain, respiratory, circulatory . . . functions”

(6) **CONCLUSION**

The conditions due to the Sars-CoV-2 infection and COVID-19 disease DO NOT create the disaster or threat which gives the Pinellas County Board of County Commissioners , The County Administrator, Director Choe, and others in Pinellas County governments the justificatory conditions to coerce children and businesses with a blanket public health emergency policy which infringes on the medical autonomy of, and impairs the major life activities and major bodily functions of the less vulnerable 75% majority of the Pinellas County population who are under the age of 65, and without pre-existing conditions making them more susceptible.

(a) Pinellas Municipal Code §34-28(c)(8) states that the conditions creating the disaster or threat must be specified in a State of Emergency order.

(i) Reiterating The American Journal of Public Health (AJPH) from (4) , “A situation becomes emergent when its health consequences have the potential to overwhelm routine community capabilities to address them. Thus, the proposed definition focuses on situations “whose scale, timing, or unpredictability threatens to overwhelm routine capabilities.”

- The analysis and conclusion in (4) addresses the fact that routine capabilities are and were never overwhelmed. The sudden need for 287 travel nurses could have been anticipated through June and also subsidized via elective surgeries revenue and CARES act funding, therefore putting to rest any notion of unpredictability warranting a “public health emergency”.

(ii) An often cited paper for public health policy, published in The Journal of Law Medicine & Ethics, states that there should be five “justificatory conditions” that indicate when public health interventions which infringe on individual autonomy are ethically warranted, which are (1) effectiveness, (2) proportionality, (3) necessity, (4) least infringement, and (5) public justification.<sup>32</sup>

(A) The current COVID restriction mandates and State of Emergency fail the first justificatory condition of effectiveness as stated in (3)(d). Pinellas County policies have shown to be ineffective at reducing hospitalizations or case positivity percentages when compared against neighboring Manatee County with no mask mandate which has tracked closely and identically with Pinellas in case positivity, even having a lower hospitalization rate.

(B) The public health emergency policy and restriction mandates also fail for want of meeting the proportionality criteria. Considering the policy ineffectiveness in (A), and the result of health risks, reductions in quality of life, impairments of major life activities, bodily functions, and the infringement of medical autonomy via a mask mandate, then these harms far outweigh public health benefits when seen in conjunction with the Pinellas County vs. Manatee County conclusion in (3)(d).

(C) These policies also fail in the necessity and least restrictive alternative criteria. The coercive approach for the PBCC policies are not necessary and also not least restrictive considering the inevitable damages and impairments of major life activities and major bodily functions which can result from mandatory mask wearing, and also coupled with the empirical and indisputable data in (3) which demonstrates that Manatee County has no mask policy, with far better case hospitalization rates than Pinellas and with similar case positivity percentage averages. Therefore, it is unnecessary to coerce children and businesses with mask mandates when there are better to similar results in a neighboring county with no such coercion.

(D) As it stands the PBCC policy fails, and in the absence of contradicting these issues, such will be proven to have failed the public justification criteria needed in public health emergency policies which involve coercion. This would be so by the PBCC and The Director not responding in a relevant manner to any of the information herein which address the many presumptions relied upon for their policy to be valid, all by such parties



either ignoring the issues, conclusions herein, and also by not showing where the undersigned has misapplied or misconstrued the information. Further, The PBCC at their public meetings in regards to the public health emergency policy, and conditions surrounding such , have been routinely ignoring information presented by the public, as well as passing to the County Administrator the responsibility for the policy, which then keeps the PBCC from having to address such at the meetings. With this behavior , low levels of accountability and accommodation to public deliberation are shown , thus abandoning any obligation as government leaders and decision-makers to provide honest information and justifications for their decisions. Such actions or inactions do and will therefore undermine the public trust and the transparency of the PBCC and of the FDOH in Pinellas.

(iii) The Primary Care Companion To The Journal of Clinical Psychiatry states that a corollary to the basic foundation established by the Bill of Rights is the common-law principle of self-determination that guarantees the individual's right to privacy and protection against the actions of others that may threaten bodily integrity. <sup>33</sup>

(iv) Considering how there is no cause for the “public health emergency policy” and how the mask mandate is of no effect due to what has been exhausted regarding the Pinellas vs. Manatee analysis, and the hospital capacity issue, and the imminent harms and impairments inflicted by masks; The Pinellas Board of County Commissioners should cease the state of emergency, and the mask mandate should cease because coercing businesses and schools to , in turn , impair the integrity of Pinellas County residents’ major bodily functions and major life activities, is both cruel and unwarranted,.

