ATTACHMENT

For Item

#13

Tuesday,
October 11, 2022

PUBLIC COMMUNICATION RECEIVED BY THE CLERK OF THE BOARD

From:	henkinp@earthlink.net
To:	Desmond, Jim; Anderson, Joel; Fletcher, Nathan (BOS); Vargas, Nora (BOS); Lawson-Remer, Terra; Wooten, Wilma
Cc:	FGG, Public Comment; Kaiser, Cameron; Kadakia, Ankita
Subject:	[External] COVID - ARE WE GROWING A NATION OF FIBBERS?
Date:	Friday, October 14, 2022 12:14:04 PM
Attachments:	!!!+2022-02-20 CDC Collecting data, releasing selectively.docx !!!+2022-05-04 Are COVID hospitalizations FOR REAL.docx 2022-07-18 YOU REALLY NEED to CHANGE COVID REPORTING.docx

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Hi Supervisors,

Looks like you aren't the only ones distorting (maybe even 'fibbing') about COVID...

One thing the COVID Pandemic and mandates may have done is make us a nation of liars, fibbers, and cheats - and this time to Health Organizations and Doctors - not what we want in a healthy (or are we?) society.

What is shocking is who is lying about these health matters - Government, Hospitals, and now the people. 40%!!!

We really need to focus on re-establishing trust - not putting out suspect numbers because they fit in with some contrived narrative. It is time to stop the masking and mandates and to **replace** your COVID state of emergency with one which emphasizes not just people who need help with the disease, but also stresses all the harm and diseased people who need help from the mRNA shot.

(and your basic document lapsed anyway since it was confirmed and extended in June but not in July.)

I sent you some articles which I am re-attaching.

Let me know what you think. Thanx.

Regards,

Paul Henkin
henkinp@earthlink.net

https://healthcare.utah.edu/publicaffairs/news/2022/10/10-covid-lies.php

U of U Health

SURVEY FINDS MORE THAN 40% OF AMERICANS MISLED OTHERS ABOUT HAVING COVID-19 AND USE OF PRECAUTIONS

Doug Dollemore
Senior Science Writer, University of Utah Health
Oct 10, 2022 9:00 AM

Four of 10 Americans surveyed report that they were often less than truthful about whether they had COVID-19 and/or didn't comply with many of the disease's preventive measures during the height of the pandemic, according to a new nationwide study led in part by University of Utah Health scientists. The most common reasons were wanting to feel normal and exercise personal freedom.

The study, which appears in the Oct. 10, 2022, issue of JAMA Network Open, raises concerns about how reluctance to accurately report health status and adherence to masking, social distancing, and other public health measures could potentially lengthen the current COVID-19 pandemic or promote the spread of other infectious diseases in the future, according to Angela Fagerlin, Ph.D., senior author of the study and chair of the Department of Population Health Sciences at U of U Health.

"COVID-19 safety measures can certainly be burdensome, but they work," says Andrea Gurmankin Levy, Ph.D., a professor of social sciences at Middlesex Community College in Connecticut. As co-lead author of the study, she worked in collaboration with Fagerlin and other scientists at U of U Heath as well as researchers elsewhere in the United States.

[Depends on which precautions - sunlight, ventilation, and colloidal silver work; masks don't; and the jury's still out about how effective/how risky the vax is long-term.]

“When people are dishonest about their COVID-19 status or what precautions they are taking, it can increase the spread of disease in their community.” Levy says. “For some people, particularly before we had COVID vaccines, that can mean death.”

[...or any kind of status, medical, any disease, or otherwise, to be entirely logical about it]

The researchers decided to assess how truthful Americans were being about their COVID-19 disease status and/or compliance with COVID-19 preventive measures after they noticed several media stories about people who were dishonest about their vaccination status, Fagerlin says.

University of Utah Health scientists Angela Fagerlin, Ph.D., and Alistair Thorpe, Ph.D., led a study about how and why some people were less than truthful about their COVID-19 status.

In the survey, conducted in December 2021, more than 1,700 people from across the country were asked to reveal whether they had ever misrepresented their COVID-19 status, vaccination status, or told others that they were following public health measures when they actually weren’t. The sample size is far larger and asked about a broader range of behaviors than previous studies on this topic, according to Fagerlin, who is also a research scientist at the Veteran Affairs Salt Lake City Healthcare System.

