Donahoe, Kaitlyn N (SBOH)

From: Tiffany Albright <tiffnoel80@gmail.com>
Sent: Friday, February 26, 2021 9:02 PM
To: DOH WSBOH Notifiable Conditions

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

I am emailing regarding the proposed changes to Notifiable Conditions Reporting. Rolling “suspected cases” into “cases” by redefining what a case is, and allowing a laboratory diagnosis without the consultation of a doctor to define a case is does not allow for legitimate data to be gathered regarding actual illness. Rather, these “cases,” are determined at the mercy of laboratory tests that are not always reliable or under circumstances where a patient cannot meet with their doctor to determine the actual cause of their condition. Changing the definitions of “isolation” and “quarantine” following these possible inaccurate case counts could lead to the involuntary separation of healthy individuals from others. Ivermectin is a well-known, tested and proven medicine that has been shown to have a tremendous impact on the symptoms and mortality on those with Covid-19. Please use your resources and time to find and utilize treatments, rather than changing definitions to further prolong this “pandemic.”

Thank you,

Tiffany Albright
Cashmere, Washington
253-225-5420

Donahoe, Kaitlyn N (SBOH)

From: Michele Bogue <michelebogue9@gmail.com>
Sent: Friday, February 26, 2021 11:02 PM
To: DOH WSBOH Notifiable Conditions
Subject: Changes in noticeable conditions

Follow Up Flag: Follow up
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External Email

To DOH,

I'm against rolling suspected cases into the "case" category because by definition suspected cases are different than actual cases. Changing definitions or categories part way through this situation distorts conclusions made from the data. People want and need to know the true accurate data. Do not add to the confusion and stress.

You cannot quarantine people based suspicions. Who's suspicions? How do you define what could cause a suspicion? This is not the country for that. This sounds power hungry to me.

Why is DOH not promoting treatment options that save lives? Do better. Follow the science.

Sincerely,
Michele Bogue

Sent from my iPhone

Sent from my iPhone

Donahoe, Kaitlyn N (SBOH)

From: Emily Brice <emily@nohla.org>
Sent: Friday, February 26, 2021 2:47 PM
To: DOH WSBOH Notifiable Conditions; Donahoe, Kaitlyn N (SBOH)
Cc: Joana Ramos
Subject: Comments on CR-102 for Ch 246-101 WAC Notifiable Conditions
Attachments: WASCLA & NOHLA Comments on CR-102 for Notifiable Conditions (2-26-21).pdf

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Dear Ms. Donahoe:

Thank you for the opportunity to submit comments to the Board of Health and Department of Health on the proposed CR-102 for Chapter 246-101 WAC – Notifiable Conditions.

Please see the attached comments, submitted jointly on behalf of Northwest Health Law Advocates and the Health Care Chair of the Washington State Coalition for Language Access.

Our organizations strongly support the effort in these proposed rules to collect more granular data on patient race ethnicity, and preferred language as part of the Notifiable Conditions framework. Our attached comments share information on why such data collection is critical to enabling targeted and equitable public health interventions and offer suggestions about how to improve the Notifiable Conditions rules for this and future rounds of rulemaking.

Thank you,

Emily Brice *(pronouns: she/her)*
Senior Attorney & Policy Advisor
Northwest Health Law Advocates
(c) 773-870-2755 (e) emily@nohla.org
For news and information on health care access, visit nohla.org

February 26, 2021

Submitted via email to: notifiableconditions@sboh.wa.gov and Kaitlyn.donahoe@sboh.wa.gov

Re: CR-102 for Ch. 246-101 WAC – Notifiable Conditions (WSR 21-04-16)

Dear Ms. Donahoe:

Thank you for the opportunity to submit comments to the Board of Health (BOH) and Department of Health (DOH) on the proposed CR-102 for Chapter 246-101 WAC – Notifiable Conditions.

Northwest Health Law Advocates aims to improve access to health care for all Washington residents in furtherance of health as a human right, and the Washington State Coalition for Language Access aims to eliminate language barriers that prevent Washington residents with limited English proficiency and who and Deaf or Hard-of-Hearing from accessing essential services. Together, our organizations strongly support the BOH/DOH effort in these proposed rules to collect more granular data on patient race, ethnicity, and preferred language (R/E/L) as part of the Notifiable Conditions framework. We write to share information on why such data collection is critical to enabling targeted and equitable public health interventions and offer suggestions about how to improve the Notifiable Conditions rules for this and future rounds of rulemaking.

1. We strongly support proposed changes in WAC 246-101-011 that would add race, ethnicity, and preferred language to the list of data components that regulated entities must report under WAC 246-101-105, 246-101-115, 246-101-205, 246-101-215, 246-101-225, and 246-101-513.

We agree with BOH/DOH that it is essential to include R/E/L data in the information collected from regulated entities under the Notifiable Conditions rules (Ch. 246-101 WAC). The state must collect and report out on R/E/L data trends in infectious disease and non-infectious disease dispersion in order to identify patterns of health disparities, which can then inform the action steps needed to address such disparities. While this data is critical for all the health conditions identified in the proposed rules, the horrific inequities in suffering revealed by the COVID-19 pandemic highlight the urgency of requiring R/E/L data about COVID-19 now, on the most urgent timeline possible.

Today, race and ethnicity data is unknown for 43 percent of confirmed COVID-19 cases and hospitalizations, and primary language data is unknown for 60 percent of cases.[1] Early on in the pandemic, the University of Washington Medical Center, a rare health system which tracks and reports patient language, found significantly higher rates of infections not only among Latinos but generally

[1] www.doh.wa.gov/Emergencies/COVID19/DataDashboard (viewed Feb. 26, 2021); https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/COVID-19MorbidityMortalityRaceEthnicityLanguageWAState.pdf (as of Feb. 17, 2021).

among patients with limited English proficiency.[2] This is unacceptable in the context of a pandemic that has cost nearly 5,000 Washington residents their lives and had a severely disproportionate impact in communities of color. According to the limited data available, white populations have the lowest death rates among confirmed or probable COVID-19 cases, while Native Hawaiian and Other Pacific Islander residents are dying at a rate nearly 6 times higher. American Indian/Alaska Native and Hispanic residents are dying at a rate nearly 3 times higher, and Black residents are dying at a rate nearly 2 times higher. While these disparities are tragic on their own, the tragedy is compounded by the fact that the state is missing data for such a high proportion of cases. This missing data is hamstringing efforts to bring the pandemic under control and understand its true impact on our diverse communities.

