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# Preamble

This presents information about **medical decisions**. The presenter is NOT a medical professional. Readers are **strongly cautioned** to consult with a physician or other health-care professional before using any information in this presentation. No presentation can substitute for professional care and advice. Accordingly, the author presents this to the local Health Board for information only while **disclaiming any liability** for loss, damage, or injury caused by the contents of this notice. *James R. Olsen*

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**THIS PRESENTATION LIMITED TO WHAT I HAVE READ — IT IS LIKELY TO CONTAIN MISTAKES AND OMISSIONS.**

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**FEAR** “And fear not them which kill the body, but are not able to kill the soul...” Matthew 10:28 KJV

## DIALOG

Jesus was willing to explain himself to the Pharisees, so must I explain myself.

If there is Grace to be found, it is in the act, not the outcome. **GRACE**

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This presentation is limited to what I have read. Since there is already so much information on COVID-19, no human can read it all. I have included citations for sources on which this is based, recognizing there may be others of which I am not aware or did not have time to read. Citation references are in the Backup Section, sorted by the lead author's last name. In the text these referred to in ( ) with the last name of the author.

So, whenever I present something as fact, I meant to say, “based on what I have read, I have concluded this is probably the case...” In this presentation I attempt to:

- Follow the data, follow the science,
  - Not the scientist in lieu of the science,
    - Not the news in lieu of science,
      - Not the social media feed in lieu of the science,
        - Always looking for the propaganda techniques that come from all directions that would make Goebbels proud.

*RISK IN THE FACE OF UNCERTAIN DATA*

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# COVID-19

James R. Olsen

<u>Health Board</u>	• <u>Duties under the law</u>
<u>United States</u>	• <u>We can do better</u>
<u>Vax mandates</u>	• <u>Vax mandates don't make sense</u>
<u>Some Treatments</u>	• <u>Food and Medicine</u>

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- DUTIES UNDER LAW

**50-2-116. Powers and duties of local boards of health. (**

1) Except as provided in subsection (5), in order to carry out the purposes of the public health system, in collaboration with federal, state, and local partners, each local board of health shall:

- (a) recommend to the governing body the appointment of a local health officer who is:
  - (i) a physician;
  - (ii) a person with a master's degree in public health; or
  - (iii) a person with equivalent education and experience, as determined by the department;
- (b) elect a presiding officer and other necessary officers;
- (c) adopt bylaws to govern meetings;
- (d) hold regular meetings at least quarterly and hold special meetings as necessary;
- (e) identify, assess, prevent, and ameliorate conditions of public health importance through:

- (i) epidemiological tracking and investigation;**

- (ii) screening and testing;**

- (iii) isolation and quarantine measures;**

- (iv) diagnosis, treatment, and case management;

- (v) abatement of public health nuisances;

- (vi) inspections;

- (vii) collecting and maintaining health information;**

- (viii) education and training of health professionals;** or

- (ix) other public health measures as allowed by law;

- (f) protect the public from the introduction and spread of communicable disease or other conditions of public health importance,** including through actions to ensure the removal of filth or other contaminants that might

- cause disease or adversely affect

- (g) supervise or make inspections for conditions of public health importance and issue written orders for compliance or for correction, destruction, or removal of the conditions;

- (h) bring and pursue actions and issue orders necessary to abate, restrain, or prosecute the violation of public health laws, rules, and local regulations;

