

## **BOCC MEETING PUBLIC COMMENTS**

**11/18/2020**

These are questions and comments received through the County website and through the Strategic Communications email.

**Name:**

Carol Knolla

**Contact Information:**

Abcknolla@aol.com

**Received By:**

This comment was received through the online website.

**Subject:**

COVID restrictions

**Comment:**

“Numbers continue to rise! Obviously the restrictions in place are not working! Tighten restrictions, please”

**Name:**

Steve R.

**Contact Information:**

noemail@yahoo.com

**Received By:**

This comment was received through the online website.

**Subject:**

Covid Treatments

**Comment:**

“I would like Dr. Minns to speak as to what the hospitals and doctors are currently doing and using in treating COVID. Are they even treating at all? Should they began early treatment with therapeutics in the early stage before hospitalization is required. (<https://www.trialsitenews.com/this-doctor-has-covid-he-has-a-plan-for-all-of-us/>)”

**Name:**

Shelley Palmer

**Contact Information:**

8982palmers@sbcglobal.net

**Received By:**

This comment was received through the online website.

**Subject:**

COVID and it's effects on my business

**Comment:**

"I have been doing everything to stay open and keep a much needed service around. Not only for the 18 people on my staff but for the children and families I serve. I had my first positive case last week in nine months. A person behind a desk told me that 12 children and three teachers could not come back for 14 days. They could not come back with a negative test result and most of them had no symptoms. I was able to still pay my teachers thanks to tax credit and some of my parents are choosing to help with tuition. Loss in tuition for 12 children is \$4800. One of my parents asked. What happens if they come back and some one else tests positive. How can my business stay open with this happening. All my children are under age 5."

**Name:**

Elda Brown

**Contact Information:**

eldajb@yahoo.com

**Received By:**

This comment was received through the online website.

**Subject:**

Inmate Mental Health Carer

**Comment:**

“I believe it is an absolute outrage that DIAGNOSED Mental Illnesses are being "Sedated" rather than ethically, morally, responsibly medically treated for long term management of mental illness symptoms at Kansas jails, State & Federal prison systems. Mental illnesses NOT only affects those who are greatly suffering the very most, but those in our community, society and world. Until Mental Health Care is properly medically treated DURING incarceration to prepare inmates to "reintegrate" into our community, crimes and recidivism will continue. MENTAL HEALTH CARE IS A TREATABLE ILLNESS, WHY IS OUR GOVERNMENT OFFICIALS COMPLETELY FAILING TO ASSIST THE INMATES WHO ARE SUFFERING THE MOST???

It requires a Village to create a positive change!!”

**Name:**

Pastor Craig Brown

**Contact Information:**

Ctc2004hpk@yahoo.com

**Received By:**

This comment was received through the online website.

**Subject:**

Meeting 11/5/20

**Comment:**

“I urge you to NOT approve any actions or requests from the Governor or her Health Officer to further restrict churches and businesses to operate. Kansas MUST be completely opened and this includes Sedgwick County. The masking mandate needs to go away. Real science tells us masking does NOT inhibit the Wuhan virus and is a false sense of security. Testing should ONLY be needed for those who are showing symptoms. Concentrate efforts on the nursing homes and the truly sick. Healthy people do NOT need to be tested, quarantined, or forced to wear face diapers. Insist on REAL numbers and don't be fooled by cooked info designed to restrict or force a lockdown. Thank you for your consideration.”

**Name:**

Shelley Pal

**Contact Information:**

jkilpatrickinc@gmail.com

**Received By:**

This comment was received through the online website.

**Subject:**

Daycare essential business

**Comment:**

“Please change the ordinance around exposers to a positive COVID case. If others have a negative case and are not showing symptoms they can continue to attend work, daycare and schools. Because of the current ordinance I had to tell 14 families and three of my teachers that they could not come to my school for 14 days. My parents are mad because they no child care . I have loss of income again due to the Pandemic and I need to pay my teachers who can't come to work. Because it is the right thing to do. Regardless of their are tax credits or not. Most of my employees are single woman with children of their own. My business was supportive to be considered essential. I can not serve others when an exposers effects so many.”