Respectfully Submitted,



4/12/2021

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“One solution would be to adjust the cycle threshold used now to decide that a patient is infected. Most tests set the limit at 40, a few at 37. This means that you are positive for the coronavirus if the test process required up to 40 cycles, or 37, to detect the virus.”

“Tests with thresholds so high may detect not just live virus but also genetic fragments, leftovers from infection that pose no particular risk — akin to finding a hair in a room long after a person has left, Dr. Mina said.”

“We’ve been using one type of data for everything, and that is just plus or minus — that’s all,” Dr. Mina said. “We’re using that for clinical diagnostics, for public health, for policy decision-making . . . But yes-no isn’t good enough, he added. It’s the amount of virus that should dictate the infected patient’s next steps. “It’s really irresponsible, I think, to forgo the recognition that this is a quantitative issue . . . “

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Example: Each cycle doubles the amount of virus fragment in the sample

10 cycles = 1,000X

20 cycles = 1,000,000X

30 cycles = 1,000,000,000X

40 cycles = ~1,000,000,000,00

To get an idea of how “overamplified” 40Ct is to 34Ct, the equation is  $2^{40} - 2^{34} = 1,082,331,758,592$ , which means that labs are amplifying the tests at over 1 trillion than necessary in order to detect infectious and contagious viral loads of Sars-Co v-2.

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Appropriately decoding facial expressions aids in an individual’s ability to under-stand and

appropriately adapt to the social environment and thus is a crucial part of social interactions. Gaining

a greater understanding of the normal developmental trajectory of emotional facial recognition may

help in the early identification and possible treatment of affective disorders such as autism,

depression, and anxiety disorders. . . Emotional face processing involves a network of brain areas,

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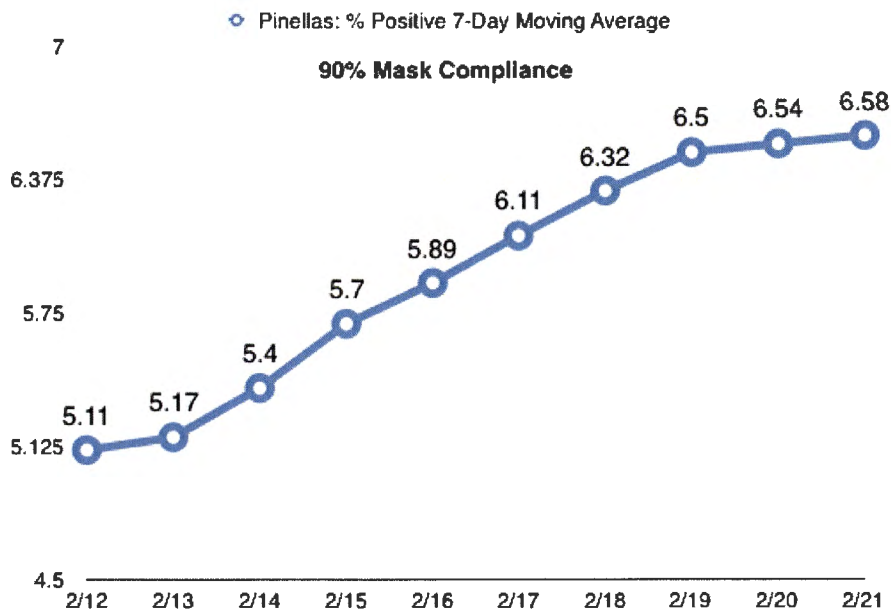
## **VIII: Addendum: Mask Policy and COVID Metrics: Correlation Is Not Causation**

