

April 30, 2020

Good morning everyone.

Most of you have come here today looking for a reason to have hope, looking for affirmation that you have a right to your basic freedoms, and looking for specific things *you* can do about all of this. My colleague, Dr Martin Dubravec, and I have compiled both legal and medical information to do just that for you today.

So who is this doctor I speak of, You might ask. Dr. Dubravec is busy treating patients right now, and regrets not being able to make it here today. Dr. Dubravec graduated from University of Illinois College of Medicine, completed his Residency in Internal Medicine at Fitzsimons Army Medical Center. He then completed Fellowship training in Allergy and Immunology at Walter Reed Army Medical Center. He is a Member and Fellow at the American College of Allergy, Asthma, and Immunology; Past President of the Michigan Allergy and Asthma Society; Founder of the National Board of Clinical Medicine for Allergy and Immunology; Member of the American Academy of Allergy, Asthma, and Immunology; and member of the Michigan State Medical Society. Dr. Dubravec is a frontline, essential medical professional, and an expert immunologist from right here in Michigan.

So what does Dr Dubrovec want to share with you today? Consider the governor's press conference yesterday. Governor Whitmer said "We can't make decisions based on *feelings* and *fear*." Yet, Dr. Khaldun said "We are still in the *early* months of fighting this virus... everyone (needs) to be patient and stay the course" with these stay at home orders. Then, the Director from the Department of Labor said "The **Worst** thing we can do is open too soon and increase infection rates." The governor then said "We are nowhere out of the woods" and "It is in everyone's interest to avoid a second wave **at all costs**." . . . "Fear-mongering ... is the spreading of frightening and exaggerated rumors of an impending danger to purposely arouse fear in order to manipulate the public." Well, statements we heard from them yesterday, like we've been hearing from them for weeks, sure sounds like a lot of fear-mongering.

Yesterday, the Governor *said* "We are making decisions based on the best science and data...decisions based on facts." So, what facts are they using? Or for that matter, what facts are we given? We're given facts of death and disease. But, facts in a vacuum; facts selected to create fear.

So what facts are we missing? The CDC actually explains the essential data that we're missing.

The provisional counts we're given for COVID19 (the daily death toll numbers announced) actually include COVID19 deaths *and* non-COVID19 Pneumonia deaths. So, what does that mean? Well, of the **57,505** COVID19 deaths that were reported yesterday, the CDC says that only **33,513** were *actually* COVID19 deaths, the other ones being non-COVID Pneumonia deaths.

Dr. Dubravec and I realize that alone significantly changes the numbers we've been given, but that's not all. The World Health Organization requires all member states to use ICD codes for medical diagnoses, and specific formatting and regulations for death reporting. The CDC boasts strict compliance with ICD coding and regulations, especially with death statistics. However, despite the

WHO specifically requiring all countries to report *laboratory confirmed* COVID19 cases under a separate code from *mere assumed* COVID19 cases, the CDC requires doctors to report all *assumed* cases as *laboratory confirmed* cases. Doctors are even told by the CDC to label deaths as COVID19 *more often than not*. If a doctor labels a cause of death as "uncertain," the CDC tells us that they count those in the "confirmed" COVID19 case count, too. For any diagnoses based on speculation alone, the CDC decreed that it will NOT even follow up to see whether the diagnosis was confirmed one way or the other. With this highly inaccurate and unusual method of COVID19 reporting, *actual* laboratory confirmed COVID19 deaths are entirely unknown. Given all the CDC directives for over-reporting COVID19 as the diagnosis, it is realistic to extrapolate a true COVID19 death toll to be closer to half of those reported, or only about 16,800 deaths nationwide.

So, what does this mean for Michigan? These CDC tactics to inflate the COVID19 numbers apply in Michigan the same as the rest of the country. But to look at some specifics here, as of yesterday, Michigan.gov reports 39,004 COVID19 confirmed cases in one spot and 40,399 cases in another spot. So, just like the CDC, Michigan.gov reports two different sets of numbers for the same period of time. The MDHHS website tells us that COVID19 deaths in Michigan are reported all under the *Laboratory confirmed* ICD code. So, that makes the COVID19 confirmed death cases look much bigger than it really is. But there is even more misleading with these numbers. Let's take the April 18th data as an example. In the advertised COVID19 death toll numbers on the main Michigan.gov webpage, we were told 2,308 Michiganders died from COVID19. On the same date, though, the MDHHS website reports that the total of BOTH confirmed *and* assumed case deaths is only 1,408. So, when our actual health department reports 1408 COVID19 deaths, Whitmer is reporting 2,308. So, when we are told that 3,670 Michigan people have died so far this year from COVID19, we need to realize that number is grossly over-inflated. So, even counting *confirmed* and *assumed* cases, the COVID19 death rate is less than half of what they're claiming it is. (1408/33745 is 4.17% vs 9%)

#### DIFFERENCE BETWEEN COVID19 and FLU

We're also told that COVID19 is so much worse than the flu. Nationwide, the flu and pneumonia claim 55,000 lives on average. Recent years have been much worse, though, with over 61,000 people dying last year, and 79,000 the year before that. In fact, this current flu season was predicted to be a "particular deadly flu season." And it was reported as early as October 2019 that this year's flu season is "dominated with the H3N2 strain, which causes more hospitalizations and deaths than other strains." Indeed, Flu and pneumonia deaths this year as reported by MDHHS far surpass the number of COVID19 deaths.

The flu, like COVID19, is much more deadly for the elderly and immunocompromised, with 84% of flu deaths being individuals 65 years and older. Both the flu and COVID19 are more deadly in minority populations. The main difference is that flu is 55 times more deadly than COVID19 in children.

