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Re: Petition to Repeal Administrative Rule OAR 333-019-1030

Notice to the Agent is notice to the Principal. Notice to the Principal is notice to the Agent.

Dear Dr. Dean Sidelinger and Ms. Rachael Banks,

I have a number of concerns regarding your letter to Ms. MacKensey Pulliam dated December 9, 2022 regarding OAR 333-019-1030 – Vaccination Requirements for Teachers and School Staff. It seems neither of you are keeping up to date with data related to COVID infection, COVID shots, or the physics of masks. You will be receiving multiple tranches of current articles and research papers that concern COVID, the recent ones first, followed by 7 previous tranches already shared with the Oregon Department of Education (ODE) and Sweet Home School District over the past 7 months.

The following are extremely concerning statements from your letter to Ms. Pulliam:

1. *"Being fully vaccinated against COVID-19 is one of the most effective ways to reduce the potential for severe illness, hospitalization and death from COVID-19."*

   Provide data that justifies your statement, because it does not jive with medical studies and expert medical opinions I have been reading for the past 24 months. In fact, data is showing that the more COVID shots you receive the greater your chances of contracting COVID, and the more damage that is done to your immune system. **[Tranche 7 – Attachments 20, 24] [Tranche 8 – Attachments 2, 13]**

2. *"The risk of hospitalization and death from COVID-19 is rare in individuals who are fully vaccinated and is even rarer in those who are up to date with all recommended COVID-19 vaccinations."*

   This statement is patently false. The current data is revealing that the majority of those hospitalized or dying from COVID have been "vaccinated". **[Tranche 7 – Attachments 20, 22, 24] [Tranche 8 – Attachments 1, 5, 6, 8, 15] [Tranche 9 – Attachments 6, 13, 18, 20, 22] [Tranche 10 – Attachments 18]** Provide data that justifies your statement.

   Regrettably, you neglect the elephant in the room. Since the unstudied and untested genetic mRNA shots for COVID were pushed upon the public we have witnessed increases in morbidity

and mortality that are unprecedented. **[Tranche 7 – Attachments 3, 13, 18, 19, 21, 22] [Tranche 8 – Attachments 1, 5, 6, 7, 14, 15, 20, 29] [Tranche 9 – Attachments 15, 16, 17]**

3. *"Staff and volunteers who are vaccinated are better protected against severe disease and thus will have less time out of school."*

Provide data that justifies this statement. As already stated, the majority of COVID hospitalizations and deaths are now in the "vaccinated". Studies are indicating that with each subsequent COVID shot your immune system is being further degraded and compromised. **[Tranche 5 – Attachments 2] [Tranche 7 – Attachments 20, 22, 24] [Tranche 8 – Attachments 1, 2, 5, 6, 8, 13, 15] [Tranche 9 – Attachments 6, 13, 18, 20, 22] [Tranche 10 – Attachments 18]**

The "unvaccinated" are thriving and have natural immunity.

4. *"OHA continually monitors COVID-19 variants, disease trends and vaccine effectiveness and believes the rule is still necessary to control COVID-19."*

So, you are saying you believe the COVID shots are effective against COVID and its mutations regarding both transmission of the virus and protecting the "vaccinated" individual from infection? Again, not what I'm reading. **[In The Matter of Tina Tressel – Attachments 8]**

And why are the "vaccinated" having multiple COVID infections in one year? **[Tranche 6 - Attachments 22] [Tranche 11 – Attachments 14]**

Why now are the "vaccinated" the majority of those hospitalized and dying from COVID? **[Tranche 7 – Attachments 20, 22, 24] [Tranche 8 – Attachments 1, 5, 6, 8, 15] [Tranche 9 – Attachments 6, 13, 18, 20, 22] [Tranche 10 – Attachments 18]**

Data is now indicating that COVID mRNA shots are probably causing COVID to mutate. **[Tranche 9 – Attachments 22]**

Pfizer executive, Jordon Walker, Director of Research and Development, Strategic Operation and mRNA Scientific Planning, just publicly stated that **Pfizer is working on creating COVID mutations** and then having the vaccines available to deal with them so as to keep their money gravy train going. **[Tranche 10 – Attachments 1]**