**Name:**

Jeanine McKee

**Contact Information:**

Jmckee6@cox.net

**Received By:**

This comment was received through the online website.

**Subject:**

Michael O'Donnell

**Comment:**

“Re Michael O'Donnell, You have become an embarrassment to Wichita and those who follow the way of Jesus. Your lack of integrity disqualifies you from any credible service to our community. For the sake of our city, please resign. With all kindness I pray that you will seek opportunities to explore the issues that repeatedly influence your poor life choices.”

**Name:**

David Miller

**Contact Information:**

Dmmiller125@gmail.com

**Received By:**

This comment was received through the online website.

**Subject:**

Corruption

**Comment:**

“Michael O'Donnell needs to be removed, and barred from holding further public office in Kansas. We deserve better than this childish, public embarrassment to our state.”

**Name:**

Margaret Lendall

**Contact Information:**

margaretlendall@gmail.com

**Received By:**

This comment was received through the online website.

**Subject:**

Dr. Minns

**Comment:**

“Council Members, it is time to retire Dr. Minns as County Health Director. He is obviously no longer able to keep up with the information flowing through his baliwick. 30 plus years of OSHA studies and 10 plus years of Hospital studies prove that masking the populace DOES NOT WORK. As a Medical Professional, who has presumed taken the Hippocratic Oath to Do No Further Harm, I submit that he has violated his Oath and has committed malicious Malpractice by pushing a Political Agenda ahead of the well being of the People of Sedgwick County. Sincerely, Margaret Lendall”

**Name:**

Bruce Robinson

**Contact Information:**

Bmr.roc8@yahoo.com

**Received By:**

This comment was received through the communications email.

**Subject:**

Minn's "order"

**Comment:**

"Greetings Commissioners.

I watched your recording of your 10th of November meeting and came away more confused about who is obligated to do what regarding Minn's order.

Then I find untrue catchlines on your website:

"Commissioners vote to enforce Minns latest order"

That is not how I remember the meeting. The vote was to "review" his order and passed. One may ask, " what meaning can a review have?" Mostly none. It may be considered the same as a registered letter. You received the order, reviewed it, and took no action beyond that. Under most legal theories your acquiescence and silence on the matter beyond that which was taken could mean complete agreement.

Seems under that senario local businesses can be confused as to what, precisely, can this excercise of freedom of expression by

Minn's possibly mean. True, he can be within his official jurisdiction to limit the number of individuals at gatherings amidst an all-out revelation of an infectious, and contagious disease but I have not heard of one. I haven't seen anything more than a serious overreach he by local governing bodies such as your board. I am less than impressed with a whole lot of fear-mongering claims preceded by the seemingly official term being "Wheras...". While the majority of Wichitans sit up straight while absorbing such chilling claims, I on the other hand regard such boogieman tactics as just a bunch of unverified hearsay. That is the facts of the matter a court of competent jurisdiction must conclude. While some may have a degree of truth behind them I don't recall permitting something called COVID-19 to rewrite our laws pertaining to veracity of claims and statements upon which can be considered as evidence.

Which one of you will attest to those claims under penalty of perjury? Who will sign their name under such affidavit of truth and first-hand knowledge? Better yet, which of you dare say any of that mumbo-jumbo applies to the men and women in this community who are not actually employed by businesses and Corporations (such as your board) in the county of Sedgwick? And by 'dare say' I meanswear to your belief as to the true, correct, and complete nature as to whom it is the suggestions by Minn's applies and that they being the living, breathing, men and women in Sedgwick county. I surmise not one of you would. That says a lot.

Nonetheless, you allow the full population of Sedgwick county believe they must wear a 'mask or other face covering.'. Perhaps you can tell me where my 'other' face is?

