

at that time. Thank you.

That's all we have, Commissioner.

MS. BERKEY: Thank you.

CHAIRMAN LoCASTRO: Okay. Can we move to our time-certain at 9:30.

MS. PATTERSON: Yes, sir. So we have two companion items time-certain at 9:30. We're just about there. By the time I read them in, we'll be ready to go.

Item #10A

RECOMMENDATION THAT THE BOARD CONSIDER REIMBURSING THE COVID-19 EXTRA MILE MIGRANT FARMWORKER COMMUNITY GRANT, PROJECT (#33772) AND DIRECT STAFF TO FIND AN ALTERNATIVE FUNDING SOURCE – APPROVED

Item #11A

REPORT TO THE BOARD OF THE COUNTY COMMISSIONERS (BOARD) RELATIVE TO THE INFORMATION AND SERVICES BEING PROVIDED TO THE PUBLIC THROUGH THE COVID-19 EXTRA MILE MIGRANT FARMWORKER COMMUNITY GRANT – APPROVED

These are items 10A and 11A. I will read them in. We're going to start with 11A, which is a report to the Board of County Commissioners relative to the information and services being provided to the public through the COVID-19 Extra Mile Migrant Farmworker Community grant.

Ms. Maggie Lopez, Community and Human Services interim

director, will present that item. It will be followed by 10A, which is a recommendation that the Board consider reimbursing the COVID-19 Extra Mile Migrant Farmworker Community grant and direct staff to find an alternative funding source. I did read a correction into the record on this and the intent of the money going back, which we'll discuss again when we get to 10A. But at this time, we'll start with Ms. Lopez.

MS. LOPEZ: Commissioners, for the record, Maggie Lopez, interim director for Community and Human Services. I'm available for questions or I can do a presentation if you'd like. Presentation.

Okay. I'm new to this, so let me see. All right. We were -- the staff was requested to do a presentation to the Board on the information that is getting handed out to the community for the Extra Mile award.

What I wanted to start out with reminding the Board is good news for everybody that the federal government is planning to end the COVID public emergency May 11th. The reason I want to bring this up to the Board is this is going to allow us to have greater flexibility with the CDC grant that we're doing. It's going to allow us to do more work towards other areas that are important to this community, like public health, doing referrals for primary care, and getting away from promoting the vaccine and booster shots.

What I want -- another information that was asked of staff was to report what kind of reporting were we doing to the federal government in regard to this grant. What I wanted to report, in year one and year two of our annual and semi-annual performance reports were some of the data that we provide. One of the requirements under this grant was to fund six community health workers, which we were able to do in year two. Year one was the year we were working towards recruiting our partners, Community Health Network, or recruiting, training, and bringing them online, which

happened in year two.

These are some of the numbers that we report on; the number of organizations that are used to -- coordination with working to lead the efforts on the messaging that is going out into the community, and we also report number of individuals that are getting reached through the community, which is primarily Immokalee.

And, again, a big part of this program is to do referrals for primary care and other services, and so far in year two we've reported 75.

Other data referral collection information that we are reporting are in other areas. I know the big focus right now is some of the services that are controversial, but the other components that we're also doing referrals are diabetes, hypertension, housing and shelter emergency assistance, especially those affected by Hurricane Ian, and giving assistance to other programs such as Food, SNAP, and WIC.

There was a concern -- and staff was asked to address how our information that we are collecting and the data selection, how is it getting protected, how is it being utilized. And what I wanted to mention, incorporated in the grant, incorporated with this funding is how the information is used and how it's protected by federal laws.

No particular information about a specific person, their location is reported up the chain. Everything is -- everything is secured, and the information that is shared is information that is required by law to be provided to the Florida Department of Health.

What I wanted to also point out is now that we're in year two, there are some planning changes that we are hoping to focus the funds on. That is to use the carryforward funds that we have to those Hurricane Ian victims. One of the drives and outreach events that happened was to provide food and water to those affected and to also allow them to know about resources available to them as residents who may have been displaced by the hurricane.

We're also looking to expand mental health services to Collier residents and hoping to workshop that out so that we can be in line with Collier County's mental health strategies. And we're also collaborating with other agencies just to expand the referral systems and to expand services into other priority populations, which would be Everglades City, Goodland, Chokoloskee, and Copeland.

In your packet we also provided all of the educational materials that have been provided out there to the public as far as resources that are available to them, the locations of where they can get primary care, locations about the vaccine location -- information about symptoms that they may have, flu shot information, flu shot drives. All of that was provided.

And I also just -- I can stop there, or I can keep going forward. I don't know if there's any questions for the group that you would like me to answer.

CHAIRMAN LoCASTRO: How much more do you have on your slideshow, I mean --

MS. LOPEZ: No. This was just going into the availability of funds that we have in the agreement, just to outline that as -- the Board can decide on termination of funds. And I think that was all I have.

Again, just going into what the -- where we're trying to develop the grant, going towards the work that the community health workers are doing, the primary focus to go out there and engage on health services within our community for those in the Immokalee area.

And that's the end of my presentation.

CHAIRMAN LoCASTRO: Thank you.

MS. PATTERSON: Commissioners, this item was brought onto the agenda at your request to provide those -- answers to those questions that came up two meetings ago. Now, as a companion to this, we have Commissioner Hall's item, and we have a number of

public speakers. So I think now is the time that we want to sort out when we want to take those speakers. If they're -- do we have one specific to this item, Troy, to 11A, or are they --

MR. MILLER: I have a rather large PowerPoint from -- I think it's Ms. Kingston, and I know she's going to get a block of time, and then I have 16 other speakers registered besides that.

MS. PATTERSON: On 10A or 11A?

MR. MILLER: They're just combined 10A/11A because they're companion items.

CHAIRMAN LoCASTRO: County Manager, before we do that, I have Commissioner McDaniel lit up here, and I really want to give him the floor because, you know, the bulk of this is in -- it affects all of us but, you know, the bulk of it is in District 5. So, I mean, he's who I would like to hear from, and I think all the other commissioners would agree. So, sir, the floor is yours.

COMMISSIONER McDANIEL: And I'm going to keep it brief. You started this presentation off by -- and made a statement of promoting the vaccine. Was that done?

MS. LOPEZ: It's promoting the effects of the symptoms and resources available to getting the vaccine.

COMMISSIONER McDANIEL: Okay. Because I feel fairly certain with the new executive director of Healthcare Network that there wasn't promotion of -- there was, I felt, a fairly balanced set of information. There may be -- Mr. Kiley might not necessarily agree with that balance, but with Jamie's coming into the Healthcare Network, there seemed to be a better balance. But I have yet to see what was being disbursed by the folks with Partners in Health prior to his taking the seat at Healthcare Network. Was there ever -- to your knowledge, was there ever promotional information put forward with the vaccinations?

MS. LOPEZ: The information that we asked, everything was

given and was included in your packet.

COMMISSIONER McDANIEL: Okay.

MS. LOPEZ: It was not asked in a way to what was pre or -- you know, or after. It was all information provided.

COMMISSIONER McDANIEL: Okay. I understand. And I'm just asking. This is a public hearing. We're going to make a big decision here today. And I want to assure that we were disbursing information about assets. That was the direction that I had given when this Partners in Health group came to Collier County. That was the direction that I had set forth that I wanted to be the choice to the physician and the patient as to what their care and what the requisites were and that we were -- we had these assets. And if you wanted to wear a mask, here's where you go to get a mask. If you wanted to take the vaccination, here's where you go to get the vaccination.

I stood with the Governor of the State of Florida in Immokalee when he stood up the monoclonal treatment facility in Immokalee. There again, a proven successful treatment for folks that had contracted the virus, and then the federal government ceased that funding as well, because it was working so good. So the bottom -- well, I'm sorry. That was a slant. I shouldn't have said that. The bottom line is, I want to ensure that the intent never was to promote, only educate, only share with patients/people where the assets, in fact, were available.

MS. LOPEZ: And that is correct, sir.

COMMISSIONER McDANIEL: Okay. So I still -- and I've read a lot. I just haven't been able to -- Mr. Ulmer was very kind to share the information that was being disbursed by the Healthcare Network and the promotoras after he came in, but I think there's an issue with what was going on in advance of that with the previous executive director. So -- and that was -- and I'm done.

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CHAIRMAN LoCASTRO: I just wanted to add -- and maybe in the comments from the Healthcare Network, you know, CEO, and maybe if others are going to come to the podium. I get the COVID piece and the citizen concern, and it's -- you know, and it has merit, for sure. But also my -- where I would like a little deeper dive is before we take a giant bite of the apple, my understanding is that these funds do a whole lot of other things.

So, you know, I want to make sure that if we're going to do a big giant knee jerk, we don't shut off -- or we realize that we'd be shutting off a whole bunch of other things that have nothing to do with COVID. And, you know, this -- everybody's saying the word "COVID," but when you really look at the nomenclature here, it's the Extra Mile Migrant Farmworker Community. I mean, it's mostly based in District 5. So I don't know every moving part, but I know there's --

COMMISSIONER McDANIEL: District 4. There's --

CHAIRMAN LoCASTRO: Oh, absolutely.