Even if the data were complete, the data collected today is too high-level to allow a nuanced understanding of the pandemic's reach and how to address disparities. There is no formal mechanism for collecting granular R/E/L data that could allow the state to identify and quickly respond to public health hotspots, as we saw early in the pandemic among Mixtec-speaking farmworkers in the Yakima Valley. If the state were able to collect this granular data and act on it with targeted public health interventions, lives could be saved and the economic and equity impacts of outbreaks could be mitigated.

Given these concerns with the current system, we commend the BOH/DOH for adding granular R/E/L data to the required elements for Notifiable Conditions reporting and urge that WAC 246-101-011 remain in the final version of the rule. This will help the state identify specific patterns in COVID-19 dispersion, morbidity, and mortality for the remaining duration of the COVID-19 pandemic, as well as patterns in other health conditions addressed by the Notifiable Conditions rules. Such patterns will help the state and local jurisdictions to develop interventions to improve public health in an equitable way. Please adopt this section of the rules as soon as possible.

2. We suggest minor edits to WAC 246-101-011 to clarify that it is voluntary for patients to submit race, ethnicity, and preferred language information, but mandatory for regulated entities.

Though we strongly support the adoption of WAC 246-101-011, we suggest certain edits below to ensure the rules achieve the intended purpose.

First, we suggest minor edits to the text of WAC 246-101-011 to clarify that it is voluntary for patients to submit R/E/L data to the regulated reporting entities. While it is critical to mandate that regulated entities report R/E/L data if patients choose to share such data, it is also important to respect patient choice and privacy, particularly in the context of well-publicized concerns about racism and discrimination in health care settings.[3] Patients should not be obliged or pressured to provide their race,

[2] https://www.kuow.org/stories/here-s-why-wa-latinos-are-being-disproportionately-affected-by-the-pandemic (April 27, 2020).
[3] *See, e.g.*, www.seattletimes.com/seattle-news/medical-director-resigns-from-clinic-in-protest-of-racism-at-seattle-childrens-hospital-prompting-demands-for-change/.

ethnicity, or language if they prefer not to do so. We suggest amending sections 4, 5, and 6 WAC 246-101-011 as follows:

> "(4) Patient's ethnicity shall be voluntarily identified by the patient and reported using one of the following categories...
> (5) Patient's race shall be voluntarily identified by the patient and reported using one or more of the following categories; if the patient self-identifies as more than one race, each race shall be reported….
> (6) Patient's preferred language shall be voluntarily identified by the patient and reported using one of the following categories…"

3. We suggest several changes as part of this rulemaking to refine the specific categories used for race, ethnicity, and preferred language in WAC 246-101-011 to better align with the Governor's Language Access Plan for COVID-19 Response and other best practices.

We appreciate the efforts BOH/DOH have made to collect stakeholder feedback on the specific R/E/L categories identified in WAC 246-101-011 over the last few months. We understand that BOH/DOH's process and timeline were informed by the urgent needs of the pandemic. While we applaud the inclusivity of the lists of categories, we are concerned that some categories may not reflect optimal designations as currently proposed. For example, we note that the list of languages does not fully reflect the Governor's Language Access Plan for COVID-19,[4] which is supposed to offer a uniform starting point for agencies implementing COVID-19 related language policies. We offer the following specific suggestions for consideration in the final version of this rule:

- Please adopt the following changes to the language list in WAC 246-101-011(6):
  - Include the entire list of 37 top languages for translation contained in the Governor's Language Access Plan for the COVID response, and add languages listed below. (Note that this is a list of languages for translation, hence the inclusion of Traditional Chinese and Simplified Chinese, which are written languages only. Beyond Cantonese and Mandarin, other Chinese spoken languages could be included.)
  - Some languages that should be added include:
    - Punjabi (per the COVID response LAP, and in King County language lists)
    - Mayan indigenous languages: Akateko (Aguateco), Quiche, Mam, Triqui, Kanjobal, Purepecha, Zapoteca, and others. Include both Mixteco Alto and Mixteco Bajo.
  - Ensure that reporting differentiates between spoken language needs and written language needs by allowing patients to specify more than one preferred language and the related modality. Some people who are comfortable speaking English may prefer to receive written information in a language other than English or vice versa.

[4] https://coronavirus.wa.gov/sites/default/files/2020-06/LanguageAccessPlan_0.pdf.

    - As there are various sign languages, replace the term "Sign languages" with "Signed Languages" and list American Sign Language, other sign languages such as Mexican Sign Language as subcategories, and offer an open field for self-reporting.
- Please also ensure that the race list in WAC 246-101-011(5) and the language list in WAC 246-101-011(6) are consistent with one another. For example:
    - The language list includes Portuguese (which is among the 37 languages of the Governor's COVID LAP) but the race list does not offer a clear way for an individual to identify themself as Brazilian or of another Lusophone national origin (from former Portuguese colonies in Africa and Asia) nor from Portugal itself.

If you have questions about these specific recommendations, experts from the Washington State Coalition for Language Access would be glad to consult.

4. We offer suggestions as to how to best operationalize the new race, ethnicity, and preferred language categories from a patient perspective, if the rulemaking is finalized.

In addition to modifying the text of the rules themselves, we urge BOH/DOH to give attention to the issue of voluntary consent, proper categorization of R/E/L data, and patient experience in the implementation of the rules.

