

Information About COVID-19 for Government Employees

A lawsuit was filed against the State of Ohio, the Ohio Department of Health, and Governor Mike DeWine on August 31 2020 claiming that there was and is no justification for the declaration of emergency; that the state's actions have been arbitrary and capricious; and that Ohioans have been harmed and continue to be harmed in numerous ways as a result. The complaint filed with the court was 61 pages long and included 229 references; and was accompanied by 627 pages of referenced documentation.

Since August 31, the governor and the state have refused to provide any information substantiating their claim that there is a public health emergency to the court, to the state legislature, or to citizens who have made Public Records Requests. We can think of only one reason why the governor would refuse to provide these documents – he does not want Ohioans to know the truth about what he has done.

If the plaintiffs are successful in proving their case, they can then sue governor DeWine personally. The state would not pay his legal fees and he could be held financially liable for some of his actions.

The fact that public employees can be held liable for certain actions taken while in office appears on the website of the Ohio Court of Claims:

Immunity refers to a protection from personal liability that may be provided to a state employee who is sued in his or her individual capacity. **Immunity may be provided so long as the actions of the employee giving rise to the lawsuit were within the course and scope of the employee's duties and the employee did not act with malice, in bad faith, or in a wanton or reckless manner.**¹

On the following pages, you will find some of the facts submitted to the court concerning the false claim of emergency. You can read the entire complaint and all of the supporting documents at <https://makeamericansfreeagain.com/ohio-landmark-lawsuit/>.

Other employees, like you, may also be held personally liable, particularly if they continue to enforce the governor's unconstitutional mandates after being informed that there is no health emergency that justifies them.

Please read this information and discuss it with your supervisor. Our state has been devastated by the draconian actions taken by government employees. Business closures, bankruptcies, school closings, suicide overdose, homelessness, and food insecurity are just a few of the consequences we have endured. We cannot imagine that you feel good about your participation in creating this horrific situation.

Attorney Tom Renz has prepared an article that discusses legal responsibility for violating constitutional rights which you can read online at <https://renz-law.com/2021/02/07/legal-responsibility-for-violating-constitutional-rights/>

¹ <https://ohiocourtclaims.gov/claims-faq.php>

Fast Facts About COVID-19

What you need to know About Testing

Most commonly used test: Polymerase Chain Reaction (PCR)

sometimes referred to as "molecular photocopying" - copies small pieces of DNA

use of PCR is necessary because it is almost impossible to study small, isolated samples of DNA, and PCR can amplify the material to facilitate research.

PCR technology is considered one of the most important developments in molecular biology research

inventor Kary Mullis won the Nobel Prize for Chemistry in 1993 for his invention

according to Kary Mullis, PCR is technology was never designed for diagnosing disease and should not be used for that purpose

PCR testing shown to be wildly inaccurate almost 15 years ago

In 2006, massive PCR testing was performed at the Dartmouth Hitchcock Medical Center when it was thought that the medical center was experiencing an outbreak of whooping cough

almost 1000 healthcare workers were furloughed until their test results were returned. over 140 employees were told that they had whooping cough, and thousands of others who tested positive were given antibiotics and/or a vaccine for whooping cough

almost 8 months later, employees were notified that PCR inaccuracy rate was 100%

not even one case of whooping cough was confirmed with a more reliable follow-up test, and it was determined that the employees just had a common cold, not whooping cough

Gina Kolata. Faith in Quick Test Leads to Epidemic That Wasn't. *New York Times* Jan 22 2007

<https://www.nytimes.com/2007/01/22/health/22whoop.html> accessed 9.2.2020

FDA and the CDC: 40 cycles should be used to amplify specimens for COVID-19 testing. Fauci showed he was aware that PCR is useless and unreliable for diagnosing COVID-19 when run at 35 cycles or higher:

in a podcast on July 16, 2020 called *This Week in Virology* he said: "What is now evolving into a bit of a standard is that if you get a cycle threshold of 35 or more that the chances of it being replication competent are miniscule...We have patients, and it is very frustrating for the patients as well as for the physicians...somebody comes in and they repeat their PCR and it's like 37 cycle threshold...you can almost never culture virus from a 37 threshold cycle. So I think if somebody does come in with 37, 38, even 36, you gotta say, you know, it's dead nucleotides, period." In other words, it is not a COVID-19 infection. He goes on to say that when someone has a positive test, "...they don't give them the cycle threshold unless they go back and ask for it."

CDC 2019-Novel Coronavirus (2019-nCoV) Real Time RT-PCR Diagnostic Panel Instructions for Use.