COMMISSIONER McDANIEL: There is a huge component throughout our community that support the agricultural industry.

CHAIRMAN LoCASTRO: Absolutely. But, you know, so if somebody could expand, and maybe Healthcare Network senior leadership would be best to do that. I just want to make sure that before we make any kind of decision we know actually what we're voting on, and we're not sort of just isolating one piece and then maybe killing a whole bunch of other things that have had a lot of need. And I know you touched on it a little bit last time you were here, but I think it's important to do the deepest dive possible so we sort of measure twice and cut once and know exactly what we're doing.

MR. ULMER: Good morning, and thank you for allowing me to say a few words.

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Jamie Ulmer from Healthcare Network. And thank you for your presentation.

To your point, Commissioner McDaniel, promotion is a very distinguishable difference than education. Our fliers and information, everything that's been requested, we wanted to make sure that we were fully transparent and turned those over.

Those documents are purely education. The community health workers are from that community. They're Haitians. They're from Guatemala, Venezuela. They're from that entire area, and so they speak their language. They walk and talk and eat and dine with them.

They use the educational materials in their multicultural languages to educate them. If they choose to seek further care, whether it be a vaccine, whether it be more information on the COVID differences of the vaccines, or whether it be to wear a mask or not, the information is provided for them to be able to make that decision. There's a difference between when we here in Naples understand what the guidelines are or what information's being provided and choose to receive care or not. But the folks in Immokalee are different. They don't know whether they -- they're not educated to that level to understand. And so all our material is to do is to educate.

Promotion would be if we said, hey, we'll give you this if you take that, and we never did that.

COMMISSIONER McDANIEL: Good. Thank you for sharing that --

MR. ULMER: Thank you.

COMMISSIONER McDANIEL: -- because, I mean, there was a lot of promotion going on. We all know that there were gift certificates and ball caps, and go get a friend, and we'll give you a prize if you help somebody else get vaccinated. And I just wanted to

ensure that that was never a direction that came from me.

And, again, this isn't covering up anything. This is just me telling the truth about weekly telephone calls that I was on with our Partners in Health and our Healthcare Network and my philanthropic organizations in Immokalee, the Coalition of Immokalee Farmworkers and RCMA and, oh, my goodness, every week we were on a call working with the community. The promotoras were going door to door, and I just wanted to ensure that that promotional aspect wasn't put forth. So thank you.

MR. ULMER: And to your point, Commissioner LoCastro, this grant is -- you know, the way that it was explained on the PHE ending, this grant is about 75,000 people potentially receiving access to healthcare. I really wish that we could have had the opportunity to bring folks from Immokalee, but they're working. They don't have transportation. They don't have the ability to be here to voice. And so we are. My entire team is here to say, look, this community needs access to healthcare, and this is where 95 percent of these dollars are going to. The other 5 percent are for COVID-19 information. But think about where the remaining 95 percent goes to to support transportation, to support being able to provide them healthcare when we cannot afford it, nor can they voice. They're not the ones in here today.

And so this grant is to help us fund, be able to do something that we normally would not be able to do. So thank you.

CHAIRMAN LoCASTRO: So I appreciate that. I think the concern of the citizens in here with the 5 percent -- I like how you say that. And that might be arguable, but it's the smaller piece of the bigger piece of the pie, of the grant, I think. We understand that.

But, you know, it's one thing -- and I'm not taking a position here. I want to hear your comment to this. So it's great if educational materials are given to the folks in Immokalee, and to

your point, if English is their second language, they have a hard time understanding things. If those materials came from an organization that in some cases now is sort of backing down a little bit, some would say, from when they initially said -- so it may not be promotion on our part. And, you know, exactly what Commissioner McDaniel is saying, we didn't line people up and say, or like you said, take this shot when it comes to COVID and, you know, you have to do it or whatnot.

But handing out materials that might have been questionable and then were taken by those folks that maybe lacked education. English wasn't their second [sic] language, I mean, I can definitely see the concern by citizens who have CDC concerns saying, wow, someone who read that, it almost would sound directional. Like, wow, your government, you know, the top organization that runs health in the United States of America says this. Read it, and then make your own decision. And, you know, I think the concerns is a lot of people that are in that description, you know, group that you mention in Immokalee would take that maybe as a little bit of directional or, wow, it's extremely educational, and then they would make a decision. And some of those educational materials are now in question, and that's what's being brought to us. And I'd like you to just, you know, comment on that.

MR. ULMER: Well, you know, I would be the first to say that I think that the material, obviously, needs to be updated as time goes on. As the -- as the PHE ends and as the grant is continuing to be awarded, I think that the focus is 100 percent on diabetes and patient access, and the 5 percent is gone.

But my point that I'd like to stress to your statement or question, Commissioner LoCastro, is that, you know, no one knew really what COVID was going to be about, and --

(Audience interruption.)

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CHAIRMAN LoCASTRO: Come on. Let's be professional.

MR. ULMER: And it is a learning process. And as we have learned and as the materials that we were presented to present is what we were presenting. Is it our intent to provide documentations or educational materials to a group of folks that may not be true or that may have some discrepancies? Absolutely not.

So with that being said, let's not punish the people who are trying to get access with those dollars. Let's say, hey, look, we obviously see that there's been some changes. Time has pursued, and let's make that change. But let's not take away what's going to, obviously, create something for that community.

CHAIRMAN LoCASTRO: Commissioner Kowal.

COMMISSIONER KOWAL: Thank you, Chairman.

I'm going to be a little lengthy here, but --

MR. ULMER: That's okay.

COMMISSIONER KOWAL: You know, I watched the presentation, and, you know, you showed some slides and some numbers, and I know that once the program started, you had a six-month window to get a first performance measure report to the -- back to the provider. And I got copies of that, and I believe the other commissioners did.

And I looked at the numbers outside of the things connected to COVID, and I didn't see an overwhelming amount of numbers. I mean, even in the slide she just showed now, 5, 20. I mean, those are not big numbers in these other categories.

Now, when you look at the month through April to August, the biggest number I saw in the report was 500 tests for COVID. You know, those numbers jump out when they're COVID related.

And, you know, we spent 166,000 and some change on this program so far out of the money that was given to us. That's not a big chunk of money, not when it comes to healthcare overall.

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MR. ULMER: Right.

COMMISSIONER KOWAL: All right. And so however that money was used or whatever happened with that money, it didn't seem like it did a whole lot outside of the COVID portion of the grant, if you're following me on that.

MR. ULMER: Correct.

COMMISSIONER KOWAL: And the other thing is, when we provide information to people, we should provide information on both sides, the pros and cons, and let them make a conscious decision.

(Applause.)

COMMISSIONER KOWAL: Let them make the decision, because that's where the decision relies [sic].

And I understand what Commissioner LoCastro was saying, sometimes these people aren't -- you said it yourself. They're not the most educated people. But you looking like an official person showing up and you hand them a document, and it's only one-sided, they have a tendency to believe the one side that you're presenting them, correct?

MR. ULMER: I absolutely understand.

COMMISSIONER KOWAL: And you stated before when you stood before me at this podium -- and I do respect you for your service, service to the country -- and you said you've been in partnership with us in a partnership in the Immokalee area for 40 years.

MR. ULMER: Correct.

COMMISSIONER KOWAL: Forty years.

MR. ULMER: Over 40.

COMMISSIONER KOWAL: And you're saying now that we just have six people hired that actually speak Creole, Spanish from this community to help with our Healthcare Network?

MR. ULMER: Only the community health workers. Our entire organization --

COMMISSIONER KOWAL: What did we do for the other 39 years?

MR. ULMER: Over 50 percent speak multicultural --

COMMISSIONER KOWAL: Okay. So we have people in place that can perform these duties.

MR. ULMER: Right.

COMMISSIONER KOWAL: The six that we hired are just additional to the ones that can still perform the duties that we can -- getting out there and working on getting these numbers from 20 diabetic cases up higher, correct?

MR. ULMER: No, sir. This team is specially designed to actually go into the community and into someone's house. Our folks that speak over 50 percent of the language work in our facilities. They're not designed to go out into the community as a walk the grounds down the dirt roads, down into the actual farmworkers where they live, where they work. So this team is a lot different.

And your numbers, sir -- I do know that I could interpret and see that those numbers may look low, but the teams were designed a year -- approximately about a year -- eight months to a year after the grant actually was awarded. The second is that we have a \$400,000 request with the county as we speak. It's just that we're waiting for this process before that can be awarded. So although it's 176-, it's actually already up to about 700,000.

COMMISSIONER KOWAL: So the 166- we spent to get us where we are today --

MR. ULMER: Correct.

COMMISSIONER KOWAL: -- do you think, if you had this planning and you brought it to us, and the Health Department brought it to us as a Board of County Commissioners and said, this is a plan

we need for the people in Immokalee and Everglades City and some other areas -- because I saw several other areas in the report that were -- you know, you did reach out to, do you think you'd probably have a good chance of us saying, you know what, yeah, 166,000 for healthcare to our community that can't be provided, we could probably find that money somewhere, you know, and not necessarily -- and I'm still confused as to why the county got the grant, not the state.