As part of the roll-out of the rules, we suggest that BOH/DOH work to identify and disseminate best practices in R/E/L data collection. BOH/DOH should study best practices now in place in health systems, from other states which have already instituted data collection and reporting measures and/or requirements, and recommendations from the Office of Equity Task Force and the Governor's Interagency Council on Health Disparities. Subsequently, BOH/DOH should rapidly develop and vet sample question language and data collection processes with regulated entities and affected stakeholders. For example:

- Will the lists be a part of the initial history form completed by each patient?
- How will information be communicated about the rationale for the lists, as well as privacy protections if the patient chooses to disclose? Who will communicate this information?
- Will the forms used in data collection be translated into all the languages that are the subject of the rulemaking?
- Will forms used in data collection allow for an open field for self-reporting categories not in the identified list? If so, how will such data be transmitted back to the state?

These implementation details will be critical in ensuring that the new rule achieves its desired impact: to make sure that the state can identify and act on public health needs in diverse communities.

5. We strongly encourage BOH/DOH to revisit this rulemaking within the year to refine the R/E/L categories used, address any implementation issues, and add additional data components critical to understanding demographic trends in public health, such as disability status, sexual orientation,

gender identity, and tribal status. Please view the current rulemaking as part of a continuum of action steps towards routine and universal R/E/L data collection and reporting by all health services and systems in Washington.

While we applaud BOH/DOH for rapidly moving forward with R/E/L data collection in the Notifiable Conditions process to address the badly-needed gaps in information about the COVID-19 pandemic, we ask for a commitment from BOH/DOH to revisit these rules in the short term to address issues that are not addressed in the current version of WAC 246-101-011. As soon as possible, we ask BOH/DOH to revisit this rulemaking to address the following:

- Revisit and refine the R/E/L categories listed in the WAC to ensure they appropriately reflect Washington's diversity, are internally consistent, and are externally consistent with recommendations from the Office of Equity Task Force and the Governor's Interagency Council on Health Disparities; and other health equity organizations such as the federal Agency for the Healthcare Care Research and Quality, the National Health Law program, and other state and national groups and members of the public. As one example of a potential area for improvement, it is important to give careful consideration to the number and scope of names/categories offered in the checklist for race in WAC 246-101-011(5), which now include a combination of names of races used in Census data, names of countries, regions of the world, and ethnicities. In addition, the range of options offered seem to be uneven on the basis of geography, linked to certain continents. Descent from specific nations or regions of the world does not necessarily correspond to a single race or ethnicity of a given individual. Choices offered need to be readily understandable to users, reflecting how individuals may identify themselves. Sensitivity to these issues can also contribute to higher rates of voluntary reporting. We recommend revisiting this and other issues in the lists of R/E/L categories.

- Add other key demographic reporting categories to the Notifiable Conditions framework. Specifically, BOH/DOH should require regulated entities to add self-reported/voluntary disability status, sexual orientation, and gender identity (and related sub-categories) to their Notifiable Conditions reporting. It is critical to collect disability status data to ensure that public health interventions and systems respond to the needs of individuals with physical, intellectual, or developmental disabilities. Today, people with disabilities are left out of the public health system with serious consequences: just recently, there have been reports that Washington and other state COVID-19 vaccine websites are insufficiently accessible to people with visual impairments.[5] Similarly, there are disproportionate burdens of communicable diseases for people who identify as lesbian, gay, bisexual, transgender, queer, and other (LGBTQ+). The state can't respond to the health needs of these populations if they have been made invisible in the public health reporting framework.

[5] www.latimes.com/california/story/2021-02-25/covid-19-vaccine-websites-violate-disability-laws-create-inequity-for-the-blind.

- If this has not yet already occured, consult with sovereign tribes regarding preferred designations for identifying tribal enrollment status/personal identity.

Thank you for this opportunity to submit comments about collection and reporting of data on the patient race, ethnicity, and preferred language.

Sincerely,

Joana Ramos, MSW
Chair, Healthcare Committee
Washington State Coalition for Language Access

Emily Brice, JD
Senior Attorney and Policy Advisor
Northwest Health Law Advocates

Donahoe, Kaitlyn N (SBOH)

From: Clayton Buerkle <cbuerkle@comcast.net>
Sent: Friday, February 26, 2021 1:33 PM
To: DOH WSBOH Notifiable Conditions
Subject: Notifiable Conditions Proposed Changes

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Dear Board of Health for Washington State,

I am very concerned about the proposed changes to the Notifiable Conditions reporting. Many of the changes look to be following a slippery slope to cancelling some of the foundational freedoms of Washingtonians. I see no reason to count "Suspected" cases of COVID diseases as Actual cases. If you do this you will make it easy for any healthy person to be labelled as an Infected person. And to do this with only a laboratory diagnosis without a medical provider doing an examination is also very problematic since we know from many experts that the PCR test now being used so widely in the U.S. has inherent flaws that cause a far too high amount of False Positives. So you would be setting up citizens to be declared infectious with absolutely no good evidence which could allow some one to falsely force them to be isolated from society, depriving them of their natural rights to move about unmolested by government authorities.

Also, you should not alter the meaning of "isolation" to "separation" from others. That is far too broad when we know that only a small subset of persons are susceptible to being infected and developing disease symptoms, especially when we can educate individuals on how to regain their healthy status, as other countries are doing, as well as many doctors in the U.S.

The number of deaths and hospitalizations has been dropping consistently in the U.S. and many or all other countries. Some experts even believe that we are close to herd immunity already. There is no need for this excessive intrusion on the public when a virus like this is easily handled by the vast majority of citizens.

And there is no legitimate justification for a notice to be sent to a medical bureaucracy when a simple visit to one's own personal physician can help the individual stay healthy.

Please do not add barriers to the long standing virtue of a sound doctor-patient relationship.