The most effective COVID response for health and the economy

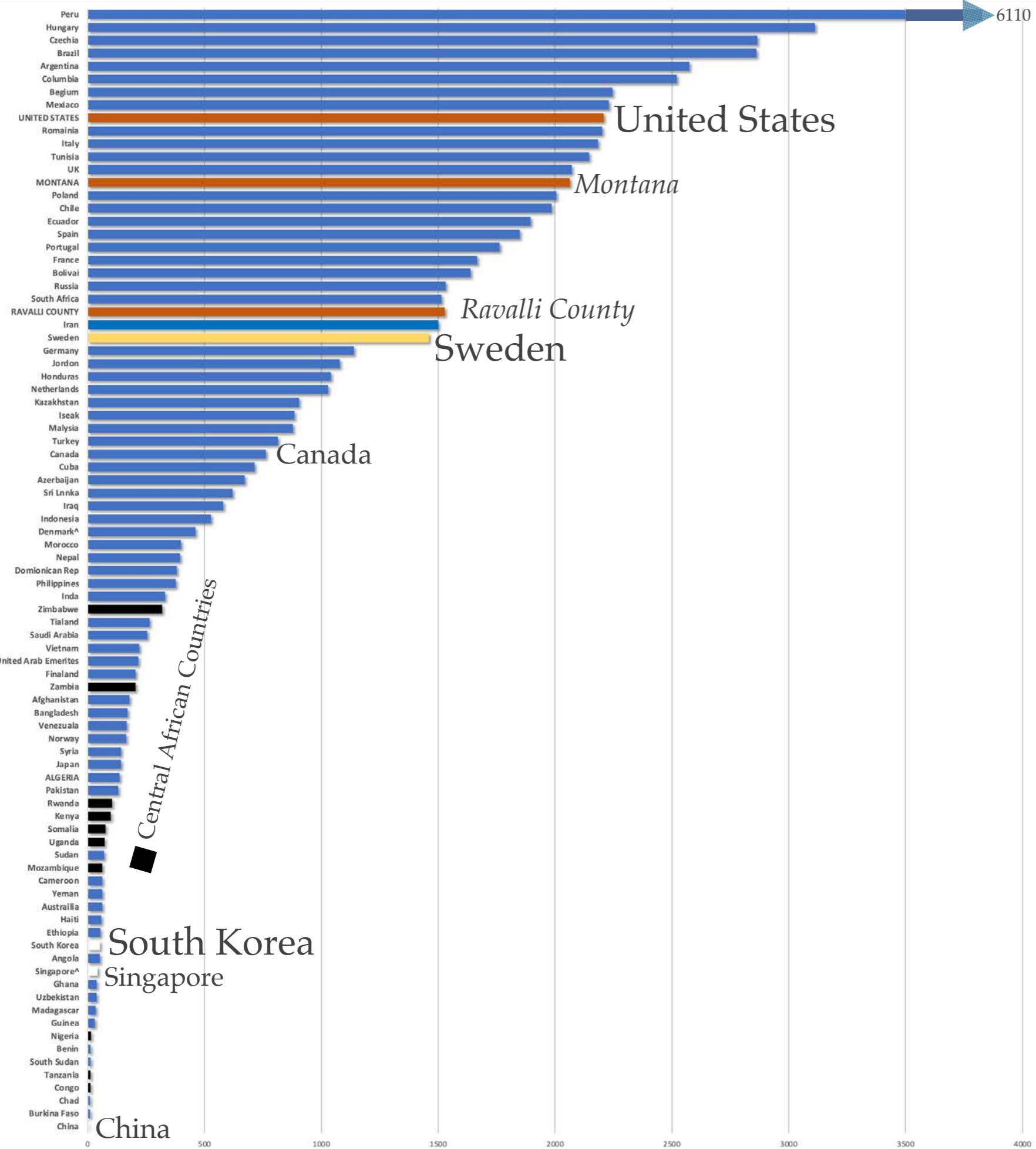
Capacity data

Nutrition and other information

## NEW in 2021

- (4) A directive, mandate, or order issued by a local board of health in response to a declaration of emergency or disaster by the governor as allowed in [[10-3-302](#) and] [10-3-303](#) or by the principal executive officer of a political subdivision as allowed in [10-3-402](#) and [10-3-403](#):
- (a) remains in effect only during the declared state of emergency or disaster or until the governing body holds a public meeting and allows public comment and the majority of the governing body moves to amend, rescind, or otherwise change the directive, mandate, or order; and
  - (b) may not interfere with or otherwise limit, modify, or abridge a person's physical attendance at or operation of a religious facility, church, synagogue, or other place of worship.**
- (5) A regulation allowed in subsection (2)(c)(i), (2)(c)(ii), or (2)(c)(vi) adopted or a directive, mandate, or order implemented to carry out the provisions of this part that applies to the entire jurisdictional area of a town, city, or county under the jurisdiction of the local health board may not:
- (a) compel a private business to deny a customer of the private business access to the premises or access to goods or services;**
  - (b) deny a customer of a private business the ability to access goods or services provided by the private business; or**
  - (c) include any of the following actions for noncompliance of actions described in subsections (5)(a) and (5)(b):
    - (i) require the assessment of a fee or fine;.....
- (6) The prohibition provided for in subsection (5)(b) does not apply to persons confirmed to have a communicable disease and who are currently under a public isolation order.
- (7) The prohibitions provided for in subsection (5) do not restrict a local board of health from exercising its authority under this section to enforce and ensure compliance by private businesses with all lawfully adopted regulations, directives, and orders.
- (8) As used in this section, "private business" means an individual or entity that is not principally a part of or associated with a government unit. The term includes but is not limited to a nonprofit or for-profit entity, a corporation, a sole proprietorship, or a limited liability company.

