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Public Comments for September 1, 2021 RTA Board of Directors Meeting

Below are comments received verbatim if by email, or summarized if verbally provided by telephone. Note that the sender's email address has been redacted. These comments will be posted on the RTA website as soon as possible. Any additional comments received after August 31st at 3PM, will be read aloud at the teleconference meeting.

Comments received as of August 31, 2021 2:30 PM:

From: Eric Greening <**REDACTED**>

Sent: Tues 08/31/21 8:47 AM

Subject: **Eric Greening Comments on Item B-1, Executive Director's Report, for SLORTA Board meeting of September 1st, 2021**

"Hello!

I'd like to thank the Board and staff for your continued exemplary work during these challenging times, and to share a concern with the possibility of a federal vaccine mandate affecting local transit agencies that use federal funds. ALL vaccine mandates should be challenged, and ALL available Covid-19 vaccines should still be considered experimental (with participation in medical experiments NEVER to be coerced in any way), since the "full use authorization" supposedly granted to the Pfizer product may not, even officially, cover the non-Comirnaty vaccines available here, and is, in any event invalid according to the usual standards for making such determinations, since the Phase 3 trials are not scheduled for completion until May, 2023, after which publication and peer and public review of the results are supposed to occur prior to proper authorization. At this time, we are IGNORANT of the long-term effects of these preparations, and that ignorance can only be dispelled by full unbiased attentiveness and the passage of significant TIME which has yet to elapse.

Before setting out studies and references that form the foundation for my concerns about the use of coercion to participate in the continuing experiment represented by the vaccines, two considerations, one personal and one specific to the RTA situation.

The personal one: vaccine skepticism is portrayed (and thus dismissed), in the incessant narratives of the manipulated mass media, as solely the province of right-wing extremists. Anyone who knows me knows I can't be characterized as such; my skepticism comes from ongoing STUDY, not from susceptibility to the groupthink of any political party or persuasion. The study began when Covid-19 vaccines first became available, and my original intent was simply to inform my own decision of whether to take one, and, if so, which one. I was open and unbiased in approaching the question, and if the gathering of information (some of it still emerging as our short experience with the disease and the preparations purporting to address it necessitates) has been steadily leaning me in the direction of vaccine

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skepticism, that is based on the accumulating concerns raised by that information. Unfortunately, there has been a concerted effort by media and officials to suppress and trivialize these concerns, but this isn't the first time the mass media have not been trustworthy!

The RTA situation that could be exacerbated by any sort of vaccine mandate is the continuing shortage of drivers, and the stress on existing drivers of needing to cover so many extra shifts. It is already clear that some lines of work already afflicted with vaccine mandates are losing needed employees, who, even faced with the dire choice between livelihood and protecting their health against something seen as a threat thereto, put health first.

What are some of the information sources that raise concerns? As to the validity of the "Full use authorization," two pieces from the British Medical Journal: "FDA Set to Grant Full Approval to Pfizer Vaccine without Public Discussion of Data," and "Does the FDA Think these Data Justify the First Full Use Approval of a COVID-19 Vaccine?"

What are these concerning data? In the US, the VAERS system collates reports of vaccine-related deaths and injuries (although many such are not reported due to the need for the person experiencing such injuries, and/or their physician(s), to make the connection between recent vaccination and the incident, which many people are ideologically resistant to making, or simply too stressed by the circumstances to bother with) and their data can be accessed via "Open VAERS Covid Vaccine Data." A Shocking graphic can be found under "All Deaths Reported to VAERS by Year." This covers ALL vaccines over time, and the towering cliff that suddenly looms with the advent of the Covid vaccines is frightening. To get into the weeds of the data on deaths and injuries, the pages and pages of "VAERS Covid Vaccine Data" can be scrutinized.

Safety is one concern; efficacy is another. The vaccine makers don't even claim their products prevent transmission, making all discrimination against the unvaccinated not only unjust but medically nonsensical. Highlighting this concern is the Lancet preprint: "Transmission of SARS-CoV-2 Delta Variants among Vaccinated Health Care Workers in Vietnam."

Clearly, the Delta Variant is more transmissible than the original strains that prevailed when the vaccines were being developed. But what if the spread of the vaccines themselves were a causative element in the arising of more transmissible, and ultimately potentially more virulent variants--that a vaccinated population would be a more pernicious "variant factory" than an unvaccinated population, just as overuse of pesticides brings about multiplying populations of resistant bugs, and overuse of antibiotics spawns antibiotic-resistant bacteria? All the currently available vaccines are imperfect or "leaky" in that they do not stop onward transmission. Two studies detailing this concern can be found in PLOS--Biology and are entitled: "Imperfect Vaccination Can Enhance Transmission of Highly Virulent Pathogens" and "Risk of Rapid Evolutionary Escape from Biomedical Interventions Targeting SARS-CoV-2 Spike Proteins." It would be frustrating indeed if a pandemic that was about to have run its course might have been prolonged via variants due to the vaccination campaigns, but of course Big Pharma profits from illness, not from health.

If the two scientific papers referred to just above are heavy going for you, a more lucid, less technical explanation of the concerns therein may be found in the blog "Bad Cattitude" under the title "Leaky Vaccines, Superspreaders, and Variant Acceleration."

New studies continue to emerge. Three recent ones that haven't yet had time to be peer reviewed, but which do need such attention, and NOT to be ignored, can be found at the Med Rxiv site which puts out such hot off the press studies. Among those raising serious concerns with vaccination:

"Predominance of Antibody-resistant SARS-CoV-2 Variants in Vaccine Breakthrough Cases from the San Francisco Bay Area, California"

"This SARS CoV-2 Variant Is Poised to Acquire Complete Resistance to Wild-type Spike Vaccines"

"Shedding of Infectious SARS-CoV-2 Despite Vaccination when the Delta Variant Is Present--Wisconsin, July, 2021."

To sum up, all coercion to take these vaccines is not only an affront to personal choice, but may be counterproductive from the standpoint of public health. Every public agency should do everything in its power to resist all mandates and coercive measures, and to protect each person's right to decide for themselves what substances to take into their bodies. I respect the right of each valued RTA employee (and each person in society) to make their own decision, and hope the RTA Board and Administration will commit to doing likewise!

Many thanks,

Eric"