Screening questions allowed the health service researchers and psychologists who designed the study to evenly divide the participants:

one-third who had had COVID-19, one-third who had not had COVID-19 and were vaccinated, and one-third who had not had COVID-19 and were unvaccinated.

Based on a list of nine behaviors, 721 respondents (42%) reported that they had misrepresented COVID-19 status or failed to follow public health recommendations. Some of the most common incidents were:

- Breaking quarantine rules
- Telling someone they were with, or were about to see, that they were taking more COVID-19 precautions than they actually were
- Not mentioning that they might have had, or knew that they had, COVID-19 when entering a doctor's office
- Telling someone they were vaccinated when they weren't
- Saying they weren't vaccinated when they actually were

All age groups younger than 60 years and those who had a greater distrust of science were more likely to engage in misrepresentation and/or misrepresentation than others. About 60% of respondents said that they had sought a doctor's advice for COVID-19 prevention or treatment.

However, the researchers found no association between COVID-19 misrepresentation and political beliefs, political party affiliation, or religion.

"Some individuals may think if they fib about their COVID-19 status once or twice, it's not a big deal," Fagerlin says. "But if, as our study suggests, nearly half of us are doing it, that's a significant problem that contributes to prolonging the pandemic."

[It's a big problem, period.]

Among the reasons respondents gave for misrepresentation were:

- I didn't think COVID-19 was real, or it was no big deal
- It's no one else's business
- I didn't feel sick
- I was following the advice of a celebrity or other public figure
- I couldn't miss work to stay home

Among the study's limitations, the researchers could not determine if respondents honestly answered survey questions, opening the possibility that their findings underestimated how commonly people misrepresented their health status.

"This study goes a long way toward showing us what concerns people have about the public health measures implemented in response to the pandemic and how likely they are to be honest in the face of a global crisis," says Alistair Thorpe, Ph.D., co-first author and a post-doctoral researcher in the Department of Population Health Sciences at U of U Health. "Knowing that will help us better prepare for the next wave of worldwide illness."

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In addition to Fagerlin and Thorpe, University of Utah Health researchers Holly Shoemaker, Frank A. Drews, Jorie M. Butler, and Vanessa Stevens contributed to this study. Other participating institutions include Middlesex Community College in Middletown, Connecticut; University of Colorado School of Medicine, Aurora; Veterans Affairs Denver Center for Innovation; University of Iowa School of Medicine, Iowa City; Salt Lake City VA Informatics Decision-Enhancement and Analytic Sciences (IDEAS) Center for Innovation; VA Salt Lake City Health Care System; and the American Heart Association.

The study, "Misrepresentation and Nonadherence Regarding COVID-19 Public Health Measures," appears in the Oct. 10, 2022, issue of JAMA Network Open. It was supported by the Jon M. Huntsman Presidential Endowment and an American Heart Association Children's Strategically Focused Research Network Fellowship.

Hi Ms. Wooten, Supervisors,

Here is another reason not to trust CDC data - the data released is selective or partial at best, giving a false picture of what's happening. The New York Times reports that the agency is **failing to communicate** and **holding back vitally important data.**

Mediaite [quoting the New York Times]
CDC Under New Scrutiny For Collecting Wide Variety of Covid-Related Data But Publishing 'Only a Tiny Fraction'
Sarah Rumpf - 1h ago

[Just call it health misinformation - what it is!]

The Centers for Disease Control and Prevention has been a frequent target for criticism over its response to the Covid-19 pandemic, often over concerns about how the government agency was communicating information. Now, as a New York Times report highlights, that criticism may shift to focus on the flip side of that problem: that the agency is **failing to communicate**, including **holding back vitally important data.**

[Not lying, just failing to communicate - or does it amount to the same thing for the reader? Maybe you like tailored data?]

As the Times' Apoorva Mandavilli noted, the CDC has collected vast swaths of data during the pandemic, and there's an eyebrow-raising quantity of it that has not been released until recently, was only partially released, was released only to state agencies, or access was otherwise limited.

For example, the CDC has been collecting data on hospitalizations for Covid-19 across the U.S. for over a year, breaking down the data by age, race, and vaccination status. Most of that data has not been made public.

