

**From:** George Berg <[berg\\_george@hotmail.com](mailto:berg_george@hotmail.com)>

**Sent:** Monday, August 16, 2021 1:11 PM

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**Subject:** [EXTERNAL] Fw: Health Order C19-26

To the City of Santa Rosa Council members and executive staff. I am forwarding you my letter to Dr. Sundari Mase and the County Supervisors and Executive staff regarding her mandate for vaccinations to first responders.

Please consider this in your discussions to mandate "consent" vaccination or termination to the hundreds of your employees who cannot consent to an experiment. They have devoted themselves to public service and will be discarded as nobodies by such a mandate.

George Berg

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**From:** George Berg

**Sent:** Monday, August 16, 2021 12:50 PM

**To:** [Susan.Gorin@sonoma-county.org](mailto:Susan.Gorin@sonoma-county.org) <[Susan.Gorin@sonoma-county.org](mailto:Susan.Gorin@sonoma-county.org)>; [David.Rabbitt@sonoma-county.org](mailto:David.Rabbitt@sonoma-county.org) <[David.Rabbitt@sonoma-county.org](mailto:David.Rabbitt@sonoma-county.org)>; [district3@sonoma-county.org](mailto:district3@sonoma-county.org) <[district3@sonoma-county.org](mailto:district3@sonoma-county.org)>; [district4@sonoma-county.org](mailto:district4@sonoma-county.org) <[district4@sonoma-county.org](mailto:district4@sonoma-county.org)>; [district5@sonoma-county.org](mailto:district5@sonoma-county.org) <[district5@sonoma-county.org](mailto:district5@sonoma-county.org)>; [bos@sonoma-county.org](mailto:bos@sonoma-county.org) <[bos@sonoma-county.org](mailto:bos@sonoma-county.org)>; [sheryl.bratton@sonoma-county.org](mailto:sheryl.bratton@sonoma-county.org) <[sheryl.bratton@sonoma-county.org](mailto:sheryl.bratton@sonoma-county.org)>; [jill.ravitch@sonoma-county.org](mailto:jill.ravitch@sonoma-county.org) <[jill.ravitch@sonoma-county.org](mailto:jill.ravitch@sonoma-county.org)>; [mark.essick@sonoma-county.org](mailto:mark.essick@sonoma-county.org) <[mark.essick@sonoma-county.org](mailto:mark.essick@sonoma-county.org)>; [david.koch@sonoma-county.org](mailto:david.koch@sonoma-county.org) <[david.koch@sonoma-county.org](mailto:david.koch@sonoma-county.org)>

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**Subject:** Health Order C19-26

Dr. Sundari Mase has issued a preposterous and extremely dangerous mandate to first responders in Sonoma County. I have sent the attached letter to Dr. Mase warning her she has issued an order on, by her own reasoning, false claims and provable untrue statistics. The order she issued is self-nullifying and any debate or discussion County and Municipal officials have regarding mandating vaccines to mimic her order for all County or City employees will also be unethical, immoral, and illegal.

No one can make laws or decrees legal when the basis of such is false. Dr. Mase should have the courage to resign, and in lieu of her display such humility, she should be released from employment due to her failure to perform the duties as the County Health Officer with a true concern and compassion to the individual residents of the county.

Sincerely,

George Berg

Lifelong resident of Sonoma County



Virus-free. [www.avast.com](http://www.avast.com)

Dear Dr. Mase:

In your recently issued County Health Order C19-26, you declared (under mandatory compliance or the penalty of imprisonment as a crime), you claimed the State of California Dept of Public Health Order for “high-risk health care and congregate settings” is insufficient because, “Law Enforcement, Fire, EMS and Temporary Disaster Shelters are critical to public health and safety and these groups regularly interact with high-risk health care and congregate settings as well as with medically vulnerable individuals in the community.” Your basis for the order was as follows:

“This Order is being issued in light of SARS-CoV-2 Delta variant anticipated to become the dominant strain of the SARSCoV-2 virus in the United States, including the County, within weeks. This variant is more contagious *and causes more severe illness* than previous strains of SARS-CoV-2. With the easing of COVID-19 prevention restrictions since June 15, workers in Law Enforcement, Fire, EMS, and Temporary Disaster Shelters now have potentially more exposure risk outside the workplace. Furthermore, the risk for this Personnel may exponentially increase should a disaster event occur in our community as we near wildfire season in our area.” Furthermore you cited as a basis,

“Vaccination against COVID-19 is *the most effective means of preventing infection* with the COVID-19 virus,...” Continuing on to claim a 70-95% reduction of infection and 40-60% in transmission.

These are not merely inaccurate claims, they are patently false with known data you had at the time you made the claim. They are not supported by the clinical and scientific medical community's findings, data, and research. As such, *you do not have a basis to force vaccinations and testing on healthy human beings, therefore your order is unethical, immoral, and self-nullifying.*

The Delta (B.1.617.2 ) variant may already have been the dominant strain, but variants are only identified by serology tests. These tests are rarely done and capture only a fraction of the infections. The common PCR tests do not determine if someone is actively infected with SARS-CoV-2. The Delta variant may indeed have a higher infection rate due to higher viral loads (revealed to be equal for vaccinated and unvaccinated), but it is absolutely not more dangerous or deadly. The UK Public Health agency (where the Delta variant is more advanced through the population than the US) published [technical briefing 16 on June 18<sup>th</sup>, 2021](#) citing that the variant is more contagious but far less deadly and far less worrisome, that the vaccine does not protect against the Delta variant and the primary result of infection is a cold. You and the CDC, and health agencies knew this data but ignored it in favor of more vaccines.

The false narrative of this being a [pandemic of the unvaccinated](#) is pure fear-mongering and pure fantasy. To achieve absurd statistics, all infections (including ones presented before the full 2 weeks after the second dose) from January through June were counted against the unvaccinated tally, and only fully vaccinated plus the two weeks were counted against the vaccinated tally. However, the [CDC changed the reporting requirements on May 1<sup>st</sup> in the US to deliberately exclude positive tests for previously vaccinated persons outside of severe hospital settings and death.](#) In essence, you are comparing every unvaccinated to a select few vaccinated infections. This is outright malfeasant; an overt biased and unequal methodology. And still, we are at only a third of the cases we experienced at the end of 2020. A total reduction by two-thirds even with the criminal efforts to obscure the facts does not support the notion of your new additional emergency declarations which violate individual bodily autonomy.

You cited a reduction of 70-95 percent among vaccinated – false. This conveniently dismisses the transparent reporting in Israel and the UK. Due to this artificial pressure (vaccination), the UK official scientific advisory group has publicly admitted a variant will emerge that “leads to current vaccine failure.” They also published that nearly one-third of all deaths are among the vaccinated. Israel has one of the highest vaccinated populations and is currently estimating [Pfizer's abysmal efficacy against the current dominant strain at 39%](#). The [NYT reported](#) the J&J vaccine was determined around 33% effective against the Delta variant. [Axios reported](#) a senior Biden White House official called the Mayo Clinic finding of 42% effective a, “wake up call.” The fact is, the manufacturer's claimed high efficacy is now moot because the original virus for which these experimental vaccines were developed is now extinct; replaced with variants that have specifically antigenic escaped the vaccines.

The vaccines have failed to prevent the spread of the mutated variant which has eluded the vaccination program's single spike protein identification. With 29 proteins on the shell of the virus, it is no wonder that people who've been infected develop a superior naturally acquired immunity to every component of the virus vs the now super spreader vaccinated population who through vaccination have an immune system incapable of identifying the virus should that one component mutate as has been done in the Delta and Lambda variant. It is almost as if this variant was a direct result of narrowly focused selective pressure through the vaccination against one protein of the virus. The [theory of Muller's Ratchet](#) also proves how virus mutations become more contagious but a weaker version. The original strain the vaccines were developed for and given Emergency Use Authorization for investigatory purposes is now extinct. The Delta variant is an immune escape variant from the vaccine. The experimental vaccines do not control the infection and spread of this variant and are not effective.