MR. ULMER: Because the federal government oftentimes will design a grant to go through a community or county entity so that it shows that the support for this particular grant is there. If we could have applied to that grant individually and by ourselves, we would have, but it required a municipality, the county, the city, to actually apply for the grant, and then we would be the sub-award recipient. It was always planned that we would be the sub-award represent. In most of our grants, we apply separately, and we would not be standing here today; however, this grant is a little different. And so it did have that requirement.

COMMISSIONER KOWAL: Okay. Thank you.

CHAIRMAN LoCASTRO: Commissioner McDaniel.

COMMISSIONER McDANIEL: Yeah. Just as a point -- and you said it, Commissioner LoCastro, and you said it, Commissioner Kowal -- these weren't official government people going and knocking on doors. These were members of the community that were hired through Partners in Health to go and educate the population in these -- in these communities.

There is a huge citizenship issue. I said it out loud.

COMMISSIONER HALL: I agree.

COMMISSIONER McDANIEL: And these people are trained to not open the door when someone of official status shows up. They don't do it. We had to issue -- in Irma there were people -- you

should have saw the conditions that were happening when Code Enforcement showed up to some of these manufactured homes that were destroyed during Irma.

And so the premise -- just so you know, the premise was to have members of the community that spoke in multiple languages go to these camps, if you will, to these areas where migrant populations live, and disburse through the different agencies that are, in fact, in the community, as I already mentioned.

RCMA has a group of families that they work with. The Coalition of Immokalee workers -- Farmworkers has a group. The Guadalupe Center has a group of families who they know and trust and receive information from.

So just to dispel that somebody of official status was showing up and telling you that you should or shouldn't do something, it wasn't the case. These were actually community members that lived in the community that were hired through Partners in Health with the intent of education.

Now, whether or not that was actually the fact, necessarily, we'll all have to get to decide. But I just wanted to clear that up that it wasn't a -- there wasn't a government official showing up and handing you this information with the inference of doing one thing or another, so...

All right. I'm good. I'll make a motion to accept the report from Maggie. Do we need to do that or no?

MS. PATTERSON: Yes, sir.

COMMISSIONER McDANIEL: Yes.

COMMISSIONER HALL: Second.

CHAIRMAN LoCASTRO: Okay. I've got a motion and a second. All in favor to accept the report?

COMMISSIONER HALL: Aye.

COMMISSIONER McDANIEL: Aye.

CHAIRMAN LoCASTRO: Aye.

COMMISSIONER SAUNDERS: Aye.

COMMISSIONER KOWAL: Aye.

CHAIRMAN LoCASTRO: Opposed?

(No response.)

CHAIRMAN LoCASTRO: Okay. Accepting the report carries unanimously.

MS. PATTERSON: Thank you. This moves us to Item 10A, which is the companion. This is the recommendation that the Board consider reimbursing the COVID-19 Extra Mile Migrant Farmworker Community grant, and this is being brought to the Board by Commissioner Hall.

COMMISSIONER HALL: So I bring this forward because -- you know, it's already been said, so I'm not going to beat the dead horse. But the three-letter agencies in this country don't run it. The people do.

(Applause.)

COMMISSIONER HALL: And when the -- you know, no government official showed up at their door, but the government official showed up in information. And when you're a migrant worker -- if I was in Mexico and I had information come to me, I wouldn't want to do anything that was going to jeopardize me having to leave, so I'm going to accept that as truth, and that's what several of the commissioners have said.

So I bring forth this thing -- you know, I agree, some of the other things that they could do with the money are really wonderful things. You could do this, you could do that, you could do this, and you could do that; however, there's been a year and a half, and only \$166,000 has been used, which is to hire people to spread the information. Two hundred fifty-seven thousand of the first grant hasn't even been used. And if we're going to do all of these other

things, then we would be a -- there would be a backlog, or that money would be used boom, boom, boom, boom, boom.

So based on that, I'm bringing forth to send those funds back.
(Applause.)

COMMISSIONER HALL: So I make a motion. I make a motion to send those funds back.

CHAIRMAN LoCASTRO: Commissioner McDaniel.

COMMISSIONER McDANIEL: And I'm seconding his motion for comment. And the question I have for our county is, the main concern with regard to these funds is the strings that are attached to the federal government through the CDC or HHS with regard to imposition of a mandate that was unconstitutional.

If we don't give back the received money, if we just cancel the grant and don't take any more money, are we still not obligated on that 166-, 176-, whatever it is that's been spent? Are we still exposed to the terms and conditions of the grant?

MR. KLATZKOW: Barring a court order.

COMMISSIONER McDANIEL: Yes.

MR. KLATZKOW: I would tell them to pound salt.

COMMISSIONER McDANIEL: I know what you would tell them, and I know -- and, again, we've talked about this. I have said -- I have never voted to -- let me finish. I've never voted to implement a mandate or anything that was unconstitutional. I don't think this Board would either.

Yes or no: If we don't send back the -- if you know the answer, yes or no. I don't mean to be pointing at you. But, yes or no, if we don't send back the already bequeathed money, are we still exposed in the original language of the grant?

MR. KLATZKOW: Only if you get a court order.

COMMISSIONER McDANIEL: I understand. Yes. So, yes, we are still exposed. So one of the things that I heard this morning

was a change that we weren't proposing to send back the money that we've already received?

MS. PATTERSON: We're not proposing to send back the money that has already been spent. So the grant's been awarded, and 166,000 and some pending payments have been spent in accordance with the grant requirements. What the proposal is is we send back what's not been spent and we don't what has been spent, because it was spent under the terms of the grant.

COMMISSIONER McDANIEL: So, henceforth, if we don't send that money back that we've already received, are we still exposed under the terms and conditions of the grant? Because if we're still exposed under the terms and conditions of the grant, there's no reason to cancel the grant and the potential good that it could do for our community if we don't -- if we don't cancel it and eliminate the exposure at all.

MR. KLATZKOW: If you retain the funding, you have to comply with the grant conditions. If you give back the money, I would say that we're done, which is why I'm saying, barring a court order, I think we're done.

COMMISSIONER McDANIEL: So my -- with -- I'm going to withdraw my second if your motion was to cancel the grant and not send back the money. I want the money sent back.

(Applause.)

CHAIRMAN LoCASTRO: We still have a few commissioners lit up here, and then I've got a couple questions, too.

So, Commissioner --

COMMISSIONER McDANIEL: Can we clarify the motion originally, just so I can withdraw my second if that's -- if that was your motion?

COMMISSIONER HALL: The motion is to send back the remaining money and not spend any more taxpayer money on what's

already been spent that was already in compliance.

COMMISSIONER McDANIEL: Specifically --

COMMISSIONER HALL: Specifically the \$166,000 and change, that money was spent. We were in compliance. If we were not in compliance, we would be exposed to it, but we were in compliance with the information spread. So I don't want to spend any more taxpayer money.

COMMISSIONER McDANIEL: Nor do I, but I want you to be very clear. I'm withdrawing my second on that, because we are still exposed if we don't send back the already received and expended money under the terms of the grant.

COMMISSIONER HALL: I understand. We are not exposed. If we spent the money in compliance, there is no exposure. We complied to the terms of the grant.

COMMISSIONER McDANIEL: I don't agree.

COMMISSIONER HALL: Okay.

COMMISSIONER McDANIEL: The terms of the grant specify that the recipient of the grant, if received a mandate or edict from the CDC or HHS, we'd have to comply with that mandate or edict, or we would be in noncompliance with the grant, not the expenditure of the money. We are exposed if there was an ill intent or misuse of the funds. That was a separate item. But the issue that I have is the aggregate exposure that comes from -- the boilerplate money that comes from the grantor, and that's where I want the original 166-, whatever it is, I want it sent back, and then we have no exposure to them whatsoever.

CHAIRMAN LoCASTRO: Can we hear from Commissioner Saunders? Did you have something you wanted to add?

COMMISSIONER SAUNDERS: No, I was just trying to also understand exactly what the motion is.

COMMISSIONER McDANIEL: Right.

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COMMISSIONER SAUNDERS: And it seems to me -- and this is just a question for the County Attorney and for Commissioner Hall. It seems to me that \$166,000 plus-or-minus has already been spent. The question is, do we send \$167,000 back in a check to the federal government, or do we simply cancel the grant? And I think that's the question we're trying to --

COMMISSIONER McDANIEL: Please, please.

COMMISSIONER SAUNDERS: -- trying to understand. Now, obviously, Commissioner Hall, you had said this, that we were in compliance with the grant, so there shouldn't be any exposure if we don't write a check to the federal government for \$167,000. I think that's what you're trying to say is --

COMMISSIONER HALL: Yes.

COMMISSIONER SAUNDERS: -- let's cancel the grant, but let's not spend Collier County citizens' tax money to send money back to the federal government when there's really no exposure, no reason to do that.

COMMISSIONER HALL: Correct.

COMMISSIONER SAUNDERS: I'm just trying to get a clarification.