5. *"People in tribal communities and communities of color have experienced the greatest burden of COVID-19."*

Your data indicates equal access of all communities to COVID shots and that the greatest

percentage of "unjabbed" were Caucasians. Otherwise, your statement is a stretch considering your data's significant limitations. The data does not take into consideration the relative health of each population, their unhealthy vices such as cigarettes and alcohol, their comorbidities, access to healthcare, etc. Therefore, without further information, I cannot, nor should you, come to this conclusion. **Horrific problems of racism and classism in Oregon do exist, though Oregon government refuses to address them. This issue will be addressed further in this letter.**

6. *"…hospitalizations and deaths among fully vaccinated individuals have remained low."*

   Provide data that justifies your statement, because it does not conform with currently available information. **[Tranche 7 – Attachments 20, 22, 24] [Tranche 8 – Attachments 1, 5, 6, 8, 15] [Tranche 9 – Attachments 6, 13, 18, 20, 22] [Tranche 10 – Attachments 18]**

7. *"Vaccine efficacy against infection has fallen significantly, but there is still protection."*

   Provide data that justifies the second half of your statement regarding protection, the first portion already being widely acknowledged. It does not seem to be protective when people are getting multiple COVID infections in a year after multiple mRNA shots. **[Tranche 6 - Attachments 22] [Tranche 11 – Attachments 14]**

8. *"COVID-19 vaccines are safe. They have undergone multiple clinical trials and have been administered to millions of people in the United States and in other countries. Serious complications from COVID-19 vaccine are rare."*

   This is utter nonsense regarding the safety of these genetic mRNA shots! **[Tranche 1 – Attachments 7, 8, 13] [Tranche 2 – Attachments B, C, D, E, I, K, M, S] [Tranche 7 – Attachments 3, 15, 16, 17, 34] [Tranche 8 – Attachments 6, 7, 9, 10, 17, 20, 21] [Tranche 9 – Attachments 2, 4, 6, 12]**

   First, these shots **never underwent clinical trials**; they are experimental. Those who received the genetic mRNA shots are now the guinea pigs in a worldwide "clinical trial".

   Second, I'm sharing a plethora of information that shows **these shots are far from safe** - life and health insurance actuarial data, VAERS (Vaccine Adverse Event Reporting System) data, military DMED (Defense Medical Epidemiological Database) data, mortuary numbers, leaked Pfizer documents, leaked Twitter files, and medical expert statements. **[Tranche 1 – Attachments 8, 9, 14] [Tranche 2 – Attachments A] [Tranche 3 – Attachments A] [Tranche 7 – Attachments 19, 21, 22, 23] [Tranche 8 – Attachments 1, 4, 5, 6, 7, 9, 14, 16] [Tranche 9 – Attachments 42, 43, 44] [https://vaersanalysis.info/2023/01/27/vaers-summary-for-covid-19-vaccines-through-1-20-2023/]**

   Many worldwide medical experts are currently demanding a cessation of all COVID shots until the **unheard-of morbidity and mortality** that has occurred since the advent of the experimental

genetic COVID shots is investigated fully, and their numbers are growing. **[Tranche 7– Attachments 2, 4, 5, 7, 12] [Tranche 8 – Attachments 8, 21, 22, 23, 24, 25, 26] [Tranche 9 – Attachments 30, 31, 32]**

Dr. Robert Malone, the inventor of mRNA technology, stated that his technology was and is experimental and has never been intended for human use. He has also stated that the "vaccinated" are "Super Spreaders". **[In The Matter of Tina Tressel – Attachments 6]**
We have no idea what the multiple COVID shot's ingredients are because the inserts that are supposed to give this information are all blank. If these genetic mRNA shots are so safe then why do these pharmaceutical companies have full liability protection for any damage caused by them?

9. *"Studies show that COVID-19 vaccine in addition to prior COVID-19 infection provides another layer protection from hospitalization and death resulting from COVID-19."*

Provide data that justifies your statement.