• WE CAN DO BETTER



# Covid Deaths per Capita

(Statistica, Bhatia)

United States – A poor politicized response

- South Korea:
- Modern industrial Republic
  - 1/6 US Population
  - Close borders within days.
  - Early testing.
  - Massive testing.
  - Thorough and timely contact tracing.
  - Effective isolation of the sick.

- Ravalli County:
- Suffered from CDC delays in test kits.
  - We did not provide sufficient staff or resources for timely contact tracing.

# Recommendation

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A Health Board Decision to Accept, Reject, or Modify

- ❖ Fund and execute contract tracing and voluntary isolation.
  - ❖ Clear, concise, timely personal contact and advice will reduce confusion and uncertainty about what a symptomatic, exposed, or positive-test person could do to protect themselves and the health of others.

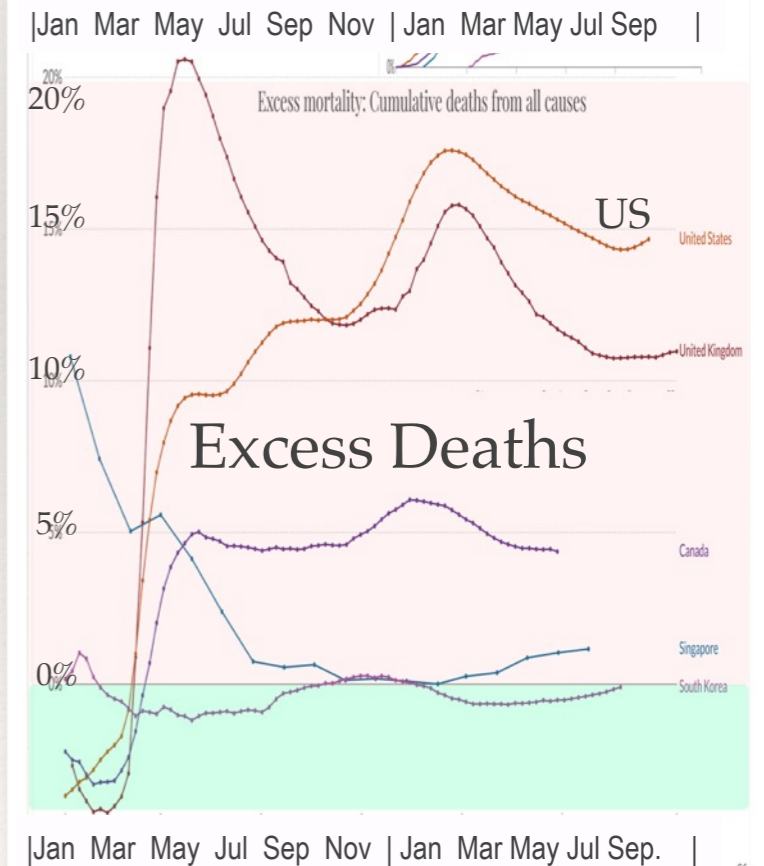
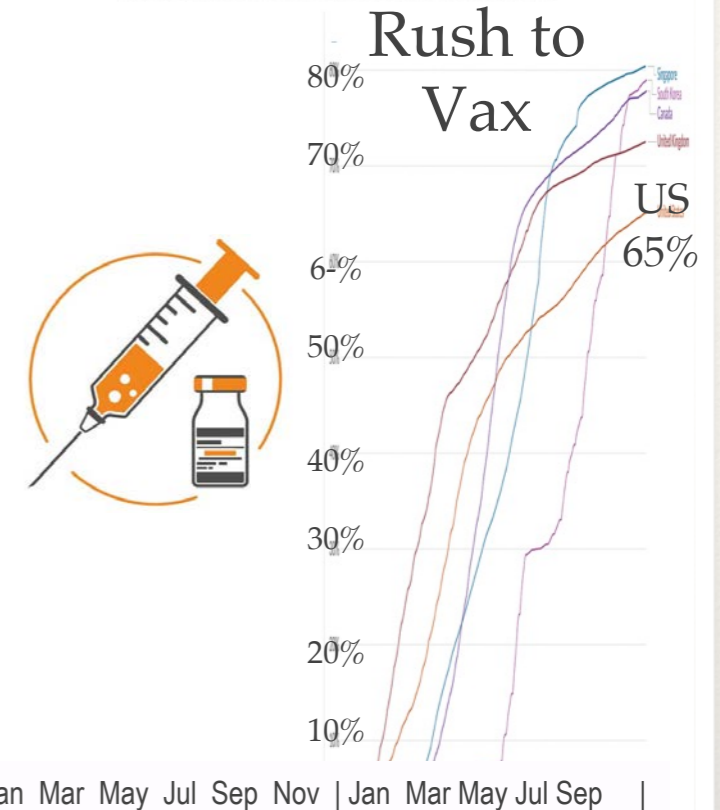
- VAX MANDATES DON'T MAKE SENSE