You must be thinking by now, 'this guy is a real jerk. Unsympathetic to the plight we face'. Not at all. I am simply asking for proof of your claims. A tiny bit of Due Process. If I hear one more scary statistic of 'New cases this week's my head will explode. Sure, most under the spell of this deception you permit will believe the number of new cases is a statistical god we must surrender our rights to breath and lose our smiles and identity today look like a creature from God knows where. Some may even have the ability for critical thinking to determine for themselves that 'new cases' is exactly proportional to the number of new tests taken. I'm old fashioned in the tried-and-true statistic of excess deaths for a given period of time as compared to an equivalent period over the preceding year; or average of multiple years ...you know, to flatten the curve.

Commissioner Howell made an excellent observation in his questions regarding whether we know the increase in recent hospitalizations can be attributed today I something we can actually apply some real science to. He asked if we had any idea of the number or percentage of new Covid hospitalizations can be separated into easily determined groups of those hospitalized who wore a mask for any length of time, presumably in an hours-per-day and for how long they had been under that practice; and also the number of recent hospitalizations due to COVID by individuals who never, or seldom wore a mask.

It may interest you to know a study by three top physicians in the field of infectious disease compiled all data available from the Spanish Flu Epidemic of 1918, 1919 and concluded that the vast majority of those who died did so because they not only were compromised by a very real virus.. such as is COVID-19 but also

had acquired a bacteria consistent with the wearing of masks. The combination was deadly. I probably should mention our very own Dr. Fauci was one of the authors of that enlightening peer reviewed study.

Yet based on miscellaneous hearsay claims by the mega-corps(e) and big pharma with many, including Dr. Fauci having a large financial stake in the procurement of deaths for which they now have the magic vaccine you are prepared to overlook the actual ineffectiveness of paper and home-made masks and the very real, documented, attested to, evidence, over the non-existent claims that they are effective to prevent the spread of virus. Herpes perhaps. On your shoulders you dare put the whole Community at risk? There is much more truth in what I say than that of our unelected health official. You all be the judge because time will tell when we judge each of your actions.

As for me I will subscribed to section VI of the "BE IT ORDERED THAT: seriously important sounding, made-up enacting clause written in who-knows-what language that appears to grant me and any other man or woman the ability to invalidate the order. I did before even reading it. Anyone who speaks of social distancing as a thing other than that which only fits the conditions of separating the living from the dead...six feet under needs to learn contradictory terms don't work well in grammar or nature.

Yours truly,  
Bruce Morgan  
4th District"

**Name:**

Danny Thompson

**Contact Information:**

Wmthompson4@cox.net

**Received By:**

This comment was received through the communications email.

**Subject:**

COVID

**Comment:**

“We can’t get rid of COVID and open up the county. Do what’s right for the people!!!!

Sent from my iPhone”

**Name:**

Ali Issa

**Contact Information:**

ali@issagroup.net

**Received By:**

This comment was received through the communications email.

**Subject:**

Fwd: Emergency Health Order Released Nov 10th

**Comment:**

“Regarding Dr Garold Minns' Emergency Public Health Order (Nov 10, 2020) for Sedgwick County

For your convenience, a copy of Dr. Minns' Health Order is attached and will further be referenced as "The Order."

We agree that mitigation matters must be taken to control the spread of COVID-19 in our community. At your local IHOP and those around the world, we have taken extremely stringent measures that far exceed the requirements of the Health Department regarding social distancing, sanitization, and mask usage by our teams. Our teams are accustomed to frequent inspections from IHOP, Ecosure, and local Health Departments.

The Order requires all restaurants to close indoor dining at 11pm whether or not the establishment sells alcohol.