COMMISSIONER HALL: Yes.

CHAIRMAN LoCASTRO: But I'll just say, here's the loose end that I think Commissioner McDaniel's bringing up that -- I have the same concern is, if you spent 167,000 and there were no strings but the money was spent, now six months from now -- and this is what the people are saying -- CDC all of a sudden sends us a whole list of demands from all the people who spent the money, then we're on the hook. You know, to me, it's all or nothing. I say we don't play games with the government. If we don't feel like, you know, I mean --

(Applause.)

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CHAIRMAN LoCASTRO: You know, this is where we have the power to do what we want to do here. And 167,000, we waste that in five minutes in Collier County.

(Applause.)

CHAIRMAN LoCASTRO: Okay. Commissioner McDaniel, sir, you have the floor.

COMMISSIONER McDANIEL: You made my point. You made it very adeptly. And I don't agree with the -- I do agree with the thought process we're not exposed on how we actually expended the money, but I don't agree that we're not exposed in the aggregate terms of the grant that say if a mandate or an edict comes out of the CDC or HHS we have to comply. I have no intent of complying with them at all.

So if the motion maker can adjust his motion to send back the money we've already got and cancel the grant, I'll second that.

CHAIRMAN LoCASTRO: A sidebar question would be the other items that the monies has been explained to us has gone for, even though the numbers, I agree, you know, I was expecting them to be much more impressive. I really appreciate you pointing that out, Commissioner Kowal.

Does the Healthcare Network or any other agency -- they always have the ability to come to the county for additional funds or other grant avenues that are nonfederal, right? I mean, there's other things. Because I don't want the message here to be the 5 percent, or whatever it is -- and that's arguable. But the percentage of money that went to COVID and all the things that we're here debating, that all the other things just shut down and go away if we think they have merit. So, I mean, even -- if we decided right now whether we give all the money back or we stop the grant or what have you, the Healthcare Network, and even other agencies that benefited from the grant for other things that don't seem to be arguable, they have the

ability to come to the county, correct, or to pursue other nonfederal grants to keep those programs going, correct?

MS. PATTERSON: They have the ability to pursue any avenue of funding that they would like. As far as coming to the county, remember that healthcare is not the county's primary business. And there are very few lanes where we do provide those funding as required by certain rules or laws or arrangements. But nothing prohibits them from coming to the county. Whether or not that's the county's role is a different question.

CHAIRMAN LoCASTRO: And sometimes our role is guidance. Hey, you've come to the wrong agency, but let's redirect you to four other directions --

MS. PATTERSON: Yes, sir.

CHAIRMAN LoCASTRO: -- and that sort of thing. Okay.

COMMISSIONER HALL: I will amend the motion to return the grant and to return all the monies. I was just merely concerned about taxpayer monies. I didn't want to waste them.

COMMISSIONER McDANIEL: I got you. And I'll second that motion.

(Applause.)

CHAIRMAN LoCASTRO: Okay. I don't see any other commissioners lit up. So we have a motion and a second.

MS. PATTERSON: Sir, we have --

COMMISSIONER McDANIEL: Public speakers.

CHAIRMAN LoCASTRO: Public speakers. Okay. How many do we have?

COMMISSIONER McDANIEL: Sixteen.

MR. MILLER: I'm at a little bit of a loss. I've got a slideshow presentation, Ms. Kingston. I was told that she wasn't doing -- and if it's miss. or mister, I'm not sure. I was told they weren't doing a speaker slip. So I thought they were going to present first. Are

you, Ms. Kingston?

MS. KINGSTON: Yes.

MR. MILLER: I got it right, yay.

COMMISSIONER McDANIEL: One second.

CHAIRMAN LoCASTRO: Commissioner McDaniel.

COMMISSIONER McDANIEL: One second.

MR. MILLER: And then I have 14 speakers.

COMMISSIONER McDANIEL: It would be my vote -- and all due respect, dear Karen, that we not have this presentation from you here today, and that if you -- if you wish, if you wish to have this presentation, that you advertise and come back with a separate agenda item for her to make a presentation with her representations of the ill effects of the circumstances so that there are other members of the community -- other members of the community who I shall not name who are here in the room that have an opportunity to respond. This -- this is -- her presentation has to do with us and this particular grant. And I would rather we have another public hearing with regard to that as opposed to this today, because it -- there's really no -- there's no opportunity for a rebuttal. There is 50 percent of the people in this room who have a different opinion with regard to the ill effects of what's transpiring.

COMMISSIONER HALL: I wish to hear Ms. Kingston. She's came from California to speak.

CHAIRMAN LoCASTRO: I'd like to. Stand by. Stand by. Stand by.

(Applause.)

CHAIRMAN LoCASTRO: Hold it. Okay. We're not going to turn this into a clown show, okay. We're trying to do this professionally.

Commissioner Saunders.

COMMISSIONER SAUNDERS: I agree with Commissioner

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Hall. We're here; she's here. Let's go ahead and get through the whole process. There's no reason -- I don't believe there's any reason for an agenda item in two or four weeks to discuss the same topic. So I agree with Commissioner Hall on that.

CHAIRMAN LoCASTRO: I do as well. Commissioner Kowal, do you have any comment?

COMMISSIONER KOWAL: No, I agree also. I mean, this is the time and the place, let's hear everything.

CHAIRMAN LoCASTRO: I mean, we're here to get this done.

COMMISSIONER McDANIEL: It's already done.

CHAIRMAN LoCASTRO: Okay. And I don't disagree.

Just a reminder, at 10:17 the governor has directed that we take a moment of silence, so I'll stop us at the appropriate time.

(A video was played as follows:)

Probably almost every American would be surprised to hear these COVID-19 mRNA vaccines specifically are associated with an increased risk of appendicitis; they're associated with an increased risk of bells palsy; they're associated with an increased risk of shingles, which can be severe in some cases; they're associated with changes in sperm motility and sperm function and sperm count; and most recently we're finding that they are present in breast milk, even though an earlier study published in a journal -- the American Medical Association reported that they were not in breast milk.

And by the way, the reference for the increased risk of things like appendicitis and bells palsy, et cetera, comes from a paper that was published in the *New England Journal of Medicine*.

So one of the things that I and other people did during the pandemic that distinguished -- as we were talking about Dr. Bhattacharya early -- is that we tried to be honest, and we called things out when they were not honest.

Probably almost every American would be surprised to hear

these COVID-19 mRNA vaccines specifically are associated with an increased risk of appendicitis.

(The video ended.)

MS. KINGSTON: That's it. Thank you so much. Yeah, that's it.

So that's Surgeon General Ladapo, your surgeon general of Florida. Hi. I'm Karen Kingston. I'm a biotech analyst, med legal advisor.

And that was just Surgeon General Ladapo. How do I get this to full screen?

MR. MILLER: You're good. Just space bar.

MS. KINGSTON: And as he was saying, that the federal government and representatives of the federal government weren't always honest. And I'm honored to be here to speak to you, Commissioners. I'm honored to be in a free county in the United States of Florida. So thank you for having me.

My colleague in San Diego have been arrested for speaking out at the commissioners meetings. So I feel safe here, so thank you for that.

And I'm going to do -- I'm going to go through this pretty quickly, but I do want to address these materials on the right-hand side. That chaotic piece that you see, that is one of the materials from the NIH for the COVID-19 education. And I agree, this isn't a promotional piece, because in promotion, in my industry under the law, you have to provide fair balance, and fair balance is what your Surgeon General just said.

So on every one of these pieces, it would have to say you're at risk for a heart attack, you're at risk for inflammation of your brain and final cord, you're at risk for having a stroke, you're at risk for having a reduced sperm count, you're at risk for having a spontaneous abortion, you're at risk for being infertile. And none of that was

provided.

And what's happened in America is many families, individuals, and counties delegated the responsibilities of taking care of one another to the federal government. And when people and institutions don't have good intentions, or their intentions aren't in alignment with yours, they often will say things that, as Surgeon General Ladapo said, are not honest.

And so I'm going to go through the materials real quick, and then I just want to go into what your Surgeon General has emphasized, which is that the safety needs to be taken into consideration in regards to the efficacy of these biological injections. So I want to show you some of the materials that I used to get paid from big pharma to look at and then to create materials to educate doctors, and I want to share that information with you that's been filed with the FDA.

So let me just figure out how to do this.

MR. MILLER: Just space bar should work.

MS. KINGSTON: Space bar.

COMMISSIONER McDANIEL: One quick question: Did you email this presentation to us yet?

MS. KINGSTON: Yes, I did. It's been emailed.

COMMISSIONER McDANIEL: So it is available online for anyone that wants it?

MS. KINGSTON: Yeah, it is.

So this is from Mr. Uller [sic]. The letter says, again, if someone's intentions aren't in alignment with yours, they'll tell you what you want to hear, and I think it's very clear that the commissioners said, look, if we're going to work with the NIH, we've got to be very clear, we're not going to adhere to mandates such as mask wearing, and we don't want promotion of the vaccine.