Their report on the effectiveness of boosters in adults under 65 years of age, published two weeks ago, completely omitted all data for 18- to 49-year-olds, a massive gap in the report.

[A fatal defect, if you ask me.]

The "National Wastewater Surveillance System" (NWSS), a dashboard of data tracking the presence of SARS-CoV-2 levels in wastewater at testing sites across the country, was first posted on the CDC's website earlier this month. Multiple state and local governments had already been collecting this information, and even sharing it with the CDC, for awhile — some from the very beginning of the pandemic. However, the CDC did not release any of these findings until now.

[So is wastewater surveillance actually less reliable than advertised?]

All in all, Mandavilli summarized the CDC's actions as "publish[ing] only a tiny fraction of the data it has collected."

[I'd summarize it as fraud.]

In many of these examples, the CDC had an excuse for holding back the data, often citing concerns that the information could be misinterpreted, as CDC spokesperson Kristen Nordlund told the Times. Information about breakthrough infections among vaccinated Americans gave rise to specific concerns that it could lead people to question the vaccines' effectiveness. But withholding that data hasn't prevented that problem.

Another challenge has been the multiple layers of bureaucracy that must give their stamp of approval, both within the various divisions of the CDC and within the Department of Health and Human Services, the part of the executive branch which oversees the CDC.

[Oh, multiple fraud?]

Multiple outside public health experts panned the CDC's slow release of data when contacted by the Times.

Epidemiologist Jessica Malaty Rivera was on the team that ran the Covid Tracking Project, an independent project that collected and published pandemic data until March 2021. She commented that they had been "begging for that sort of granularity of data for two years."

Rivera was also dismissive of the CDC's excuse about trying to prevent the data from being misinterpreted. **"We are at a much greater risk of misinterpreting the data with data vacuums, than sharing the data with proper science, communication and caveats,"** she said.

Dr. Yvonne Maldonado, chair of the American Academy of Pediatrics's Committee on Infectious Diseases, expressed frustration over the difficulty of obtaining CDC data on children who were hospitalized with Covid and had other medical conditions.

"They've known this for over a year and a half, right, and they haven't told us," she said. "I mean, you can't find out anything from them."

Regarding the wastewater analysis, many experts view that data as critically important, both for its ability to accurately pinpoint case surges and new variants, and for the fact that it tracks the virus levels present in an entire community, and therefore doesn't invoke the same privacy concerns that other methods of Covid tracking would.

In this case, the CDC was slowed down by trouble managing the data and publishing it in a way that was accessible and logical. An additional $11 billion in government funding to modernize their systems helped, but it was still a lengthy process. Still, eight of the 31 states currently tracking wastewater data with the CDC were doing so as far back as fall 2020.

The post CDC Under New Scrutiny For Collecting Wide Variety of Covid-Related Data But Publishing ‘Only a Tiny Fraction’ first appeared on Mediaite.

Hi Supervisors,

Here's another way to look at the current COVID 'crisis':

Are COVID Hospitalizations FOR REAL? Of course, I am sure, almost POSITIVE, that most of you wouldn't want to put it that way. It might give your game away. Probably they are not what we think of as equivalent to a bed or room having to be set aside.

In fact, the below article concludes "Those patients who are there ***with*** rather than ***from*** COVID **don't belong in the metric**."

So there are probably alot of people going around scared s***less because they think that the hospitals will run out of beds when they won't (and I'll bet this even throws the statistics way off, too.)

San Diego uses a 14-day rolling average rate, which makes it hard to tell the actual numbers right away.

On 4/26/2022, according to your charts (page 13,) there were 113 'cases and suspect COVID-19 patients. The title is 'COVID-19 daily hospital **BED** census,' but the legend below says only 'COVID-19 daily hospital census.' **Does that mean patients are included who *might* need beds but are *discharged later that day*, after the count is made, so that they go in and out, and are (not hospitalized in the sense we usually mean, overnight at least?**

The graph also shows 4,580 beds used for other patients and 1,201 beds in reserve for COVID patients **which in my opinion is hugely excessive.**

Page 14 shows 11 **COVID-related ICU** hospitalizations out of 855 ICU beds total. This is NOT an emergency and is really a disgrace.