### (A) CORRELATION IS NOT CAUSATION

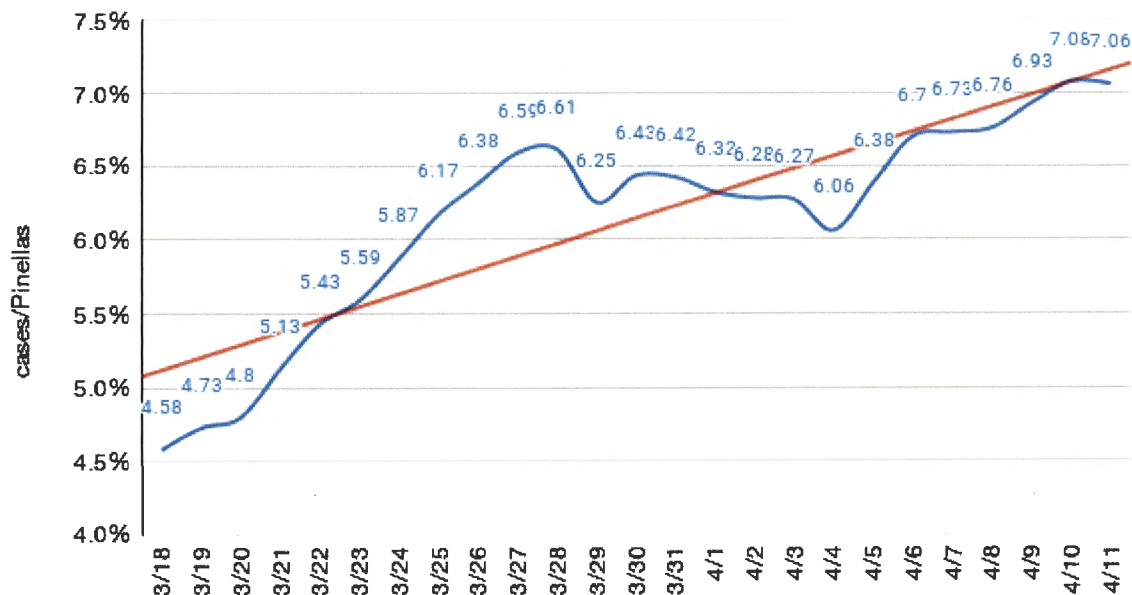
- “Causality is the area of statistics that is commonly misunderstood and misused by people in the mistaken belief that because the data shows a correlation that there is necessarily an underlying causal relationship” <https://datascience.eu/mathematics-statistics/correlation-and-causation/>
- Therefore there is no justification at law or in statistical science for Recipient(s) citing a causal relationship between their public health policy with that of COVID downturns by solely citing the overlapping of the dates between the two events absent any other type of scientific nexus.
- MASK COMPLIANCE U.S. WIDE HAS BEEN RANKED at 93%  
“More than nine in 10 U.S. adults (93%) said they sometimes, often or always wear a mask or face covering when they leave their home and are unable to socially distance,”  
<https://www.webmd.com/lung/news/20201022/mask-use-by-americans-now-tops-90-poll-finds#1>
- Two steady climbs in case positivity occurred in February and March through April in the midst of a high ~90% compliance with the mask mandate . The following tool was used by the revered Washington Post for tracking mask compliance, and will be used herein for Pinellas County mask compliance.
- A powerful argument for wearing a mask, in visual form, October 23, 2020  
<https://www.washingtonpost.com/business/2020/10/23/pandemic-data-chart-masks/>
- To use this tool, <https://delphi.cmu.edu/covidcast/indicator/?date=20210401>

- enter Pinellas County , Florida
- Next drop menu, under “public’s behavior” > “people wearing masks”
- Scroll down to the PEOPLE WEARING MASKS CHART, move the cursor along the date line to see that mask compliance was been at 90%.
- The following page has a graph reflecting Pinellas County Case Positivity Percentage and Mask Compliance.

In times of COVID metric downturns, and citing just the mask policy being in existence as the reason for the downturns is the logical fallacy of Correlation is Causation. This can be seen here in that there was high mask compliance, but instead, significant COVID metric upturns occurred. So taking the position that high compliance causes upturns in this case would also be the same “correlation is causation” logical fallacy, just applied the other way.



Pinellas Rolling 7 Day Average 3/18-4/11, 2021 90 % Mask Compliance





# What's the real agenda behind Covid ?

## “The Great Reset”

- **A world of tighter top-down government control and more authoritarian leadership**
- **Depopulation via forced vaccinations that will kill, maim, or sterilize many of those who get the shot**
- **Identification and control of every person on the planet via biometric ID's that will be issued to show proof of the COVID-19 vaccination. These biometric ID's will be required to work, shop, and travel**
- **Financial enslavement. The destruction of small businesses due to the economic hardships caused by the COVID-19 lockdowns and restrictions will force people to become dependent upon the government to live**
- **A.I. rollout with 5G technology which will create a digital surveillance state similar to China**
- **Automation will replace humans in the workforce, which will lead to more unemployment and even further government dependence**
- **Cashless society. Digital currency (blockchain) will replace the dollar, allowing for every transaction to be tracked, traced, and controlled**

# IT'S NOT JUST A MASK

## UNSAFE MASK USE

1

### INCREASES RESPIRATORY INFECTIONS

Wearing a cloth mask significantly increases the risk of flu-like illness. Masks absorb moisture and can become reservoirs of bacteria and viral particles.[1]

2

### MENTAL HEALTH IMPACTS OVERLOOKED

Those with exemptions for mental health often face discrimination or disbelief of their condition. Masks can cause stress and anxiety, aggravating pre-existing symptoms before, during, and after use.