# Vax Mandates

## ❖ The Wrong Approach for COVID-19.

- ❖ A person should weigh the consequences for themselves.
- ❖ Other effective measures to control COVID have not been implemented in the United States — so burdening the population with additional personal risk and economic burdens is unjustified. *new* (See backup)
- ❖ mRNA vaccine technology is *new* (practical applications 2009 or so)
- ❖ **Long term unforeseen effects untested by definition for COVID vaccines** — rare and long-term side effects - a 15-year process according to my source.
- ❖ Prior mandates have been limited to schools, military, and smallpox in certain jurisdictions.
- ❖ In *Jacobson v. Massachusetts*, 197 U.S. 11 (1905) the Supreme Court said a vax mandate in Cambridge, MA for smallpox met the requirements of the 14th amendment. (US Supreme Court)
  - ❖ Though the court did note that it should be declared an emergency.
  - ❖ Jacobson presented no evidence of harmful effects, only his opinion.
- ❖ The economic impact on employment will raise to the top politically as the impact is already being reported to the Federal Reserve. (The Fed).

Share of people who received at least one dose of COVID-19 vaccine  
(Total number of people who received at least one vaccine dose, divided by the total population of the country.)



- VAX MANDATES DON'T MAKE SENSE



### *The Bottom Line*

- Studies to date show COVID vaccines reduce severity (Evans; HME; Olson; Randall; Tenforthe; Washington State Dept of Health).
- There are no expected long term side effects based on the understanding of the technology (Windsor).
- Still — the long term consequences are not known.

**Not Everything  
is Known**

- VAX MANDATES DON'T MAKE SENSE

# My Risk Chart

It's up to *you* to choose "how many 9's" you think is risk of the long term Vax effects

*These numbers are approximate in that they are from different data and some imprecisely collected. Comorbidities is an important factor not shown here.*

VAX OR NOT VAX — EACH PERSON MUST ASSESS THEIR OWN RISK WITH UNCERTAIN DATA														
US Population (Millions)	Age	COVID			1% Long Haul Est**	Long Term or Severe Side	Vaxxed (millions) ***	VAX			Long Term Risk + Current Exerience*			
		Cases Millions	Deaths Reported	Deaths Per Million				Side Effects	Break Through	Total	99.995%	99.99%	99.9%	99%
77.05	<b>0-17</b>	5.20	513	7	51,980	27	11.1	37	8	45	3,889	7,742	77,087	770,537
49.03	<b>18-29</b>	7.74	3,888	79	77,400	32	20.5	37	8	45	2,488	4,940	49,067	490,337
44.76	<b>30-39</b>	5.84	11,313	253	58,400	32	30.7	37	8	45	2,275	4,513	44,797	447,637
40.28	<b>40-49</b>	5.12	28,190	700	51,200	32	24.8	37	8	45	2,051	4,065	40,317	402,837
62.79	<b>50-64</b>	6.79	125,812	2,004	67,900	30	43.7	37	8	45	3,176	6,316	62,827	627,937
32.54	<b>65-74</b>	2.51	160,596	4,935	25,100	27	25.7	37	141	178	1,664	<b>3,291</b>	32,577	325,437
16.45	<b>75-84</b>	1.27	187,611	11,405	12,700	33	8.7	37	141	178	859	<b>1,682</b>	16,487	164,537
6.7	<b>85+</b>	0.69	195,007	29,324	6,900	33	8.7	37	141	178	369	702	6,687	66,537
<b>329.55</b>	<b>TOTAL</b>		<b>712,930</b>	<b>2,163</b>	<b>3,295,500</b>		<b>174.0</b>							

\* Subjective guess

\*\* Subjective guess - Current reports suggest 10-30%

\*\*\* Only includes number fully vaxxed who's age was reported to the CDC or the 189.3 fully vaccinated reported - some interpolated.