We ask you what changes about our dining experience after 11pm? Our guests must still wear masks while not eating. We have already and will continue to have greatly reduced capacity due to social distancing. We do not sell alcohol, nor have bar seating, or have a dance floor. We do not have live music or even televisions for guests to congregate around. Our guests who dine with us overnight are typically 3rd shift essential workers, first responders stopping in for a warm meal in a friendly environment, and weary travelers. We do get a lively bunch once the bars close but this in no way compares to the guest management of IHOP on a Saturday or Sunday morning. The measures we take to protect our guests and staff do not fluctuate according to the time of day.

We seek clarification of The Order, in Section III, subsection 5, as it pertains to all restaurants closing at 11pm. We will be forced to furlough dozens of employees in the Wichita area. If we are forced to shut down, these employees, their families, and our community as a whole will suffer needlessly.

Respectfully,"

**Name:**

James Kilpatrick

**Contact Information:**

jkilpatrickinc@gmail.com

**Received By:**

This comment was received through the communications email.

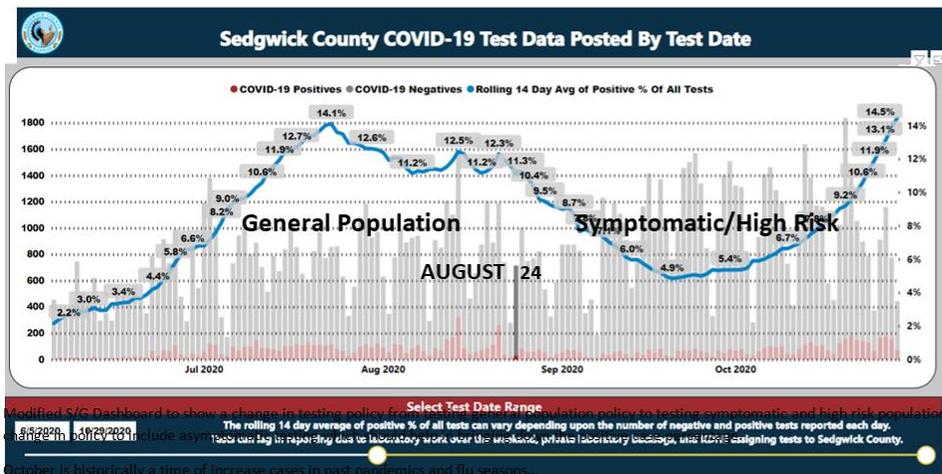
**Subject:**

Speaking at next commission meeting

**Comment:**

“I can't believe they will not meet before the 18th. Would you see the commission get this information?”

James Kilpatrick, County Commission Meeting, Public Agenda, 11-4-20



Modified S/C Dashboard to show a change in testing policy from general population policy to testing symptomatic and high risk population August 24, 2020. KWCH reported a change in policy to include asymptomatic cases as well as symptomatic cases. The rolling 14 day average of positive % of all tests can vary depending upon the number of negative and positive tests reported each day. Tests are being reported due to laboratory work over the weekend, private laboratory backlog, and KDCHE assigning tests to Sedgwick County. October is historically a time of increase cases in past pandemics and flu seasons.

Herd immunity is developed by exposure to the virus making positive cases a benefit to society.

The standard procedure for influenza and infectious disease of the past has been to test and count those who present themselves for treatment with doctors, clinics, and hospitals. The current practice of sending mobile clinics and mandatory testing is new with Covid-19 (SARS-CoV-2).

communications@sedgwick.gov  
Public Agenda  
Coronavirus-19 Policy  
November 4, 2020

James Kilpatrick  
2101 W. MacArthur Rd #719  
Wchita, KS 67217  
316-554-1048

Thanks for hearing my petition.

I request the county return to the policies of past pandemics and flu seasons. Past policies were to record those who presented themselves for treatment to doctors, clinics, and hospitals<sup>1</sup>. The past policies never created the economic harm, psychological distress, and personal destruction the current policies are producing for Covid-19. Covid-19 according to Dr. Fauci will not be eradicated and will be with us as a seasonal flu. There are several reasons to justify not using the current policies.

