

To: the Nevada State Board of Health;
RE: Public Comment Meeting September 10th, 2021

This correspondence/ testimony is intended to be submitted and added to the meeting minutes for the Nevada State Board of Health's September 10th, 2021 schedule meeting for the General Public Comment portion pursuant to Nevada's open meeting laws. Regarding the proposed employee mandate. First, this is not a "vaccine" by definition, and rewriting the definition does not change that fact. It was not derived from the virus itself, a micro organism, bacteria, or toxin. Mrna is a substitute synthetic treatment / procedure. Vaccines stop the vaccinated from contracting a virus, stop the spreading through an organism, eradicate a virus from an organism, and stop the virus from transmitting to other organisms. These COVID "vaccines" have none of these characteristics. They simply only stimulate the body's immune response in non-traditional non-evolutional ways against a specific infectious agent or disease, only reducing not elimination the change of someone experiencing the full blown effects of COVID. While there is initially much documentation that the shots are somewhat effective against subsequent COVID mutations, there is likewise many documented accounts of "break through cases" including variants such as the Delta that effect both vaccinated and unvaccinated persons. This fact largely negates the legitimate need for a mandated "vaccine". The COVID shots result in the subject becoming an unwilling host to the multiple COVID mutations, as a virus would be self defeating if it killed the host, and potentially turn the host into a de facto super spreader. The current vaccine treatments will require an endless series of booster shots to remain effective, and may ultimately diminish ones own natural immunity to other covid mutations and or other infections, or create an adverse autoimmune response in a person. Some individuals immediately experience adverse reaction to the shots, including permanent physical harm. These cases are not anecdotal ^a involve real people, and are well documented and disclosed via the pharmaceutical companies own literature, CDC documents, scientific studies, and the under reporting in VARES or such. The long term adverse effects of taking the "shots" are unknown, and the information from the studies are not slated to be released until late 2022/2023. As more time passes, there is an increase in credible science which indicates the official dominate narrative is fraudulent. These reports and the science come from some of the most highly educated and credentialed individuals in their respective specialties on the planet. Assertion that the mandates are on solid legal footing citing Jacobson v. Massachusetts (1905) is problematic as this is not a "vaccine", there are other pharmaceuticals available to mitigate covid, and over 100 years of human history has transpired including new laws, court options, treaties, and two world wars which have rightfully expanded such safe guards and rights such as was included in the Nuremberg Code.

It is simply impossible to guarantee with any degree of certainty that these shots will not adversely effect an individual's own unique medical condition(s). Likewise, no one can definitely predict what effects the shots may have or in what ways they may adversely impact currently, near future, or later future medical treatments, procedures, care, or surgeries. It would be unreasonable and impossible for any medical professional to foresee an individual's own unique potential side effects, guaranteeing or eliminating all side effects, or issue an universal medical exemptions, as likewise the short and long term effects are simply unknown and lacking data.

For those that have already experienced the effects of COVID, their natural immunity has been recorded to be up to seven times more effective and may last up to their entire lifespan, subsequently making the "vaccines" irrelevant.

The FDA "vaccines" were only authorized under Emergency Use Authorization, which both settle legal terms for informed consent, including the ability to decline, set limits for coercive mandates, and waived all legal liabilities to the pharmaceutical companies and those whom dispense the treatment/procedures. If an individual has an adverse response to including a permanent disability or death, there is no real meaningful recourse. Medical bills, follow up care, and time off work are the individuals sole responsibility. Now the FDA had approved ONLY the Comirnaty (COVID-19 Vaccine, mRNA), and according to the federal law the other competitors such as Moderna and the Janssen "vaccines" were supposed to have had their Emergency Authorization Use revoked at that point, and become unavailable. Meaning that ONLY a properly labeled bottle of COMIRNATY is the only vaccine that could be mandated irrespective of the earlier Pfizer vaccine release. This should afford an individual some legal rights, and these vials of COMIRNATY are currently NOT widely available, so what vaccines are the STATE/NDOC attempting to mandate exactly? If a EUA vaccine, then the state may attempt to escape legal liability for adverse effects to employees that would normally occur under workers comp claims. Protections for these workers are essential. We were essential workers operating under similar conditions for almost 17 months before the vaccine mandate, working around the same inmate population, how have things suddenly drastically changed, how have previous accommodations suddenly become ineffective, especially as the national death rates and prison death rates officially declined?

Lastly, what system has the state/NDOC put in place to ensure the U.S. and Nevada Constitutional Rights, Civil Rights, and other applicable rights are protected, such as the use of "exemptions" or "objects" to these mandates have been properly implemented and are in place such as religious and or ADA/ADAA issues to accommodate exceptions. There are numerous EEOC violations with these mandates. Equal protections appear to be of no concern either, nor discrimination based upon explicitly legislatively protected areas. Everyone had a right to have the opportunity to apply for public service, which does not mean they have a right to work for public service. Those already working in public service have more rights and protection than those in the private sector especially in a right to work state. There is a codified system of terms and conditions of employment including discipline and termination. The AFSCME CBA also may afford employee additional protections. The state should NOT be able to create an overreaching unlawful mandate that explicitly is contrary to already legislatively codified law. Meaning you cannot give an unlawful order and then discipline an employee under the pretext of insubordination, with the intent to terminate employment, especially when the employee is asserting Constitutionally and statutorily protected rights. Currently, these employee covid "vaccine" mandates are being litigated in: California, Florida, Hawaii, Illinois, New Mexico, New York, Ohio, Oregon, Pennsylvania, Texas, Washington, and by Federal Employees. More are assuredly to follow.

Sincerely;



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