

**From:** Rob Pell <[RPell@grantspassoregon.gov](mailto:RPell@grantspassoregon.gov)>

**Sent:** Wednesday, October 27, 2021 11:41 PM

**To:** MayorCouncil <[MayorCouncil@grantspassoregon.gov](mailto:MayorCouncil@grantspassoregon.gov)>

**Cc:** [ddeyoung@josephinecounty.gov](mailto:ddeyoung@josephinecounty.gov) <[ddeyoung@josephinecounty.gov](mailto:ddeyoung@josephinecounty.gov)>; [hbaertschiger@josephinecounty.gov](mailto:hbaertschiger@josephinecounty.gov) <[hbaertschiger@josephinecounty.gov](mailto:hbaertschiger@josephinecounty.gov)>; [dfowler@josephinecounty.gov](mailto:dfowler@josephinecounty.gov) <[dfowler@josephinecounty.gov](mailto:dfowler@josephinecounty.gov)>

**Subject:** Re: Vaccination promotion

JoCo Commissioners, Mayor Bristol, Grants Pass City Council,

Mayor Bristol,

After reading your extensive proposal I feel it is missing the most critical aspects of the Covid discussion that may help our fellow citizens make well-informed decisions on this subject. It seems to me that basic Covid education would do more good than the financial schemes and incentives you propose. So the commissioners and my fellow councilors are clear, IMO the following 5 points need to be better understood by many and unfortunately you didn't touch on any of them.

**#1) The current Covid vaccines are not sterilizing and do not stop infection and more importantly do not stop the spread of Covid-19.** So projecting some kind of moral absolute about the need to serve society by exposing yourself to risk from the vaccine to help your community is not based in biological fact. If you get vaccinated the biological benefits are restricted to what the vaccine will do for you. If you have doubts about that listen to Dr Walensky address that issue. <https://twitter.com/ANTHONYBLOGAN/status/1444390327884947461?s=20>

**#2) There appears to be no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases.** Covid headlines and soundbites that project the mistaken idea that this is “a pandemic of the unvaccinated.” are untrue. A very recent study published on the US National Institutes of Health website concludes that Covid cases are unrelated to vaccination rates. The data was compiled from 68 countries and nearly 3,000 counties in the US. In fact, “Four of the five U.S. counties with the highest vaccination rates ranging from 84.3 percent to 99.9 percent are identified by the CDC as “high” transmission counties.

Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/>

**#3) Covid recovered people already have far better protection against Covid reinfection than vaccinated people have against infection.** There is no reason for them to get vaccinated and expose themselves to known and unknown vaccine side-effects. With 15 studies from major academic and medical institutions around the world about Covid recovered people clearly being better protected from infection than the vaccinated, supplanting immune status with vax status is illogical. (<https://archives.simplelists.com/nfu/msg/17519290/>)

**#4) The vaccines offer vastly different benefit to risk ratios for people of different ages and fitness levels.** An 85-year-old has about 10,000 times greater chance of dying from Covid if they are infected than a healthy 10-year-old would. Why would they both receive similar advice? Why would any government offer them both incentives to get jabbed? Further, males under 30 and especially teenage boys have a greater chance of getting myocarditis as a vaccine side-effect than

they do of being hospitalized if they get Covid. IMO offering financial incentives to people at very low risk of severe Covid complications who may be harmed by the vaccines is nothing short of reckless.  
Link:

<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

**#5) A CDC report came out this year that stated: 78% of Covid hospitalized patients were either overweight or obese.** I. E. overweight/obese people are approximately 4x more likely to get severely ill from Covid and take up a hospital bed than those who are of normal or more ideal weight. In fact, moderate obesity was a more significant risk factor driving hospitalizations than high blood pressure, diabetes, cancer, pulmonary disease or kidney disease. At the time it was written, after advanced age, it was the biggest factor driving hospitalizations and this was true across all genders, races, and ages. This is extremely significant because the US now has the highest obesity rate of any industrialized [nation.] The public could benefit greatly from knowing all of this.

In conclusion: Discussion based on soundbites and headlines rather than discussion that is based on clear and objective data is causing confusion and distrust across many demographics in JoCo. The mandate of vaccines by school districts and Asante for the Covid recovered is baseless (see the 15 studies that address this concept in #3) and possibly more than any other single thing has seriously eroded credibility of the OHA and healthcare providers who continue to promote it - rightly so. Simply clarifying the 5 points I've presented will help our citizens have a better understanding of Covid-19 and what the vaccines can reasonably be expected to do so they can make informed decisions. I find the monetary incentives to be particularly gross. Since the vaccine only provides biological benefit to the recipient why would incentives be appropriate? At the end of the day I would hope we can agree that the public making more informed decisions would be a good thing. That's why your proposal not addressing any of these points was very disappointing.

Rob Pell