10. *"In addition, cases of COVID-19 and hospitalizations due to COVID-19 have risen recently. Some of this increase is exacerbated by the lifting of mask requirements in schools and in public places in early March 2022."*

From your data document, I **perceive no recent increases** in Covid cases, hospitalizations, or death. The document demonstrates that all three categories have fallen in dramatic unison since peaks in mid-January of 2022.

Masks don't work – see below. Neither does the "magical" 6 feet of separation or Plexiglas barriers.

Oregonians depend on the OHA and Governor's office to inform them of ALL available information from ALL available sources so they may have the tools and information to do their own risk/benefit analysis. As an example, Dr. Sidelinger you pushed mask mandate**s** when you knew, or should have known, that N95 masks cannot stop/filter viruses from moving either direction with breathing**,** and that surgical masks, cloth masks and neck gaiters/face wraps are an utter joke regarding their ability to filter viruses; yet, you have never presented this information to the public. The masks are nothing but a false sense of security, and are equivalent to trying to keep mosquitoes out with a cyclone fence. **[In The Matter of Tina Tressel – Attachments 2, 3, 4] [Tranche 1 – Attachments 5] [Tranche 7 – Attachments 27, 28, 29, 30, 31]**

Your letter footnotes the following: *"Oregon's COVID-19 Cases, Hospitalizations and Deaths by Vaccination Status"*. I find this OHA study/data report to be greatly lacking at a number of levels:

1. It has been put together in a very difficult to follow fashion for anyone, but especially for those who don't have a medical/scientific background.
2. There are no definitions readily found – such as what constitutes a case of COVID in hospitals and nursing homes. What is a "COVID like illness"? It is quite difficult to make anything out of the numbers without clear definitions.

3. You place minimal focus on the groups who are most at risk and most impacted by COVID-19 – the elderly and those of all ages with significant comorbidities. Your data lumps everyone together as if all parties – the well and the unwell, the old and the young, are equal.
4. You have no discussion of risks and side effects directly associated or linked to COVID mRNA genetic shots. Why was this information excluded? Many of the world's top medical experts are currently demanding a cessation of COVID shots until the marked increases in morbidity and mortality that have been occurring since the commencement of the COVID shots are studied and resolved. The obvious cause seems to be the COVID shots. **[Tranche 7 – Attachments 2, 4, 7] [Tranche 8 – Attachments 21, 22, 23, 24, 25, 26, 27] [Tranche 9 - Attachments 3, 4, 5]**
5. Your data **does not** note which brand of COVID-19 shot was received by each individual, nor the percentages/numbers of the population receiving each brand of shot.
6. Are Hispanics included in the numbers for whites for "Race" graph or are they separated via the "Ethnicity" graph? Very confusing.
7. Explain how "case count" differs from "positive tests"?
8. How are you differentiating Influenza (which miraculously disappeared in 2020 - 2022) from COVID?

In this document, **"Covid testing"** is one part of your data set. What COVID test(s) were used? Is it a different COVID test than the one that was supposed to be discontinued a year ago because of marked inaccuracy? Kary Mullis, PhD, the inventor of the PCR test that has been used to "diagnose" COVID infection, had dire concerns about PCR's accuracy. Dr. Mullis stated that with the PCR test you could find any virus you desired depending on how many "cycles" were used when performing it. How many "cycles" were used with your data set? How many were rapid COVID tests?

You also use the term **"COVID-19 positive patient"** in your footnoted document. What is your definition of a "Covid 19 positive patient"?

Your data set reports that from June 2022 to November 2022 there were **939 COVID deaths**. Your report doesn't designate if these individuals died from COVID alone or if they died for some other reason unrelated to COVID, like a motor vehicle accident, but had an asymptomatic "positive" PCR test at the hospital. **[Monthly report 12/8/2022 - page 10-12]**

From your OHA data report: **"In Oregon a death is reported as a 'COVID-19 related death' if:**

> -The death is of a confirmed or probable COVID-19 case within 60 days of the earliest available date among exposure to a confirmed case, onset of symptoms, or date of specimen collection for the first positive test; or
>
> -The death results from any cause in a hospitalized person during admission or in the 60 days following discharge AND a COVID-19-positive laboratory diagnostic test at any time since 14 days prior to hospitalization; or
>
> - The death is of someone with a COVID-19-specific ICD-10 code listed as a primary or contributing cause of death on a death certificate, regardless of the dates of diagnosis or death."