As far as “most effective,” you are deliberately ignoring the actual most effective means of preventing infection, the off-label widely studied and documented therapeutics. [Ivermectin has proven to be more effective as a prophylaxis than the experimental vaccine program](#). It is an incredibly effective treatment administered at early onset, along with other known, and long-term tested, HCQ and Fluvoxamine. There are hundreds of studies documenting real-world treatment for hundreds of thousands of people from all over the world, [Using ivermectin has produced a 97% reduction in cases and 91% reduction in deaths](#). But the pharmaceutical companies do not make the any money for those out-of-patent drugs. Instead, they unethically and criminally hide the published studies, real-world data, and suppress any dissent. They issue narrative edicts to denounce ivermectin and HCQ as well as deliberately poison the government trials by knowingly overdosing the medication or eliminating the known and proven entire protocols. Conveniently, they've also announced brand new therapeutic anti-viral medication before the year is up. New medicines equal billions of dollars profit.

You claim these experimental vaccines are the most effective in preventing infection, even if true what are you trading? You don't even know. It is a fact that the single spike protein used in the vaccine was supposed to be chemically bound to the non-human lipids used in the vaccine. But Pfizer's study in Japan revealed they immediately cleaved and circulated in the body. The lipid nanoparticles are found to accumulate in the spleen, bone marrow, liver, adrenal glands, ovaries, and other organs. [This normally cautions real scientific researchers to look for long-term signals for leukemia and other cancers, reactivation of latent viruses, and thrombocytopenia](#). But Pfizer distributed it anyway because again, billions of dollars were up for grab. Now they argue a “booster shot” is required. The mutated virus is not recognized by the vaccine, leading to infection, so your answer is more vaccine? This is a con job by the pharmaceutical industrial complex to make more money while stalling as they create another vaccine.

With the failure rate of the experimental vaccine at least 60% and likely rising, there is no justification to force testing against only unvaccinated people. This creates a medical apartheid of two classes of citizenry with punitive measures against one. It is discriminatory. The data is conclusive and admitted by the CDC, vaccinated people have the same infectious viral load as unvaccinated in regards to the Delta variant, (the same transmissibility of live virus) but you have selected only unvaccinated people to single out, without even a reasonable suspicion to believe they are ill or infected.

Additionally, the “at least weekly testing” consists of yet more medical products under emergency use authorization, which require informed consent by the same statutes as the experimental vaccines. The PCR test is unreliable and the CDC is removing the EUA on December 31<sup>st</sup> so that the laboratories have adequate time to select an alternative. Directly from the [CDC website](#):

“In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test. *CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses.* Such assays can facilitate continued testing for both influenza and SARS-CoV-2 and can save both time and resources as we head into influenza season.”

The current PCR test can not distinguish between active infection or residual non-infectious persons, Even the CDC directs that the nucleic acid amplification tests used in the RT-PCR are not to be used within 90 days of infection. The test is manipulated to a 35 cycle magnification threshold when the developer of the PCR clearly stated anything above 20 cycles can not be relied on.

The weekly testing as you have mandated is wrought with potential errors as false positives may likely rise into the normal flu season, and you will continue to order unvaccinated people to quarantine while giving preferential treatment to vaccinated infectious people to continue working and spreading the Delta variant virus to others. Employers, private and public, will be forced into untenable work schedules and the only method to keep people working under your edict is to force vaccination which currently does not stop spreading the virus. You are gaslighting people into cognitive dissonance.