Thank you,

Clayton Buerkle
Vancouver, WA

Donahoe, Kaitlyn N (SBOH)

From: John and Joyce Clabaugh <johnandjoyceclabaugh@outlook.com>
Sent: Friday, February 26, 2021 8:56 AM
To: DOH WSBOH Notifiable Conditions
Subject: Proposed Rule Change

Follow Up Flag: Follow up
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External Email

Hello, my name is Joyce Clabaugh and I am opposed to the proposed changes to the Notifiable Conditions in Washington. I feel they are unnecessarily restrictive to citizens of this state. The current system works as it should and there is no reason to change it. “Suspected cases” is not founded in science and does not carry any weight. I am a law abiding citizen and feel these proposed changes would be arbitrary and a threat to freedom.
Thank you, Joyce Clabaugh

Sent from my iPad

Donahoe, Kaitlyn N (SBOH)

From: sue coffman <doulasue@yahoo.com>
Sent: Friday, February 26, 2021 4:18 PM
To: DOH WSBOH Notifiable Conditions
Subject: Notifiable Conditions list; Proposal opposition

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

To Whom it May Concern:

This email is in opposition to the WA state Board of Health's plans to make permanent changes to the Notifiable Conditions list. Recently, SARS-CoV-2 was added to the list as a "notifiable condition," and the proposal seeks to include the following:

- Roll “suspected” cases into the “case” category (by redefining “case” to include even a suspected diagnosis (p.118) and deleting the now-separate “suspected case” definition (p.120));
- Redefine “case” to include even laboratory diagnosis (without seeing a provider) (p. 118);
- Change “isolation”, which currently includes *restriction of activities* of the infected or suspected infected person or animal, to solely the *separation* of that individual from others (p. 119);
- Change the definition of “quarantine” to “limitation of freedom of movement of persons or domestic animals that have been exposed to, or are **suspected** to have been exposed to, an infectious agent . . . In a way to prevent effective contact with those not exposed.” (p.120; emphasis added); and
- Permanently add all positive coronavirus tests (SARS, MERS, COVID-19) as an immediately notifiable condition for health care providers and facilities (p. 124, 128) and laboratory directors (p. 136, 142), as well as SARS-CoV-2 for the Department of Agriculture (for animals) (p.164 et seq.).

These changes will not improve public health; just the opposite. They will lead to unreliable data. We must have legitimate data on which to base decisions and policies; words like “suspected” have no place in case definitions. And a “case” cannot be defined by a “positive” PCR test, regardless of symptoms, because experts agree that the PCR test is flawed and produces false positives!

The attempt to disguise isolation and quarantine behind softer words such as “separation” and “limitation” seems to be politically motivated. We cannot live in this Orwellian future that our government has created!

As a concerned citizen, I am opposed to the above proposed changes, which could result in the involuntary quarantine of healthy people who test “positive” with the useless PCR tests and even people not tested for the virus who are deemed “suspected cases.”

All of these measures do nothing to stem a supposed "pandemic," they only strive to continue the lockdowns and limiting personal freedoms, which lead to more injuries and deaths than any virus. It would be wise for legislators and members of the BOH to look into Terrain Theory, rather than the

incorrect Germ Theory that we have always assumed was how mammals contracted disease and ill health.

Additionally, there are many treatments and high recovery rates for SARS-CoV-2, not to mention that said treatments can be used prophylactically to keep our bodies strong! No vaccine can do that!

The BOH and the DOH would better serve Washingtonians by focusing their resources to publicize existing treatments rather than to expand their ability to artificially inflate case counts and gain more power to limit our freedoms.

Sincerely,

Sue Coffman

Port Angeles, WA

Donahoe, Kaitlyn N (SBOH)

From: Carol Collins <clcollins.wa@gmail.com>
Sent: Friday, February 26, 2021 11:27 AM
To: DOH WSBOH Notifiable Conditions
Subject: Comment on proposed changes to notifiable conditions

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Board of Health,

A "case" should not be redefined to include *suspected* diagnosis. (WAC 246-101-010(8))
A "case" should not be redefined to include a lab diagnosis without a seeing a health care provider. (WAC 246-101-010(8))
We need legitimate data on which to base decisions and policies, not suspicions and positive tests regardless of whether symptoms are present. The PCR test is a flawed test that produces false positives. (Ref. External Peer Review of RTPCT test... https://cormandrostenreview.com/report/)

The definition of "isolation" should not be changed from *restriction of activities* to *separation*. (WAC 246-101-010(22))
The definition of "quarantine" should not be changed to *limitation*. (WAC 246-101-010(38))
These redefinitions appear motivated to disguise true intent. Why would that be necessary, except as a PR move to soften mandate language? So much easier to get the masses to accept a "limitation" on their activities versus a "quarantine"... These redefinitions do absolutely NOTHING to protect public health.

But most importantly, coronaviruses (SARS, MERS, COVID-19) should NOT be permanently added as notifiable conditions.
This is a fear-based, overreaction to a virus with a very high recovery rate and many existing treatments. It seems like preparation to repeat/continue the misguided lockdowns, mandates and restrictions every time a bad cold or flu comes around. It smacks of a power grab.

The Board of Health and the Department of Health would better serve Washingtonians by focusing your resources to publicize existing treatments rather than expand your ability to artificially inflate case counts and gain more power to limit our freedoms.

Carol Collins
935 13th Avenue #1
Seattle, WA
98122

Donahoe, Kaitlyn N (SBOH)

From: Julie Craker <julie@thecrakers.co.uk>
Sent: Saturday, February 27, 2021 12:02 AM
To: DOH WSBOH Notifiable Conditions
Subject: Proposed changes to notifiable conditions

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

To the Washington State Board of Health:

I am writing in opposition to the proposed changes to the current "Notifiable Conditions List"

1. Although the current virus Covid has been a serious flu, the deaths have been in line with the usual flu type deaths of every year.

2. The PCR test has been very controversial and not accurate. Most positive tests did not manifest into illness. There seems to have been misunderstanding at the highest levels as to how many revolutions the test is run and was being done at 35,000 plus and has now been lowered to 20,000. The consensus by scientists around the world is the higher revolutions were erroneous thereby creating many false positives being called cases when they were not.

3. Every year we have sickness and we cannot be panicked and restricted in this manner. No one I know, even my medical friends, know anyone who has had a serious case and certainly not died.

4. These policies cause serious social problems as people are becoming aggressive towards each other and having mental issues because of the stress.

