

## Julie Enea

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**Subject:** FW: Open Letter to Board of Supervisors - is it real?

**From:** Elizabeth Gschwind

**Sent:** Tuesday, December 15, 2020 9:48 AM

**To:** Julie Enea

**Subject:** Open Letter to Board of Supervisors - is it real?

Hi Julie,

My in-laws live in Rossmoor and my father-in-law was recently treated for a bacterial infection at John Muir Medical Center. This open letter was supposedly sent to the Board of supervisors, but I can't find it posted online anywhere.

Are you able to confirm its validity?

Thank you in advance,

Elizabeth Gschwind  
Ventura, CA

Dr Farnitano and Contra Costa County supervisors,

We are writing to you with deep concern regarding more lockdown measures for our county. We feel the science is clear that more lockdowns lead to much more non covid morbidity and mortality as supported by the CDC.

We are confused as to why this is happening as we are often overcapacity in our hospitals and ICUs every winter and we have never done this previously. We also run our ICUs normally at a high rate of occupancy as this is most cost effective.

Here are the issues in a nutshell:

1. Excessive PCR testing is leading to numerous false positive results. The specificity of PCR testing is really unknown but I have seen many authorities claim it is no higher than the low 90% range because of the attempt to be 100% sensitive using cycle threshold standards of 40. (sensitivity is inversely related to specificity)
2. For the sake of illustration, I will assume a 97-98% specificity which is likely far too high. Back in March when the county could only perform 300-400 tests per day, a 98% specificity would only lead to 6-8 false positive tests. Now we have reached up to 8000 tests per day. With a 98% specificity, that would lead to 160 false positive cases a day in our county. With a population of 1.1 million that would put us at 14.5 positive cases per 100,000 population and we would find ourselves in the worst possible tier based solely on false positive tests!!! This is absolutely a fact of epidemiology/science.
3. Again we have normal ICU and hospital winter surges that happen every winter and we never had any county lockdowns. Our county figures on your website show essentially a stable ICU occupancy from July 1st to today. In addition on your website, we only have a minimal surge in hospitalized patients as compared to last year.
4. When you test like this for everyone that comes into your hospital, "hospital covid patient" numbers will rise simply

because you are capturing more asymptomatic disease in patients who otherwise are visiting the hospital for other reasons.

5. Public policy is being based on these erroneous numbers and assumptions.

6. Public policy with shutdowns (various closures) leads to excessive non covid related deaths. Please see attached CDC article which shows clearly that these excessive deaths are most pronounced in the 25-44 year old age range with numerous weeks during this year that 40-50% excessive deaths are seen in this age group. When you measure in terms of life-years lost as compared to life-years lost with actual covid deaths, it is not even close. We are harming more people in our community who do not have nor are at risk of having significant covid disease with senseless closures of businesses and schools. This is data supported.

7. The CDC and pediatric societies across America have voiced their support of opening all schools. School age children are not significant vectors of the disease.

With this information above, can you answer the following questions:

1. how do you account for these high numbers of false positives with the county tiering system? Do you throw these numbers out so that only true positives are counted?
2. Why did you not intervene with any type of community closure in the past winters when our hospitals were at overcapacity? What is different now?
3. What data do you have that supports closures of businesses like gyms and outdoor dining while keeping other businesses open like walmart? What data do you have that supports that we stay indoors as opposed to outdoors? (all the science that we have reviewed supports a predominantly 99% indoor vehicle of transmission).
4. Why have you gone against the medical experts in not recommending the opening of our schools?
5. What about our county's ICU figures caused you to trigger a closure? As you can see on Contra Costa County website, ICU occupancy has been stable between 75 and 80% since July 1st despite changing covid admissions. Please be specific here. When we run normally at 75% occupancy, why is 85% so terrible? We handle these surges every winter. It is expected.

We look forward to your reply.

Sincerely

Pete Mazolewski, MD, FACS, USAR  
Brian Hopkins, MD,  
Mike deBoisblanc, MD, FACS, USAR