The political history of current policies is a sign of manipulating statistics not related to the public health of the community. Covid-19 (SARS-CoV-2) is real, just like the flu, and just like predecessor pandemics.

1. Prior to March 24, 2020 a Covid-19 medical case had to be one of Covid-19. The CDC changed the definition of what a case of Covid-19<sup>2</sup> is to include: Covid-19, probable case, and a possible case. The definition is to be retroactive and applied to future cases. This policy led to a practice of "reconciliation" or "review". This policy is where you examine a death certificate to determine if it meets the new criteria of unconfirmed Covid-19 case. What was the result?

The nations Covid-19 death count went from 494 to 11, 031 in one week<sup>3</sup>.

New York City's death count went from approximately 6,000 to over 10,000 on first review<sup>4</sup>.

KDHE participates in the program and declares the adjustments periodically. The KDHE October 26 case summary<sup>5</sup> indicates approximately 300 cases were reviewed and included in the 976 Covid-19 death cases.

You can see that Covid-19 death case count is being affected by political decisions.

2. The government made the statistical situation worse by a policy of reimbursing costs for the treatment of Covid-19 cases. There are many different kinds of expenses that can be reimbursed involving Covid-19. The economic incentives combined with a loose definition of Covid-19 created a problem beyond the disease.

3. The Sedgwick County Covid-19 Dashboard indicates a misinterpretation of statistical information. Prior to August 24 the policy was to test the general population. After August 24 the tests are for symptomatic and high risk population<sup>6</sup>. I modified the dashboard to indicate the change in policy. A casual look at the dashboard would give the impression Covid-19 is getting worse without taking into account the change in policy that would produce a higher positive percentage of tests in a different type of population. The policy has changed according to KWCH on 11-2-20 to include testing asymptomatic persons and should decrease the percentage of positive cases being recorded..

Rahm Emanuel, an American politician, created a phrase "never let a crisis go to waste". The election is over. It is time to return to the people, their fortunes, their lives, and their sacred honor. Please return to the past policies that work and protect the public.

Grace and Peace

communications@sedgwick.gov  
Public Agenda  
Coronavirus-19 Policy  
November 4, 2020

James Kilpatrick  
2101 W. MacArthur Rd #719  
Wchita, KS 67217  
316-554-1048

The CDC explains in an archived [webpage](#) that individual cases of H1N1 pandemic influenza were monitored early on to track the spread of the disease, but as the virus became widespread, the case counts “became an increasingly inaccurate representation of the true burden of disease” as many people were mildly ill and did not seek treatment and the vast majority were not tested.

“CDC recognized early in the outbreak that once disease was widespread,” the website continues, “it would be more valuable to transition to standard surveillance systems to monitor illness, hospitalizations and deaths.”

On [another webpage](#), the CDC says that individual case counts became “increasingly impractical and not representative of the true extent of the outbreak” because only a small proportion of patients were tested for influenza, “so the true benefit of keeping track of these numbers is questionable.”<sup>7</sup>



1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>
2. National Vital Statistics System, Covid-19 Alert No. 2, March 24, 2020
3. <https://www.acsh.org/news/2020/05/27/rethinking-covid-19-mortality-statistics-14811>
4. <https://www.npr.org/sections/coronavirus-live-updates/2020/04/14/834647854/new-york-city-covid-19-death-toll-soars-past-10-000>
5. KDHE, Covid-19 (2019 Novel Coronavirus) Summary, Updated 10-26-20

6. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

7. <https://www.factcheck.org/2020/07/trump-misleads-on-h1n1-swine-flu-testing/>

James Kilpatrick

County Commission Meeting, Public Agenda

11-4-20

<https://www.foxnews.com/politics/flashback-obama-admin-halted-state-h1n1-testing-complicating-bidens-attacks-on-white-house>

## Public health officials disagreed with Obama CDC's decision

However, during the 2009 swine flu pandemic, the Obama administration suddenly told states to shut down their testing, without providing much in the way of explanation. And, Biden's top advisor at the time has acknowledged that the Obama administration didn't do "anything right" to combat that pandemic, before walking back those comments.