Most sincerely,

Julie Craker

253=927=9154

Donahoe, Kaitlyn N (SBOH)

From: Pat <pat.estes@comcast.net>
Sent: Monday, March 1, 2021 9:27 AM
To: DOH WSBOH Notifiable Conditions
Subject: Re: My Jeremy Wilkes son is dead 1-10-98 to 12-27-20

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Thank you. Just to clarify a little. Jeremy was at Mary Bridge Tacoma for approximately 7 weeks, then was sent to Seattle children's from the on set had even more problems, like I said we were unaware that he could get aspergillosis we certainly would have taken additional steps to protect him, he passed away after being there about 3 weeks, did not make it to get his bone marrow transplant.

Sent from Xfinity Connect App

------ Original Message ------

From: DOH WSBOH Notifiable Conditions
To: Pat Estes
Sent: March 1, 2021 at 8:53 AM
Subject: RE: My Jeremy Wilkes son is dead 1-10-98 to 12-27-20

Thank you for your comments on the proposed rules for chapter 246-101 WAC, Notifiable Conditions. We appreciate you taking the time to share your experience with aspergillosis. We are truly sorry to hear about your loss.

Your comments will be included in the official rulemaking file and provided to State Board of Health members for their consideration. The Board will hold a public rules hearing on March 10, 2021. More information on how to participate in the rules hearing can be found on our Notifiable Conditions webpage. Following the rules hearing, staff will provide you with a summary of all comments received and the Board's decision.

If you have any questions, please don't hesitate to reach out.

Best,

Kaitlyn Donahoe, MPA (she/her)
Health Policy Advisor
Washington State Board of Health
kaitlyn.donahoe@sboh.wa.gov
360-584-6737
Website| Facebook |Twitter

From: Pat Estes <pat.estes@comcast.net>
Sent: Sunday, February 14, 2021 3:20 PM
To: DOH WSBOH Notifiable Conditions <notifiableconditions@sboh.wa.gov>
Subject: My Jeremy Wilkes son is dead 1-10-98 to 12-27-20

External Email

I have been thinking about Jeremy's situation and I am frustrated with the fact that more was not done to protect him from getting aspergillus,he should have been isolated, made to wear a mask or respirator, PPE used for everyone near him, limited contact with doctors and staff and parents, Put him in a bubble! Not just at Seattle children's. I feel that maybe he didn't have to die. I didn't even know of Aspergillus before I let them send him to Seattle ,should I have to research my child's safety,when the doctors know such risks, someone should have made us aware prior. I feel I failed my son, and the pain and guilt is killing his mom and I. We both would have done more to protect him and could have made decisions based on knowing all the risks. I urge the Department of Health to change the reporting guidelines to families and caregivers, so others do not have to endure our pain and suffering. Patrick Estes, Jeremy's Dad

Donahoe, Kaitlyn N (SBOH)

From: Lisa Faircloth <lisarosefaircloth@gmail.com>
Sent: Wednesday, February 17, 2021 8:24 AM
To: DOH WSBOH Notifiable Conditions
Subject: Need to add Aspergillus as a notifiable condition!

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Dear Madam/Sir,
I urgently request that you add Aspergillus to your list of Notifiable Conditions in a healthcare setting. This fungus is one of the deadliest fungi a patient can contract and is known to be airborne as well as on medical equipment and in and around hospitals and clinics, especially where construction is ongoing. My son contracted Aspergillus in a hospital and died within a week. This deadly fungus has been known to prevail in hospitals since the early 1990s and before. Please add this easily detected fungus to your Notifiable Conditions List immediately.
Sincerely,
--
Lisa Faircloth

Donahoe, Kaitlyn N (SBOH)

From: Colleen Gudge <colleengudge@gmail.com>
Sent: Friday, February 26, 2021 12:50 PM
To: DOH WSBOH Notifiable Conditions
Subject: BOH Public Meeting comment

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

First, I would like to thank the committee for allowing comments from the community.
May be already aware of the flaws in the PCR test. I can tell you from first hand, the tests are not accurate. Too often the test that come back "presumptuous positive" are used as positive (in what is reported on the CDC site) even when subsequent tests are negative or "unclear due to possible contamination".

Let us also consider that we have all now experienced a year of what I call "the trial and error phase of social distancing, mask usage, shutting businesses down, schools closed, etc."
Clearly, none of it has made a significant difference. In fact there has been more damage done and perhaps even future consequences than we may ever know.
For example, and apologize if the committee is already been made aware is this, long term mask usage has caused health issues such as chronic headaches, frequent bloody nose, skin disorders around mask coverage area and difficulty in breathing.
Masks were not design for long term use outside of an hospital environment that has an HVAC system to compensate for long term usage (as reported by OSHA representatives). Additionally, there are individuals using N95 masks who are unaware of the hazards and ineffectiveness of these masks as they were designed to be specially fitted by a primary care physician.
Another unforeseen consequence of covid restrictions are reports of psychological damage from children to young adults not able to attend school and socializing with friends. The suicide attempts to actual suicides in young adults (primarily in white adult males) has gone up significantly as reported by children psychologist.
Businesses have suffered greatly as well. From having to scale down (decrease staff) to going out of business. This has impacted our community more than the virus.

According the CDC site, the cases of death from covid (the exact number of deaths actually caused by covid are uncertain as some cases included comorbidity) is low enough to not warrant all the restrictions.

With all the repercussions of the present mandate, should we not look at cures for this disease? There is so much information on affective cures, why not give those a chance before pursuing more restrictions?

I urge you to please consider all the available information, as well as that from the community your serve before making a final decision.

Sincerely,

Colleen Gudge

Donahoe, Kaitlyn N (SBOH)

From: kimberly@yodio.com
Sent: Thursday, February 25, 2021 9:37 PM
To: DOH WSBOH Notifiable Conditions
Subject: covid 19 should not be permanently added to the notifications list

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

This will lead to devastating forced quarantine for people who may or may not actually have covid (faulty testing) and who are extremely unlikely to become ill. Hard to compare covid to say, ebola? This is too far.