So in the letter from the Healthcare Network, it clearly states at

no time are they going to promote the mask wearing or being vaccinated, yet the materials say, wear a mask; yet it says, get vaccinated, from the CDC; yet, the materials from Moderna say, this is -- you're being offered a vaccine. So, I mean, I think it's reasonable to assume that maybe they're not being -- they're being disingenuous a little bit. So we don't know what's going on in the brick and mortar. We don't know what's going on in the mobile units. But -- and then for the Pfizer one, it was to offer it to children 12 and older.

And Surgeon General Ladapo recommends strongly against injecting the children as well as strongly against injecting men under the age of 39.

And I take a look at the materials that he -- the analysis that Surgeon Ladapo had done for young men under the age of 40 who had cardiac-related death, and we're going to go into that. So what is these adverse outcomes that they're speaking of? I'm sure many people have heard of the vaccine adverse event reporting system, and it's said to represent about 1 percent of the actual events.

And you can see here there's urgent care hospitalizations, heart attacks, myocarditis. And they call this adverse event reporting system, except adverse events are unintended consequences. It's stuff that happened that wasn't expected. And when it is expected, which I'm going to show you that they knew this was coming, it's deceptive in nature and criminal in nature. And these numbers do not properly reflect the actual numbers in the United States.

There was an early app that was called the V-SAFE database where 10 million doctors who got injected, and 7.7 percent of those 10 million had an adverse event; over 500,000 of them had to go to urgent care. That was just in the first couple months of the rollout, which is 10 million. There's only 200,000 going to urgent care and hospital in VAERS after two years on being available.

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So, again, VAERS is supposed to be adverse events or unexpected. But on October 22nd, 2020, the FDA met with industry, including Pfizer, and they said, here are the outcomes of the mRNA COVID-19 injections. As you can see, it includes birth defects, stroke, seizures, convulsions, swelling of the spinal cord, myocarditis, myocardial -- myocardial infarction, and death.

So this was based on both the Phase 1, 2, and 3 trials, but it wasn't based on use of mRNA lipid nanoparticle technology in cancer. I'm sure people have heard. This technology isn't new. It was used in cancer. And so they knew these events were going to happen because those people had two weeks left to live. So it was a reasonable risk if they had a risk for death. It's not a reasonable risk to put someone at a risk for death, stroke, heart attack, or permanently being disabled when they have their entire life in front of them, especially a six-year-old child. This was in clear violation of the food and drug safety laws.

So under Phase 1 trials, if you're going to put a human being or a child at unnecessary risk for illness or injury, it's against the law.

They knew this. This is a June 2020 -- 2021 meeting with the FDA with Pfizer and industry, and they talked about doing the studies in children. What did they say? They said --

CHAIRMAN LoCASTRO: Ma'am -- can I just make one correction.

MS. KINGSTON: Yeah.

CHAIRMAN LoCASTRO: You're addressing us, not briefing the crowd.

MS. KINGSTON: I'm so sorry. I'm so sorry. I'm so used to doing that.

CHAIRMAN LoCASTRO: It's a small little technicality. Everybody hears, but just so we can keep protocol.

MS. KINGSTON: I'm so sorry about that. Thank you for

correcting me, Commissioner LoCastro.

So they -- in June 2021 what happened is they met with the industry, and the FDA had said, look, we can't conduct a clinical trial in children because children don't get the disease. It's statistically infeasible or impossible to make a vaccine that's going to be more effective than a child's natural immune system. So that was clear violation putting the children at risk.

And, again, under 21 USC 355, the risk evaluation and mitigation strategies, it has to show that the benefit outweighs the risk. And, again, for healthy people, for children, for adults, basically for 99.9 percent of Americans, the benefit did not outweigh the risk with these injections, and the risk was .1 percent per Dr. Anthony Fauci from February of 2020 in the *New England Journal of Medicine*. He published his public opinion.

And the real risk was for people 85 and older who had a case fatality rate of between 10 and 27 percent. The fatality rate in that age range was 13 percent. So, overall, the rate of dying from COVID-19 was similar to your age group unless you were under the age of 19; then there was absolutely -- there was no risk.

So getting back to your Surgeon General Ladapo's study on the adults with cardiac-related death related to the injections, he looked at both adults and women. And I don't -- we don't have a ton of time, but we concluded that men under the age of 39 had an 84 percent increase of risk for having cardiac-related death.

I want to just show everyone the numbers here that you can see. He took a look -- what he did is he looked at the Florida database of everyone that had a cardiac-related death that had a COVID-19 injection. Dr. Ladapo had excluded anyone that got a booster shot or more. So you can only have one or two shots. He excluded anyone who had a COVID-19 diagnosis, and he also excluded anyone that had a history of cardiovascular disease. So it was very, very limited

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numbers. And he looked at the number of deaths for people who died within six months of an injection, and the risk period was within four weeks, or 28 days.

What you can see is that with that stringent criteria, he found that over 16,000 men and women died from a cardiac-related death from a COVID-19 injection within six months and over 3,400 within four weeks. This is why he recommends against it.

What I want to show is, like, why the federal government is not being honest with us. In the VAERS database, over a period of two years across our entire nation just for the United States, they have 16,000 deaths in total, in total, not -- you know, related to all the different diseases that's related to the COVID-19 injections, and when your Surgeon General took a close look at his state alone, he found over 16,000 just with cardiac-related within a six-month period.

CHAIRMAN LoCASTRO: Ma'am, can we just take a pause right there. Let me just read something from our governor, Ron DeSantis.

It says, whereas, on February 14th, 2023, marks the fifth anniversary of one of Florida's darkest days when 17 innocent lives were lost in a massacre at Marjory Stoneman Douglass High School in Parkland, Florida.

Now, therefore, I, Governor Ron DeSantis, governor of the State of Florida, by virtue of the power and authority vested in me, ask all residents of the state of Florida to pause for a moment of silence at 10:17 a.m. on February 14th.

(A moment of silence was observed.)

CHAIRMAN LoCASTRO: God bless those children and families. It's a tough act to follow.

MS. KINGSTON: Yeah, I'm sorry.

CHAIRMAN LoCASTRO: You're back on.

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MS. KINGSTON: Sorry. So I'll resume. Thank you.

Let me put my timer on, because I can be verbose, as you can imagine. I'll wrap it up in three minutes.

So many people may or may not be aware that it's the spike protein, you were told early on, that causes the inflammation, disease, and death. And related to Surgeon General Ladapo's research, recent publication from the American Heart Association of July of last year, they stated, it is the spike protein that causes heart damage, and they found that the spike protein causes heart damage independent of what they call binding to the A2 receptors. It is actually a pathogen. It causes cytokine storms and inflammatory responses in the body. And independent of binding to any A2 receptors, it binds to inflammatory receptors, and it also attacks the heart directly, so it is a biological weapon, if you will. It causes disease, disabilities, and death.

I also just wanted to point out that in November of 2020, under the adult study that Pfizer had submitted in that trial that there were 100 children ages 12 to 15 who had reactogenicity response to their injection. And Pfizer stated that they wanted the FDA to cover up the data. They said the data was not favorable. Do not disclose it. This is criminal. It is criminal, because this is what reactogenicity data is. It's the outcomes, the negative, harmful outcomes from the injections.

So in October 2020, they knew this was going to harm children. They knew that there was no benefit to vaccinating children even if they had a safe vaccine.

So this should have never happened to Maddie de Gegray. She was 12 years old. She was part of the Phase 3 trial for 12- to 15-year-olds. She's now in a wheelchair and on a feeding tube, and there was a number of other children who have been harmed and disabled and killed.

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So then when the FDA approved the product, they said that they knew that it causes heart inflammation, myocarditis, pericarditis. They said an important potential risk is vaccine associated-related disease, which is probably why more people in the hospital with COVID-19 are vaccinated than unvaccinated, because it enhances disease.

They said the missing information was vaccine effectiveness. See, they don't know if it's going to ever work in the real world. And Moderna said the same thing and actually tripled down. They said, not only do we not know if it's effective, we don't know if it's long-term effective, and we don't know if it's safe. This was never disclosed in any of the materials that anyone was given.

So it's supposed to prevent against infection. After the FDA approved Pfizer's injection, they did a post hoc analysis nine months out of the injected group and five months out of the placebo group was injected. And the analysis said, it appears that the risk of COVID-19 injection increases over time post dose two. So it causes infection.

This is a study of 51,000 employees at Cleveland Clinic, and it shows that in two doses, your risk for infection over a three-month period triples, and if you had more than three doses, it quadruples. So this absolutely causes infection.

Also, in regards to workers, there was a bivalent study that was done, and it showed after people got the bivalent booster, one out of five couldn't go to work till the next day or potentially who knows how long.

Also, the efficacy is based on 170 people; 170 people out of 42,000 in total and it -- the two study groups were 18- and 18-, so 36,000. What this means is that if you got the injection, you had a 1 percent risk of not getting infected two months out. If you didn't get it, you had -- sorry -- less than a 1 percent infection [sic] of not

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getting infected, and your reduction in risk between both groups was less than 1 percent. Clinically it means nothing. Statistically it is insignificant.