You have also deliberately neglected to take into consideration that a significant portion of first responders population is likely to have had SARS-CoV-2 and fully recovered. Putting aside the NIH findings that a robust, durable, and strong immunity is conferred by having been previously infected against all of the known variants, there have been concerns raised by medical professionals that vaccinating those recently infected can lead to 2 to 4 times the adverse reaction including serious injury or death by causing antigen-specific tissue inflammation in any tissues harboring viral antigens if exposed to the vaccine.

[Open Vaers](#) documented over half a million adverse events from these vaccinations in the U.S. This dwarfs all other combined vaccine adverse events for 30 years. Over 92,000 office visits, 68,000 urgent care visits, and 46,000 hospitalizations. This includes over 12,000 deaths, 4,700 anaphylaxis, 4000 Bell's Palsy, 5,000 heart attacks, 7,000 cases of shingles. Meanwhile, in Europe, the EudraVigilance program has captured over 20,000 deaths and almost 2 million adverse/injury reports. The counter-argument these reports are not proven to be the vaccine is a cowardly futile attempt to capitalize on the lack of determination at this time.. because they aren't investigated. The UK reporting system is just as bad. This is barbaric to ignore the screaming data pouring in.

Many scientists and watchdog organizations are rightfully concerned with the historical under-reported, proven by a government-funded study revealing VAERS captures less than 10% of all injuries, including most injuries at a rate of about 1%. This was also emphasized when Mass Brigham General Health system conducted a rigorous 100% monitor and follow-up of about 65,000 employees for the experimental injection. In stark contrast to the “safe” claim, and minimizing the faulted voluntary self-reporting VAERS data, Mass Brigham General Health documented a controlled environment study of acute adverse anaphylactic reactions. But before that, CDC downplayed reactions in a bizarre manner claiming 1.3 per million while they possessed data showing it to be 11.1 per million, almost ten times the number they chose. Strangely 1.3 per million anaphylactic reactions is the same as flu vaccine safety statistics which are approved as FDA declared, “safe and effective,” Back to Mass General, they recorded in a controlled study a rate of 2.47 per 10,000 people. That’s 247 per million; 19,000% higher! These are life-threatening allergic reactions documented within minutes. They also recorded a higher rate of other adverse reactions. That is not “safe.”

It is beyond incredulous for you to magisterially reject scientific, real-world data, and adverse event reporting; but typical as has been exhibited in your non-transparent, cavalier dictatorship over any collaborative work here in Sonoma County with public leadership. If the individual people of Sonoma County were your concern you would direct physicians to the [FLCC for real-world proven therapeutic recommendations](#) and exempt them from prohibitions imposed by for-profit hospitals and medical groups' directives to only use their subsidized big-pharma's profit-driven recommendations.

You have falsely stated that vaccination is the most effective means of prevention and the Delta variant. You have falsely stated the Delta variant causes more severe illness based on non-peer-reviewed limited studies in other countries while ignoring contradicting studies. You do not have a legitimate basis for imposing this diktat measure. The actual statistical chance of a first responder dying of Covid19 alone (no comorbidity) is less than dying by a lightning strike or swarm of killer bees. Among the first responders you are targeting, their current age group, regardless of comorbidity, puts them at an overall survivability of greater than 99%.

It is unethical and immoral, and it is unscientific. You should resign as a matter of either incompetence or complacency in knowingly preventing proven therapeutic treatments for those hospitalized and having traded your Hippocratic Oath for the pen of a bureaucrat. Our Sonoma County family and friends didn't have to die from Covid19. And a 15 year old boy didn't have to die inexplicitly less than 48 hours from being vaccinated because his survivability from a natural infection was 99.998% if he had not been vaccinated against a virus that is no longer recognized by the vaccine. How have you explained that?