3

### BULLYING AND SHAMING

Those who are unable to wear a mask will be confronted multiple times a day regarding mask use. Children who are unable to wear masks face bullying from other children and even their parents.

4

### IMPAIRS SOCIAL DEVELOPMENT

Children rely on the nose and lips to identify their parents. Masks muffle sound, hide facial expression, and prevent lip reading.[2] Communication relies heavily on lip movement, especially for the hearing impaired.

5

### POSES PUBLIC SAFETY RISKS

Masks compromise safety and enable anonymous crime. Being able to identify people and children in distress is paramount for safety; this is especially important for identifying missing children.

6

### CAUSES HEADACHES AND DIZZINESS

Masks impair breathing, can cause shortness of breath and have other negative side effects. Masks increase carbon dioxide and reduce oxygen concentrations inside the mask. [3]

[1] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC44209/1/>

[2] <https://jgav.vjournals.org/article.aspx?articleid=2213025>

[3] <https://pubmed.ncbi.nlm.nih.gov/16441253/>

For more facts please visit

**HugsOverMasks.ca**

**www.IDoNotComply.org**





# Avoid the Covid vaccine at all costs!

- COVID-19 vaccine manufacturers are EXEMPT from liability
- Fastest vaccine ever produced
- There is no way of telling what the long-term side effects will be
- The COVID-19 vaccines are using an experimental mRNA technology which has NEVER been used in any other vaccine
- The vaccine DOES NOT prevent transmission or infection
- The vaccine could potentially be more DEADLY than the virus
- The vaccine approval process is overseen and authorized by those with heavy conflicts of interest
- Some COVID-19 vaccines are made with aborted fetal tissue
- Failed attempts at creating a vaccine for SARS, a closely related coronavirus, resulted in high mortality when the subjects were subsequently exposed to the wild virus post vaccination



# It's not about a virus, it's about control.

- Most people have NO risk of dying of COVID-19
- Studies show that 99.94% of people survive COVID-19 and will be resistant for a long time
- In most cases, the virus produces either no symptoms or a mild cold-like illness
- Multiple studies show that the fatality rate of those infected is between 0.02% and 0.8%
- Asymptomatic spread is a theory and has not been proven by RCT studies
- The CDC admits that only 6% of all COVID-19 deaths in America can be exclusively attributed to the virus
- Children have a greater chance of being struck by lightning than dying of COVID-19
- Adults are more likely to die in a car accident than to die of COVID-19

[www.IDoNotComply.org](http://www.IDoNotComply.org)



Hello Again

Let me begin with, It is Almost Laughable, having to come before this commission, still, to remind them that what they say does not match up with the 100's of white papers I have read that debunk their narrative about the RONA and Face Covering Masks. today Florida, with no mask mandate in place, has reported less cases then States with the strictest Mask Mandates, per CDC numbers.

Yes I understand there is a Percent of people that believe what they are told to believe, over and over, But grateful there is a large Pinellas Community that see's through the fear media propaganda Pandemic that this county commission, with our tax dollars, keeps inflamed.

It's a nightmare when one of our Commissioners comes in here with the actual data and you all turn your nose up to her, say you are not sure about Commissioner Peters Data because you don't like the real data.

Today I am here to remind the Commissioners, Attorney, and Administer Barry Burton, who by the way seems to be practicing medicine without a license prescribing mask be worn even outside, and threatening closer of businesses. About the June 23, 2020 Meeting before the Temporary Ordinance of Face Covering was voted in and exactly what was said. Let me play it for you so there is no misunderstanding of how this Temporary Ordinance can be ended easier than what you now choose to make complicated.

May I also Remind the Commission that Personal Responsibility, Individual Decision Making and The Freedom to do whatever I want, that is not against any laws is My Civil Right in this Untitled States of America. And I find it Almost Laughable that Commissioner Long does not think so and compares the Face Diaper Masks to Seat belts, speed limits on highways, anti-texting laws and Dui, and that maybe we don't need the police department. She believes we are not smart enough to live without strict laws to enforce their control. May I remind them this was a Temporary Ordinance, it is not a law and has been protected by our Governor so that you cannot fine or arrest anyone.

Law of the Land, It is impossible for a law which violates the Constitution to be valid, "All laws which are repugnant to the Constitution are null and void." \*\*\* Florida laws regarding mask mandates - Resending

I also find it Almost Laughable that she targets a young woman raising 4 children, with enough stress in her life, and creates more by slamming her name in the paper, because the truth obviously hurts Commissioner Long feelings.

Call a Motion, Emergency Waiver the rules Out as you did in, and Put the Face Coverings to the people as a choice.