It's time to end the COVID mandates and the fake (and illegally prolonged) emergency that is ruining our supplies, our finances, our safety, and our well being!

Let me know what you think.

Regards,

Paul Henkin
henkinp@earthlink.net

https://www.theatlantic.com/health/archive/2021/09/covid-hospitalization-numbers-can-be-misleading/620062/

The Atlantic

Our Most Reliable Pandemic Number Is Losing Meaning

By David Zweig, SEPTEMBER 13, 2021

A new study suggests that **almost half of those hospitalized with COVID-19 have mild or asymptomatic cases**.

[So don't panic!]

At least 12,000 Americans have already died from COVID-19 this month, as the country inches through its latest surge in cases. But another worrying statistic is often cited to depict the dangers of this moment: The number of patients hospitalized with COVID-19 in the United States right now is as high as it has been since the beginning of February. It's even worse in certain places: Some states, including Arkansas and Oregon, recently saw their COVID hospitalizations rise to higher levels than at any prior stage of the pandemic. **But how much do those latter figures really tell us?**

From the start, COVID hospitalizations have served as a vital metric for tracking the risks posed by the disease. Last winter, this magazine described it as “the most reliable pandemic number,” while Vox quoted the cardiologist Eric Topol as saying that it’s “the best indicator of where we are.” On the one hand, death counts offer finality, but they’re a lagging signal and don’t account for people who suffered from significant illness but survived. Case counts, on the other hand, depend on which and how many people happen to get tested. Presumably, hospitalization numbers provide a more stable and reliable gauge of the pandemic’s true toll, in terms of severe disease. But a new, nationwide study of hospitalization records, released as a preprint today (and not yet formally peer reviewed), suggests that the meaning of this gauge can easily be misinterpreted—and that it has been shifting over time.

If you want to make sense of the number of COVID hospitalizations at any given time, you need to know how sick each patient actually is. Until now, that’s been almost impossible to suss out. The federal government requires hospitals to report every patient who tests positive for COVID, yet **the overall tallies of COVID hospitalizations, made available on various state and federal dashboards and widely reported on by the media, do not differentiate based on severity of illness**. **Some patients need extensive medical intervention**, such as getting intubated. Others require supplemental oxygen or administration of the steroid dexamethasone. But there are **many COVID patients in the hospital with fairly mild symptoms**, too, who have been admitted for further observation on account of their comorbidities, or because they reported feeling short of breath. Another portion of the patients in this tally are **in the hospital for something unrelated to COVID, and discovered that they were infected only because they were tested** upon admission. How many patients fall into each category has been a topic of much speculation. In August, researchers from Harvard Medical School, Tufts Medical Center, and the Veterans Affairs Healthcare System decided to find out.

Researchers have tried to get at similar questions before. For two separate studies published in May, doctors **in California** read through several

hundred charts of pediatric patients, one by one, to figure out why, exactly, each COVID-positive child had been admitted to the hospital. Did they need treatment for COVID, or was there some other reason for admission, like cancer treatment or a psychiatric episode, and the COVID diagnosis was merely incidental? According to the researchers, 40 to 45 percent of the hospitalizations that they examined were for patients in the latter group.

The authors of the paper out this week took a different tack to answer a similar question, this time for adults. Instead of meticulously looking at why a few hundred patients were admitted to a pair of hospitals, they analyzed the electronic records for nearly 50,000 COVID hospital admissions at the more than 100 VA hospitals across the country. Then they checked to see whether each patient required supplemental oxygen or had a blood oxygen level below 94 percent. (The latter criterion is based on the National Institutes of Health definition of “severe COVID.”) If either of these conditions was met, the authors classified that patient as having moderate to severe disease; otherwise, the case was considered mild or asymptomatic.

The study found that from March 2020 through early January 2021—before vaccination was widespread, and before the Delta variant had arrived—the proportion of patients with mild or asymptomatic disease was 36 percent. From mid-January through the end of June 2021, however, that number rose to 48 percent. In other words, the study suggests that roughly half of all the hospitalized patients showing up on COVID-data dashboards in 2021 may have been admitted for another reason entirely, or had only a mild presentation of disease.