This is an extremely broad definition of a "COVID-19 related death". It seems to encompass any death even remotely related to COVID exposure or a positive COVID test. This is not medicine, but it is a way

to jerk the system to get more money. This is certainly true regarding hospitals across the United States. I wouldn't put it past any hospital in Oregon to play this game just to make bonus money, I have personally witnessed Salem Hospital administrators coverup malpractice and deaths on multiple occasions in the past, some of which were reported in the Statesman Journal. Therefore, your report and your data are based upon ambiguous and disingenuous numbers and percentages.

It is well known that hospitals across the United States made more money if a patient had a diagnosis of COVID, even if their "positive" PCR test had nothing to do with their hospital stay. Here is an example - Someone comes into the hospital with diverticulitis, and tests positive for COVID though asymptomatic. Patient dies of the GI situation, not COVID, but COVID gets listed as one of the primary causes of death.

850 of your reported 939 deaths were in individuals who were **at least 60 years old** – or **90% of all deaths** [850/939 = 0.90].

748 of your reported deaths were **at least 70 years old** – or **80% of reported deaths**. [748/939 = 0.79]

Where is the listing of each individual's causes of death, medical comorbidities, and medications? That information is absolutely necessary to make your numbers useful.

From your website's most current information (as of 01/11/2023):

> **For Oregonians less than 20 years of age** there have been 16 deaths out of a total of 9,077 supposed COVID deaths in Oregonian since the start of the "pandemic".
> [16/9,077 = 0.00176 = **0.176%.**]

So, Oregonians less than 20 years of age made up **less than 2/10ths of a percent of "COVID deaths".** Again, we only have numbers without any details of their deaths or medical history. I suspect most, if not all, had significant underlying health issues.

According to your data, out of 13.1 million COVID tests performed on Oregonians, 9.2% of COVID tests came back as positive. [1.2 million positive COVID tests/13.1 million tests = 0.092]. A few problems:

> - What test(s) was(were) used for COVID testing? I was under the impression that nationwide the PCR COVID-19 test was to be discontinued last Dec 2021 because it was grossly inaccurate, but for some odd reason its use seems to have been continued. Can you comment on this?
>
> - What is the sensitivity, specificity and other statistical parameters of that/those method(s) of testing?
>
> - How was the specimen collection performed – nasal, sputum, throat, anal?
>
> - What protocols for collection were used?
>
> - If the patient was ill, at what point in their illness were they tested for COVID?

Oregon has a population of 4,359,110. What percentage of the population has been tested at least once? What percentage has never been tested?

We've had 38,247 hospitalizations for Covid which is 0.88% of population if we assume that an individual was only hospitalized once. [38,247/4,359,110 = 0.0088] There are no specifics on these

hospitalizations.

We've had 9,077 deaths which is 0.21% of population. [9,077/4,359,110 = 0.0021] There are no specifics on these deaths.

COVID-19 cases are considered "hospitalized" by the OHA if admitted for 24 [hours] or greater in an observation unit or emergency room (ER), or admitted to an acute care facility following an ER or outpatient visit. A COVID-19 related hospitalization is defined as:

- Any confirmed case hospitalized within 14 days of any positive test or who test positive during their hospitalization; or
- Any presumptive case hospitalized within 14 days of their illness onset.

Your letter states that there are serious and deadly disparities in Oregon's healthcare based on race: *"People in tribal communities and communities of color have experienced the greatest burden of COVID-19."* After going through your data document a few times, I was unable to arrive at the same conclusion you came to. This is discussed above under #5.

I do understand, and acknowledge, there are **severe healthcare disparities in Oregon**, but these disparities are based not solely on race, but also socioeconomic status, sexual orientation, health status, immigration status, etc. Certain Coordinated Care Organizations (CCO) who operate in Oregon, and who "control" large chunks of OHP and ACA healthcare program money, steal these taxpayer dollars that were intended for the less fortunate through multiple schemes. A percentage of this money ends up in Oregon politician's and bureaucrat's pockets/campaigns.