And I think just one of the other things I was going to show is that here in Florida -- if I could go back. Here in Florida in, I think -- I believe in July of 2021 was when Biden did the mandate, the COVID-19 mandate. The excess mortality rate from the Society of Actuaries showed that Florida was hit the hardest in Q3 of 2021 when the mandate went into place, almost a 200 percent increase in overall mortality. The vaccines are not -- are not working. And the group that's hit the hardest is actually -- is young working adults over the country.

So an experimental biological agent that does not prevent disease, does not protect against disease, was done under deceptive and criminal research and actually causes harm is technically a biological weapon, and more and more people are becoming aware of this. I just want you to show your -- the Commissioners here that you can see, per Pfizer's public filing, they produced the spike protein, Wuhan Institute of Biology's spike protein. That's what the vaccine does. Pfizer says on their website the mRNA turns the human cells into manufacturing bio-weapon facilities because the spike protein actually is the bio-weapon.

And it crosses the blood-brain barrier, kidneys, heart, lungs, tongue, and into the brain and spinal cord. And under Florida State law, basically, a biological agent that's capable of causing death, disease, or other biological malfunction in a human is a bio-weapon.

So the work that was done by the CDC and the three government agencies was deceptive in nature, and under the guise of public health and wellness, people have been exposed to biological experimentation that is harmful. And, you know, this is all the evidence that is available on government websites. People have

simply been deceived. But once you recognize that people have been harmed under criminal and a deceptive and illegal experimental -- biological experimentation, it's important to acknowledge that a crime has been committed, and people are going to be held to account, and the residents of Collier County, as Surgeon General Ladapo has said, have the right to know this information. Thank you.

CHAIRMAN LoCASTRO: Thanks.

(Applause.)

MR. MILLER: All right, sir. We have 14 public speakers. Your first speaker -- and I'm going to call more than two names at a time, because we have people in both of our overflow rooms right now. So if they're there, they're going to need time to get over here.

Your first speaker is Carol DiPaolo, followed by Beth Sherman, then Lisa Johnson, and then Barry Hoey.

CHAIRMAN LoCASTRO: I'll remind the speakers, we already have a motion on the floor and a second heading in a direction that's clear, I believe. But we want citizens to be heard, as we said at the start of the meeting, and they will be.

MS. DiPAOLO: Good morning, Commissioners, county officials, and members of our community. My name is Carol DiPaolo. I am chairman of the Medical Freedom Subcommittee of the CCREC and a resident of Naples.

I want to thank Commissioner Kowal, Commissioner Saunders, Commissioner LoCastro, Commissioner McDaniel, and Commissioner Hall for your time. I don't envy your position as commissioner. It's a difficult one. You must, at times, make serious decisions that, at times, affect the lives of many.

Like a famous king in the greatest book ever written, King Solomon, who was known for his wisdom in making decisions, I hope that today you will have the wisdom of Solomon to make a wise

ruling in this proceeding.

We know that Collier County was the only county in Florida that applied for the Extra Mile Migrant Farmworkers COVID-19 grant and received funds in the amount of 1.2 million from the NIH/CDC. We know that the funds went to sub-recipient Partners in Health that provides healthcare and health education for the underprivileged in the Immokalee area.

We know that in the written CDC material distributed by Partners in Health to this underserved population there is information pertaining to the COVID-19 injections.

We know that the information states the injections are safe and effective. We know that this is misleading information since the vaccines are neither safe nor effective.

We know that our Florida Surgeon General Dr. Joseph Ladapo strongly recommends that healthy children and males between the ages of 18 and 39 do not be administered these shots because they are not safe.

We know that a vaccine is supposed to prevent disease, prevent disease transformation, and is supposed to do no harm. We know that these shots do not meet this definition. We know that these shots have been harmful to many.

I would like to ask just three questions, and these questions will be directed not to the commissioners but to the people in this room. How many of you know someone who took the COVID-19 shots? Raise your hand, please.

CHAIRMAN LoCASTRO: No, no. Speak to us, ma'am, please. We're not taking votes.

MS. DiPAOLO: Okay. How much of you know someone who --

CHAIRMAN LoCASTRO: Ma'am, you're speaking to us. We're not taking votes.

MS. DiPAOLO: Okay.

COMMISSIONER McDANIEL: Ask us your questions.

MS. DiPAOLO: The last question that I really have to say is, well, how much of you commissioners know someone who regrets taking the shots? How many of you know someone who has been injured by taking the COVID-19 injections?

Okay. And this I just have to say, if you strongly recommend that all commissioners return the \$1.2 million, I would just hope that maybe people would stand up and show their support to this.

I implore every commissioner to listen to your constituents, understand our concern for those in our community that do not have a voice, the migrant farmworkers and the underprivileged.

Here I'll plea to break our ties with the NIH/CDC, and return the funds. Please make a wise decision today.

Thank you.

MR. MILLER: Your next speaker is Beth Sherman. She'll be followed by Lisa Johnson, Barry Hoey, and then Scott Sherman.

CHAIRMAN LoCASTRO: We're going to hear from Mrs. Sherman, and then we're going to take our 10:30 break and then resume with the speakers.

MS. SHERMAN: I actually had time conceded [sic] to me from Ms. Lisa who's next, if you can double-check that.

MR. MILLER: She did not indicate that in any way, but I'll be -- is she here? Ms. Johnson, are you here? I will cede her your time.

MS. SHERMAN: Thank you very much.

Thank you, Mr. Chris Hall, for allowing Karen Kingston time to speak and putting this back on the agenda, and thank you to four out of the five of you commissioners who took the time to meet with Karen; we very much appreciate that.

Thank you, Commissioner Kowal. You asked some really great

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questions at the last meeting, and we truly appreciate that, especially your comments today.

I'd like to start by apologizing to all five of you, which may come as a surprise, but I would like to say that anger and bitterness has really come over me in the past couple years after I've been up here so many times fighting and putting a lot of this information on the record that Ms. Karen Kingston has told you today. None of this information that she's presented to you is new, so you cannot say that you didn't know any of this.

It's really sad that you guys have completely ignored us until now. I want to thank the two new commissioners. It took getting two new commissioners up there to get this back on the agenda and to have our voices heard, so thank you very much.

And in the spirit of Valentine's Day, you know, some people at the beginning were talking about love, well to me love is truth. So this is kind of impromptu, but Mr. Jamie here from Partners in Health, you know, it seems like you guys -- whether you send the money back or not, it seems to me that you plan on still working with Partners in Health. They've been in the community for 40 years.

Let me tell you a little bit about Partners in Health and who they're run by. They're run by a man whose name is Jim Yong Kim. He is the former director of the W.H.O. He was the 12th president of the World Bank. He was nominated by Hillary Clinton and appointed by Obama.

Let me tell you some of the partners that fund Partners in Health. And I keep getting, you know, called misinformation. This is all public information. If you go to Partners in Health website, you can pull all of this up that I'm speaking about. Bill and Melinda Gates Foundation; the CDC; Open Societies, which is George Soros; Facebook; Google; Pfizer and nearly every other pharmaceutical company that there is; the World Bank, Disney; the insurance

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companies and most of the biotech companies; the W.H.O.; the U.S. Department of State; and the United Nations.

Is that really an organization that we need in our county? Regardless of what happens today with the money being sent back, Partners in Health needs to take a hike out of this community. This is the most conservative county in the state of Florida, and we don't want to be doing business.

Let me -- oh, one other thing. Chelsea Clinton is actually on their Board. I find that interesting. And there are some other people on the Partners in Health board who are on the Board for the Clinton Foundation.

Let me tell you one thing that Partners in Health has done in the past two years with the COVID money. They partnered with Healthcare Network and other businesses, other NGOs who, for the moment, shall remain nameless. But some of you remember when this all started out in Immokalee, that the case numbers were driven up and a big panic had ensued because there were so many positive cases in the county, right? Let me tell you how they did that. They took a bunch of money, and they offered the people in Immokalee, if they had a positive -- a positive case, positive COVID test that they brought forward, they received 400 to \$1,200 per person for that positive case, and they rushed the funds so that they received it within five to 10 days.

So that, my friends, that is how the case numbers started in this community. This is not an organization that I, personally, along with we the people, want to have anything to do with this in this community. If you go back on their website and look at all the research and all the work that they've been doing across the world in the third world countries, it's pretty nefarious, my friends. Like, all you have to do is actually read. People want to know where I get all this information. I read. It's not hard. Go to their website. I

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implore everybody, go to their website, click around a few times. Spend 15 minutes on there, and you can verify every single thing that I've said here today.

Now, according to Karen's data that she provided to you in your email, she stated that 90 percent of people in Collier County got one shot, and 70 percent of people received two shots or more.

We know that there's a lot of people who have died or have suffered adverse events. I personally know several people. I know someone who died in their sleep. I know people who have had serious reactions. All of that was in the Pfizer paperwork.

What we don't know is what the long-term side effects will be. Our county and sheriff, we need to work together as a team to stop the distribution of this within our county. We need to stop taking government grants that tie us to evil. We need to stop using subcontractors like Partners in Health -- and, boy, I'll have a list of other ones that I recommend we stop working with because they're funded by the globalist agenda.