[The Harvard-Tufts-VA Study]

This increase was even bigger for vaccinated hospital patients, of whom 57 percent had mild or asymptomatic disease. But unvaccinated patients have also been showing up with less severe symptoms, on average, than earlier in the pandemic: The study found that 45 percent of their cases were mild or asymptomatic since January 21. According to Shira Doron, an infectious-

disease physician and hospital epidemiologist at Tufts Medical Center, in Boston, and one of the study's co-authors, the latter finding may be explained by the fact that unvaccinated patients in the vaccine era tend to be a younger cohort who are less vulnerable to COVID and may be more likely to have been infected in the past.

Among the limitations of the study is that patients in the VA system are not representative of the U.S. population as a whole, as they include few women and no children. (Still, the new findings echo those from the two pediatric-admissions studies.) Also, like many medical centers, the VA has a policy to test every inpatient for COVID, but this is not a universal practice. Lastly, most of the data—even from the patients admitted in 2021—derive from the phase of the pandemic before Delta became widespread, and it's possible that the ratios have changed in recent months. The study did run through June 30, however, when the Delta wave was about to break, and it did not find that the proportion of patients with moderate to severe respiratory distress was trending upward at the end of the observation period.

The idea behind the study and what it investigates is important, says Graham Snyder, the medical director of infection prevention and hospital epidemiology at the University of Pittsburgh Medical Center, though he told me that it would benefit from a little more detail and nuance beyond oxygenation status. But Daniel Griffin, an infectious-disease specialist at Columbia University, told me that using other metrics for severity of illness, such as intensive-care admissions, presents different limitations. For one thing, different hospitals use different criteria for admitting patients to the ICU.

One of the important implications of the study, these experts say, is that the introduction of vaccines strongly correlates with a greater share of COVID hospital patients having mild or asymptomatic disease. "It's underreported how well the vaccine makes your life better, how much less sick you are likely to be, and less sick even if hospitalized," Snyder said. "That's the gem in this study."

“People ask me, ‘Why am I getting vaccinated if I just end up in the hospital anyway?’” Griffin said. “But I say, ‘You’ll end up leaving the hospital.’” He explained that some COVID patients are in for “soft” hospitalizations, where they need only minimal treatment and leave relatively quickly; others may be on the antiviral drug remdesivir for five days, or with a tube down their throat. One of the values of this study, he said, is that it helps the public understand this distinction—and the fact that not all COVID hospitalizations are the same.

But the study **also demonstrates that hospitalization rates for COVID, as cited by journalists and policy makers, can be misleading, if not considered carefully**. Clearly many patients right now are seriously ill. We also know that overcrowding of hospitals by COVID patients with even mild illness can have negative implications for patients in need of other care. At the same time, this study suggests that COVID hospitalization tallies can’t be taken as a simple measure of the prevalence of severe or even moderate disease, because they might inflate the true numbers by a factor of two. “As we look to shift from cases to hospitalizations as a metric to drive policy and assess level of risk to a community or state or country,” Doron told me, referring to decisions about school closures, business restrictions, mask requirements, and so on, “we should refine the definition of hospitalization. Those patients who are there *with* rather than *from* COVID don’t belong in the metric.”

Hi Wilma, HHSA people, Supervisors,

Now it is actually published that significant numbers of COVID hospitalizations are not necessarily for COVID.

That is another reason that we, the people, need to know how dangerous COVID itself is so that we can better judge our own risks.

San Diego County can do better and needs to do better.

Two Stanford Medical School professors found that of the nearly 100 patients hospitalized in recent weeks at Stanford who tested positive for COVID, 35% were being treated for severe disease caused by the virus, **while the other patients were mainly being treated for non-COVID related issues**. Some among the 35% were medically vulnerable patients who were admitted **out of an abundance of caution** after testing positive

[65% non-COVID issues though at some point they had COVID in their system (when shot up with the mRNA, maybe?) and do all of these actually need treatment?]

UCSF hospitals reported a similar proportion among patients who are hospitalized because of the virus.

Getting the vax or masking up should be a personal decision based on individual risk both of the effects and side effects, and not coerced or influenced by impersonal government recommendations or advertising. It is past time to end the COVID mandates and local state of emergency.

Let me know what you think.

Regards

Paul Henkin
henkinp@earthlink.net

https://www.stripes.com/covid/2022-07-18/california-covid-hospitalizations-quadrupled-sick-6686232.html

Stars and Stripes

California COVID hospitalizations have quadrupled. Who is getting really sick?