<https://www.fda.gov/media/134922/download> accessed 11.6.2020

https://www.youtube.com/watch?v=a_Vy6fgaBPE&feature=youtu.be&t=260

On January 13, 2021, after tens of millions of people were tested in the U.S. using PCR technology run at 40+ cycles WHO issued an advisory to lab workers warning"

"...most PCR tests "are indicated as an aid for diagnosis," meaning health care providers

should consider at least seven other factors to confirm any test. They "must consider any result in combination with timing of sampling, specimen type, [test] specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information."

This means that the tests administered at drugstores and testing facilities, to people seeking medical care and in other settings are essentially meaningless. Most people getting these tests are asymptomatic, and those administering the tests are not interviewing them – they are just testing.

<https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05> accessed 1.24.2021

What You Need to Know About Deaths

"Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)":

"In cases where a definite diagnosis of COVID cannot be made but is suspected or likely (e.g. the circumstances are compelling with a reasonable degree of certainty) it is acceptable to report COVID-19 on a death certificate as 'probable' or 'presumed.'"

"...the rules for coding and selection of underlying cause of death are expected to result in COVID-019 being the underlying cause more of then than not."

Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19). Vital Statistics Reporting Guidance. Report no. 3 April 2020 <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf> accessed 9.2.2020

Dr. Deborah Birx announced during a press briefing on Tuesday April 7, 2020 that the deaths of all patients who died with coronavirus, even if the cause of death was not due to COVID-19, should list COVID-19 as cause of death on the death certificate:

she acknowledged that other countries do not do this: "There are other countries that if you had a pre-existing condition, and let's say the virus caused you to go to the ICU [intensive care unit] and then have a heart or kidney problem...Some countries are recording that as a heart issue or a kidney issue and not a COVID-19 death. The intent is ... if someone dies *with* COVID-19 we are counting that."

Louis Casiano. Birx says government is classifying all deaths of patients with coronavirus as 'COVID-19' deaths, regardless of cause. *Fox News* April 7 2020

<https://www.foxnews.com/politics/birx-says-government-is-classifying-all-deaths-of-patients-with-coronavirus-as-covid-19-deaths-regardless-of-cause> accessed 9.2.2020

New York Times reported on April 14, 2020 that New York City had increased its death toll by 3700 people after officials said they would include people who never tested positive for COVID-19 but were assumed to have it.

After admitting that the cases were not valid, the *Times* reporters wrote, "The numbers brought into clearer focus the staggering toll the virus has already taken on the largest city in the United States, where deserted streets are haunted by the near-constant howl of ambulance sirens."

J. David Goodman and William K. Rashbaum. N.Y.C. Death Toll Soars Past 10,000 in Revised Virus Count. *New York Times* April 21 2020 <https://www.nytimes.com/2020/04/14/nyregion/new-york-coronavirus-deaths.html> accessed 9.2.2020

On April 20, 2020, Illinois Department of Health Director Dr. Ngozi Ezike explained how her department decides whether a death is due to COVID-19. She said that anyone who dies and has tested positive is categorized as a COVID-19 death.

"If you were in hospice and had already been given a few weeks to live, and then you also were found to have COVID, that would be counted as a COVID death. It means technically even if you died of a clear alternate cause, but you had COVID at the same time, it's still listed as a COVID death. So, everyone who's listed as a COVID death doesn't mean that that was the cause of the death, but they had COVID at the time of the death."

IDPH Director explains how Covid deaths are classified. *25News Week.com* April 20 2020 <https://week.com/2020/04/20/idph-director-explains-how-covid-deaths-are-classified/> accessed 9.2.2020

According to the Centers for Disease Control, only 6% of deaths attributed to COVID-19 were due to COVID alone.

As of January 23 2021: 352,992 deaths

6% = 21,179 from COVID-19 alone ***since the "pandemic" began***

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

Full Hospitals???

On December 3, many states were locked down, businesses closed, even outdoor dining not permitted. Here is occupancy data from Becker's Hospital Review (Dec 3 2020):

California

Current: 9,365

State's hospital bed capacity: 72,511

Maine

Current: 138

State's hospital bed capacity: 3,400

Washington

Current: 981

State's hospital bed capacity: 12,774

Massachusetts

Current: 1,259

State's hospital bed capacity: 15,649

Minnesota

Current: 1,704

State's hospital bed capacity: 13,895

New Mexico

Current: 940

State's hospital bed capacity: 3,811

Oregon

Current: 620

State's hospital bed capacity: 6,889

Illinois

Current: 5,764

State's hospital bed capacity: 32,066

Maryland

Current: 1,578

State's hospital bed capacity: 11,577

Ohio

Current: 5208

State's hospital bed capacity: 33,157

Michigan

Current: 4,266

State's hospital bed capacity: 24,949

New Jersey

Current: 3,287

State's hospital bed capacity: 20,901

New York

Current: 3,924

State's hospital bed capacity: 51,927

Pennsylvania

Current: 4,982

State's hospital bed capacity: 36,730

Temporary hospitals were built throughout the U.S. in the spring of 2020

They were taken down during the summer of 2020

If the emergency continued why were they taken down???

