InformedCHOICEWA.org

WA State Board of Health
Secretary of Health Wiesman

October 27, 2020:

re: **Response to your formal letter denying our petition to convene an emergency committee regarding COVID-19 treatment protocols**.

We strongly disagree with your reasons for declining our petition. Your reasons:

(1) Outside the Board's scope of work. You wrote that "Clinical treatment and standards of practice are set by the legislature and enforced by the health professions' disciplining authorities, and therefore outside of the Board's scope of work."

That is inaccurate. Politicians do not vote on clinical treatments or standards of practice. They might set licensing requirements for a medical profession, indicating standards of practice are to be followed by the profession, but clinical treatments and standards themselves evolve from actual medical professionals and their boards and associations. Insurance companies and other third parties also influence care and standards. Additionally, our petition did not ask for the Board or Secretary to give any medical advice or set any care standards. We simply requested a forum be provided so the knowledgeable practitioners could exchange existing treatment protocols—that are being marginalized—so that more practitioners and the public could learn about them, outcomes can be improved, and fear dispelled.

(2) You state you have no resources or time because you are too busy with your COVID-19 response.

How can any response be more important than ensuring that all effective, existing treatment protocols are shared and made known to the public? How can any other use of time and resources come BEFORE ensuring the expertise of our medical professionals is utilized to the maximum ability to minimize hospitalization and loss of life? If effective treatments had been known about widely and implemented early, then none of the other responses would be required, or not needed to the extent they are now.

(3) You state that national-level entities are already reviewing treatments.

The *National Institutes of Health's (NIH) COVID-19 Treatment Guidelines Panel* is not recommending any treatments if they have not yet been through randomized controlled clinical trials in regards to COVID-19. They state regarding nutrient protocols that "There are insufficient data for the COVID-19 Treatment Guidelines Panel (the Panel) to recommend either for or against" various nutrients and therapies, disregarding case studies and emerging science showing their importance, as well as decades of published literature on the necessity and utility of those nutrients for the recovery of the symptoms presented by COVID-19.

Additionally, the NIH's Guidelines are hypocritical. On their guide to flu vaccination with COVID-19 patients, they say:

> ***There are no data on the safety, immunogenicity, or effectiveness of influenza vaccines in patients with mild COVID-19 or those who are recovering from COVID-19****. Therefore, the optimal timing for influenza vaccination in these patients is unknown. The safety and efficacy of vaccinating persons who have mild illnesses from other etiologies have been documented.(6) On the basis of practice following other*

> *acute respiratory infections, the Panel recommends that persons with COVID-19 should receive an inactivated influenza vaccine (BIII). The Centers for Disease Control and Prevention (CDC) has provided guidance on the timing of influenza vaccination for inpatients and outpatients with COVID-19 (see Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic).* ***It is not known whether dexamethasone or other immunomodulatory therapies for COVID-19 will affect the immune response to influenza vaccine. However, despite this uncertainty,*** *as long as influenza viruses are circulating, an unvaccinated person with COVID-19 should receive the influenza vaccine once they have substantially improved or recovered from COVID-19. (emphasis added)*

ICWA is familiar with citation (6) in the above quote, which leads this statement (SOURCE):

> *The safety and efficacy of vaccinating persons who have mild illnesses have been documented (8-11).*

Citations (8-11) are these, none of which speak to the safety of ANY vaccine currently on the U.S. Pediatric schedule, to any combination of vaccines typically given in single office visits, nor to the safety of receiving a flu vaccine while mildly sick with or recovering from COVID-19.

> *(8) Halsey NA, Boulos R, Mode F, et al.* ***Response to measles vaccine in Haitian infants 6 to 12 months old****. DOI: 10.1056/nejm198508293130904*

> *(9) Ndikuyeze A, Munoz A, Stewart J, et al.* ***Immunogenicity and safety of measles vaccine in ill African children****. Int J Epidemiol. 1988;17(2):448-455.* ***DOI: 10.1093/ije/17.2.448***

> *(10) Lindegren ML, Atkinson WL, Farizo KM, Stehr-Green PA.* ***Measles vaccination in pediatric emergency departments during a measles outbreak****. JAMA. 1993;270(18):2185-2189.* ***DOI: 10.1001/jama.1993.03510180055033***

> *(11) Atkinson W, Markowitz L, Baughman A, et al.* ***Serologic response to measles vaccination among ill children*** *[Abstract 422]. 32nd Interscience Conference on Antimicrobial Agents and Chemotherapy; 1992; Anaheim, CA.*

This is not science. This is not guidance in the best interest of public or individual health. It is unethical to continue the massive collateral damage to society with the fear campaigns and restrictions and pushing medical interventions without evidence of safety. Treatments exist.

Secretary Wiesman, you said at the BOH meeting regarding a committee of practitioners that you "absolutely believe that that's something that has to happen."Actions speak louder than words. Your actions show you support fear and waiting for a vaccine that, even if it arrives, will not replace the need for treatments. Fear and waiting are doing great harm to society, and lack of knowledge by the public about existing nutrient and drug protocols that can reduce disease incidence, severity, hospitalizations, and deaths, is causing unnecessary suffering and loss.

Sincerely,

Bernadette Pajer
ICWA Public Policy Director