

Georgia insight

Sue Ella Deadwyler
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"She hath done what she could."
Mark 14:8a
"...and having done all ... stand."
Ephesians 6:13c

Georgia Law Does *Not* Prohibit Mandatory Microchip Implantation

Are microchips relevant to COVID-19?

Yes. During the 2009 – 2010 legislative session a Georgia Public Health official suggested that microchip implants in humans could be used to identify individuals infected with H1N1 swine flu. Such implanted microchips would track, gather and store uniquely personal data, to be transmitted to a microchip reader far away. Seemingly, that never became a reality.

But consider this: Since the Georgia legislature has failed, repeatedly, to prohibit involuntary microchip implantation on or inside individuals, and since a vaccine is being researched to fight COVID-19, the idea of tracking disease by microchip implants may be suggested again.

Is a microchip small¹ enough to implant in a human body via a vaccine?

Yes. Tiny microchips dubbed "smart dust" or "powder" are small enough to incorporate into thin paper, such as currency, to create so-called "bugged" money.

ACTION – Ask Governor Kemp's Administrative Floor Leaders to introduce and secure passage of a bill that prohibits mandatory microchip implantation. Senate Administration Floor Leaders are Senators Brian Strickland, 404 656-7454 and Blake Tillery, 656-0089. House Administrative Floor Leaders are Representatives Bert Reeves, Jodi Lott, Terry Rogers and Dominic Lariccia. All four may be reached at 404 651-7737.

Backstory

On February 5, 2009 Representative Len Walker introduced H.B. 306 to regulate the electronic pretrial release and monitoring of criminal defendants. Since it did not protect defendants from being forced to get microchip implants, he allowed his bill to be amended with this restriction:

"Under no circumstance shall electronic pretrial release and monitoring equipment be introduced internally or beneath the skin of any person."

H.B. 306 unanimously passed the House 153 – 0 March 9, 2009 and the Senate 47 – 0 March 25, 2009. The governor signed it May 5, 2009. When it became effective July 1, 2009, it was, and remains, the **ONLY** Georgia law that prohibits involuntary microchip implants in humans.

Even without Microchips, Vaccination Should Not be Mandatory

Although vaccination can be mandated during public health emergencies, personal health may be compromised if the vaccine is incompatible with individual health needs. Example: during the 2009 – 2010 swine flu pandemic, the Public Health Department issued this warning:

"Do not receive the vaccine if you have or have ever had an allergic reaction to a flu vaccine, if you are under age 18, recently took an aspirin or are allergic to eggs, arginine, or gelatin. Before you receive H1N1 virus nasal spray, tell your doctor if you have asthma, a weak immune system, or a history of Guillain-Barre syndrome or neurologic disorder affecting the brain (especially if these were caused by a vaccine)." (Parenthesis in original)

[Note: During COVID-19 restrictions hard copies of *Georgia Insight* are published on my home printer.

I apologize for the less-than-professional appearance of this and the April issue.

However, *Georgia Insight* will be professionally printed, again, after COVID-19 restrictions are lifted.]

¹ Online Documentation: **Scary Small: New Tracking Chip Size of a Dust Grain**, By [Bill Christensen](#) February 15, 2007
Smart dust: A complete computer that's smaller than a grain of sand By [Graham Templeton](#) May 15, 2013

Vaccination Law in Georgia

O.C.G.A. 31-1-3. Power to require immunization and other preventive measures

(a) "... the department [Public Health] and all county boards of health are empowered to require ... vaccination against contagious or infectious disease ... whether or not the disease may be an active threat ... in the case of a declaration of public health emergency and shall include provision permitting consideration of a person's personal physician as to whether the vaccination is medically appropriate or advisable for such person. (b) In the absence of an epidemic or immediate threat ... this Code Section shall not apply to any person who objects in writing thereto on grounds that such immunization conflicts with his religious beliefs."

While the argument remains that vaccination may be the preferred way to confront contagious diseases, the constitutional rights of U.S. citizens must not be ignored, trampled, or denied. Please note (a) above in which Public Health may "consider" a doctor's opinion about personal vaccination but is not required to abide by that opinion. Also, note that religious objections must be in writing, but may not be honored during emergencies.