Kimberly Hankins

Donahoe, Kaitlyn N (SBOH)

From: Heidi Hartnell <heidihartnell@protonmail.com>
Sent: Friday, February 26, 2021 8:00 PM
To: DOH WSBOH Notifiable Conditions
Subject: Please listen!

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

I am emailing regarding the proposed changes to Notifiable Conditions Reporting. Rolling “suspected cases” into “cases” by redefining what a case is, and allowing a laboratory diagnosis without the consultation of a doctor to define a case is does not allow for legitimate data to be gathered regarding actual illness. Rather, these “cases,” are determined at the mercy of laboratory tests that are not always reliable or under circumstances where a patient cannot meet with their doctor to determine the actual cause of their condition. Changing the definitions of “isolation” and “quarantine” following these possible inaccurate case counts could lead to the involuntary separation of healthy individuals from others. Ivermectin is a well-known, tested and proven medicine that has been shown to have a tremendous impact on the symptoms and mortality on those with Covid-19. Please use your resources and time to find and utilize treatments, rather than changing definitions to further prolong this “pandemic.”

Thank you,

Heidi Hartnell
Cashmere, Washington
509-312-5568

Donahoe, Kaitlyn N (SBOH)

From: Mike Heath <semiquad@gmail.com>
Sent: Friday, February 26, 2021 4:26 PM
To: DOH WSBOH Notifiable Conditions
Subject: Make NO rules or laws that violate The Constitution!

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Make NO rules or laws that violate The Constitution and the individuals right to freedom of choice and self determination! No so called "emergency" is important enough to dictate what Americans do or how they should care for themselves. The government has no authority to dictate to Americans or oppress their rights in any way!
M

<P>

Donahoe, Kaitlyn N (SBOH)

From: Lisa Helms <lisahelms13@gmail.com>
Sent: Tuesday, February 16, 2021 7:51 PM
To: DOH WSBOH Notifiable Conditions
Subject: Aspergillosis conditions at hospitals

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

To whom it may concern;
Aspergillosis is a condition that my family member got and battled for 18 years until their death. She first got it at Seattle children's hospital and had her upper left lobe removed there in 2000. It's a tiny spore that is omitted and becomes airborne. She was battling cancer and had no immune system. Please, add aspergillosis as a notifiable condition as soon as possible to prevent such infections/ inhalation's to occur. It can be deadly. Sincerely so appreciate your time and serious consideration. Mrs. Helms Sent from my iPhone

Donahoe, Kaitlyn N (SBOH)

From: David Kenneth Hinkle <dkhinkle@yahoo.com>
Sent: Thursday, February 25, 2021 9:50 PM
To: DOH WSBOH Notifiable Conditions
Subject: On proposed changes to notifiable conditions

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Dear Sirs,

I know a crisis is a terrible thing to waste [sarcasm], but it seems like you, the rest of the state government, and the federal government are doing everything possible to turn our country into a totalitarian state. In the chance that you may still feel something (anything!) for the enlightened ideals of liberty upon which our country was founded, please reconsider your proposed changes to notifiable conditions. Informed Choice Washington speaks for me [brackets mine] when they say,

> "Informed Choice Washington is opposed to the above proposed changes, which could result in the involuntary quarantine of healthy people who test 'positive' with the useless PCR tests and even people not tested for the virus who are deemed 'suspected cases'...The BOH and the DOH would better serve Washingtonians by focusing their resources to publicize existing treatments [e.g. hydroxychloroquine, ivermectin] rather than to expand their ability to artificially inflate case counts and gain more power to limit our freedoms."

Sincerely,
David Hinkle
Vancouver, WA 98686

Donahoe, Kaitlyn N (SBOH)

From: carathecowgirl <carathecowgirl@yahoo.com>
Sent: Friday, February 26, 2021 9:40 PM
To: DOH WSBOH Notifiable Conditions
Subject: COVID-19

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Members of the Washington State Department of Health,

Thank you so much for taking the time to read my email. I would like to notify you of my concern that you permanently add COVID-19 cases to your list of Notifiable Conditions. A few notes:

Combining "suspected" cases with "confirmed" cases creates an inaccurate count. It also provides a false picture of the virus: it's virulence, transmission, and, obviously, infection rate. An accurate count is necessary to the public, policy makers, and virolgists, among others.

Furthermore, it has been suggested "case" be redefined to include a positive laboratory diagnosis. It has been well documented these tests are not 100% accurate, requiring at least a follow-up.

The change from "quarantine" to "limited freedom of movement" borders on false imprisonment, is highly susceptible to abuse, and is unneccessary for a virus with so high a recovery rate.

I had personal experience with a limited movement order while living on a military base in a foreign county last year. My family and I were under strict orders to stay in our home (ROM) for two weeks after traveling out of the country. We did not have the virus (weren't even tested), but were in seclusion as a precautionary measure. Our neighbors, coworkers, and friends were expected to bring food, mail, prescriptions, etc, which they gladly did. Later, completely healthy service members were placed under strict quarantine in barracks rooms without fresh air, receiving low quality food for at least 21 days (completely alone) in preparation for a deployment- again, as a precaution in case they had been exposed.

Granted, the rights of service members are restricted, as are the rights of civilians living under sofa status. However, this action seriously threatens the rights of American citizens. To start with, religious and assembly rights are directly infringed upon. Medically, HIPAA regulations are risked with the announcement of a person's test result, not to mention any prescriptions or health conditions the individual would be required to report upon while in seclusion.

Other criticisms- the mental, economical, and physical health of people in these scenarios are highly at risk. The logistics- child care, employment, outside support and deliveries are problematic to say the least. All this for a virus with a recovery rate of more than 98% and a number of successful treatments.

I hope you will not only throw out the motion to add COVID-19 to the permanent list, but will also remove it from the temporary list. The US Constitution was created to protect the rights of the people, and those chosen to govern need to celebrate the freedoms of the governed, not smash them.

Thank you so much for your attention to this issue.