By [Gregg Re | Fox News](#)

[https://www.cdc.gov/h1n1flu/diagnostic\\_testing\\_public\\_ga.htm](https://www.cdc.gov/h1n1flu/diagnostic_testing_public_ga.htm)

**Content on this page was developed during the 2009-2010 H1N1 pandemic and *has not been updated*.**

- **The H1N1 virus that caused that pandemic is now a regular human flu virus and continues to circulate seasonally worldwide.**
- **The English language content on this website is being archived for *historic and reference purposes only*.**
- **For current, updated information on seasonal flu, including information about H1N1, see the **CDC Seasonal Flu website**.**

## 2009 H1N1 Flu in Humans

### *Are there human infections with 2009 H1N1 virus in the U.S.?*

Yes. While 2009 H1N1 activity declined after later October, 2009 human illness with 2009 H1N1 is ongoing in the United States. In fact, the 2009 H1N1 virus is

the predominant influenza virus in circulation so far during the 2009-2010 flu season. The United States experienced its first wave of 2009 H1N1 activity in the spring of 2009, followed by a second wave in the fall, with the number of people infected peaking at the end of October. There are still uncertainties surrounding the rest of this flu season, including the possibility that seasonal influenza viruses will spread during the winter as they usually do while 2009 H1N1 viruses continue to cause illness. In past pandemics, flu activity has occurred in waves and it's possible that the United States could experience another wave either later in the 2010 winter, or later. In the past, when new viruses have emerged to cause flu pandemics, the new virus has continued to spread among people. Experts believe it's likely that the new 2009 H1N1 virus will continue to circulate among people for some time, perhaps as a typical winter flu."

**Name:**

Peachwood

**Contact Information:**

peachwoodassistant@yahoo.com

**Received By:**

This comment was received through the communications email.

**Subject:**

UNFAIR TREATMENT OF WORKERS

**Comment:**

“K-12 Schools During the COVID-19 Pandemic | Modified Isolation and Quarantine Requirements July 28, 2020 This guide specifically addresses requirements around maintaining continuity of learning in the situation where all students and staff in a classroom are exposed to COVID-19; namely the modified quarantine requirements for close contacts of a case. What this modified quarantine allows is the ability for all students and staff in the exposed classroom to continue physically attending school during their quarantine period but remaining in quarantine outside of the regular school day. Ideally, any students or staff that have been identified as close contacts of a case would be able to continue lessons remotely. However, in the case where this is not possible, a school district, in working with their local health department, might consider this option for modified quarantine. This guide includes some specific engineering and administrative controls that must be in place before the modified quarantine of close contacts is allowed.

I DO NOT AGREE WITH OR UNDERSTAND WHY THIS EXCEPTION APPLIES TO ONLY K-12? WHY DOES THIS NOT APPLY TO CHILDCARE FACILITY WORKERS/TEACHERS? SINCE WHEN ARE WE NOT ESSENTIAL? OUR CHILDREN DON'T HAVE THE ABILITY TO DO REMOTE SCHOOL OR CARE FOR THEMSELVES FROM HOME SO WHY ARE OUR TEACHERS LESS VALUABLE? WHY CAN THEY NOT RETURN TO WORK SOONER WITH A NEGATIVE COVID TEST AND A MASK?

Peachwood Early Learning Center”

**Name:**

Sherl Weatherbee

**Contact Information:**

2wsufans@cox.net

**Received By:**

This comment was received through the communications email.

**Subject:**

O'Donnell

**Comment:**

“Thank you for FINALLY asking Michael O'Donnell to resign. If he does not comply, I ask that you remove him! He & the others involved are a disgrace. And actually should have charges brought against them. We have to stop slapping people on the wrist!