*Short term protection vs long term consequence*


Sources: CDC, VAERS Home, 2021; Elflen, "Number of coronavirus disease (COVID-19) deaths in the US..."; Statistica. Statistica. "Resident population of the United States..."; Nyberg, "Swedish Vaccine Data," 2021; Windsor, "Three Things to know...", 2021; CDC, "COVID Breakthrough..."; CDC. "COVID Data Tracker..."

KEY	
#,###	Vax less risky than COVID for fatal outcome
#,###	Vax near COVID risk
#,###	Vax less fatality risk, higher long haul risk
<b>BOLD</b>	Jim Olsen's data point

Deaths (VAERS)	7,896	Raw Count
Number Vaxxed	214	Million
Death Rate	37	/Million

Pick a vax arrow

 < Compare > 

 At this an estimate of timing comes into play.

# Remdesivir, Ivermectin, Dexamethasone...

(All references are for hospitalized, severe unless noted. \* See backup on QT Interval)

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All of these can have very negative consequences if self administered

- ❖ Remdesivir - FDA Approved
  - ❖ Some studies show no effect compared to Standard of Care (SoC) (Wang, Pan, Spinner[moderate symptoms])
  - ❖ Some studies show reduced time in hospital and about a 5% improvement in survival (Beigel, European Pharm., Garibaldi)
  - ❖ Increase in reported Kidney disorders compared to HCQ and other treatments. (Chourchana)
- ❖ Ivermectin - Not approved by FDA
  - ❖ Some studies show little or no effect compared to SoC (Lopez-Modina, Pan, Wang, Spinner[moderate symptoms])
  - ❖ Some studies show reduced viral load (Chaccour) and Prophylaxis [After exposure but before symptoms]. (Kory [Literature Review])
- ❖ Dexamethasone - FDA Approved on Aug. 6 (FDA)
  - ❖ Shows 4% reduction in mortality in hospitals and 10% for people on ventilation.
- ❖ Chloroquine (CQ) and Hydroxychloroquine (HCQ)\* - FDA Approval Pulled — used in other Countries
  - ❖ The FDA revoked interim approval without scientific justification and in the face of some evidence (though not a 95% confidence interval due to sample size) of success as a prophylactic — comment submitted to Health Board in August 2020 (Olsen). *A study suggested cited by the FDA an improvement as a prophylactic or moderate symptoms.*
  - ❖ Studies showing *improved* outcomes in hospitals of + 5-10% survival. (Arshad [this has problems in design (Atkinson)], Pan,).
  - ❖ Other studies suggest HCQ has a 3% *reduction* in survival compared to other treatments (Recovery Collaborative Group).
  - ❖ A literature review suggest benefits outweigh risks (Pahan)
- ❖ Artemisia Annua\* – Over-the-counter
  - ❖ Inhibit SARS-CoV-2 in vitro. More study needed, literature review (Fuzimoto).
  - ❖ Study shows shorten presence of detectable SARS-CoV-2 by 10 days. (Li).

# Food and Food Supplements

From Food If You Can, From Supplements If You Must

- ❖ Studies show the vitamins and minerals improve immunity.

(Fraker, Kumar).

- ❖ Deficiencies can increase the severity of COVID symptoms

see next chart.

- ❖ Vitamin deficiencies correlated with Type 2 Diabetes (Nix).

- ❖ Elderly tend to be more vitamin deficient. (Etheridge).



# Vitamins and Minerals

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- ❖ Selenium

- ❖ Strong correlation between cure rate for COVID and selenium in the local soil. (Zang).

- ❖ Zinc

- ❖ Deficiency degrades immune system (Fraker — Chapter 12 from Nutrition textbook).
- ❖ Too much zinc can lead to copper deficiency (Pal).
- ❖ Zinc supports antiviral functions (Pal).
- ❖ One study shows no benefit from high dose Zinc and Vitamin C (Thomas).