Sincerely,

George Berg

**From:** Matt S <[really2k1@msn.com](mailto:really2k1@msn.com)>

**Sent:** Sunday, August 22, 2021 8:32 PM

**To:** Alvarez, Eddie <[EAlvarez@srcity.org](mailto:EAlvarez@srcity.org)>; Rogers, Natalie <[NRogers@srcity.org](mailto:NRogers@srcity.org)>; Sawyer, John <[jsawyer@srcity.org](mailto:jsawyer@srcity.org)>; Tibbetts, Jack <[hjtibbetts@srcity.org](mailto:hjtibbetts@srcity.org)>; Fleming, Victoria <[VFleming@srcity.org](mailto:VFleming@srcity.org)>; Schwedhelm, Tom <[tschwedhelm@srcity.org](mailto:tschwedhelm@srcity.org)>; Rogers, Chris <[CRogers@srcity.org](mailto:CRogers@srcity.org)>; \_CityCouncilListPublic <[citycouncil@srcity.org](mailto:citycouncil@srcity.org)>

**Cc:** Navarro, Rainer <[RNavarro@srcity.org](mailto:RNavarro@srcity.org)>

**Subject:** [EXTERNAL] Re: Letter regarding Dr. Mase's order for mandatory vaccinations for First Responders

To the Santa Rosa City Council,

For your consideration in upcoming meetings and policy decisions, please see the attached letter I sent to Dr. Sundari Mase regarding her recent public health order C19-26 mandating vaccinations for first responders.

Thank you in advance,

Matt Sanchez  
Peace officer

To Dr. Sundari Mase,

I am writing to address your public health order #C19-26 issued on August 4, 2021 regarding the mandatory vaccination of first responders such as myself.

You said, *“This Order is being issued in light of SARS-CoV-2 Delta variant anticipated to become the dominant strain of the SARSCoV-2 virus in the United States, including the County, within weeks.”* You also said, *“Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, with the risk of infection reduced by 70 percent to 95 percent. Vaccination also appears to reduce the chance of transmission by an infected vaccinated person by 40 percent to 60 percent.”*

The Delta variant is the [dominant strain](#) in the US (98% of new cases), but [in an interview on CNN on August 5, 2021, 2021, CDC Director Rochelle Walensky](#) contradicted your assessment of the effectiveness of vaccines when she said the vaccines do not stop the transmission of the Delta variant of COVID-19.

[The new CDC masking recommendations of both the vaccinated and unvaccinated are the result of the COVID-19 outbreak in July in Massachusetts](#) where 469 people contracted the virus, **74% of whom were fully vaccinated**. In an article in the Baltimore Sun on August 3, 2021, a John Hopkins researcher stated that he [went to a party with fourteen other fully vaccinated people](#), one of whom was a breakthrough case, and **eleven of the fifteen** them ended up testing positive for COVID-19. [In a recent San Francisco outbreak, 233 workers in two hospitals tested positive for the virus, over 80% of them fully vaccinated.](#)

Breakthrough cases continue to **dominate** new cases in [Iceland](#) (one day reaching **over 80%**) and have [been 50% of new cases in Israel](#) and [approaching 50% in the UK](#). Gibraltar has been 99% vaccinated since May 4, 2021 [and continues to have hundreds of cases per week](#). It is recently estimated that [19% of new cases in California are breakthrough cases](#). If California follows the pattern of Europe and Israel, that number is likely to rise.

All that to say, when it comes to transmission of the virus – in the words of the CDC director and in real-life situations where fully vaccinated people were in actual vicinity of a person(s) carrying the virus, the vaccines failed miserably to protect them from infection, [which Dr. Walensky and the CDC falsely told them it would do](#). **The vaccines are completely unable to prevent transmission of the virus**, despite your claim to the contrary, which leads to the question – **Why mandate vaccination when the vaccine cannot do what you stated was one of your reasons to issue the order?** Or [in the words of Congressman Thomas Massie](#), **if they cannot prevent transmission anymore, “why would any government, organization or company mandate them?”**