One scheme used by at least one CCO in Oregon is the selling of confidential patient medical and psychological information, some of which the CCO gathers from their own computer systems. **They have also purchased confidential health information from the OHA** [which includes names, DOBs, addresses, SS numbers, etc.] on HIV positive individuals, foster care clients, State prisoners, foreign college students, basically anyone's personal health information records that the OHA has access to. The OHA has sold such information directly to at least one CCO who then resold it to insurance companies, credit companies, private employers, physicians, etc. This health information is then used by the purchasers to cherry pick "customers", patients, or potential employees and their families who are felt to be less of a health risk and therefore, less costly. This health information is used to determine what interest rate you qualify for concerning credit cards, car loan, home loan, etc. This confidential information is also used to determine whether you get to keep your job. An example – a woman with breast cancer whose medical costs were about $500,000 in a year, lost her insurance because her husband's company dismissed him as a result of her healthcare costs. Employee information had been sold by this CCO to a private employer in Lane County and this was the result.

A couple more examples of schemes used by at least one Oregon CCO is the use of shell companies to fabricate bogus billings or multiple billings (25 plus) for a medical charge. One other is the intentional withholding of patient care which has been documented in Oregon newspapers. There are many other schemes.

Oregon politicians and bureaucrats have been given definitive documentation on multiple occasions by a **whistleblower** that clearly demonstrates Oregon government agents' and one Coordinated Care

Organization's criminal acts, including **theft of money intended for the less financially well off and the withholding of healthcare**. Numerous bureaucrats have benefitted financially from this theft. The website **CorruptOregon.weebly.com** contains a video which documents in detail these and many other criminal acts, all corroborated by **substantial documentation**. Governor Kotek, you received this link and information about two years ago, yet I received not one response from you or any other Oregon public servants with concerns, questions, requests for more information, or even wanting to speak with the whistleblower. At CorruptOregon.weebly.com you will find a short and long version of the documentary "No Lives Matter (Oregon Government and Their Corporate Friend's Corruption, Collusion and Racketeering)", a narrative of the long version, and multiple interviews with the Whistleblower.

Oregon government's and media's tale of hospitals being overwhelmed with COVID patients doesn't correlate with your COVID graphs - https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/SeverityTrends.
Your graphs demonstrate a marked decrease in new COVID cases, hospitalizations, and deaths since January of 2022. This January 2022 peak of COVID occurred in the supposed absence of Influenza. Can you explain the disappearance of Influenza? Please don't say it was the COVID preventions because these didn't stop COVID, so how could they stop Influenza?

Oregon bureaucrats made decisions from the beginning regarding COVID management based upon no scientific evidence. They instead chose knee jerk hysteria over critical thinking throughout the entirety of this supposed COVID "pandemic". No studies were performed on these "emergency vaccines" prior to their public release even though they were experimental. There was/is no information nor ingredients on the COVID shots product inserts, just a blank piece of paper. States without draconian lockdowns and other untested mandates fared as well as, or better than, Oregon regarding COVID illness, hospitalizations and deaths. One big difference though; the states who had no or mild lockdowns didn't destroy small businesses, nor did their populations suffer marked increases in psychological illness.

How many people work for the OHA? How many of them took Covid shots? What brand(s) did these folks receive? How many boosters have they received?

As medical professionals you have committed malpractice. You took an oath to do no harm, yet the harm you have caused is immense and at this point incalculable. You turned the trusting willing and the untrusting unwilling public into guinea pigs for a viral illness no worse than influenza. Instead of instilling calm, caution and logic you decided to instill fear, panic and totalitarian measures. You shut down the schools, the political system and our lives, with not one positive result to show.

My goal here is two-fold. First, to get extremely important and pertinent information to you so that you can make fully informed decisions in the future regarding COVID. My second goal is **holding you all accountable for your decisions**. The "I didn't know" excuse is now off the table.

"There are none so blind as those who will not see."
John Heywood, in 1546

Respectfully,
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