If there is an emergency now, why haven't these been rebuilt???

What You Need to Know About Asymptomatic Spread

Mr. Fauci stated on January 28 2020 that that asymptomatic carriers do not drive epidemics. He said, "In all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. It's always a symptomatic person."

By April 2020 Fauci had changed his mind and said that "hundreds of thousands – or even millions of silent carriers may be unwittingly spreading coronavirus in the U.S." He then added, "I don't have any scientific data to say that."

<https://www.youtube.com/watch?v=w6koHkBCoNQ&feature=youtu.be&t=2642>
<https://www.youtube.com/watch?v=XJyCc8QbWAE&feature=youtu.be&t=4822>

Study published in *Nature* - researchers identified 300 asymptomatic cases in China by screening over 9 million Chinese citizens in Wuhan after the lockdown.

- Samples were cultured in the lab and "no viable virus was found," which led the researchers to report that "...there was no evidence that the identified asymptomatic positive cases were infectious.
- 1174 close contacts of the asymptomatic cases were followed - not one of those contacts tested positive for COVID-19.
- They noted, "Compared with symptomatic patients, asymptomatic infected persons generally have low quantity of viral loads and a short duration of viral shedding, which decrease the transmission risk of SARS-CoV-2."

Cao S, Gan Y, Wang C et al. "Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China." *Nature Comm* 2020;11(5917)

Meta-analysis including 79 studies - asymptomatic carriers had shorter periods of infection and fast viral clearance, making transmission to others unlikely.

- Another recent meta-analysis reported that the prevalence of asymptomatic spread was considerably lower than reported by "many highly publicized studies."
- A systematic review of published studies concluded, "...that there is scant, if any, evidence that asymptomatic or presymptomatic individuals play an important role in influenza transmission. As such, recent articles concerning pandemic planning, some using transmission modeling, may have overestimated the effect of presymptomatic or asymptomatic influenza transmission."

Cevik M, Tate M, Lloyd O, Maraolo AE, Schafers J, Ho A. "SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis." *Lancet Microbe* 2020 Nov;
[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(20\)30172-5/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(20)30172-5/fulltext)

Byambasuren O, Cardona M, Bell K, Clark J, McLaws ML, Flasiou P. "Estimating the extent of asymptomatic COVID-19 and its potential for community transmission: Systematic review and meta-analysis."
<https://jammi.utpjournals.press/doi/pdf/10.3138/jammi-2020-0030>

Patrozou E, Mermel LA. "Does Influenza Transmission Occur from Asymptomatic Infection or Prior to Symptom Onset?"
Public Health Rep 2009 Mar-Apr;124(2):193-196