This county signed on to Agenda 21, the contract, in the '90s with the United Nations. I think it's high time as a county we stop doing business with criminals including, but not limited to, the United Nations, the CDC, the W.H.O., the WEF, the DOJ, and the FBI. I know that this county personally has other contracts that you've -- that I have fought in the past years with the DOJ and FBI. I'll be bringing that back at a later date, because it's unrelated to this.

The only thing necessary for evil to -- for evil to triumph is for good men to do nothing. Many of you are retired military, and with the evidence that you have been presented, I ask you to uphold your vow to protect our country from all invaders, foreign and domestic.

With that said, we want you to void the contract and send back all the money, like Commissioner LoCastro said. Let's just wash our hands clean of this. Ephesians 5:14: Wake up, sleeper. Rise from

the dead, and Christ will shine on you. Thank you.

(Applause.)

CHAIRMAN LoCASTRO: We're going to take a break, but just for clarification to the other folks that are signed up to speak, we have a motion on the floor and a second, and I believe, Commissioner Hall, rather than me summarize the motion as I believe it to be, why don't you restate it for the crowd, the motion you made, and that was seconded.

COMMISSIONER HALL: The motion was to send the money back, all of it, and cancel the grant.

CHAIRMAN LoCASTRO: All right. And that was seconded. And I can't speak for the other commissioners, but I support that extremely strongly. So does Commissioner McDaniel. So we don't want to close -- you know, we want to hear from -- if you want to speak, but if you don't feel it's necessary or you're going to be redundant with other speakers -- but we're going to take a break and come back at 10:45. Take a 10-minute break.

Thank you.

(A brief recess was had from 10:35 a.m. to 10:45 a.m.)

CHAIRMAN LoCASTRO: If everybody could please take their seats. Please take your seats. We'd like to get started on time. Thank you.

MR. MILLER: Mr. Chairman, your next registered speaker is Barry Hoey. He'll be followed by Pastor Anthony Thomas, then Scott Sherman, and then Jill Kiley.

CHAIRMAN LoCASTRO: Okay. Please take your seats. Everybody talking in the back, appreciate it if you'd please take your seats.

Before we get started with our next speaker, it's clear we have a motion on the floor, a strong one; it's been seconded. I've already said that I concur with the motion and the second. I'm not here to

stifle any citizens, but I want to hear from the other two commissioners if they would like to make a comment on the motion and the second. Commissioner Kowal.

COMMISSIONER KOWAL: I was going to second it. You know, when we had the new motion on the floor, I was going to second it myself. You beat --

(Simultaneous crosstalk.)

COMMISSIONER McDANIEL: Jumped in front of you.

CHAIRMAN LoCASTRO: Okay. And we'll wait for Commissioner Saunders. But I only say that -- so speakers are welcome to be heard, we're not stifling anyone, but if something's about to pass and it meets with your approval, then you don't feel like you need to speak at the podium, fine. If you still want to be part of the process and be heard, that's fine, too, obviously. If I could have everyone's attention. Can I have everyone's attention, please. Or if you're in opposition to what the vote might be, then, you know, we want you to be able to take the podium.

But, you know, it's obvious that if it looks like we're about to have a unanimous decision on something the citizens have taken time to bring to our attention and it's going to go a certain way, then you might not feel the need to just be redundant and comments that have already been heard that have been very influential in our possible unanimous vote.

Commissioner Saunders.

COMMISSIONER SAUNDERS: I missed the first part, and I apologize. I was running into the room here. I'm going to support the motion. I suspect that it probably will be a unanimous vote based on the conversation. So if there's an issue of perhaps shortening the public comment a little bit so we can move on to some other items, that's fine with me. I am going to vote for the motion.

CHAIRMAN LoCASTRO: So just to summarize, we're not

going to do anything sort of half speed here. The motion is full return. You know, there's no strings. There's no aftereffects, and the people have been heard, the commissioners have listened. And so it looks like, you know, talking to all of my colleagues here, that we've got a motion and a second and what looks to be a unanimous vote when I call for it.

Having said that, sir, you know, the podium's yours, and if you choose to speak then we will -- we are all ears.

MR. HOEY: Thank you. My name is Barry Hoey. As many of you know, I'm a real estate broker here in Southwest Florida. And one thing I've noticed since 2020 and that -- when the plan-demic started, the amount of people that wanted to move here to Southwest Florida, and the reason for that is because they trust that when they move here that everybody is going to be doing the right thing. They see Southwest Florida as a place where our freedoms are valued, where our politicians -- our representatives will do good work on their behalf.

You know, I was shocked, as were many, to learn that Collier County was -- had, you know, received funds from the CDC at the time. You know, if you look at the big picture with all of this, it's very clear -- it should be very clear to everybody that Fauci lied, Birx lied.

All of this has been -- you know, this has been going on for many years. I won't get into that. I don't want to look like a conspiracy theorist. But what I will tell you is that conspiracy theorists have proven to be right, especially in the last number of years.

All of these three-letter agencies that have become corrupted with the different cabals across the world, the CDC, you know, gave this money to Collier County, and Collier County -- you know, we talk about people that are vulnerable in our society. We have kids.

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These farmworkers are vulnerable, because the plan-demic created fear, and true fear, people will do things and take things.

As regards to the motion, it's definitely important, I believe, that all of the funds be returned. No strings attached whatsoever. And we need to send a message out that Collier County is where medical tyranny comes to die.

That's all I have to say. Thank you.

MR. MILLER: Your next speaker is Pastor Anthony Thomas. He'll be followed by Scott Sherman, then Jill Kiley, then Richard Schroeder.

CHAIRMAN LoCASTRO: If you're a speaker and you decide you don't want to speak, then just let Mr. Miller know.

COMMISSIONER McDANIEL: Just wave.

PASTOR THOMAS: Thank you, gentlemen, for your time. My name is Pastor Anthony Thomas. I'm a local pastor for -- been a pastor for almost 20 years. And I'm a Marina Corps veteran and a proud patron of this country.

I want to share something very clearly. This is the first meeting I have gone to, but the Lord put on my heart to come here, and I'm going to share what he put to say.

The Bible is very clear. It says, the devil comes to steal, kill, and to destroy. We have seen clearly that the CDC is a nefarious organization that has taken our posterity in the generations to come and done exactly those things; steal, kill, and destroy.

The Bible says very clearly, you shall not pollute the land where you are, for blood defiles the land. We have seen clearly that there has been an exchange by governments and different pharmaceutical companies for money for the sake of blood.

And I would share clearly today, each one of you have been given a measure of authority, and one day you will have to stand before the Lord, the king of kings and the Lord of Lords, and give an

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account of the authority that you've been given. And the Bible is very clear, when blood is on the land, it defiles it. God has put a blessing upon this land, and I am asking you today, send this blood money back in entirety, that the blessing of the Lord might rest on the City of Naples. In Jesus' mighty name, amen.

(Applause.)

MR. MILLER: Your next speaker is Scott Sherman. He'll be followed by Jill Kiley, Richard Schroeder, and then Scott Kiley.

MR. SHERMAN: All right. Thank you, Commissioners. My name is Scott Sherman. I'm going to be very brief. I'm not going to rehash this issue, but I want to comment on a couple things that were said from the dais this morning.

One of the things is that -- the idea that the government shouldn't be involved in healthcare, we applaud that. Two, federal money is our money, so it doesn't really make much difference between Collier County money or -- because we pay the taxes, and our federal government has been wasting our tax money for years. So that being said...

And then just be careful of following the advice of these global institutions, because they are truly evil and do not represent the ideas and morals of Collier County.

Thank you.

MR. MILLER: Your next speaker is Jill Kiley. She'll be followed by Richard Schroeder, then Scott Kiley, then Lisa -- it's either Brates or Bates.

MS. KILEY: Good morning. Is it still morning? Yes, it is. Happy Valentine's Day to all of you.

My name is Jill Kiley, and I'm a resident of Marco Island.

The COVID-19 response for resilient communities grant had a goal to provide accessible and equitable healthcare to high-risk communities. In review of the data provided to us by Collier County

Health Services, it focused on a dual message: Get vaccinated and wear a mask.

We have evidence from the Pfizer's own reports that the so-called vaccine is neither safe or effective in preventing or transmitting COVID-19. Additionally, the recently released Cochrane report cites 19 studies with 71,000 people showing that there is no clear reduction in respiratory viral infection with the use of masks.

We know that there are many prophylactic measures to support our immune system that can be used to prevent COVID-19, influenza, and RSV infections. These protocols were available since early 2020 and have been used by prominent healthcare providers around the world and helped many thousands of people.

If early intervention and reduction of the spread of COVID-19 was the goal, why are there no preventative or early intervention measures mentioned in the materials presented to us by Collier County Health Services? Is it just me, or do the rest of you think this is appalling?

Perhaps the injection bus could have given out ivermectin and a preventative handout in their goodie bags, like they did in Africa and India which, by the way, are two countries with the lowest vaccine uptick and the lowest rate of death. This was not a prevention campaign. This was a misinformation and a jab-in-every-arm campaign.