- ❖ Vitamin B

- ❖ B1. Deficiency of essential vitamin required for operation of antibodies and T-cells could lead to more severe symptoms (Sahkoo).
- ❖ B2 and UV shown to effective against MERS in plasma (Ragan).
- ❖ B3. May mitigate inflammatory storm. Anti-inflammatory on ventilated lungs in animal study. (Sahkoo, Nagia).
- ❖ B6. Anti-inflammatory (Sahkoo).
- ❖ B9 Deficiency not a factor in COVID (Meisel).
- ❖ B12. Symptoms of deficiency overlap COVID symptoms.
- ❖ Supplement of B12, Magnesium significantly reduced the number of hospitalized a “significant reduction in the proportion of patients with clinical deterioration requiring oxygen support and/or insensitive care support. (Tan)

- ❖ Vitamin C.

- ❖ Deficiency
- ❖ Megadose for colds may or may not be effective (Douglas).

- ❖ Vitamin D.

- ❖ Deficiency correlated with COVID symptom severity (Meltzer, Nimavat).
- ❖ Supplement improved outcome for COVID patients (Meltzer).
- ❖ Supplement beyond deficiency does not improve outcome in common cold (Butler-Laporte).

- ❖ Vitamin E

- ❖ Deficiency
- ❖ Long term supplements may have negative effects (John Hopkins University).

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# Recommend Statement

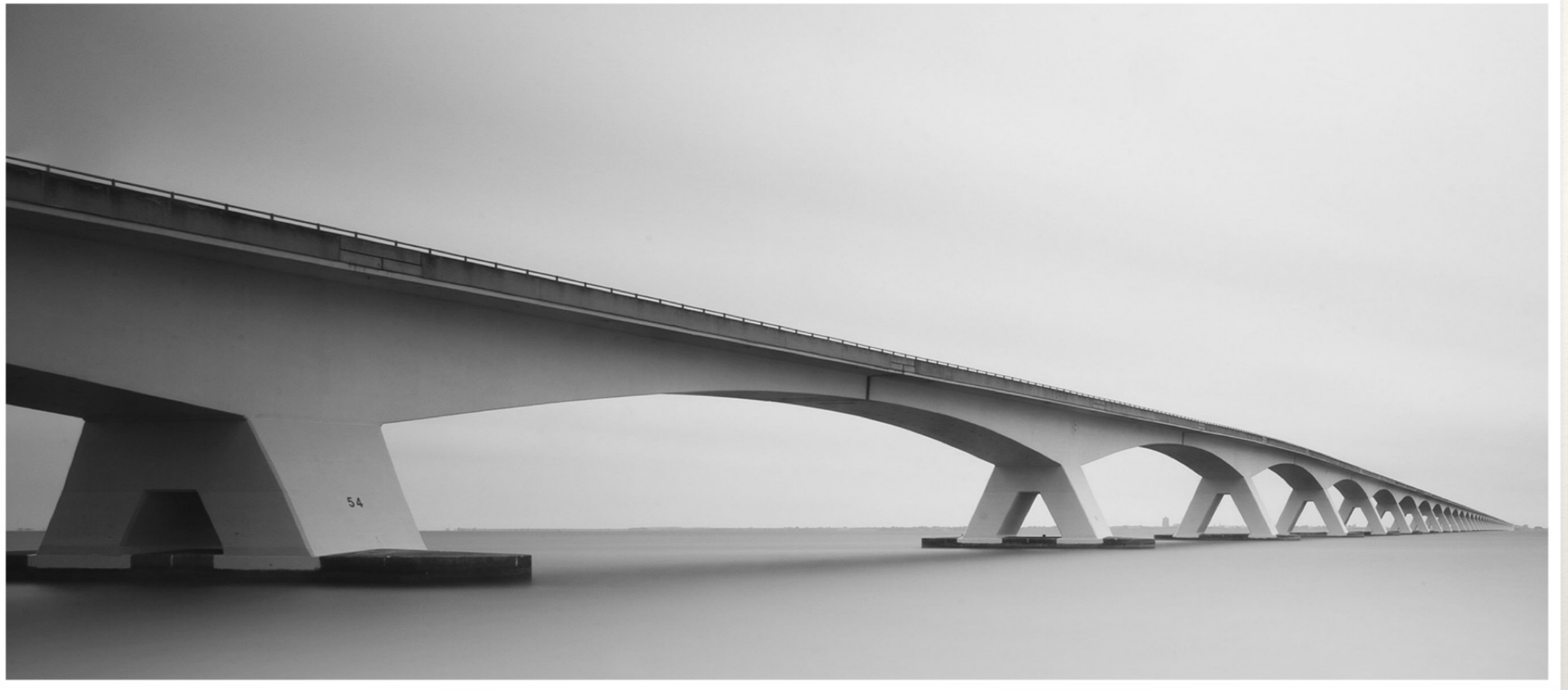
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The Ravalli County Health Board, under the authority of MCA 50-2-116 (e)(vii), provides the following information to the public and health care providers.