Both (a) and (b) above interfere with personal constitutional protections provided by the Fourteenth Amendment to the U.S. Constitution Bill of Rights ratified December 15, 1791.

Do "Other Preventive Measures" include Microchips in the Vaccine?

O.C.G.A. 31-1-3. "... and other preventive measures"

The words, "and other preventive measures," of O.C.G.A. 31-1-3, gave Public Health officials unlimited power to mandate immunization. Such words could include microchips in vaccines.

Backstory. Representative Ed Setzler, sworn into the legislature January 10, 2005, introduced **H.R. 1558 on March 2, 2006 and it passed 152 – 0**, authorizing the creation of a five-member House study committee on biological privacy. Those five representatives reported their findings before December 31, 2006 and privacy-protecting legislation was introduced in 2007.

- **H.B. 276, "Biometric Information Protection Act"** introduced by Representative Setzler February 2, 2007, would have prohibited forced implantation but authorized voluntary implants. It did not affect Pacemakers. Its two requirements are as follows:
 - (a) "Implanted personal biometric sensors, personal location tracking technologies or any similar devices shall not be required to be implanted in any individual without the individual's consent."
 - (b) "Voluntary implantation of any microchip or similar device shall be regulated under authority of the Composite Board of State Medical Examiners."

Died in the House Non-Civil Judiciary Committee

- **H.B. 940 Microchip Consent Act** introduced January 16, 2008, by Representative Setzler prohibited implantation of electronic devices on or in a person, beneath the skin, or applied to the skin, if it could passively or actively transmit and receive information.

Died without a floor vote, although favorably reported from committee

- **H.B. 38 Microchip Consent Act of 2009** of January 15, 2009 by Representative Setzler, stated, "No person shall be required to be implanted with a microchip."

Died in the House Judiciary committee

- **S.B. 235 Microchip Consent Act of 2009** by Senator Pearson passed the Senate 51 – 0.

Died without a vote in the House

Bill Weakening AIDS Law Passed House, Needs to Die in Senate

The Committee on Assignments shall have such duties as the President of the Senate may assign to it at his or her discretion. Pursuant to Senate Rule 2-1.1 this committee shall be composed of the President of the Senate, President Pro Tem of the Senate, the majority leader and two senators appointed by the President of the Senate. The President of the Senate or his designee shall serve as chair of the committee.

– Senate Rule 2-1.1

The five-member Committee on Assignments (COS) includes Lieutenant Governor Geoff Duncan, chair of the committee, President Pro Tem Butch Miller and three other senators. Over five dozen bills are assigned to COS. One of them is H.B. 719, which must be stopped.

H.B. 719 Modernization of HIV related Laws introduced April 2, 2019 by Representative Deborah Silcox passed the House 124 – 40 March 1, 2020. It repeals critical parts of Georgia law regulating HIV, which is a condition diagnostic of AIDS. Although AIDS remains incurable, Georgia legislators continually minimize its dangers by, systematically, deleting penalties for knowingly engaging in behavior that transmits the AIDS infection to others.

One of the drastic changes in H.B. 719 deletes the crime of transmitting AIDS, *unless* “intent to transmit HIV” is proven. Also, it deletes criminal charges against a person who, knowingly infected with AIDS or hepatitis, assaults an individual, peace officer, or correctional officer.

H.B. 719 changes Georgia law as follows:

- Deletes requirement to use HIV tests approved by the Department of Community Health.
- Deletes references to “HIV infected person” and inserts the term “a person living with HIV.”
- “Intent to transmit” must be proven before deeming it a crime to knowingly transmit HIV.
- Deletes the law against sharing HIV-infected hypodermic needles, syringes, or both.
- “With the intent to transmit HIV” would be added to prostitution law.
- Repeals the law prohibiting HIV-infected persons from soliciting for sodomy.
- Repeals the law requiring HIV-infected persons to disclose their HIV status before donating blood, blood products, body fluids, body organs, or body parts.
- Penalties for HIV-infection-related violations would be cut in half from ten years to five.
- Deletes the crime of assault to infect a person, peace officer, or correctional officer with HIV or hepatitis and completely eliminates the five- to 20-year imprisonment penalty.
- Repeals the law against hypodermic injections of marijuana into a human.