By HARRIET BLAIR ROWAN - **MERCURY NEWS** • July 18, 2022

As of July 14, 2022, the number of COVID patients in California hospitals has more than quadrupled since mid-April. Doctors who treat these patients are seeing **consistent indications that, for most, the disease is less severe than in earlier surges** of the deadly virus that killed more than a million Americans.

(Tribune News Service) — COVID hospitalizations are rising again after more than two months of persistently high case rates in the Bay Area and California. But the doctors who treat these patients are seeing consistent indications that for most, the disease is less severe than in earlier surges of the deadly virus that has killed more than a million Americans.

"What we are not seeing is patients like we saw in 2021 and 2020 — someone with no medical issues coming in and requiring oxygen," said Dr. Errol Ozdalga, a clinical associate professor of medicine at Stanford.

The increase has been much more gradual than during other COVID waves, likely due to widespread vaccination and booster coverage, and improved therapeutics and treatments which prevent some hospitalizations and shorten others. And the hospitalizations now are still well shy of the record 20,000-plus COVID patients in California hospitals during the first winter surge in 2020-21, and less than one-third of the 15,000 hospitalized this past winter.

Still, the threat of serious illness and even death among some populations remains a real concern.

Ozdalga and Dr. William Collins, another professor at Stanford's medical school, recently took a close look at the COVID patients that

came through Stanford's hospital during the first omicron surge in December and January, and again more recently, to better understand how the threat posed by the virus has changed.

"What you really want to know is how dangerous COVID is," Ozdalga said.

They found that of the nearly 100 patients hospitalized in recent weeks at Stanford who tested positive for COVID, 35% were being treated for severe disease caused by the virus, while the other patients were mainly being treated for non-COVID related issues. Some among the 35% were medically vulnerable patients who were admitted out of an abundance of caution after testing positive.

[65% non-COVID issues though at some point they had COVID in their system (when shot up with the mRNA, maybe?) and do all of these actually need treatment?]

UCSF hospitals reported a similar proportion among patients who are hospitalized because of the virus. As of Friday, they had 46 patients who tested positive for COVID, but 24 of those had been admitted for other medical reasons. In earlier COVID waves, in contrast, a much larger proportion of patients were admitted for treatment of severe disease, suggesting the virus was more threatening at that point than it is now.

[And this is why so many people do not trust the CDC, CDPH, HHSA, government, doctors, hospitals, and other institutions.]

"The people we are seeing who have severe illness now are largely unvaccinated, including young people," said Dr. Peter Chin-Hong, a UCSF professor of medicine who specializes in infectious diseases, "and those who are unboosted who are older than 65, and those who are immunocompromised."

The number of COVID patients in California hospitals has more than quadrupled in the past three months. As of Thursday, 4,432 patients had COVID, up from a low of 949 on April 16.

What affects your chances of being hospitalized for COVID? “Vaccination status is number one,” said Chin-Hong. “Age is number two.” And he’s especially concerned about people over 65 who are not fully boosted.

[BTW, is improper ventilation number half?]

From what he is seeing at UCSF, Chin-Hong says the people getting hospitalized at this point “are mainly unvaccinated … but among those hospitalized who are vaccinated, it’s the unboosted,” who are getting super sick.

Californians who are not fully vaccinated are 9.4 times more likely to be hospitalized for COVID, according to the most recent data available from the California Department of Public Health.

COVID hospitalizations have dipped below 1,000 for only a handful of days since reliable tracking began in April 2020. For a few days in late June 2021, and a few days in late April 2022, the number of patients in California was under 1,000.

The number of people in California hospitals who have tested positive for COVID is a metric the state has used since the first summer wave in 2020 to measure the real-world impacts and severity of the pandemic.

“The fact that people are still dying in America is really a tragedy,” said Chin-Hong, pointing to the availability of effective vaccinations, boosters and therapeutics, such as Paxlovid. “There are three alternatives for Paxlovid to help people stay away from the hospital.”

But as for **how dangerous COVID is now for the average, vaccinated person? “I caught it in May and I was never once worried about getting hospitalized,”** Ozdalga said. “If I had gotten it last year I would have been really worried.”