

Dear Montgomery County Council Members,

I strongly oppose your proposal for a vaccine passport for multiple reasons. The most important being that you have stated you want to "incentivize" the vaccine hesitant. It is illegal, both civilly and federally, to coerce a population. (See: 21 Code of Regulations Section 50, 23&24 and Section 802 of the Patriot Act.)

You may choose the word "incentivize," but what you are proposing is the very definition of coercion, i.e., getting someone to do something they don't want to do by using a threat (e.g., "If you don't get the shot, you cannot be a full participant in society."). These laws are here to protect citizens from government overreach - exactly what is happening here. Are you willing to knowingly break these laws and be held culpable?

In my Jan 3, 2022 email to all council members and County Executive Elrich, I mentioned the above as well as the fact that this proposal doesn't make scientific sense or even common sense. Rather than repeat the detail of what I wrote previously, I will add a few additional thoughts & facts.

1. I have been told that the County Council is following guidance from the CDC. I'd like to point out that just as President Biden **falsely** said in July that if you get these vaccines you will **not** get COVID, the CDC also **falsely** says on its website, "Getting vaccinated **prevents** severe illness, hospitalizations, and death." <https://www.cdc.gov/coronavirus/2019-ncov/transmission/index.html> We all know that has not proven to be the case, nor was it ever studied or proven even in the original clinical trials, but in case you're not certain about that, on Oct 18, 2021 Robert Redfield, senior advisor to Gov Hogan & former CDC director, said in an interview that 40% of hospital deaths in the past 6-8 weeks were those who were fully vaccinated.

If the CDC has this most basic false claim on its website, how can you know what else isn't accurate on their site? Are you not concerned about the CDC's misinformation on this?

That the Council is limiting itself to what the CDC says when there are many scientific studies and opinions that run counter to what they say, makes me wonder if you're interested in learning and understanding the truth about what these shots can and cannot do. I have seen nothing coming from any Council member that indicates a genuine search for truth, or a willingness to look at the bigger picture of all the scientific data available on these shots.

(I will call them shots from here on because they don't meet the definition of vaccine, i.e., of providing immunity. The CDC changed the definition of vaccine after these shots came out for the very reason that these shots don't fit the decades-old definition.)

2. Just last week, the CEO of Pfizer said, "We know the two doses offer very limited protection, if any; the three doses with the booster they offer reasonable protection against hospitalizations and deaths... and less protection against the infection. Now we are working on a new version for vaccine, the 1.1 - let me put it that way, that will cover omicron as well..." When the public was told about the two doses, we were told it would keep us from getting COVID, even Biden and the CDC website say that. Now we are

told they may offer no protection (his "if any" above). We were not told that these two shots would wane in effectiveness rapidly or that they'd only be effective on one variant, but not future ones. Why is the County wanting everyone to get these shots when they are not working as expected? How do we know future ones will work as expected? We don't and we can't because these don't have full FDA approval, but only "emergency use" approval. We have the data now to know they are not working. Notice that the CEO of Pfizer didn't even mention transmission -- if they were preventing transmission, he surely would have spoken to that. But, like infection, these shots have never been shown to prevent transmission. So, transmission can come both through those who got the shot and those who didn't.

3. Analysis of data out of Denmark and the UK is now showing a negative efficacy for getting omicron for those who have gotten the shots, meaning those who have gotten the shots are more likely to get infected with omicron than those who haven't gotten them! I don't believe there is any data showing this in the US (yet), but typically the US has followed what's happened in Europe.

It is a dereliction of duty for the County Council to hide behind "we follow the CDC's guidance." No, you owe it to the residents to look at ALL of what's being reported, not just one side of it (particularly, as stated above, when the CDC has misinformation on its website).

4. Here is a link to an article "Forcing People Into COVID Vaccines Ignores Important Scientific Information," published on Dec 14, 2021, & written by three highly credentialed scientists (two are MD, PhDs and one is a PhD. One of the MD PhDs is a professor of epidemiology at the Yale School of Public Health, Yale School of Medicine, and Yale Cancer Center). It is a 7-minute read and I hope you will read it.

<https://thefederalist.com/2021/12/14/forcing-people-into-covid-vaccines-ignores-important-scientific-information/>

5. I have heard the argument that those who haven't gotten the shot are more likely to end up in the hospital and therefore deprive someone else of a hospital bed and that's why they shouldn't be allowed to participate in life in MoCo. Hmm... the most common predictors of death from COVID are being overweight and low Vit D status, not vaccination status. Are we going to start shaming those who are overweight and haven't gotten their Vit D levels high enough, or stop allowing them into County restaurants and gyms because they're more likely to end up in the hospital with COVID? What if the hospital bed is for a cancer patient who's smoked a pack a day for 20 years? Does that person deserve a hospital bed? Are we going to start having a tally of who deserves a hospital bed and who doesn't? Because with "taking a hospital bed away from someone else" as justification for your proposal, why are you only picking one group -- those who haven't gotten a shot - as those who are "robbing" others of hospital beds?

There is so much to building a strong immune system that will greatly help keep you out of the hospital. Is a person who didn't get the shot, but eats well, exercises, has adequate Vit D more likely to end up in the hospital or someone who gets the shot, but eats junk food, never exercises, etc...? Sugar is a huge immune suppressor as is too much caffeine -- are we going to have to start showing lab work for blood

caffeine levels in order to "deserve" to be a full participant in our County? Do you see how random and unscientific the County is being in their proposal?