Peer reviewed studies show a correlation between vitamin and mineral deficiencies and the severity of symptoms experienced by people who contract COVID-19. Further, studies show that people who are older and diabetic are more likely to be deficient in one or more essential vitamins. Anyone at risk who has been exposed or has a positive COVID-19 test, or with COVID-19 symptoms should be tested for a vitamin deficiency; early testing and correction of a deficiency can affect the course and severity of a COVID-19 infection.

Vitamins and minerals are provided by food and, in the case of vitamin D, by exposure to sunlight. Diet is an important factor getting the required vitamin and minerals. Over-the-counter supplements should be taken at the recommended dose on the package. **TOO MUCH IS NOT BETTER.** An overdose of several over the counter vitamins and minerals can, and have, led to life-threatening side effects.

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*Lorem Ipsum Dolor*

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# BACKUP AND REFEENCES

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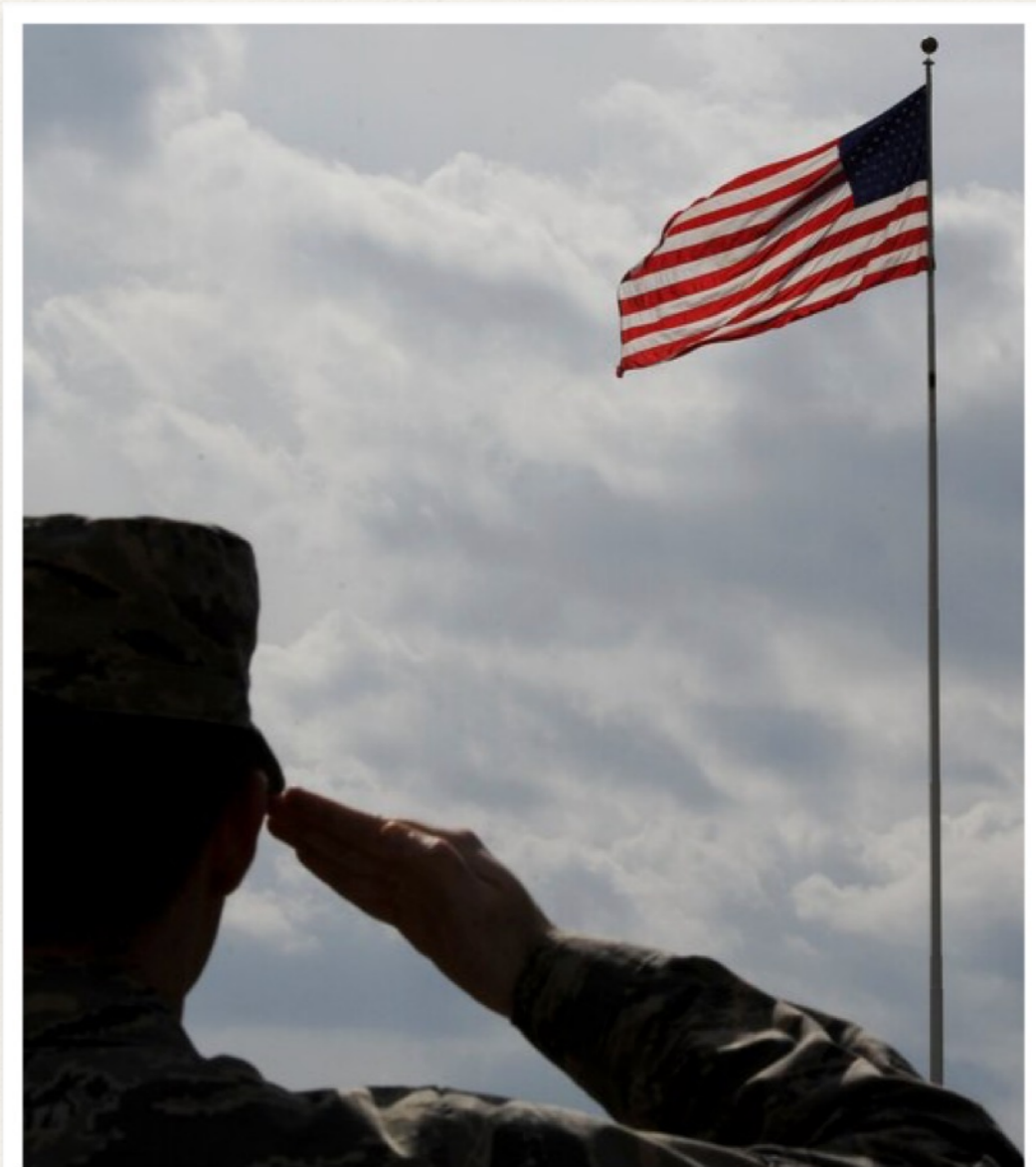
# It's a Republic