COVID19 and the flu are transmitted in largely the same ways. According to the CDC, COVID19 and the flu have largely the same symptoms: cough, fever, chills, body aches, headaches, and sore throat.

And while we're comparing, so far this year in Michigan, Heart Disease has claimed more than 5 times the number of lives as COVID19, Cancer taking almost twice as many lives as COVID19, with COPD and Stroke also killing more than COVID19.

#### WHAT WE SHOULD DO ABOUT COVID19?

Do the exact same thing you would for the flu. Wear a mask if you are immunocompromised or taking care of someone who is. Wash your hands frequently, and use bleach or alcohol when cleaning surfaces. Unlike with the flu, the US Dept of Homeland Security has found that direct sunlight, heat and humidity are very effective at killing COVID19, so go outside.

What should you not do? Dr. Dubravec and the WHO recommend healthy people to NOT wear masks at all, and that healthcare workers stay away from cloth masks. Similarly, the regular use of gloves by people in the community is not recommended.

And stay at home orders?

The CDC now calls for us to minimize disruptions to daily life. Regular physical activity is recommended, much more than what the average person can get while locked inside. MDHHS tells us that herd immunity is the best way to slow flu deaths, and Dr. Dubravec explains this is the same for COVID19. Stay at home orders negatively impact the health of the people, and are ineffective at stopping the spread of COVID19.

All of this medical and government information is available at [StopCovidChaos.com](http://StopCovidChaos.com)

----

So, if stay at home orders are bad for us, and the COVID19 death stats are nowhere near as bad as they have claimed, what should the legislature do? The legislature could either not take a vote to extend the state of emergency OR they could vote NO on an extension. Either way would yield the same results. MCL 30.403, enacted in 1976, clearly states that a state of emergency or state of disaster MUST be ended after 28 days UNLESS the legislature votes to extend it. The legislature voted on April 7th to extend it to April 30th. If the legislature votes AGAINST extending it, or even if they don't vote on the issue at all, the law clearly says the State of Emergency will be over.

This means that ALL of the Executive Orders issued in 2020 will immediately become NULL and VOID. This includes the stay at home orders, the order restricting "non-essential" medical and dental treatments, the order releasing prisoners early, the order extending FOIA deadlines, the order restricting access to loved ones at care facilities, the order cutting off kids in juvenile detention centers from their families and support services, the order closing movie theaters and gyms, the order limiting restaurants to take-out service, etc.

But the Governor said yesterday that the State of Emergency is over when SHE says it's over, regardless of what the legislature does. She certainly did say that, but it's not true at all. The older part of our law, MCL 10.31 from 1945 does not specify the 28 day expiration. Whitmer has claimed that she can rely solely on *this* statute and circumvent the need for legislative approval for extensions to the state of emergency. However, this is not how our laws work. Our supreme court has explained that "all statutes relating to the same subject must be read together, even if enacted at different times. If

Whitmer were allowed to create an EO under MCL 10.31 and ignore the requirements of MCL 30.403, then that would mean she gets to pick and choose which laws apply to her actions. She clearly has no authority to do that, and when she was asked this very question in the press conference yesterday, she never answered how the law would actually allow her to do that. Keep in mind that if she could do that, we would have no system of checks and balances, because the Governor would have total authority over our state, including the ability to set aside or completely change the laws properly enacted by our legislature. This “absolute executive power” does not exist anywhere in the US, and is not found in ANY statute or Constitutional provision.

So what if she just tries to extend the State of Emergency on her own authority anyway? It would clearly go beyond the bounds of the Emergency Management Act, and would be illegal on its face. No law enforcement officer could enforce it, and no prosecutor could prosecute individuals who “violate” it. And again, that goes for EVERY SINGLE executive order she has issued in 2020, as they are all based on the governor having the Emergency Powers in place. But Governor Whitmer already knows this. Since at least 1930, our supreme court has held that a “statute must be interpreted in a manner that ensures that it works in harmony with the entire statutory scheme.” And that is why she references the Emergency Management Act of 1976 *and* the Emergency Powers act of 1945 in each of her executive orders.

There have also been rumors that she might also simply issue an entirely new state of emergency. That is not legal either. Our appellate courts have made it clear that “statutory language should be construed reasonably.” Given the explicit 28-day time limit required, it is not reasonable to interpret MCL 30.403 and 10.31 to allow a Governor to circumvent the 28-day time limit by simply issuing new orders that address the same emergency conditions of the original order. In the 87 states of emergency or disaster our governors have issued between 1977 and 2019, the legislature has voted to extend them a total of 10 times, but NONE of these have EVER been unilaterally extended by the governor.

Some have argued that MCL 30.417(d) stops the Emergency Management Act of 1976 from being read in tandem with the Emergency Powers Act of 1945. While the legal analysis is too cumbersome to explain in a speech at a rally like this, the result is clear - the entirety of BOTH the 1976 Act *and* the 1945 Act are in full force and effect, meaning, among other things, that the 28-day time limit certainly does apply to this very situation.

So...hope...Hope is something you should definitely have in this situation as the actual COVID19 data is far more palatable than what they’ve been telling us AND the laws we have for states of emergency clearly protect us from Governors gone wild. I, among others here, am here to tell you that YES, you do have a right to fight for your inalienable rights. God gave you those rights and no Governor in the US can take them away. So, go ahead and wear a mask, but only if you and your doctor deem it medically necessary. Don’t wear gloves in public, unless you really want to. Get out and get enough exercise and as much direct sunlight as you can. If you are immunocompromised, you *should* stay away from large crowds and use PPE when in close contact with others but this is America and that is YOUR choice. And never be afraid to peaceably assemble, petition your government for a redress of grievances, attend public government meetings, or go in public showing your face.