Thank you,

Sherl Weatherbee

Sent from my iPhone”

**Name:**

Jeana Alcorn

**Contact Information:**

abnormaljeana@gmail.com

**Received By:**

This comment was received through the communications email.

**Subject:**

Plandemic

**Comment:**

“BREAKING NEWS: The world renowned experts in their fields, after a 4 day conference regarding COVID-19, declare that WE SHOULD ALL GO BACK TO LIVING NORMALLY, PRACTICING SIMPLE HYGIENE & STAYING HOME WHEN SICK (NO FACE MASKS OR SOCIAL DISTANCING) and only protect the most vulnerable populations with more protective measures!

“From October 1-4, 2020, the American Institute for Economic Research had a remarkable meeting of top epidemiologists, economists, and journalists, to discuss the global emergency created by the unprecedented use of state compulsion in the management of the Covid-19 pandemic. The result is The Great Barrington Declaration, which urges a “Focused Protection” strategy.”

“Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from

home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume.”

Signed by:

Dr. Martin Kulldorff, Professor, Medicine, Harvard Medical School

Dr. Jay Bhattacharya, Professor, Medicine, Stanford University

Dr. Sunetra Gupta, Professor, Theoretical Epidemiology,  
University of Oxford

The co-signers include

Dr. Rodney Sturdivant, PhD. associate professor of biostatistics at Baylor University and the Director of the Baylor Statistical Consulting Center. He is a Colonel in the US Army (retired) whose research includes a focus on infectious disease spread and diagnosis.

Dr. Eitan Friedman, MD, PhD. Founder and Director, The Susanne Levy Gertner Oncogenetics Unit, The Danek Gertner Institute of Human Genetics, Chaim Sheba Medical Center and Professor of Medicine, Department of Internal Medicine and Department of Human Genetics and Biochemistry, Tel-Aviv University

Dr. Rajiv Bhatia, MD, MPH a physician with the VA health system with expertise in epidemiology, health equity practice, and health impact assessment of public policy. He formerly served as a Deputy Health Officer for San Francisco for 18 years.

Dr. Michael Levitt, PhD is a biophysicist and a professor of structural biology at Stanford University. Prof. Levitt received the

2013 Nobel Prize in Chemistry for the development of multiscale models for complex chemical systems.

Dr. Eyal Shahar, MD professor (emeritus) of public health at the University of Arizona, a physician, epidemiologist, with expertise in causal and statistical inference.

Dr. David Katz, MD, MPH, President, True Health Initiative and the Founder and Former Director of the Yale University Prevention Research Center

Dr. Laura Lazzeroni, PhD., professor of psychiatry and behavioral sciences and of biomedical data science at Stanford University Medical School, a biostatistician and data scientist

Dr. Simon Thornley, PhD is an epidemiologist at the University of Auckland, New Zealand. He has experience in biostatistics and epidemiological analysis, and has applied these to a range of areas including communicable and non-communicable diseases.

Dr. Michael Jackson, PhD is an ecologist and research fellow at the University of Canterbury, New Zealand

Dr. Jonas Ludvigsson, pediatrician, epidemiologist and professor at Karolinska Institute and senior physician at Örebro University Hospital, Sweden

Dr. Sylvia Fogel, autism expert and psychiatrist at Massachusetts General Hospital and instructor at Harvard Medical School, USA

Dr. Andrius Kavaliunas, epidemiologist and assistant professor at Karolinska Institute, Sweden

Prof. Udi Qimron, Chair, Department of Clinical Microbiology and Immunology, Tel Aviv University

Prof. Ariel Munitz, Department of Clinical Microbiology and Immunology, Tel Aviv University

Prof. Motti Gerlic, Department of Clinical Microbiology and Immunology, Tel Aviv University

Dr. Uri Gavish, an expert in algorithm analysis and a biomedical consultant

Prof. Ellen Townsend, Self-Harm Research Group, University of Nottingham, UK

Dr. Paul McKeigue, professor of epidemiology in the University of Edinburgh and public health physician, with expertise in statistical modelling of disease