The County Council in proposing a vaccine passport is also ignoring the science behind natural immunity of those who've gotten COVID, as well as the risks from the shots -- the hundreds of thousands of reported injuries and tens of thousands deaths on the CDC's VAERS system (more reports than all other vaccines combined in the past 30 years). Where there is risk, there must be choice (or, is the County willing to take on liability for any injured by these shots?). Your proposal doesn't even mention possible injuries from the shots.

I'll end with what I began with -- even if all of what I wrote above weren't true -- coercion of a population is violating the law. Are you willing to commit a felony?

Sincerely,
Lisa Schnoor

Health - Vaccine Passport

Dear Council Members:

I want to write specifically about the possibility of greater harm to African Americans from the COVID shots. First I will recap a few points from previous testimony.

I have made phone calls and submitted public written testimony AGAINST the vaccine passport. The main reason is that coercing a population violates civil and federal laws and a vaccine passport to "incentivize" a population is the very definition of coercion.

A vaccine passport also falsely discriminates against those not vaccinated because it ignores the fact that the shots do not prevent transmission or infection, ignores the strong natural immunity of those who've gotten COVID already, and also ignores the highest correlation of contracting COVID and death -- which is having inadequate Vit D levels and being overweight -- which the county has made no effort to address in the population.

Additionally, these COVID shots have had more reports of injuries and death than all other vaccines combined in the past 30 years. "Safe and effective" is an effective marketing message, but the data does not support that.

There are over 1000 published studies providing evidence that the COVID shots are dangerous. Here is the link which has links to all 1,000 studies.

<https://www.thecompleteguidetohealth.com/over-1000-published-studies-provide-evidence-that-the-covid-19-vaccines-are-dangerous.html>

One concern is that myocarditis (Nature Medicine paper published Dec 14, 2021) is clearly higher after vaccination for those under age 40 (particularly for males) than in myocarditis after COVID infection.

<https://vinayprasadmmdmph.substack.com/p/uk-now-reports-myocarditis-stratified>

This morning I was watching a Senate panel discussion moderated by Sen Ron Johnson with world-renowned doctors and medical experts, discussing pandemic response, early & hospital treatment, the COVID shots.

One speaker, Christina Parks, is an African-American and holds a PhD in cellular & molecular biology, Christina Parks. She prefaced her testimony saying she was speaking as an African American and as a scientist.

"As a scientist it's quite baffling to me that we have an avalanche of data showing that it's the spike protein that causes the deleterious effects of COVID. But we don't see any problem with putting genetic material into the cells of our body that tell it to make tons and tons of spike protein. We're not adding a little bit, like a traditional vaccine, and then having your body make an antibody response. We've

decided let's just make the body make tons of the spike protein and we know that the spike protein is toxic. The Ginsha (sp?) Lab at Georgetown showed the spike protein signals through the ACE2 receptor which usually doesn't signal at all and that leads to pulmonary hypertension; this is causing inflammation. [Someone's name] at the Bristol Medical Center in the UK shows that the spike protein severely disrupts the functions of cells that support the heart. Maybe it's just me, but I want my heart cells to work right. [Another name] out of Hong Kong demonstrated that the antibodies made to the spike protein cross-react with our own tissues so that many people when they make antibodies to the spike protein they are getting an auto-immune response that can be devastating. I could go on and on and on. We know the spike protein is toxic; why are we having our bodies make it?

As an African-American scientist, I am extremely troubled about this one-size fits all approach to vaccination and vaccine mandates. There's now a growing body of data showing that people of African descent respond more vigorously to vaccines containing RNA viruses and may need a lower dose. This is Gregory Poland's work out of the Mayo Clinic and basically he showed that they have both a higher innate and a higher [?? didn't understand this word] response. In order for those vaccines to be safe, we're looking at something like the MMR with measles, mumps & rubella, all RNA viruses, they may need a lower dose because the higher dose when you activate your immune system it becomes inflammatory; if you activate it too much, it becomes hyper inflammatory. If you lack Vitamin D, which most African Americans are deficient in, you cannot shut down that inflammation. So this is something we should have been looking at and we're not looking at. We have decided to do one-size-fits-all."

This panel discussion is still going on live (it will be at least 5 hours long). Here's the link where I've been watching it; I don't know if this is where it will be for replay or not. <https://thehighwire.com/watch/>

The County council is pushing this "everyone must be vaccinated" and "let's incentivize the few who haven't by taking away the right to participate in society" saying they're following the CDC. The CDC has ENORMOUS conflicts of interest. Thousands of doctors and scientists, as Christian Parks above, vehemently disagree with the CDC. But, even the lay person can see the shots have not worked as promised.

Council Members Jawando and Rice, I am grateful to see diversity in background on the County Council. This is a good thing, a great thing. And while all council members should be concerned about ridiculousness of one-size-fits-all medicine and how, in terms of vaccinations, African Americans have a higher risk of injuries, I would think that you would especially want to understand what additional risks the African-American community takes on with these shots and not be quick to blithely say, "Everyone needs to take this shot; it's safe for all; it's safe for kids" when the data does not show that.

Why is the County continuing to push an "answer" that isn't working, is prejudicial (against those who don't buy into the government's proposed solution), has shown to have enormous risk and is illegal (coercion)?

Council Members -- if you have not informed yourself of the studies that contradict what the CDC and Fauci are saying, take the time to educate yourselves. The residents of this county are looking to YOU to do the right thing and to "first, do no harm."

If you refuse to look at all the data or if you continue to push an unlawful and unsafe agenda, you are culpable to the damage you are causing.

NO to vaccine passports; NO to pushing a Big Pharma agenda that has proven not to be safe (if you're willing to look at all data).

Sincerely,

Lisa Schnoor