**Dr. Mase, you claimed that the Delta virus causes more severe illness than the original variant.** While hospitalizations are no doubt on the rise, the UK’s data collected between February 1, 2021 and August 6, 2021 shows the overall case fatality rate of the [Delta variant at 0.3% \(see page 17\)](#). This makes the survivability of the Delta variant around 99.9% when [accounting for undocumented cases and deaths](#). The case fatality rate is only 0.03% for those under the age 50 (police officers tend to be between the ages of 21 and 55). This is far less deadly than the original virus as you know and is approaching the case fatality rate of the flu of 0.1%. Since the Delta variant has emerged, the case fatality rate has predictably [continued to fall](#) in the United States, California and Sonoma County by the month. [July 2021 was the lowest U.S. monthly death toll](#) of the entire pandemic. If death is the most extreme form of severe illness, the data contradicts your claim. Your order defies common sense in light of the most recent data and real-world examples. With preventing transmission out the window, it is not the job of the government to decide if someone will fight the virus with or without a vaccine. That is a personal choice and is up to someone’s personal liberty. This is not up to public health officers, city councils, boards of supervisors, employers or any other person but the individual.

Secondly, as Israel has been reporting and the CDC has now recognized – the effectiveness of the vaccines decreases over time. According to the July data in Israel, those who were vaccinated in January 2021 are only [16% protected](#), which is [why they began giving booster shots to their at-risk population](#). As the CDC has now realized the vaccines' failure in light of the data in Israel, they are also now recommending [booster shots for all](#). The answer to a failed vaccine is apparently...more vaccine? But this also begs the question - **If the people who were vaccinated early are now no longer protected from infection, why are they exempt from testing while the unvaccinated are not? Why haven't those who were vaccinated early been mandated to receive a booster shot** (which I do not hope for in light of the vaccine's inability to prevent transmission) **and wear special masks?** Like in Massachusetts or San Francisco, a fully-vaccinated person could theoretically be infected with the virus (**undetected**) while their unvaccinated co-worker is not. This fully-vaccinated person could be infecting others around them, both vaccinated and unvaccinated, yet they are exempt from testing per your order. This is not only defying logic, but it is a double-standard and outright discrimination of one group because they have not submitted to the pressure that has been pushed on them by government officials such as yourself. You are also unnecessarily forcing such personnel to wear a mark identifying themselves as unvaccinated (a surgical mask or respirator). This is eerily reminiscent of times past where certain persons were marked out for different treatment by the government.

Thirdly, it is a fact backed up by real-world data and [studies](#) that [natural immunity by recovering](#) from COVID-19 is superior to acquired immunity via vaccination, to include the original strain [and variants](#). We have dozens, if not hundreds of first responders in Sonoma County who have already recovered from the virus. [The Cleveland Clinic study](#) followed over 52,000 of its employees over five months, vaccinated, unvaccinated and over 2,000 of whom who had recovered from COVID-19. During the study, **ZERO people who had recovered from the virus were reinfected** while both vaccinated and unvaccinated contracted the virus. From the study, *"Subjects previously infected with SARS-CoV-2 are unlikely to get COVID-19 reinfection whether or not they receive the vaccine. This finding calls into question the necessity to vaccinate those who have already had SARS-CoV-2 infection."* And also: *"Our study examined rates of SARS-CoV-2 infection in vaccinated and unvaccinated individuals and showed that those previously infected who did not receive the vaccine did not have higher rates of SARS-CoV-2 infection than those previously infected who did, thereby providing direct evidence that vaccination does not add protection to those who were previously infected."* Between May 1, 2021 and July 12, 2021, [40 percent of new cases in Israel were breakthrough cases while only 1 percent were reinfections](#). These are direct evidences that people who have been recovered from COVID-19 are better protected from the virus and safer to their coworkers and the public than people who have simply been vaccinated. Yet, your order treats them as if they are more dangerous, which the Cleveland study and Israel's data showed is completely false. Dr. Mase, you have inexplicably divided employees into two groups, vaccinated and unvaccinated while also inexplicably ignoring **a third and more protected group – the recovered**.