Dr. Mario Recker, Associate Professor in Applied Mathematics at the Centre for Mathematics and the Environment, University of Exeter

Prof. Mike Hulme, professor of human geography, University of Cambridge

Prof. Stephen Bremner, Professor of Medical Statistics, Brighton and Sussex Medical School, University of Sussex

Prof. Matthew Ratcliffe, Professor of Philosophy specializing in philosophy of mental health, University of York, UK

Prof. Lisa White, Professor of Modelling and Epidemiology Nuffield Department of Medicine, Oxford University, UK

Prof. Angus Dalgleish, MD, FRCP, FRACP, FRCPath, FMedSci,  
Department of Oncology, St. George's, University of London

Dr. Cody Meissner, professor of pediatrics at Tufts University  
School of Medicine, an expert on vaccine development, efficacy  
and safety

Dr. Helen Colhoun, professor of medical informatics and  
epidemiology in the University of Edinburgh and public health  
physician, with expertise in risk prediction

Prof. Partha P. Majumder, PhD, FNA, FASc, FNASc, FTWAS  
National Science Chair, Distinguished Professor and Founder  
National Institute of Biomedical Genomics, Kalyani Emeritus  
Professor Indian Statistical Institute, Kolkata

Dr. Gabriela Gomes, professor at the University of Strathclyde,  
Glasgow, a mathematician focussing on population dynamics,  
evolutionary theory and infectious disease epidemiology

Prof. Anthony J Brookes, Department of Genetics & Genome  
Biology, University of Leicester, UK

Prof. Simon Wood, professor at Edinburgh University, a  
statistician with expertise in statistical methodology, applied  
statistics and mathematical modelling in biology

Prof. David Livermore, Professor at University of East Anglia, a  
microbiologist with expertise in disease epidemiology, antibiotic  
resistance and rapid diagnostics

Prof. Sucharit Bhakdi, em. Professor of Medical Microbiology,  
University of Mainz, Germany

Prof. Yaz Gulnur Muradoglu,

Professor of Finance, Director at Behavioural Finance Working Group, School of Business and Management, Queen Mary University of London

Prof. Karol Sikora MA, PhD, MBBChir, FRCP, FRCR, FFPM, Medical Director of Rutherford Health, Oncologist, & Dean of Medicine"

Bunch of quacks and hacks?

Ask yourself WHY this isn't flooding every news station and WHY they're still pushing fear and death?

Thank you for this news, Heather Young!"

**Name:**

Melissa Burns

**Contact Information:**

melmariebrns@gmail.com

**Received By:**

This comment was received through the communications email.

**Subject:**

Comments for 10/28 special meeting

**Comment:**

“Michael O'Donnell has proven time and again he is not a fitting representation of Wichita's values. As a constituent of District 2, I am embarrassed to have a dishonest man like O'Donnell representing my district. He cannot be trusted to make decisions for our city after he was recorded lying continually, conspiring against our mayor and clearly stating he believes obscuring the truth is part of his job.

Michael O'Donnell cannot continue to run solely on an R by his name to exploit the conservative voters while conducting himself in such a manner. He has attracted national attention with his scandals, we need to show we will not stand for this behavior.

He is unfit for the job. He needs to resign.

Wichita deserves better than Michael O'Donnell.

-Melissa Burns”

**Name:**

Lucy Anne Kirkham- Cochener

**Contact Information:**

lakirkhamcochener@gmail.com

**Received By:**

This comment was received through the communications email.

**Subject:**

Make O'Donnell resign

**Comment:**

“To whom it may concern and Jim Howell;

As a constituent residing in Sedgwick County I am appalled at the behavior of several of the elected public servants serving currently. I call for the immediate resignation of O'Donnell and all who were involved in his illegal activities.

I also find it disconcerting that there is no public forum available to address the County Commissioners directly on this issue.

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(316)213-9719”