Respectfully,

Cara Holmes
Oak Harbor, Washington

Sent from my T-Mobile 4G LTE Device

Donahoe, Kaitlyn N (SBOH)

From: Linda Jennings <lindaj8244@gmail.com>
Sent: Thursday, February 25, 2021 10:19 PM
To: DOH WSBOH Notifiable Conditions

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

I find it extremely concerning that the Board of Health would violate constitional rights over a suspected case of something or a suspected exposure to an illness based on a test that is unreliable and not designed to diagnose. Since Covid 19 has a very low fatality rate and has treatment options why not allow the individual to determine his/her own recovery. The highly marketed vaccine has three to four times the injury/fatality rate than the actual illness. This proposed language seems unreasonable.

Donahoe, Kaitlyn N (SBOH)

From: Mark Kim <mark.kim@outlook.com>
Sent: Tuesday, February 16, 2021 10:17 PM
To: DOH WSBOH Notifiable Conditions
Subject: Notifiable Condition - Aspergillus

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

I have been made aware that Aspergillus is not currently listed as a "Notifiable Condition" that healthcare providers and/or hospitals must report to the Department of Health. I believe this is the wrong decision because this a potentially fatal condition in a healthcare setting with known deaths and injuries in places like Seattle Children's. If there is something that the government can do to prevent this, why wouldn't you do so? My son was affected by this in very serious and irreversible ways and he could have potentially died. Information is power. Having this as notifiable condition gives families crucial information where to get healthcare for their children. Without this, parents just don't now and may make wrong, uninformed decisions that could have permanent and/or disastrous consequences. Also ,it allows institutions to potentially hide this since there is no accountability or incentive for a hospital or healthcare provider to improve this condition except using best intentions/self motivation which could be contrary to the best interests of pubilic health or ones in need. The government job is to monitor and audit and ensure that facilities meet a high bar. The government can prevent another death or complication with one simple change! I strongly urge you to reconsider the current path. Thank you.

Sincerely,
Mark

Donahoe, Kaitlyn N (SBOH)

From: Lacey Konnerup <lacey_n22@yahoo.com>
Sent: Thursday, February 25, 2021 11:54 AM
To: DOH WSBOH Notifiable Conditions
Subject: Aspergilosis

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

To whom it may concern:

My sister was infected by Aspergillosis fungus while getting care at a hospital.
She had to get a lobectomy and had the disease for 18 years until her death. I am quite shocked that its not on the list of notifiable condition already, so I urge you to add it. It can be deadly, and cause a lot of emotional and physical pain. Knowing the ramifications of it, I would never want to get care at a hospital that had it in the building and would absolutely want to be notified. I believe its within my right to health care. Thank you.

Lacey Konnerup

Sent from Mail for Windows 10

Donahoe, Kaitlyn N (SBOH)

From: Ava Lalancette <ava.lalancette@gmail.com>
Sent: Thursday, February 25, 2021 9:03 PM
To: DOH WSBOH Notifiable Conditions
Subject: Comment on proposed changes to notifiable conditions reporting

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

To Whom it May Concern,

I am writing to express my opposition to the proposal from the WA BOH of changing the reporting definitions to Notifiable Conditions. Words such as "suspected" have absolutely ZERO scientific backing and this proposal should be thrown in the wastebasket right where it belongs.

On what planet are we living where we are proposing to call a "case" someone who is "suspected" to be infected? This is so beyond any acceptable science and is devoid of common sense.

WHY is WA state supporting using a PCR test that should not be used as a diagnostic tool?

Please follow REAL science and lead by science and not by politics.
Ava Lalancette
Seattle, WA

Donahoe, Kaitlyn N (SBOH)

From: Levy, Susan (Susie) <slevy@kingcounty.gov>
Sent: Thursday, February 25, 2021 10:40 AM
To: DOH WSBOH Notifiable Conditions
Cc: Hayes, Patty (DOHi)
Subject: comment on WAC 246-101
Attachments: PH SBOH Letter.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Please accept the attached written comment on rulemaking for notifiable conditions from Director Patty Hayes, Public Health- Seattle & King County.

Best,
Susie

Susie Levy, MPH *(she/her)*
Government Affairs Analyst
Public Health – Seattle & King County
Phone: 206-263-8328
slevy@kingcounty.gov

Office of the Director
401 Fifth Avenue, Suite 1300
Seattle, WA 98104-1818
206-296-4600 Fax 206-296-0166
TTY Relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

Washington State Board of Health
Keith Grellner, Chair
PO Box 47990
Olympia, WA 98504-7990

Subject: Public Health Seattle & King County public comments on revision to notifiable disease reporting in WAC 246-101-105

February 26th, 2021

Dear Washington State Board of Health,

I am writing to reiterate Public Health- Seattle & King County's support for the proposed rule change to require health care providers, facilities, and laboratory directors to add ethnicity, race, and preferred language data when reporting notifiable conditions.
King County declared racism a public health crisis and we are working to advance a public health approach in addressing institutional and systemic racism. Central to this work is ensuring we have the data to address the needs of communities of color and understanding how race/ethnicity intersect with other marginalized identities. The requirement to report data by ethnicity, race and language is a vital first step for delivering services and making policies that are racially fair and just.

In addition, we request you continue to consider requiring gender identity, sexual orientation, and disability status for all notifiable conditions. Local health departments big and small need data and information by race/ethnicity, gender identity, sexual orientation, primary language, and disability status to identify populations most at-risk which allows for more effective public health responses that are culturally and linguistically responsive.

People of color, LGBTQ people, immigrants, refugees, and people with disabilities have been historically marginalized and currently experience health and social inequities and are at higher risk for negative outcomes for many communicable diseases. We continue to hear from community partners about the need to have comprehensive data on disability status, gender identity, and sexual orientation. We know that individuals with disabilities experience unique barriers to care and a lack of data limits our ability to address concerns.

Thank you for your leadership and support in ensuring we have the information needed to address health inequities.