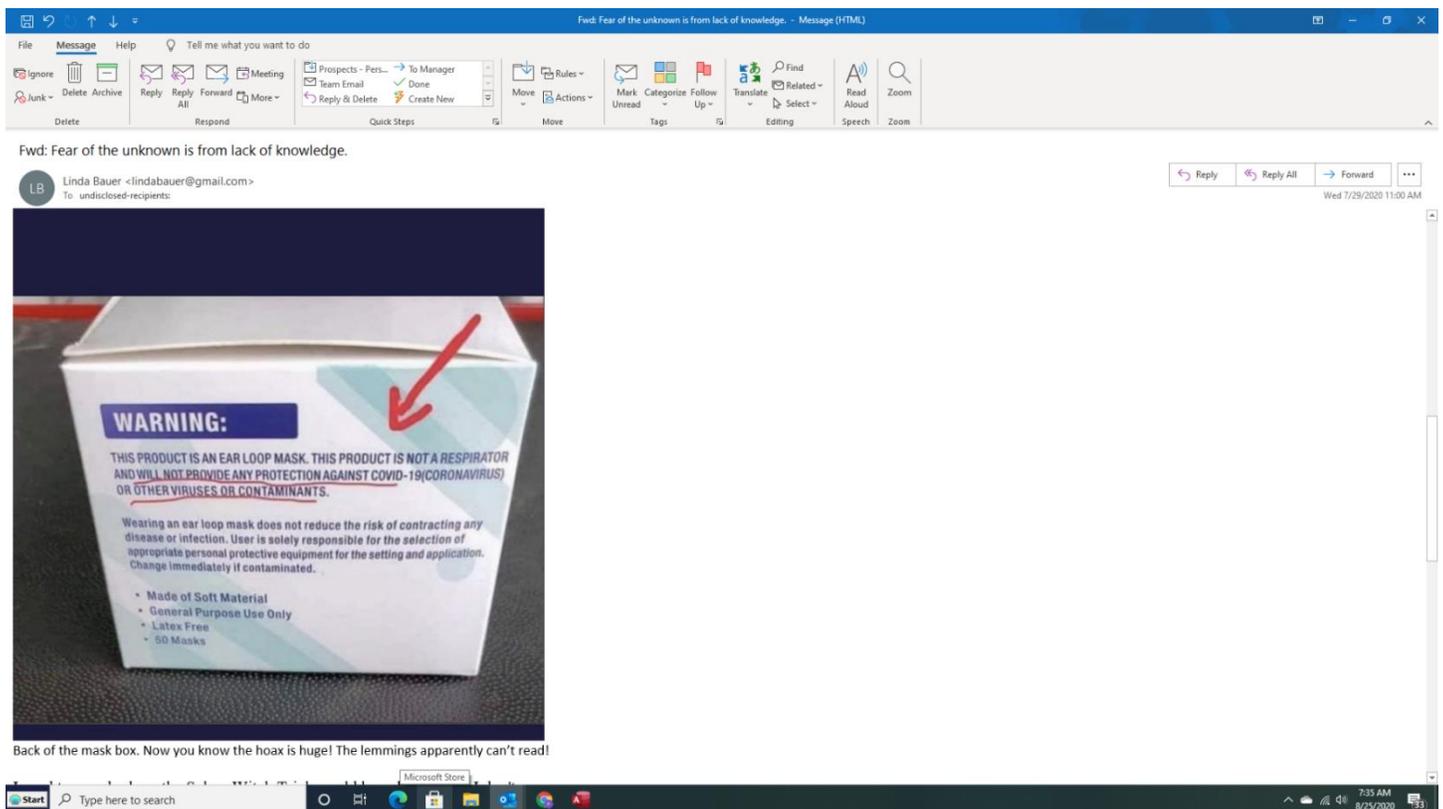
Why Are We Wearing Masks???

The COVID-19 virus is 0.125 μm in size, and can penetrate the surgical mask barrier

- According the US National Academy of Sciences, in community settings “face masks are not designed or certified to protect the wearer from exposure to respiratory hazards”
- In household settings, surgical masks do not prevent transmission of flu - probably won't stop SARS-CoV-2 either.

Larson EL, Liverman CT, editors. Preventing transmission of pandemic influenza and other viral respiratory diseases: personal protective equipment for healthcare workers: update 2010. Washington: The National Academies Press; 2010.
MacIntyre CR, Cauchemez S, Dwyer DE et al. “ace mask use and control of respiratory virus transmission in households.” *Emerg Infect Dis* 2009 Feb;15(2):233-241.

Cowling BJ, Chan KH, Fang VJ et al. “Facemasks and hand hygiene to prevent influenza transmission in households: a cluster randomized trial.” *Ann Intern Med* 2009 Oct;15(7):437-446



The screenshot shows an email interface with a forwarded message. The message content includes a photograph of a white box for an ear loop mask. A red arrow points to a warning label on the box. The label text reads: "WARNING: THIS PRODUCT IS AN EAR LOOP MASK. THIS PRODUCT IS NOT A RESPIRATOR AND WILL NOT PROVIDE ANY PROTECTION AGAINST COVID-19(CORONAVIRUS) OR OTHER VIRUSES OR CONTAMINANTS. Wearing an ear loop mask does not reduce the risk of contracting any disease or infection. User is solely responsible for the selection of appropriate personal protective equipment for the setting and application. Change immediately if contaminated. • Made of Soft Material • General Purpose Use Only • Latex Free • 50 Masks". Below the photo, the text says: "Back of the mask box. Now you know the hoax is huge! The lemmings apparently can't read!". The email header shows it was sent by Linda Bauer on Wednesday, 7/29/2020 at 11:00 AM.

There is no emergency!

We have been misled:

- Inaccurate tests = false reporting of “cases”
- Social isolation prevents people from talking to each other – convince people that other people are dangerous
- Fear porn – focus on infections, not recovery and real death rate, don’t tell people there are inexpensive and effective treatments
- Control – wear masks, contact tracing, more and more rules and regulations
- Make people helpless – destroy their businesses and livelihoods while allowing big box stores and online merchants to thrive
- Control the message – censorship prevents this information from being known by most, discredit all dissenting health professionals
- Promote vaccines as the only way to go back to “normal” and then change the message after vaccines are rolled out

It’s time for government employees to stop punishing the people and businesses of our state! We do not need protection from a virus that is roughly as dangerous as the seasonal flu.