We The People have given the Government the right to make and enforce laws

- ❖ The laws cited were passed by elected Representatives of the State of Montana.
- ❖ **Enumerated individual rights** are embedded in amendments to the Constitution.
- ❖ Since the Roman Republic, our form of government includes **collective responsibilities from citizens**:
  - ❖ To defend the country and respond to crisis.
  - ❖ To fund public infrastructure.
  - ❖ Even provide a social safety net. (Hazlitt)
- ❖ The innovation in the United States is that power emanates from “we the people.”
- ❖ A citizen has **duties** as well as “freedom.”

## **US Constitution. Article I, Section 8.**

To provide for organizing, arming, and disciplining, the Militia, and for governing such Part of them as may be employed in the Service of the United States, reserving to the States respectively, the Appointment of the Officers, and the Authority of training the Militia according to the discipline prescribed by Congress;



# Herd Immunity Not In The Cards

- ❖ 13-15% of the population consistently poll to never get vaxxed. (Grace).
- ❖ Another 11% are hesitant. (Grace).
- ❖ Vaccinated people can and do reinfect people.
- ❖ Other effective mitigation systems have never been deployed in the United States effectively.



# Vaccination Calculations

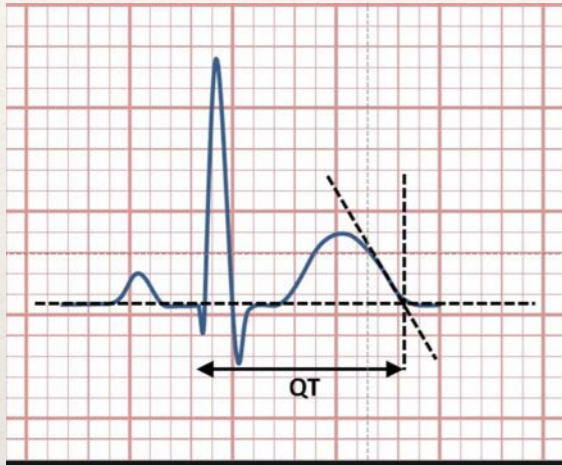
						Long Term or Severe Est.		
	Time	Symptoms	Possible Outcome		Per Million	All	18-59	75+
Anaphylaxis	Usually minutes, could be hours	Constriction of airways, weak and rapid pulse, low blood	Death	Pfizer	11.1	11.1	11.1	11.1
Blood Clots	Two weeks	Blood Clots	Death	J & J	1.9 (7 for women 18-59)	1.9	7.0	1.9
Thrombotic Thrombocytopenia	Two weeks	Blood Clots	Death	Zeneca	4.0	4.0	4.0	4.0
Myocarditis	A few days to weeks	Inflammation of the Heart Muscle			2.0	2.0	2.0	2.0
Guillan-Barré syndrome	Two weeks			J & J	7.8	7.8	7.8	7.8
Stroke (Swedish data)				Pfizer & Moderna	3 (75 yrs old+)			3.0
Acute Kidney Injury (Swedish data)				Pfizer & Moderna	1.5 (75 yrs old+)			3.0
<b>TOTAL</b>						<b>26.8</b>	<b>31.9</b>	<b>32.8</b>

Sources: CDC. "Breakthrough..."; Cunningham; Evens; Lougue; HME; Montana, "Vaccine..."; Nyberg;

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# QT Interval Effect

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- A Covid Symptom and effect of CQ, HCQ, A. annus.  
(Christchurch Medicines Information Service, Etheridge, Li)

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