Sincerely,

Patty Hayes, RN, MN
Director
Public Health – Seattle & King County

Donahoe, Kaitlyn N (SBOH)

From: Greg & Mary Ann Mattson <mattsonfamily@hotmail.com>
Sent: Saturday, February 27, 2021 12:10 AM
To: DOH WSBOH Notifiable Conditions
Subject: Notifiable Conditions

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

BOH Representatives,
I am commenting here as a concerned WA State citizen. I am disturbed that the standards & accountability for labeling diseases here has turned into nothing more than a directive to drive up unsubstantiated #s into certain categories in order to frighten, alienate & define people like cattle. Truth & science work hand in hand & if you mess with the facts to fit your agenda, you are failing us & your failures will lead to more distrust of you, the DOH & the State of WA.
Very concerned,
MA Mattson

Donahoe, Kaitlyn N (SBOH)

From: Janna Meyer <janna_meyer@yahoo.com>
Sent: Friday, February 26, 2021 2:06 PM
To: DOH WSBOH Notifiable Conditions
Subject: Regarding Notifiable Conditions

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

I am writing in regards to the proposed changes to count suspected cases of COVID 19 as actual cases.
This is NOT how science works. It just muddies the water and does not give us accurate data with which to make informed decisions. This potential for over-inflating the case numbers is reckless and dangerous and does not serve the interests of the people of Washington state who look to the BOH for guidance based on ACCURATE data.

That proposed amendment needs to remove suspected cases of COVID.

Donahoe, Kaitlyn N (SBOH)

From: Shelley Michael <shelleymichaelre@gmail.com>
Sent: Friday, February 26, 2021 1:30 PM
To: DOH WSBOH Notifiable Conditions
Subject: I am opposed to the new updated "Notifiable Conditions" for Coronavirus

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

If we are to have legitimate data on which to base decisions and policies, words like **"suspected"** have no place in case definitions and a "case" cannot be defined by a "positive" PCR test, regardless of symptoms, because **experts agree that the PCR test is flawed and produces false positives.**

The attempt to disguise isolation and quarantine behind softer words such as "separation" and "limitation" seems to be politically motivated.

Along with many others, including the group Informed Choice Washington I am opposed to the above-proposed changes, which could result in the involuntary quarantine of healthy people who test "positive" with the useless PCR tests and even people not tested for the virus who are deemed "suspected cases".
I imagine anyone of you at the DOH would agree you would not wish to be one of the healthy ones quarantined.

Thank you.
Shelley Michael
206.778.3003
Lynnwood WA 98037

Donahoe, Kaitlyn N (SBOH)

From: Randell Nealy <randellnealy@icloud.com>
Sent: Tuesday, February 16, 2021 9:12 PM
To: DOH WSBOH Notifiable Conditions
Subject: Aspergillosis IS a notifiable condition. To whom it will concern;

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

It is noteworthy aspergillosis is not “notifiable” in hospitals, when it is practically everywhere else. This oversight must be rectified.

Sent from my iPhone

Donahoe, Kaitlyn N (SBOH)

From: Lan Nguyen <lannthi@gmail.com>
Sent: Friday, February 26, 2021 2:44 PM
To: DOH WSBOH Notifiable Conditions; Rotakhina, Sierra D (DOH); Donahoe, Kaitlyn N (SBOH); Huynh, LinhPhung (DOH)
Cc: Community Health Board Coalition
Subject: CHBC - Public comment on chapter 246-101 (Notifiable Conditions)
Attachments: chbc_sboh_notifiableconditions_publiccomment_2021FEB26.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Dear SBOH and DOH,

On behalf of the Community Health Board Coalition, I am submitting a public comment on chapter 246-101 (Notifiable Conditions) for the upcoming board meeting.

Please see the attached document for inclusion in the board packet.

Sincerely,

Lan T. Nguyen
CHBC Leadership Council Member
Vietnamese Health Board Member

Community Health Board Coalition

February 26, 2021

Dear Washington State Board of Health and Department of Health,

The Community Health Board Coalition (CHBC) is a collective of 15 health boards led by Black, Indigenous and people of color (BIPOC) communities in Western Washington. Collectively, we have over 400 active members. We work to achieve health equity in our region by informing policy and systems change.

We are writing to voice the Coalition's support for the addition of COVID-19 to the list of notifiable conditions and the collection of disaggregated race, ethnic, language data in Chapter 246-101 WAC**.** Since April 2020, we have been working with the former Secretary of Health John Weisman along with head staff from the Department of Health and Public Health Seattle King County on this urgent need.

Incomplete and insufficient data collection on race, ethnicity, and language has been problematic since the beginning of the pandemic. The lack of complete and disaggregated data renders many communities invisible to the systems that are responsible for saving lives. The complete collection of disaggregated data will illuminate the disparate impacts on different groups. With this information local, state, federal, and tribal public health authorities allocate resources to appropriate communities in need and design equitable policy interventions.

Race, ethnicity, and language data also needs to be put into a broader context. In addition to the proposed rulemaking recommendations, we also demand the following be included:

1. **Birthplace.** Knowing where someone was born helps authorities understand worldviews and health issues. Adapted from the Census, ask patients:
    - Where were you born? Response options include: In the United States (Print name of state) or Outside the United States (Print name of foreign country or U.S. territory).
2. **Indigenous identity**. Many indigenous identities exist in Washington beyond the standard Census categories of Native Hawaiian, Native Alaskan, and Native American and those already outlined in the proposed rule. Ask patients:
    - Do you have ties or a relationship to an indigenous tribe or community? Response options include: Yes (specify), No, or Don't know.

We firmly believe that collecting complete disaggregated data works towards dismantling racism in our public health systems. In addition, this policy will save lives.

Sincerely,
Community Health Board Coalition

Afghan Health Initiative
African American Health Board
Afro-descendant and Indigenous Health Board
Cham Health Board
Congo Integration Network
Eritrean Health Board
Ethiopian Health Board
Filipino Community Health Board
Iraq/Arab Health Board
Khmer Health Board
Latinx Health Board
Pacific Islander Health Board
Pan African Leaders Health Board
Somali Health Board
Vietnamese Health Board

https://communityhealthboardcoalition.org/
communityhealthboardcoalition@gmail.com