The lone, [non-peer-reviewed study](#) put out by the CDC recommending vaccinating those who have recovered from the virus took place from May to June in Kentucky, before the rise of the Delta variant there. It has numerous admitted problems (documented within the study) and warns against using it to infer causation. It also compared those who were reinfected with each other instead of comparing them with vaccinated (and previously uninfected) breakthrough cases. In essence it would be like comparing the 1% of Israel's reinfections with each other while ignoring the fact that previously uninfected and vaccinated persons accounted for 40 times as many new cases. In light of its limitations and direct evidence and studies that reinfection is extremely [rare](#), this study is poor science and misleading at best. It should also be noted that as of August 6, 2021, [over half of Kentucky's Delta variant cases were breakthrough cases](#).



*(Lastly a note to government officials who may read this letter. It is the duty of government officials to [support and defend the Constitution of the United States](#). Sadly, we have witnessed government officials, including peace officers, far and wide at the lowest and highest levels fail to uphold their oaths to do so. The role of government is [to secure the rights of the people](#). Instead of doing that, many have acquiesced to executive orders, public health order after order, mandate after mandate, shutting down businesses and violating the rights of the people. This state of emergency granting executive power to unelected officials has gone on for eighteen months, subverting the Constitutional process of elected representatives of the people passing laws and being checked by the other two branches of government. Each day executive power grows as many of those sworn to support and defend the Constitution simply do nothing, rendering their oaths meaningless. [A new form of government](#) by fiat is being ushered in [via pandemic](#) and with little fight from within. I challenge elected officials to be true to your oaths that you swore. You are the last line of defense between the people and tyranny. Once tyranny begins, it cannot be stopped without drastic measures. You're the one who has to look at yourself in the mirror today and every day in the future. You will not be able to go back in time and change what you do now. It's your call.)*

In summary Dr. Mase, your public health order defies logic, science and real-world evidence. It is discriminatory. It is punitive. The order unnecessarily creates two classes of workers and punishes those who choose, for their own personal reasons, to decline a novel and experimental vaccine that the CDC acknowledges, and real-world examples show, does not prevent transmission of the Delta variant, which is 98% of new infections in the USA. Testing only the unvaccinated and making them wear different masks makes no logical sense in light of the fact that vaccinated persons can be infected and can transmit the virus to others. Testing and special masking of recovered persons who are not vaccinated while exempting the vaccinated makes even less sense. And since the vaccine does not prevent transmission or infection of the Delta variant, it is therefore an individual liberty to choose whether or not to become vaccinated to possibly prevent more severe illness in the event they become infected. Coincidentally (or not), the effective date of this order comes two weeks before a recall election in California, where the state of emergency could be ended immediately, your power stripped and all your orders reversed or made of no effect.

The first responders in this county have risked their lives to evacuate citizens during fire season and have worked with the public throughout this pandemic, without complaint. [We are not driving the spread of the virus](#). The vaccine cannot stop infection or transmission to others. Yet, Dr. Mase, you have placed many of us in a position between being forced to be injected with a novel, experimental vaccine instead of being given the option of naturally fighting a variant that has a survival rate of almost 100 percent given the age range of the first responder community. You have ignored those who have recovered from COVID-19 and do not need the vaccine. You are using first responders and Sonoma County employees [as a political tool to influence private employers](#) and unfairly forcing many peace officers (and perhaps employees of private employers influenced by your order), into a position where we may, in the near future, have to choose between the career we love, serving our communities and financially supporting our families or standing up for what we believe in. And it is completely unnecessary.

Dr. Mase, I urge you to reconsider your order and future orders in light of the above information.

Sincerely and respectfully,

Matt Sanchez  
US Army Veteran  
Peace Officer