ACTION – Oppose. (a) Call Committee on Assignments Chairman, Lt. Governor/President of the Senate Geoff Duncan, 404 656-5030, Senate Majority Leader Dugan, Ex-officio, 463-2478; Senate President Pro Tem Miller, Ex-officio, 656-6578; Senate Administration Floor Leader Senator Tillery, 656-0089; Senator Cowsert, 463-1366.

(b) Ask Governor Brian Kemp, 404 656-1776, constituent services, to stop H.B. 719. **It would endanger Georgians.**

Minors with AIDS Receive Treatment without Parental Knowledge

H.B. 1058 Confidential Treatment for Minors with AIDS passed the House and Senate in March 2016 and the governor signed it May 3, 2016. That bill changed the law as follows:

- Minors are now authorized to consent to medical and surgical treatment for HIV/AIDS.
- The minor’s consent became as valid and binding as if the minor had achieved majority.
- The law no longer requires (but allows) parental notification of the child’s AIDS infection.
- Public Health no longer gives patients printed data on behavior associated with HIV/AIDS.

Therefore, (a) Parents and family members may contract AIDS, (b) schools and associates are not warned, and (d) Public Health personnel can’t supply printed HIV/AIDS-related data about behavior, (e) leaving minors ignorant of high-risk behavior or ways to avoid contracting AIDS.

Governor Kemp's COVID-19 Executive Orders

In consultation [with certain officials], I have determined a public health emergency exists, and that it is necessary and appropriate to take action to protect the health, safety, and welfare of Georgia's residents and visitors to ensure COVID-19 remains controlled throughout this State, as provided by Code Section 38-3-51.

- Gov. Brian Kemp, Executive Order March 14, 2020

O.C.G.A. 38-3-51 authorizes Georgia Governor Brian Kemp to declare a public health emergency to battle the COVID-19 pandemic. He did so in Executive Order (EO) March 14, 2020, authorizing the Georgia Department of Public Health (DPH) to implement a state management plan to control the spread of COVID-19 and treat infected individuals.

The April 8, 2020 renewal EO by Governor Kemp extended those recommendations until May 13, 2020. Most recently, his 26-page EO of April 23, 2020 outlines the latest instructions, which include 39 regulations for restaurant dine-in services, as summarized below:

Restaurants and Dining Services may open April 27, 2020

Requirements for Dine-In Establishments

- No more than ten patrons may be in the facility for each 500 square feet of public space.
- Screen workers for illness and direct the symptomatic to go home or seek medical care.
- Implement teleworking, staggered shifts and virtual meetings/conferences as possible.
- Train workers in hand washing, hand sanitizing and to stop touching hands to face.
- Require employees to wear face masks that are replaced daily or cleaned daily.
- Discourage employee use of others' phones, desks, offices, work tools and equipment.
- Provide a six-foot separation between workstations and limit break room occupancy.
- Prohibit workplace handshaking and unnecessary person-to-person contact.
- Increase physical space between workers and patrons; limit wait staff and patron contact.
- Discard out-of-date food and discontinue salad bars and buffets.
- "Grab and go" services should stock coolers to no more than minimum levels.
- Person in charge must be up-to-date food-safety certified, refresh food handler training.
- Before resuming service, thoroughly detail, clean and sanitize facilities; repeat regularly.
- Between diners, clean and sanitize the table and its contents; discard single-use items.
- Use rolled silverware, eliminate table presets, remove patron access to self-service items.
- Have workers provide self-service items directly to patrons where possible.
- Discard disposable paper menus after one use or sanitize reusable menu after each use.
- Clean and sanitize restrooms regularly, ensure adequate supply of soap and paper towels.
- Frequently clean and sanitize back-of-house surfaces, no disinfectant-to-food contact.
- Redesign dining areas with six-foot separation from seat-to-seat or use physical barriers.
- Limit seating to six per table and consider reservations-only or call-ahead seating.
- Post signs stating entry will be denied anyone with fever or other COVID-19 symptoms.
- Physical barriers such as partitions or Plexiglas at registers should be used.
- Prohibit congregating in waiting areas or bar area.
- Have different entry and exit from the facility.
- Take-out and curbside pick-up should take priority over dine-in services.
- Restaurant or dining room playgrounds must be closed.

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