The fraudulent and deceptive manner that our health officials have conducted themselves with lack of informed consent, bullying, and no discussion of vaccine risks of disease, bodily damage, and death is inconceivable. To say that this has been a crime of mass proportions waged on our people is a huge understatement. Seventy percent of the population of Collier County is fully vaccinated, and the makers knew that the more injections of this experimental shot

that are taken, the greater risk for disease and death.

In summary, the people of Collier County were duped, and they need to be given appropriate warnings of this injection on our county website and where to go for treatment for their injuries.

Please, Commissioners, do not subject any more of our citizens to these injections and injuries.

Thank you.

MR. MILLER: Your next speaker is Richard Schroeder. He'll be followed by Scott Kyle, then Lisa Brates, and then Emily -- I'm going to say Dalto. I can't read your last name, ma'am.

CHAIRMAN LoCASTRO: I just want to just chime in again. And it's just more for clarification. So we have a time-certain at 10:00 for David Lawrence Center, and there's a lot of people here that, just like everybody else, took time out to be here for the time-certain, and we're well past it.

I just tell everyone again on this issue, you have five commissioners here that have a motion on the floor to unanimously give back all of the money to the max, no strings, no nothing. You know, if there's still a dozen more speakers to speak, I feel the need to go to our time-certain, which is an hour late.

So if you are coming to the podium to tell us what we've already heard and we're about to vote unanimously on, it's your right, but I think in the next five minutes I'm, you know, going to go to the other group that has a right to hear a very large topic as well, which had a 10:00 a.m. time-certain even before this one.

So, Doctor, I'll turn the floor over to you, but there again, I just --

DR. SCHROEDER: I'm going to -- I'm going to end it, but I want to tell you, I have some non-duplicative material I know that the commissioners -- you commissioners are going to want to hear. But I want to get to a vote. And I think this is -- this is where we need to

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go today. If you promise to hear me out at a future meeting on this non-duplicative material --

COMMISSIONER McDANIEL: Would you be kind enough to email it to us?

DR. SCHROEDER: Yeah, certainly I can --

COMMISSIONER HALL: I'll be glad to read it.

DR. SCHROEDER: Yeah.

COMMISSIONER McDANIEL: I'd love to see it, Doc.

DR. SCHROEDER: Yes. It had to do with where the bio-weapon actually came from, how it was developed by the Department of Defense and so on. So it's very important to understand the background of all this.

CHAIRMAN LoCASTRO: Perfect. Thank you, Doctor.

DR. SCHROEDER: Thank you. We'll come back.

MR. MILLER: Your next speaker is Scott Kiley, followed by Lisa Brates, and then Emily Dalto, and Diane --

COMMISSIONER McDANIEL: He's waiving. Mr. Kiley waived.

MR. KILEY: I give up my time.

MR. MILLER: Thank you. Lisa Brates?

MS. BRATES: Good morning. Hello, Commissioners. I just -- I'm not going to be redundant. I just want to say thank you for your time, and thank you for your vote.

But I'm standing here because I just thought that there was one thing I needed to point out. I know that Ms. Maggie Lopez went through her presentation pretty quickly. I don't know if anybody saw, because she didn't state, but at the bottom there were a lot of bullet points. I know you all have the presentation. The bullet points were very clear that money has to be used for COVID-19. So I don't think it could be diverted to other things, as stated.

That's my point. I just wanted to put that on the record. Thank

you very much.

MR. MILLER: Your next speaker is Emily Dalto. I hope I'm reading that right.

MS. DALTO: Yes, I'll pass. Thank you.

MR. MILLER: Diane, is it Smars?

COMMISSIONER McDANIEL: I think she's in the anteroom.

MR. MILLER: She may be. Omar Del Pozo. And he would be followed by Andrea Verder.

MR. DEL POZO: Good morning, Commissioners. My name's (unintelligible) --

THE COURT REPORTER: I cannot understand you.

MR. MILLER: Sir, could you slow down a little bit. She has to take down everything you're saying.

MR. DEL POZO: Good morning. Thank you for (unintelligible) to be here. Congratulations to all the Board for the great job you are doing and you will do.

I strongly encourage you to send this money back, simple. This money represents probably the biggest lie in the history of the United States. The so-called COVID-19 accounts a loss hurting our country, in health, in Colombia and everything.

Shortly, what happened? Everything is a lie. The so-called vaccine is not really a vaccine. A vaccine is when some people's injected, vitals -- (unintelligible) vitals --

COMMISSIONER McDANIEL: Slow.

MR. DEL POZO: Thank you. All part of the viral, all vital (unintelligible) attenuated so the body respond and produce antibody.

In this case, the mRNA is not real. The normal mRNA we have in our body has a time to work. The work, the mRNA, normally we have -- what they do -- what the mRNA do is produce protein. But what happens? Our body has to control. So the mRNA has to live short time in order to finish this production of product. This

so-called vaccine is fake. It's artificial.

So this vaccine escape to the normal control of our body in the cell, in cytoplasm. So it produce a lot of protein without control and produce inflammation at all levels, and this produce (unintelligible) now.

Please, send this money back because we live the most free country in the United States. God bless you, God bless America. Happy Valentine's Day for you and for everybody here.

MR. MILLER: Your next speaker -- we'll try Emily Dalto again.

(No response.)

MR. MILLER: Diane Smars?

(No response.)

MR. MILLER: Andrea Verder?

(No response.)

MR. MILLER: Okay. If they're coming from another room, I do have one registered speaker on Zoom, so let's try them at this point.

Dr. Yiachos, you should be getting prompted to unmute yourself here shortly, if you will do so, sir. Dr. Yiachos -- there you are. Sir, you have three minutes.

DR. YIACHOS: Yes, I'm here.

MR. MILLER: You have three minutes, sir.

DR. YIACHOS: Okay. Well, my name's Dr. Yiachos. I've been a cardiologist, and I've been practicing at the front lines since the beginning of COVID. I was in the heart of it in New York.

And it was terrible to see so many people die, but they died primarily because people were being denied therapies and people were being treated with the protocol that wasn't tested. And, honestly, that was a real crime. Right now, I don't know how many people know this, but as of last week, 16 studies have now confirmed

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that ivermectin can prevent serious COVID-19 disease, and yet it was being denied completely to the population at that time, including the healthcare workers.

That being said, there is a one-year crime than what happened during COVID, the infection, and that is COVID, the vaccination. It's -- to me this will surpass the amount of deaths that we saw from COVID itself. The amount of heart disease that's being seen, the amount of reactivation of cancers, the amount of people having strokes, the amount of people actually having clots, this is an ongoing problem. And it's not just the young people that are dying suddenly. I think older people are also dying as suddenly, but for some reason that's not as newsworthy, and that's really a pity. That's really a shame.

And I think it's very important that people understand that we're dealing with a deadly, deadly experimental drug that got pushed through for money reasons, and we should not be propagating this problem.

So whatever you may think the money might be getting used for, very clearly it's being used for spreading this vaccination further to a population that is being blindsided. They don't know the information. In fact, I would say most Americans are still having a hard time hearing the information.

So we would like the commissioners to understand why we have such great -- we have no money to gain in making this argument and, yet, some of the companies that are looking to make this money and use it are not using it for the purposes of getting people better. That's just the excuse that they're using to get access to the money. And I don't want our county to be compromised ethically or morally just because money is being thrown in our direction to use a deadly weapon, which is the vaccine, and not COVID itself, and that's it.

Thank you so much for your time.

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MR. MILLER: All right, sir. Let me call these last two names just to see if they were in overflow; Emily Dalto and Diane Smars.

MS. SMARS: I ceded my time.

MR. MILLER: Oh, okay. That takes care of it, sir.

CHAIRMAN LoCASTRO: Commissioner McDaniel.

COMMISSIONER McDANIEL: Yeah. I just have one comment, and it's just more to clear the record than anything. Mr. Ulmer is the executive director of the Healthcare Network, an important part of our community, and not -- not the executive director of Partners in Health. It was represented that he was, and I just wanted to clear that up.

CHAIRMAN LoCASTRO: Okay. If we have no other speakers, we have a motion on the floor to give the full amount of the CDC money back, accept no further funds. It's been seconded by Commissioner McDaniel. It's been confirmed by me that I support that strongly as well, I think, the other two commissioners. So I have a motion and a second. All in favor?

COMMISSIONER HALL: Aye.

COMMISSIONER McDANIEL: Aye.

CHAIRMAN LoCASTRO: Aye.

COMMISSIONER SAUNDERS: Aye.

COMMISSIONER KOWAL: Aye.

CHAIRMAN LoCASTRO: Opposed?

(No response.)

CHAIRMAN LoCASTRO: It passes unanimously.

(Applause.)

CHAIRMAN LoCASTRO: Okay. We need to move on quickly. We have lots of other business, so we're going to go right into our 10:00, which is -- I apologize to the David Lawrence Center staff. Hopefully they haven't lost any of their key speakers.

Scott, have you lost anybody that you are concerned about?